

[FULL COMMITTEE PRINT]

115TH CONGRESS } HOUSE OF REPRESENTATIVES { REPORT
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DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS BILL, 2019

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

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

R E P O R T

[To accompany H.R.]

The Committee on Appropriations submits the following report in explanation of the accompanying bill making appropriations for the Departments of Labor, Health and Human Services (except the Food and Drug Administration, the Agency for Toxic Substances and Disease Registry and the Indian Health Service), and Education, and the Committee for Purchase from People Who Are Blind or Severely Disabled, Corporation for National and Community Service, Corporation for Public Broadcasting, Federal Mediation and Conciliation Service, Federal Mine Safety and Health Review Commission, Institute of Museum and Library Services, Medicaid and CHIP Payment and Access Commission, Medicare Payment Advisory Commission, National Council on Disability, National Labor Relations Board, National Mediation Board, Occupational Safety and Health Review Commission, Railroad Retirement Board, and Social Security Administration for the fiscal year ending September 30, 2019, and for other purposes.

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SUMMARY OF ESTIMATES AND APPROPRIATIONS

The following table compares on a summary basis the appropriations, including trust funds for fiscal year 2019, the budget request for fiscal year 2019, and the Committee recommendation for fiscal year 2019 in the accompanying bill.

2019 LABOR, HHS, EDUCATION BILL [Discretionary funding in thousands of dollars]

Budget Activity	Fiscal Year—			2019 Committee compared to—	
	2018 Enacted	2019 Budget	2019 Committee	2018 Enacted	2019 Budget
Department of Labor	\$12,217,573	\$10,936,310	\$12,128,762	– 88,811	+1,192,452
Department of Health and Human Services	88,157,139	86,726,260	89,163,026	+1,005,887	+2,436,766
Department of Education	70,867,406	63,201,057	70,911,022	+43,616	+7,709,965
Related Agencies	15,296,511	13,596,913	14,965,762	– 330,749	+1,368,849

GENERAL SUMMARY OF THE BILL

For fiscal year 2019, the Committee recommends a total of \$178,997,000 in current year discretionary funding, including off-sets and adjustments. The fiscal year 2019 recommendation is an increase of \$1,000,000 above the fiscal year 2018 enacted level.

Within the funds provided, the Committee has again focused increases on priority areas that will improve the health, safety and job opportunities for Americans of all walks of life.

First and foremost, the Committee continues to build on the investments made over the past several years in biomedical research by increasing funding for the National Institutes of Health (NIH) by \$1,250,000,000. Within the total increase, the Committee provides an increase of \$401,000,000 for Alzheimer’s disease research, an increase of \$100,000,000 for the Cancer Moonshot, and an increase of \$30,000,000 for research to develop a universal influenza vaccine. The Committee also expands upon the Down syndrome research initiative established in fiscal year 2018.

The Committee also continues efforts to support States and local communities combat the national scourge of opioid addiction by including an additional \$500,000,000 for grants to States. The Committee maintains funding levels for opioid abuse prevention, treatment, and recovery and continues to support robust funding for mental and behavioral health.

To protect public health and the Nation in the event of a bioterrorism attack or other public health emergency, the Committee recommendation includes increases for the Biomedical Research and Advanced Development Authority (BARDA), Project BioShield, the Strategic National Stockpile, the National Disaster Management System, and grants to States and regional coalitions to support public health preparedness. Finally, to allow the Secretary of Health and Human Services greater flexibility to respond to an imminent public health threat without waiting for Congress to act on

a supplemental spending bill, the Committee establishes \$300,000,000 for a new Infectious Disease Rapid Response Reserve Fund. These funds will be held until needed in the event of an imminent infectious disease outbreak that threatens the health of Americans.

To invest in workforce training, the Committee provides \$6,988,602,000 in worker training programs of which \$2,789,832,000 is for States' training grants, \$150,000,000 is to support the Administration's apprenticeship initiatives, and \$299,662,000 is for Veterans' Employment and Training, including \$50,000,000 for the Homeless Veterans' Reintegration program, and a new initiative in the Transition Assistance Program to connect transitioning service members to apprenticeship opportunities.

In the area of education, the Committee has included an increase of \$100,000,000 for Student Support and Academic Enrichment grants, bringing this program total to \$1,200,000,000 billion. These funds can be used flexibly by school districts across the country to meet local challenges, whether those be in the area of counseling and preventing school based violence or teacher training. The Committee also provides funding for services to assist persons with disabilities live with dignity and support in their local communities.

In the area of continuing education beyond high school, the Committee includes robust increases for the TRIO, \$50,000,000, and GEAR UP, \$10,000,000, programs to ensure that students from disadvantaged backgrounds have access to a college program. The Committee also includes an increase of \$115,000,000 for career and technical education programs, to ensure that all students have the opportunity to continue to develop their skills after high school and enter into good paying jobs. Finally, the bill also provides sufficient funding to maintain the maximum Pell grant award at \$6,095 in the 2019–2020 academic year.

Finally, the Committee bill continues to invest in early childhood education by increasing the Head Start program by \$50,000,000 and including \$250,000,000 within the Department of Health and Human Services for the Preschool Development Grants program.

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

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

TITLE I—DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

Appropriation, fiscal year 2018	\$10,018,202,000
Budget request, fiscal year 2019	8,787,050,000
Committee Recommendation	9,801,934,000
Change from enacted level	-216,268,000
Change from budget request	+1,014,884,000

The Employment and Training Administration (ETA) administers Federal job training grant programs and Trade Adjustment Assistance, and provides funding and oversight for the State Unemployment Insurance and Employment Service system.

TRAINING AND EMPLOYMENT SERVICES

Appropriation, fiscal year 2018	\$3,486,200,000
Budget request, fiscal year 2019	3,220,549,000
Committee Recommendation	3,474,341,000
Change from enacted level	-11,859,000
Change from budget request	+253,792,000

Training and Employment Services provides funding for Federal job training programs authorized primarily by the Workforce Innovation and Opportunity Act of 2014 (WIOA).

Workforce Training.—The Committee reiterates its support for efforts by the Department of Labor to improve workforce training programs by building partnerships that will better serve participants by connecting them with in-demand jobs and helping to reduce the skills gap.

Apprenticeship.—The Committee supports the funding and development of industry or sector partnerships as a means of closing the skills gap and expanding work-based learning programs and apprenticeships in in-demand industries.

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

Work Opportunity Tax Credit.—The Committee supports efforts by the Department to assist States with the implementation of the Qualified Long-Time Unemployment Recipients category and to reduce backlogs of Supplemental Security Income eligibility determinations.

Information Technology (IT) Consortia.—The Committee continues to be concerned with the challenges faced by Unemployment Insurance IT modernization projects being carried out by State consortia. The Committee directs the Department to continue to provide annual reports to the Committees on Appropriations of the House of Representatives and the Senate on the status of all consortia projects and to implement appropriate policies and procedures for assessing and funding projects by State consortia.

Adult Employment and Training Activities.—For Adult Employment and Training Activities, the Committee recommends \$845,556,000, which is the same as the fiscal year 2018 enacted level and \$30,000,000 more than the fiscal year 2019 budget request.

Youth Employment and Training Activities.—For Youth Employment and Training Activities, the Committee recommends \$903,416,000, which is the same as the fiscal year 2018 enacted level and \$30,000,000 more than the fiscal year 2019 budget request.

Dislocated Worker Employment and Training Activities.—For Dislocated Worker Employment and Training Activities, the Committee recommends \$1,240,860,000 which is \$20,859,000 less than the fiscal year 2018 enacted level and \$74,141,000 more than the fiscal year 2019 budget request.

Of the total provided for Dislocated Worker Employment and Training Activities, \$1,040,860,000 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 \$200,000,000 is available for the Dislocated Workers National Reserve (DWNR). The DWNR supports national emergency grants, technical assistance and demonstration projects as authorized by WIOA. The Committee recommendation eliminates advance appropriations for the DWNR by providing \$200,000,000 in current year funds and rescinding the advance provided in fiscal year 2018. No advance is provided for fiscal year 2020. The Committee recommendation includes \$30,000,000 to assist dislocated workers in areas of the country with the highest rates of poverty.

Native Americans.—For the Indian and Native American programs, the Committee recommends \$55,000,000, which is \$1,000,000 more than the fiscal year 2018 enacted level. The fiscal year 2019 budget request proposed no funding for this program.

Migrant and Seasonal Farmworkers.—For the National Farmworker Jobs program, the Committee recommends \$87,896,000, which is the same as the fiscal year 2018 enacted level. The fiscal year 2019 budget request proposed no funding for this program.

YouthBuild.—For the YouthBuild program, the Committee recommends \$92,534,000, which is \$3,000,000 more than the fiscal year 2018 enacted level and \$8,000,000 more than the fiscal year 2019 budget request.

Technical Assistance.—The Committee recommends no direct funding for technical assistance, which is the same as the fiscal year 2018 enacted level and \$2,000,000 less than the fiscal year 2019 budget request. WIOA provides the authority to use DWNR funds for technical assistance.

Reintegration of Ex-Offenders.—The Committee recommends \$93,079,000 for ex-offender retraining and reintegration activities, which is the same as the fiscal year 2018 enacted level and \$14,755,000 more than the fiscal year 2019 budget request.

Workforce Data Quality Initiative.—The Committee recommends \$6,000,000 for the Workforce Data Quality Initiative, which is the same as the fiscal year 2018 enacted level. The fiscal year 2019 budget request proposed no funding for this program.

JOB CORPS

Appropriation, fiscal year 2018	\$1,718,655,000
Budget request, fiscal year 2019	1,296,938,000
Committee Recommendation	1,718,655,000
Change from enacted level	---
Change from budget request	+421,717,000

Operations.—For Job Corps Operations, the Committee recommends \$1,603,325,000, which is the same as the fiscal year 2018 enacted level and \$413,513,000 more than the fiscal year 2019 budget request.

Construction, Rehabilitation, and Acquisition.—The Committee recommends \$83,000,000 for construction, rehabilitation, and acquisition activities of Job Corps centers, which is the same as the fiscal year 2018 enacted level and \$7,984,000 more than the fiscal year 2019 budget request.

Administration.—The Committee recommends \$32,330,000 for the administrative expenses of the Job Corps program, which is the same as the fiscal year 2018 enacted level and \$220,000 more than the fiscal year 2019 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 continues to be concerned about the safety and security of students in the Job Corps program. With amounts provided in the fiscal years 2017 and 2018 Appropriations Acts, a total of \$25,500,000 has been provided for Job Corps construction to address physical security at Job Corps campuses. The Committee directs the Department to submit a report within 90 days of enactment of this Act, the report should include the amounts and uses of funds provided to address physical security needs, planned uses of remaining funds, including funds provided in this Act, and an estimate of the costs of any remaining needs not addressed within current funding levels.

On December 29, 2017, the Department of Labor Office of Inspector General (DOL–OIG) issued a report entitled “Job Corps Took Action To Mitigate Violence, Drugs, and Other Student Misconduct At Centers, But More Needs To Be Done” (Report Number: 26–18–001–03–370). The Committee directs the Department to work with the DOL–OIG to implement all remaining recommendations detailed in the report.

The Committee is concerned that the Job Corps procurement process continues to experience delays or corrective actions that have resulted in a number of unnecessary and costly bridge contracts. The Committee directs the Department to review the Job Corps contract award process to reduce procurement disruptions, bid protests, corrective actions, and the use of bridge contracts. The Committee directs the Department to submit a report within 30 days of the end of the fiscal year to the Committees on Appropriations of the House of Representatives and the Senate, and to the authorizing Committees of jurisdiction, with detail on each Job Corps contract awarded during the fiscal year, any corrective actions taken, whether the award was protested, the outcome of the protest, if a bridge contract was awarded, and whether the bridge contract was awarded as a result of an award protest or procurement backlog.

On March 30, 2018, DOL–OIG issued a report entitled “Job Corps Could Not Demonstrate Beneficial Job Training Outcomes” (Report Number: 04–18–001–03–370). The Committee is concerned with the DOL–OIG finding that Job Corps contractors could not demonstrate they had assisted participants in finding jobs for 94 percent of the placements sampled. The Committee directs ETA to work with DOL–OIG to implement the recommendations provided in the report, to implement policies necessary to ensure that contractors report accurate and timely data to the Department as required, and to implement program policies that will improve job placement outcomes in the Job Corps program.

The Committee remains concerned with the financial management of the Job Corps program and directs the Department to continue to work with ETA and DOL–OIG to improve financial and administrative oversight of the Job Corps program.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriation, fiscal year 2018	\$400,000,000
Budget request, fiscal year 2019	— —
Committee Recommendation	400,000,000
Change from enacted level	— —
Change from budget request	+400,000,000

The Community Service Employment for Older Americans 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 income is below 125 percent of the poverty level.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriation, fiscal year 2018	\$790,000,000
Budget request, fiscal year 2019	790,000,000
Committee Recommendation	790,000,000
Change from enacted level	— —
Change from budget request	— —

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

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriation, fiscal year 2018	\$3,464,691,000
Budget request, fiscal year 2019	3,325,298,000
Committee Recommendation	3,260,282,000
Change from enacted level	–204,409,000
Change from budget request	–65,016,000

The total includes \$3,176,216,000 from the Employment Security Administration Account from the Unemployment Trust Fund and \$84,066,000 from the General Fund of the Treasury. These funds are used to support the administration of Federal and State unemployment compensation laws.

Unemployment Insurance Compensation.—For Unemployment Insurance (UI) Compensation, the Committee recommends

\$2,529,713,000, which is \$123,784,000 less than the fiscal year 2018 enacted level and \$24,897,000 more than the fiscal year 2019 budget request. The total includes \$2,515,816,000 for State Unemployment Compensation and \$13,897,000 for National Activities.

The recommendation provides contingency funding for increased workloads that States may face in the administration of UI. During fiscal year 2019, for every 100,000 increase in the total average weekly insured unemployment above 2,030,000, an additional \$28,600,000 shall be made available from the Unemployment Trust Fund.

On September 26, 2017, DOL–OIG issued a report entitled “Program Specific Performance Measures are Needed to Better Evaluate the Effectiveness of the Reemployment Services and Eligibility Assessment Program” (Report Number: 04–17–002–03–315). The Committee supports efforts detailed in the report by ETA to provide technical assistance, improve data quality, and assess performance of the Reemployment Services and Eligibility Assessment (RESEA) program. The Committee urges ETA to establish appropriate performance measures in order to effectively assess the impact and outcomes of the program. The Committee believes it is critical to obtain program data that will allow program administrators and policy-makers to assess the impact of the RESEA program on its participants and effectively compare RESEA program outcomes with those of other UI claimants.

The Committee includes \$117,000,000 for the RESEA program, and an additional \$33,000,000 is made available pursuant to the Bipartisan Budget Act of 2018 (PL 115–123). The Committee continues to support the RESEA program and urges the Department to focus its efforts on reducing the rate of improper payments in the UI system.

The Committee is aware that trade-impacted dislocations are geographically sensitive, and that when there is a large worker dislocation, a particular local area or American Job Center (AJC) in a local area will experience a surge in the demand for services. The Committee urges the Department to continue assisting State agencies and AJCs, as appropriate, with Rapid Response activities to provide a surge response to these situations. The Committee also expects the Department to work closely with States and local AJCs to understand if any difficulties in providing TAA services are related to service capacity issues.

Employment Service.—The Committee recommends \$605,606,000 for the Employment Service, which is \$80,625,000 less than fiscal year 2018 enacted level and \$85,490,000 less than the fiscal year 2019 budget request. The Committee directs the Department to limit the amount used for State administrative purposes to 20 percent and to ensure funding for client services is maintained at fiscal year 2018 enacted levels.

Foreign Labor Certification.—The Committee recommends \$62,310,000 for the Foreign Labor Certification (FLC) program, which is the same as the fiscal year 2018 enacted level and \$118,000 more than the fiscal year 2019 budget request. The recommendation includes \$48,028,000 for Federal administration and \$14,282,000 for grants to States.

The FLC program administers temporary foreign worker programs including the H–2A and the H–2B temporary visa programs.

These programs are essential to employers in industries that have cyclical peaks or that are seasonal in nature, including agriculture, tourism, and hospitality.

One-Stop Career Centers/Labor Market Information.—The Committee recommends \$62,653,000 for One-Stop Career Centers and Labor Market Information, which is the same as the fiscal year 2018 enacted level and \$4,541,000 less than the fiscal year 2019 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 funds are made available to accounts authorized under Federal and State unemployment insurance laws and the Black Lung Disability Trust Fund when the balances in such accounts are insufficient.

PROGRAM ADMINISTRATION

Appropriation, fiscal year 2018	\$158,656,000
Budget request, fiscal year 2019	154,265,000
Committee Recommendation	158,656,000
Change from enacted level	— — —
Change from budget request	+4,391,000

The recommendation includes \$108,674,000 from the General Fund of the Treasury and \$49,982,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION

SALARIES AND EXPENSES

Appropriation, fiscal year 2018	\$181,000,000
Budget request, fiscal year 2019	189,500,000
Committee Recommendation	180,600,000
Change from enacted level	— 400,000
Change from budget request	— 8,900,000

The Employee Benefits Security Administration (EBSA) assures the security of retirement, health, and other workplace-related benefits of working Americans.

The Committee is concerned that several large, private sector pension plans are increasingly at risk of becoming insolvent. The Committee directs EBSA, in coordination with the Pension Benefit Guaranty Corporation (PBGC), to submit a report within 180 days of enactment of this Act to the Committee on Appropriations of the House of Representatives and the Senate, and to the authorizing Committees of jurisdiction, describing EBSA's efforts to mitigate risks to the PBGC system through audits and enforcement activity.

The Committee directs EBSA to provide information in the fiscal year 2020 Congressional Justification on current efforts at the Federal Retirement Thrift Investment Board to increase the participation of women, and minority-owned asset management firms in the management of Thrift Savings Plan funds.

PENSION BENEFIT GUARANTY CORPORATION

Appropriation, fiscal year 2018	\$424,417,000
Budget request, fiscal year 2019	445,363,000
Committee Recommendation	445,363,000
Change from enacted level	+20,946,000
Change from budget request	---

The Pension Benefit Guaranty Corporation (PBGC) protects the retirement incomes of nearly 40 million American workers in nearly 24,000 private-sector defined benefit pension plans. PBGC was created by the Employee Retirement Income Security Act of 1974 to encourage the continuation and maintenance of private-sector defined benefit pension plans, provide timely and uninterrupted payment of pension benefits, and keep pension insurance premiums at a minimum.

The recommendation includes bill language that defines Pension Benefit Guaranty Corporation’s discretionary authority to incur additional unforeseen and emergency administrative expenses related to its multiemployer plan insurance program.

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

WAGE AND HOUR DIVISION

SALARIES AND EXPENSES

Appropriation, fiscal year 2018	\$227,500,000
Budget request, fiscal year 2019	230,068,000
Committee Recommendation	225,500,000
Change from enacted level	-2,000,000
Change from budget request	-4,568,000

The Wage and Hour Division (WHD) enforces Federal minimum wage, overtime pay, recordkeeping, 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 urges the WHD to consider updating relevant guidance, training, handbooks, or field manuals, as necessary, to the extent that it will help ensure that enforcement is current and consistent with applicable laws and regulations.

The Committee supports the Executive Order on Exemption from Executive Order 13658 for Recreational Services on Federal Lands, issued on May 25, 2018, and the exemption prescribed in Section 2 of the order. Pursuant to Section 3, the Committee expects the Department to implement this exemption as soon as possible.

The Committee notes that many Americans are on waiting lists for organ transplants and that waiting lists for kidney transplants in particular are very long. Removing barriers to live organ donation can help to significantly increase the number of transplants and reduce the amount of time recipients wait for transplants. The Committee supports efforts that seek to remove impediments to live organ donation for those willing to give the gift of life to others. The Committee requests WHD to clarify on its website, and in

other public communications, as appropriate, eligibility under the Family Medical Leave Act as it relates to living organ donation.

OFFICE OF LABOR-MANAGEMENT STANDARDS
SALARIES AND EXPENSES

Appropriation, fiscal year 2018	\$40,187,000
Budget request, fiscal year 2019	46,634,000
Committee Recommendation	42,187,000
Change from enacted level	+2,000,000
Change from budget request	-4,447,000

The Office of Labor Management Standards (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 urges OLMS to make more information publicly available regarding its enforcement actions, including findings and remedies, as appropriate, in order to improve oversight and accountability under the Labor-Management Reporting and Disclosure Act.

OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS
SALARIES AND EXPENSES

Appropriation, fiscal year 2018	\$103,476,000
Budget request, fiscal year 2019	91,100,000
Committee Recommendation	99,476,000
Change from enacted level	-4,000,000
Change from budget request	+8,376,000

The OFCCP ensures equal employment opportunity in the Federal contracting community through enforcement, regulatory work, outreach and education to workers and their advocates.

OFFICE OF WORKERS' COMPENSATION PROGRAMS
SALARIES AND EXPENSES

Appropriation, fiscal year 2018	\$117,601,000
Budget request, fiscal year 2019	115,282,000
Committee Recommendation	117,601,000
Change from enacted level	- - -
Change from budget request	+2,319,000

The recommendation includes \$115,424,000 in General Funds from the Treasury and \$2,177,000 from the Special Fund established by the Longshore and Harbor Workers' Compensation Act.

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

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

SPECIAL BENEFITS

Appropriation, fiscal year 2018	\$220,000,000
Budget request, fiscal year 2019	230,000,000
Committee Recommendation	230,000,000
Change from enacted level	+10,000,000
Change from budget request	---

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

SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriation, fiscal year 2018	\$70,319,000
Budget request, fiscal year 2019	25,319,000
Committee Recommendation	25,319,000
Change from enacted level	-45,000,000
Change from budget request	---

The Committee recommends \$25,319,000 for Special Benefits for Disabled Coal Miners. This amount is in addition to the \$15,000,000 appropriated in fiscal year 2018 as an advance for the first quarter of fiscal year 2019. The total program level recommendation is \$45,000,000 less than the fiscal year 2018 enacted level and the same as the fiscal year 2019 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 \$14,000,000 as an advance appropriation for the first quarter of fiscal year 2020. These funds ensure uninterrupted payments to beneficiaries.

ADMINISTRATIVE EXPENSES, ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND

Appropriation, fiscal year 2018	\$59,846,000
Budget request, fiscal year 2019	59,098,000
Committee Recommendation	59,098,000
Change from enacted level	-748,000
Change from budget request	---

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

BLACK LUNG DISABILITY TRUST FUND

Appropriation, fiscal year 2018	\$416,561,000
Budget request, fiscal year 2019	328,182,000
Committee Recommendation	328,182,000
Change from enacted level	-88,379,000
Change from budget request	---

The Black Lung Disability Trust Fund pays black lung compensation, medical and survivor benefits, and administrative ex-

penses 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

Appropriation, fiscal year 2018	\$552,787,000
Budget request, fiscal year 2019	549,033,000
Committee Recommendation	545,250,000
Change from enacted level	- 7,537,000
Change from budget request	- 3,783,000

The Occupational Safety and Health Act of 1970 established the Occupational Safety and Health Administration (OSHA) to assure safe and healthy working conditions by setting and enforcing standards and by providing training, outreach, education and assistance.

Within the total for OHSA, the Committee provides the following amounts:

Budget Activity	FY 2019 Committee
Safety and Health Standards	\$18,000,000
Federal Enforcement	208,000,000
Whistleblower Programs	17,500,000
State Programs	100,850,000
Technical Support	24,469,000
Federal Compliance Assistance	73,981,000
State Consultation Grants	59,500,000
Training Grants	0
Safety and Health Statistics	32,900,000
Executive Direction and Administration	10,050,000

The Committee urges OSHA to carefully consider public comments submitted in response to OSHA’s proposed regulation on Cranes and Derricks in Construction: Operator Certification Extension published by the Department of Labor in the Federal Register on August 30, 2017 (82 Fed. Reg. 41184 et seq.). In addition, the Committee encourages OSHA to prioritize comments on changes to the rule that would relieve regulatory burdens without compromising safety.

The explanatory statement accompanying the fiscal year 2016 Consolidated Appropriations Act directed OSHA to notify the Committee on Appropriations of the House of Representatives and the Senate 10 days prior to the announcement of any new National, Regional, or Local Emphasis Program including the circumstances and data used to determine the need for the launch of the new program. The Committee directs OSHA to continue to provide such notices in fiscal year 2019.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriation, fiscal year 2018	\$373,816,000
Budget request, fiscal year 2019	375,906,000
Committee Recommendation	367,589,000
Change from enacted level	- 6,227,000
Change from budget request	- 8,317,000

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

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

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

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

The Committee appreciates the significant reductions in mining injury and illness rates that have been achieved in recent years and remains a strong proponent for vigilant mine safety oversight. The Committee notes significant worker dislocations and mine closures as a result of economic conditions throughout the mining industry, and in coal mining in particular. The Committee reiterates its support for the ongoing effort to bring MSHA enforcement into proportion by redistributing resources and activities to the areas where mine production is currently occurring.

The Committee continues to support advances MSHA has made in mine rescue technology and communications. The Committee directs MSHA to assess its current mine rescue deployment capability and strategy and discuss ongoing operational and resource needs in the fiscal year 2020 Congressional Justification.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

Appropriation, fiscal year 2018	\$612,000,000
Budget request, fiscal year 2019	609,386,000
Committee Recommendation	612,000,000
Change from enacted level	- - -
Change from budget request	+2,614,000

The recommendation includes \$547,000,000 from the General Fund of the Treasury and \$65,000,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

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

Within the total for BLS, the Committee provides the following amounts:

Budget Activity	FY 2019 Committee
Employment and Unemployment Statistics	\$208,000,000
Labor Market Information	65,000,000
Prices and Cost of Living	210,000,000
Compensation and Working Conditions	83,000,000
Productivity and Technology	10,800,000
Executive Direction and Staff Services	35,200,000

OFFICE OF DISABILITY EMPLOYMENT POLICY

SALARIES AND EXPENSES

Appropriation, fiscal year 2018	\$38,203,000
Budget request, fiscal year 2019	27,000,000
Committee Recommendation	38,203,000
Change from enacted level	—
Change from budget request	+11,203,000

Office of Disability Employment Policy provides policy guidance and leadership to eliminate employment barriers to people with disabilities.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriation, fiscal year 2018	\$337,844,000
Budget request, fiscal year 2019	261,035,000
Committee Recommendation	270,444,000
Change from enacted level	-67,400,000
Change from budget request	+9,409,000

The recommendation includes \$270,136,000 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.

Within the total for Departmental Management, the Committee provides the following amounts:

Budget Activity	FY 2019 Committee
Program Direction and Support	\$29,750,000
Departmental Evaluation	8,040,000
Legal Services	124,558,000
International Labor Affairs	18,500,000
Administration and Management	28,450,000
Adjudication	35,000,000
Women's Bureau	13,750,000
Civil Rights Activities	6,880,000
Chief Financial Officer	5,516,000

On June 13, 2017, DOL-OIG issued a report entitled “DOL Needs to Do More to Reduce Improper Payments and Improve Reporting” (Report Number 03-17-002-13-001). The Committee believes that accurate data is an important aspect of reducing improper payments. The Committee appreciates that the Office of the Chief Financial Officer agreed with the information presented in

the report and supports the reevaluation of its Federal Employees' Compensation Act Improper Payments Methodology.

The Committee directs the Chief Evaluation Officer to focus evaluation efforts on the delivery and efficiency of the Department of Labor programs with the goal of providing administrators with the information necessary to improve program performance and more effectively achieve agency goals.

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

VETERANS EMPLOYMENT AND TRAINING

Appropriation, fiscal year 2018	\$295,041,000
Budget request, fiscal year 2019	281,595,000
Committee Recommendation	299,662,000
Change from enacted level	+4,621,000
Change from budget request	+18,067,000

The recommendation includes \$50,000,000 from the General Fund of the Treasury and \$249,662,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

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

Within the total for VETS, the Committee provides the following amounts:

Budget Activity	FY 2019 Committee
State Administration Grants	\$180,000,000
Transition Assistance Program	23,000,000
Federal Administration	43,248,000
Veterans Employment and Training Institute	3,414,000
Homeless Veterans Reintegration Program	50,000,000

The Committee continues to support the VETS program and encourages the Department to pursue opportunities to cooperate with other Federal, State, and private enterprises to help the country better serve its veterans.

The Committee includes \$3,500,000 for a pilot program within the authority of the Transition Assistance Program (TAP) to be used by the Secretary, in consultation with the Departments of Defense and Veterans Affairs, to prepare transitioning service members to qualify for apprenticeship programs and to assist them with placement services as appropriate. The Committee believes apprenticeships can offer a pathway to a successful career by providing broad opportunities for paid, work-based learning, mentorship, classroom education or related instruction, and the ability to earn industry-recognized credentials in a safe, supervised work environment. The pilot is intended to identify effective approaches to obtaining qualifications and helping to place transitioning service members in apprenticeship programs as an additional training opportunity under TAP. The Committee expects the pilot program to include a robust evaluation component that will allow program administrators to assess the training strategy and determine, on a

comparative basis, whether it is an effective approach to help transitioning service members enter the civilian workforce.

The Committee includes \$500,000 for the initiation of the HIRE Vets Medallion Program authorized by the Honoring Investments in Recruiting and Employing American Military Veterans Act of 2017.

INFORMATION TECHNOLOGY MODERNIZATION

Appropriation, fiscal year 2018	\$20,769,000
Budget request, fiscal year 2019	— —
Committee Recommendation	29,169,000
Change from enacted level	+8,400,000
Change from budget request	+29,169,000

Information Technology (IT) Modernization provides a dedicated source of funding for Department-wide IT modernization projects together with funding through the Department’s Working Capital Fund.

The Committee expects the Department to prioritize projects that will result in cost savings by decommissioning legacy systems.

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

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2018	\$89,147,000
Budget request, fiscal year 2019	87,721,000
Committee Recommendation	89,147,000
Change from enacted level	— —
Change from budget request	+1,426,000

The recommendation includes \$83,487,000 from the General Fund of the Treasury and \$5,660,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

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

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

GENERAL PROVISIONS

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

(TRANSFER OF FUNDS)

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

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

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

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

(TRANSFER OF FUNDS)

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

(TRANSFER OF FUNDS)

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

Sec. 108. The Committee continues a provision relating to the Fair Labor Standards Act and certain insurance personnel conducting post-disaster activity.

(RESCISSION)

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

Sec. 110. The Committee continues a provision relating to flexibility of H-2B nonimmigrant crossings.

Sec. 111. The Committee continues a provision relating to the Secretary's security detail.

Sec. 112. The Committee includes a new provision relating to the Working Capital Fund.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

Appropriation, fiscal year 2018	\$6,736,753,000
Budget request, fiscal year 2019	9,559,591,000
Committee Recommendation	6,540,385,000
Change from enacted level	- 196,368,000
Change from budget request	- 3,019,206,000

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

Appropriation, fiscal year 2018	\$1,626,522,000
Budget request, fiscal year 2019	5,091,522,000
Committee Recommendation	1,526,522,000
Change from enacted level	-100,000,000
Change from budget request	-3,565,000,000

Health Centers

The Committee recommends \$1,525,522,000 for the Health Centers program, which is \$100,000,000 less than the fiscal year 2018 enacted level and \$3,565,000,000 less than the fiscal year 2019 budget request.

The Committee includes bill language providing up to \$114,893,000 for the Federal Tort Claims Act program, which is the same as the fiscal year 2018 enacted level and \$15,000,000 above the fiscal year 2019 budget request. This program provides medical malpractice liability protection to Federally supported health centers.

The Committee provides not less than \$20,000,000 for HRSA to perform audits and compliance reviews of all health center access points, with a goal of conducting a compliance or audit review that includes every access point location at least every five years for Federally Qualified Health Center Look-Alikes and Health Centers receiving a grant under section 330 of the Public Health Service Act. HRSA should provide uniform guidance to health center project officers, monitor project officer adherence to program guidance, and periodically assess whether program guidance is meeting program objectives. HRSA will conduct independent compliance reviews, ensuring all health center access points have policies, procedures, and training to comply with all applicable Federal laws. HRSA shall submit quarterly reports to the Committees on Appropriations of the House of Representatives and the Senate containing the results of all audits and compliance reviews of health center access points and oversight of health center project officers.

Home Visiting.—Enhanced integration between health care providers and community programs helps transform the lives of vulnerable babies born to at-risk, first-time mothers. Research has shown that partnering first-time mothers with registered nurses or other professional that provide ongoing home visits dramatically improves the health and well-being of these families. The Committee encourages HRSA to expand partnerships between Health Centers and evidence-based home visiting programs in high need areas in order to improve pregnancy, child health and developments, and other health outcomes, all while reducing costs.

Perinatal Transmission of Hepatitis B.—The Committee is aware that the 2017 National Academies of Sciences Engineering and Medicine (NASEM) report entitled “A National Strategy for the Elimination of Hepatitis B and C” reported that only half of the hepatitis B infected women who give birth each year are identified for case management, a proportion unchanged since 2000. The NASEM report also noted that without intervention about 90 percent of the infants born to Hepatitis B infected women contract the virus at birth and are therefore at greater risk of premature death from liver cancer or cirrhosis later in life. The Committee is therefore pleased that HRSA has implemented a strategy to increase the

capacity of HRSA funded clinics to address perinatal hepatitis B transmission, including the use of telehealth to link experts with clinic providers around the US. The Committee requests an update on this effort in the fiscal year 2020 Congressional Justification. HRSA should include in its update information on the findings and recommendations on the effectiveness of this intervention.

Tuberculosis.—The National Action Plan for Combating Drug Resistant Tuberculosis recommended the creation of health-care liaisons between State and local health departments and institutions, including health centers that serve hard-to-reach groups at risk for Tuberculosis (TB). The Committee has previously directed the Administrator to report on coordination between health centers and State and local TB control programs to help ensure appropriate identification, treatment, and prevention of TB among vulnerable populations. The Committee requests an update in the fiscal year 2020 Congressional Justification on this topic.

Free Clinics Medical Malpractice

The Committee recommends \$1,000,000 for carrying out responsibilities under the Federal Tort Claims Act. This amount is the same as fiscal year 2018 enacted level and the fiscal year 2019 budget request. The program provides medical malpractice coverage to individuals involved in the operation of free clinics in order to expand access to health care services to low-income individuals in medically underserved areas. A free clinic must apply, consistent with the provisions applicable to community health centers, to have those individuals “deemed” an employee of the Public Health Service, and therefore eligible for coverage.

HEALTH WORKFORCE

Appropriation, fiscal year 2018	\$1,060,695,000
Budget request, fiscal year 2019	457,798,000
Committee Recommendation	1,244,006,000
Change from enacted level	+183,311,000
Change from budget request	+786,208,000

Health Professions

The Committee recommends \$719,006,000 for the health professions programs, which is \$26,689,000 below the fiscal year 2018 enacted level and \$321,208,000 above the fiscal year 2019 budget request. The Health Professions programs support grants for the development of the health workforce in fields challenged by a high need and insufficient supply of health professionals. Given that colleges and universities serve the dual role of training students and carrying out a majority of Federally-funded biomedical research, the Committee believes that they serve as an ideal setting to expose future clinicians to the evidence base that underlies their intended profession.

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

Budget Activity	FY 2019 Committee
National Health Service Corps	\$105,000,000
<i>Tribal Set-aside</i>	20,000,000
<i>Rural Set-aside</i>	15,000,000

Budget Activity	FY 2019 Committee
Health Professions Training for Diversity:	
Centers of Excellence	23,711,000
Faculty Loan Repayment	1,190,000
Scholarships for Disadvantaged Students	48,970,000
Workforce Information and Analysis	5,663,000
Primary Care Training and Enhancement	48,924,000
Oral Health Training Programs	38,673,000
Dental Faculty Loan Repayment	2,000,000
Interdisciplinary Community-based Linkages:	
Area Health Education Centers	38,250,000
Geriatric Programs	40,737,000
Graduate Psychology Education	24,916,000
Behavioral Health Workforce Education and Training	82,500,000
Public Health and Preventive Medicine	17,000,000
Advanced Education Nursing	66,581,000
Nurse Education, Practice, and Retention	41,913,000
Nursing Workforce Diversity	17,343,000
NURSE Corps Scholarship and Loan Repayment	87,135,000
Nursing Faculty Loan Program	28,500,000

Primary Care Training and Enhancement

The Committee encourages HRSA to prioritize funds for the training of physician assistants.

Eating Disorders.—The Committee encourages integration of evidence-based training for health professionals to screen, access, intervene, and refer patients to specialized treatment for the severe mental illness of eating disorders as authorized under the 21st Century Cures Act (PL 114–255).

Oral Health Training

The Committee recommends \$38,673,000 for Oral Health Training programs, which is the same as the fiscal year 2018 enacted level and \$38,673,000 above the fiscal year 2019 budget request. These programs serve to increase the number of medical graduates from minority and disadvantaged backgrounds and to encourage students and residents to choose primary care fields and practice in underserved urban and rural areas.

Within the funds provided, the Committee includes not less than \$12,000,000 for General Dentistry Programs and not less than \$12,000,000 for Pediatric Dentistry programs. HRSA is directed to provide continuation funding for pre-doctoral and postdoctoral training grants initially awarded in fiscal year 2015.

Dental Faculty Loan Repayment

The Committee recommends \$2,000,000 for the Dental Faculty Loan Repayment program, which is the same as the fiscal year 2018 enacted level and \$2,000,000 above the fiscal year 2019 budget request. This program seeks to increase the number of dental and dental hygiene faculty in the workforce by assisting dental and dental hygiene training programs to attract and retain dental and dental hygiene faculty through loan repayment.

The Committee directs HRSA to provide continuation funding for grants initially awarded in fiscal years 2016, 2017, and 2018.

Area Health Education Centers

The Committee has included funding for Area Health Education Centers (AHEC) oral health projects that establish primary points of service and address the need to help patients find treatment outside of hospital emergency rooms. The Committee is aware that some state dental associations have already initiated programs to refer emergency room patients to dental networks. HRSA is urged to work with those programs.

The AHEC program facilitates the diversity of the healthcare workforce; increases access to healthcare; delivers vital patient care; reduces health disparities; improves health outcomes; and increases revenue through creating new jobs and services. AHEC centers are improving the distribution of the health professions workforce, particularly in rural and underserved areas and preparing health professionals to expand collaborative practice and team models of care. The AHEC programs and centers play a critical national role in addressing health care workforce shortages, particularly those in primary care through an established infrastructure. The AHEC Program grantees support the recruitment and retention of physicians, students, faculty and other primary care providers in rural and medically underserved areas by providing local, community-based, interdisciplinary primary care training.

Graduate Psychology Education

The Committee recommendation includes \$24,916,000 for the inter-professional Graduate Psychology Education Program to increase the number of health service psychologists trained to provide integrated services to high-need, underserved populations in rural and urban communities. In addressing the opioid epidemic, the Committee recognizes the growing need for highly trained mental and behavioral health professionals to deliver evidence-based behavioral interventions for pain management. The Committee encourages HRSA to invest in programs that expand access to treatment for substance use disorders in Federally Qualified Health Centers. The Committee also encourages HRSA to invest in geropsychology training programs and to help integrate health service psychology trainees at Federally Qualified Health Centers.

Behavioral Health Workforce Education and Training

The Committee recommends \$82,500,000 for the Behavioral Health Workforce Education and Training Grant Program. This program establishes or expands internships or field placement programs in behavioral health serving populations in rural and medically underserved areas.

Nursing Education, Practice, and Retention

Veteran's Bachelor of Science Degree in Nursing.—The Nurse Education, Practice, Quality and Retention Program's Veteran's Bachelor of Science Degree in Nursing has been important in helping our nation's veterans progress and graduate with a Bachelor of Science in Nursing degree. The Committee supports the enacted level for these efforts and urges HRSA to continue this vital program, aimed at helping veterans transition to civilian life, removing barriers, and building our nursing workforce. HRSA should ei-

ther continue to support current grantees or re-compete this program in fiscal year 2019, placing emphasis on institutions that already have a program in place to support these veterans moving to nursing careers.

Children’s Hospitals Graduate Medical Education

The Committee recommends \$325,000,000 for the Children’s Hospitals Graduate Medical Education Payment program, which is \$10,000,000 more than the fiscal year 2018 enacted level and \$325,000,000 more than the fiscal year 2019 budget request. The Children’s Hospitals Graduate Medical Education Payment program helps eligible hospitals maintain graduate medical education programs, which support the training of residents to care for the pediatric population and enhance the supply of primary care and pediatric medical and surgical subspecialties.

Graduate Medical Education

Numerous studies have found evidence of a future shortage of physicians, particularly for primary care. To ensure access to care for impacted areas, the Committee includes \$200,000,000 for grants to four year public universities to support expanded and existing graduate education programs for health care professions. The Committee includes bill language directing HRSA to prioritize applications from Colleges of Medicine located in States with a projected primary care provider shortage. Within the States in the top quartile of primary care provider shortage, HRSA is directed to give additional priority to applications from universities who serve a large percentage of Medicaid beneficiaries or are located in States with a significant proportion of Federally recognized Tribes.

National Practitioner Data Bank

The Committee assumes \$18,814,000 for the National Practitioner Data Bank, which is the same as the fiscal year 2018 enacted level and the fiscal year 2019 budget request. The Committee recommendation and the fiscal year 2019 budget request assume that the data bank will be self-supporting. The Committee continues to include bill language to ensure that user fee collections cover the full costs of data bank operations.

MATERNAL AND CHILD HEALTH

Appropriation, fiscal year 2018	\$886,789,000
Budget request, fiscal year 2019	1,136,200,000
Committee Recommendation	893,089,000
Change from enacted level	+6,300,000
Change from budget request	-243,111,000

Maternal and Child Health Block Grant

The Committee recommends \$655,000,000 for the Maternal and Child Health Block Grant, which is \$3,300,000 more than the fiscal year 2018 enacted level and \$27,300,000 more than the fiscal year 2019 budget request. States use the block grant to improve access to care for mothers, children, and their families; reduce infant mortality; provide pre- and post-natal care; support screening and health assessments for children; and provide systems of care for children with special health care needs.

Neonatal Abstinence Syndrome.—The Committee is alarmed by reports that the leading cause of maternal mortality in a growing number of States is overdose and suicide, with a direct connection to the opioid epidemic. The Committee also recognizes the work done to implement the Protecting Our Infants Act of 2015 (PL 114–91), which culminated in a strategy to address gaps in research; overlaps, duplication, or gaps in the relevant Federal programs; and coordination of Federal efforts to address neonatal abstinence syndrome with recommendations regarding maternal and child prevention, treatment, and services. An October 2017 GAO report entitled “Newborn Health: Federal Action Needed to Address Neonatal Abstinence Syndrome” recommended that HHS expeditiously develop a plan for implementing the recommendations included in the strategy. The Committee requests an update in the fiscal year 2020 Congressional Justification on implementation of recommendations outlined in the strategy and identification of barriers to implementation, including specifics on any areas where Congressional action is needed.

Special Projects of Regional and National Significance

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

Budget Activity	FY 2019 Committee
Set-aside for Oral Health	\$5,250,000
Set-aside for Epilepsy	3,642,000
Set-aside for Sickle Cell Disease	3,000,000
Set-aside for Fetal Alcohol Syndrome	477,000
Set-aside for Neonatal Abstinence Syndrome	1,300,000

Alliance for Innovation on Maternal Health.—The Committee is aware that more women in the US die from pregnancy complications than in any other developed country, and that the maternal mortality rate rose by 26 percent from 2000 to 2014, and continues to rise. The Committee recognizes the vital role of the Alliance for Innovation on Maternal Health (AIM) in reducing maternal mortality and morbidity in the US by engaging provider organizations, State-based health and public health systems, consumer groups, and other stakeholders within a national partnership to assist State-based teams in implementing evidence-based maternal safety bundles. Maternal safety bundles are a set of targeted, straightforward, and evidence-based practices, that, when reliably implemented, improve patient outcomes and reduce maternal mortality and severe maternal morbidity. HRSA is encouraged to continue to support AIM with adequate funding to meet the growing desire of States and hospital systems to participate in the program.

Cell-free DNA Prenatal Screening.—The Committee recognizes the importance the medical genetics workforce plays in delivering on the promise of precision medicine, particularly given the unprecedented advances in genetic testing and the rapid and widespread application of these tests across all of medicine. Appropriate pre- and posttest education and counseling are critical for optimal implementation and the avoidance of harm. The Committee requests that the GAO conduct a nationwide analysis of the medical genetics

workforce, to include all medical genetics professionals. GAO's analysis should include a determination as to whether there are sufficient qualified professionals for this important and growing health need, as well as whether there are particular geographic areas of the country that lack access to genetics counseling.

Childhood Cancer.—The Committee requests that GAO conduct a review and submit recommendations to Congress on existing barriers to obtaining and paying for adequate medical care for survivors of childhood cancer. This report would include identifying existing barriers to the availability of complete and coordinated survivorship care for survivors of childhood cancer and make recommendations to provide improved access and payment plans for childhood cancer survivorship programs and palliative care, including psychosocial services.

Hemophilia Treatment Centers.—The Committee provides level funding for Hemophilia Treatment Centers. The Regional Hemophilia Network Program uses a regional infrastructure of hemophilia treatment centers to promote and improve the comprehensive care of individuals with hemophilia and related bleeding disorders or clotting disorders.

Improving Child Health.—The Committee provides level funding for the third year of an ongoing study focused on improving child health through a statewide system of early childhood developmental screenings and interventions.

Infant-Toddler Court Teams.—The Committee includes \$3,000,000, within SPRANS, for the second year of a contract or cooperative agreement to support research-based Infant-Toddler Court Teams to change child welfare practices to improve well-being for infants, toddlers, and their families. This funding should help to build on and continue the work of sites established through the Quality Improvement Center for Research-based Infant-Toddler Court Teams, including by providing training and technical assistance in support of such court teams' efforts across the country.

Oral Health Literacy.—The Committee includes \$1,000,000 within SPRANS for HRSA to develop and implement an oral health awareness and education campaign across all of the relevant HRSA divisions, including the Health Centers Program, Oral Health Workforce, Maternal and Child Health, Ryan White HIV/AIDS Program, and Rural Health. The Committee expects HRSA to ensure these divisions collaborate in developing and implementing the campaign. As part of this campaign, the Committee directs HRSA to identify oral health literacy strategies that are evidence-based and focused on oral healthcare prevention and education, including prevention of oral disease such as early childhood and other caries, periodontal disease, and oral cancer. The Committee expects the Chief Dental Officer to play a key role in the design, monitoring, oversight, and implementation of this project.

Set-aside for Neonatal Abstinence Syndrome.—The Committee is alarmed by the prevalence of Neonatal Abstinence Syndrome (NAS), or babies born exposed to opioids and other drugs during pregnancy, and the health issues these newborns face. The Committee provides \$1,300,000 to address NAS in areas where the reported NAS incidence rate exceeds the national average.

Set-aside for Oral Health.—The Committee has included \$5,250,000 to continue demonstration projects to increase the im-

plementation of integrating oral health and primary care practice. The projects should model the core clinical oral health competencies for non-dental providers that HRSA published and initially tested in its 2014 report, “Integration of Oral Health and Primary Care Practice.” The Committee expects the Chief Dental Officer to continue to direct the design, monitoring, oversight, and implementation of these projects.

Thalassemia.—HRSA has a long history of supporting thalassemia services. The thalassemia program has been instrumental in aiding patients with this inherited blood disorder, especially as treatments and best practices have evolved over time. The Committee strongly encourages HRSA to reconstitute this program in order to ensure the continued improvement of care and treatment options for patients with this complex and debilitating blood disorder.

Maternal and Child Health Programs

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

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

Budget Activity	FY 2019 Committee
Sickle Cell Anemia Program	\$4,455,000
Autism and Other Developmental Disorders	52,099,000
Heritable Disorders	16,883,000
Healthy Start	110,500,000
Universal Newborn Hearing	17,818,000
Emergency Medical Services for Children	22,334,000
Screening and Treatment for Maternal Depression	5,000,000
Pediatric Mental Health Access	9,000,000

Autism and Other Developmental Disorders

The Committee recommends \$52,099,000 for Autism and Other Developmental Disorders; this funding level is \$3,000,000 more than the fiscal year 2018 enacted level and \$52,099,000 above the fiscal year 2019 budget request. These programs seek to improve the health and well-being of children and adolescents with autism spectrum disorder and other developmental disabilities and to advance best practices for the early identification and treatment of autism and related developmental disabilities.

Leadership Education in Neurodevelopmental and Related Disabilities.—The Committee provides not less than \$36,000,000 for the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program to maintain the program’s capacity to train professionals to screen, diagnose, and provide evidence-based

interventions to individuals with autism spectrum disorder and other developmental disabilities as authorized by the Autism CARES Act (PL113–157). This program provides advanced training to students and fellows from at least 12 disciplines in the identification, assessment, and treatment of children and youth with a wide range of developmental disabilities, including autism. The 52 LEND network programs in 44 states are making significant strides toward improved screening and diagnosis of autism among younger children and helping to train healthcare professionals who treat a number of different developmental and intellectual disabilities.

Pediatric Neurodevelopmental Delivery of Care.—The Committee encourages the Secretary of HHS to collaborate with public and private non-profit organizations with expertise in pediatric neurodevelopmental disabilities, including autism, to develop a pilot project designed to improve the delivery and coordination of care and to lower costs through integrated subspecialty outpatient service delivery models that incorporate comprehensive diagnostic services and therapeutic care for pediatric neurodevelopmental disability patients, including those with autism. The Committee requests an update on this activity in fiscal year 2020 Congressional Justification.

Heritable Disorders

The Committee provides \$16,883,000 for the Heritable Disorders program, which is \$1,000,000 more than the fiscal year 2018 enacted level and \$16,883,000 more than the fiscal year 2019 budget request. Newborn Screening is a complex public health system that relies on coordinated actions by stakeholders, including clinicians, hospitals, parents, labs, and public health professionals. HRSA's Heritable Disorders Program supports a number of activities that strengthen this system to ensure infants born in every State receive rapid identification, early intervention, and potentially life-saving treatment.

Newborn Screening.—Newborn Screening (NBS) is a complex public health system that relies on coordinated actions by stakeholders, including clinicians, hospitals, parents, labs, and public health professionals. HRSA's Heritable Disorders Program supports a number of activities that strengthen this system to ensure infants born in every State receive rapid identification, early intervention, and potentially life-saving treatment. With new funding provided in fiscal year 2019, the Heritable Disorders program will support expansion of efforts to add new conditions to state newborn screening panels. Beginning in fiscal year 2015, Congress provided an additional \$2,000,000 to support the wider implementation, education, and awareness of NBS for a single disorder, Severe Combined Immune Deficiency. Forty-five States now universally screen infants for that disorder. HRSA will build on that successful program by providing grants to support States with the implementation, education, and awareness of newborn screening for new conditions recently added to the Recommended Uniform Screening Panel, including Pompe, Mucopolysaccharidosis I, and X-linked adrenoleukodystrophy. The program will also disseminate national, regional, and State education and training resources for parents, families and providers.

Pediatric Hospice Care.—The Committee recognizes the importance of pediatric hospice care. The Committee understands the unique conditions surrounding pediatric hospice care and grief support for families including the need to support family members, the recognition that child death can have more intense and longer grieving periods, and the need for development of best practices for counseling, support, medication, and other factors impacting the end of life experience for children. The Committee encourages HRSA through the Heritable Disorders Program to work with experienced hospice providers which are not conflicted by decisions of whether to provide hospice or curative treatments in the hospital to children nearing the end of life to establish a pilot program aimed at developing best practices.

Severe Combined Immune Deficiency.—Within the amount for Heritable Disorders, the Committee provides \$2,000,000 for the second year of a grant to continue supporting wider implementation, education, and awareness of newborn screening for Severe Combined Immune Deficiency.

Healthy Start

The Committee recommends \$110,500,000 for the Healthy Start program, which is the same as the fiscal year 2018 enacted level and \$7,000,000 more than the fiscal year 2019 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.

RYAN WHITE HIV/AIDS PROGRAM

Appropriation, fiscal year 2018	\$2,318,781,000
Budget request, fiscal year 2019	2,260,170,000
Committee Recommendation	2,318,781,000
Change from enacted level	— —
Change from budget request	+58,611,000

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

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

Budget Activity	FY 2019 Committee
Emergency Assistance	\$655,876,000
Comprehensive Care Programs	1,315,005,000
<i>AIDS Drug Assistance Program</i>	<i>900,313,000</i>
Early Intervention Program	201,079,000
Children, Youth, Women, and Families	75,088,000
AIDS Dental Services	13,122,000
Education and Training Centers	33,611,000

Budget Activity	FY 2019 Committee
Special Projects of National Significance	25,000,000

HEALTH CARE SYSTEMS

Appropriation, fiscal year 2018	\$111,693,000
Budget request, fiscal year 2019	116,518,000
Committee Recommendation	121,693,000
Change from enacted level	+10,000,000
Change from budget request	+5,175,000

These programs support national activities that enhance health care delivery in the US. Activities include maintaining a national system to allocate and distribute donor organs to individuals awaiting transplant; building an inventory of cord blood units; maintaining a national system for the recruitment of bone marrow donors; operating the 340B drug discount program; and operating a national toll-free poison control hotline.

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

Budget Activity	FY 2019 Committee
Organ Transplantation	\$25,549,000
National Cord Blood Inventory	17,266,000
C.W. Bill Young Cell Transplantation Program	25,109,000
Office of Pharmacy Affairs	15,238,000
Poison Control Centers	22,846,000
Hansen's Disease Program	13,706,000
Hansen's Disease Buildings and Facilities	122,000
Hansen's Payment to Hawaii	1,857,000

National Cord Blood Inventory

The Committee recommends \$17,266,000 for the National Cord Blood Inventory, which is \$2,000,000 more than the fiscal year 2018 enacted level and \$5,000,000 more than the fiscal year 2019 budget request. The National Cord Blood Inventory program builds a genetically and ethnically diverse inventory of high-quality umbilical cord blood for transplantation.

The Committee strongly supports the collection of umbilical cord blood, which may be used to treat many blood and bone marrow disorders such as leukemia, lymphoma, and sickle cell disease. In order to expand access to life-saving transplants, the Committee urges HRSA to fund public cord blood bank pilot demonstrations that are focused on increasing recruitment of donors and banking of cord blood units from diverse populations. In addition, the Committee encourages HRSA to support proposals for novel pilot programs using cord blood and tissue-derived cellular therapies in regenerative therapies.

C.W. Bill Young Cell Transplantation Program

The Committee recommends \$25,109,000 for the C.W. Bill Young Cell Transplantation program, which is \$1,000,000 more than the fiscal year 2018 enacted level and \$3,000,000 more than the fiscal year 2019 budget request. The C.W. Bill Young Cell Transplantation Program provides support to patients who need a bone marrow transplant or umbilical cord blood transplant. A bone marrow

or cord blood transplant may be needed for some patients who have leukemia, lymphoma, sickle cell anemia, or other inherited metabolic or immune system disorders.

Office of Pharmacy Affairs

The Committee provides \$15,238,000 for the Office of Pharmacy Affairs (OPA), which is \$5,000,000 more than the fiscal year 2018 enacted level and \$11,000,000 less than the fiscal year 2019 budget request. The Office of Pharmacy Affairs oversees the 340B Drug Pricing Program, which requires drug manufacturers to provide discounts on outpatient prescription drugs to certain safety net health care providers.

The Committee includes an increase of \$5,000,000 for additional oversight of the 340B program. An in-depth examination of the 340B program by the House Energy and Commerce Committee resulted in a report entitled “Review of the 340B Drug Pricing Program.” The Committee directs HRSA to use additional funds to implement recommendations contained in such report. Specifically, the Committee directs HRSA to conduct additional audits of covered entities, finalize guidance to clarify parameters of the 340B program, and complete the rulemaking process for areas where HRSA has regulatory authority.

The Committee does not include bill language requesting authority to charge a user fee. The Committee does not include appropriations language seeking additional regulatory authority. The Committee believes such reform of the 340B program is best addressed by the authorizing committee of jurisdiction.

The 340B drug pricing program was designed to help safety net providers maintain, improve, and expand patient access to healthcare services. Since its enactment in 1992, the 340B program has lowered the cost of outpatient drugs to government funded health clinics, as well as nonprofit and public hospitals that serve a disproportionate share of low-income patients or rural communities whereby these entities are able to provide additional services and benefits to the communities they serve with the savings realized. The Committee recognizes the 340B drug pricing program remains important, allowing covered entities to stretch their resources to provide comprehensive services to patients.

Since the 1990s, the health care landscape and the scope of the 340B program has evolved significantly. A 2011 GAO report on the 340B program found HRSA’s guidance on program requirements lacked the necessary level of specificity to provide clear direction making it difficult for covered entities to self-police or monitor compliance. GAO recommended that HRSA release more specific guidance on the definition of an eligible patient and issue guidance to further specify the criteria for participating hospitals. The Committee supports HRSA’s continued engagement to provide program guidance to covered entities in the 340B program.

The Committee is aware that the 340B statute requires HRSA to make 340B ceiling prices available to covered entities through a secure website and continues to be concerned that OPA has failed to meet deadlines to complete work on the secure website. The Committee urges OPA to complete the development of a secure website. The Committee directs OPA to issue a report to Congress on its progress implementing these security measures.

Poison Control Centers

The Committee recommends \$22,846,000 for Poison Control Centers, which is \$2,000,000 more than the fiscal year 2018 enacted level and \$4,000,000 more than the fiscal year 2019 budget request. This program funds poison centers, a national toll-free number (800-222-1222), and implements a nationwide media campaign to educate the public and health care providers about poison prevention, poison center services, and the 800 number.

The Committee recognizes the critical role of this proven national public health program and the value of its highly effective public-private/local-State-Federal partnership services to all citizens. In 2015, 2.8 million calls were managed by poison control centers, which is an average of approximately 8,000 calls per day. Of these calls, 47 percent were related to exposures to children five and under, and 22 percent came from health care facilities. Of the approximate 2.2 million poisonings reported in 2015, 67 percent were managed at the site of exposure, avoiding unnecessary visits to emergency departments.

Hansen’s Disease Program

The Committee recommends \$15,685,000 for the Hansen’s Disease Program, Hansen’s Disease buildings and facilities, and payment to Hawaii for treatment, which is the same as the fiscal year 2018 enacted level and \$2,175,000 more than the fiscal year 2019 budget request. The Hansen’s Disease Program provides medical care, education, and research for Hansen’s disease (leprosy) and related conditions.

The Committee understands that the incidence of leprosy in some areas has been increasing. With level funding provided for this year, the Committee strongly encourages HRSA to sustain its contracts with satellite clinics to ensure that essential services are provided for these vulnerable patients and to allow treatment for patients’ ongoing problems and the timely interventions for new complications and for newly diagnosed patients.

RURAL HEALTH

Appropriation, fiscal year 2018	\$290,794,000
Budget request, fiscal year 2019	74,911,000
Committee Recommendation	281,294,000
Change from enacted level	-9,500,000
Change from budget request	+206,383,000

Rural Health programs provide funding to improve access, quality, and coordination of care in rural communities; for research on rural health issues; for technical assistance and recruitment of health care providers; for screening activities for individuals affected by the mining, transport, and processing of uranium; for the outreach and treatment of coal miners and others with occupation-related respiratory and pulmonary impairments; and for the expansion of telehealth services.

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

Budget Activity	FY 2019 Committee
Rural Health Outreach Programs	\$71,500,000

Budget Activity	FY 2019 Committee
Rural Health Research	9,351,000
Rural Hospital Flexibility Grants	33,667,000
Small Hospital Improvement Grants	25,942,000
State Offices of Rural Health	11,000,000
Black Lung Clinics	12,000,000
Radiation Exposure Screening and Education	1,834,000
Telehealth	23,500,000
Rural Communities Opioid Response	82,500,000
Rural Residency Program	10,000,000

Rural Health Outreach Programs

Rural Health Outreach programs funds activities that improve access to and coordination of care in rural communities, with a focus on building sustainable health programs that continue beyond Federal funding. Outreach programs focus on supporting rural community needs related to issues such as behavioral health, oral health, care coordination, quality improvement, workforce training, chronic disease management and enhancing the rural health care delivery system of rural hospitals, clinics and other safety net providers. Programs under this heading include:

Outreach Service Grants, which focus on improving access care in rural communities through the work of community coalitions and partnerships.

Rural Network Development Grants, which support building regional or local partnerships among local hospitals, physicians groups, long-term care facilities, and public agencies to improve management of scarce health care resources.

Delta States Network Grant Program, which provides network development grants to the eight states in Mississippi Delta for network and rural health infrastructure development.

Network Planning Grants, which bring together key parts of the rural healthcare delivery system to target emerging public health issues.

Small Healthcare Provider Quality Improvement Grants, which help improve patient care and chronic disease outcomes by assisting rural primary care providers with the implementation of quality improvement activities.

Rural Hospital Flexibility Grants

The Committee provides \$33,667,000 for the Medicare Rural Hospital Flexibility grant program, which provides funding to State governments to support critical access hospitals through quality, performance, and financial improvements.

Under the Rural Hospital Flexibility Grants, of the funds provided for section 1820(g)(6) of the Social Security Act, the Committee recommends a transition from supporting telehealth activities to other efforts to improve care for rural veterans, such as helping rural hospitals and clinics that seek to serve as access points under the Veterans Affairs (VA) Community Care Program or other VA-contracted care.

Small Hospital Improvement Grants

The Committee provides \$25,942,000 for the Small Rural Hospital Improvement Program, this program provides awards through

States to assist eligible small rural hospitals with software and equipment related to quality, reporting, and billing, with a particular focus on transitioning from prospective payment system hospitals

Telehealth

Within the funds provided for Telehealth, the agreement continues support for the Telehealth Centers for Excellence, which identify best practices, serve as national training resources, and test the efficacy of different telehealth clinical applications.

Given the rising rates of maternal mortality and severe maternal morbidity, as well as barriers to access to care in rural areas, the Committee encourages HRSA to explore the use of telemedicine for high-risk pregnant women to include, but not limited to pregnant women with chronic conditions, preeclampsia, or a need to see a maternal-fetal medicine specialist.

FAMILY PLANNING

Appropriation, fiscal year 2018	\$286,479,000
Budget request, fiscal year 2019	286,479,000
Committee Recommendation	— —
Change from enacted level	– 286,479,000
Change from budget request	– 286,479,000

The Committee does not recommend funding for the Family Planning program. The Family Planning program administers Title X of the Public Health Service Act.

PROGRAM MANAGEMENT

Appropriation, fiscal year 2018	\$155,000,000
Budget request, fiscal year 2019	151,993,000
Committee Recommendation	155,000,000
Change from enacted level	— —
Change from budget request	+3,007,000

Program management supports the cost of Federal staff and related activities to coordinate, direct, and manage the programs of HRSA.

Chief Dental Officer.—The Committee is pleased that HRSA has restored the position of Chief Dental Officer (CDO) and looks forward to learning how the agency has ensured that the CDO is functioning at an executive level authority with resources to oversee and lead HRSA oral health programs an initiatives. The Committee requests an update in the fiscal year 2020 Congressional Justification on how the CDO is serving as the agency representative on oral health issues to international, national, State and/or local government agencies, universities, and oral health stakeholder organizations.

VACCINE INJURY COMPENSATION PROGRAM TRUST FUND

Appropriation, fiscal year 2018	\$277,200,000
Budget request, fiscal year 2019	317,200,000
Committee Recommendation	317,200,000
Change from enacted level	+40,000,000
Change from budget request	— —

The National Vaccine Injury Compensation Program provides a system of compensation for individuals with vaccine-associated injuries or deaths. Funds for claims from vaccines administered on

or after October 1, 1988 are generated by a per-dose excise tax on the sale of selected prescribed vaccines. The Vaccine Injury Compensation Trust Fund receives revenues raised by this tax. Trust funds made available will support the liability costs of vaccines administered after September 30, 1988.

The Committee recommends \$9,200,000 for administration of the program, which is the same as the fiscal year 2018 enacted level and the fiscal year 2019 budget request.

CENTERS FOR DISEASE CONTROL AND PREVENTION

Appropriation, fiscal year 2018	\$8,301,166,000
Budget request, fiscal year 2019	5,660,755,000
Committee Recommendation	7,638,266,000
Change from enacted level	-662,900,000
Change from budget request	+1,977,511,000

The Committee recommendation for the Centers for Disease Control and Prevention (CDC) program level includes \$6,734,908,000 in discretionary budget authority, \$55,358,000 in mandatory funds under the terms of the Energy Employees Occupational Illness Compensation Program Act, and \$848,000,000 in transfers from the Prevention and Public Health (PPH) Fund. CDC’s mission is to protect Americans from health, safety, and security threats, which it accomplishes by supporting core public health functions at State, local, and Tribal health departments, detecting and responding to new and emerging health threats, promoting health and safety, and providing leadership in the public health workforce.

IMMUNIZATION AND RESPIRATORY DISEASES

Appropriation, fiscal year 2018	\$798,405,000
Budget request, fiscal year 2019	700,828,000
Committee Recommendation	808,405,000
Change from enacted level	+10,000,000
Change from budget request	+107,577,000

The Committee recommendation includes \$484,055,000 in discretionary budget authority and \$324,350,000 in transfers from the PPH Fund.

Immunization grants are awarded to State and local public health departments 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 2019 Committee
Section 317 Immunization Program	\$620,847,000
<i>National Immunization Survey</i>	12,864,000
Influenza Planning and Response	187,558,000

Influenza Vaccine Procurement.—The Committee encourages CDC to consider including vaccines produced through recombinant DNA technology in addition to traditionally-produced vaccines in

future solicitations to facilitate the competitive process for all vaccine manufacturers.

Section 317 Immunization Program.—The Committee believes that a strong public health immunization infrastructure is critical for ensuring high vaccination coverage levels, preventing the spread of vaccine-preventable diseases, and responding to outbreaks. During the 2015 measles outbreak, section 317 funds supported State and local health departments in rapid response, public health communication, data gathering, and diagnostics.

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

Appropriation, fiscal year 2018	\$1,127,278,000
Budget request, fiscal year 2019	1,117,278,000
Committee Recommendation	1,147,278,000
Change from enacted level	+20,000,000
Change from budget request	+30,000,000

CDC provides national leadership and support for prevention research and the development, implementation, and evaluation of evidence-based HIV, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) prevention programs serving persons affected by, or at risk for, these infections. 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 2019 Committee
Domestic HIV/AIDS Prevention and Research	\$788,712,000
<i>HIV Prevention by Health Departments</i>	397,161,000
<i>HIV Surveillance</i>	119,861,000
<i>Activities to Improve Program Effectiveness</i>	103,208,000
<i>National, Regional, Local, Community, and Other Organizations</i>	135,401,000
<i>School Health-HIV</i>	33,081,000
Viral Hepatitis	39,000,000
Sexually Transmitted Diseases	157,310,000
Tuberculosis	142,256,000
Elimination Initiative	20,000,000

Elimination Initiative.—The Committee includes \$20,000,000 for the Infectious Disease Elimination Initiative proposed in the fiscal year 2019 budget request. This new initiative will support efforts to eliminate new infections such as HIV, hepatitis B virus (HBV), hepatitis C virus (HCV), STDs, and TB in high-risk States and jurisdictions, including those with high rates of opioid-related transmission. The Committee requests an update on this new initiative within 60 days of enactment of this Act.

Latent Tuberculosis Infection.—CDC estimates that there are up to 13 million individuals in the US with latent TB infection. The identification and preventive treatment of individuals with TB infection would prevent future active TB cases, reducing future healthcare costs. The Committee again urges the Director to support State and local TB programs to effectively identify and treat latent TB infection cases.

Viral Hepatitis.—The Committee is concerned that as a result of the opioid epidemic, infections of viral hepatitis have spiked in many parts of the nation, including a 233 percent increase in infections nationwide since 2010. Even though the HBV vaccine is more than 90 percent effective, there were over 41,000 new HBV infections in 2016. The Committee notes that the link between viral hepatitis infection and primary liver cancer is well-established, with up to 60 percent of global liver cancer cases caused by HBV. The Committee notes that in 2017 the National Academies of Sciences, Engineering, and Medicine (NASEM) report entitled “A National Strategy for the Elimination of Hepatitis B and C” made a series of recommendations for vaccination, higher rates of diagnosis, care, and treatment. The Committee urges CDC, in cooperation with the leading national viral hepatitis organizations, to develop a plan to implement the NASEM recommendations to achieve the goal of the elimination of hepatitis B and C. The Committee also requests a report on CDC’s plan for implementation of the NASEM recommendations within 90 days of enactment of this Act.

Viral Hepatitis and Injection Drug Use.—The Committee notes that there has been a nationwide increase in new viral hepatitis diagnoses and regional increases in HIV diagnoses attributed to injection drug use associated with the opioid epidemic. Research shows that awareness of one’s HIV infection status can increase motivation to begin substance use disorder treatment, especially when medication-assisted treatment is integrated with antiretroviral treatment for HIV patients. The Committee looks forward to working with HHS to ensure opioid resources address the overlapping public health testing activities for affected communities.

EMERGING AND ZOOONOTIC INFECTIOUS DISEASES

Appropriation, fiscal year 2018	\$614,572,000
Budget request, fiscal year 2019	508,328,000
Committee Recommendation	614,572,000
Change from enacted level	— — —
Change from budget request	+106,244,000

The Committee recommendation includes \$562,572,000 in discretionary appropriations and \$52,000,000 in transfers from the PPH Fund. Programs funded under Emerging and Zoonotic Infectious Diseases (EZID) support the prevention and control of infectious diseases through surveillance, outbreak investigation and response, research, and prevention.

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

Budget Activity	FY 2019 Committee
Core Infectious Diseases	\$422,000,000
<i>Emerging Infectious Diseases</i>	155,457,000
<i>Lab Safety and Quality</i>	8,000,000
<i>Antibiotic Resistance Initiative</i>	168,000,000
<i>All Other Infectious Diseases</i>	29,840,000
<i>Vector-borne Diseases</i>	38,603,000
<i>Lyme Disease</i>	10,700,000
<i>Prion Disease</i>	6,000,000
<i>Chronic Fatigue Syndrome</i>	5,400,000
Food Safety	58,000,000
National Health Care Safety Network	21,000,000

Budget Activity	FY 2019 Committee
Quarantine	31,572,000
Advanced Molecular Detection	30,000,000
Epidemiology and Laboratory Capacity	40,000,000
Healthcare-Associated Infections	12,000,000

Antibiotic Resistance Solutions Initiative.—The Committee recognizes the importance of addressing antibiotic-resistant bacteria through a “One Health” approach, simultaneously combating antibiotic resistance in human, animal, and environmental settings. The Committee encourages CDC to competitively award research activities that address aspects of antibiotic resistance related to “OneHealth” among entities, including public academic medical centers, veterinary schools with agricultural extension services, and State public health departments whose proposals are in line with CDC’s strategy for addressing antibiotic resistant bacteria. The Committee requests that CDC provide an updated spend plan to the Committee within 30 days of enactment of this Act and include an update on these efforts in the fiscal year 2020 Congressional Justification. The Committee encourages CDC to prevent spread by enhancing State, local, and regional public health capacity to prevent, detect, and respond to new and existing antibiotic resistance faster and to develop a national capacity to identify and catalog microbial genome sequences, paying attention to antibiotic-resistant microbes. Finally, the Committee encourages CDC to continue to pursue research opportunities in the area of antimicrobial stewardship in diverse healthcare settings and encourage regional collaborations to study the most effective strategies to improve antibiotic prescribing and stewardship.

Eye Health and Safety.—The Committee is aware of CDC’s long history in research related to keratitis outbreaks and contact lens-related infections and applauds the development of the healthy contact lens program. The Committee is also aware of concerns raised in the medical community regarding rules regulating the sale of contact lenses, which are Food and Drug Administration (FDA) Class II and III medical devices. Given these developments, the Committee directs CDC to update both its 2010 report, *Estimated Burden of Keratitis*, to include the most recent data available and its 2016 survey and reporting related to risk behaviors for contact lens-related eye infections. In addition, the Committee encourages CDC to work with relevant professional societies to leverage data from qualified clinical data registries on contact lens adverse events, including those that do not result in permanent loss of vision, to better inform the understanding of the risks associated with contact lens wear.

Nutritional Alternatives to Antibiotic Use.—Each year, approximately 97 million outpatient visits in the US are associated with antibiotic prescriptions, with over half of all women acquiring a urinary tract infection (UTI) at least once in their lifetime. As *E.coli*, which is responsible for over 80 percent of UTIs, is becoming resistant to many antibiotics, the Committee encourages support for stewardship efforts that further examine the role that bioactive compounds found in certain nutrient dense foods play in reducing antibiotic use. The Committee further encourages CDC to continue to pursue nutritional alternative opportunities in diverse

healthcare settings to study the most effective strategies to improve antibiotic prescribing and stewardship.

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

Vector-Borne Diseases.—The Committee recognizes the critical role that EZID and its Vector-Borne Disease Program play in ongoing efforts to prepare for and fight tropical diseases emerging on US soil, such as Dengue, Chikungunya, and Zika. EZID is critical to crafting sustainable long-term abilities of States to prepare for vector-borne disease such as Zika and West Nile and is the Federal government’s only central focus on vector control.

Vector-Borne Disease Centers of Excellence.—The Committee is concerned about the Pacific Northwest being an underserved region for funding and representation in the Regional Centers of Excellence in Vector-Borne Diseases network recently established by CDC. The ecology, disease transmission dynamics, and resources for vector-borne disease training, surveillance, and control in the Northwest differ significantly from those in the five regional centers currently funded. The Committee encourages CDC to examine options to provide greater coverage the Northwest region for vector-borne disease resources.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Appropriation, fiscal year 2018	\$1,162,896,000
Budget request, fiscal year 2019	939,250,000
Committee Recommendation	1,197,396,000
Change from enacted level	+34,500,000
Change from budget request	+258,146,000

The Committee recommendation includes \$902,746,000 in discretionary appropriations and \$294,650,000 in transfers from the PPH Fund. Programs supported within Chronic Disease Prevention and Health Promotion (CDPHP) provide national leadership and support for State, Tribal, and community efforts to promote health and well-being through the prevention and control of chronic diseases.

The recommendation for CDPHP maintains the existing program line items as they were funded in fiscal year 2018 and does not provide funding for the America’s Health Block Grant proposed in the fiscal year 2019 budget request. Chronic diseases, such as Alzheimer’s disease, diabetes, heart disease, and stroke, are the leading causes of death and disability in the US and account for 86 cents of every dollar spent on health care. Many of these conditions are largely preventable through improved nutrition and physical activity. The Committee supports evidence-based strategies to address public health priorities through proven State-based grant programs, utilizing related national organizations for technical assistance, and encourages CDC to continue and expand these successful approaches.

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

Budget Activity	FY 2019 Committee
Tobacco	\$210,000,000
Nutrition, Physical Activity, and Obesity	54,920,000
<i>High Obesity Rate Counties</i>	15,000,000
School Health	15,400,000
Health Promotion	18,000,000
<i>Glaucoma</i>	4,000,000
<i>Visual Screening Education</i>	1,000,000
<i>Alzheimer's Disease</i>	4,500,000
<i>Inflammatory Bowel Disease</i>	1,000,000
<i>Interstitial Cystitis</i>	1,000,000
<i>Excessive Alcohol Use</i>	4,000,000
<i>Chronic Kidney Disease</i>	2,500,000
Prevention Research Centers	25,461,000
Heart Disease and Stroke	147,062,000
Diabetes	155,129,000
National Diabetes Prevention Program	26,800,000
Cancer Prevention and Control	367,674,000
<i>Breast and Cervical Cancer</i>	218,000,000
<i>WISEWOMAN</i>	21,120,000
<i>Breast Cancer Awareness for Young Women</i>	4,960,000
<i>Cancer Registries</i>	49,440,000
<i>Colorectal Cancer</i>	43,294,000
<i>Comprehensive Cancer</i>	19,675,000
<i>Johanna's Law</i>	7,000,000
<i>Ovarian Cancer</i>	9,500,000
<i>Prostate Cancer</i>	13,205,000
<i>Skin Cancer</i>	2,125,000
<i>Cancer Survivorship Resource Center</i>	475,000
Oral Health	22,000,000
Safe Motherhood/Infant Health	44,000,000
<i>Preterm Birth</i>	2,000,000
Other Chronic Diseases	26,000,000
<i>Arthritis</i>	11,000,000
<i>Epilepsy</i>	8,500,000
<i>National Lupus Patient Registry</i>	6,500,000
Racial and Ethnic Approaches to Community Health	66,950,000
<i>Good Health and Wellness in Indian Country</i>	32,000,000
Million Hearts	4,000,000
National Early Child Care Collaboratives	4,000,000
Hospitals Promoting Breastfeeding	10,000,000

Alzheimer's Disease Healthy Brain Initiative.—The Committee continues to support the Healthy Brain Initiative, and encourages CDC to assist States in collecting cognitive decline and caregiving data through the Behavioral Risk Factor Surveillance System and implementing the Healthy Brain Initiative's Public Health Roadmap for State and National Partnerships.

Chronic Fatigue Syndrome.—The Committee applauds CDC's efforts to collaborate with disease experts in its multi-site study to resolve case definition issues around Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) and urges CDC to complete that effort. The Committee also commends CDC's recent update of its website informing the public about ME/CFS and encourages CDC to work with disease experts and patients to continue to better educate healthcare providers about the disease and its appropriate management. However, the Committee is concerned that neither the website updates nor CDC's current plans will address the continued medical stigma and misinformation about ME/CFS and the critical lack of medical providers. The Committee is also

concerned that there are fewer than twelve experts in the country. The Committee urges CDC to partner with other HHS agencies, disease experts, and key medical societies to implement a proactive plan to address these issues and find creative ways to bring additional clinicians into the field.

Chronic Obstructive Pulmonary Disease.—The Committee commends the release of the Chronic Obstructive Pulmonary Disease (COPD) National Action Plan and its comprehensive approach to confronting the burden of COPD. The Committee encourages CDC to begin implementation of the National Action Plan by integrating COPD surveillance, research, prevention, and management strategies into its chronic disease efforts.

Inflammatory Bowel Disease.—The Committee commends CDC for supporting epidemiological studies on Irritable Bowel Disease (IBD), including a focus on minority and underserved communities. The Committee encourages CDC to continue to identify innovative approaches, including mixed methods research, for determining the incidence and prevalence of IBD.

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

Ovarian Cancer.—The Committee is pleased by CDC's launch of Know: BRCA to help increase the public's awareness of hereditary breast and ovarian cancers and improve understanding the individual risk of having a BRCA mutation. The Committee strongly encourages CDC to take steps to integrate components of the Inside Knowledge Campaign, which works to increase awareness of the signs and symptoms of ovarian and other gynecologic cancers, and Know: BRCA to the extent possible, to ensure coordination of public health messages related to ovarian cancer, leveraging of resources, and maximizing economies of scale.

Psoriatic Disease Initiative.—The Committee recognizes the growing body of evidence linking psoriatic disease, which impacts more than eight million Americans, to other comorbidities such as cardiovascular disease, mental health, substance abuse challenges, kidney disease, and other conditions. The Committee commends CDC for identifying opportunities for expanded research on psoriatic disease in its Public Health Agenda for Psoriasis and Psoriatic Arthritis and encourages CDC to support intramural and grant-based research on the comorbidities of psoriatic disease, including research that can be done in collaboration with or funded by other disease programs such as Arthritis, Cardiovascular Health, or Mental Illness.

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

Racial and Ethnic Approaches to Community Health.—The Committee includes \$32,000,000 within Racial and Ethnic Approaches to Community Health to significantly expand the Good Health and Wellness in Indian Country program. The Good Health initiative supports efforts by American Indian and Alaska Native communities to implement holistic and culturally-adapted approaches to reduce tobacco use, improve physical activity and nutrition, and increase health literacy. The Committee requests an update on CDC's plans for this expansion within 60 days of enactment of this Act.

Safe Motherhood and Infant Health.—The Committee continues to support activities within this line related to maternal and infant health, such as State-Based Perinatal Collaboratives and the Pregnancy Risk Assessment Monitoring System, at the fiscal year 2018 enacted level. The Committee recommendation does not include funding for the teen pregnancy prevention cooperative agreement.

Sepsis.—The Committee encourages CDC to increase its public awareness, outreach, and education efforts on sepsis, including health provider outreach and other related activities to prevent sepsis and improve early recognition and management of sepsis. The Committee requests CDC provide a report on its activities to improve public awareness of sepsis in the fiscal year 2020 Congressional Justification.

Type 1 Diabetes and Diabetic Ketoacidosis.—The Committee is concerned about the increase in type 1 diabetes and the risk of diabetic ketoacidosis. The Committee encourages CDC to conduct national monitoring and epidemiologic analysis of recent trends and determinants in type 1 diabetes and related acute complications, including diabetic ketoacidosis, and to educate key stakeholders, such as providers and others, on effective diabetes management and prevention of acute complications such as diabetic ketoacidosis.

BIRTH DEFECTS, DEVELOPMENTAL DISABILITIES, DISABILITIES, AND
HEALTH

Appropriation, fiscal year 2018	\$140,560,000
Budget request, fiscal year 2019	110,000,000
Committee Recommendation	150,560,000
Change from enacted level	+10,000,000
Change from budget request	+40,560,000

This account supports efforts to conduct research on and address the causes of birth defects and developmental disabilities, as well as reduce the complications of blood disorders and improve the health of people with disabilities.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2019 Committee
Child Health and Development	\$65,800,000
<i>Birth Defects</i>	19,000,000
<i>Fetal Death</i>	900,000
<i>Fetal Alcohol Syndrome</i>	11,000,000
<i>Folic Acid</i>	3,150,000
<i>Infant Health</i>	8,650,000
<i>Autism</i>	23,100,000
Health and Development for People with Disabilities	59,660,000
<i>Disability & Health incl. Child Development</i>	27,000,000
<i>Tourette Syndrome</i>	2,000,000
<i>Early Hearing Detection and Intervention</i>	10,760,000
<i>Muscular Dystrophy</i>	6,000,000
<i>Attention Deficit Hyperactivity Disorder</i>	1,900,000
<i>Fragile X</i>	2,000,000
<i>Spina Bifida</i>	6,000,000
<i>Congenital Heart Defects</i>	4,000,000
Blood Disorders	15,100,000
<i>Public Health Approach to Blood Disorders</i>	4,400,000
<i>Hemophilia Activities</i>	3,500,000
<i>Hemophilia Treatment Centers</i>	5,100,000
<i>Thalassemia</i>	2,100,000
Surveillance for Emerging Threats to Mothers and Babies	10,000,000

Duchenne Muscular Dystrophy and Newborn Screening.—The Committee continues to be encouraged by efforts to develop a newborn screening test for Duchenne Muscular Dystrophy. The Committee is aware of the successful pilot project in Ohio and supports CDC's plans to consider an additional State pilot.

Duchenne Muscular Dystrophy Surveillance.—The Committee is pleased by the publication of updates of the care standards for Duchenne Muscular Dystrophy and encourages CDC to continue supporting widespread dissemination of these standards to all appropriate provider audiences. The Committee is also aware of CDC's efforts to support refinement of an ICD 10 code for Duchenne and Becker Muscular Dystrophy (DBMD) and requests that CDC use MD STARnet to monitor the implementation of the code and measure how accurately and effectively the code is being applied to known cases of DBMD.

Fragile X and Fragile X-Associated Disorders.—The Committee commends CDC's efforts to identify and define the population impacted by Fragile X (FX) and all conditions associated with the gene mutation with the goal of understanding the public health impact of these conditions. To help this effort, the Committee urges the National Center on Birth Defects and Developmental Disabilities (NCBDDD) to support additional strategies to promote earlier identification of children with FX, such as newborn screening. The Committee acknowledges the significant progress made by NCBDDD in growing its FORWARD Database and Patient Registry and extending FORWARD participation to adults with FX. This project will have a highly significant impact on understanding the natural history of FX throughout the lifespan, and defining how to best measure patient outcomes. Given the potential connections among FX, the FX protein, and autism, the prospect of targeted treatments for overlapping characteristics of both conditions, the Committee urges the NCBDDD to explore cross-divisional funding opportunities to accelerate data-driven public health research to reduce the public health burdens of both FX and autism.

Health Promotion for People with Disabilities.—The Committee supports the activities of the National Center on Health, Physical Activity, and Disability (NCHPAD) and its primary goal of promoting better health, wellness, and quality of life for people with disabilities. The Committee encourages NCHPAD to implement a demonstration project to develop and implement strategies to reduce diabetes and obesity among people with mobility limitations in coordination with CDC State Disability and Health Programs.

Neonatal Abstinence Syndrome Surveillance.—The Committee urges CDC to expand its surveillance of adverse infant outcomes and long-term developmental outcomes of children who were diagnosed with neonatal abstinence syndrome at birth, as very little is currently known about the full impact of prenatal opioid exposure or the educational and social challenges that these children face as they grow and enter school. The Committee urges CDC to recognize the complex nature of this epidemic by studying the impact of poly-substance use as well as opioid use by pregnant women, in addition to other factors in the home setting that may affect the development of these children.

Newborn Screening Quality Assurance Program.—The Committee is aware that State laboratories need specialized support to begin screening for additional newborn conditions and recognizes CDC's expertise in working with laboratories to implement accurate newborn screening tests. The Committee supports the Newborn Screening Quality Assurance Program to support State laboratories as they implement screening for new disorders. The Committee encourages CDC to support evaluation of testing methods for new conditions, expansion of CDC's quality assurance materials, and funding to States for critical infrastructure and development of tests for rare conditions.

Pre-Term Birth.—Preterm birth affects more than 380,000 babies each year in the US and is the leading cause of neonatal mortality. The Committee commends CDC for funding six State-based Perinatal Collaboratives that focus on improving birth outcomes and maternal health and safety using known prevention strategies such as reducing early elective deliveries.

Spina Bifida.—The Committee recognizes that spina bifida is the most common permanently disabling birth defect in the US. Each year in the US, about 1,500 babies are born with spina bifida, and there are an estimated 166,000 individuals living with all forms of this complex birth defect. Spina bifida and related neural tube defects are largely but not entirely preventable through education and adequate daily folic acid consumption, so it is important to identify other risk factors in order to allow more complete prevention of this devastating birth defect. The Committee encourages CDC to use funding provided for the National Spina Bifida Program (NSBP) to support the continuation of the National Spina Bifida Patient Registry and the Spina Bifida Clinical Care Monitoring and Tracking program. Further, the Committee commends the NSBP for serving as a model for programs assisting other individuals living with similar complex conditions and encourages CDC to continue to support the dissemination of information to clinicians, parents, and families living with spina bifida.

Surveillance for Emerging Threats to Mothers and Babies.—The Committee includes \$10,000,000 for Surveillance for Emerging

Threats to Mothers and Babies, as proposed in the fiscal year 2019 budget request. This new initiative will build upon surveillance through the Zika pregnancy and infant registry to monitor the long-term impact of Zika and can be leveraged for other emerging infectious diseases and emerging threats. The Committee requests an update on this new initiative within 60 days of enactment of this Act.

Thalassemia.—The Committee is aware of the critical work done by CDC’s thalassemia program in connecting patients with this rare genetic blood disorder to life-saving resources and treatment centers. Thalassemia patients experience serious comorbidities which can impact almost every aspect of their lives. The Committee requests that the CDC continue collaborating with thalassemia treatment centers, non-profits, and patient advocates through this program.

PUBLIC HEALTH SCIENTIFIC SERVICES

Appropriation, fiscal year 2018	\$490,397,000
Budget request, fiscal year 2019	468,000,000
Committee Recommendation	490,397,000
Change from enacted level	— —
Change from budget request	+22,397,000

This account supports programs that provide leadership and training for the public health workforce, support infrastructure to modernize public health surveillance, promote and facilitate science standards and policies, and improve access to information on disease outbreaks and other threats.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2019 Committee
Health Statistics	\$160,397,000
Surveillance, Epidemiology, and Informatics	279,000,000
<i>Laboratory Training and Oversight</i>	5,000,000
Public Health Workforce	51,000,000

Surveillance Data Platform.—The Committee encourages CDC to continue the efforts started with the development of the Surveillance Data Platform by using this program to modernize the surveillance infrastructure of the over 100 surveillance applications at CDC, leveraging and supporting initiatives in CDC’s 2014 Surveillance Strategy. This would be an important step forward for CDC in modernizing their critical data collection systems that will allow for better data sharing and analysis on a common platform that will help reduce redundancy and maintenance.

ENVIRONMENTAL HEALTH

Appropriation, fiscal year 2018	\$205,750,000
Budget request, fiscal year 2019	157,000,000
Committee Recommendation	196,350,000
Change from enacted level	–9,400,000
Change from budget request	+39,350,000

The Committee recommendation includes \$179,350,000 in discretionary appropriations and \$17,000,000 in transfers from the PPH Fund.

Programs supported within Environmental Health conduct surveillance and data collection to detect and address emerging pathogens and environmental toxins that pose significant challenges to public health, as well as determine whether and at what level of exposure these substances are harmful to humans.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2019 Committee
Environmental Health Laboratory	\$63,750,000
<i>Newborn Screening Quality Assurance Program</i>	14,000,000
<i>Newborn Screening/Severe Combined Immunodeficiency Diseases</i>	1,250,000
Environmental Health Activities	34,600,000
<i>Environmental Health Activities</i>	16,000,000
<i>Safe Water</i>	8,600,000
<i>Amyotrophic Lateral Sclerosis (ALS) Registry</i>	10,000,000
<i>Climate Change</i>	0
Environmental and Health Outcome Tracking Network	34,000,000
Asthma	29,000,000
Childhood Lead Poisoning	35,000,000

Intermountain West Wildfire Smoke Health Monitoring.—The Committee is concerned with the public health impact of the ever-increasing number and severity of wildfires in the Intermountain West, noting increased long-term hospital admissions due to respiratory symptoms and chronic obstructive pulmonary disease. Through CDC's Environmental Public Health Tracking Network, grantees are using data on wildfires to educate residents in affected areas about ways to protect their health during wildfires. The Committee continues to encourage the use of the tracking network to better understand the impact of wildfires in the Intermountain West and inform health policymakers and resource managers.

Lyme Disease.—The Committee encourages CDC to consider expanding activities related to developing sensitive and more accurate diagnostic tools and tests for Lyme disease and evaluating the development of a national reporting system.

National Asthma Control Program.—The Committee encourages CDC to continue its 6118 Initiative efforts which promote evidence-based asthma medical management and strategies aimed at improving access and adherence to the 2007 National Asthma Education and Prevention Program.

INJURY PREVENTION AND CONTROL

Appropriation, fiscal year 2018	\$648,559,000
Budget request, fiscal year 2019	266,309,000
Committee Recommendation	690,559,000
Change from enacted level	+42,000,000
Change from budget request	+424,250,000

Programs supported within Injury Prevention and Control provide national leadership on violence and injury prevention, conduct research and surveillance, and promote evidence-based strategies to inform real-world solutions to prevent premature death and disability and to reduce human suffering and medical costs caused by injury and violence.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2019 Committee
Intentional Injury	\$102,730,000
<i>Domestic Violence and Sexual Violence</i>	32,700,000
<i>Child Maltreatment</i>	7,250,000
<i>Youth Violence Prevention</i>	15,100,000
<i>Domestic Violence Community Projects</i>	5,500,000
<i>Rape Prevention</i>	49,430,000
National Violent Death Reporting System	23,500,000
Unintentional Injury	8,800,000
<i>Traumatic Brain Injury</i>	6,750,000
<i>Elderly Falls</i>	2,050,000
Injury Prevention Activities	28,950,000
Opioid Overdose Prevention and Surveillance	515,579,000
Injury Control Research Centers	11,000,000

Child Sexual Abuse Prevention.—It is estimated that 15 to 25 percent of girls and five to 10 percent of boys will experience child sexual abuse. While the Federal government has invested in treatment for victims and punishment for offenders, the Committee believes that more emphasis should be placed on prevention. The Committee requests that the Center report on its current activities related to the development and evaluation of primary public health interventions targeting child sexual abuse. Additionally, the Committee requests that the Center identify gaps in research that can be filled to promote child sexual abuse primary prevention. The Committee requests this report within 180 days of enactment of this Act.

Core State Violence and Injury Prevention Program.—The Core State Violence and Injury Prevention Program (Core SVIPP) is the only program of its kind in the US that uses research-based evidence to identify the most effective strategies to prevent injuries caused by accidents or violence. To further strengthen State decision-making and support allocation of funds to high burden areas, the Committee encourages CDC to explore ways in which States can utilize Core SVIPP funds to implement, evaluate, and disseminate effective violence and injury prevention programs and policies beyond the four core focus areas selected by CDC.

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

Opioid Overdose Surveillance.—The Committee continues to support the use of data to support forecasting of opioid-related overdose risk, including by geographic region. The Committee encourages CDC to initiate a demonstration project in States experiencing the highest rates of opioid-related overdose to use data to develop forecasts that public health officials can use to intervene and prevent overdoses.

Prescription Drug Overdose.—The Committee commends CDC for its leadership on combatting prescription and opioid drug overdoses. The Committee encourages CDC to implement these activities based on population-adjusted burden of disease criteria, including mortality data (age-adjusted rate), as significant criteria when distributing funds for the State PDO Prevention activities. The Committee assumes these funds will be distributed via a competitive mechanism and not merely a mathematical formula or standard allocation to each State. Further, the Committee strongly encourages CDC to support local prevention activity to determine

the effectiveness of medication-approved treatment modalities in treating heroin and prescription drug abuse and reducing diversion of buprenorphine for illicit purposes.

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

Appropriation, fiscal year 2018	\$335,200,000
Budget request, fiscal year 2019	— —
Committee Recommendation	335,200,000
Change from enacted level	— —
Change from budget request	+335,200,000

The National Institute for Occupational Safety and Health (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.

The Committee does not move NIOSH into NIH, as proposed in the budget request. The Committee believes NIOSH's mission does not align with NIH's focus on biomedical research and is better achieved within CDC.

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

Budget Activity	FY 2019 Committee
National Occupational Research Agenda	\$116,000,000
<i>Agricultural, Forestry, and Fishing</i>	25,500,000
Education and Research Centers	29,000,000
Personal Protective Technology	20,000,000
Mining Research	59,500,000
National Mesothelioma Registry and Tissue Bank	1,100,000
Other Occupational Safety and Health Research	109,600,000

ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM

Appropriation, fiscal year 2018	\$55,358,000
Budget request, fiscal year 2019	— —
Committee Recommendation	55,358,000
Change from enacted level	— —
Change from budget request	+55,358,000

The Energy Employees Occupational Illness Compensation Program (EEOICPA) provides compensation to employees and 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.

The Committee does not move EEOICPA into NIH, as proposed in the budget request. The Committee believes EEOICPA's mission does not align with NIH's focus on biomedical research and is better achieved within CDC.

GLOBAL HEALTH

Appropriation, fiscal year 2018	\$488,621,000
Budget request, fiscal year 2019	408,762,000
Committee Recommendation	488,621,000
Change from enacted level	— — —
Change from budget request	+79,859,000

Through its Global Health activities, CDC coordinates, cooperates with, participates with, and provides consultation to other nations, Federal 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.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2019 Committee
Global AIDS Program	\$128,421,000
Global Immunization Program	\$226,000,000
<i>Polio Eradication</i>	<i>\$176,000,000</i>
<i>Other Global/Measles</i>	<i>\$50,000,000</i>
Parasitic Diseases and Malaria	\$26,000,000
Global Disease Detection and Emergency Response	\$108,200,000
Global Public Health Capacity Development	\$9,800,000

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

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Appropriation, fiscal year 2018	\$1,450,000,000
Budget request, fiscal year 2019	800,000,000
Committee Recommendation	860,000,000
Change from enacted level	— 590,000,000
Change from budget request	+60,000,000

The Public Health Preparedness and Response (PHPR) account supports programs that build and strengthen national preparedness for public health emergencies, both naturally-occurring and intentional. PHPR supports needs assessments, response planning, training, epidemiology and surveillance, and upgrades for laboratory capacity and communications systems.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2019 Committee
State and Local Preparedness and Response Capability	\$698,200,000
<i>Public Health Emergency Preparedness Cooperative Agreement</i>	<i>690,000,000</i>
<i>Academic Centers for Public Health Preparedness</i>	<i>8,200,000</i>
CDC Preparedness and Response	161,800,000

Budget Activity	FY 2019 Committee
<i>BioSense</i>	23,000,000
<i>All Other CDC Preparedness and Response</i>	138,800,000
Strategic National Stockpile (SNS)	0

Strategic National Stockpile.—The Committee includes funding for the Strategic National Stockpile (SNS) in the Office of the Assistant Secretary for Preparedness and Response, as requested in the fiscal year 2019 budget request. The Committee expects that this organizational change will continue to include a significant role for CDC in providing scientific expertise in decision-making related to procurement of countermeasures as well as maintaining strong relationships with State and local public health departments to facilitate efficient deployment of countermeasures in public health emergencies.

BUILDINGS AND FACILITIES

Appropriation, fiscal year 2018	\$510,000,000
Budget request, fiscal year 2019	30,000,000
Committee Recommendation	30,000,000
Change from enacted level	– 480,000,000
Change from budget request	— — —

This account supports capital projects as well as repairs and improvements to restore, maintain, and improve CDC's assets at facilities in seven States and San Juan, Puerto Rico.

The Committee continues language from fiscal year 2018 to allow CDC to retain unobligated funds in the Individual Learning Accounts from departed employees to support the replacement of the underground and surface coal mine safety and health research facility.

CDC-WIDE ACTIVITIES AND PROGRAM SUPPORT

Appropriation, fiscal year 2018	\$273,570,000
Budget request, fiscal year 2019	155,000,000
Committee Recommendation	573,570,000
Change from enacted level	+300,000,000
Change from budget request	+418,570,000

The Committee recommendation includes \$413,570,000 in discretionary funds and \$160,000,000 in transfers from the PPH Fund.

This account supports public health leadership and support activities at CDC.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2019 Committee
Preventive Health and Health Services Block Grant	\$160,000,000
Public Health Leadership and Support	113,570,000
Infectious Disease Rapid Response Reserve Fund	300,000,000

Foundation for the CDC.—The Committee directs the Foundation for the Centers for Disease Control and Prevention (“Foundation”) to abide by section 399G(h)(7) of the Public Health Service Act by including in the Foundation’s annual report the source and amount of all monetary gifts to the Foundation, as well as the source and description of all gifts of real or personal property. Each annual re-

port shall disclose a specification of any restrictions on the purposes for which gifts to the Foundation may be used. The annual report shall not list “anonymous” as a source for any gift that includes a specification of any restrictions on the purpose for which the gift may be used.

Infectious Disease Rapid Response Reserve Fund.—The Committee recommendation includes \$300,000,000 within this account for a new Infectious Diseases Rapid Response Reserve Fund. The Reserve Fund, in which funds will be available until expended, will provide an immediate source of funding to quickly respond to a future, imminent infectious disease crisis that endangers American lives without waiting for Congress to act on a supplemental funding bill. Bill language establishing the Reserve Fund is included in section 228 of the General Provisions for this Title.

NATIONAL INSTITUTES OF HEALTH

Appropriation, fiscal year 2018	\$37,084,000,000
Budget request, fiscal year 2019	34,588,391,000
Committee Recommendation	38,334,000,000
Change from enacted level	+1,250,000,000
Change from budget request	+3,745,609,000

The Committee recommendation for the National Institutes of Health (NIH) program level includes \$37,661,129,000 in discretionary appropriations and \$922,871,000 in Public Health Service Act section 241 evaluation set-aside transfers. Within the total discretionary appropriation, the Committee recommendation includes \$711,000,000 in budget authority authorized in the 21st Century Cures Act (PL 114–255).

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

The recommendation provides the following funding increases: \$401,000,000 for Alzheimer’s disease research; \$100,000,000 for the Cancer Moonshot Initiative; \$147,000,000 for the “All of Us” precision medicine initiative; \$29,000,000 for the Brain Research through Application of Innovative Neurotechnologies (BRAIN) Initiative; \$15,000,000 for combating antibiotic-resistant bacteria; \$30,000,000 for the development of a universal influenza vaccine; and \$15,000,000 for Institutional Development Awards. The Committee also continues and expands upon the trans-NIH Down syndrome research initiative that was established in fiscal year 2018. The Committee recommendation also provides an increase for every Institute and Center (IC) to support innovative research to advance fundamental knowledge and speed the development of new therapies and diagnostics to improve the health of all Americans.

The Committee expects the 3.4 percent increase of funds over the fiscal year 2018 enacted level to support an increase in the number of new and competing Research Project Grants, with a focus on early-stage investigators and investigators seeking first-time renewals. The Committee expects NIH to provide a stipend level in-

crease to training grantees that is consistent with any fiscal year 2019 Federal employee pay raise. The Committee continues to provide in bill language funding levels for Clinical and Translational Science Awards, Institutional Development Awards (IDeA), the Cures Acceleration Network, the Common Fund, and the Environmental Influences on Child Health Outcomes study.

The Committee recommendation does not include the general provision proposed in the fiscal year 2019 budget request to limit the percentage of a researcher's salary that may be paid for using NIH grant funds, as the impact of this policy change is unclear. The Committee requests an analysis of the projected impact of such a policy change on the number and average cost of NIH grants, as well as on academic institutions, in the fiscal year 2020 Congressional Justification.

NATIONAL CANCER INSTITUTE (NCI)

Appropriation, fiscal year 2018	\$5,964,800,000
Budget request, fiscal year 2019	5,626,312,000
Committee Recommendation	6,136,037,000
Change from enacted level	+471,237,000
Change from budget request	+509,725,000

Mission.—NCI leads, conducts, and supports cancer research across the nation to advance scientific knowledge and help all people live longer, healthier lives.

Access to Clinical Trials.—The Committee supports NCI's efforts to improve equitable patient access to and participation in cancer clinical trials at NCI and NCI-designated Cancer Centers across the country, including an emphasis on patient enrollment, retention, and minority participation in those trials. The Committee believes that an underappreciated cause of low enrollment into cancer clinical trials is the barrier that ancillary cost of participation creates, especially for underserved and minority communities. This creates an access issue for many patients who could participate in clinical trials in order to take advantage of the medical advances trials offer as an alternative to hospice. The Committee directs NCI to implement a new pilot initiative to investigate the impact of providing navigation and direct patient expense reimbursement associated with participation in cancer clinical trials on cancer clinical trial enrollment, retention, patient outcomes, and research outcomes, including among underrepresented and minority communities. NCI is encouraged to develop the pilot research program in consultation with NCI-designated Cancer Centers, the National Clinical Trials Network, the NCI Community Research Program, and non-profit foundations currently working in this area. The Committee requests a description of NCI's plans for this pilot program within 90 days of enactment of this Act.

Cancer Immunotherapy.—The Committee continues to be encouraged by new breakthroughs in cancer immunotherapy, which are revolutionizing treatments for a growing number of cancers. This includes remarkable improvement in outcomes for an increasing number of cancer patients. In some cases, however, the side effects of such treatments are far different than those associated with chemotherapy. Early recognition and management of cancer immunotherapy-related side effects can result in resolution of these side effects before permanent damage is done, and allows for con-

tinued cancer treatment. As more patients benefit from cancer immunotherapy, recognizing and treating possible side effects will take on greater urgency. Therefore, the Committee urges NCI to prioritize research and education on the underlying mechanisms of cancer immunotherapy toxicities.

Cancer Moonshot.—The Committee recommendation directs NIH to transfer \$400,000,000 from the NIH Innovation Account to NCI to support the Cancer Moonshot initiative. These funds were authorized in the 21st Century Cures Act (PL 114–255).

Children’s Oncology Group.—The Committee continues to support the important work of the Children’s Oncology Group and other pediatric research efforts to advance drug development. Pediatric cancer patients and their families rely heavily on the trials run by the Children’s Oncology Group. The vast majority of childhood cancer patients are enrolled in trials conducted by the Children’s Oncology Group and advances in treatment are dependent on the cancer research community’s ability to conduct trials quickly and enroll as many pediatric patients as possible.

Collaboration Between Agencies Regarding Pediatric Investigation of Appropriate New Drugs.—The Committee recognizes that Title V of the Food and Drug Administration Reauthorization Act (FDARA) amended the Pediatric Research Equity Act to support the early evaluation of potentially effective drugs by requiring pediatric investigation of appropriate new drugs intended for adults with cancer. The law directs the FDA, in collaboration with the NCI, to establish, publish, and regularly update a list of molecular targets considered on the basis of data the Agency determines to be adequate, to be substantially relevant to the growth or progression of pediatric cancers, and that may trigger the requirement for pediatric investigations. The Committee encourages NCI to collaborate with FDA as well as the patient community, providers, and manufacturers, and conduct a transparent and inclusive process to implement FDARA in a timely manner.

Deadliest Cancers.—The Committee remains concerned that while more effective screening methods and treatments have lowered overall cancer incidence and death rates, there are still very few early detection and treatment tools for “recalcitrant cancers”, defined in statute as those whose five-year survival rate is below 50 percent. These cancers account for nearly half of all cancer deaths in the US and include cancers of the brain, esophagus, liver, lung, ovary, pancreas, and stomach. Given the toll these types of cancer exact on society and the lack of tools currently available to help patients, the Committee urges NCI to continue to support research with an emphasis on developing improved screening and early detection tools and more effective treatments. The Committee requests an update in the fiscal year 2020 Congressional Justification on the Requests for Applications NCI issued in fiscal years 2017 and 2018 and funding awarded to specifically advance these goals.

Gynecologic Cancer Clinical Trials.—The Committee supports continued investment in Federally-funded clinical trials for gynecologic cancers. Gynecologic cancers include ovarian, cervical, uterine, vaginal, and vulvar cancer. Given the high mortality rates for certain gynecologic cancers, the Committee requests NCI pro-

vide an update on access to gynecologic cancer clinical trials its fiscal year 2020 Congressional Justification.

IDeA States and Cancer Trials.—The Committee recognizes that NCI supports clinical trials across the country through its National Clinical Trials Network (NCTN) and the NCI Community Oncology Research Program (NCORP). The Committee believes, however, that there are more opportunities for academic medical centers in IDeA States to become engaged in these networks. Therefore, the Committee encourages NCI to coordinate with the National Institute of General Medical Sciences (NIGMS) to help IDeA states that do not currently have NCORP or NCTN awards build capacity in these regions to conduct cancer clinical trials. The Committee also encourages NCI to continue to support NCORP in its mission to increase diversity among patients participating in NCI clinical trials, especially with regard to rural and minority populations. Finally, the Committee urges NCI, in consultation with NIGMS, to encourage collaboration between IDeA awardees and existing NCI designate cancer centers, NCTN lead sites, and NCORP sites.

Metastatic Cancer Research.—The Committee recognizes that the incidence of and mortality rates for liver cancer have risen over the past decade and that comorbid conditions such as hepatitis continue to be risk factors for liver cancer. The Committee commends the Cancer Moonshot and encourages continued support for its implementation.

Office of Cancer Survivorship.—The Committee recognizes that the needs of childhood cancer survivors are unique. By 2020, there will be at least 500,000 childhood cancer survivors in the US. Two-thirds of childhood cancer survivors suffer from at least one health problem caused from their treatment. The Committee urges NCI to continue to support childhood cancer survivorship, including research on survivorship following targeted and immune-therapies as well as a standard of care. The research should focus on the specific needs for childhood cancer survivors such as psycho-social treatments.

Pancreatic and Other Recalcitrant Cancers.—Pancreatic cancer is currently the third leading cause of cancer-related death in the US, claiming the lives of over 44,000 Americans annually. Despite progress in combating other forms of cancer, pancreatic cancer remains the only major cancer with a five-year survival rate in the single digits, at 9 percent, in large part because there are no reliable early detection methods or effective treatment options. The Committee urges NCI to continue to support research with an emphasis on developing improved screening and early detection tools and more effective treatments. The Committee specifically requests an update on the pancreatic cancer scientific framework in the fiscal year 2020 Congressional Justification, including a description of ongoing and planned future research in this area.

Pediatric Rare Cancer.—After accidents, cancer is the second leading cause of death in children ages one to fourteen. In 2018 alone, cancer will affect over 15,000 children and adolescents, and most of those diagnoses will be for rare forms which lack therapeutic options. While children face dozens of cancers, only one pediatric-specific cancer has a targeted therapeutic. Moreover, children with cancer can suffer more severe side effects from aggressive treatments than adult patients. The Committee strongly encour-

ages NIH to expand funding for research that may contribute to the development of new treatments for pediatric rare cancers.

Precision Oncology.—The Committee recognizes the potential for significant advancements in cancer treatments from the NCI-MATCH (Molecular Analysis for Therapy Choice) trial, which remains the central pillar of the precision medicine research focused on oncology for cancers that are unresponsive to standard interventions. The Committee requests that NCI provide an update on precision medicine activities in the fiscal year 2020 Congressional Justification.

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

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI)

Appropriation, fiscal year 2018	\$3,383,201,000
Budget request, fiscal year 2019	3,112,032,000
Committee Recommendation	3,423,604,000
Change from enacted level	+40,403,000
Change from budget request	+311,572,000

Mission.—NHLBI provides global leadership for a research, training, and education program to promote the prevention and treatment of heart, lung, and blood disorders and enhance the health of all individuals so that they can live longer and more fulfilling lives.

Alzheimer's Disease and Vascular Dementia.—The Committee recognizes the value that well-characterized, longitudinal, population-based cohort studies provide in bringing to light more information about the risk factors related to dementia. By studying participants and their descendants over time, much can be learned about cognitive decline and early biomarkers that will help us understand the role of environmental versus genetic factors in disease development and progression. The Committee commends the NHLBI for its work to follow its current and future cohort study participants for the development and progression of risk factors and to detect signs of cognitive decline in order to provide new insights into risk identification and accelerated prevention efforts.

Congenital Heart Disease.—The Committee commends NHLBI for its continued work to better understand causation and appropriate treatments for those with the most life-threatening congenital heart defects through its biomedical research program Bench to Bassinet and the critical multi-centered infrastructure of the Pediatric Heart Network. The Committee urges NHLBI to continue its work with other Federal agencies and professional and patient organizations to expand collaborative activities targeted toward prevention and treatment of the diverse lifelong needs of children and adults living with congenital heart disease. The Committee requests a report on these efforts in the fiscal year 2020 Congressional Justification.

General Cardiac Research.—The Committee encourages NIH to pursue highly translational basic and clinical research that will have a near-term impact on health care of aging populations in States with high numbers of patients with cancer suffering from cardiovascular complications of chemotherapy, severe peripheral vascular disease, genetic cardiac diseases, and clotting disorders associated with aging and cardiac arrhythmias. Research should be conducted across the disciplines of medicine, immunology, imaging, chemistry, biomedical engineering, physics, statistics, mathematics, and entrepreneurship to design new drugs and drug delivery systems and strategies that are safer, more effective, and improve patient compliance, while seeking to move technologies from bench to bedside with private partners and local health care and community organizations.

National Chronic Obstructive Pulmonary Disease Action Plan.—The Committee notes NHLBI’s role in crafting the National Chronic Obstructive Pulmonary Disease Action Plan. NHLBI is encouraged to continue this important work by supporting additional research activities and collaborating with other Public Health Service agencies to facilitate implementation of the plan’s recommendations.

Pulmonary Hypertension.—The Committee recognizes NHLBI’s work to advance research into pulmonary hypertension, especially with regard to idiopathic pulmonary arterial hypertension. The Committee encourages NHLBI to continue working with stakeholders to advance these critical research priorities.

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

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH
(NIDCR)

Appropriation, fiscal year 2018	\$447,735,000
Budget request, fiscal year 2019	413,196,000
Committee Recommendation	453,082,000
Change from enacted level	+5,347,000
Change from budget request	+39,886,000

Mission.—The mission of NIDCR is to improve dental, oral, and craniofacial health through research, research training, and the dissemination of health information.

Biodevices.—The Committee is pleased that NIDCR is exploring how to leverage oral biodevices for overall health, including developing tools to detect bone loss. The Committee encourages NIDCR to continue focusing on novel products, such as imaging technologies and dental restorative materials, which can improve individuals’ oral and overall health and well-being.

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

Appropriation, fiscal year 2018	\$2,120,797,000
Budget request, fiscal year 2019	1,965,434,000
Committee Recommendation	2,144,333,000
Change from enacted level	+23,536,000
Change from budget request	+178,899,000

Mission.—The NIDDK mission is to conduct and support medical research and research training and disseminate science-based information on diabetes and other endocrine and metabolic diseases; digestive diseases, nutritional disorders, and obesity; and kidney, urologic, and hematologic diseases, to improve people’s health and quality of life.

End-Stage Renal Disease.—The Committee recognizes NIDDK’s accomplishments in supporting critical kidney research, including research on end-stage renal disease. The Committee notes the recent GAO report on research funding and encourages NIDDK to continue working with stakeholders to disseminate critical information and discuss new opportunities for research.

Hepatitis B.—The Committee notes that the Hepatitis B virus (HBV) research community convened a virtual consensus conference that resulted in articles published in 2018 in two peer reviewed scientific journals identifying the most urgent research questions that must be answered to find a cure for HBV. The Committee urges NIDDK to pursue multiple critical research opportunities towards improved treatments and a cure for HBV and to provide an update in the fiscal year 2020 Congressional Justification.

Inflammatory Bowel Disease.—The Committee is pleased by NIDDK’s support of research into inflammatory bowel diseases and notes recent CDC prevalence data, which suggests inflammatory bowel disease (IBD) is twice as prevalent as originally thought. The Committee encourages NIDDK to respond to these findings by providing enhanced support for research on IBD. Research should include a focus on the environmental triggers and epigenetics of IBD as well as interventions for the rising prevalence of IBD, and be targeted at both pediatric and adult patients.

Pediatric Kidney Disease.—The Committee is encouraged by the research funded by NIDDK on pediatric kidney disease. However, the Committee continues to urge the NIDDK to plan and work toward multicenter clinical trials and translational studies that will focus on the unique needs of children with kidney disease. Pediatric patients and the entire pediatric nephrology community have benefited extensively from the previous two large pediatric focused clinical studies, RIVUR and CKiD. These studies not only addressed important clinical questions but also established large biorepositories and databases, which can be used by the research community to gain important additional knowledge from the study populations. The Committee also encourages NIDDK to fund research aimed at establishing new prognostic indicators such as genomics and personalized medicine, novel diagnostics, and therapeutics that may help further understanding in pediatric kidney disease that may also lead to breakthroughs and applications in adult kidney disease. The Committee requests that NIDDK report back in the fiscal year 2020 Congressional Justification on the progress made towards additional pediatric focused clinical studies.

Technology and Ophthalmic Disorders.—The Committee notes that the specific use of technology, such as web-based telemedicine software, centralized reading centers, hand-held fundus cameras, photography training programs, and internet-based storage and transmission of images can efficiently detect early signs of diabetic retinopathy and glaucoma in rural and underserved populations.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE
(NINDS)

Appropriation, fiscal year 2018	\$2,145,149,000
Budget request, fiscal year 2019	1,838,556,000
Committee Recommendation	2,228,780,000
Change from enacted level	+83,631,000
Change from budget request	+390,224,000

Mission.—The NINDS mission is to seek fundamental knowledge about the brain and nervous system and use that knowledge to reduce the burden of neurological disease.

BRAIN Initiative.—The Committee recommendation includes bill language transferring \$57,500,000 from the NIH Innovation Account to NINDS to support the BRAIN Initiative. These funds were authorized in the 21st Century Cures Act (PL 114–255). The Committee recognizes the importance of neuroscience research funded by NIH, which is fueling a vital scientific endeavor and is the essential foundation for understanding and treating diseases that impact over 100 million Americans each year. The Committee also commends NIH for its successful implementation of the BRAIN Initiative, and for its 5 year partnership with an array of agencies. This collaborative effort is revolutionizing the understanding of how neural components and their dynamic interactions result in complex behaviors, cognition, and disease, while accelerating the development of transformative tools to explore the brain in unprecedented ways making information previously beyond reach accessible. The Committee encourages NIH to continue to build off its 5 years of success as a leader and partner on the BRAIN Initiative bringing together various disciplines and funding meritorious research to advance our knowledge of the brain.

Non-Addictive Pain Treatments.—The Committee is aware that many people who suffer from acute pain are exposed to opioids, leading to addiction, and many others who suffer from chronic pain turn to opioids for relief because they lack alternative pain treatments and management. This is a particular challenge in Appalachia. The Committee encourages NINDS to prioritize the development of non-addictive treatments for pain, recognizing that there are regions of the country with high per capita rates of opioid deaths.

Opioids.—The Committee commends NIH for launching the HEAL (Helping to End Addiction Long-Term) Initiative, a trans-NIH effort to speed scientific solutions to stem the national opioid public health crisis. This initiative will build on extensive, well-established NIH research, including basic science of the complex neurological pathways involved in pain and addiction, implement science to develop and test treatment models, and research to integrate behavioral interventions with medication-assisted treatment for opioid use disorder. The Committee continues to support opioid-

related research at NINDS and expects NINDS to expand this research in fiscal year 2019.

Stroke Research.—The Committee continues its concern that stroke inflicts a vast burden, including topping per capita spending for all chronic conditions in the Medicare fee-for-service program. The Committee encourages NINDS to prioritize and implement robust investment to spur, strengthen, accelerate, and coordinate stroke research. This investment should focus on expediting novel basic, clinical and translational research by all available and appropriate mechanisms. The Committee encourages NINDS to intensify enactment of top stroke priorities, including prevention, endovascular therapy, early stroke recovery, and tele-rehabilitation.

Traumatic Brain Injury.—The Committee understands that regenerative medicine research, including the use of adult stem cells, tissue engineered scaffolds, and means to promote neuroplasticity, may play an important role in the treatment of traumatic brain injury (TBI) and stroke. The Committee strongly encourages NINDS to work with the National Institute on Aging and other relevant ICs to ensure a robust and coordinated portfolio of research on how to leverage regenerative medicine research in the treatment of TBI and stroke. The Committee requests an update in the fiscal year 2020 Congressional Justification on efforts in these specific areas of research.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID)

Appropriation, fiscal year 2018	\$5,260,210,000
Budget request, fiscal year 2019	4,761,948,000
Committee Recommendation	5,368,029,000
Change from enacted level	+107,819,000
Change from budget request	+606,081,000

Mission.—The NIAID mission is to conduct and support basic and applied research to better understand, treat, and ultimately prevent infectious, immunologic, and allergic diseases.

Combating Antibiotic-Resistant Bacteria.—The Committee recommendation includes at least \$538,000,000 within NIAID for research related to combating antibiotic-resistant bacteria. Many infectious organisms have adapted to the drugs designed to kill them, making the products less effective. Because most bacteria, viruses, and other microbes multiply rapidly, they can quickly evolve and develop resistance to antimicrobial drugs. Overusing or misusing antimicrobial drugs can make resistance develop even faster. These funds enable NIAID to support research on antimicrobial (drug) resistance, including basic research on how microbes develop resistance, new and faster diagnostics, and clinical trials designed to find new vaccines and treatments effective against drug-resistant microbes. The Committee requests an update on these activities in the fiscal year 2020 Congressional Justification.

Hepatitis B.—The Committee notes that both the World Health Organization in 2016 and the National Academies of Science, Engineering, and Medicine in 2017 declared that the elimination of Hepatitis B virus (HBV) is possible. In the U.S., one in 20 Americans have been infected and more than two million are chronically infected with acute infections. The Committee further notes that the link between HBV infection and primary liver cancer is well es-

established, with up to 60 percent of global liver cancer cases caused by HBV. The Committee requests that NIAID develop and lead an inter-institute working group, to include representation from NCI, NIDDK, and the National Institute on Minority Health and Health Disparities (NIMHD), to coordinate their research agendas and infrastructure to find a cure for HBV. The Committee requests a report on these efforts within 90 days of enactment of this Act. Additionally, the Committee urges NIAID to issue targeted calls for HBV research to fund the many critical research opportunities identified by the scientific community in the Roadmap for a Cure and report to the Committee on Appropriations of the House of Representatives and the Senate within 90 days of enactment of this Act NIAID's research plan to pursue a cure for HBV.

Microbicides.—The Committee recognizes that with NIH and United States Agency for International Development (USAID) leadership, research has shown the potential for antiretroviral (ARV) drugs to prevent HIV infection in women. The Committee encourages NIAID to continue coordination with USAID, the Department of State, and others to advance ARV-based microbicide development efforts with the goal of enabling regulatory approval of the first safe and effective microbicide for women and supporting an active ARV-based microbicide pipeline to produce additional solutions to prevent HIV and to help end the epidemic.

Tick-Borne Diseases.—The Committee encourages NIAID to intensify research on Lyme and other tick-borne diseases, including research that will increase understanding of the full range of processes that cause Lyme disease infection, including any possible mechanisms of persistent infection as well as potential treatments for Lyme disease. This should include research on the pathophysiology of infection with *Borrelia burgdorferi* and *Borrelia mayonii*, as well as the development of more sensitive and accurate diagnostic tests for Lyme and other tick-borne diseases, including next-generation polymerase chain reaction and new testing methodologies such as proteomics and metabolomics.

Universal Influenza Vaccine.—The Committee directs NIAID to allocate at least \$140,000,000 to support basic, translational, and clinical research to develop a universal influenza vaccine. This funding supports research to develop an influenza vaccine that provides robust, long-lasting protection against multiple subtypes of flu, rather than a select few. Such a vaccine would eliminate the need to update and administer the seasonal flu vaccine each year and could provide protection against newly emerging flu strains, potentially including those that could cause a flu pandemic. The Committee requests an update on these efforts within 60 days of enactment of this Act.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES (NIGMS)

Appropriation, fiscal year 2018	\$2,785,400,000
Budget request, fiscal year 2019	2,572,669,000
Committee Recommendation	2,818,667,000
Change from enacted level	+33,267,000
Change from budget request	+245,998,000

Mission.—NIGMS supports basic research that increases our understanding of biological processes and lays the foundation for advances in disease diagnosis, treatment, and prevention.

Institutional Development Awards.—The Committee provides \$365,575,000 for the Institutional Development Awards (IDeA) program. IDeA supports high-quality research and investigators throughout the country in States in which the success rate for NIH grants has been historically low.

Native American Research Centers for Health.—The Committee commends NIGMS for supporting the Native American Research Centers for Health program, which provides opportunities for Tribes and Tribal organizations to build the capacity to support research, research training, and faculty development to address health disparities in American Indian/Alaska Native communities.

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

Appropriation, fiscal year 2018	\$1,452,006,000
Budget request, fiscal year 2019	1,339,592,000
Committee Recommendation	1,469,346,000
Change from enacted level	+17,340,000
Change from budget request	+129,754,000

Mission.—NICHD investigates human development throughout the entire life process, with a focus on understanding disabilities and important events that occur during pregnancy.

Endometriosis.—The Committee is aware that endometriosis is a serious chronic condition that impacts one in ten women in the US between the ages of 10 and 49. Women with this condition can suffer up to ten years before being properly diagnosed, often due to lack of awareness and limited treatment options available. The Committee encourages NICHD to develop a report on the current state of endometriosis. Further, the Committee encourages NICHD, through research and in collaboration with CDC, to continue to support education, outreach, and awareness to promote early and accurate diagnosis of endometriosis.

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

Neonatal Abstinence Syndrome.—The Committee recognizes the importance of developing evidenced-based treatment protocols for babies with neonatal abstinence syndrome (NAS). The Committee requests that the NICHD provide a report to the Committee on existing research regarding evidence based-treatment protocols for both full-term and premature babies with NAS and recommendations for future research within 90 days of enactment of this Act.

Pre-Term Birth.—Preterm birth affects approximately 380,000 babies each year in the U.S. and is the leading cause of infant mortality. The Committee applauds NICHD's research portfolio spanning the range of discovery, development, and delivery of science in order to identify the causes of premature birth and infant mortality. The Committee encourages NICHD to continue to provide robust support to extramural preterm birth prevention research, the Maternal-Fetal Medicine Units Network, the Neonatal Re-

search Network, and the intramural research program related to prematurity.

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

Task Force on Research in Pregnant Women and Lactating Women.—The Committee looks forward to the Task Force’s report to the Secretary and Congress in September 2018, and continues to encourage and support the important work of the Task Force to ensure that pregnant and lactating women are included in research, and that consumers and health care professionals have up-to-date and accurate information on the safety and efficacy of drugs that women are taking while pregnant or breastfeeding.

NATIONAL EYE INSTITUTE (NEI)

Appropriation, fiscal year 2018	\$772,317,000
Budget request, fiscal year 2019	711,015,000
Committee Recommendation	781,540,000
Change from enacted level	+9,223,000
Change from budget request	+70,525,000

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.

Blepharospasm.—The Committee is pleased that NEI is expanding research on blepharospasm, a form of dystonia. The Committee encourages NEI to work with NINDS and stakeholders on cross cutting research opportunities that affect all forms of dystonia.

Neuromyelitis Optica Spectrum Disorder.—The Committee directs NEI to provide an update in the fiscal year 2020 Congressional Justification on research related to Neuromyelitis Optica Spectrum Disorder (NMO/SD), a rare autoimmune disease that causes blindness and/or paralysis. The Committee strongly encourages NEI to work with other ICs, including NINDS and NIAID, to support basic research into the causes and treatment of NMO/SD.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES (NIEHS)

Appropriation, fiscal year 2018	\$751,143,000
Budget request, fiscal year 2019	693,199,000
Committee Recommendation	760,113,000
Change from enacted level	+8,970,000
Change from budget request	+66,914,000

Mission.—NIEHS’ mission is to discover how the environment affects people in order to promote healthier lives.

NATIONAL INSTITUTE ON AGING (NIA)

Appropriation, fiscal year 2018	\$2,574,091,000
Budget request, fiscal year 2019	1,988,200,000
Committee Recommendation	3,005,831,000
Change from enacted level	+431,740,000
Change from budget request	+1,017,631,000

Mission.—NIA’s mission is to understand the nature of aging and the aging process, and diseases and conditions associated with growing older, in order to extend the healthy, active years of life.

Alzheimer’s Disease.—In recognition that Alzheimer’s disease poses a serious threat to the nation’s long-term health and economic stability, the Committee recommends a total of at least \$2,250,000,000 for Alzheimer’s disease research. NIA should continue to address the research goals set forth in the National Plan to Address Alzheimer’s disease, as well as the recommendations from the Alzheimer’s disease Research Summit in 2015.

Alzheimer’s Disease Disparities.—The Committee commends the NIA for its leadership in supporting longitudinal, population-based cohort studies into the causes of dementia. Because rural, poor, and minority populations may be at enhanced risk for dementia, the value and application of these studies is enhanced when they include individuals from various geographic, ethnic, socio-economic and generational backgrounds. The Committee encourages NIA to diversify its cohort studies, with the specific goal of better understanding disease burden and biomarkers by race and geographic region. Additionally, the Committee is concerned about the racial and ethnic disparities that exist in Alzheimer’s disease diagnoses and encourages NIA to support research exploring the disproportionate impact Alzheimer’s disease has on people of color, particularly African Americans who are two times more likely to develop late-onset Alzheimer’s disease than whites.

Caregiver Dementia Initiative.—At any given time, more than 15 million Americans are providing informal care to an older relative with dementia. However, dementia caregivers experience considerable stress and depression and impaired subjective well-being, self-efficacy, and physical health. The Committee encourages NIA to fund a pilot community-based peer support program designed to develop an accessible, feasible, and sustainable program that capitalizes on the expertise of former caregivers. Persons who previously cared for a person with dementia but have transitioned out of that role can provide one-on-one problem-solving, or coaching, for current dementia caregivers. Family care is preferred by both family members and persons with dementia themselves, and removes a substantial burden from the US healthcare system.

Healthy Brain Aging.—In the context of NIA’s robust Alzheimer’s Disease research portfolio, the Committee recognizes the need to understand healthy brain aging and risk factors for Alzheimer’s Disease. The Committee encourages NIA to continue to address the research goals and recommendations related to healthy brain aging and cognitive resilience identified during the NIH’s 2015 Alzheimer’s Policy Summit.

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

Appropriation, fiscal year 2018	\$586,661,000
Budget request, fiscal year 2019	545,494,000
Committee Recommendation	593,663,000
Change from enacted level	+7,002,000
Change from budget request	+48,169,000

Mission.—NIAMS’ mission is to support research into the causes, treatment, and prevention of arthritis and musculoskeletal and skin diseases; the training of basic and clinical scientists to carry out this research; and the dissemination of information on research progress in these diseases.

Alopecia Areata.—The Committee applauds NIAMS for its leadership in autoimmune research breakthroughs that have advanced treatment development for alopecia areata. The Committee requests an update from NIAMS on new alopecia areata research advances in the fiscal year 2020 Congressional Justification.

Lupus.—The Committee recognizes NIAMS for implementing the Action Plan for Lupus Research and for leading the Lupus Federal Working Group. The Committee is concerned about the substantial racial disparities in the incidence and prevalence of lupus and notes that African American women experience the highest lupus rate. Therefore, the Committee encourages NIAMS to continue to support lupus research, including studies to understand why the disease disproportionately affects women of color.

Mucopolysaccharide Diseases.—Mucopolysaccharide (MPS) diseases are inherited, with death occurring for many in early childhood. This systemic disease causes progressive damage to the bones, heart, respiratory system, and brain, causing permanent disability and early death. The Committee continues to urge NIH to put a high priority on better understanding and treating MPS diseases. The Committee commends NIH for allocating funds to discover, develop, define, and make available for research animal models of human genetic disease. The Committee encourages expanded research of treatments for neurological, chronic inflammation, cardiovascular and skeletal manifestations of MPS, with an emphasis on gene therapy. The Committee thanks NCATS, NINDS, and NIDDK for again funding the Lysosomal Disease Network through the Rare Disease Clinical Network and for funding lysosomal research meetings. The Committee encourages NIH to expand support to incentivize MPS research. Understanding the manifestations and treatments of both the skeletal and neurological disease continues to be an area of great unmet need.

Scleroderma.—The Committee recognizes the work that NIAMS is doing to support research of fibrotic disease and continues to encourage prioritizing research including scleroderma. The Committee also encourages NIAMS to work with other ICs on collaborative opportunities where feasible to advance critical research.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION
DISORDERS (NIDCD)

Appropriation, fiscal year 2018	\$459,974,000
Budget request, fiscal year 2019	423,992,000
Committee Recommendation	465,467,000
Change from enacted level	+5,493,000
Change from budget request	+41,475,000

Mission.—NIDCD conducts and supports biomedical and behavioral research and research training in the normal and disordered processes of hearing, balance, taste, smell, voice, speech, and language. NIDCD also conducts and supports research and research training related to disease prevention and health promotion; addresses special biomedical and behavioral problems associated with people who have communication impairments or disorders; and supports efforts to create devices which substitute for lost and impaired sensory and communication function.

Spasmodic Dysphonia.—The Committee continues to encourage NIDCD to expand research on spasmodic dysphonia, a form of dystonia. The Committee also encourages NIDCD to meet with stakeholders to link research with the needs of the community.

NATIONAL INSTITUTE OF NURSING RESEARCH (NINR)

Appropriation, fiscal year 2018	\$158,033,000
Budget request, fiscal year 2019	145,842,000
Committee Recommendation	159,920,000
Change from enacted level	+1,887,000
Change from budget request	+14,078,000

Mission.—The mission of NINR is to promote and improve the health of individuals, families, and communities. To achieve this mission, NINR supports and conducts clinical and basic research and research training on health and illness, research that spans and integrates the behavioral and biological sciences, and develops the scientific basis for clinical practice.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM (NIAAA)

Appropriation, fiscal year 2018	\$509,573,000
Budget request, fiscal year 2019	469,109,000
Committee Recommendation	515,658,000
Change from enacted level	+6,085,000
Change from budget request	+46,549,000

Mission.—NIAAA's mission is to generate and disseminate fundamental knowledge about the effects of alcohol on health and well-being, and apply that knowledge to improve diagnosis, prevention, and treatment of alcohol-related problems, including alcohol use disorder, across the lifespan.

NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

Appropriation, fiscal year 2018	\$1,383,603,000
Budget request, fiscal year 2019	1,137,403,000
Committee Recommendation	1,400,126,000
Change from enacted level	+16,523,000
Change from budget request	+262,723,000

Mission.—NIDA's mission is to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health.

Neonatal Abstinence Syndrome.—The Committee recognizes the importance of research and prevention, identification, and treatment of prenatal opioid exposure and neonatal abstinence syndrome. The Committee encourages NIDA to ensure the review process includes appropriate focus on geographic locations where the problem is particularly acute or two or fewer treatment programs are available. The Committee encourages NIH, based on appropriate scientific review, to support meritorious research opportuni-

ties for institutions offering clinical services to women, particularly women from rural areas, who are at risk for opioid dependence and opioid exposure during pregnancy and for infants born with neonatal abstinence syndrome.

Opioids.—The Committee commends NIH for launching the HEAL (Helping to End Addiction Long-Term) Initiative, a trans-NIH effort to speed scientific solutions to stem the national opioid public health crisis. This Initiative will build on extensive, well-established NIH research, including basic science of the complex neurological pathways involved in pain and addiction, implementation science to develop and test treatment models, and research to integrate behavioral interventions with medication-assisted treatment for opioid use disorder. The Committee continues to support opioid-related research at NIDA and expects NIDA to expand this research in fiscal year 2019.

The Committee continues to be extremely concerned about the epidemic of prescription opioids, heroin, and synthetic opioid use, addiction, and overdose in the US. Approximately 144 people die each day in this country from opioid overdose, making it one of the most common causes of non-disease-related deaths for adolescents and young adults. This crisis has been exacerbated by the availability of fentanyl and its analogs in many communities. The Committee appreciates the important role that research can and should play in the various Federal initiatives aimed at this crisis. The Committee urges NIDA to continue funding research on medication development to alleviate pain, especially the development of medications with reduced abuse liability, and to report on what we know regarding the transition from opioid analgesics to heroin and synthetic opioid abuse and addiction within affected populations.

Raising Awareness and Engaging the Medical Community in Drug Abuse and Addiction Prevention and Treatment.—The Committee notes that education is a critical component of any effort to curb drug use and addiction, and it must target every segment of society, including healthcare providers (doctors, nurses, dentists, and pharmacists), patients, and families. Medical professionals must be in the forefront of efforts to curb the opioid crisis. The Committee continues to be pleased with the NIDAMED initiative, targeting physicians-in-training, including medical students and resident physicians in primary care specialties (e.g., internal medicine, family practice, and pediatrics). The Committee encourages NIDA to continue its efforts in this space, providing physicians and other medical professionals with the tools and skills needed to incorporate drug abuse screening and treatment into their clinical practices. The Committee encourages NIDA and CDC to develop strategies for increasing participation in its online continuing medical education course on safe prescribing for pain and managing patients who abuse prescription opioids. The Committee also encourages NIDA and CDC to develop strategies for increasing participation in its online continuing medical education courses on safe prescribing for pain and managing patients who abuse prescription opioids.

NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

Appropriation, fiscal year 2018	\$1,711,775,000
Budget request, fiscal year 2019	1,612,192,000
Committee Recommendation	1,790,231,000
Change from enacted level	+78,456,000
Change from budget request	+178,039,000

Mission.—NIMH’s mission is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure.

BRAIN Initiative.—The Committee recommendation includes bill language transferring \$57,500,000 from the NIH Innovation Account to NIMH to support the BRAIN Initiative. These funds are authorized by the 21st Century Cures Act (PL 114–255). The Committee recognizes the importance of NIH funded neuroscience research, which is fueling a vital scientific endeavor and is the essential foundation for understanding and treating diseases that impact over 100 million Americans each year. The Committee also commends the NIH for its successful implementation of the BRAIN Initiative, and for its five year partnership with an array of agencies. This collaborative effort is revolutionizing our understanding of how neural components and their dynamic interactions result in complex behaviors, cognition, and disease, while accelerating the development of transformative tools to explore the brain in unprecedented ways making information previously beyond reach accessible. The Committee encourages NIH to continue to build off its five years of success as a leader and partner on the BRAIN Initiative bringing together various disciplines and funding meritorious research to advance knowledge of the brain.

Eating Disorder Research.—Eating disorders are a serious mental illness that affect 30 million Americans during their lifetime and has the highest mortality rate of any psychiatric illness. The Committee encourages NIH to continue to support eating disorders research, with a focus on applied research in prevention, early identification, and innovative treatment.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE (NHGRI)

Appropriation, fiscal year 2018	\$556,881,000
Budget request, fiscal year 2019	512,979,000
Committee Recommendation	563,531,000
Change from enacted level	+6,650,000
Change from budget request	+50,552,000

Mission.—NHGRI’s mission is to accelerate scientific and medical breakthroughs that improve human health by driving cutting-edge research, developing new technologies, and studying the impact of genomics on society.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING
(NIBIB)

Appropriation, fiscal year 2018	\$377,871,000
Budget request, fiscal year 2019	346,550,000
Committee Recommendation	382,384,000
Change from enacted level	+4,513,000
Change from budget request	+35,834,000

Mission.—The NIBIB mission is to improve health by leading the development and accelerating the application of biomedical technologies.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES
(NIMHD)

Appropriation, fiscal year 2018	\$303,200,000
Budget request, fiscal year 2019	280,545,000
Committee Recommendation	306,821,000
Change from enacted level	+3,621,000
Change from budget request	+26,276,000

Mission.—NIMHD’s mission is to lead scientific research to improve minority health and reduce health disparities.

Focal Segmental Glomerulosclerosis Research.—The Committee recognizes the work that NIMHD and NIDDK are doing to address the connection between the APOL1 gene and the onset of Focal Segmental Glomerulosclerosis (FSGS). The Committee encourages NIMHD to work with community stakeholders caring for the affected population to identify areas of collaboration.

Hepatitis B.—The Committee notes that half of all HBV patients in the US are immigrant Asian-Americans or Pacific Islanders, though these groups only accounts for about six percent of the population. Further, among African immigrants, the prevalence of chronic HBV is about 10 percent. The Committee urges NIMHD to fund research to test scale-up model programs that increase HBV awareness, knowledge, testing and linkage to care for treatment among the disproportionately HBV-impacted communities.

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH
(NCCIH)

Appropriation, fiscal year 2018	\$142,184,000
Budget request, fiscal year 2019	130,717,000
Committee Recommendation	143,882,000
Change from enacted level	+1,698,000
Change from budget request	+13,165,000

Mission.—The mission of NCCIH is to define, through rigorous scientific investigation, the usefulness and safety of complementary and integrative health interventions and their roles in improving health and health care.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES (NCATS)

Appropriation, fiscal year 2018	\$742,354,000
Budget request, fiscal year 2019	685,087,000
Committee Recommendation	751,219,000
Change from enacted level	+8,865,000
Change from budget request	+66,132,000

Mission.—NCATS was established to transform the translational process so that new treatments and cures for disease can be delivered to patients faster.

Clinical and Translational Science Awards.—The Committee expects NIH to fund Clinical and Translational Science Awards (CTSAs) at not less than the level provided in fiscal year 2018.

Rural Health Outcomes and Health Disparities.—The Committee notes translational science and education is critical to developing new treatments and healthcare approaches that can be disseminated to underserved and special populations to improve health

outcomes across the life span. The Committee continues and encourages NCATS, through its CTSA program, to enhance its commitment to the value of translational science and funding for universities to continue to innovate by leveraging statewide resources and capabilities to improve rural health outcomes and eliminate health disparities. The Committee requests an update on the actions within the CTSA program to improve rural health outcomes and health disparities in the fiscal year 2020 Congressional Justification.

JOHN E. FOGARTY INTERNATIONAL CENTER (FIC)

Appropriation, fiscal year 2018	\$75,733,000
Budget request, fiscal year 2019	70,084,000
Committee Recommendation	76,637,000
Change from enacted level	+904,000
Change from budget request	+6,553,000

Mission.—FIC’s mission is to support and facilitate global health research conducted by US and international investigators, building partnerships between health research institutions in the US and abroad, and training the next generation of scientists to address global health needs.

NATIONAL LIBRARY OF MEDICINE (NLM)

Appropriation, fiscal year 2018	\$428,553,000
Budget request, fiscal year 2019	395,493,000
Committee Recommendation	433,671,000
Change from enacted level	+5,118,000
Change from budget request	+38,178,000

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.

OFFICE OF THE DIRECTOR (OD)

Appropriation, fiscal year 2018	\$1,803,293,000
Budget request, fiscal year 2019	1,795,706,000
Committee Recommendation	1,902,828,000
Change from enacted level	+99,535,000
Change from budget request	+107,122,000

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

Common Fund.—The Committee recommends \$601,613,000 for the Common Fund (CF), and an additional \$12,600,000 provided to support the Gabriella Miller Kids First Research Act for the fifth year of the ten-year Pediatric Research Initiative. NIH is expected to continue the longstanding CF policy for projects to be short-term, high-impact awards, with no projects receiving funding for more than ten years.

Environmental Influences on Child Health Outcomes.—The Committee continues to recognize the importance of investigating the effects of environmental exposures on child health and development. The Environmental Influences on Child Health Outcomes (ECHO) Project has the potential to greatly increase understanding of these critical determinants of health across the lifespan, through its observational cohorts and the IDeA States Pediatric Clinical Trials Network. The Committee encourages continued communication about the program's progress toward goals, milestones, and projected funding estimates with both external stakeholders and Congress. Within 180 days of enactment of this Act, the Committee directs NIH to submit and make public a summary of progress made to date, including an analysis of the composition of the funded cohort studies, the capacity of the Network to conduct trials among rural and underserved children, and the short- and long-term goals of the program.

Multi-Institute Research Issues

Adult Stem Cell Technology.—The Committee continues to recognize adult stem cell technology (including induced pluripotent stem cells, mesenchymal stem cells, and other types of adult stem cells) as a critical tool in the realm of personalized medicine. The Committee notes that adult stem cells provide promising opportunities to develop sources of cells with great therapeutic value and potential for curing human diseases. The Committee also recognizes that basic science leads to pre-clinical studies and clinical trials, which may in turn generate new diagnostics, treatments and cures. The Committee encourages NIH to further explore additional basic science opportunities. The Committee requests an update in the fiscal year 2020 Congressional Justification on NIH efforts to foster basic research on adult stem cell technology, including through collaborative consortiums and other approaches to leveraging existing research capabilities to further advance scientific knowledge.

Amyloidosis.—The Committee encourages NIH to continue to expand its research efforts into amyloidosis, a group of rare diseases characterized by abnormally folded protein deposits in tissues. Amyloidosis is often fatal and there is no known cure. Current methods of treatment are risky and unsuitable for many patients. The Committee requests that NIH provide an update on the steps taken to increase the understanding of the causes of amyloidosis and the measures taken to improve the diagnosis and treatment of this devastating group of diseases in the fiscal year 2020 Congressional Justification.

Angelman Syndrome.—The Committee recognizes the promising scientific gains made in the pursuit of treatments for Angelman Syndrome. The Committee applauds the significant contributions of the Angelman Syndrome Natural History Study, funded by NIH, and the private partners working diligently to advance the growing

body of Angelman Syndrome research towards practical treatments. Further research in this area holds great promise for both Angelman Syndrome and forms of autism also linked to misexpression of the UBE3A gene. With two innovative new treatments poised for clinical trials, the Committee urges NIH to support Angelman Syndrome research, and specifically to advance research in the roles of the UBE3A gene in brain functions.

Chronic Fatigue Syndrome.—The Committee is pleased that NIH has begun to expedite research into Chronic Fatigue Syndrome. The Committee urges NIH to collaborate with disease experts and the patient community to identify additional opportunities to expedite progress on this understudied disease. Specifically, the Committee encourages NIH to increase research to (1) identify underlying causes of the illness to enable therapies that would effectively prevent or treat the illness, (2) identify biological markers linked to the various forms of the illness to optimize selection of specific patient subgroups for trials, (3) increase investigator-initiated studies and early-stage investigator awards, and (4) develop mechanisms to incentivize researchers to enter the field.

Cystic Fibrosis.—The Committee applauds the work of NIH to support research aimed at correcting the genetic defect that causes cystic fibrosis (CF), including recent Requests for Applications that will advance the fields of gene editing, lung stem cell biology, and nucleic acid delivery. Cystic fibrosis is a rare, life-threatening genetic disease that impacts the lungs and digestive system. There are more than 1,700 mutations that cause CF, some of which may only be effectively overcome through genetic repair approaches. The Committee also encourages the continuation of collaborative initiatives to overcome current barriers to implementing genetic repair approaches for treating human diseases. One such project, a joint workshop between the NHLBI and the Cystic Fibrosis Foundation, focused on identifying barriers and proposing solutions to deliver gene editing technologies to the lungs of people with CF as a means to cure the disease.

Duchenne Muscular Dystrophy.—Duchenne muscular dystrophy is a severe type of muscular dystrophy for which there is no cure and for which the average life expectancy is 26 years. The Committee strongly encourages NIH to significantly expand its support for research on Duchenne muscular dystrophy.

Epidermolysis Bullosa.—The Committee encourages NIH to continue to support research and coordination of activities with respect to epidermolysis bullosa and related connective tissue disorders.

Fibrosis.—The Committee recognizes NIH for their work on addressing the need for coordination across ICs on fibrotic research. The Committee encourages NIH to continue working across ICs and with stakeholders to advance critical priorities.

Food Allergies.—Food allergies affect 15 million Americans, can be life threatening, and have no cure. Currently, the Consortium of Food Allergy Research network includes seven clinical sites/centers. In addition, approximately 10 other NIH-supported centers are conducting basic, translational, and clinical research on food allergies. The Committee encourages NIH to expand its clinical research network to add new centers of excellence in food allergy clinical care and to select such centers from those with a proven expertise in food allergy research.

Food is Medicine.—The Committee recognizes the important role of nutrition in health outcomes and encourages OD to work with relevant ICs, including NIDDK, NHLBI, NIA, and NICHD, to report on the research that has been conducted on Food is Medicine-related topics. This may include, but is not limited to, medically-tailored meals, medical nutrition therapy, produce prescription programs, the role of proper nutrition in aging, and the role of proper nutrition in reproductive health. The Committee further encourages additional collaboration among the ICs on these topics.

Foundation for the NIH.—The Committee directs the Foundation for the National Institutes of Health (“Foundation”) to abide by section 499(j)(4) of the Public Health Service Act by including in the Foundation’s annual report the source and amount of all monetary gifts to the Foundation, as well as the source and description of all gifts of real or personal property. Each annual report shall disclose a specification of any restrictions on the purposes for which gifts to the Foundation may be used. The annual report shall not list “anonymous” as a source for any gift that includes a specification of any restrictions on the purpose for which the gift may be used.

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

Headache Disorders.—The Committee encourages NIH to prioritize fundamental, translational, and clinical research on headache disorders. In 2016, 36 million Americans experienced a migraine attack, 12 million suffered from chronic daily headaches, and millions further were affected by cluster headaches, post-traumatic headaches, or other disabling headache disorders.

Heavy Ion Cancer Therapy and Research.—The Committee supports NIH’s continued exploration of advanced therapeutic cancer research, specifically heavy ion irradiation technology. This technology will introduce a novel treatment option to cancer patients that is currently not available in the US. The Committee supports NIH’s work with the heavy ion planning grant recipients to further advance access to novel heavy ion treatment within the US. The Committee encourages NIH to explore further the establishment of a state-of-the-art heavy ion research facility in the US. Furthermore, the Committee encourages NIH to work with the Departments of Defense and Energy, and other applicable Federal agencies to equip the first US heavy ion research center. The Committee urges NIH to capitalize on the expertise and potential of the

heavy ion facility planning grant recipients in order to foster a multidisciplinary approach and advance heavy ion research that would produce novel, cutting edge treatments for cancer patients.

Lymphangioliomyomatosis.—The Committee requests an update on Lymphangioliomyomatosis research in the fiscal year 2020 Congressional Justification.

Mitochondrial Disease Research.—The Committee understands that no fewer than 17 ICs are involved in research efforts related to mitochondrial disease and dysfunction. The Committee appreciates the NIH's support of the trans-NIH Mitochondrial Disorders Working Group, the North American Mitochondrial Disease Consortium, the Mitochondrial Disease Sequence Data Resource Consortium, and its support for investigator-initiated intramural and extramural studies. The Committee encourages NIH to continue its efforts to ensure that individuals with mitochondrial disease participate in both the All of Us research program and the ECHO study. The Committee understands that the NIH is funding research relevant to mitochondrial disease through the Office of Research Infrastructure Programs (ORIP). The Committee encourages the Director to promote mitochondrial disease research within ORIP and to provide an update to the Committee in the fiscal year 2020 Congressional Justification on progress made through this research. The Committee applauds the efforts made by the agency's Office of Dietary Supplements (ODS) on nutritional interventions for those with mitochondrial disease and requests the agency include mitochondrial disease as a focus of its future practice and to reengage its trans-NIH research through the ODS on these issues. The Committee further encourages the Director to competitively fund mitochondrial disease centers of excellence that combine a critical mass of clinical care and research on mitochondrial disease.

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

Pediatric Precision Medicine.—The Committee recognizes the potential that precision medicine holds for all populations, including children, and encourages NIH to prioritize timely and meaningful enrollment for the pediatric population, including healthy children and those with rare disease, in the All of Us research program. The Committee is encouraged that NIH impaneled a Child Enrollment Scientific Vision Working Group, which released a report that identifies scientific opportunities relevant to child health. The Committee requests an update within 30 days of enactment of this Act on: (1) the timing for the Special Populations Committee to provide recommendations regarding the practical considerations of child enrollment and data collection involving children, (2) plans to ensure that the research cohort includes a sufficient number of children to make meaningful studies possible, (3) the target date for enrollment to commence, and (4) how enrollment strategies will include input from pediatric stakeholders across the country with experience in pediatric clinical trial enrollment.

Polycystic Ovary Syndrome.—The Committee recognizes the significant health burden of Polycystic Ovary Syndrome (PCOS), which has reproductive, metabolic, and mental health manifestations. The exact causes of PCOS are unknown at this time; however, PCOS is the most common cause of female infertility, affecting up to 10 to 15 percent of women, depending on diagnostic criteria used. To date, 70 percent of NIH's investment in PCOS has focused on the reproductive implications of the syndrome, and the Committee commends NICHD for its leadership in PCOS research. The Committee requests that NIH also focus on comorbidities associated with PCOS, as they contribute to increased health care costs and negative health outcomes. The Committee requests that NICHD, in consultation with the relevant NIH ICs, including NIDDK, NHLBI, NCI, the Office of Research on Women's Health, NIMH, and NICHD, report on the research that has been conducted on PCOS and its comorbidities to date in the fiscal year 2020 Congressional Justification. The Committee further urges these ICs to support investigator-initiated studies and early-stage investigator awards, and mechanisms to incentivize researchers to enter the field.

Transformative High-Resolution Cryo-Electron Microscopy.—The Committee commends NIH on its initial investment in the Transformative High Resolution Cryo-Electron Microscopy (Cryo-EM) program. The recent Nobel Prize for chemistry was awarded for the development of Cryo-EM research funded by NIH. The Committee urges the NIH to expand the number of national service centers and training opportunities to further refine and advance Cryo-EM research. The Committee directs NIH to provide an update of these efforts in the fiscal year 2020 Congressional Justification.

Trisomy 21.—The Committee is very pleased that NIH is pursuing a multi-year, trans-NIH research initiative that will yield scientific discoveries that could significantly improve the health and quality of life of individuals with Down syndrome as well as millions of typical individuals. The Committee directs NIH to continue and expand this initiative in fiscal year 2019 and requests an update in the fiscal year 2020 Congressional Justification on the progress of this initiative and key areas of focus for fiscal years 2019 through 2022.

Valley Fever.—The Committee understands that based on the recommendation of the independent Data and Safety Monitoring Board (DSMB) for the Valley Fever Randomized Controlled Trial (RCT), NIAID has halted enrollment in the RCT due to lack of patient enrollment, primarily those with Valley Fever. In light of this, the DSMB recommended revising the study protocol. Accordingly, the Committee directs NIAID to expeditiously revise the study design to address the critical need for effective treatment of Valley Fever in order to restart enrolling patients before the end of 2018, including increasing the number of participating healthcare provider enrollment sites. Furthermore, the Committee directs NIAID to work with stakeholders to develop and implement a plan to maximize the number of health care provider patient enrollment sites and raise awareness of this study with the broader public with the goal of increasing patient enrollment. The Committee requests regular updates on the Valley Fever RCT revisions on quarterly basis until patient enrollment is restarted, as well as a report on maximizing health care provider enrollment sites and public awareness plans to increase patient enrollment in the revised RCT within 90 days of enactment of this Act.

BUILDINGS AND FACILITIES

Appropriation, fiscal year 2018	\$128,863,000
Budget request, fiscal year 2019	200,000,000
Committee Recommendation	200,000,000
Change from enacted level	+71,137,000
Change from budget request	---

Mission.—This account provides for the design, construction, improvement, and major repair of clinical, laboratory, and office buildings and supporting facilities essential to the mission of the NIH. The funds in this appropriation support the buildings on the main NIH campus in Bethesda, Maryland; the Animal Center in Poolesville, Maryland; the NIEHS facility in Research Triangle Park, North Carolina; and other smaller facilities throughout the US.

NIH INNOVATION ACCOUNT

This account supports NIH programs authorized in the 21st Century Cures Act (PL 114–255).

All of Us.—Within the total for this account, the Committee includes \$186,000,000 for the All of Us precision medicine initiative. The Committee expects that NIH will also include at least \$251,000,000 in budget authority from other NIH ICs to support this initiative.

Regenerative Medicine.—Within the total for this account, the Committee includes \$10,000,000 for Regenerative Medicine.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Appropriation, fiscal year 2018	\$5,158,994,000
Budget request, fiscal year 2019	3,546,552,000
Committee Recommendation	5,606,993,000
Change from enacted level	+447,999,000
Change from budget request	+2,060,441,000

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of

Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

The Committee continues to include bill language that exempts the Mental Health Block Grant and the Substance Abuse Prevention and Treatment Block Grant as a source for the Public Health Service Act section 241 evaluation set-aside in fiscal year 2019.

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

The Committee continues to strongly encourage SAMHSA to ensure States are engaging meaningfully with Tribal populations in the planning and use of block grant funds. SAMHSA is also encouraged to share best practices across States.

Where permitted in the authorizing statute, the Committee directs SAMHSA when issuing new funding opportunity announcements, to include as an eligible applicant: States, political subdivisions of States (local government/ communities/ municipalities), Indian Tribes or Tribal organizations, or other public or nonprofit entities or organizations. The Committee encourages SAMHSA to provide outreach and technical assistance to ensure the maximum level of awareness and participation in new grant announcements.

MENTAL HEALTH

Appropriation, fiscal year 2018	\$1,487,011,000
Budget request, fiscal year 2019	1,064,922,000
Committee Recommendation	1,343,510,000
Change from enacted level	- 143,501,000
Change from budget request	+278,588,000

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

Budget Activity	FY 2019 Committee
Capacity:	
Seclusion and Restraint	\$1,147,000
Mental Health Awareness Training	19,963,000
Healthy Transitions	25,951,000
Infant and Early Childhood Mental Health	5,000,000
Children and Family Programs	7,229,000
Consumer and Family Network Grants	4,954,000
Project LAUNCH	23,605,000
Mental Health System Transformation	3,779,000
Primary and Behavioral Health Care Integration	49,877,000
National Strategy for Suicide Prevention	13,500,000
<i>Zero Suicide</i>	<i>11,500,000</i>
<i>American Indian and Alaska Native Set-Aside</i>	<i>2,500,000</i>
Suicide Lifeline	7,198,000
Garrett Lee Smith-Youth Suicide Prevention:	
State Grants	35,427,000
Campus Grants	6,488,000
American Indian and Alaska Native Suicide Prevention	2,931,000
Tribal Behavioral Health Grants	20,000,000
Homeless Prevention Programs	30,696,000
Minority AIDS	9,224,000
Criminal and Juvenile Justice Programs	14,269,000
Assisted Outpatient Treatment	15,000,000

Budget Activity	FY 2019 Committee
Assertive Community Treatment for Individuals with Serious Mental Illness	15,000,000
Science and Service:	
Garrett Lee Smith-Suicide Prevention Resource Center	5,988,000
Practice Improvement and Training	7,828,000
Consumer and Consumer Support Technical Assistance Centers	1,918,000
Primary and Behavioral Health Care Integration Technical Assistance	1,991,000
Minority Fellowship Program	8,059,000
Disaster Response	1,953,000
Homelessness	2,296,000

Assertive Community Treatment.—The Committee provides \$15,000,000 for this program, which is authorized by section 9015 of the 21st Century Cures Act (PL 114–255).

Mental Health Awareness Training.—The Committee is pleased with the progress of the Mental Health Awareness Training program, which has trained more than one million Americans to recognize the signs and symptoms of common mental disorders. In continuing competitive funding opportunities, SAMHSA is directed to include as eligible grantees local law enforcement agencies, fire departments, and emergency medical units with a special emphasis on training for crisis de-escalation techniques. SAMHSA is also encouraged to allow training for veterans, armed services personnel, and their family members. Consistent with the authorization, funds are directed to support grants for evidence-based programs that provide training and education on recognizing the signs and symptoms of mental illness, resources available in the community for individuals with a mental illness, and safely de-escalating crisis situations involving individuals with a mental illness.

Suicide Prevention.—The Committee recognizes the rising rate of suicide and notes that family and friends are often in the best position to recognize the warning signs of suicide and to help an at-risk individual get treatment. The Committee urges SAMHSA to develop and disseminate programs to provide specialized training and resources on identifying and responding to people at risk of suicide for families and friends of at-risk individuals.

Mental Health Block Grant

The Committee recommends a total of \$722,571,000 for the Mental Health Block Grant, which is the same as the fiscal year 2018 enacted program level and \$160,000,000 above the fiscal year 2019 budget request program level. The block grant provides funds to States to support mental illness prevention, treatment, and rehabilitation services. Funds are allocated according to a statutory formula among the States that have submitted approved annual plans.

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

National Child Traumatic Stress Initiative

The Committee recommends \$53,887,000 for the National Child Traumatic Stress Initiative, which is the same as the fiscal year 2018 enacted level and \$5,000,000 above the fiscal year 2019 budget request. The National Child Traumatic Stress Initiative aims to improve behavioral health services and interventions for children and adolescents exposed to traumatic events. SAMHSA has provided funding for a national network of grantees known as the National Child Traumatic Stress Network to develop and promote effective community practices for children and adolescents exposed to a wide array of traumatic events

Children’s Mental Health

The Committee recommends \$125,000,000 for the Children’s Mental Health program, which is the same as the fiscal year 2018 enacted level and \$5,974,000 above the fiscal year 2019 budget request. Funding for this program supports grants and technical assistance for community-based services for children and adolescents with serious emotional, behavioral, or mental disorders. The program assists States and local jurisdictions in developing integrated systems of community care.

Projects for Assistance in Transition from Homelessness

The Committee recommends \$64,635,000 for the Projects for Assistance in Transition from Homelessness (PATH) program, which is the same as the fiscal year 2018 enacted level and the fiscal year 2019 budget request. The PATH program supports grants to States and territories for assistance to individuals suffering from severe mental illness and/or substance abuse disorders and who are homeless or at imminent risk of becoming homeless. Grants may be used for outreach, screening and diagnostic treatment services, rehabilitation services, community mental health services, alcohol or drug treatment services, training, case management services, supportive and supervisory services in residential settings, and a limited set of housing services.

Protection and Advocacy for Individuals with Mental Illness

The Committee recommends \$36,146,000 for the Protection and Advocacy for Individuals with Mental Illness program, which is the same as the fiscal year 2018 enacted level and the fiscal year 2019 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

Appropriation, fiscal year 2018	\$3,263,506,000
Budget request, fiscal year 2019	2,113,397,000
Committee Recommendation	3,849,506,000
Change from enacted level	+586,000,000
Change from budget request	+1,736,109,000

Substance Abuse Prevention and Treatment Block Grant

The Committee recommends a program level of \$2,358,079,000 for the Substance Abuse Prevention and Treatment Block Grant, which is \$500,000,000 more than the fiscal year 2018 enacted program level and the fiscal year 2019 budget request program level. The Substance Abuse Prevention and Treatment Block Grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. The Committee recognizes the critical role the block grant plays in State systems across the country.

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

Budget Activity	FY 2019 Committee
Capacity:	
Opioid Treatment Programs and Regulatory Activities	\$30,724,000
<i>Medical Provider Education on Opioid Treatment</i>	22,000,000
Reducing Underage Drinking through Screening and Brief Intervention	2,000,000
<i>PHS Evaluation Funds</i>	2,000,000
Targeted Capacity Expansion—General	123,192,000
<i>Medication-Assisted Treatment</i>	112,000,000
<i>Tribal Set-aside</i>	15,000,000
Grants to Prevent Prescription Drug/Opioid Overdose	12,000,000
First Responder Training	36,000,000
<i>Rural Focus</i>	18,000,000
Pregnant and Postpartum Women	29,931,000
Recovery Community Services Program	2,434,000
Children and Families	29,605,000
Treatment Systems for Homeless	36,386,000
Minority AIDS	65,570,000
Criminal Justice Activities	99,000,000
<i>Drug Courts</i>	80,000,000
Improving Access to Overdose Treatment	1,000,000
Building Communities of Recovery	10,000,000
Science and Service:	
Addiction Technology Transfer Centers	9,046,000
Minority Fellowship Program	4,539,000

Medical Provider Education on Opioid Treatment

The Committee provides \$22,000,000 for carrying out medical and other healthcare practitioner education. The Committee directs SAMHSA to provide grants to medical schools, schools of nursing, social work, physician assistants, and other colleges and universities to ensure that training in the field of substance use disorders, including opioid use disorders, is incorporated into the standard curriculum of the university programs. Activities should include both didactic and hands on training for students. Funds should support Drug Addiction Treatment Act of 2000 waiver training for designated practitioners to be able to engage in office based treatment for substance use disorders, including opioid use disorders. The Committee expects training and practice requirements to be consistent with section 303(g)(2) of the Controlled Substances Act, including diversion control, relapse prevention, overdose reversal, detoxification, and the clinical use of FDA-approved medications. These grants are expected to generate a well-equipped workforce to address the behavioral health needs of individuals across the country and ultimately close the substance use disorder treatment gap.

Screening, Brief Intervention and Referral to Treatment

The Committee does not provide funding for Screening, Brief Intervention and Referral to Treatment, which is \$30,000,000 below the fiscal year 2018 enacted program level, and the same as the fiscal year 2019 budget request program level.

Reducing Underage Drinking through Screening and Brief Intervention

The Committee provides \$2,000,000 for grants to pediatric health care providers in accordance with the specifications outlined in section 9016 of the 21st Century Cures Act (PL 114–255). Training grants should focus on screening for underage drinking, opioid use, and other drug use.

Targeted Capacity Expansion

The Committee recommends \$123,192,000 for Targeted Capacity Expansion activities. Of this amount, \$112,000,000 is for services that address prescription drug abuse and heroin use in high-risk communities. Within the \$112,000,000, the Committee provides \$15,000,000 for grants to Indian Tribes, Tribal organizations, or consortia. SAMHSA should target funds to grantees located in States with the highest rates of admissions and that have demonstrated a dramatic increase in admissions for the treatment of opioid use disorders.

The Center for Substance Abuse Treatment is directed to include as an allowable use medication-assisted treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids and heroin and prioritize treatment regimens that are less susceptible to diversion for illicit purposes. Further, for the additional funds, the Committee directs SAMHSA to prioritize grants from nonprofit organizations and political subdivisions of States.

Grants to Prevent Prescription Drug/Opioid Overdose and First Responder Training

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

Pregnant and Postpartum Women

The Committee provides \$29,931,000 for Pregnant and Postpartum Women, which is the same as the fiscal year 2018 enacted level and \$10,000,000 more than the fiscal year 2019 budget request.

The Committee recognizes the importance of treatment for women during pregnancy who are at risk for opioid dependence and opioid exposure during pregnancy, and infants born with neonatal abstinence syndrome. A 2015 GAO report stated that the most frequently cited program gap was the lack of available treat-

ment programs for pregnant women. There is a need for increased available treatment options for pregnant women, especially in States with large populations and few treatment programs available. The Committee encourages SAMSHA to provide grants to expand existing treatment programs for women and infants in States with fewer than three available programs.

Substance use during pregnancy, particularly the misuse of opioids, has increased in parallel with the national rate of opioid misuse. While much attention has been paid to the negative impacts of opioid use on the fetus and newborn, less attention has been given to the pregnant woman. The Committee encourages cross-HHS collaboration between research and public health programs, as well as engagement with health care providers and patients to ensure that the care and treatment of pregnant women with substance use disorder is considered and included in any national efforts to address the opioid epidemic. The Committee requests an update on these efforts in the fiscal year 2020 Congressional Justification.

Criminal Justice Activities

The Committee provides \$99,000,000 for the Criminal Justice Activities program, which is \$10,000,000 above the fiscal year 2018 enacted level and \$21,000,000 more than the fiscal year 2019 budget request. Of this amount, the Committee directs that not less than \$80,000,000 will be used exclusively for Drug Court activities.

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

Center for Substance Abuse Treatment

Addiction Medicine Awareness.—SAMHSA, in coordination with the Office of National Drug Control Policy, should coordinate efforts among Federal agencies to raise awareness among qualified physicians of the opportunity to sit for the addiction medicine subspecialty board exam. In 2016, addiction medicine was recognized as an American Board of Medical Specialties (ABMS) subspecialty under the American Board of Preventive Medicine. The first ABMS addiction medicine board exam was offered in October 2017. While the board exam will be open to any American physician with a primary ABMS board certification until 2022, after that time period, physicians will need to complete a year-long fellowship program to be qualified to sit for the exam. In five short years, the number of accredited and funded addiction medicine fellowship programs and slots will be the limiting factor in determining how many addiction medicine specialists can receive board certification. It is critical that all stakeholders work to maximize funded addiction medicine fellowship opportunities before their number begins to limit qualified examinees.

Continuum of Care.—Evidence demonstrates that efforts to coordinate opioid abuse treatment that promote a continuum of care model can produce effective results. Successful examples include the development of “no wrong door” treatment models and the use of mechanisms to scale-up training and increase the number of peer coaches. In addition, the use of mobile app technology to enhance access to services promotes successful treatment outcomes and supports long-term relapse prevention. SAMHSA is encouraged to ensure that State and local grantees are prioritizing the implementation of coordinated continuum of care approaches. The Committee encourages SAMHSA to support projects of regional and national significance to further develop and validate the effectiveness of such approaches.

Implant Delivery Opioid Deterrent Treatment.—The Committee requests an update in the fiscal year 2020 Congressional Justification on SAMHSA’s efforts to increase patient coverage for opioid deterrent treatments and expand access of medication assisted treatment, including efforts to train more providers in this method of treatment.

Infectious Disease and the Opioid Epidemic.—The Committee notes that the prevalence of hepatitis C and human immunodeficiency virus (HIV) have increased along with the opioid epidemic. New research suggests that awareness of one’s infection status can help limit ongoing opioid abuse. The Committee supports efforts to address the overlapping public health challenges of hepatitis C and HIV, and requests an update in the fiscal year 2020 Congressional Justification on efforts to promote screening and rapid-testing activities for affected communities.

Prescription Digital Therapeutics.—The Committee recognizes that the emerging field of prescription digital therapeutics is bringing to market clinically validated, Food and Drug Administration-cleared software treatments that improve clinical outcomes for patients living with substance and opioid use disorders. Given the opportunity to increase abstinence and reduce relapse among the over 21 million American estimated to be struggling with these disorders, the Committee requests that SAMHSA update the January 2015 Federal Guidelines for Opioid Treatment Programs and consider the role that prescription digital therapeutics can play as part of evidence-based treatment standards, and in particular their potential role in meeting the counseling services requirements under 42 CFR 8.12(f). The Committee requests that SAMHSA include an update on this effort in the fiscal year 2020 Congressional Justification.

SUBSTANCE ABUSE PREVENTION

Appropriation, fiscal year 2018	\$248,219,000
Budget request, fiscal year 2019	220,885,000
Committee Recommendation	248,719,000
Change from enacted level	+500,000
Change from budget request	+27,834,000

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

Budget Activity	FY 2019 Committee
Capacity:	
Strategic Prevention Framework	\$137,484,000
<i>PHS Evaluation Funds</i>	<i>116,560,000</i>
Strategic Prevention Framework Rx	18,000,000
<i>PHS Evaluation Funds</i>	<i>18,000,000</i>
Opioid Prevention Grants	25,000,000
<i>PHS Evaluation Funds</i>	<i>25,000,000</i>
Minority AIDS	41,205,000
<i>PHS Evaluation Funds</i>	<i>41,205,000</i>
Federal Drug-Free Workplace	4,894,000
Sober Truth on Preventing Underage Drinking	8,000,000
<i>PHS Evaluation Funds</i>	<i>8,000,000</i>
National Adult-Oriented Media Public Service Campaign	1,000,000
Community Based Coalition Enhancement Grants	6,000,000
Interagency Coordinating Committee to Prevent Underage Drinking	1,000,000
Tribal Behavioral Health Grants	20,000,000
<i>PHS Evaluation Funds</i>	<i>20,000,000</i>
Science and Service:	
Center for the Application of Prevention Technologies	7,493,000
Science and Service Program Coordination	4,072,000
Minority Fellowship Program	571,000

Center for the Application of Prevention Technologies.—The Committee directs the Secretary to expand eligibility for grants under SAMHSA Prevention Programs of Regional and National Significance and the corresponding services provided by the Center for the Application of Prevention Technologies to private, non-profit, regional organizations, including faith-based organizations. The broad coalitions orchestrated by these regional organizations are uniquely positioned to supplement the work already being done by the State, Tribal and community organizations currently authorized for such grants.

Minority Fellowship Program.—Culturally competent behavioral health services are necessary to meet demand and behavioral health challenges facing communities across the US, including the opioid epidemic. In addition, significant behavioral health disparities persist in diverse communities across the US. There are persistent health disparities between different racial and ethnic populations, and health equity remains a challenge with minorities receiving less mental health and addiction treatment and lower-quality care. To meet this need, the Minority Fellowship Program (MFP) has been increasing the number of culturally competent behavioral health professionals providing mental health and substance use disorders services to underserved populations. The MFP provides support to behavioral health professionals in the fields of psychiatry, psychology, social work, nursing, marriage and family therapy, counseling and addictions. The MFP is the only Federal program supporting culturally competent mental health and substance use disorders professionals.

Opioid Prevention Grants.—The Committee notes that substance use prevention, to stop misuse of opioids before it starts, has been underutilized despite its potential to reduce the pathway to addiction and that the most effective approach to dealing with prevention is comprehensive planning and implementation of multiple strategies across multiple sectors of a community. The Committee includes \$25,000,000 for opioid prevention grants. The Committee intends for such grants to enable multi-sector community organiza-

tions to receive grants of up to \$150,000 to partner with relevant community sectors to implement at least one strategy, program, or activity across the allowable uses of funds and then evaluate progress in reducing population levels of opioid misuse in the community using baseline data, which shall then be collected every two years for the target population. Funds may be used for the implementation of an array of strategies, programs, and activities across each of the following: reduce access to and availability of opioids; change social norms in the community about misusing opioids; build skills with scale and scope in parents/caregivers, youth, school personnel, the medical community, law enforcement, youth serving organizations, fraternal or faith based organizations, and the media through targeted education, training, and skills building; change community-wide incentives and policies to deter opioid misuse; and implement evidence based substance use prevention programs and curricula in schools and other venues to reach the target population.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Appropriation, fiscal year 2018	\$160,258,000
Budget request, fiscal year 2019	147,348,000
Committee Recommendation	165,258,000
Change from enacted level	+5,000,000
Change from budget request	+17,910,000

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

Budget Activity	FY 2019 Committee
Health Surveillance	\$47,258,000
<i>PHS Evaluation Funds</i>	30,428,000
Program Support	79,000,000
Public Awareness and Support	13,000,000
Performance and Quality Information Systems	10,000,000
Drug Abuse Warning Network	15,000,000
Agency-Wide Initiatives:	
<i>Behavioral Health Workforce Data and Development</i>	1,000,000
<i>PHS Evaluation Funds</i>	1,000,000

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

HEALTHCARE RESEARCH AND QUALITY

Appropriation, fiscal year 2018	\$334,000,000
Budget request, fiscal year 2019	— —
Committee Recommendation	334,000,000
Change from enacted level	— —
Change from budget request	+334,000,000

The Agency for Healthcare Research and Quality's (AHRQ) mission is to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work within HHS and other partners to make sure that the evidence is understood and used. AHRQ conducts, supports, and disseminates scientific and policy-relevant research on topics such as promoting high-quality care, eliminating healthcare disparities, using information technology, and evaluating the effectiveness of clinical services.

Within the total for AHRQ, the agreement includes the following amounts:

Budget Activity	FY 2019 Committee
Prevention/Care Management	11,649,000
Health Information Technology (IT)	16,500,000
<i>Health IT to Improve Quality</i>	14,500,000
Patient Safety Research	70,276,000
Healthcare-Associated Infections (HAI) Prevention	36,000,000
Combating Antibiotic-Resistant Bacteria (non-add within HAI)	10,000,000
Section 933 Grants	10,000,000
Patient Safety and Medical Errors	19,000,000
Patient Safety Organizations	4,866,000
Crosscutting Activities Related to Quality, Effectiveness and Efficiency Research	94,284,000
Health Services Contract/IAA Research	14,000,000
Investigator-Initiated Research Grants	52,933,000
Medical Expenditure Panel Survey	69,991,000
Program Management	71,300,000

Sepsis Testing.—AHRQ has been the leader in developing the tools and resources to help providers improve their antibiotic stewardship programs. The Committee is concerned that AHRQ has not updated several publications related to the use of procalcitonin (PCT) tests in sepsis and antibiotic treatment programs in more than five years. High sensitive PCT tests are critical tools for initiating and discontinuing antibiotic therapies and play a key role in antibiotic stewardship programs. The Committee urges AHRQ to collaborate with NIH, HRSA, BARDA, CDC, FDA, and other relevant agencies to review and update their publications with the latest FDA approved uses for PCT tests in antibiotic stewardship. The Committee requests an update on these activities in the fiscal year 2020 Congressional Justification.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

Appropriation, fiscal year 2018	*\$284,798,384,000
Budget request, fiscal year 2019	276,236,212,000
Committee Recommendation	276,236,212,000
Change from enacted level	- 8,562,172,000
Change from budget request	---

Medicaid provides health coverage eligible populations, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Medicaid is administered by States, according to Federal requirements. The program is funded jointly by States and the Federal government.

This amount does not include \$134,847,759,000, which was provided as advance funding for the first quarter of fiscal year 2019. In addition, the Committee recommends an advance appropriation of \$137,931,797,000 for program costs in the first quarter of fiscal year 2020.

The Committee continues bill language providing indefinite budget authority for unanticipated costs in fiscal year 2019. 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

Appropriation, fiscal year 2018	\$323,497,300,000
Budget request, fiscal year 2019	378,343,800,000
Committee Recommendation	378,343,800,000
Change from enacted level	+54,846,500,000
Change from budget request	— —

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

PROGRAM MANAGEMENT

Appropriation, fiscal year 2018	\$3,669,744,000
Budget request, fiscal year 2019	3,543,879,000
Committee Recommendation	3,502,024,000
Change from enacted level	— 167,720,000
Change from budget request	— 41,855,000

Program Operations

The Committee recommends \$2,402,089,000 for Program Operations to support activities used to administer the programs under the Centers for Medicare & Medicaid Services (CMS), fund beneficiary outreach and education, maintain information technology infrastructure needed to support various claims processing systems, and continue other programmatic improvements.

Addressing Regional Disparities in Medicare Access.—The Committee notes increasingly large regional disparities in the Medicare Area Wage index and is concerned that such disparities are negatively impacting the ability of hospitals to provide necessary, timely, and evidence based care to individuals entitled to benefits under part A or enrolled under part B of title XVIII of the Social Security Act. When developing regulations under section 1886 of the Social Security Act, the Committee encourages the Secretary to take into account ideas and suggested reforms for the area wage index stated in the comments received as part of the request for public comments on wage index disparities published in the proposed rule entitled “Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2019 Rates; Proposed Quality Reporting Requirements for Specific Providers; Proposed Medicare and Medicaid Electronic Health Record Incentive Programs (Promoting Interoperability Programs) Requirements for Eligible Hospitals, Critical Access Hospitals, and Eligible Professionals; Medicare Cost Reporting Requirements; and Physician Certification and Recertification of Claims” (83 Fed. Reg. 20372). In addition, CMS is directed to submit a report to the Committees on Appropriations of the House of Representatives and Senate, and the authorizing Committees of jurisdiction, with an analysis of the ideas and suggested reforms re-

ceived as part of the request for public comments on the area wage index published in such rule. The report should also analyze data that may demonstrate disparities resulting from the current area wage index calculation under Inpatient Prospective Payment System payments. Additionally, the report should analyze solutions presented by commenters and present possible solutions identified by CMS to rectify such disparities identified through such information collected under the request for public comments. Such report shall be provided not later than 180 days after enactment of this Act.

Adult Immunization Rates.—The Committee recognizes the importance of vaccines in preventing diseases that can result in increased morbidity and mortality, particularly among the Medicare population, and is concerned about the underutilization of adult vaccinations in this population. The Committee strongly encourages CMS to work toward achievement of the Healthy People 2020 goals to increase the percentage of adults [aged 65 or older] who receive recommended vaccinations. In particular, CMS is encouraged to: 1) incorporate the National Vaccine Advisory Committee Standards for Adult Immunization Practice in provider outreach and educational materials pertaining to the Initial Preventive Physical Examination under Medicare and Annual Wellness Visits, including but not limited to the Medicare Learning Network Educational Tools, The ABCs of the Initial Preventive Physical Examination and The ABCs of The Annual Wellness Visit; 2) support development and implementation of electronic health records and other technologies, such as reminder recall programs, that can identify Medicare beneficiaries who have not received recommended vaccinations and remind those beneficiaries and their providers to adhere to vaccination schedules; and 3) to work with CDC and other relevant stakeholders to develop guidance for electronic health record systems to provide consistency and ensure greater interoperability between electronic health records and State and local immunization information systems and improve the value and reduce the burden of reporting for Medicare providers.

Agents Used for Cosmetic Purposes or Hair Growth.—Section 5008 of the 21st Century Cures Act (PL 114–255) eliminated Federal Medicaid matching funds for prescription drugs used for cosmetic purposes or hair growth unless they are determined to be “medically necessary”. The Committee appreciates the important role of the physician in deciding medical necessity for prescription drugs used for hair growth, particularly in regards to patients within State Medicaid programs. The Committee encourages CMS to provide further guidance to States on this issue, including whether medical conditions that cause hair loss, such as the autoimmune disease alopecia areata and thyroid disease, are medically necessary and allow Medicaid coverage for hair loss products for Medicaid patients suffering from these diseases. The Committee requests an update on this effort in the fiscal year 2020 Congressional Justification.

Ambulatory Surgical Centers.—CMS is directed to submit a report to the Committees on Appropriations of the House of Representatives and Senate, and the authorizing committees of jurisdiction, on the migration of procedures to ambulatory surgical centers (ASCs). The report should evaluate volume changes in hospital

outpatient departments and ASCs for procedures that have been added to the ambulatory surgical center payable list since 2008. For procedures that have not shown any significant volume shift, the report will evaluate factors that may be limiting migration into ASCs as well as potential incentives for ownership of certain Medicare sites based on reimbursement disparity.

Burden Reduction and Improved Coordination of the Medicare Program.—The Committee is concerned about the lack of coordination between the Center for Medicare and the Center for Clinical Standards and Quality (CCSQ) within CMS. CCSQ is responsible for activities, functions, and duties that create administrative burden on providers who serve Medicare beneficiaries. In order to ensure there is sufficient coordination across components in CMS that impact Medicare, the Committee urges the Director of Medicare to oversee all activities, functions, and duties of the Center for Clinical Standards and Quality of the Centers for Medicare & Medicaid Services that relate to activities, functions, and duties of the Center for Medicare and the Medicare program under title XVIII of the Social Security Act, including but not limited to activities, functions, and duties relating to Medicare coverage, conditions of participation, and quality measures applied under the Medicare program. The Committee requests an update on these activities in the fiscal year 2020 Congressional Justification.

Cardiac Quality Measures.—The Committee requests CMS provide an update in the fiscal year 2020 Congressional Justification on the inclusion of quality measures to assign accountability of the prevention of conditions and complications that are commonly associated with cardiac procedures, such as perioperative hemorrhage.

Center for Medicare and Medicaid Innovation.—The Center for Medicare and Medicaid Innovation (CMMI) was created in the Patient Protection and Affordable Care Act (PL 111–148) to test new payment models. CMMI previously overstepped its authority by proposing simultaneously to make near nationwide, mandatory changes, including compulsory participation of providers to the Medicare program without appropriate debate or input from Congress or Medicare providers and beneficiaries. CMS recently released a set of principles for CMMI that would ensure CMMI serves as an actual testing ground, not a place to insert full-scale policy changes by circumventing Congress. The Committee supports these actions, and urges CMS to formalize a process for testing CMMI models, and provide more transparency on the impact of CMMI demonstrations on patient access, care quality, and health care costs in the annual report to Congress. Insofar as CMMI is utilized for the advancement of alternative payment models in the implementation of the Medicare Access and CHIP Reauthorization Act of 2015 (PL 114–10), the Committee expects that CMMI will work closely with the Physician Technical Advisory Committee (PTAC) to ensure input from PTAC. The Committee also believes models recommended by PTAC and approved by the Secretary should be given priority in testing with the input of PTAC.

Chief Dental Officer.—The Committee is concerned that the Chief Dental Officer position at CMS has been vacant since October 2017. Without a dentist to oversee oral health issues in Medicare and Medicaid, this vacancy leaves a significant gap of clinical oral

health expertise within CMS. Medicaid provides oral health services to millions of children, pregnant women, and adults across the country. The Early Periodic Screening, Diagnosis and Treatment program requires dental services to be provided to beneficiaries eligible for the program. The Children's Health Insurance Program also requires dental services as part of the benefit package available to children. A licensed dentist clinician is an invaluable resource to these programs and CMS' growing oral health strategy to expand access to care. This position can also be utilized to study the potential benefits of periodontal care for patients suffering from chronic renal conditions. The Committee urges CMS to move forward with filling this vacancy.

Clinical Laboratory Fee Schedule.—Inconsistencies in panel testing reimbursement in Medicare should be resolved to prevent wasteful government spending. The Committee encourages the Administrator of CMS to develop and issue a panel pricing policy that ensures the agency is not paying more for a single clinical diagnostic laboratory test, or a group of individual clinical diagnostic laboratory tests, than it would for a clinical diagnostic laboratory testing panel that tests for the same analyte(s). The Committee encourages the Administrator to apply the policy to all types of test panels.

Colorectal Cancer Screening.—The Committee is encouraged by the inclusion of the proposal in the President's Budget to address the inequity in beneficiary cost sharing for screening colonoscopies. The Committee urges CMS to align its interpretation of the colorectal cancer screening cost-sharing requirements for Medicare beneficiaries with the policy of colorectal cancer cost-sharing requirements for other Federally-funded health programs. The Committee also urges CMS to consider coverage of blood tests that could serve to deter or immediately recommend the need for colonoscopy so as to increase the number of patients that go in for testing and decrease the amount of late-stage colon cancer diagnoses.

Community Benefits Provided by Hospitals.—The Committee requests from GAO an update to the GAO Report entitled "Nonprofit, For-Profit, and Government Hospitals: Uncompensated Care and Other Community Benefits" (GAO-05-743T).

Community Participatory Health Dashboard.—The Committee strongly encourages effort by CMS and CDC to devise a strategy on how to construct a decision-support tool that includes Geographic Information System epidemiologic data paired with Medicaid and other health program claims data that can contribute to community-participatory health prevention efforts. The effort would serve as a guide for HHS agencies to collaborate to construct a dashboard for community use to evaluate rates of disease and the associated costs.

Competitive Bidding Program for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies.—The Committee notes concern over CMS' management of the competitive bidding program for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies. The Committee strongly supports efforts by CMS to bring greater transparency and oversight. The Committee supports efforts in upcoming proposed rulemaking to ensure continued access for rural areas.

Congressional Justification.—The Committee directs CMS to include in the fiscal year 2020 Congressional Justification a table for current law estimates for all CMS administered programs listed in the table at the back of this report.

Contractor Oversight.—The Committee expects CMS to increase oversight of contractors who are tasked with audit of claims, including Zone Program Integrity Contractor, Medicare Administrative Contractor, and Qualified Independent Contractor. CMS should have a formal process to review appeals to ensure CMS guidance is properly followed. The Committee remains concerned with the degree of independence given to contractors to determine sample methodology for claim review and assessing penalties. The Committee believes CMS should have standard protocols to ensure consistent principles are applied by contractors in all regions and for all levels of the appeal process. The Committee expects an update on this effort in the fiscal year 2020 Congressional Justification.

Critical Access Hospitals.—The Committee supports Critical Access Hospitals (CAH). Reduced reimbursement could impede the hospital's ability to properly provide care to local residents. Prior to implementation of a change in reimbursement policy, the Committee encourages CMS to engage with stakeholders to ensure the change would not negatively impact a CAH's ability to fully operate.

Diabetic Retinal Exams.—According to the CDC, diabetes-related blindness costs the Nation about \$500 million annually. The Committee recognizes that as more Medicare beneficiaries are diagnosed with diabetes, diabetic retinopathy remains a concern, and change is required to eradicate this leading cause of severe vision loss and blindness. Non-compliance is driving preventable blindness. Experts recommend that all individuals diagnosed with diabetes should be examined for eye health, yet failure to receive annual diabetic retinal exams is common. The Committee urges CMS to update its policy to make diabetic retinal exams more accessible to diabetic patients in primary care settings, through the use of digital retinal imaging with remote specialist interpretation.

Direct and Indirect Remuneration.—The Committee is aware that CMS has put forth a Request for Information as part of the 2019 proposed Part D rule. The Committee understands any specific policy changes must occur through a future notice and comment rulemaking and urges the Secretary to consider the impact this proposal will have on seniors' premiums and the taxpayer, as well as its potential to reveal competitively sensitive information. The Committee requests an update on this topic in the fiscal year 2020 Congressional Justification.

Disaster Impacted Areas.—The Committee strongly supports efforts to increase access to care for local hospitals located in areas impacted by a National disaster. Storm damage to facilities and infrastructure can significantly impede a community's access to primary, emergency, and specialty care. CMS should take necessary administrative action to ensure the existing physical infrastructure for health care facilities is effectively utilized to provide for necessary care in disaster impacted communities.

Geographic Practice Cost Index.—The Committee supports efforts by CMS to create a more transparent process for the development

of a Geographic Practice Cost Index (GPCI). The Committee believes more transparency is needed to understand the methodology used to determine input variables. The Committee supports a process that accounts for variables in a GPCI that lead to fair reimbursement for rural States.

Health Insurance Information.—The Committee supports efforts by CMS to utilize private sector solutions for information on health insurance options.

Hospital Acquired Pressure Ulcers.—The Committee understands data released in October 2017 by the CMS Office of Enterprise Data and Analytics identified that hospital discharges of patients with pressure ulcers have increased by over 58 percent between the first quarter of 2016 and 2017. In addition, HHS research shows that hospital-acquired pressure ulcers and their associated complications have led to roughly 60,000 patient deaths per year. These statistics are deeply concerning. The Hospital-Acquired Condition (HAC) Reduction Program requires CMS to reduce payments for hospitals that rank among the lowest-performing 25 percent of hospitals with regard to HACs, but it also allows the Administration to adjust the Domain 1 and Domain 2 formulas used for that calculation. Given this adjustment ability, the Committee requests CMS provide information in the fiscal year 2020 Congressional Justification on steps CMS is taking to review the formulas and any other actions they are taking to reverse the trend of increased hospital-acquired pressure ulcers.

Hospital Based Nursing.—The Committee encourages CMS to address the ability of hospital-based nursing programs to maintain their pass-through payments in light of conflicting eligibility requirements established by national and regional higher education accrediting bodies. The CMS pass-through payments are essential for hospital-based nursing programs to continue to produce well-educated nurses and address areas of national need and underserved populations. The Committee requests that CMS provide an update in the fiscal year 2020 Congressional Justification on efforts to remedy this policy discrepancy.

Hospital Surveys.—The Committee commends CMS for ensuring standards for safety and quality are maintained for the health of Medicare beneficiaries. The Committee is concerned with revisions to the State Operation Manual described in S&C Memo: 17-44-All Hospitals. In this Memorandum, CMS mandates a new standard for a hospital survey, and retroactively applies this standard to facilities for the prior 12 months. The Committee believes such a change is rulemaking and subject to a notice and comment period. The Committee notes CMS had to issue two additional memorandums to clarify the new policy. Such revisions serve as evidence that the change in policy warrants time for stakeholders to prepare. The Committee has concerns that hospitals did not receive notice and requests that CMS provide justification for why notice was not provided for hospitals through notice and comment rulemaking.

Kidney Dialysis Payment and Transplant Services.—The Committee is aware of an unintended issue within Medicare coverage of kidney dialysis and kidney transplant services regarding anti-rejection medication known as immunosuppressive drugs. Currently the Medicare program pays for a large share of the medication

needed to prevent rejecting a transplanted kidney but coverage of these drugs is eliminated three years from the date of the transplant. Recipients who cannot afford the high cost of the drugs sometimes resort to skipping doses and stretching medication resulting in diminished kidney function and ultimately rejection, returning the patient to years of dialysis and another kidney transplant. The Committee encourages CMS to commission a study to determine the cost of effectiveness of the current policy of restrictive coverage for these lifesaving immunosuppressive medications by analyzing the long-term cost of dialysis for patients who have received a kidney transplant and subsequent transplants due to the lack of access to anti-rejection medications. The Committee also encourages CMS to consider all possible payment models for dialysis patients considering the immense amount of data showing the benefits of greater care management for this population.

KidneyX.—KidneyX stimulates the commercialization of new therapies while providing a catalyst for investment by the private market in three specific ways that are not currently addressed by market forces or Federal efforts: de-risks the commercialization process by fostering coordination among NIH, FDA, and CMS to provide a clear, predictable path towards commercialization, provides non-dilutive funding to seed, incent, and accelerate breakthroughs to promising innovators, selected through a competitive process, and offers participating innovators access to investors and business experts and repositions the kidney space as an attractive and untapped market. While the first round of seed funding focuses on the development and commercialization of an artificial kidney, the portfolio will expand to include diagnostics, other devices, medications, and patient-centered tools to more effectively and efficiently manage kidney diseases. Revenue generated from breakthrough commercialized developments will be cycled back to support KidneyX, funding future therapies without the need for additional public investment beyond the first five years. Similar public-private accelerators, like the Combating Antibiotic Resistant Bacteria Biopharmaceutical Accelerator, have shown great success in catalyzing private sector investment. KidneyX is a true public-private partnership: the private sector is committed to providing matching funds to achieve the total \$250 million required for the first five years. To date, \$25 million has been committed to KidneyX from the private sector. KidneyX will issue its first round of seed funding using private contributions in 2018.

Lactation Support.—The Committee recognizes the important health and economic benefits of breastfeeding, which may reduce the rate of common and costly diseases in infants, acute and chronic diseases later in life, and provides important health benefits to mothers. The Committee also recognizes that certain medical conditions and time restrictions make low-cost breastfeeding supplies, such as hand pumps, insufficient for the needs of many mothers. The reimbursement rate offered by many public and private health insurance providers is less than the cost of high quality pumps, which include an electric motor, replaceable parts that meet the anatomical needs of each mother, and optimal suction and cycling. The Committee encourages HHS to work with stakeholders to better provide women up-to-date information on how to access quality counseling, education, and breastfeeding equipment and supplies,

including a list of in-network lactation consultants or other trained health care providers. HHS should also include information in the fiscal year 2020 Congressional Justification on how health insurers have implemented comprehensive lactation services, what standards they use to set reimbursement rates for breastfeeding supplies, and what best practices currently exist to provide coverage to help women breastfeed.

Lymphedema Compression Garments.—Nearly two million Medicare beneficiaries lack equal access to Lymphedema Compression Garments. The Department of Veterans Affairs and the TRICARE program provide coverage for compression garments used to treat lymphedema, as do 42 states and the District of Columbia as part of their Medicaid programs, yet the Medicare program does not provide access to these garments for Medicare beneficiaries. The Committee notes CMS decision memorandum (CAG-00016N) encourages patients to use compression garments to prevent re-accumulation of fluid. In order to ensure equal access to care and adherence to CMS' recommendations, the Committee strongly encourages CMS to take necessary steps to ensure Medicare beneficiaries have access to Lymphedema Compression Garments. The Committee requests an update on this effort in the fiscal year 2020 Congressional Justification.

Medicaid 1115 Waiver.—The Committee continues to note concern regarding the process for approval for section 1115 Medicaid demonstrations. The Committee expects a collaborative process between CMS and States. These demonstrations serve as vital links to care for vulnerable populations. The Committee strongly encourages CMS to engage with States who have outstanding requests. Moreover, the Committee encourages CMS to give priority to requests that seek to ensure access to physician residency training and education for underserved and rural populations.

Medicare Star Quality Rating System.—The Committee is concerned that the CMS Star Ratings system does not accurately rate plans that serve a larger proportion of dual eligible beneficiaries. Further, the Committee understands that as mandated by the Improving Medicare Post-Acute Care Transformation Act of 2014 (PL 113-185), the Assistant Secretary for Planning and Evaluation (ASPE) is conducting a study examining the effect of socioeconomic status on quality measures and resource use and other measures. CMS should not remove plans from markets based on three consecutive years of low star scores until the ASPE study is completed and the recommendations are implemented.

Medication Diversion.—The Committee understands the important role of medication-assisted treatment for beneficiaries with opioid use disorder. At the same time, several State and Federal authorities report rising rates of diversion of these FDA-approved medications. The Committee requests CMS evaluate diversion data from the Drug Enforcement Administration and State sources to determine the scope of this problem and submit an update in the fiscal year 2020 Congressional Justification. CMS should discuss specifically efforts to reduce diversion of prescriptions.

Muscular Dystrophy.—The Committee is aware of the addition of the new ICD-10 code for Duchenne/Becker to the CMS FY 2019 Coding Addenda. The Committee requests a report on utilization for the newly established ICD-10 code, as compared to the former

broader ICD–10 code in the fiscal year 2020 Congressional Justification.

Naloxone.—Naloxone is a community-use overdose reversal agent that can be ingested through the nose. Some have recommended co-prescription of naloxone and opioids as a tool in mitigating the risk of overdose death. Studies within the Department of Veterans Affairs have determined co-prescriptions can reduce long-term opioid use by 39 percent. The Committee requests an update in the fiscal year 2020 Congressional Justification on efforts by CMS to address access to naloxone for identified at-risk populations.

National Health Expenditures.—The Committee requests that CMS include a detailed explanation in its fiscal year 2020 Congressional Justification of CMS' methodology for including data in the National Health Expenditure (NHE) database, and an analysis of how CMS-published data compares to other comparable information on health expenditures. The Committee remains concerned there are discrepancies between CMS estimates and industry surveys suggesting that CMS' method may understate the actual growth of private health insurance and total health spending at the household level. If private health spending is underreported in NHE, estimates of total health US spending may be too low as well.

National Vaccine Advisory Committee.—Historically, disparities in childhood immunization rates have been reported in the US, with lower rates among children living in poverty, among urban children, and among black and Hispanic children. Children living below the Federal poverty level have lower coverage with many vaccinations compared to children living at or above the Federal poverty level since at least 2009. The CDC estimates that based on 2015 data an estimated 32.9 percent of US children aged 19–35 months were living below the poverty level. The Committee requests, as part of the fiscal year 2020 Congressional Justification, the National Vaccine Advisory Committee, in coordination with CMS, to review data and provide to the Committee: the number of children under the age of 35 months that received childhood vaccinations and an assessment on the extent to which individuals under the age of 35 months received vaccinations according to the vaccine schedule recommendation put forth by CDC.

Patient Access to Medically Necessary Foods.—The Committee notes that medical foods are an essential, physician-directed component of managing a variety of serious medical conditions. The Committee notes that patients continue to face a variety of access challenges related to coverage and reimbursement with many individuals and families being forced to pay for essential medical foods out-of-pocket. The Committee notes the recent action taken by TRICARE to advance proper coverage for medical foods and encourages CMS to work proactively with the stakeholder community to identify and address improper barriers to access.

Physician Disclosure.—The Committee encourages the Secretary to clarify that medical text books and journal article re-publications are considered as non-reportable transfers and permissible under the patient education exclusion as intended by Congress. The Committee believes these publications serve as direct patient education and should not be subject to reporting requirements of section 1128G of the Social Security Act.

Physician-Owned Hospitals.—The Committee notes physician-owned hospitals provide high quality healthcare to local communities. The Committee supports efforts by CMS to demonstrate the additional value these hospitals are able to provide to beneficiaries.

Pneumococcal Vaccinations.—The Committee is concerned about the underutilization of pneumococcal vaccinations for adults and in particular high risk adults where rates do not exceed 20 percent. The Committee strongly urges CMS to work toward achievement of the Healthy People 2020 goals to reduce invasive pneumococcal infections and increase the percentage of adults, aged 65 or older, who are vaccinated against pneumococcal disease. CMS is encouraged to support development and implementation of electronic health records and other technologies, such as reminder recall programs, to identify Medicare beneficiaries who have not received the full course of pneumococcal vaccinations and remind those beneficiaries and their providers to adhere to the recommendations.

Prescription Drugs.—The Committee supports efforts to improve patient access to prescription drugs. The Committee is encouraged by recent proposals to lower costs for beneficiaries, generate savings for the Federal government, and increase access to medication for Medicare beneficiaries. As CMS evaluates options for the Prescription Drug Benefit Program, the Committee expects adherence to the noninterference clause, which ensures robust competition and beneficiary value.

Preliminary Determinations.—CMS previously granted “preliminary determinations” to hospitals to be designated as a Critical Access Hospitals (CAH). Following CMS guidance, these facilities made preparations to receive a final CAH designation, including paying for expensive upgrades and an on-site survey. Subsequently, CMS revised its guidance for attaining CAH designation. Due to the length of time required to comply with the requirements included in the preliminary determination, facilities that were deemed in compliance by CMS proceeded to comply with CMS guidance, but were then subsequently denied final CAH status due to the change in CMS policy regarding CAH designation. The Committee requests that CMS monitor affected facilities and their local communities to help ensure access to care.

Quality Payment Program.—The Committee understands numerous physicians were ineligible to receive reimbursement from the Quality Payment Program (QPP) due to changes to their tax identification number (TIN) made between August 31st and December 31st, 2017. Claims changes to the TIN that took place in this time frame were ineligible and could not be retroactively reimbursed due to technological shortcomings. The Committee encourages CMS to review the QPP’s procedures and report back to the Committee in the fiscal year 2020 Congressional Justification on proposals for necessary improvements to ensure qualified physicians are not denied reimbursement regardless of their employment start date.

Readmission Rates.—The Committee is supportive of efforts within CMS to reduce readmission rates among high-risk seniors living in communities challenged by poverty, poor health literacy, health disparities or non-compliance with treatment regimens. In particular, flexible, community-based multi-payer arrangements have encouraged health and social service providers to combine efforts in tailoring services to these at-risk populations. The Com-

mittee encourages CMS to work with community-based organizations to help identify best practices and transition them to Medicare's value-based purchasing initiatives.

Recovery Audit Contractors.—The Committee acknowledges that the Medicare Trust Funds are at risk of insolvency and that Recovery Audit Contractors are an industry best practice that play an important role in preventing wasteful government spending. CMS should continue to utilize private sector best practices, such as recovery auditing, to address Medicare improper payments to the fullest extent.

Renal Replacement Therapy.—The Committee requests CMS provide an update in the fiscal year 2020 Congressional Justification on efforts to inform the healthcare community that new renal replacement therapy codes are available for reporting and encourage such code use to support additional research in the acute kidney injury population.

Robotic Stereotactic Radiosurgery.—The Committee remains concerned that inadequate payment for robotic stereotactic radiosurgery threatens its viability in both the hospital and free-standing center setting. The Committee encourages CMS and contractors administering the Medicare Part B program not to make further changes to these services (G0339 and G0340) in the free-standing center as CMS complies with the Patient Access and Medicare Protection Act (PL 114–115).

Rural Health Clinics.—The Committee continues to encourage CMS to engage States and other stakeholders on outstanding issues of payment recoupment, as it relates to CMS-designated Rural Health Clinics. The Committee strongly supports the Rural Health Clinic program, which increases access to primary care services for Medicaid and Medicare patients in rural communities.

Rural Nursing Homes.—Long-term services and supports are critical for the care and wellbeing of our senior population. Skilled nursing facilities play an instrumental role in providing this care for some of the most vulnerable Americans. Particularly in rural areas, ensuring continued access to high-quality nursing facility care in an individual's home community is an ever-increasing challenge. Similar to Medicaid's prioritization of funding for Critical Access Hospitals, adequate reimbursement helps preserve access to skilled nursing facility care in our country's rural and frontier regions. The Committee requests an update in the fiscal year 2020 Congressional Justification on CMS' efforts to support rural nursing facilities.

Sepsis Testing.—In the United States, more than 1.5 million people are diagnosed with sepsis resulting in approximately 250,000 deaths each year. CMS current SEP–1 guidelines for treating septic patients are controversial and need to take into account evolving practices including the use of FDA approved tests for biomarkers like procalcitonin. SEP–1 is highly prescriptive, replaces physician's discretion over care, and could lead to excessive antibiotic use. The Committee urges CMS to reevaluate their SEP–1 policy taking into account expanded FDA approvals for biomarker tests like procalcitonin in conjunction with its impact on antibiotic stewardship. CMS is also to identify the direct and indirect cost of treating sepsis patients on its Medicaid and Medicare programs.

The Committee requests an update on these activities in the fiscal year 2020 Congressional Justification.

Sexually Transmitted Diseases.—The Committee notes an increase in sexually transmitted diseases, particularly in pregnant women and young adults. To address this public health issue the Committee supports efforts to target at-risk and vulnerable populations. The Committee supports collaboration with CDC to address appropriate screening and treatment for these conditions.

Technology and Ophthalmic Disorders.—The Committee notes that the specific use of technology, such as web-based telemedicine software, centralized reading centers, hand-held fundus cameras, photography training programs, and internet-based storage and transmission of images can efficiently detect early signs of diabetic retinopathy and glaucoma in rural and underserved populations.

Telehealth and the Pediatric Population.—The Committee recognizes the potential for telehealth to help meet the needs of patients and families across the country, including in both rural and urban areas. The Committee encourages CMS to identify and share with States best practices regarding ways in which telehealth and remote patient monitoring can be leveraged through the Medicaid and CHIP programs, particularly for the pediatric population. This could include identification of barriers to pediatric telehealth coverage, as well as ways to address those barriers.

Tribal Sovereignty.—Federally-recognized Indian Tribes are sovereign nations residing within a State. Moreover, Indian Tribes are political, sovereign entities to which the Federal government owes a trust responsibility. As a result of this responsibility, the Federal government has consistently held Indian Tribes as a unique group when applying Federal law and policy. Congress has routinely codified this relationship, most notably in the provision of health care by establishing a health system for Tribal populations exclusively. In addition, the Federal government has enacted exemptions to ensure States would not bear the burden of additional costs. Specifically, the Social Security Act provides a 100 percent Federal match for Medicaid services provided by an Indian or by an Indian Health Service or Tribally-operated facility. No discretionary action taken by any Administration can impede the direct relationship between the Federal government and the provision of health care for Indian Tribes.

Volume Decrease Payment.—The Committee notes that a change in the Medicare Administrative Contractor (MAC) should not negatively impact provider payment. The Committee encourages CMS to ensure consistent policy and guidance is provided to all MACs to ensure overpayment notices to providers are processed promptly. The Committee supports efforts by CMS to encourage MACs to reduce the interval of time between the identification of an overpayment and official notice sent to the provider.

Federal Administration

The Committee recommends \$702,601,000 for Federal Administration activities related to the Medicare and Medicaid programs, which is \$29,932,000 below the fiscal year 2018 enacted level and the same as the fiscal year 2019 budget request. The Federal Administration funding supports CMS staff, along with operating and

administrative expenses for planning, developing, managing, and evaluating healthcare financing programs and policies.

Health Insurance Exchange Transparency.—The Committee continues to include bill language requiring CMS to provide cost information for the following categories: Federal Payroll and Other Administrative Costs; Exchange related Information Technology (IT); Non IT Program Costs, including Health Plan Bid Review, Management and Oversight; Payment and Financial Management; Eligibility and Enrollment; Consumer Information and Outreach, including the Call Center, Navigator Grants, and Consumer Education and Outreach; Exchange Quality Review; Small Business Health Options Program and Employer Activities; and Other Marketplace Activities. Cost information should be provided for each fiscal year since the enactment of the Patient Protection and Affordable Care Act (Public Law 111–148). CMS is also required to include the estimated costs for fiscal year 2020.

HEALTH CARE FRAUD AND ABUSE CONTROL ACCOUNT

Appropriation, fiscal year 2018	\$745,000,000
Budget request, fiscal year 2019	770,000,000
Committee Recommendation	765,000,000
Change from enacted level	+20,000,000
Change from budget request	–5,000,000

This includes a base amount of \$311,000,000 and an additional \$454,000,000 through a discretionary budget cap adjustment authorized under section 251(b) of the Balanced Budget and Emergency Deficit Control Act of 1985. The Health Care Fraud and Abuse Control Account (HCFAC) funds support activities conducted by CMS, the HHS Office of Inspector General, and the Department of Justice. This level is \$20,000,000 above the fiscal year 2018 enacted level and \$5,000,000 below the fiscal year 2019 budget request.

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

The Committee continues to include bill language to ensure the Secretary funds the Senior Medicare Patrol Program administered by the Administration for Community Living from funds provided to this account.

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

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

Appropriation, fiscal year 2018	\$2,995,400,000
Budget request, fiscal year 2019	2,922,247,000
Committee Recommendation	2,922,247,000
Change from enacted level	- 73,153,000
Change from budget request	---

The Committee also recommends \$1,400,000,000 in advance funding, as requested, for the first quarter of fiscal year 2020 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

Appropriation, fiscal year 2018	\$3,640,304,000
Budget request, fiscal year 2019	---
Committee Recommendation	3,640,304,000
Change from enacted level	---
Change from budget request	+3,640,304,000

Within the amount available for formula grants, the Committee recommends up to \$2,988,000 for technical assistance, training, and monitoring of program activities. The Low Income Home Energy Assistance Program supports eligible families and households through programs providing assistance with energy costs.

REFUGEE AND ENTRANT ASSISTANCE

Appropriation, fiscal year 2018	\$1,864,936,000
Budget request, fiscal year 2019	1,792,311,000
Committee Recommendation	1,864,936,000
Change from enacted level	---
Change from budget request	+72,625,000

The Office of Refugee Resettlement 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:

Budget Activity	FY 2019 Committee
Transitional and Medical Services	\$320,000,000
Victims of Trafficking	23,755,000
Refugee Support Services	207,201,000
Unaccompanied Children	1,303,245,000
Victims of Torture	10,735,000

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

PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT BLOCK GRANT

Appropriation, fiscal year 2018	\$5,226,000,000
Budget request, fiscal year 2019	3,006,000,000
Committee Recommendation	5,226,000,000
Change from enacted level	---
Change from budget request	+2,220,000,000

The Child Care and Development Block Grant provides funds according to a formula to States, territories, and Tribes to provide financial assistance to help low-income working families and families engaged in training or education activities access child care and to improve the quality of child care for all children.

The Committee includes \$100,000,000 in bill language for competitive grants to States, territories, Tribes, local governments, and public entities to develop, implement, and evaluate models of providing care for working families in rural communities, families needing child care on an emergency basis, and families with non-traditional work hours.

The Committee recognizes that many child care providers are small business owners and therefore may need support to strengthen business operations. Accordingly, the committee recognizes that Child Care and Development Block Grant (CCDBG) funds could be used to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. Areas of support for child care providers may include, but are not limited to, such practices related to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education and/or technical assistance. Accordingly, the Committee supports efforts by the Office of Child Care to report on its efforts to support States with strengthening business practices of child care providers, including available data on the average salaries and retention of child care staff by State and type of care, in the biennial Childcare Development Fund Report to Congress required by Section 658L of the CCDBG.

SOCIAL SERVICES BLOCK GRANT

Appropriation, fiscal year 2018	\$1,700,000,000
Budget request, fiscal year 2019	1,785,000,000
Committee Recommendation	1,700,000,000
Change from enacted level	---
Change from budget request	- 85,000,000

The Social Services Block Grants provides grants to States by formula. States have the flexibility to determine what services and activities are supported, provided they are targeted at a broad set of goals, including reducing or eliminating poverty, achieving or maintaining self-sufficiency, and preventing neglect, abuse, or exploitation of children and adults.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriation, fiscal year 2018	\$12,022,225,000
Budget request, fiscal year 2019	10,323,890,000
Committee Recommendation	12,122,225,000
Change from enacted level	+100,000,000
Change from budget request	+1,798,335,000

The Children and Families Services programs fund activities serving children, youth, families, the developmentally disabled, Native Americans, victims of child abuse and neglect and domestic violence, and other vulnerable populations.

The Committee recommends the following amounts:

Budget Activity	FY 2019 Committee
Programs for Children, Youth, and Families:	
Head Start	\$9,913,095,000
<i>Early Head Start-Child Care Partnerships</i>	<i>780,000,000</i>
Preschool Development Grants	250,000,000
Runaway/Homeless Youth	104,280,000
Abuse of Runaway Youth Prevention	17,141,000
State Child Abuse Prevention	85,310,000
Discretionary Child Abuse Prevention	33,000,000
Community-based Child Abuse Prevention	39,764,000
Child Welfare Services	278,735,000
Child Welfare Training	17,984,000
Adoption Opportunities	39,100,000
Adoption Incentives	80,000,000
Social Services/Income Maintenance Research	6,512,000
Native American Programs	55,050,000
Community Services:	
Community Services Block Grant	750,000,000
Community Economic Development	19,883,000
Rural Community Facilities	10,000,000
Domestic Violence Hotline	9,250,000
Family Violence/Battered Women's Shelters	160,000,000
Independent Living Training Vouchers	43,257,000
Disaster Human Services Case Management	1,864,000
Program Direction	208,000,000

Head Start

The Committee recommends \$9,913,095,000 for the Head Start program, which is \$50,000,000 above the fiscal year 2018 enacted level and \$638,095,000 above the fiscal year 2019 budget request. Within the total for Head Start, the Committee recommends \$25,000,000 for a cost-of-living adjustment and includes \$25,000,000 for the Designation Renewal System. Head Start promotes school readiness of children under 5 from low-income families through education, health, social and other services.

In addition, the Committee recommends \$780,000,000 for Early Head Start-Child Care Partnership grants, which is \$25,000,000 above the fiscal year 2018 enacted level and \$780,000,000 above the fiscal year 2019 budget request. The Early Head Start-Child Care Partnership program brings together Early Head Start and child care through layering of funding to provide comprehensive and continuous services to low-income infants, toddlers, and their families. The program enhances developmental services and supports for low-income infants and toddlers, and their families, by providing strong relationship-based experiences and preparing them for the transition into Head Start and preschool.

Preschool Development Grants

The Committee recommends \$250,000,000 for Preschool Development Grants, which is the same as the fiscal year 2018 enacted level and \$250,000,000 above the fiscal year 2019 budget request. This program provides grants to States to build State and local capacity to provide preschool for 4-year-olds from low- and moderate-

income families. Research confirms that high-quality preschool improves school readiness and long-term academic success of children by supporting their academic and social-emotional skills. Support for this grant is an important step to building a globally competitive 21st century workforce.

Child Abuse Discretionary Activities

Child Abuse Hotline.—The Committee notes the lack of knowledge regarding effective and appropriate text-based intervention and education services for child abuse victims and concerned adults as this new communications channel becomes more prevalent. Therefore, the Committee provides \$1,500,000 for an extramural grant to develop and expand text capabilities and protocols for a national child abuse hotline to determine best practices in appropriate communication, identity verification, privacy protection, and resource sharing with youth seeking assistance.

Native American Programs

The Committee recommends \$55,050,000 for Native American Programs, which is \$1,000,000 above fiscal year 2018 enacted level and \$3,000,000 above the fiscal year 2019 budget request. These programs assist Tribal and village governments and Native American institutions and organizations in their efforts to support and develop stable, diversified local economies. Tribes and non-profit organizations use funds to develop and implement sustainable community-based social and economic programs and services to improve the well-being of Native people.

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

Community Services Programs

Community Services Block Grant.—The Committee recommends \$750,000,000 for the Community Services Block Grant, which is \$35,000,000 more than the fiscal year 2018 enacted level and \$715,000,000 more than the fiscal year 2019 budget request. The Community Services Block Grant provides funds to alleviate the causes and conditions of poverty in communities.

Community Economic Development.—The Committee recommends \$19,883,000 for the Community Economic Development Grants, which is the same as the fiscal year 2018 enacted level and \$19,883,000 more than the fiscal year 2019 budget request. Community Economic Development is a grant program, which funds Community Development Corporations. Community Development Corporations seek to address the economic needs of low-income individuals and families through the creation of sustainable business development and employment opportunities.

Rural Community Facilities Development.—The Committee recommends \$10,000,000 for the Rural Community Facilities program, which is \$2,000,000 more than the fiscal year 2018 enacted level, and \$10,000,000 more than the fiscal year 2019 budget request. Rural Community Development is a grant program that works with regional and Tribal organizations to manage safe water systems in rural communities.

Family Violence Prevention and Battered Women’s Shelters

The Committee recommends \$160,000,000 for the Family Violence Prevention and Battered Women’s Shelters programs, which is the same as the fiscal year 2018 enacted level and \$9,000,000 above the fiscal year 2019 budget request. The Family Violence Prevention and Services Act programs provide funding to support the prevention of incidents of family violence, domestic violence, and dating violence, and provide the immediate shelter and supportive services for adult and youth victims (and their dependents).

PROMOTING SAFE AND STABLE FAMILIES

Appropriation, fiscal year 2018	\$444,765,000
Budget request, fiscal year 2019	534,765,000
Committee Recommendation	404,765,000
Change from enacted level	- 40,000,000
Change from budget request	- 130,000,000

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 2018 enacted level and \$20,000,000 below the fiscal year 2019 budget request. The Committee also recommends \$59,765,000 in discretionary funds for this program, which is \$40,000,000 below the fiscal year 2018 enacted level and \$150,000,000 below the fiscal year 2019 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

Appropriation, fiscal year 2018	\$6,225,000,000
Budget request, fiscal year 2019	6,035,000,000
Committee Recommendation	6,035,000,000
Change from enacted level	- 190,000,000
Change from budget request	- - -

The Committee also recommends an advance appropriation of \$2,800,000,000 for the first quarter of fiscal year 2020 to ensure timely completion of first quarter grant awards.

Within the total, the Committee recommends \$5,329,000,000 for the Foster Care program, which is \$208,000,000 below the fiscal year 2018 enacted level and the same as the fiscal year 2019 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 \$3,063,000,000 for Adoption Assistance, which is \$196,000,000 more than the fiscal year 2018 enacted level and the same as the fiscal year 2019 budg-

et 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 \$203,000,000 for the Kinship Guardianship Assistance program, which is \$22,000,000 more than the fiscal year 2018 enacted level and the same as the fiscal year 2019 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 2018 enacted level and the fiscal year 2019 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

Appropriation, fiscal year 2018	\$2,144,215,000
Budget request, fiscal year 2019	1,818,681,000
Committee Recommendation	2,181,732,000
Change from enacted level	+37,517,000
Change from budget request	+363,051,000

Created in 2012, the Administration for Community Living (ACL) brings together the efforts and achievements of the Administration on Aging, the Administration on Intellectual and Developmental Disabilities, and the HHS Office on Disability to serve as the Federal agency responsible for increasing access to community supports, while focusing attention and resources on the unique needs of older Americans and people with disabilities across the lifespan.

The Committees recommends funding for the Senior Medicare Patrol Program, and provides this funding under the Health Care Fraud and Control Abuse Account.

Home and Community-Based Supportive Services

The Committee recommends \$385,074,000 for Home and Community-Based Supportive Services, which is the same as the fiscal year 2018 enacted level and \$34,850,000 above the fiscal year 2019 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 \$24,848,000 for Preventive Health Services, which is the same as the fiscal year 2018 enacted level and the fiscal year 2019 budget request. This program funds activities that help seniors remain healthy and avoid chronic diseases.

Protection of Vulnerable Older Americans

The Committee recommends \$21,658,000 for activities to protect vulnerable older Americans, which is the same as the fiscal year 2018 enacted level and \$1,030,000 above the fiscal year 2019 budget request. These programs provide grants to States for protection of vulnerable older Americans through the Long-Term Care Ombudsman and Prevention of Elder Abuse and Neglect programs.

Family Caregiver Support Services

The Committee recommends \$180,586,000 for the National Caregiver Support program, which is the same as the fiscal year 2018 enacted level and \$30,000,000 above the fiscal year 2019 budget request. This program supports a multifaceted support system in each State for family caregivers.

Native American Caregiver Support Services

The Committee recommends \$10,556,000 for the Native American Caregiver Support program, which is \$1,000,000 above the fiscal year 2018 enacted level and \$3,000,000 above the fiscal year 2019 budget request. This program provides grants to Tribes for the support of American Indian, Alaskan Native, and Native Hawaiian families caring for older relatives with chronic illness or disabilities.

Congregate and Home-Delivered Nutrition Services

The Committee recommends a total of \$896,753,000 for senior nutrition. The Committee recommends \$490,342,000 for Congregate Nutrition Services, which is the same as the fiscal year 2018 enacted level and \$40,000,000 above the fiscal year 2019 budget request. The Committee recommends \$246,342,000 for Home-Delivered Meal Services, which is the same as the fiscal year 2018 enacted level and \$19,000,000 above the fiscal year 2019 budget request. The Committee recommends \$160,069,000 for the Nutrition Services Incentives program, which is the same as the fiscal year 2018 enacted level and the fiscal year 2019 budget request. These programs help older Americans remain healthy and independent in their communities by providing meals and related services in a variety of settings (including congregate facilities such as senior centers) and via home-delivery to older adults who are homebound due to illness, disability, or geographic isolation.

Native American Nutrition and Supportive Services

The Committee recommends \$35,208,000 for Native American Nutrition and Supportive Services, which is \$2,000,000 above the fiscal year 2018 enacted level and \$4,000,000 above the fiscal year 2019 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 \$12,461,000 for the Aging Network Support Activities, which is the same as the fiscal year 2018 enacted level and \$3,463,000 above the fiscal year 2019 budget request. This program supports activities that expand public understanding of aging and the aging process.

Holocaust Survivor's Assistance.—The Committee provides not less than \$5,000,000 for the Holocaust Survivor's Assistance program. This program provides supportive services for aging Holocaust survivors living in the U.S.

Alzheimer's Disease Program

The Committee recommends \$23,500,000 for the Alzheimer's disease program, which is the same as the 2018 enacted program level and \$4,010,000 above the fiscal year 2019 budget request. 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.

Technology and Caregiver Health.—In 2017, Medicare and Medicaid spent an estimated \$175 billion caring for those with Alzheimer's and other dementias, 68 percent of total costs spent nationally. It is the most expensive disease in America. While medical breakthroughs to prevent, slow, or stop the disease are critical, interventions that reduce the cost and increase the effectiveness of care can be an invaluable method to bend the cost curve. The Committee supports efforts to improve caregiver health through a self-management support system using home-based telehealth technology. Such a system could reduce the cost of institutional health care and emergency room visits for individuals with Alzheimer's and Dementia by providing significant support to both the informal caregiver and the patient in home-based care. The Committee supports technology solutions that can monitor, assess, guide, educate, and provide alerts to enhance both physical and psychosocial dimensions of caregiver's well-being.

Lifespan Respite Care

The Committee recommends \$4,110,000 for Lifespan Respite Care, which is the same as the fiscal year 2018 enacted level and \$750,000 above the fiscal year 2019 budget request. The program focuses on easing the burdens of caregiving by providing grants to eligible State organizations to improve the quality of, and access to, respite care for family caregivers.

Elder Falls

The Committee recommends \$5,000,000 for the Elder Falls program, which is the same as the fiscal year 2018 enacted level and \$5,000,000 above the fiscal year 2019 budget request. Fall prevention grants support the promotion and dissemination of prevention tools delivered in community settings.

Chronic Disease Self-Management Program

The Committee recommends \$8,000,000 for the Chronic Disease Self-Management program, which is the same as the fiscal year 2018 enacted level and \$8,000,000 above the fiscal year 2019 budg-

et request. This program supports grants to States for low-cost, evidence-based prevention models that use state-of-the-art techniques to help those with chronic conditions address issues related to the management of their disease.

Elder Rights Support Activities

The Committee recommends \$15,874,000 for Elder Rights Support Activities, which is the same as the fiscal year 2018 enacted level and \$4,000,000 above the fiscal year 2019 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 \$8,119,000 for Aging and Disability Resource Centers, which is the same as the fiscal year 2018 enacted level and \$2,000,000 above the fiscal year 2019 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 Assistance Program

The Committee recommends \$49,115,000 for the State Health Insurance Assistance Program, which is the same as the fiscal year 2018 enacted level and \$49,115,000 above the fiscal year 2019 budget request. The State Health Insurance Assistance Program provides Medicare beneficiaries with information, counseling, and enrollment assistance.

Paralysis Resource Center

The Committee recommends \$7,700,000 for the Paralysis Resource Center, which is the same as the fiscal year 2018 enacted level and \$7,700,000 above the fiscal year 2019 budget request. The Paralysis Resource Center offers activities and services aimed at increasing independent living for people with paralysis and related mobility impairments, and supporting integration into the physical and cultural communities in which they live.

Limb Loss Resource Center

The Committee recommends \$3,500,000 for the Limb Loss Resource Center, which is the same as the fiscal year 2018 enacted level and \$3,500,000 above the fiscal year 2019 budget request. The Limb Loss Resource Center supports a variety of programs and services for those living with limb loss, including a national peer support program, educational events, training for consumers and healthcare professionals, and information and referral services.

Traumatic Brain Injury

The Committee recommends \$11,321,000 for the Traumatic Brain Injury program, which is the same as the fiscal year 2018 enacted level and \$2,000,000 above the fiscal year 2019 budget request. The program provides grants to States for the development of a comprehensive, coordinated family and person-centered service

system at the State and community level for individuals who sustain a traumatic brain injury.

Developmental Disabilities State Councils

The Committee recommends \$76,000,000 for State Councils on Developmental Disabilities, which is the same as the fiscal year 2018 enacted level and \$20,000,000 above the fiscal year 2019 budget request. The Developmental Disabilities 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 \$40,734,000 for Developmental Disabilities Protection and Advocacy, which is the same as the 2018 enacted level and \$2,000,000 above the fiscal year 2019 budget request. This formula grant program provides funding to States to establish and maintain protection and advocacy systems to protect the legal rights of persons with developmental disabilities.

The Committee recognizes that the Americans with Disabilities Act (ADA) encourages States to administer services for people with Intellectual/Developmental Disabilities (I/DD) “in the most integrated setting appropriate to the needs of qualified individuals with disabilities.” As a result of enactment of the ADA and the Supreme Court decision in *Olmstead v. L.C.* (1999), there has been a national trend towards deinstitutionalization, whereby individuals have been encouraged to move out of State-run and other Federally-funded, certified facilities and into residential settings in their respective communities. However, the Committee is aware that many family members and legal guardians of individuals residing in these facilities have been pressured to move their loved ones into the community against their wishes. The Committee is concerned about the adequacy of community-based housing and the lack of specialized care and support services available in these settings. In addition, the Committee notes concern regarding the pace of transfer to community-based settings for some individuals, higher rates of abuse and mortality in community settings, and the adequacy of opportunities for residents to express views and preferences throughout the transfer process.

The Committee fully supports the ADA’s goal of enabling people with I/DD to receive services “in the most integrated setting appropriate to their needs.” However, the Committee also notes that *Olmstead* held that the ADA does not condone or require removing individuals from institutional settings when they are unable to handle or benefit from a community-based setting and that the ADA does not require the imposition of community-based treatment on patients who do not desire it. Congress endorsed the same principle in the Developmental Disabilities (DD) Act of 2000. By continuing to pursue closure of facilities that are authorized by Federal law to provide services to people with I/DD under the Intermediate Care Facilities for Individuals with Intellectual Disabilities program, DD Act programs are also overriding the decisions of States on how to best allocate resources.

The Committee remains concerned that the deinstitutionalization stance taken by both Federally-supported DD Act programs and the Department of Justice in its related prosecutorial discretion in-

volve impact individuals who may be unable to handle or benefit from community integration and do not desire such care. The Committee strongly urges the Department to ensure that DD Act programs properly account for the needs and desires of patients, their families and caregivers, and the importance of affording patients the proper setting for their care, into enforcement of the Americans with Disabilities Act.

Voting Access for Individuals with Disabilities

The Committee recommends \$6,963,000 for Voting Access for Individuals with Disabilities program, which is the same as the fiscal year 2018 enacted level and \$2,000,000 above the fiscal year 2019 budget request. The Voting Access for Individuals with Disabilities program authorized by the Help America Vote Act provides formula grants to ensure full participation in the electoral process for individuals with disabilities, including registering to vote, casting a vote, and accessing polling places.

Developmental Disabilities Projects of National Significance

The Committee recommends \$12,000,000 for Developmental Disabilities Projects of National Significance, which is the same as the fiscal year 2018 enacted level and \$10,950,000 above the fiscal year 2019 budget request. This program funds grants and contracts that develop new technologies and demonstrate innovative methods to support the independence, productivity, and integration of those living with a disability into the community. The Committee recommends not less than \$1,000,000 for transportation assistance activities for older adults and persons with disabilities. The transportation activities should focus on the most cost-effective and sustainable strategies that can be replicated to other communities.

University Centers for Excellence in Developmental Disabilities

The Committee recommends \$40,619,000 for University Centers for Excellence in Developmental Disabilities, which is the same as the fiscal year 2018 enacted level and \$8,073,000 above the fiscal year 2019 budget request. The University Centers for Excellence in Developmental Disabilities Education, Research, and Service are a nationwide network of independent but interlinked centers, representing a national resource for addressing issues, finding solutions, and advancing research related to the needs of individuals with developmental disabilities and their families.

Independent Living

The Committee recommends \$120,000,000 for the Independent Living program, of which \$27,000,000 is for the Independent Living State Grants program and \$93,000,000 is for the Centers for Independent Living program. This funding level is \$6,817,000 above the fiscal year 2018 enacted level and \$24,003,000 above the fiscal year 2019 budget request. Independent Living programs maximize the leadership, empowerment, independence, and productivity of individuals with disabilities.

National Institute on Disability, Independent Living, and Rehabilitation Research

The Committee recommends \$104,970,000 for the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), which is the same as the fiscal year 2018 enacted level and \$104,970,000 above the fiscal year 2019 budget request. NIDILRR generates 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.

The Committee does not move NIDILRR to NIH, as proposed in the fiscal year 2019 budget request. The Committee believes NIDILRR's unique mission to improve the abilities of individuals with disabilities is best achieved within ACL.

Assistive Technology

The Committee recommends \$36,000,000 for Assistive Technology, which is the same as the fiscal year 2018 enacted level and \$4,061,000 above the fiscal year 2019 budget request. Assistive Technology (AT) supports programs providing grants to States for addressing assistive technology needs of individuals with disabilities. The goal is to increase awareness of and access to assistive technology devices and services that may help with education, employment, daily activities, and inclusion of people with disabilities in their communities.

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 AT devices. The Committee intends for this funding to support the expansion of existing programs and the creation of new programs that allow greater access to affordable financing to help people with disabilities purchase the specialized technologies required to live independently, to succeed at school and work and to live active and productive lives. Programs that have previously received funding are eligible to compete but must report on how the prior funding has been used, including the number of loans extended and individuals served, funding leveraged, and asset development programs created. The Committee intends for applicants to incorporate credit-building activities into their programs, including financial education and information about other possible funding sources. Successful applicants must emphasize consumer choice and control and build programs that will provide financing for the full array of AT devices and services and ensure that all people, regardless of type of disability or health condition, age, level of income, and residence have access to the program. AT programs maximize the ability of individuals with disabilities of all ages and their family members, guardians, advocates, and authorized representatives to obtain AT devices and AT services.

Program Administration

The Committee recommends \$41,063,000 for Program Administration, which is the same as the fiscal year 2018 enacted level and \$3,076,000 above the fiscal year 2019 budget request. This funding supports Federal administrative costs associated with administering ACL's programs.

The Achieving a Better Live Experience Act of 2014 or ABLE Act (PL 113–295) allows individuals and families to save for the purpose of supporting individuals with disabilities in maintaining their health, independence, and quality of life. The Committee strongly encourages the Administration on Community Living through its programs supporting individuals living with a disability to raise awareness on the eligibility and benefits of these accounts. The Committee requests an update on this effort in the fiscal year 2020 Congressional Justification.

OFFICE OF THE SECRETARY

OFFICE OF MEDICARE HEARINGS AND APPEALS

Appropriation, fiscal year 2018	\$182,381,000
Budget request, fiscal year 2019	112,381,000
Committee Recommendation	172,381,000
Change from enacted level	– 10,000,000
Change from budget request	+60,000,000

This Office supports hearings at the administrative law judge level, the third level of Medicare claims appeals.

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

GENERAL DEPARTMENTAL MANAGEMENT

Appropriation, fiscal year 2018	\$535,457,000
Budget request, fiscal year 2019	342,990,000
Committee Recommendation	433,290,000
Change from enacted level	– 102,167,000
Change from budget request	+90,300,000

Of the funds provided, \$53,445,000 shall be derived from evaluation set-aside funds available under section 241 of the Public Health Service Act, which is \$11,383,000 below the fiscal year 2018 enacted level and the same as the fiscal year 2019 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.

Cybersecurity.—The Committee is concerned about reports that indicate hospitals and medical practitioners are not adequately protecting patient records with respect to cyber threats. While laws exist to provide such protection, these laws are weakly enforced such that there is little accountability for inadequate compliance with cybersecurity protocols. The Committee requests the Secretary assess the adequacy of current enforcement policy and additional measures that may be necessary to hold those who are responsible for compliance with existing regulations accountable.

Faith Based Center.—The Committee includes \$1,299,000 for the Faith Based Center, the same as fiscal year 2018 enacted level and the fiscal year 2019 budget request.

Global Health Research Strategy.—The Committee requests an update in the fiscal year 2020 Congressional Justification on how CDC, FDA, BARDA, and NIH—including the Fogarty International Center—jointly coordinate global health research activities. The update should include specific metrics used to track progress and collaboration toward agreed upon health goals.

Nonrecurring Expenses Fund.—The Committee directs the Secretary to prioritize completion of projects for the Indian Health Service.

Privacy in Mental Health Scenarios.—Section 11004 of the 21st Century Cures Act (PL 114–255) directed the Secretary of Health and Human Services to identify model programs and materials for training health care providers regarding the permitted uses and disclosures of protected health information of patients seeking or undergoing mental or substance use disorder treatment, consistent with standards and regulations governing the privacy and security of individually identifiable health information under the Social Security Act and the Health Insurance Portability and Accountability Act of 1996. In addition, the Secretary was directed to identify a model program and materials for training patients and their families regarding their rights to protect and obtain such information. The Committee urges the Secretary to submit a report to the Committees on Appropriations of the House of Representatives and the Senate within 180 days of enactment of this Act identifying model programs and materials addressed in section 11004 of the 21st Century Cures Act.

Tribal Access.—The Committee is concerned that HHS grant programs that address public health issues are not sufficiently accessible to Tribal health departments, and that HHS could do more to support the needs for those services in Indian Country. Tribal health departments often do not have the funding available for public health initiatives such as disease prevention, injury prevention, education, research and wellness promotion. The Committee directs the Secretary to report, within 180 days of enactment of this Act, on the number of Tribal governments or Tribal consortia receiving direct funding, and the total percentage of that funding, from public health block grants—including but not limited to the Preventive Health and Health Services Block Grant; Community Mental Health Services Block Grant; Community Service Block Grant; Maternal and Child Health Block Grant; and the Social Services Block Grant. In addition, HHS is encouraged to collect from the States the percentage of Federal funding from such block grants that each State provides to Tribal health departments.

Office of the Assistant Secretary for Health

Adverse Childhood Experience.—The Committee is concerned about the link between adverse childhood experience—such as physical abuse, substance misuse in the household, sexual abuse, and parental divorce or separation—and negative long-term health and behavioral health outcomes, including early initiation of alcohol and tobacco use, substance misuse, teen pregnancy, violence, and increased risk of suicide. The Committee directs the Office of

the Surgeon General to submit a report to the Committees on Appropriations of the House of Representatives and the Senate within 180 days of enactment of this Act on the connection between adverse childhood experience and negative long-term health outcomes, including future substance misuse. The Committee urges the Office of the Surgeon General to consult with CDC, NIH, SAMHSA, and ACF, in the process of developing the report.

Breast Milk.—The Committee recognizes the importance of breast milk in improving health outcomes for babies and mothers. The Committee encourages the Secretary to provide a study within 180 days of the enactment of this Act on the impact of recommended breastfeeding rates on health outcomes and healthcare costs. The report could examine the impact of clinically recommended breastfeeding rates on associated Medicaid expenditures, urgent care costs, and direct and indirect medical costs. The Committee also encourages the Secretary to ensure that pregnant women have access to nutritional guidance based on the latest scientific research on the health and cost benefits of human milk.

Embryo Adoption Awareness Campaign.—The Committee recommends \$1,000,000 for the Embryo Adoption Awareness Campaign, the same as the fiscal year 2018 enacted level and the fiscal year 2019 budget request. These funds will be used to educate Americans about the existence of frozen human embryos (resulting from in-vitro fertilization), which may be available for donation/adoption to help other couples build their families. The Committee includes bill language permitting these funds also to be used to provide medical and administrative services to individuals adopting embryos, deemed necessary for such adoptions, consistent with the Code of Federal Regulations.

Stillbirth.—The Committee is aware that each year about 24,000 babies are stillborn in the US, approximately 2,000 babies each month. According to the CDC, this is about the same number of babies that die during the first year of life and it is more than 10 times as many deaths as the number that occur from Sudden Infant Death Syndrome (SIDS). Additionally the US has made some of the slowest progress of any country in reducing stillbirths, with the US rate declining by 0.4 percent per year between 2000 and 2015, putting us at 155th out of 159 in the world. In order to elevate the issues surrounding stillbirth for consumers and providers, the Committee encourages the Surgeon General's Office to issue a Call to Action on Stillbirth that will provide a roadmap for future federal efforts to reduce stillbirth rates and eliminate the disparities that surround this condition.

Sexual Risk Avoidance.—The Committee provides \$30,000,000 in budget authority for sexual risk avoidance programs, which is \$5,000,000 above the fiscal year 2018 enacted level and \$30,000,000 more than the fiscal year 2019 budget request.

In implementing these funds, it is the intent of the Committee that HHS provide substantive and practical technical assistance to grantees so they place meaningful emphasis on Sexual Risk Avoidance (SRA) in all educational messaging to teens. The Committee notes that such technical assistance should be provided in the following venues: during National and regional conferences, webinars and one-on-one conversations with funded projects. The Committee further intends that SRA-credentialed experts consult with grant-

ees and HHS staff with oversight of these programs on methodologies and best practices in SRA for teens. The Committee also encourages all operating divisions at HHS that implement or inform youth programs to implement consistently a public health model that stresses risk avoidance or works to return individuals to a lifestyle without risk, particularly as it relates to sexual risk.

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 2018 enacted level and \$2,714,000 more than the fiscal year 2019 budget request. The OMH works with US Public Health Service agencies and other agencies of the Department to address the health status and quality of life for racial and ethnic minority populations in the United States. OMH develops and implements new policies; partners with States, Tribes, and communities through cooperative agreements; supports research, demonstration, and evaluation projects; and disseminates information.

Hepatitis.—The Committee commends OMH for their advancements in the treatment and management of hepatitis and requests an update in the fiscal year 2020 Congressional Justification on the progress of community partnerships that promote awareness and outreach to improve testing, diagnosis, and treatment.

Hispanic Serving Institutions.—The Committee supports OMH's efforts to enter into or continue cooperative agreements with Hispanic Serving Institution medical schools in addition to their work with Historically Black Colleges and Universities medical schools.

HIV/AIDS.—The Committee continues to be concerned about the HIV/AIDS epidemic in the African American and Hispanic communities, and is aware of the concurrent high co-infection rate for Hepatitis C. The Committee urges OMH to address opportunities to reduce the burden of HIV/AIDS and Hepatitis C by implementing partnerships for screening and community engagement programs.

Lupus.—The Committee is encouraged by research conducted by the OMH National Health Education Lupus Program and encourages OMH to optimize that research and utilize other resources currently in development to further support populations at highest risk—specifically Hispanics, Native Americans, Asians and African Americans. The Committee is particularly concerned about the disproportionately high rates of Lupus among African American women and other women of color. The Committee recommends collaborating with the lupus community to expand the development of linguistically and culturally appropriate tools, resources and materials for these adults and children with lupus, their caregivers and health care providers.

Office on Women's Health

The Committee includes \$32,140,000 for the Office on Women's Health, which is the same as the fiscal year 2018 enacted level and \$3,686,000 more than the fiscal year 2019 budget request.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH
INFORMATION TECHNOLOGY

Appropriation, fiscal year 2018	\$60,367,000
Budget request, fiscal year 2019	38,381,000
Committee Recommendation	42,705,000
Change from enacted level	- 17,662,000
Change from budget request	+4,324,000

The Office of the National Coordinator (ONC) is the principal Federal entity charged with coordinating efforts to implement and use health information technology and exchange electronically health information.

Patient Data Matching.—The Committee is aware that one of the most significant challenges inhibiting the safe and secure electronic exchange of health information is the lack of a consistent patient data matching strategy. With the passage of the Health Information Technology for Economic and Clinical Health (HITECH) Act, a clear mandate was placed on the Nation’s healthcare community to adopt electronic health records and health exchange capability. Although the committee continues to carry a prohibition against HHS using funds to promulgate or adopt any final standard providing for the assignment of a unique health identifier for an individual until such activity is authorized, the Committee notes that this limitation does not prohibit HHS from examining the issues around patient matching. Accordingly, the Committee continues to encourage the Secretary, acting through the ONC and CMS, to provide technical assistance to private-sector-led initiatives to develop a coordinated national strategy that will promote patient safety by accurately identifying patients to their health information.

Prescription Drug Monitoring.—The Committee understands that the spread of the prescription drug epidemic throughout the Nation has made the creation, implementation, and use of State prescription drug monitoring programs (PDMPs) and their ability to communicate with electronic health record (EHR) and electronic prescribing (e-prescribing) systems more important than ever. The Committee encourages ONC to continue its support for pilot programs to find usability challenges among PDMP, EHR, and e-prescribing systems; develop and award challenge awards to private entities for health information technology innovation; and offer targeted technical assistance to help medical professionals use PDMP, EHR, and e-prescribing systems. The Committee further encourages ONC to collaborate and coordinate its efforts with partner agencies such as CDC and the Bureau of Justice Assistance in the Department of Justice.

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2018	\$80,000,000
Budget request, fiscal year 2019	80,000,000
Committee Recommendation	80,000,000
Change from enacted level	---
Change from budget request	---

The Office of Inspector General (OIG) serves as an independent and objective oversight unit of HHS. OIG carries out activities intended to prevent fraud and abuse and promote economy, efficiency and effectiveness of HHS programs and operations.

OFFICE FOR CIVIL RIGHTS

Appropriation, fiscal year 2018	\$38,798,000
Budget request, fiscal year 2019	30,904,000
Committee Recommendation	38,798,000
Change from enacted level	---
Change from budget request	+7,894,000

The Office for Civil Rights (OCR) is responsible for enforcing civil rights statutes that prohibit discrimination in health and human services programs. OCR implements the civil rights laws through a compliance program designed to generate voluntary compliance among all HHS recipients.

The Committee strongly supports efforts to investigate violations of Federal Conscience Rights statutes. The establishment of a Conscience and Religious Freedom Division is a necessary step to ensure appropriate application of Federal law. The Committee also values the vital work done by the Civil Rights Division and Health Information Privacy Division. Additional funding through the assessment of civil monetary penalties ensures the work for the Health Information Privacy Division will not be reduced. The Committee maintains funding for OCR and increases the program level for these divisions.

Within the resources available to OCR, the Committee provides not less than \$4,600,000 for the Civil Rights Division, which is above the fiscal year 2018 enacted level and the fiscal year 2019 budget request. From budget authority and offsetting collections, the Committee provides not less than \$7,500,000 for the Health Information Privacy Division, which is above the fiscal year 2018 enacted level and the fiscal year 2019 budget request. The Committee provides not less than \$3,000,000 for the Conscience and Religious Freedom Division, which is above the fiscal year 2018 enacted level and the fiscal year 2019 budget request.

The Committee commends the Secretary for establishing the Division on Conscience and Religious Liberty within the Office for Civil Rights and is encouraged by the proposed rule entitled Protecting Statutory Conscience Rights in Health Care; Delegations of Authority. The Committee urges the Administration to finalize the rule at the appropriate time. The Committee looks forward to the important work the Office for Civil Rights will do to safeguard Americans' civil rights.

The Committee is concerned that the State of California, State of New York, State of Oregon, and State of Washington are requiring insurance providers to cover elective abortions. Furthermore, the Committee is aware that the State of California has enacted a law that requires pregnancy centers to refer patients for free or low-cost state-funded abortions. These laws, policies, and requirements appear to violate the Weldon Amendment, which prevents discrimination against health care entities that choose not provide abortion coverage. Accordingly, the Committee directs the Secretary to fully investigate and resolve potential violations of the Weldon Amendment and report findings back to Congress.

RETIREMENT PAY AND MEDICAL BENEFITS FOR
COMMISSIONED OFFICERS

Appropriation, fiscal year 2018	\$618,689,000
Budget request, fiscal year 2019	629,209,000
Committee Recommendation	629,209,000
Change from enacted level	+10,520,000
Change from budget request	---

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.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

Appropriation, fiscal year 2018	\$1,953,458,000
Budget request, fiscal year 2019	2,303,877,000
Committee Recommendation	2,813,128,000
Change from enacted level	+859,670,000
Change from budget request	+509,251,000

This account supports the activities of the Assistant Secretary for Preparedness and Response (ASPR) and other components within the Office of the Secretary to prevent, prepare for, and respond to the health consequences of bioterrorism and other public health emergencies, including pandemic influenza. It also includes funding for the Department’s cybersecurity efforts.

Office of the Assistant Secretary for Preparedness and Response

The Committee provides \$2,489,128,000 for activities administered by ASPR. 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.

National Ebola Training and Education Center.—The Committee supports the continued efforts of the National Ebola Training and Education Center (NETEC), and recognizes the importance of NETEC’s work in preventing, preparing for, and responding to Ebola and other special pathogen incidents.

Regional Disaster Medical Response Demonstration Project.—The Committee commends ASPR for its work to develop and evaluate regional, coalition-based disaster medical response systems to handle the health impacts of 21st century health security threats. The Committee encourages ASPR to leverage the Hospital Preparedness Program and National Disaster Medical System to strengthen regional disaster response capabilities by working with States that have demonstrated success in creating statewide disaster healthcare systems to coordinate patient movement, evacuation, and emergency care, particularly in areas with high incidence of natural disasters or high risk for deliberate attacks, with the goal of establishing best practices and maximizing Federal resources.

Operations

The Committee recommends \$30,938,000 for Operations. This account supports activities within the Assistant Secretary’s Immediate Office; the Office of the Chief Operating Officer; the Office of Acquisitions Management, Contracts, and Grants; and the Office of Financial Planning and Analysis.

Preparedness and Emergency Operations

The Committee recommends \$24,654,000 for Preparedness and Emergency Operations. The Preparedness and Emergency Operations account funds the Office of Emergency Management, which support a full spectrum of emergency management responsibilities, including planning, coordination, logistics, training, and responding to planned events and unplanned incidents.

National Disaster Medical System

The Committee recommends \$62,404,000 for the National Disaster Medical System (NDMS). NDMS deploys trained medical teams to communities impacted by public health and medical emergencies due to natural and man-made incidents.

Hospital Preparedness Program

The Committee recommends \$279,555,000 for the Hospital Preparedness Program (HPP). HPP supports cooperative agreements with State, local, and territorial health departments to build healthcare coalitions that improve regional and local hospital preparedness and surge capacity in public health emergencies.

Biomedical Advanced Research and Development Authority

The Committee provides \$586,700,000 for the Biomedical Advanced Research and Development Authority (BARDA). BARDA supports the advanced development of vaccines, drugs, and therapeutics for potential serious public health threats, including chemical, biological, radiological, and nuclear threats, pandemic influenza, and emerging and re-emerging infectious diseases.

Advanced Blood Pathogen Reduction Technologies.—The Committee commends BARDA for actions taken during the Zika virus epidemic to quickly and efficiently accelerate the use of modern blood pathogen reduction technologies to improve the safety of the nation's blood supply. The Committee encourages BARDA to continue to give priority to this effort in fiscal year 2019, which if successful will complete development of pathogen reduction technology for all transfused blood components as a countermeasure to ensure sustainability of the national blood supply as part of emergency preparedness for emerging epidemic pathogens.

Antimicrobial-Resistant Tuberculosis.—The National Strategy for Combating Antibiotic-Resistant Bacteria identified drug resistant tuberculosis (TB) as a serious threat level pathogen. New diagnostic, treatment, and prevention tools are urgently needed to address this global health threat. The Committee encourages BARDA to support the development of new TB diagnostic tests, drugs, and vaccines and report on the agency's efforts in the fiscal year 2020 Congressional Justification.

Antimicrobial Technologies.—The Committee notes that efforts to combat microbial resistance to traditional treatments is advancing faster than current regulatory frameworks. The Committee encourages BARDA to work with entities developing antimicrobial technologies that are not pharmacological in nature. The Committee sees particular promise in technologies which alter environments to inhibit microbial growth and spread.

Zika Vaccine Development.—The number of new Zika virus infections has dropped dramatically because much of the population in

Zika-endemic areas has developed an immunity to the virus. However, like other similar mosquito-borne flaviviruses, the virus is likely to reemerge in these areas in several years, and could emerge unpredictably in isolated areas in the meantime, including within the US. Given the links between Zika virus infections and serious birth defects, and the length of time necessary to develop vaccines, the Committee believes it is prudent to continue efforts to develop a vaccine for the Zika virus. Within the total funding provided for BARDA, the Committee directs BARDA to continue to support research and development on a vaccine for the Zika virus.

Policy and Planning

The Committee recommends \$14,877,000 for Policy and Planning. The Office of Policy and Planning leads HHS' emergency preparedness and response strategic direction and policy coordination.

Project BioShield Special Reserve Fund

The Committee provides \$780,000,000 for Project BioShield. These funds support the acquisition of promising medical countermeasures developed through BARDA contracts for the most serious public health threats.

Strategic National Stockpile

The Committee provides \$710,000,000 for the Strategic National Stockpile (SNS) in ASPR. The Committee commends the Department for its efforts to achieve efficiencies in its public health preparedness activities and looks forward to continuing to work with the Department to enhance the nation's preparedness to respond to public health threats. The Committee expects that this organizational change will continue to include a significant role for CDC in providing scientific expertise in decision-making related to procurement of countermeasures as well as maintaining strong relationships with State and local public health departments to facilitate efficient deployment of countermeasures in public health emergencies. Within 60 days of enactment of this Act, the Committee requests an update on ASPR's plans to: 1) maintain funding for State and local operational readiness to distribute and dispense medical countermeasures from the Stockpile; 2) continue technical assistance, support and oversight for State and local health departments' operational readiness to distribute and dispense medical countermeasures from the Stockpile; and 3) incorporate and access CDC expertise throughout the Public Health Emergency Medical Countermeasures Enterprise, including decisions related to procurement and deployment for the Stockpile.

Office of the Assistant Secretary for Administration—Cybersecurity

The Committee provides \$60,000,000 for information technology cybersecurity in the Office of the Assistant Secretary for Administration. These funds provide for continuous monitoring and security incident response coordination for the Department's computer systems and networks.

Computer Security Incident Response Center.—HHS established the Computer Security Incident Response Center (CSIRC) to serve as the primary entity within HHS responsible for maintaining cybersecurity situational awareness and determining the Depart-

ment's overall cybersecurity risk posture. The Committee directs HHS to submit a report within 180 days of enactment of this Act that includes an analysis and assessment of the effectiveness of the CSIRC in ensuring the Department, to include operating and staff divisions, is appropriately prepared for and protected against cyber threats and incidents.

Office of Security and Strategic Information

The Committee provides \$8,000,000 for the Office of Security and Strategic Information to maintain the security of the Department's personnel, systems, and critical infrastructure.

Office of Public Health and Science—Medical Reserve Corps

The Committee provides \$6,000,000 for the Medical Reserve Corps program, which is a network of local volunteers who work to strengthen the public health infrastructure and preparedness capabilities of their communities.

Pandemic Influenza Preparedness

The Committee recommends \$250,000,000 for the pandemic influenza preparedness program. This funding supports research and development of next-generation influenza medical countermeasures, preparedness testing and evaluation, and stockpiling.

Pandemic Influenza Vaccine.—The Committee remains concerned about the nation's limited ability to rapidly respond to a pandemic influenza outbreak. Late-stage pandemic influenza vaccines are under development that can enhance current rapid response capacity in the US. The Committee encourages ASPR and BARDA to support development and acquisition of late-stage vaccine candidates that can meet the Federal government's goal of producing a pandemic vaccine within 12 weeks of a declaration.

GENERAL PROVISIONS

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

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

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

Sec. 204. The Committee continues a provision regarding the level for the PHS evaluation set-aside.

(TRANSFER OF FUNDS)

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

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

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

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

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

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

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

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

(TRANSFER OF FUNDS)

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

(TRANSFER OF FUNDS)

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

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

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

(TRANSFER OF FUNDS)

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

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

Sec. 219. The Committee continues language requiring HHS to include certain information concerning the number of full-time Fed-

eral employees and contractors working on the Affordable Care Act in the fiscal year 2020 budget request.

Sec. 220. The Committee continues specific report requirements for CMS’s Health Insurance Exchange activities in the fiscal year 2020 budget request.

Sec. 221. The Committee continues a provision prohibiting CMS Program Management account from being used to support risk corridor payments.

(TRANSFER OF FUNDS)

Sec. 222. The Committee continues language directing the spending of the Prevention and Public Health fund.

PREVENTION AND PUBLIC HEALTH FUND

The Committee continues a provision that directs the transfer of the Prevention and Public Health Fund. In fiscal year 2019, the level appropriated for the fund is \$848,000,000 after accounting for sequestration. The Committee includes bill language in section 222 of this Act that requires that funds be transferred within 45 days of enactment of this Act to the following accounts, for the following activities, and in the following amounts:

Agency	Budget Activity	FY 2019 Committee
CDC	Breastfeeding Grants (Hospitals Promoting Breastfeeding)	10,000,000
CDC	Diabetes	76,675,000
CDC	Epidemiology and Laboratory Capacity Grants	40,000,000
CDC	Healthcare Associated Infections	12,000,000
CDC	Heart Disease and Stroke Prevention Program	73,975,000
CDC	Million Hearts Program	4,000,000
CDC	Preventive Health and Health Services Block Grant	160,000,000
CDC	Tobacco	126,000,000
CDC	Section 317 Immunization Grants	324,350,000
CDC	Lead Poisoning Prevention	17,000,000
CDC	Early Care Collaboratives	4,000,000

Sec. 223. The Committee continues a provision relating to breast cancer screening.

Sec. 224. The Committee continues a provision relating to indirect cost negotiated rates.

(TRANSFER OF FUNDS)

Sec. 225. The Committee continues a provision permitting transfer of funds within NIH, if such funds are related to opioid and pain management research.

(TRANSFER OF FUNDS)

Sec. 226. The Committee includes a new provision for evaluation activities within the Administration for Children and Families.

Sec. 227. The Committee includes a new provision prohibiting funds from being used for Title X family planning activities.

(TRANSFER OF FUNDS)

Sec 228. The Committee includes a new provision establishing an Infectious Diseases Rapid Response Reserve Fund in CDC.

Sec. 229. The Committee includes a new provision prohibiting funds from being used to support the Monograph Programme of the

International Agency for Research on Cancer unless NIH submits a report to Congress outlining transparency and conflict-of-interest requirements that are a condition of these awards.

TITLE III—DEPARTMENT OF EDUCATION

EDUCATION FOR THE DISADVANTAGED

Appropriation, fiscal year 2018	\$16,443,790,000
Budget request, fiscal year 2019	15,926,790,000
Committee Recommendation	16,443,790,000
Change from enacted level	— — —
Change from budget request	+517,000,000

Of the total amount available, \$5,525,990,000 is appropriated for fiscal year 2019 for obligation on or after July 1, 2019 and \$10,841,177,000 is appropriated for fiscal year 2019 for obligation on or after October 1, 2019. This appropriation account includes compensatory education programs authorized under title I and subpart 2 of part B of title II of the Elementary and Secondary Education Act of 1965 (ESEA) and section 418A of the Higher Education Act.

Grants to Local Educational Agencies

For fiscal year 2019, the Committee recommends \$16,443,790,000 for Title I grants to Local Educational Agencies (LEAs or school districts). Title I grants provide supplemental education funding for activities that offer extra academic support to help students from low-income families and in high-poverty schools to meet State academic standards.

Of the amounts provided for Title I programs, \$6,459,401,000 is available for Basic Grants to LEAs, which is the same as both the fiscal year 2018 enacted level and the fiscal year 2019 budget request. Basic grants are awarded to school districts with at least 10 low-income children who make up more than two percent of the school-age population.

Within the amount for Title I Basic Grants, up to \$5,000,000 is made available to the Secretary of Education on October 1, 2018, 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 both the fiscal year 2018 enacted level and the fiscal year 2019 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 \$3,969,050,000 for Title I Targeted Grants, which is the same as the fiscal year 2018 enacted level and \$150,000,000 above the fiscal year 2019 budget request. Targeted Grants provide higher payments to school districts with high numbers or percentages of low-income students.

The Committee recommends \$3,969,050,000 for Title I Education Finance Incentive Grants (EFIGs), which is the same as the fiscal year 2018 enacted level and \$150,000,000 above the fiscal year 2019 budget request. EFIGs provide payments to States and school districts that incorporate equity and effort factors to improve the equity of State funding systems.

The Committee notes, within the fiscal year 2019 budget request, the inclusion of legislative proposals as well as grants to local educational agencies to implement weighted per-pupil funding systems, including open enrollment systems that allow students to enroll in a public school selected by their parents. However, the Committee notes that such a program has not been authorized. Accordingly, the Committee has not provided funding for such a program within this bill. Funding for this approach will be considered should it be authorized in law.

Comprehensive Literacy Development Grants

The Committee recommends \$190,000,000 for Comprehensive Literacy Development Grants, which is the same as the fiscal year 2018 enacted level and \$190,000,000 above the fiscal year 2019 budget request. This program makes competitive grants to States to subgrant to school district and/or early education programs to improve literacy instruction for disadvantaged students.

Innovative Approaches to Literacy

The Committee recommends \$27,000,000 for Innovative Approaches to Literacy, the same as the 2018 enacted level and \$27,000,000 above the fiscal year 2019 budget request. This program provides competitive grants to support school libraries.

State Agency Programs: Migrant

The Committee recommends \$374,751,000 for the State Agency Program for Migrant Education, which is the same as both the fiscal year 2018 enacted level and the fiscal year 2019 budget request. This program supports special educational and related services for children of migrant agricultural workers and fishermen, including: (1) supplementary academic education; (2) remedial or compensatory instruction; (3) English for limited English proficient students; (4) testing; (5) guidance counseling; and (6) other activities to promote coordination of services across States for migrant children whose education is interrupted by frequent moves.

State Agency Programs: Neglected and Delinquent

For the State Agency Program for Neglected and Delinquent Children, the Committee recommends \$47,614,000, which is the same as both the fiscal year 2018 enacted level and the fiscal year 2019 budget request. This formula grant program supports educational services for children and youth under age 21 in State-run institutions, attending community day programs, and in correctional facilities. A portion of these funds is provided for projects that support the successful re-entry of youth offenders into postsecondary and vocational programs.

Special Programs for Migrant Students

The Committee recommends \$44,623,000 for the Special Programs for Migrant Students, which is the same as both the fiscal year 2018 enacted level and the fiscal year 2019 budget request. These programs make grants to colleges, universities, and non-profit 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 mi-

grant 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.

IMPACT AID

Appropriation, fiscal year 2018	\$1,414,112,000
Budget request, fiscal year 2019	1,259,790,000
Committee Recommendation	1,466,112,000
Change from enacted level	+52,000,000
Change from budget request	+206,322,000

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.

The Committee notes that documents supporting the Department's budget proposal references the possibility of a high-quality evaluation which could be used to better understand the economic effects of the Federal presence in participating school districts. The Committee requests to be kept informed of any steps taken in the planning for or development of such a study.

Basic Support Payments

The Committee recommends \$1,320,242,000 for Basic Support Payments to LEAs, which is \$50,000,000 above the fiscal year 2018 enacted level and \$131,009,000 above the fiscal year 2019 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 both the fiscal year 2018 enacted level and the fiscal year 2019 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 both the fiscal year 2018 enacted level and the fiscal year 2019 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 both the fiscal year 2018 enacted level and the fiscal year 2019 budget request. This program provides competitive grants for building and renovating school facili-

ties to school districts that educate Federally-connected students or have Federally-owned land.

Payments for Federal Property

The Committee recommends \$75,313,000 for Payments for Federal Property, which \$2,000,000 above the fiscal year 2018 enacted level and \$75,313,000 above the fiscal year 2019 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

Appropriation, fiscal year 2018	\$5,158,467,000
Budget request, fiscal year 2019	645,214,000
Committee Recommendation	5,258,467,000
Change from enacted level	+100,000,000
Change from budget request	+4,613,253,000

The School Improvement account includes programs authorized under Titles I, II, IV, VI, and VII of the ESEA; the McKinney-Vento Homeless Assistance Act; Title IV-A of the Civil Rights Act; section 203 of the Educational Technical Assistance Act of 2002; and section 105 of the Compact of Free Association Amendments Act of 2003.

Supporting Effective Instruction State Grants

The Committee recommends \$2,055,830,000 for Supporting Effective Instruction State Grants, which is the same as the fiscal year 2018 enacted level and \$2,055,830,000 above the fiscal year 2019 budget request. These grants provide States and school districts with a flexible source of funding to strengthen the skills and knowledge of teachers, principals, and administrators to enable them to improve student achievement.

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 both the fiscal year 2018 enacted level the fiscal year 2019 budget request. The Compact of Free Association Amendments Act of 2003 (PL 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 \$1,211,673,000 for 21st Century Community Learning Centers, which the same as the fiscal year 2018 enacted level and \$1,211,673,000 above the fiscal year 2019 budget request. This program awards formula grants to States, which in turn distribute funds on a competitive basis to local school districts, nonprofit organizations, and other public entities. Funds may be used to provide activities that complement and reinforce the regular school-day program for participating students and may

also fund local activities that are included as part of an expanded learning time program.

State Assessments

The Committee recommends \$378,000,000 for State Assessments, which is the same as the fiscal year 2018 enacted level and \$8,900,000 above the fiscal year 2019 budget request. Funds are available to develop and implement academic standards and assessments. The program includes a set-aside for audits to identify and eliminate low-quality or duplicative assessments.

Education for Homeless Children and Youth

The Committee recommends \$85,000,000 for the Education for Homeless Children and Youth program, which is the same as the fiscal year 2018 enacted level and \$8,000,000 above the fiscal year 2019 budget request. The Committee recognizes that without an education, these at-risk children and youth are unlikely to obtain the skills they need to become productive adults contributing to the economy and their communities. Grants are allocated to States in proportion to the total each State receives under the Title I program.

Training and Advisory Services

The Committee recommends \$6,575,000 for Training and Advisory Services authorized by Title IV–A of the Civil Rights Act, which is the same as both the fiscal year 2018 enacted level and the fiscal year 2019 budget request. Title IV–A authorizes technical assistance and training services for school districts to address problems associated with desegregation on the basis of race, sex, or national origin. The Department awards three-year grants to regional Equity Assistance Centers (EACs) located in each of the 10 Department of Education regions. The EACs provide services to school districts upon request. Typical activities include disseminating information on successful education practices and legal requirements related to nondiscrimination on the basis of race, sex, and national origin in educational programs.

Education for Native Hawaiians

The Committee recommends \$36,397,000 for the Education for Native Hawaiian program, which is the same as the fiscal year 2018 level and \$36,397,000 above the fiscal year 2019 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 \$35,453,000 for the Alaska Native Education Equity program, which is the same as the fiscal year 2018 level and \$35,453,000 above the fiscal year 2019 budget request. Funds are used to provide competitive awards for supplemental education services to the Alaska Native population.

Rural Education

The Committee recommends \$180,840,000 for Rural Education programs, which is the same as the fiscal year 2018 enacted level and \$5,000,000 above the fiscal year 2019 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, which 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 \$52,000,000 for Comprehensive Centers, which is the same as the fiscal year 2018 enacted level and \$52,000,000 above the fiscal year 2019 budget request. This grant program currently supports 22 comprehensive centers, including 15 regional centers that provide training, technical assistance, and professional development to build State capacity to provide high-quality education to all students. The remaining seven centers specialize in particular content areas. The Committee includes bill language directing the Secretary to ensure that the Bureau of Indian Education (BIE) has access to services provided under this section.

Student Support and Academic Enrichment State Grants

The Committee recommends \$1,200,000,000 for Student Support and Academic Enrichment (SSAE) State Grants, which is \$100,000,000 above the fiscal year 2018 enacted level and \$1,200,000,000 above the fiscal year 2019 budget request. The Every Student Succeeds Act (ESSA) eliminated several narrowly-focused competitive grant programs and replaced them with this new formula grant program. States and school districts have flexibility to focus these resources on locally-determined priorities to provide students with access to a well-rounded education, including rigorous coursework, and to improve school conditions and the use of technology.

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

School Safety Measures.—Through SSAE grants, school districts should consider utilizing funds for security hardening measures. These security measures can include bullet resistant doors and glass with hinge-locking mechanisms, immediate notification systems to emergency 911, mechanisms that provide real time actionable intelligence direct to law enforcement and first responders, or installation of distraction devices or other countermeasures administered by law enforcement and first responders.

INDIAN EDUCATION

Appropriation, fiscal year 2018	\$180,239,000
Budget request, fiscal year 2019	164,939,000
Committee Recommendation	180,239,000
Change from enacted level	— — —
Change from budget request	+15,300,000

This account supports programs authorized by part A of title VI of the ESEA.

Grants to Local Educational Agencies

The Committee recommends \$105,381,000 for Grants to Local Educational Agencies, which is the same as the fiscal year 2018 enacted level and \$5,000,000 above the fiscal year 2019 budget request. This program provides assistance through formula grants to school districts and schools supported or operated by the Bureau of Indian Education. The purpose of this program is to improve elementary and secondary school programs that serve American 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 American 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 \$67,993,000 for Special Programs for Indian Children, which is the same as the fiscal year 2018 enacted level and \$10,000,000 above the fiscal year 2019 budget request. These programs make competitive awards to improve the quality of education for American Indian students. The program also funds the American Indian Teacher Corps and the American Indian Administrator Corps to recruit and support American Indians as teachers and school administrators.

National Activities

The Committee recommends \$6,865,000 for National Activities, which is the same as the fiscal year 2018 enacted level and \$300,000 above the fiscal year 2019 budget request. Funds under this authority support (1) research, evaluation and data collection to provide information about the educational status of Indian students and the effectiveness of Indian education programs; (2) grants to support Native language immersion schools and programs; and (3) grants to Tribes for education administrative planning, development, and coordination.

Language Immersion Program.—Within the total for National Activities, the Committee continues funding for the Native American and Alaska Native Language Immersion Program at the same level as the fiscal year 2019 budget request. This program, which was authorized in ESSA, will make grants to maintain and promote the use of Native languages, support Native language education and development, and provide professional development to teachers.

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

State and Tribal governments to continue delivering the highest quality education for Indian students.

INNOVATION AND IMPROVEMENT

Appropriation, fiscal year 2018	\$982,256,000
Budget request, fiscal year 2019	1,777,647,000
Committee Recommendation	1,055,441,000
Change from enacted level	+73,185,000
Change from budget request	-722,206,000

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

The Committee is aware of the proposal to include \$1,000,000,000 for grants to local educational agencies and non-profit organizations to implement a program of awarding scholarship to students of low-income families to attend a private or public school selected by their families. The Committee notes that such a program has not been authorized. Accordingly, the Committee has not provided funding for such a program within this bill. Funding for this approach will be considered should a program be authorized in law.

Education Innovation and Research

The Committee recommends \$145,000,000 for the Education Innovation and Research program. This amount is \$25,000,000 above the fiscal year 2018 enacted level and \$35,000,000 below the fiscal year 2019 budget request. This program makes competitive grants to support the replication and scaling-up of evidence-based education innovations. The funding will support a competition to promote innovation and reform in science, technology, engineering, and mathematics (STEM) education, including computer science. Coupled with dedicated funding in the Career, Technical, and Adult Education account, this increase will help support the Administration’s commitment to STEM education.

Partnerships with Rural Schools.—The Department is encouraged to work with institutions of higher learning or other relevant stakeholders who can partner with rural school districts on STEM education, including efforts to bring “makerspace” opportunities to schools.

STEM and Computer Science Education.—The Committee notes that funds available under this program may be used by States and school districts to provide or strengthen instruction in STEM fields, including computer science. The Committee recognizes the importance of funding Pre K–12 computer science education that addresses the enrollment and achievement gap for underrepresented students such as minorities, girls, and youth from families living at or below the poverty line. Supporting education in the science, technology, engineering, arts, and mathematics fields, particularly computer science, is critical to ensure that our nation continues to lead in innovation. As computer science is a basic skill in the 21st century global economy, the Committee encourages the Department to support Pre K–12 computer science education to schools across the country.

Teacher and School Leader Incentive Grants

The Committee recommends \$200,000,000 for the Teacher and School Leader Incentive Grants program, which is the same as the fiscal year 2018 enacted level and \$200,000,000 above the fiscal year 2019 budget request. This program provides grants to States, school districts, and partnerships to develop, implement, improve, or expand human capital management systems or performance-based compensation systems in schools.

American History and Civics Academies

The Committee recommends no funding for American History and Civics Academies, which is \$1,815,000 below the fiscal year 2018 enacted level and the same as the fiscal year 2019 budget request. This program reaches a limited number of teachers and students since an academy may select no more than 300 teachers or students for participation.

American History and Civics National Activities

The Committee recommends \$1,700,000 for American History and Civics National Activities, the same as the fiscal year 2018 enacted level and \$1,700,000 above the fiscal year 2019 budget request. The Committee recognizes the importance of improving the quality of instruction in American history, civics, and geography, particularly for schools in underserved rural and urban communities. In recognition of the fact that no one size fits all in effective education, and that a variety of approaches are required to meet the range of student and community needs, these competitive grants will support multiple grantees in making available a menu of innovative, effective approaches to teaching American history, civics and government, and geography. These validated approaches will be available to schools and school districts for their consideration and voluntary use, based on the approach that best meets the needs of the students and community.

Supporting Effective Educator Development

The Committee recommends \$75,000,000 for the Supporting Effective Educator Development (SEED) grant program, which is the same as the fiscal year 2018 level and \$75,000,000 above the fiscal year 2019 budget request. SEED provides competitive grants to Institutions of Higher Education (IHEs), national nonprofit organizations, BIE, and partnerships to support alternative certification and other professional development and enrichment activities for teachers, principals, and other school leaders. Funds are included to fully support continuation costs for grants made in prior years.

Charter Schools Grants

The Committee recommends \$450,000,000 for Charter Schools Grants, which is \$50,000,000 above the fiscal year 2018 enacted level and \$50,000,000 below the fiscal year 2019 budget request. The Committee recommends an allocation of funds within this program that aligns with ESSA.

In exchange for a commitment to increase student achievement, charter schools are exempt from many statutory and regulatory requirements. The Charter Schools Grants program awards grants to State Educational Agencies (SEAs) or, if a State's SEA chooses not

to participate, to charter school developers to support the development and initial implementation of public charter schools. State Facilities Incentive Grants and Credit Enhancement for Charter School Facilities awards help charter schools obtain adequate school facilities. These programs work in tandem to support the development and operation of charter schools.

Maximizing State Grant Competition Impact.—In the reauthorization of the ESEA, Congress determined that 65 percent of the funding for charter schools should go to State grants and, in doing so, expanded the use of funds to include replication and expansion of high quality charter schools. Funds should be used to support high-quality models along with promising new charter schools to provide the best education options for students. The Committee recommends that the Secretary issue clarifying guidance to ensure States understand the flexibility they have to use charter school funds to support the growth of high-quality charter schools with a demonstrated track record of academic achievement. Guidance should clarify that States may look at how to meet strong parent demand for new or replicated or expanded charter school models when awarding subgrants. The Secretary should also make every effort to help States improve authorizing by providing guidance to States on utilizing the technical assistance funds.

Magnet Schools Assistance

The Committee recommends \$105,000,000 for the Magnet Schools Assistance program, which is the same as the fiscal year 2018 enacted level and \$7,353,000 above the fiscal year 2019 budget request. This program makes competitive grants to support the establishment and operation of magnet schools that are a part of a court-ordered or Federally-approved voluntary desegregation plan.

Ready to Learn Programming

The Committee recommends \$27,741,000 for Ready to Learn Programming, which is the same as the fiscal year 2018 enacted level and \$27,741,000 above the fiscal year 2019 budget request. This program supports the development and distribution of educational video programming for preschool and elementary school children and their parents, caregivers, and teachers.

Arts in Education

The Committee recommends \$29,000,000 for Arts in Education, which is the same as the fiscal year 2018 level and \$29,000,000 above the fiscal year 2019 budget request. This program provides competitive grants to support professional development and the development of instructional materials and programming that integrate the arts into the curricula.

Javits Gifted and Talented Education

The Committee recommends \$12,000,000 for the Javits Gifted and Talented Education Program, which is the same as the fiscal year 2018 enacted level and \$12,000,000 above the 2019 budget request. This program makes grants and contracts to States, schools districts, and other organizations to support a coordinated program of research, demonstration projects, innovative strategies, and

other activities to help schools identify gifted and talented students and address their unique educational needs.

Statewide Family Engagement Centers

The Committee recommends \$10,000,000 for Statewide Family Engagement Center grants, which is the same as fiscal year 2018 and \$10,000,000 above the 2019 budget request. This program makes grants to organizations to provide technical assistance and training to State and local educational agencies in the implementation and enhancement of systemic and effective family engagement policies, programs, and activities that lead to improvements in student development and academic achievement.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

Appropriation, fiscal year 2018	\$185,754,000
Budget request, fiscal year 2019	43,000,000
Committee Recommendation	138,754,000
Change from enacted level	-47,000,000
Change from budget request	+95,754,000

This appropriation account includes programs authorized under parts of Title IV of the ESEA.

Promise Neighborhoods

The Committee recommends \$78,254,000 for Promise Neighborhoods, which is the same as the fiscal year 2018 enacted level and \$78,254,000 above the fiscal year 2019 budget request. Promise Neighborhoods supports grants to nonprofit, community-based organizations for the development of comprehensive neighborhood programs designed to combat the effects of poverty and improve educational outcomes for children and youth, from birth through college.

School Safety National Activities

The Committee recommends \$43,000,000 for School Safety National Activities, which is \$47,000,000 below fiscal year 2018 enacted level, and the same as the fiscal year 2019 budget request. The funding will support a new cohort of School Climate Transformation Grants which will enable State or local educational agencies to develop, adopt, or expand to more schools, and support the implementation of evidence-based practices to improve behavior and school climates. This cohort of grants will be used to focus on some of the effects of the opioid epidemic in schools. Funding could support evidence-based strategies for prevention of opioid abuse by students, we all as addressing the mental health needs of students adversely impacted by opioid use in their family or community. The Committee urges the Department to prioritize communities that have experienced high levels of trauma due to the opioid crisis, as described in the fiscal year 2019 budget request.

The Project School Emergency Response to Violence (Project SERV) program provides counseling and referral to mental health services as well as other education-related services to LEAs and IHEs in which the learning environment has been disrupted by a violent or traumatic crisis. The Committee directs the Department to report to the Committee on Appropriations of the House of Representatives and the Senate within 180 days of enactment of this

Act on how fiscal years 2017 and 2018 grant recipients used Project SERV funds; recommendations from grant recipients on how the program could be improved; and, information on how these funds helped them recover from a violent or traumatic crisis.

Full-Service Community Schools

The Committee recommends \$17,500,000 for Full-Service Community Schools, which is the same as the fiscal year 2018 level and \$17,500,000 above the fiscal year 2019 budget request. This program makes competitive grants to support school-based comprehensive services for students, families, and communities.

ENGLISH LANGUAGE ACQUISITION

Appropriation, fiscal year 2018	\$737,400,000
Budget request, fiscal year 2019	737,400,000
Committee Recommendation	737,400,000
Change from enacted level	---
Change from budget request	---

Of this amount provided for the 2019–2020 academic year, funds are appropriated for obligation on or after July 1, 2019 and available through September 30, 2020.

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 students 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. The bill continues language to calculate all State awards based on a three-year average of data from the American Community Survey.

SPECIAL EDUCATION

Appropriation, fiscal year 2018	\$13,366,184,000
Budget request, fiscal year 2019	13,051,775,000
Committee Recommendation	13,422,651,000
Change from enacted level	+56,467,000
Change from budget request	+370,876,000

Of the total amount available, \$3,909,465,000 is available for obligation on July 1, 2019, and \$9,283,383,000 is available for obligation on October 1, 2019. These grants help States and localities pay for a free appropriate education for 6.7 million students with disabilities aged 3 through 21.

Grants to States

The Committee recommends \$12,327,848,000 for Part B Grants to States, which is \$50,000,000 above the fiscal year 2018 enacted level and \$325,000,000 above the fiscal year 2019 budget request. This program provides formula grants to assist States in meeting the costs of providing special education and related services to children with disabilities. States generally transfer most of the funds to LEAs; however, they can reserve some funds for program monitoring, technical assistance, and other related activities. In order to be eligible for funds, States must make free appropriate public education available to all children with disabilities.

The Committee continues to include bill language excluding any amount by which a State’s allocation is reduced for failure to meet the maintenance of effort threshold from being used to calculate

the State's allocation under section 611(d) of the Individuals with Disabilities Education Act (IDEA) in subsequent years. The Committee also continues to include bill language directing the Secretary to distribute any reduction in a State's allocation under said section to all other States based on the formula established under section 611(d), excluding those States that are penalized.

Preschool Grants

The Committee recommends \$395,000,000 for Preschool Grants, which is \$13,880,000 above the fiscal year 2018 enacted level and \$26,762,000 above the fiscal year 2019 budget request. These funds provide additional assistance to States to help them make free, appropriate public education available to children with disabilities ages 3 through 5.

Grants for Infants and Families

The Committee recommends \$470,000,000 for Grants for Infants and Families, which is the same as the fiscal year 2018 enacted level and \$11,444,000 above the fiscal year 2019 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 2. The Committee notes the Department's focus on communicating to States that this funding can be used to help address the needs of the growing population of infants and toddlers that are likely to require early intervention services due to substance use disorders, including opioid use disorder, among parents and families.

IDEA National Activities

The Committee recommends \$229,803,000 for the IDEA National Activities program, which is \$7,413,000 below the fiscal year 2018 enacted level and \$7,670,000 above the fiscal year 2019 budget request. The IDEA National Activities programs support State efforts to improve early intervention and education results for children with disabilities.

Educational Technology, Media, and Materials.—The Committee recommends \$28,047,000 for Educational Technology, Media, and Materials, which is the same as both the fiscal year 2018 enacted level and the fiscal year 2019 budget request. This program makes competitive awards to support the development, demonstration, and use of technology and educational media activities of educational value to children with disabilities. The Committee recognizes the ongoing progress made with the tools and services provided under this program that have allowed more than 535,000 students with disabilities free access to more than 600,000 books in digitally accessible formats. The Committee strongly encourages continued effort to expand this program's reach to K–12 students in underserved areas.

Parent Information Centers.—The Committee recommends \$27,411,000 for Parent Information Centers, which is the same as both the fiscal year 2018 enacted level and the fiscal year 2019 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.

Personnel Preparation.—The Committee recommends \$89,000,000 for Personnel Preparation, which is \$5,300,000 above both the fiscal year 2018 enacted level and the fiscal year 2019 budget request. This program supports competitive awards to help address State-identified needs for qualified personnel to work with children with disabilities, and to ensure that those personnel have the necessary skills and knowledge to serve children with special needs. Awards focus on addressing the need for leadership and personnel to serve low-incidence populations. Funds are included to fully support continuation costs for grants made in prior years. The Committee is concerned about a shortage of teachers of deaf students and urges the Department to consider revisiting policy changes it has made in recent years which may have exacerbated this problem.

State Personnel Development.—The Committee recommends \$41,000,000 for State Personnel Development, which is \$2,370,000 above both the fiscal year 2018 enacted level and the fiscal year 2019 budget request. This program supports grants to States to assist with improving personnel preparation and professional development related to early intervention and educational and transition services that improve outcomes for students with disabilities. Funds are included to fully support continuation costs for grants made in prior years.

Technical Assistance and Dissemination.—The Committee recommends \$44,345,000 for Technical Assistance and Dissemination, which is \$15,083,000 below the fiscal year 2018 enacted level and the same as the fiscal year 2019 budget request. This program provides funding for technical assistance, demonstration projects, and information dissemination. These funds support efforts by State and local educational agencies, IHEs, and other entities to build State and local capacity to make systemic changes and improve results for children with disabilities. Funds are included to fully support continuation costs for grants made in prior years.

REHABILITATION SERVICES

Appropriation, fiscal year 2018	\$3,587,130,000
Budget request, fiscal year 2019	3,634,977,000
Committee Recommendation	3,657,689,000
Change from enacted level	+70,559,000
Change from budget request	+22,712,000

The programs in this account are authorized by the Rehabilitation Act of 1973 and the Helen Keller National Center Act.

The Achieving a Better Live Experience Act of 2014 or ABLE Act (PL 113–295) allows individuals and families to save for the purpose of supporting individuals with disabilities in maintaining their health, independence, and quality of life. The Committee strongly encourages the Department, through its programs supporting individuals living with a disability, to raise awareness on the eligibility and benefits of these accounts.

Vocational Rehabilitation State Grants

The Committee recommends \$3,521,990,000 for Vocational Rehabilitation (VR) State Grants, which is \$69,059,000 above the fiscal year 2018 enacted level and the same as the fiscal year 2019 budget request.

This program supports basic vocational rehabilitation services through formula grants to 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 is concerned with inconsistencies that have resulted from the Department of Education's final rule and regulations to implement the Workforce Innovation and Opportunity Act as it relates to State VR programs. The Committee is aware of reports of inconsistent implementation of this regulation by State vocational rehabilitation agencies and their work with non-profits within the AbilityOne Program and State use programs.

The Committee encourages the Rehabilitation Services Administration to issue updated guidance to state vocational rehabilitation agencies that would (1) require them to give full consideration to all employment opportunities at AbilityOne and State use providers, and make determinations on a case-by-case basis with an emphasis on the quality of the job placement (i.e. more work hours, benefit eligible and overall compensation), and (2) honor a client's informed choice to work with AbilityOne and State use providers.

Additionally, the Committee encourages the Rehabilitation Services Administration to restore the uncompensated outcomes category (Homemaker Exemption), which would allow individuals experiencing vision loss to have the opportunity to learn important life skills and be given the opportunity to regain personal confidence and achieve independence prior to making any decisions about reentering the workforce.

Client Assistance State Grants

The Committee recommends \$13,000,000 for Client Assistance State Grants, which is the same as both the fiscal year 2018 enacted level the fiscal year 2019 budget request. Client Assistance State Grants support services for eligible individuals and applicants of the VR State Grants program, and other programs, projects, and services funded under the Rehabilitation Act. These formula grants are used to help persons with disabilities overcome problems with the service delivery system and improve their understanding of services available to them under the Rehabilitation Act.

Training

The Committee recommends \$29,388,000 for the Training program, which is the same as both the fiscal year 2018 enacted level and the fiscal year 2019 budget request. The program supports long-term and short-term training, in-service personnel training, and training of interpreters for deaf persons. Projects in a broad array of disciplines are funded to ensure that skilled personnel are

available to serve the vocational needs of persons with disabilities. Funds are included to fully support continuation costs for grants made in prior years.

Demonstration and Training Programs

The Committee recommends \$5,796,000 for Demonstration and Training Programs, which is the same as the fiscal year 2018 enacted level and \$3,500,000 below the fiscal year 2019 budget request. These programs authorize competitive grants to public and private organizations to support demonstrations, direct services, and related activities for persons with disabilities.

Protection and Advocacy of Individual Rights

The Committee recommends \$17,650,000 for Protection and Advocacy of Individual Rights, which is the same as both the fiscal year 2018 enacted level and the fiscal year 2019 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 \$22,548,000 for Supported Employment State Grants, which is the same as the fiscal year 2018 enacted level and \$22,548,000 above the fiscal year 2019 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 Services for Older Individuals Who Are Blind

The Committee recommends \$33,317,000 for Independent Living Services for Older Individuals Who Are Blind, which is the same as both the fiscal year 2018 enacted level and the fiscal year 2019 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 \$14,000,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults, which is \$1,500,000 above the fiscal year 2018 enacted level and \$3,664,000 above the fiscal year 2019 budget request. These funds are used for the operation of a national center that provides intensive services for deaf-blind individuals and their families at Sands Point, New York, and a network of ten regional offices that provide referral, counseling, transition services, and technical assistance to service providers.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

Appropriation, fiscal year 2018	\$228,431,000
Budget request, fiscal year 2019	216,722,000
Committee Recommendation	237,792,000
Change from enacted level	+9,361,000
Change from budget request	+21,070,000

The Committee recommends \$237,792,000 for Special Institutions for Persons with Disabilities, which is \$9,361,000 above the fiscal year 2018 enacted level and \$21,070,000 above the fiscal year 2019 budget request.

The Achieving a Better Live Experience Act of 2014 or ABLE Act (PL 113-295) allows individuals and families to save for the purpose of supporting individuals with disabilities in maintaining their health, independence, and quality of life. The Committee strongly encourages these Special Institutions, through its programs supporting individuals living with a disability, to raise awareness on the eligibility and benefits of these accounts.

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriation, fiscal year 2018	\$27,431,000
Budget request, fiscal year 2019	25,431,000
Committee Recommendation	28,431,000
Change from enacted level	+1,000,000
Change from budget request	+3,000,000

This funding subsidizes the production of educational materials for legally blind persons enrolled in pre-college programs. The American Printing House for the Blind (Printing House), which is chartered by the Commonwealth of Kentucky, manufactures and maintains an inventory of educational materials in accessible formats that are distributed free of charge to schools and States based on the number of blind students in each State. The Printing House also conducts research and field activities to inform educators about the availability of materials and how to use them.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriation, fiscal year 2018	\$73,000,000
Budget request, fiscal year 2019	70,016,000
Committee Recommendation	75,000,000
Change from enacted level	+2,000,000
Change from budget request	+4,984,000

Congress established the National Technical Institute for the Deaf (Institute) 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 related to 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

Appropriation, fiscal year 2018	\$128,000,000
Budget request, fiscal year 2019	121,275,000
Committee Recommendation	134,361,000
Change from enacted level	+6,361,000
Change from budget request	+13,086,000

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

Appropriation, fiscal year 2018	\$1,830,686,000
Budget request, fiscal year 2019	1,637,159,000
Committee Recommendation	1,945,265,000
Change from enacted level	+114,579,000
Change from budget request	+308,106,000

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 \$1,294,598,000 for Career and Technical Education: State Grants, which is \$102,000,000 above the fiscal year 2018 enacted level and \$177,000,000 above the fiscal year 2019 budget request. Funds are made available for obligation on October 1, 2019.

State Grants support a variety of career and technical education programs developed in accordance with the State plan. This program focuses Federal resources on institutions with high concentrations of low-income students. The populations assisted by State Grants range from secondary students in pre-vocational courses to adults who need retraining to adapt to changing technological and labor markets. Funding for State Grants will continue support for state-of-the art career and technical training to approximately 6 million students in secondary schools and more than 4 million students in community and technical colleges.

National Programs

The Committee recommends \$20,000,000 for National Programs, which is \$12,579,000 above the fiscal year 2018 enacted level and the same as the fiscal year 2019 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. The funding will support a competition to promote innovation and reform in STEM education, including computer science. Coupled with dedicated funding in the Education Innovation and Research account, this increase will help support the Administration’s commitment to STEM education.

Adult Basic and Literacy Education State Grants

The Committee recommends \$616,955,000 for Adult Basic and Literacy Education State Grants, which is the same as the fiscal year 2018 enacted level and \$131,106,000 above the fiscal year 2019 budget request. State formula grants, authorized under the AEFLA, support programs to enable all adults to acquire basic literacy skills, to enable those who so desire to complete secondary

education, and to make available to adults the means to become more employable, productive, and responsible citizens.

Adult Education National Leadership Activities

The Committee recommends \$13,712,000 for National Leadership Activities, which is the same as both the fiscal year 2018 enacted level the fiscal year 2019 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

Appropriation, fiscal year 2018	\$24,445,352,000
Budget request, fiscal year 2019	22,975,352,000
Committee Recommendation	24,445,352,000
Change from enacted level	---
Change from budget request	+1,470,000,000

Financial Supports for Students.—The Committee recognizes that financial pressures are among the reasons why students are unable to complete postsecondary education programs, especially for low-income and non-traditional students. The Committee requests the Department to provide a briefing within 180 days of enactment of this Act on what financial supports have the greatest impact on student persistence and completion. The Department should consider students enrolled in career and technical education programs, community colleges, and four-year baccalaureate programs in developing this analysis.

Pell Grants

The Committee recommends \$22,475,352,000 for the Pell Grant program, which is the same as both the fiscal year 2018 enacted level and the fiscal year 2019 budget request. These funds will support Pell grants to students for the 2019–2020 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 \$5,035. Combined with mandatory funding streams, the maximum Pell Grant in 2019–2020 will be maintained at \$6,095.

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.

The Committee recommends that the Department take further steps to promote year-round Pell, in accordance with the Higher Education Opportunity Act of 2008 (PL 110–315), to help students to remain continuously enrolled and stay on track for graduation.

Federal Supplemental Educational Opportunity Grants

The Committee recommends \$840,000,000 for this program, which is the same as the fiscal year 2018 enacted level and \$840,000,000 above the fiscal year 2019 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 68 percent of dependent recipients have annual family incomes under \$30,000 and nearly 74 percent of independent SEOG recipients have annual family incomes under \$20,000. Institutions must contribute a 25 percent match toward their SEOG allocation.

Federal Work-Study

The Committee recommends \$1,130,000,000 for the Federal Work-Study program, which is the same as the fiscal year 2018 enacted level and \$630,000,000 above the fiscal year 2019 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 3,200 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 \$9,625,000 for the Work Colleges program, which is the same as the fiscal year 2018 enacted level. The Work Colleges program is authorized under section 448 of the Higher Education Act (HEA) and supports institutions that require all resident students to participate in a work-learning program.

STUDENT AID ADMINISTRATION

Appropriation, fiscal year 2018	\$1,678,943,000
Budget request, fiscal year 2019	1,772,000,000
Committee Recommendation	1,678,943,000
Change from enacted level	—
Change from budget request	- 93,057,000

Programs administered under the Student Aid Administration (SAA) include Pell Grants, campus-based programs, Teacher Education Assistance for College and Higher Education grants, and Federal student loan programs.

Salaries and Expenses.—Within the total provided for SAA, the Committee recommends \$698,943,000 for salaries and expenses, which is the same as the fiscal year 2018 enacted level and \$63,057,000 below the fiscal year 2019 request.

Loan Servicing Activities.—Within the total provided for SAA, the Committee recommends \$980,000,000 for Loan Servicing Activities, which is the same as the fiscal year 2018 enacted level and \$30,000,000 below the fiscal year 2019 request.

Small Business Credit.—The Committee directs the Small Business Administration to provide subcontracting small business credit under Department of Education Title IV program contracts where the prime contractors’ award subcontracts to small businesses as well as to qualified State or nonprofit entities with expertise in assisting students and borrowers in support of Title IV programs. Under this authority, subcontracts awarded to such entities may be counted toward the prime contractor’s small business subcontracting goals as established through subcontracting plans required by 15 U.S.C. 637(d). The Small Business Administration

may provide this small business credit for the duration of the contracts currently in effect for servicing or collection of student loans and for any contracts awarded for support of Title IV programs for a period of five years following publication of this report. Such State or nonprofit entities must meet the size standard for the North American Industry Classification System determined by the Contracting Officer to be appropriate for the contract.

The Department shall coordinate the identification of all prime and subcontracts awarded to State and nonprofit entities under Title IV program contracts to the Small Business Administration so that subcontract reporting may be appropriately monitored. Five years after publication of this report, the Small Business Administration, in coordination with the Department of Education, shall examine the impact of this provision to small businesses in Title IV programs.

Defaulted Student Loan Debt Collection.—The Committee understands the Department is continuing to consider options for the collection of debt from defaulted student loan borrowers. In considering any new contract award for debt collection services, the Committee encourages the Secretary to allocate new defaulted student loan borrower accounts to private collection agencies on the basis of their performance compared to all private collection agencies utilizing common performance and compliance metrics and the capacity of each contractor to process new and existing accounts. The Committee also encourages the Secretary to share the common performance and compliance metrics with the Committees on Appropriations of the House of Representatives and the Senate, as well as authorizing Committees of jurisdiction, and report quarterly to such Committees on all contractor performance concerning these metrics.

Free Application for Federal Student Aid.—The Committee encourages the Secretary of Education to translate the Free Application for Federal Student Aid into additional foreign languages and to make the translated forms available to applicants and their parents in paper and electronic formats.

HIGHER EDUCATION

Appropriation, fiscal year 2018	\$2,246,551,000
Budget request, fiscal year 2019	1,485,848,000
Committee Recommendation	2,287,551,000
Change from enacted level	+41,000,000
Change from budget request	+801,703,000

Strengthening Institutions

The Committee recommends \$98,886,000 for the Part A, Strengthening Institutions program, which is the same as the fiscal year 2018 enacted level and \$98,886,000 above the fiscal year 2019 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 \$123,183,000 for the Hispanic-Serving Institutions program, which is the same as the fiscal year 2018 enacted level and \$123,183,000 above the fiscal year 2019 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 \$11,052,000 for the Promoting Postbaccalaureate Opportunities for Hispanic Americans program, which is the same as the fiscal year 2018 enacted level and \$11,052,000 above the fiscal year 2019 budget request. This program provides expanded postbaccalaureate educational opportunities for the academic attainment of Hispanic and low-income students. In addition, it expands academic offerings and enhances program quality at IHEs educating the majority of Hispanic college students.

Strengthening Historically Black Colleges and Universities

The Committee recommends \$279,624,000 for Strengthening Historically Black Colleges and Universities (HBCUs), which is the same as the fiscal year 2018 enacted level and \$34,930,000 above the fiscal year 2019 budget request. This program provides operating subsidies to accredited, historically black colleges and universities that were established prior to 1964, with the principal mission of educating black Americans. Funds are distributed through a formula grant based on the enrollment of Pell Grant recipients, number of graduates, and the number of graduates entering graduate or professional schools in which blacks are underrepresented.

Strengthening Historically Black Graduate Institutions

The Committee recommends \$72,314,000 for the Strengthening Historically Black Graduate Institutions program, which is the same as the fiscal year 2018 enacted level and \$9,033,000 above the fiscal year 2019 budget request. The program provides five-year grants to 18 postsecondary institutions that are specified in section 326(e)(1) of the Higher Education Act. Institutions may use funds to build endowments, provide scholarships and fellowships, and to assist students with the enrollment and completion of postbaccalaureate and professional degrees.

Strengthening Predominantly Black Institutions

The Committee recommends \$11,361,000 for the Strengthening Predominantly Black Institutions (PBIs) program, which is the same as the fiscal year 2018 enacted level and \$11,361,000 above the fiscal year 2019 budget request. This program provides grants to PBIs to increase their capacity to serve the academic needs of students.

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

The Committee recommends \$3,826,000 for the Asian American Pacific Islander program, which is the same as the fiscal year 2018 enacted level and \$3,826,000 above the fiscal year 2019 budget request. This program provides grants to undergraduate institutions that have an undergraduate student enrollment of at least 10 percent Asian American or Native American Pacific Islander.

Strengthening Alaska Native and Native Hawaiian-Serving Institutions

The Committee recommends \$15,772,000 for the Strengthening Alaska Native and Native Hawaiian-Serving Institutions program, which is the same as the fiscal year 2018 enacted level and \$15,772,000 above the fiscal year 2019 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 \$3,826,000 for the Native American Serving Non-Tribal Institutions program, which is the same as the fiscal year 2018 enacted level and \$3,826,000 above the fiscal year 2019 budget request. This program makes grants to IHEs at which enrollment is at least 10 percent Native American students and that are not Tribally-Controlled Colleges or Universities.

Strengthening Tribally Controlled Colleges and Universities

The Committee recommends \$31,539,000 for the Strengthening Tribally Controlled Colleges and Universities (TCCUs) program, which is the same as the fiscal year 2018 enacted level and \$3,940,000 above the fiscal year 2019 budget request. This program makes grants to TCCUs to increase their capacity to serve the academic needs of students.

Strengthening HBCU Masters Programs

The Committee recommends \$8,571,000 for the Strengthening HBCU Masters Programs, which is the same as the fiscal year 2018 enacted level and \$1,071,000 above the fiscal year 2019 budget request. This program provides grants to specified colleges and universities making a substantial contribution to graduate education opportunities at the masters level in mathematics, engineering, the physical or natural sciences, computer science, information technology, nursing, allied health, or other scientific disciplines.

The Committee does not support the budget proposal to shift to a Consolidated MSI grant program and does not appropriate funds for such a program.

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 2018 enacted level and \$65,103,000 above the fiscal year 2019 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, which is the same as the fiscal year 2018 enacted level and \$7,061,000 above the fiscal year 2019 budget request. Funding for these programs support group projects, faculty research, special bilateral research, and doctoral dissertation research conducted abroad.

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 both the fiscal year 2018 level and the fiscal year 2019 budget request. This program supports grants to create model transition programs into higher education for students with intellectual disabilities.

Minority Science and Engineering Improvement

The Committee recommends \$11,025,000 for the Minority Science and Engineering Improvement Program, which is the same as the fiscal year 2018 enacted level and \$1,377,000 above the fiscal year 2019 budget request. This program awards grants to improve mathematics, science, and engineering programs at institutions serving primarily minority students and to increase the number of minority students who pursue advanced degrees and careers in those fields.

Tribally Controlled Postsecondary Career and Technical Institutions

The Committee recommends \$9,469,000 for this program, which is the same as the fiscal year 2018 enacted level and \$1,183,000 above the fiscal year 2019 budget request. This program provides competitive grants to Tribally controlled postsecondary career and technical institutions to provide career and technical education to Native American students.

Federal TRIO Programs

The Committee recommends \$1,060,000,000 for TRIO programs, which is \$50,000,000 above the fiscal year 2018 enacted level and \$110,000,000 above the fiscal year 2019 budget request. The TRIO programs provide a variety of outreach and support services to encourage low-income, often first-generation college students to enter and complete college. Discretionary grants of up to four or five years are awarded competitively to IHEs and other nonprofit organizations. At least two thirds of the eligible participants in TRIO must be low-income, first-generation college students.

The Committee rejects the proposal to move from competitive grant programs to a single State formula program. The Department was unable to provide any information on the details of how the formula grant would be implemented or how accountability for performance would be maintained.

Gaining Early Awareness and Readiness for Undergraduate Programs

The Committee recommends \$360,000,000 for Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP), which is \$10,000,000 above the fiscal year 2018 enacted level and \$360,000,000 above the fiscal year 2019 budget request. GEAR UP provides grants to States and partnerships of low-income middle and high schools, IHEs, and community organizations to target entire grades of students and give them the skills, encouragement, and scholarships to pursue successfully postsecondary education.

The Committee rejects the proposal to consolidate GEAR UP activities into a new formula funded State TRIO program. The Committee continues bill language allowing the Department to maintain the GEAR UP evaluation set-aside at 1.5 percent to work with the GEAR UP community and grantees to standardize data collection, including through the use of third-party data systems.

Graduate Assistance in Areas of National Need

The Committee recommends \$23,047,000 for the Graduate Assistance in Areas of National Need (GAANN) program, which is the same as the fiscal year 2018 enacted level and \$23,047,000 above the fiscal year 2019 budget request. GAANN provides fellowships through grants to degree granting postsecondary institutions, for students of high financial need studying in areas of national need. The Department consults with appropriate other agencies and organizations to designate the fields of study “in areas of national need”. Recent examples include computer and informational sciences, engineering, nursing, and physics.

Teacher Quality Partnership Grants

The Committee recommends \$43,092,000 for the Teacher Quality Partnerships (TQP) program, which is the same as the fiscal year 2018 enacted level and \$43,092,000 above the fiscal year 2019 budget request. The TQP program helps improve the quality of teachers working in high-need schools and early childhood education programs by creating model teacher preparation and residency programs.

Child Care Access Means Parents in School

The Committee recommends \$37,000,000 for the Child Care Access Means Parents in School program, which is \$13,000,000 below the fiscal year 2018 enacted level and \$21,866,000 above the fiscal year 2019 budget request. This program makes competitive grants to colleges and universities to support or establish a campus-based childcare program primarily serving the needs of low-income students enrolled at the institution.

HOWARD UNIVERSITY

Appropriation, fiscal year 2018	\$232,518,000
Budget request, fiscal year 2019	221,821,000
Committee Recommendation	232,518,000
Change from enacted level	---
Change from budget request	+10,697,000

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 both the fiscal year 2018 enacted level and \$10,697,000 above the fiscal year 2019 budget request. The hospital serves as a major acute and ambulatory care center for the District of Columbia, and functions as a teaching facility.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

Appropriation, fiscal year 2018	\$435,000
Budget request, fiscal year 2019	448,000
Committee Recommendation	448,000
Change from enacted level	13,000
Change from 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

Appropriation, fiscal year 2018	\$30,484,000
Budget request, fiscal year 2019	20,489,000
Committee Recommendation	20,489,000
Change from enacted level	-9,995,000
Change from budget request	--

The Committee recommends \$20,489,000 for the HBCU Capital Financing program, which \$9,995,000 below the fiscal year 2018 enacted level and the same as the fiscal year 2019 budget request. Funds are available through September 30, 2019. This program is authorized under part D of Title III of the HEA and makes capital available for repair and renovation of facilities at historically black colleges and universities. In exceptional circumstances, capital provided under the program can be used for construction or acquisition of facilities.

Within the total provided for this program, the Committee recommendation includes \$339,000 for the administrative expenses to carry out the program and \$20,150,000 for loan subsidy costs that will be sufficient to guarantee up to \$580,000,000 in new loans in fiscal year 2019. Funds will also be used to continue technical assistance services to help HBCUs improve their financial stability and access to capital markets.

INSTITUTE OF EDUCATION SCIENCES

Appropriation, fiscal year 2018	\$613,462,000
Budget request, fiscal year 2019	521,563,000
Committee Recommendation	613,462,000
Change from enacted level	--
Change from budget request	+91,899,000

This account supports education research, statistics, dissemination, evaluation, and assessment activities.

The Committee rejects the budget request to eliminate the Regional Education Laboratories and Statewide Longitudinal Data Systems.

Research, Development, and Dissemination

The Committee recommends \$192,695,000 for Research, Development, and Dissemination, which is the same as the fiscal year 2018 enacted level and \$5,195,000 above the fiscal year 2019 budget request. This budget account supports research, development, and National dissemination activities that are aimed at expanding fundamental knowledge of education and promoting the use of research and development findings in the design of efforts to improve education.

Statistics

The Committee recommends \$109,500,000 for the activities of the National Center for Education Statistics (NCES), which is the same as fiscal year 2018 enacted level and \$3,000,000 below the fiscal year 2019 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.

Data for Puerto Rico.—The Committee recommends that NCES collect and publish data for Puerto Rico in the same manner it collects and publishes data for States.

Regional Educational Laboratories

The Committee recommends \$55,423,000 for Regional Educational Laboratories, which is the same as the fiscal year 2018 enacted level and \$55,423,000 above the fiscal year 2019 budget request. This program supports a network of ten laboratories that promote the use and development of knowledge and evidence to increase student learning and further school improvement efforts. Funds are included to support fully continuation costs for grants made in prior years.

Research in Special Education

The Committee recommends \$56,000,000 for Research in Special Education, which is the same as the fiscal year 2018 enacted level and \$2,000,000 above the fiscal year 2019 budget request. This program supports competitive awards to produce and advance the use of knowledge to improve services and results for children with disabilities. The program focuses on producing new knowledge, integrating research and practice, and improving the use of knowledge.

Special Education Studies and Evaluations

The Committee recommends \$10,818,000 for Special Education Studies and Evaluations, which is the same as both the fiscal year 2018 enacted level and the fiscal year 2019 budget request. This program awards competitive grants, contracts and cooperative agreements to assess the implementation of the IDEA and the effectiveness of State and local efforts to provide special education and early intervention programs and services to infants, toddlers, and children with disabilities.

Statewide Data Systems

The Committee recommends \$32,281,000 for Statewide Data Systems, which is the same as the fiscal year 2018 enacted level and \$32,281,000 above the fiscal year 2019 budget request. Competitive grants under this authority are made to SEAs to help them manage, analyze, disaggregate and use student data consistent with the ESEA.

Assessment

The Committee recommends \$156,745,000 for Assessment, which is the same as both the fiscal year 2018 enacted level and the fiscal year 2019 budget request. This amount includes \$7,745,000 for the National Assessment Governing Board (NAGB), which is the same as both the fiscal year 2018 enacted level and the fiscal year 2019 budget request.

The National Assessment of Educational Progress (NAEP) is the only nationally representative and continuing survey of educational ability and achievement of American students. The primary goal of the assessment is to determine and report the status and trends of the knowledge and skills of students, subject by subject. Subject areas assessed in the past have included reading, writing, mathematics, science, history, citizenship, literature, art, and music. The NAEP is operated by contractors through competitive awards made by the NCES. The NAGB formulates the policy guidelines for the program.

DEPARTMENTAL MANAGEMENT

Appropriation, fiscal year 2018	\$608,143,000
Budget request, fiscal year 2019	630,113,000
Committee Recommendation	610,649,000
Change from enacted level	+2,506,000
Change from budget request	- 19,464,000

These activities are authorized by the Department of Education Organization Act (PL 96-88) and include costs associated with the management and operation of the Department as well as separate costs associated with the Office for Civil Rights and the Office of Inspector General.

Program Administration

The Committee recommends \$432,506,000 for Program Administration, which is \$2,506,000 above the fiscal year 2018 enacted level and the same as the fiscal year 2019 budget request. These funds support the staff and other costs of administering programs and activities at the Department. Items include personnel compensation, health, retirement, and other benefits as well as travel, rent, telephones, utilities, postage fees, data processing, printing, equipment, supplies, technology training, consultants, and other contractual services.

Developing Tomorrow's Engineering and Technical Workforce.—The Committee recognizes the widespread interest in improving STEM education in elementary and secondary schools. Among the STEM topics, there is a relative small focus on engineering education and lack of a critical mass of teachers qualified to deliver engineering instruction. However, engineering is important in its application of scientific and mathematical principles to innovation,

analysis, design, evaluation, and manufacture of machines, processes, and systems. Therefore, the Committee encourages the expansion of engineering initiatives to support, develop, and implement formal and informal engineering education programs in elementary schools and secondary schools through public-private partnerships.

Education Costs Related to Illegal Immigration.—The Committee requests an update to the report submitted to Congress by the Department of Education on this topic as it appeared in the explanatory statement accompanying division H of the Consolidated Appropriations Act, 2016 (PL 114–113).

English Learners.—The Committee requests the Department include information on the effectiveness of English Learner (EL) programs in delivering adequate services and accommodations to qualified students, disaggregated to the extent possible by EL subgroups, in the fiscal year 2020 Congressional Justification.

Skills Development in Critical Thinking.—The Committee notes the growing trend of the public receiving information in digital formats and the subsequent need for students to be able to develop critical thinking and fact-finding skills. The Committee directs the Department to provide a briefing within 180 days of enactment of this Act on efforts to support students' ability to assess media information critically and develop civic knowledge. This could include developing critical thinking skills, news literacy, investigative journalism, and improved digital literacy. In addition, the Department should be prepared to report on how a rigorous program of evaluation could assess effectiveness of proposed methods.

Social and Emotional Learning Education.—The Committee notes interest in Social and Emotional Learning (SEL) programs and urges more support for evidence-based programs that promote positive youth development that unites the home, school, and community to cultivate capable and healthy young people of strong character through the Department of Education's Office of Elementary and Secondary Education and the Office of Safe and Healthy Students as well as other programs that support school counseling. The Committee notes that high-quality SEL instruction improves academic performance, increases the resistance factors that lead to the prevention of drug and alcohol use, and creates stronger connections to the school and community.

Transparency on Foreign Source Organizations.—The Committee is concerned by the potential lack of transparency of certain foreign source organizations on institutions of higher education, particularly in circumstances where the laws and customs of the foreign source do not respect the principles of free expression and openness that may lead to censorship and other threats to academic freedom. For that reason, the Committee encourages institutions of higher learning to increase the transparency of agreements entered into with foreign source organizations. To ensure greater transparency regarding the presence of, and contractual relationship between, a foreign source organization and a Federally funded institution of higher education, the Committee encourages the Secretary to require institutions of higher education to file a disclosure report with the Department of any contractual agreements with foreign source organizations that do not respect the principles of free ex-

pression and openness. Such contracts should be made available to the public.

OFFICE FOR CIVIL RIGHTS

Appropriation, fiscal year 2018	\$117,000,000
Budget request, fiscal year 2019	107,438,000
Committee Recommendation	117,000,000
Change from enacted level	---
Change from budget request	+9,562,000

The Office for Civil Rights (OCR) is responsible for enforcing laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, and age in all programs and institutions that receive funds from the Department. These laws extend to 50 State educational agencies, 18,200 LEAs, and nearly 7,200 IHEs, including proprietary schools. They also extend to 80 State rehabilitation agencies, libraries, museums, and other institutions receiving Federal funds.

Expulsions and Suspensions.—The Committee is concerned about reports of expulsions and suspensions occurring in preschool settings and K–12 classrooms, and the potential for adverse impacts on children’s subsequent developmental and educational outcomes. The Committee is particularly interested in reports of racial and gender disparity in such expulsions. The Committee therefore urges OCR to report information on expulsions and suspensions in preschool and elementary and secondary school settings, disaggregated to the extent possible by race/ethnicity, sex, disability status, and English Learner status, in the fiscal year 2020 Congressional Justification. OCR is also encouraged to suggest specific recommendations on evidence-based interventions that can reduce the rates of expulsions and suspensions and identify opportunities to improve school climate.

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2018	\$61,143,000
Budget request, fiscal year 2019	63,418,000
Committee Recommendation	61,143,000
Change from enacted level	---
Change from budget request	–2,275,000

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.

Use of Resources.—The Committee urges the Office of Inspector General to ensure its focus remains on the primary missions of the Office. The Committee cautions the Office, when receiving requests from the Department for investigations, to consider the most effective and best use of its resources.

GENERAL PROVISIONS

Sec. 301. 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. 302. 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. 303. The Committee continues to include a provision that permits Palau to continue participating in Department of Education and other programs pending formal ratification of a new compact agreement.

Sec. 304. The Committee amends a provision allowing ESEA funds consolidated for evaluation purposes to be available from July 1, 2019 through September 30, 2020.

Sec. 305. The Committee includes a provision allowing certain institutions to continue to use endowment income for student scholarships.

Sec. 306. The Committee continues to include a provision extending the authorization of the National Advisory Committee on Institutional Quality and Integrity.

Sec. 307. The Committee continues to include a provision extending the authority to provide account maintenance fees to guaranty agencies for Federal student loans.

TITLE IV—RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE

BLIND OR SEVERELY DISABLED

SALARIES AND EXPENSES

Appropriation, fiscal year 2018	\$8,250,000
Budget request, fiscal year 2019	8,650,000
Committee Recommendation	8,250,000
Change from enacted level	— — —
Change from budget request	- 400,000

The Committee believes oversight is necessary to ensure the program is operating in accordance with statutory requirements that blind or other severely disabled individuals provide at least 75 percent of hours or direct labor required for the production or provision of the products or services to Federal government agencies. To ensure the Committee for Purchase from People Who Are Blind or Severely Disabled (AbilityOne Commission) maintains its oversight capacity, the Committee continues bill language requiring the AbilityOne Commission to establish written agreements with central nonprofit agencies. The written agreements ensure the AbilityOne Commission can conduct appropriate audit, oversight, and reporting functions in accordance with standard Federal procurement policies.

Committee for Purchase from People Who Are Blind or Severely Disabled—Requested Reports.—The Committee continues to re-

quest the reports listed under this heading in House Report 115–244.

Office of Inspector General.—The Committee recommends not less than \$1,250,000 for the Office of Inspector General.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

OPERATING EXPENSES

Appropriation, fiscal year 2018	\$1,063,958,000
Budget request, fiscal year 2019	122,646,000
Committee Recommendation	1,063,958,000
Change from enacted level	— — —
Change from budget request	+941,312,000

Volunteers in Service to America

The Committee recommends \$92,364,000 for Volunteers in Service to America (VISTA), which is the same as the fiscal year 2018 enacted level and \$87,454,000 above the fiscal year 2019 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.

National Senior Volunteer Corps

The Committee recommends \$202,117,000 for the National Senior Volunteer Corps programs, which is the same as the fiscal year 2018 enacted level and \$201,766,000 above the fiscal year 2019 budget request. Senior Corps is a collection of programs that connect Americans older than the age of 55 with opportunities to contribute their job skills and expertise to community projects and organizations. The breakout of funding by program is as follows:

National Senior Volunteer Corps:	FY 2019 Committee
Foster Grandparents Program	\$107,702,000
Senior Companion Program	45,512,000
Retired Senior Volunteer Program	48,903,000

AmeriCorps State and National Grants

The Committee recommends \$473,148,000 for AmeriCorps State and National Grants, which is the same as the fiscal year 2018 enacted level and \$446,720,000 above the fiscal year 2019 budget request. This program provides funds to local and national organizations and agencies to address community needs in education, public safety, health, and the environment.

Innovation, Assistance, and Other Activities

The Committee recommends \$7,600,000 for Innovation, Assistance, and Other Activities, which is the same as the fiscal year 2018 enacted level and \$7,600,000 above the fiscal year 2019 budget request.

Evaluation

The Committee recommends \$4,000,000 for evaluation, which is the same as the fiscal year 2018 enacted level and \$4,000,000

above the fiscal year 2019 budget request. These funds support research on program effectiveness.

National Civilian Community Corps

The Committee recommends \$32,000,000 for National Civilian Community Corps, which is the same as the fiscal year 2018 enacted level and \$7,913,000 above the fiscal year 2019 budget request. This program supports residential, team-based service opportunities for individuals aged 18–24.

State Commission Administrative Grants

The Committee recommends \$17,538,000 for State Commission Administrative Grants, which is the same as the fiscal year 2018 enacted level and \$17,538,000 above the fiscal year 2019 budget request. Funds are used for formula grants to support State oversight of service programs.

PAYMENT TO THE NATIONAL SERVICE TRUST

Appropriation, fiscal year 2018	\$206,842,000
Budget request, fiscal year 2019	— —
Committee Recommendation	206,842,000
Change from enacted level	— —
Change from budget request	+206,842,000

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 for National and Community Service.

SALARIES AND EXPENSES

Appropriation, fiscal year 2018	\$83,737,000
Budget request, fiscal year 2019	87,389,000
Committee Recommendation	83,737,000
Change from enacted level	— —
Change from budget request	– 3,652,000

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2018	\$5,750,000
Budget request, fiscal year 2019	3,568,000
Committee Recommendation	5,750,000
Change from enacted level	— —
Change from budget request	+2,182,000

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.

Sec. 406. The Committee continues bill language related to 1,200 hour service positions.

CORPORATION FOR PUBLIC BROADCASTING

Appropriation, fiscal year 2018	\$465,000,000
Budget request, fiscal year 2019	---
Committee Recommendation	465,000,000
Change from enacted level	---
Change from budget request	+465,000,000

This appropriation will fund content development, community services, and other local station and system needs for the Corporation for Public Broadcasting (CPB).

National Minority Consortia.—According to the Public Broadcasting Act, one of the greatest priorities of public broadcasting is to address the “needs of unserved and underserved audiences, particularly children and minorities.” Programming that reflects the histories and perspectives of diverse racial and ethnic communities is a core value and responsibility of public broadcasting, therefore the Committee supports continued investment in the National Minority Consortia to help accomplish this goal.

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

Appropriation, fiscal year 2018	\$46,650,000
Budget request, fiscal year 2019	47,200,000
Committee Recommendation	46,800,000
Change from enacted level	+150,000
Change from budget request	−400,000

The Federal Mediation and Conciliation Service promotes labor-management cooperation through mediation and conflict resolution services to industry, government agencies, and communities.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2018	\$17,184,000
Budget request, fiscal year 2019	17,053,000
Committee Recommendation	17,124,000
Change from enacted level	−60,000
Change from budget request	+71,000

The Federal Mine Safety and Health Review Commission is an independent adjudicative agency that provides administrative trial and appellate review of legal disputes arising under the Federal Mine Safety and Health Act of 1977.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

OFFICE OF MUSEUM AND LIBRARY SERVICES: GRANTS AND ADMINISTRATION

Appropriation, fiscal year 2018	\$240,000,000
Budget request, fiscal year 2019	23,000,000
Committee Recommendation	240,000,000
Change from enacted level	---
Change from budget request	+217,000,000

Within the total for the Institute of Museum and Library Services (IMLS), the Committee recommends the following amounts:

Budget Activity	FY 2019 Committee
Library Services Technology Act:	
Grants to States	\$160,803,000
Native American Library Services	5,063,000
National Leadership: Libraries	13,406,000
Laura Bush 21st Century Librarian	10,000,000
Museum Services Act:	
Museums for America	22,899,000
21st Century Museum Professionals	0
Conservation Project Support	0
Native American/Hawaiian Museum Service	1,472,000
National Leadership: Museums	8,113,000
African American History and Culture Act:	
Museum Grants for African American History and Culture	2,231,000
Museum and Library Services Act General Provisions:	
Research, Analysis and Data Collection	2,013,000
Program Administration	14,000,000

Library Services and Technology

The Grants to State Library Agencies program provides funds to State Library Administrative Agencies using a population-based formula.

Program Administration

The Committee recommends \$14,000,000 for Program Administration, which is the same as the fiscal year 2018 enacted level. These funds provide administrative and management support for all programs administered by IMLS. The Committee also includes \$2,013,000 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

Appropriation, fiscal year 2018	\$12,545,000
Budget request, fiscal year 2019	12,471,000
Committee Recommendation	13,045,000
Change from enacted level	+500,000
Change from budget request	+574,000

The Medicare Payment Advisory Commission (MedPAC) is an independent agency tasked with advising the Congress on issues affecting the Medicare program. In addition to advising on payments to private health plans participating in Medicare and providers in Medicare's traditional fee-for-service program, MedPAC is also responsible for providing analysis on access to care, quality of care, and other issues affecting Medicare.

Evaluating Barriers to Care.—The Committee recognizes HHS' recent focus on eliminating unnecessary paperwork burdens, which cause barriers to patient care. Accordingly, there are non-physician practitioners, including nurse practitioners (NPs), that work in collaboration with or under the supervision of a certifying physician or post-acute care physician. There may be ways to improve or streamline such collaboration between physicians and non-physician practitioners. Specifically, the Committee encourages

MedPAC, in consultation with MACPAC, to prepare a report that examines the relationship between the physician or post-acute care physician and related burdens associated with each provider involved in authorizing patients for home health care services, certifying patient’s needs for diabetic shoes, conducting assessments to admit patients to skilled nursing facilities, and providing the initial certification of patients for hospice care. The Committee further encourages MedPAC to analyze the costs and burdens for both physician and non-physician practitioners, including NPs, associated with authorizing and/or certifying for these services, for the two most recent years of data available, and to submit a report of its findings to the Committees on Appropriations of the House of Representatives and the Senate and the authorizing committees of jurisdiction with recommendations that can be pursued to improve the collaboration between physicians and non-physician practitioners in order to reduce burdens overall and improve patient care.

MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION
SALARIES AND EXPENSES

Appropriation, fiscal year 2018	\$8,480,000
Budget request, fiscal year 2019	8,700,000
Committee Recommendation	8,480,000
Change from enacted level	— —
Change from budget request	– 220,000

The Medicaid and CHIP Payment and Access Commission (MACPAC) is an independent agency tasked with advising the Congress on issues affecting Medicaid and the State Children’s Health Insurance Program (CHIP). MACPAC conducts policy and data analysis on Medicaid and CHIP to support policymakers and support program accountability.

Puerto Rico.—Recognizing the unique conditions of Puerto Rico, the Committee supports efforts by MACPAC to evaluate and assess viable options for ensuring long-term sustainable access to care for Medicaid beneficiaries in the territory. The Committee encourages MACPAC to ensure policy recommendations that may result in additional outlays be accompanied by policy recommendations that can result in savings.

Therapeutic Foster Care Services.—The Committee is concerned about the lack of a uniform definition within the Medicaid program for therapeutic foster care (TFC) services. A uniform TFC definition could improve the ability for more consistent care and treatment. The Committee supports efforts by MACPAC to conduct a review for the development of an operational TFC definition for the Medicaid program. Further, the review should examine advantages of a uniform definition, and include a list of potential services and interventions to treat mental illness and trauma that could be considered within the scope of the uniform definition. It is expected the report will be completed within 12 months after enactment of this Act. The Committee encourages MACPAC to ensure policy recommendations that may result in additional outlays be accompanied by policy recommendations that can result in savings.

NATIONAL COUNCIL ON DISABILITY
SALARIES AND EXPENSES

Appropriation, fiscal year 2018	\$3,250,000
Budget request, fiscal year 2019	3,211,000
Committee Recommendation	3,250,000
Change from enacted level	---
Change from budget request	+39,000

The National Council Disability (NCD) is an independent Federal agency charged with advising the President, Congress, and other Federal agencies regarding policies, programs, practices, and procedures that affect people with disabilities. NCD is comprised of a team of Presidential and Congressional appointees, an Executive Director appointed by the Chair, and a full-time professional staff.

The Achieving a Better Live Experience Act of 2014 or ABLE Act (PL 113-295) allows individuals and families to save for the purpose of supporting individuals with disabilities in maintaining their health, independence, and quality of life. The Committee is concerned about the inconsistent guidance provided to ABLE beneficiaries from various Federal agencies that administer needs-based assistance programs. As a consequence, participation in State ABLE programs suffers. The Committee strongly encourages NCD when convening stakeholders to conduct information sessions on ABLE accounts. In addition, the Committee directs NCD to serve as an interagency coordinator to ensure consistency across Federal agencies and programs. NCD through its work with disability organizations should raise awareness on the eligibility and benefits of these accounts.

NATIONAL LABOR RELATIONS BOARD
SALARIES AND EXPENSES

Appropriation, fiscal year 2018	\$274,224,000
Budget request, fiscal year 2019	249,000,000
Committee Recommendation	261,325,000
Change from enacted level	- 12,899,000
Change from budget request	+12,325,000

The National Labor Relations Board is an independent agency responsible for enforcing US labor law related to collective bargaining and unfair labor practices, including the National Labor Relations Act of 1935.

ADMINISTRATIVE PROVISIONS

Sec. 407. The Committee continues a provision relating to electronic voting for purposes of collective bargaining.

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

Appropriation, fiscal year 2018	\$13,800,000
Budget request, fiscal year 2019	13,205,000
Committee Recommendation	13,510,000
Change from enacted level	- 290,000
Change from budget request	+305,000

The National Mediation Board is an independent agency that coordinates labor-management relations within the US railroads and airlines industries.

The Committee is aware of the backlog of Section 3 arbitration cases and requests an update in the 2020 Congressional Justification on the number of pending cases in each of the past three fiscal years, the number of cases filed each year, and any efforts to reduce the backlog of cases.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2018	\$13,225,000
Budget request, fiscal year 2019	12,615,000
Committee Recommendation	12,975,000
Change from enacted level	- 250,000
Change from budget request	+360,000

The Occupational Safety and Health Review Commission is an independent Federal agency, providing administrative trial and appellate review, created to decide contests of citations or penalties resulting from OSHA inspections of American work places.

RAILROAD RETIREMENT BOARD

DUAL BENEFITS PAYMENTS ACCOUNT

Appropriation, fiscal year 2018	\$21,000,000
Budget request, fiscal year 2019	18,000,000
Committee Recommendation	18,000,000
Change from enacted level	- 3,000,000
Change from budget request	- - -

This appropriation is authorized by the Railroad Retirement Act of 1974 to fund vested dual benefits received by railroad retirees who, under prior law, would have become covered by both the railroad retirement system and the Social Security system because railroad retirement was not fully coordinated with Social Security from 1937 to 1974. The Committee includes a provision permitting a portion of these funds to be derived from income tax receipts on dual benefits as authorized by law. The Railroad Retirement Board estimates that approximately \$1,000,000 may be derived in this manner.

FEDERAL PAYMENT TO THE RAILROAD RETIREMENT ACCOUNTS

Appropriation, fiscal year 2018	\$150,000
Budget request, fiscal year 2019	150,000
Committee Recommendation	150,000
Change from enacted level	- - -
Change from budget request	- - -

LIMITATION ON ADMINISTRATION

Appropriation, fiscal year 2018	\$123,500,000
Budget request, fiscal year 2019	115,225,000
Committee Recommendation	126,000,000
Change from enacted level	+2,500,000
Change from budget request	+10,775,000

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 Railroad Retirement Board (RRB). The Committee notes that the Railroad Retirement and Survivors' Improvement Act of 2001 mandates that the Trust function independently from the RRB. Further, the Act specifically requires a separate audit of the Trust by a nongovernmental auditor and requires that the results of this audit be included in the Trust's Annual Management Report to Congress. The Committee expects that the Trust shall be administered and audited solely in conformance with the Railroad Retirement and Survivors' Improvement Act of 2001.

The Committee includes \$12,500,000 for the implementation of information technology systems modernization efforts. Within 180 days of enactment of this Act, the Railroad Retirement Board is directed to submit a comprehensive update to the Committees on Appropriations of the House of Representatives and the Senate on project status, timelines to completion, and total cost of development.

LIMITATION ON THE OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2018	\$11,000,000
Budget request, fiscal year 2019	8,437,000
Committee Recommendation	8,500,000
Change from enacted level	-2,500,000
Change from budget request	+63,000

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

Appropriation, fiscal year 2018	\$11,400,000
Budget request, fiscal year 2019	11,000,000
Committee Recommendation	11,000,000
Change from enacted level	-400,000
Change from budget request	--

This appropriation provides reimbursement to the Social Security trust funds for non-trust fund activities.

SUPPLEMENTAL SECURITY INCOME PROGRAM

Appropriation, fiscal year 2018	\$38,487,277,000
Budget request, fiscal year 2019	41,208,000,000
Committee Recommendation	41,251,000,000
Change from enacted level	+2,763,723,000
Change from budget request	+43,000,000

The Committee recommends \$19,700,000,000 in advance funding for the first quarter of fiscal year 2020, as requested.

Research and Demonstration

Section 1110 of the Social Security Act provides authority to the Social Security Administration (SSA) for conducting research and demonstration projects related to SSA's programs.

Within the appropriation for Supplemental Security Income (SSI), the Committee recommends \$101,000,000 for research and demonstration activities, which the same as the fiscal year 2018 enacted level and the fiscal year 2019 budget request.

Administration

Within the appropriation for SSI, the Committee recommends \$4,808,000,000, which is \$183,277,000 below the fiscal year 2018 enacted level and \$43,000,000 above the fiscal year 2019 budget request level. This funding is for payment to the Social Security trust funds for SSI's share of the administrative expenses of SSA.

LIMITATION ON ADMINISTRATIVE EXPENSES

Appropriation, fiscal year 2018	\$11,018,945,000
Budget request, fiscal year 2019	10,575,000,000
Committee Recommendation	10,739,045,000
Change from enacted level	-279,900,000
Change from budget request	+164,045,000

The Limitation on Administrative Expenses (LAE) funds the administrative and operational costs for administering the Old Age and Survivors Insurance, Disability Insurance, and Supplemental Security Income programs, and associated costs for support to the Centers for Medicare and Medicaid Services in administering their programs.

Within the total for LAE, the Committee provides not less than \$3,475,000,000 for Field Offices and not more than \$1,750,000,000 for Information Technology.

Achieving a Better Life Experience Act.—The Achieving a Better Life Experience Act of 2014 or ABLE Act (PL 113–295) allows individuals and families to save for the purpose of supporting individuals with disabilities in maintaining their health, independence, and quality of life. The Committee is concerned about the inconsistent guidance provided to ABLE beneficiaries from various Federal agencies that administer needs-based assistance programs. As a consequence, participation in State ABLE programs suffers. The Committee strongly encourages SSA to conduct information sessions on ABLE accounts. In addition, the Committee supports efforts by SSA to disseminate information on the eligibility and benefits of these accounts. The Committee further encourages SSA to build relationships with other agencies and government entities that support individuals living with a disability to raise awareness, understanding, and usage of ABLE accounts.

Administrative Law Judge Hiring.—SSA's National Hearing Centers (NHCs) provide SSA with invaluable flexibility and support to address the hearings backlog. Understanding the value of this flexibility and support, the Committee directs SSA to ensure that its upcoming administrative law judge (ALJ) hiring decisions result in allocating additional ALJs to NHCs.

Consultative Exams.—The SSA Inspector General has recommended that all State Disability Determination Service (DDSs) periodically assess the feasibility of using a competitively awarded

contract for Consultative Exams (CEs) to improve program integrity and lower costs (Disability Determination Services' Use of Volume Consultative Examination Providers, A-07-02-12409, March, 2003). Similarly, GAO has recommended the use of competitive contracts finding that DDSs, and thus SSA, can save millions (Use of Competitive Contracts for Consultative Exams Can Save Millions, HRD-90-141, August 1990). The Committee supports efforts by SSA to develop a multi-state pilot program, focused on States with large disability review backlogs, including high appeals backlog, and continuing disability reviews, to evaluate the use of competitively awarded, multiple State contract(s) for CEs. This contract shall require the vendor to manage the scheduling of CEs; to oversee provider credentialing, recruitment, and training; provide timely completion of the CEs and reports; and offer quality assurance for completed CE reports. This contract shall also require negotiated fees that are comparable to Medicare rates with volume discounts and shall assess savings to SSA, provide fraud prevention and improved provider monitoring by preventing the use of providers suspended or debarred from receiving Federal funds, and improved exam quality with adequate medical evidence that decreases the number of sustained appeals. The Committee recommends that SSA consult with the Department of Veterans Affairs on its successful demonstration of similar multiple State contracts for disability examinations.

Implementation of New Capability Determination Instructions.—The Committee recognizes the importance of SSA accurately assessing whether an individual needs a representative payee. SSA's regulations specify that the agency will appoint a representative payee in cases where a beneficiary is not able to manage or direct the management of his or her Social Security benefits. However, the Committee recognizes that generally SSA has only evaluated a beneficiary's ability to manage his or her benefits and has not considered a beneficiary's ability to direct someone else to manage his or her benefits. In 2017, SSA drafted new program instructions for its front-line employees in assessing whether an individual is able to direct others to manage his or her benefits. Despite the complexity of implementing this policy, and SSA's lack of experience making such evaluations, the instructions were developed without input from external stakeholders. The Committee is encouraged by the recent steps SSA has taken to gather stakeholder feedback and expert advice, including holding a National Disability Forum on representative payment which included some discussion of this policy. However, due to the complexity of this policy and the importance of correctly evaluating the extent to which an individual can manage (directly or indirectly) his or her benefits, the Committee believes more stakeholder engagement and expert consultation is required. The Committee also notes that SSA should consider ways to test this new policy to ensure it achieves its goals and can be implemented effectively by field office employees before expanding it program-wide. Any test of this policy should include specific objectives and metrics to assess the policy's effectiveness. Given the Committee's continued concerns, the Committee expects that SSA will provide the Committees on Appropriations of the House of Representatives and the Senate, the Committee on Ways and Means of the House of Representatives, and the Committee on Fi-

nance of the Senate regular updates and briefings on the agency's plans prior to moving forward with this policy.

Information Technology.—The Committee requests an update of the plan referenced under this heading in House Report 114–699.

Occupational Information System.—SSA is developing a new Occupational Information System (OIS) that will replace the Dictionary of Occupational Titles as the primary source of occupational information used in SSA's disability adjudication process. SSA expects to begin a new five year data refresh cycle in fiscal year 2018 and to start using the OIS in 2020. To provide the Committee with a better understanding of the project's costs, the Committee directs SSA to include in its annual Report on the Occupational Information System Project the estimated costs for each future fiscal year until the project is expected to be completed and the estimated cost for a five-year data refresh cycle.

Pilot Program Metrics.—Pilot programs are valuable opportunities to test the effects of potential process changes but require a well thought out design that includes clear objectives and appropriate measures to evaluate the pilot's effectiveness. Although sometimes terms are used interchangeably, the Committee uses the term "pilots" as distinct from "demonstration programs," which relate to programmatic changes, such as changes in eligibility rules. In addition, the Committee notes that there is not always a clear distinction between what constitutes a pilot, compared to an initiative, or a test. The Committee uses the term "pilot" to encompass all efforts to test the effects of process changes. The Committee continues to be concerned about pilot programs that lack clear objectives, evaluation plans, or metrics. The Committee expects that, prior to undertaking any new pilots, SSA will ensure that it has developed a research design that includes clear objectives for the pilot and an evaluation plan, including adequate metrics to determine the pilot's effectiveness. Metrics should be specific, quantifiable measures that can be used to evaluate success. The Committee directs SSA to submit a report to the Committees on Appropriations of the House of Representatives and the Senate, the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate not later than 90 days after the enactment of this act with a description of any new pilot, initiative or test of process changes launched in fiscal year 2018, or proposed for fiscal year 2019; the objective of the pilot; the plan and timeline for evaluation; which SSA components are involved in the pilot; and the measures or metrics the SSA will use to determine the pilot's effectiveness. In addition to the requested information for new pilots, the report should include a list of the SSA's ongoing pilots, along with the start date for each of these pilots. Similar information should be provided in the fiscal year 2020 Congressional Justification. All SSA pilots should be included in the requested report and justification, including those undertaken as part of the Compassionate and Responsive Service (CARES) plan and in other parts of the agency. The report (and section in the justification) does not need to include programmatic demonstrations.

Muscular Dystrophy.—The Committee is aware that SSA is included in the Muscular Dystrophy Coordinating Committee under the Muscular Dystrophy CARE Act Amendments enacted in September 2014. The Committee requests SSA to include in the fiscal

year 2020 Congressional Justification the rate at which persons with Duchenne and Becker Muscular Dystrophy utilize SSA programs, particularly those focused on promoting employment and community independence such as the Ticket to Work Program.

Report on LAE Expenditures.—The Committee continues to request the report referenced under this heading in House Report 114–699 as part of the fiscal year 2020 Congressional Justification.

Social Security Advisory Board

The Committee recommends not less than \$2,400,000 for the Social Security Advisory Board (SSAB), which is \$100,000 above the fiscal year 2018 enacted level and the fiscal year 2019 budget request.

The Committee continues to support SSAB in the development of new and innovative ways SSA can achieve its mission and improve the quality of service to the public.

The Committee does not include bill language providing SSAB reception and representation authority. The Committee requests information on SSAB’s need for such authority in the fiscal year 2020 Congressional Justification.

User Fees

In addition to the other amounts provided, the Committee recommends \$135,000,000 for administrative activities funded from user fees. Of this amount, \$134,000,000 is derived from fees collected from States that request SSA to administer State SSI supplementary payments. The remaining \$1,000,000 is derived from fees charged to non-attorneys who apply for certification to represent claimants under titles II and XVI of the Social Security Act.

Continuing Disability Reviews and Redeterminations

The Committee recommends \$1,683,000,000 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. The Committee includes bill language transferring \$10,000,000 to the Office of the Inspector General for the cost of jointly operating co-operative disability investigation units.

OFFICE OF THE INSPECTOR GENERAL

Appropriation, fiscal year 2018	\$105,500,000
Budget request, fiscal year 2019	105,500,000
Committee Recommendation	108,500,000
Change from enacted level	+3,000,000
Change from budget request	+3,000,000

The Office of the Inspector General (OIG) is responsible for meeting the statutory mission of promoting economy, efficiency, and effectiveness in the administration of SSA programs and operations and to prevent and detect fraud, waste, abuse, and mismanagement in such programs and operations. To accomplish this mission, the OIG directs, conducts, and supervises audits, evaluations, and investigations relating to SSA’s programs and operations. In addition, the OIG searches for and reports on systemic weaknesses in

SSA programs and operations, and makes recommendations for needed improvements and corrective actions.

TITLE V—GENERAL PROVISIONS

(TRANSFER OF FUNDS)

Sec. 501. The Committee continues a provision allowing the Secretaries of Labor, Health and Human Services, and Education to transfer unexpended balances of prior appropriations to accounts corresponding to current appropriations to be used for the same purposes and for the same periods of time for which they were originally appropriated.

Sec. 502. The Committee continues a provision prohibiting the obligation of funds beyond the current fiscal year unless expressly so provided.

Sec. 503. The Committee continues a provision prohibiting funds from being used to support or defeat legislation.

Sec. 504. The Committee continues a provision limiting the amount available for official reception and representation expenses for the Secretaries of Labor and Education, the Director of the Federal Mediation and Conciliation Service, and the Chairman of the National Mediation Board.

Sec. 505. The Committee continues a provision requiring grantees receiving Federal funds to clearly state the percentage of the total cost of the program or project that will be financed with Federal money.

Sec. 506. The Committee continues a provision prohibiting the use of funds for any abortion.

Sec. 507. The Committee continues a provision providing exceptions to section 506 and a provision prohibiting funds from being made available to a Federal agency or program, or to a State or local government, if such agency, program or government discriminates against institutional or individual health care entities because they do not provide, pay for, provide coverage of, or refer for abortions.

Sec. 508. The Committee continues a provision prohibiting use of funds for certain research involving human embryos.

Sec. 509. The Committee continues a provision prohibiting use of funds for any activity that promotes the legalization of any drug or substance included in schedule I of the schedules of controlled substances.

Sec. 510. The Committee continues a provision prohibiting use of funds to promulgate or adopt any final standard providing for a unique health identifier until legislation is enacted specifically approving the standard.

Sec. 511. The Committee continues a provision related to annual reports to the Secretary of Labor.

Sec. 512. The Committee continues a provision prohibiting transfer of funds made available in this Act except by authority provided in this Act or another appropriations Act.

Sec. 513. The Committee continues a provision to limit funds in the bill for public libraries to those that comply with the requirements of the Children's Internet Protection Act.

Sec. 514. The Committee continues a provision regarding procedures for reprogramming of funds.

Sec. 515. The Committee continues a provision pertaining to appointments to scientific advisory committees.

Sec. 516. The Committee continues a provision requiring each department and related agency funded through this Act to submit an operating plan within 45 days of enactment, detailing any funding allocations that are different than those specified in this Act, the accompanying detailed table, or budget request.

Sec. 517. The Committee continues a provision requiring the Secretaries of Labor, Health and Human Services, and Education to submit a quarterly report to the Committees on Appropriations of the House of Representatives and the Senate containing certain information on noncompetitive contracts, grants, and cooperative agreements exceeding \$500,000 in value.

Sec. 518. The Committee continues a provision prohibiting the use of funds to process claims for credit for quarters of coverage based on work performed under a Social Security number that was not the claimant's number, where the performance of such work under such number has formed the basis for a conviction of the claimant of a violation of section 208(a)(6) or (7) of the Social Security Act.

Sec. 519. The Committee continues a provision prohibiting the use of funds to implement a Social Security totalization agreement with Mexico.

Sec. 520. The Committee modifies a provision related to needle exchange.

Sec. 521. The Committee continues a provision prohibiting the use of funds for the downloading or exchanging of pornography.

Sec. 522. The Committee continues a provision that prohibits funding from going to the Association of Community Organizations for Reform Now (ACORN), or any of its affiliates, subsidiaries, allied organizations, or successors.

Sec. 523. The Committee continues a provision relating to reporting requirements for conference expenditures.

Sec. 524. The Committee continues a provision relating to disclosure of U.S. taxpayer funding for programs used in advertising.

Sec. 525. The Committee continues a provision relating to performance partnership pilots.

Sec. 526. The Committee continues provision requesting quarterly reports on the status of balances of appropriations from the Departments of Labor, Health and Human Services and Education.

Sec. 527. The Committee includes a new provision prohibiting use of funds to implement, administer, enforce or further the provisions of Public Law 111-148 and portions of public Law 111-152 with certain exceptions.

Sec. 528. The Committee includes a new provision prohibiting use of funds to implement, administer, enforce or further advance the Navigators program.

(RESCISSION)

Sec. 529. The Committee rescinds \$3,345,000,000 in unused funds provided under section 2104(a)(22) of the Social Security Act for the Children's Health Insurance Program.

(RESCISSION)

Sec. 530. The Committee rescinds \$400,000,000 from the Non-recurring Expenses Fund.

(RESCISSION)

Sec. 531. The Committee permanently rescinds \$3,378,613,000 in unused funds provided under section 2104(n)(2) of the Social Security Act for the Child Enrollment Contingency Fund.

Sec. 532. The Committee includes a new provision prohibiting use of funds for research on fetal tissue obtained from an induced abortion.

Sec. 533. The Committee includes a new provision restricting funding to certain health care entities.

Sec. 534. The Committee includes a new provision relating to conscience protection with respect to health care entities that refuse to participate in abortions.

Sec. 535. The Committee includes a Spending Reduction Account.

HOUSE OF REPRESENTATIVES REPORTING REQUIREMENTS

The following materials are submitted in accordance with various requirements of the Rules of the House of Representatives:

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the following is a statement of general performance goals and objectives for which this measure authorizes funding: The Committee on Appropriations considers program performance, including a program's success in developing and attaining outcome-related goals and objectives, in developing funding recommendations.

RESCISSION OF FUNDS

Pursuant to clause 3(f)(2) of rule XIII of the Rules of the House of Representatives, the following lists the rescissions of unexpended balances included in the accompanying bill:

RESCISSIONS RECOMMENDED IN THE BILL

Account	Amount
Department of Labor:	
Dislocated Workers National Reserve	\$200,000,000
Department of Health and Human Services:	
Children's Health Insurance Program	3,345,000,000
Nonrecurring Expenses Fund	400,000,000
Child Enrollment Contingency Fund	3,378,613,000

TRANSFER OF FUNDS

Pursuant to clause 3(f)(2) of rule XIII of the Rules of the House of Representatives, the following lists the transfers of unexpended balances included in the accompanying bill:

TITLE I

Language is included under "Job Corps" permitting the transfer of funds for Job Corps Center construction, rehabilitation and 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 Inspector General."

Language is included under "Black Lung Disability Trust Fund" which provides for the transfer of funds to the "Department of the Treasury."

Language is included under "Departmental Management, Salaries and Expenses" authorizing the transfer of funds available for program evaluation to any other account within the Department to carry out evaluation activities.

A general provision is included permitting up to one percent of any discretionary appropriation to be transferred to another appropriation of the Department of Labor, provided that no such appropriation is increased by more than three percent by any such transfer.

A general provision is included that provides for the transfer of funds from the "Employment and Training Administration" for technical assistance services to grantees to "Program Administration," and authorizes the transfer of up to 0.5 percent of each discretionary appropriation for "Employment and Training Administration" to carry out program integrity activities subject to certain limitations related to "Job Corps."

A general provision is included that provides for the transfer of up to 0.75 percent of appropriated funds to carry out program evaluations of "Training and Employment Services", "Job Corps", "Community Service Employment for Older Americans," "State Unemployment Insurance and Employment Service Operations", "Employee Benefits Security Administration", "Office of Workers' Compensation Programs", "Wage and Hour Division", "Office of Federal Contract Compliance Programs", "Office of Labor-Management Standards", "Occupational Safety and Health Administration", "Mine Safety and Health Administration", Office of Disability Employment Policy, "Bureau of International Affairs" and "Women's Bureau" within the Departmental Management, Salaries and Expenses" account, and "Veterans Employment and Training" for use by the Office of the Chief Evaluation Officer.

TITLE II

Language is included under "Centers for Disease Control and Prevention, Buildings and Facilities" to allow the transfer of prior year unobligated Individual Learning Account funds to be transferred to this account to carry out the purpose of this account.

Language is included under “Administration for Children and Families-Refugee and Entrant Assistance” permitting transfers pursuant to a general provision to increase an appropriation under this heading by ten percent.

Language is included under “Administration for Community Living, Aging and Disability Services Programs” for transfer to the Secretary of Agriculture to carryout section 311 of the Older Americans Act of 1965.

A general provision is included that allows not to exceed one percent of any discretionary funds to be transferred between appropriation accounts of the “Department of Health and Human Services”, provided that no appropriation account is increased by more than three percent by such transfer.

A general provision is included that allows the transfer of up to three percent among the institutes and centers of the “National Institutes of Health” from amounts identified as pertaining to the human immunodeficiency virus.

A general provision is included that allows the transfer of funding determined to be related to the human immunodeficiency virus to the “Office of AIDS Research”.

A general provision is included that transfers one percent of the amount made available for “National Research Service Awards” at the “National Institutes of Health” to the “Health Resources and Services Administration”.

A general provision is included to direct the transfer of the “Prevention and Public Health Fund” as specified in the committee report accompanying this Act.

Language is included under “National Institutes of Health, Innovation Account” to allow the transfer of funds to other Institutes and Centers to support activities authorized in the 21st Century Cures Act (PL 114-255).

Language is included permitting transfer authority for evaluation activities for discretionary appropriations in the Administration for Children and Families.

Language is included establishing an Infectious Disease Rapid Respond fund for emergency usage by the Secretary under certain conditions.

TITLE III

A general provision is included that allows not to exceed one percent of any discretionary funds to be transferred between appropriation accounts of the Department of Education, provided that no appropriation account is increased by more than three percent by such transfer.

TITLE IV

Language is included under Payment to the National Service Trust authorizing the transfer of funds from the “Corporation for National and Community Service, Operating Expenses” to support the activities of national service participants.

Language is included under “Social Security Administration” authorizing the transfer of up to three percent of the Social Security Administration’s “Limitation on Administration Expenses” account to be available for purposes of the Office of Inspector General.

TITLE V

A general provision is included that allows the Secretaries of Labor, Health and Human Services, and Education to transfer balances of prior appropriation to accounts corresponding to current appropriations.

DISCLOSURE OF EARMARKS AND CONGRESSIONALLY DIRECTED
SPENDING ITEMS

Neither the bill nor the report contains any Congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

COMPLIANCE WITH RULE XIII, CL. 3(E) (RAMSEYER RULE)

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman):

[TO BE INSERTED]

CHANGES IN THE APPLICATION OF EXISTING LAW

Pursuant to clause 3(f)(1)(A) of rule XIII of the Rules of the House of Representatives, the following statements are submitted describing the effect of provisions in the accompanying bill that directly or indirectly change the application of existing law.

TITLE I—DEPARTMENT OF LABOR

Language is included under “Employment and Training Administration” providing that allotments to outlying areas are not required to be made through the Pacific Region Educational Laboratory as provided by section 127 of the Workforce Innovation and Opportunity Act (WIOA).

Language is included under “Employment and Training Administration” providing additional waiver authority to the Secretary for Wagner-Peyser Act requirements pursuant to requests from States.

Language is included under “Employment and Training Administration” providing amounts made available for dislocated workers may be used for State activities or across multiple local areas where workers remain dislocated.

Language is included under “Employment and Training Administration” providing that technical assistance and demonstration projects may provide assistance to new entrants in 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 receiving related assistance services in the migrant and seasonal farmworkers programs.

Language is included under “Job Corps” providing that amounts made available for construction and rehabilitation may include acquisition and maintenance of major items of equipment.

Language is included under “Job Corps” providing authority to transfer up to 15 percent of construction and rehabilitation funds

for operational needs with prior written notice to the Committee and that any such transfers are available for obligation through June 30, 2019.

Language is included under “Job Corps” providing that no funds from any other appropriation may be used for meal services at Job Corps.

Language is included under “Job Corps” providing that the Secretary may prioritize enrollment of applicants who are at least 20 years of age.

Language is included under “Federal Unemployment Benefits and Allowances” providing that funding may be available beyond the current year in accordance with section 245(c) of the Trade Act of 1974.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing for reemployment services and referrals to training for 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 additional funds for reemployment services, eligibility assessments, and unemployment insurance improper payment reviews pursuant to the Balanced Budget and Emergency Deficit Control Act of 1985.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that States may use up to 100 percent of allotted under Section 6 to carry out activities described in Section 7(a) of the Wagner-Peyser Act Act.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing for additional administrative funds from the Unemployment Trust Fund if unemployment claims exceed certain levels.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing authority for States to use funds to assist other States to carry out authorized activities in cases of a major disaster declared by the President under the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that the Department of Labor may make payments on behalf of States for the use of the National Directory of New Hires.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that the Department of Labor may make payments from funds appropriated for States’ grants on behalf of States to the entity operating the State Information Data Exchange System.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that the Department of Labor may make payments from funds appropriated for States’ grants on behalf of States to the entity operating the Unemployment Insurance Integrity Center of Excellence.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that appropriations for establishing a national one-stop career system may be obligated in contracts, grants or agreements with States or non-State entities.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that States awarded grants to support national activities of the Federal-State unemployment insurance system may award subgrants to other States.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that funds available for integrated Unemployment Insurance and Employment Service automation may be used by States notwithstanding cost allocation principles prescribed under the Office of Management and Budget “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.”

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that the Department of Labor may reallocate funds among States participating in a consortium.

Language is included under “State Unemployment Insurance and Employment Service Operations” allowing the Secretary to collect fees 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 “Special Benefits” providing that the Department of Labor may use authority to reimburse an employer who is not the employer at the time of injury for portions of the salary of a re-employed, disabled beneficiary.

Language is included under “Special Benefits” providing that unobligated balances of reimbursements shall remain available until expended for the payment of compensation, benefits, and expenses.

Language is included under “Special Benefits” providing that funds shall be transferred to the appropriation from entities required under 5 U.S.C. 8147(c) as determined by the Department of Labor.

Language is included under “Special Benefits” providing that funds transferred from entities under 5 U.S.C. 8147(c), specified amounts may be used by the Department of Labor for maintenance and data and communications systems, workload processing, roll disability management and medical review, and program integrity with remaining amounts paid into the Treasury.

Language is included under “Special Benefits” providing that the Secretary may prescribe regulations requiring identification for the filing 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 col-

lected from the training institute may be retained and used for related training and education.

Language is included under “Occupational Safety and Health Administration” providing that fees collected from Nationally Recognized Testing Laboratories may be used to administer laboratory recognition programs that insure safety of equipment used in the workplace.

Language is included under “Occupational Safety and Health Administration” that prohibits enforcement on farming operations of 10 or fewer employees or of an employer with 10 or fewer employees that is below the national average in specific injury categories except under specific exclusions.

Language is included under “Mine Safety and Health Administration” providing that funds made available for State assistance grants may be used for the purchase and maintenance of equipment required by the Lowering Miners’ Exposure to Respirable Coal Mine Dust rule.

Language is included under “Mine Safety and Health Administration” providing that a specific amount may be collected by the National Mine Health and Safety Academy and made available for mine safety and health education and training.

Language is included under “Mine Safety and Health Administration” providing that a specific amount may be collected from the approval and certification of equipment and materials and made available for other such activities.

Language is included under “Mine Safety and Health Administration” providing that the Department of Labor may accept lands, buildings, equipment, and other contributions from public and private sources for cooperative projects.

Language is included under “Mine Safety and Health Administration” providing that the Department of Labor may promote health and safety education and training through cooperative agreements with States, industry and safety associations.

Language is included under “Mine Safety and Health Administration” providing that the Department of Labor may recognize the Joseph A. Holmes Safety Association as the principal safety association and may provide funds or personnel as officers in local chapters or the national organization.

Language is included under “Mine Safety and Health Administration” providing that the Department of Labor may use appropriated funds to provide for costs associated with mine rescue and survival operations in the event of a major disaster.

Language is included under “Departmental Management—Salaries and Expenses” providing that the Bureau of International Labor Affairs may administer 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 subject to certain conditions.

Language is included under “Departmental Management—Salaries and Expenses” providing that funds available to the Women’s Bureau may be used for grants to service and promote the interests of women in the workplace.

Language is included under “Departmental Management—Salaries and Expenses” providing that certain amounts made available to the Women’s Bureau shall be used for grants authorized by the Women in Apprenticeship and Nontraditional Occupations Act.

Language is included under “Veterans Employment and Training” providing that up to three percent of States’ grants may be used for federal expenditures for data systems and contract support.

Language is included under “Veterans Employment and Training” providing that funds may be used for support specialists providing intensive services to wounded service members.

Language is included under “Veterans Employment and Training” providing for a pilot project to train and place transitioning service members in apprenticeships.

Language is included under “Veterans Employment and Training” providing that Department of Labor may reallocate up to three percent of funds provided among appropriated accounts.

Language is included under “Veterans Employment and Training” providing that the Department may award grants under section 2023 of Title 38, United States Code.

Language is included under “Veterans Employment and Training” providing that services may be provided to certain homeless or recently incarcerated veterans under section 2021 of Title 38, United States Code.

Language is included under “Veterans Employment and Training” providing that funds made available to assist homeless veterans may be used for data systems and contract support track participant and performance information.

Language is included under “Veterans Employment and Training” providing that the fees assessed pursuant to the HIRE Vets Medallion Award Fund shall be available to the Secretary for expenses of the HIRE Vets Medallion Award Program and that the start date prescribed in the Act shall not apply.

Language is included under “General Provisions” prohibiting the use of Job Corps funds to pay the salaries and bonuses at a rate in excess of Executive Level II.

Language is included under “General Provisions” authorizing the transfer of up to one percent of discretionary funds between programs, projects, or activities as long as the transfer does not increase any program, project, or activity by more than three percent and no new program, project, or activity is created by such transfer.

Language is included under “General Provisions” prohibiting the use funds for procurement of goods or services rendered by forced or indentured child labor.

Language is included under “General Provisions” prohibiting the use of any funds appropriated for grants under section 414(c) of the American Competitiveness and Workforce Improvement Act of 1998, for purposes other than competitive grants for training individuals over the age of 16 who are not currently enrolled in school in the occupations and industries for which employers are using H-1B visa to hire foreign workers.

Language is included under “General Provisions” prohibiting the use of any funds appropriated for Employment and Training Administration programs to be used to pay the salaries and bonuses

at a rate in excess of Executive Level II except under specific exclusions.

Language is included under “General Provisions” providing that the Department of Labor may transfer funds from the Employment and Training Administration to Program Administration when it is determined that services will be more efficiently performed and that the Department may transfer certain amounts to Program Administration to conduct program integrity activities.

Language is included under “General Provisions” providing that the Department of Labor may transfer funds from specified accounts to the “Office of the Chief Evaluation Officer” for program evaluations.

Language is included under “General Provisions” regarding the application of certain Fair Labor Standards Act requirements pertaining to the evaluation of claims following a major disaster.

Language is included under “General Provisions” rescinding advance appropriations for the Dislocated Workers National Reserve.

Language is included under “General Provisions” providing flexibility of crossing for H-2B nonimmigrant workers in the seafood industry.

Language is included under “General Provisions” providing certain authorities related to the Secretary’s security detail.

Language is included under “General Provisions” providing certain authorities for the Working Capital Fund.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

Language is included under “Health Resources and Services Administration—Health Workforce” overriding the proportional funding requirements in the Public Health Service Act for sections 751 and 762.

Language is included under “Health Resources and Services Administration—Health Workforce” providing that fees collected for the disclosure of information under the information reporting requirement program authorized by section 1921 of the Social Security Act shall be sufficient to recover the full costs of the operation program and shall remain available until expended to carry out that Act.

Language is included under “Health Resources and Services Administration—Health Workforce” providing funding under the National Health Service Corps Loan Repayment Program for substance use disorder counselors and placement in Indian Health Service facilities.

Language is included under “Center for Disease Control and Prevention—Public Health Preparedness and Response” permitting CDC to operate and maintain an aircraft.

Language is included under “Center for Disease Control and Prevention—Buildings and Facilities” providing the use of funds to support acquisition, renovation, or replacement, of the National Institute Occupational Safety and Health’s underground and surface coal mining research capacity.

Language is included under “Center for Disease Control and Prevention—Buildings and Facilities” providing funds from former employees with existing Individual Learning Accounts unobligated to be available to support acquisition, renovation, or replacement, of

the National Institute for Occupational Safety and Health's underground and surface coal mining research capacity.

Language is included under "Substance Abuse and Mental Health Services Administration—Mental Health" requiring states to spend 10 percent of the Mental Health Block Grant for programs for individuals with early serious mental illness.

Language is included under "Substance Abuse and Mental Health Services Administration—Mental Health" exempting the Mental Health Block Grant from the evaluation set-aside in section 241 of the Public Health Service Act.

Language is included under "Substance Abuse and Mental Health Services Administration—Substance Abuse Treatment" exempting the Substance Abuse Prevention and Treatment Block Grant from the evaluation set-aside in section 241 of the Public Health Service Act.

Language is included under "Centers for Medicare and Medicaid Services—Program Management" prohibiting the collection of fees from qualified health plans offered through an Exchange established under Public Law 111-148.

Language is included under "Centers for Medicare and Medicaid Services—Health Care Fraud and Abuse Control Account" providing funds to support the cost of the Senior Medicare Patrol program.

Language is included under "Administration for Children and Families—Low Income Home Energy Assistance" modifying the formula distribution of funds provided.

Language is included under "Administration for Children and Families—Refugee and Entrant Assistance" permitting a 10 percent transfer.

Language is included under "Administration for Children and Families—Payments to States for the Child Care and Development Block Grant" increasing the tribal set-aside to 5 percent.

Language is included under "Administration for Children and Families—Payments to States for the Child Care and Development Block Grant" establishing a demonstration grant program for families needing care on an emergency basis, located in rural areas, or non-traditional work hours.

Language is included under "Administration for Children and Families—Children and Families Services Programs" providing for payments under the Head Start Act for a cost of living adjustment and the calculation of a base grant.

Language is included under Administration for Community Living establishing an assistive technology alternative financing program.

Language is included under Administration for Community Living prohibiting the use of the funds provided in the bill to pursue legal action on behalf of a protection and advocacy system described in section 103 of the Protection and Advocacy for Individuals with Mental Illness Act unless public notice has been provided within 90 of instituting action to the named person or their legal guardian.

Language is included under Administration for Community Living waiving the public notice requirement for individuals without a guardian, who are not competent to consent, who are wards of the State or subject to public guardianship.

Language is included under “General Departmental Management” for competitive grants that implement education in sexual risk avoidance using medically accurate information, evidence-based approaches and teach benefits of healthy relationships, goal setting and resisting sexual coercion and other youth risk behaviors.

Section 201 limits the amount available for official reception and representation expenses.

Section 202 limits the salary of an individual through an HHS grant or other extramural mechanism to not more than the rate of Executive Level II.

Section 203 prohibits the Secretary from using evaluation set-aside funds until the Committees on Appropriations of the House of Representatives and the Senate receive a report detailing the planned use of such funds.

Section 204 sets the PHS evaluation set-aside to 2.5 percent.

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

Section 206 continues the 60 day flexibility for National Health Service Corps contract terminations.

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

Section 208 states that no provider of services under Title X shall be exempt from any state law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

Section 209 provides conscience protections to participants in the Medicare Advantage program who chose not to provide, pay for, provide coverage of, or provide referrals for abortions.

Section 210 prohibits funds from being used to advocate or promote gun control.

Section 211 limits assignments of Public Health Service staff to assist in child survival activities to not more than 60 days.

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 provides the Director of NIH, jointly with the Director of the Office of AIDS Research, the authority to transfer up to three percent of human immunodeficiency virus funds.

Section 214 makes NIH funds available for human immunodeficiency virus research available to the Office of AIDS Research.

Section 215 grants authority to the Office of the Director of the NIH to enter directly into transactions in order to implement the NIH Common Fund for medical research and permitting the Director to utilize peer review procedures, as appropriate, to obtain assessments of scientific and technical merit.

Section 216 clarifies that funds appropriated to NIH institutes and centers may be used for minor repairs or improvements to

their buildings, up to \$3,500,000 per project with a total limit for NIH of \$45,000,000.

Section 217 transfers one percent of the funding made available for National Institutes of Health National Research Service Awards to the Health Resources and Services Administration and Agency for Healthcare Research and Quality.

Section 218 continues the Biomedical Advanced Research and Development Authority ten year contract authority.

Section 219 requires HHS to include certain information concerning the number of full-time federal employees and contractors working on the ACA in the fiscal year 2020 budget request.

Section 220 includes specific report requirements for CMS's marketplaces activities in the fiscal year 2020 budget request.

Section 221 prohibits CMS Program Account from being used to support risk corridor payments.

Section 222 directs the spending and transfer of amount in the Prevention and Public Health fund.

Section 223 continues a provision relating to breast cancer screening.

Section 224 requires the NIH to continue to use existing indirect cost negotiated rates.

Section 225 permits transfer authority within NIH, to the Director of NIH for activities related to opioid addiction, opioid alternatives, pain management, and addiction treatment.

Section 226 permits transfer authority for activities related to evaluation for programs administered by the Administration for Children and Families.

Section 227 prohibits funds from being used for Title X family planning activities.

Section 228 establishes the account Infectious Disease Rapid Response Reserve Fund for emergency use by the Secretary.

TITLE III—DEPARTMENT OF EDUCATION

Language is included under "General Provisions" allowing ESEA funds consolidated for evaluation purposes to be available from July 1, 2019 through September 30, 2020.

Language is included under "General Provisions" allowing certain institutions to continue to use endowment income for student scholarships.

Language is included under "General Provisions" extending the authorization of the National Advisory Committee on Institutional Quality and Integrity.

Language is included under "General Provisions" extending the authority to provide account maintenance fees to guaranty agencies for Federal student loans.

TITLE IV—RELATED AGENCIES

Language is included under "Federal Mediation and Conciliation Service—Salaries and Expenses" providing that fees charged for special training and other services and be retained and used for authorized purposes, that fees for arbitration services may only be used for training agency personnel, and that the Director may accept gifts and services in aid of any projects under the Director's jurisdiction.

Language is included under “National Labor Relations Board—Salaries and Expenses” prohibiting the use of funds for organizing or assisting in the organization of agricultural workers or for investigations, hearings, directives, or orders related to bargaining units of agricultural workers including employees involved in the maintenance and operations of ditches, canals, reservoirs and waterways for agricultural purposes.

Language is included under “National Labor Relations Board—Administrative Provisions” prohibiting the use of electronic voting in representation elections.

Language is included under “National Labor Relations Board—Administrative Provisions” prohibiting the 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.

Language is included under “The Committee for Purchase from People Who are Blind or Severely Disabled” requiring that written agreements, with certain oversight provisions, be in place in order for authorized fees to be charged by certified nonprofit agencies.

TITLE V—GENERAL PROVISIONS

Section 501 permits the Secretaries of Labor, Health and Human Services, and Education to transfer unexpended balances of prior appropriations to accounts corresponding to current appropriations to be used for the same purpose and for the same periods of time for which they were originally appropriated.

Section 502 prohibits the obligation of funds beyond the current fiscal year unless expressly so provided.

Section 503 prohibits funds from being used to support or defeat legislation.

Section 504 limits the amount available for official reception and representation expenses for the Secretaries of Labor and Education, the Director of the Federal Mediation and Conciliation Service, and the Chairman of the National Mediation Board.

Section 505 requires grantees receiving Federal funds to clearly state the percentage of the total cost of the program or project that will be financed with Federal money.

Section 506 prohibits the use of funds for any abortion.

Section 507 provides exceptions to section 506 and a provision prohibiting funds from being made available to a Federal agency or program, or to a State or local government, if such agency, program or government discriminates against institutional or individual health care entities because they do not provide, pay for, provide coverage of, or refer for abortions.

Section 508 prohibits use of funds for certain research involving human embryos.

Section 509 prohibits use of funds for any activity that promotes the legalization of any drug or substance included in schedule I of the schedules of controlled substances.

Section 510 prohibits use of funds to promulgate or adopt any final standard providing for a unique health identifier until legislation is enacted specifically approving the standard.

Section 511 prohibits funds to be obligated or expended on a contract with an entity that has not submitted a report on qualified veteran employees as required under 38 U.S.C. 4212(d).

Section 512 prohibits any transfer of funds made available in this Act except by the authority provided in this Act or another 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 prohibits the use of funds for the downloading or exchanging of pornography.

Section 522 prohibits funding from going to the Association of Community Organizations for Reform Now (ACORN), or any of its affiliates, subsidiaries, allied organizations, or successors.

Section 523 directs certain reporting requirements for conference expenditures.

Section 524 requires disclosure of U.S. taxpayer funding for programs used in advertising.

Section 525 authorizes performance partnership pilots.

Section 526 requires quarterly reports on the status of balances of appropriations from the Departments of Labor, Health and Human Services and Education.

Section 527 prohibits the use of funds to implement, administer, enforce or further the provisions of Public Law 111-148 and portions of Public Law 111-152 with certain exceptions.

Section 528 prohibits the use of funds to implement, administer, enforce or further advance the Navigators program.

Section 532 prohibits funds for research on fetal tissue obtained from an induced abortion.

Section 533 restricts funding to certain health care entities.

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
VETERANS' EMPLOYMENT AND TRAINING SERVICE: Homeless Veterans Program	FY 2018	50,000,000	50,000,000	50,000,000
DEPARTMENT OF HEALTH AND HUMAN SERVICES: HRSA:				
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	48,970,000
National Center for Workforce Analysis	FY 2014	7,500,000	4,651,000	5,663,000
Primary Care Training and Enhancement	FY 2014	Such Sums	38,831,000	48,924,000
Oral Health Training Programs	FY 2012	25,000,000	31,928,000	40,673,000
Area Health Education Centers	FY 2014	125,000,000	30,250,000	38,250,000
Education & Training—Geriatrics: (Workforce Development)	FY 2014	10,800,000	33,237,000	40,737,000
(Career Incentive Awards)	FY 2013	10,000,000		
Mental & Behavioral Health Education	FY 2013	35,000,000	7,896,000	107,416,000
Graduate Medical Education	N/A	N/A	N/A	200,000,000
Nursing Education Loan Repayment	FY 2007	Such Sums	31,055,000	87,135,000
Nurse Education, Practice, Quality and Retention Program	FY 2012	Such Sums	41,913,000	41,913,000
Nurse Education, Practice, Retention, and Quality Grants	FY 2014	Such Sums	37,913,000	41,913,000
Nurse Faculty Loan Program	FY 2014	Such Sums	24,500,000	28,500,000
Nursing Workforce Diversity	FY 2009	Such Sums		17,343,000
Sickle Cell	FY 2013	10,000,000	4,455,000	4,455,000
Healthy Start	FY 2013	Formula	100,746,000	110,500,000
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 E	FY 2013	25,000,000	25,000,000	25,000,000
AIDS Education and Training Centers—Part F	FY 2013	42,178,000	33,275,000	33,611,000
Dental Reimbursement—Part F	FY 1993	15,802,000	12,991,000	13,122,000
Organ Transplantation	FY 2012	45,000,000	55,553,000	25,549,000
Rural Health Outreach Grants	FY 2012	Such Sums	41,040,000	71,500,000
Rural Hospital Flexibility Grants	FY 2002	Such Sums	4,000,000	59,609,000
State Offices of Rural Health	FY 2006	Such Sums	6,814,000	11,000,000
Telehealth		Such Sums		23,500,000

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in This Bill
CDC:				
Sexually Transmitted Diseases Grants	FY 1998	Such Sums	113,671,000	157,310,000
National Cancer Registries	FY 2003	Such Sums	N/A	49,440,000
National Center for Health Statistics	FY 2003	Such Sums	125,899,000	160,397,000
WISEWOMEN	FY 2003	Such Sums	12,419,000	21,120,000
Asthma (Environmental)	FY 2005	Such Sums	32,422,000	29,000,000
Folic Acid	FY 2005	Such Sums	2,188,000	3,150,000
Injury Prevention and Control	FY 2005	Such Sums	138,237,000	690,559,000
Oral Health Promotion	FY 2005	Such Sums	11,204,000	22,000,000
Safe Motherhood/Infant Health Promotion	FY 2005	Such Sums	44,738,000	44,000,000
Grants to Promote Childhood Nutrition and Physical Activity	FY 2005	Such Sums	26,835,000	54,920,000
Screening, Referrals, and Education Regarding Lead Poisoning	FY 2005	Such Sums	36,474,000	35,000,000
Birth Defects, Developmental Disability, Disability and Health Developmental Disabilities:	FY 2007	Such Sums	122,242,000	150,560,000
Surveillance and Research Program (Autism)	FY 2011	21,000,000	21,380,000	23,100,000
Breast and Cervical Cancer	FY 2012	275,000,000	204,779,000	218,000,000
Johanna's Law	FY 2014	18,000,000	4,972,000	7,000,000
Epidemiology Laboratory Capacity Grants	FY 2014	190,000,000	32,424,000	40,000,000
National TB Strategy/Grants	FY 2013	243,101,000	132,997,000	142,256,000
Public Health Workforce and Career Development	FY 2013	39,500,000	64,000,000	51,000,000
National Diabetes Prevention Program	FY 2014	Such Sums	10,000,000	26,800,000
Section 317 Immunization	FY 2014	Such Sums	610,847,000	620,847,000
Congenital Heart Disease Programs	FY 2015	Such Sums	4,000,000	4,000,000
SAMHSA:				
State Opioid Response Grants	N/A	N/A	N/A	\$1,000,000,000
AHRQ:				
Research on Health Costs, Quality, and Outcomes	FY 2005	Such Sums	324,000,000	197,156,000
ACF:				
Low Income Home Energy Assistance Program	FY 2007	5,100,000,000	2,161,170,000	3,640,304,000
Children and Families Services Programs:				
Adoption and Legal Guardianship Incentive Payments	FY 2016	43,000,000	37,943,000	80,000,000
Native American Programs	FY 2002	Such Sums	45,826,000	55,050,000
Community Services Block Grant	FY 2003	Such Sums	645,762,000	750,000,000
Head Start	FY 2012	Such Sums	7,968,544,000	9,963,095,000
Runaway and Homeless Youth Programs	FY 2013	Such Sums	107,852,000	104,280,000
CAPTA programs	FY 2015	Such Sums	143,981,000	158,074,000
Family Violence Programs	FY 2015	178,500,000	139,500,000	169,250,000

Child Welfare Services	FY 2016	325,000,000	268,735,000	278,735,000
Refugee and Entrant Assistance:				
Transitional and Medical Services		Such Sums	227,243,000	320,000,000
Social Services	FY 2002	Such Sums	158,600,000	155,000,000
Preventive 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	10,622,000
ACI:				
Alzheimer's Diseases Demonstration	FY 2002	Such Sums	11,483,000	23,500,000
Lifespan Respite Care	FY 2011	94,810,000	2,495,000	4,110,000
State Health Insurance Assistance Program	FY 1996	10,000,000	N/A	49,115,000
Developmental Disabilities	FY 2007	Such Sums	155,115,000	176,316,000
Voting Access for People with Disabilities	FY 2005	\$17,410,000	\$13,879,000	6,963,000
Elder Justice/ Adult Protective Services	FY 2014	129,000,000	0	15,874,000
Assistive Technology	FY 2010	Such Sums	25,000,000	36,000,000
PHSSEF:				
National Disaster Medical System	FY 2018	52,700,000	57,404,000	62,404,000
Medical Reserve Corps	FY 2018	11,200,000	6,000,000	6,000,000
Hospital Preparedness Program	FY 2018	374,700,000	254,555,000	279,555,000
BARDA	FY 2018	415,000,000	536,700,000	586,700,000
Project BioShield	FY 2018	2,800,000,000	710,000,000	780,000,000
Strategic National Stockpile	FY 2018	533,800,000	610,000,000	710,000,000
DEPARTMENT OF EDUCATION:				
National Technical Institute for the Deaf	FY 2014	Such Sums	66,291,000	75,000,000
Gallaudet University	FY 2014	Such Sums	119,000,000	134,361,000
Aid for Institutional Development	FY 2014	Such Sums	521,299,000	316,880,000
International Education And Foreign Language	FY 2014	Such Sums	72,164,000	72,164,000
Teacher Quality Partnerships	FY 2011	Such Sums	40,592,000	43,092,000
Federal TRIO Programs	FY 2014	Such Sums	838,252,000	1,060,000,000
GEAR UP	FY 2014	Such Sums	301,639,000	360,000,000
Child Care Access Means Parents in School	FY2014	Such Sums	15,134,000	37,000,000
Federal Work-Study Programs	FY 2014	Such Sums	974,728,000	1,130,000,000
Federal Supplemental Educational Opportunity Grants	FY 2014	Such Sums	733,130,000	840,000,000
Discretionary Federal Pell Grant	FY 2017	Such Sums	22,475,352,000	22,475,352,000
IDEA National Activities	FY 2010	Such Sums	260,203,000	229,803,000
RELATED AGENCIES:				
Corporation for Public Broadcasting	FY 1996	425,000,000	275,000,000	465,000,000
Corporation for National and Community Service	FY 2014	Such Sums	1,049,954,000	767,629,000
Institute of Museum and Library Services	FY 2016	Such Sums	274,840,000	240,000,000

PROGRAM DUPLICATION

Pursuant to section 3(j)(2) of H. Res. 5 (115th Congress), no provision of this bill establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

DIRECTED RULE MAKING

The bill does not direct any rule making.

COMPARISON WITH THE BUDGET RESOLUTION

Pursuant to clause 3(c)(2) of rule XIII of the Rules of the House of Representatives and Section 308(a)(1)(A) of the Congressional Budget Act of 1974, the following table compares the levels of new budget authority provided in the bill with the appropriate allocations under section 302(b) of the Budget Act:

[In millions of dollars]

	302(b) Allocation		This Bill	
	Budget Authority	Outlays	Budget Authority	Outlays
Discretionary.	\$X.X	\$X.X	\$X.X	¹ \$X.X
Mandatory.	X.X	X.X	X.X	¹ X.X

¹ Includes outlays from prior-year budget authority.

FIVE-YEAR OUTLAY PROJECTIONS

Pursuant to section 308(a)(1)(B) of the Congressional Budget Act of 1974, the following table contains five-year projections prepared by the Congressional Budget Office of outlays associated with the budget authority provided in the accompanying bill:

[In millions of dollars]

Projection of outlays associated with the recommendation:	
2019	¹ \$X
2020	X
2021	X
2022	X
2023 and future years	X

¹ Excludes outlays from prior-year budget authority.

ASSISTANCE TO STATE AND LOCAL GOVERNMENTS

Pursuant to section 308(a)(1)(C) of the Congressional Budget Act of 1974, the amounts of financial assistance to State and local governments is as follows:

[In millions of dollars]

New Budget Authority	\$X.X
Fiscal year 2019 outlays resulting therefrom	¹ X.X

¹ Excludes outlays from prior-year budget authority.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 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	133,556	103,556	133,556	---	+30,000 FF
Advance from prior year..... NA	(712,000)	(712,000)	(712,000)	---	---
FY 2020..... D	712,000	712,000	712,000	---	---
Subtotal.....	845,556	815,556	845,556	---	+30,000
Youth Training..... D	903,416	873,416	903,416	---	+30,000 FF
Dislocated Worker Assistance, current year..... D	180,860	160,860	180,860	---	+20,000 FF
Advance from prior year..... NA	(860,000)	(860,000)	(860,000)	---	---
FY 2020..... D	860,000	860,000	860,000	---	---
Subtotal.....	1,040,860	1,020,860	1,040,860	---	+20,000
Subtotal, Grants to States.....	2,789,832	2,709,832	2,789,832	---	+80,000
Current Year.....	(1,217,832)	(1,137,832)	(1,217,832)	---	(+80,000)
FY 2020.....	(1,572,000)	(1,572,000)	(1,572,000)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
National Programs:					
Dislocated Worker Assistance National Reserve:					
Current year..... D	20,859	20,859	200,000	+179,141	+179,141 FF
Advance from prior year..... NA	(200,000)	(200,000)	(200,000)	---	---
FY 2020..... D	200,000	125,000	---	-200,000	-125,000
Subtotal.....	220,859	145,859	200,000	-20,859	+54,141
Subtotal, Dislocated Worker Assistance.....	1,261,719	1,166,719	1,240,860	-20,859	+74,141
Native American programs..... D					
Native American programs..... D	54,000	---	55,000	+1,000	+55,000 FF
Migrant and Seasonal Farmworker programs..... D	87,896	---	87,896	---	+87,896 FF
YouthBuild activities..... D	89,534	84,534	92,534	+3,000	+8,000 FF
Technical assistance..... D	---	2,000	---	---	-2,000
Reintegration of Ex-Offenders..... D	93,079	78,324	93,079	---	+14,755
Workforce Data Quality Initiative..... D	6,000	---	6,000	---	+6,000
Apprenticeship programs..... D	145,000	200,000	150,000	+5,000	-50,000
Total, National Programs.....	686,368	510,717	684,509	-11,859	+173,792
Current Year.....	(496,368)	(385,717)	(684,509)	(+188,141)	(+298,792)
FY 2020.....	(200,000)	(125,000)	---	(-200,000)	(-125,000)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Total, Training and Employment Services (TES)					
Current Year	3,486,200	3,220,549	3,474,341	-11,859	+253,792
FY 2020	(1,714,200)	(1,523,549)	(1,902,341)	(+188,141)	(+378,792)
	(1,772,000)	(1,697,000)	(1,572,000)	(-200,000)	(-125,000)
Job Corps					
Operations	1,603,325	1,189,812	1,603,325	---	+413,513 FF
Construction, Rehabilitation and Acquisition	83,000	75,016	83,000	---	+7,984 FF
Administration	32,330	32,110	32,330	---	+220
Total, Job Corps	1,718,655	1,296,938	1,718,655	---	+421,717
Current Year	(1,718,655)	(1,296,938)	(1,718,655)	---	(+421,717)
Community Service Employment For Older Americans	400,000	---	400,000	---	+400,000 FF
Federal Unemployment Benefits and Allowances (indefinite)	790,000	790,000	790,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
State Unemployment Insurance and Employment Service Operations					
Unemployment Compensation (UI):					
State Operations..... TF	2,510,600	2,356,816	2,356,816	-153,784	---
Reemployment eligibility assessments--UI integrity TF	120,000	130,000	117,000	-3,000	-13,000
Permissible cap adjustment..... TF	---	---	33,000	+33,000	+33,000
UI Integrity Center of Excellence..... TF	9,000	6,000	9,000	---	+3,000
Subtotal, Unemployment Compensation.....	2,639,600	2,492,816	2,515,816	-123,784	+23,000
Federal-State UI National Activities..... TF	13,897	12,000	13,897	---	+1,897
Employment Service (ES):					
Grants to States:					
Federal Funds..... D	21,413	21,413	21,413	---	FF
Trust Funds..... TF	645,000	650,000	564,375	-80,625	-85,625
Subtotal, Grants to States.....	666,413	671,413	585,788	-80,625	-85,625
ES National Activities..... TF	19,818	19,683	19,818	---	+135
Subtotal, Employment Service.....	686,231	691,096	605,606	-80,625	-85,490
Federal Funds.....	(21,413)	(21,413)	(21,413)	---	---
Trust Funds.....	(664,818)	(669,683)	(584,193)	(-80,625)	(-85,490)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Foreign Labor Certifications and Related Activities:					
Federal Administration..... TF	48,028	47,937	48,028	---	+91
Grants to States..... TF	14,282	14,255	14,282	---	+27
Subtotal, Foreign Labor Certification.....	62,310	62,192	62,310	---	+118
One-Stop Career Centers/Labor Market Information..... D	62,653	67,194	62,653	---	-4,541 FF
Total, State UI and ES.....	3,454,691	3,325,298	3,260,282	-204,409	-65,016
Federal Funds.....	(84,066)	(88,607)	(84,066)	---	(-4,541)
Trust Funds.....	(3,380,625)	(3,236,691)	(3,176,216)	(-204,409)	(-60,475)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
(Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Program Administration					
Training and Employment.....	62,040	59,744	62,040	---	+2,296
Trust Funds.....	8,639	8,580	8,639	---	+59
Employment Security.....	3,440	2,184	3,440	---	+1,256
Trust Funds.....	39,264	38,997	39,264	---	+267
Apprenticeship Services.....	36,160	35,914	36,160	---	+246
Executive Direction.....	7,034	6,781	7,034	---	+253
Trust Funds.....	2,079	2,065	2,079	---	+14
Total, Program Administration.....	158,656	154,265	158,656	---	+4,391
Federal Funds.....	(108,674)	(104,623)	(108,674)	---	(+4,051)
Trust Funds.....	(49,982)	(49,642)	(49,982)	---	(-340)
Total, Employment and Training Administration...	10,018,202	8,787,050	9,801,934	-216,268	+1,014,884
Federal Funds.....	6,587,595	5,500,717	6,575,736	-11,859	+1,075,019
Current Year.....	(4,815,595)	(3,803,717)	(5,003,736)	(+188,141)	(+1,200,019)
FY 2020.....	(1,772,000)	(1,697,000)	(1,572,000)	(-200,000)	(-125,000)
Trust Funds.....	3,430,607	3,286,333	3,226,198	-204,409	-60,135

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
EMPLOYEE BENEFITS SECURITY ADMINISTRATION (EBSA)					
Salaries and Expenses					
Enforcement and Participant Assistance..... D	147,400	154,813	147,000	-400	-7,813
Policy and Compliance Assistance..... D	26,901	28,033	26,901	---	-1,132
Executive Leadership, Program Oversight and Administration..... D	6,699	6,654	6,699	---	+45
Total, EBSA.....	181,000	189,500	180,600	-400	-8,900
PENSION BENEFIT GUARANTY CORPORATION (PBGC)					
Pension Benefit Guaranty Corporation Fund					
Consolidated Administrative budget..... NA	(424,417)	(445,363)	(445,363)	(+20,946)	---
WAGE AND HOUR DIVISION, Salaries and Expenses..... D	227,500	230,068	225,500	-2,000	-4,568
OFFICE OF LABOR-MANAGEMENT STANDARDS, Salaries and Expenses..... D	40,187	46,634	42,187	+2,000	-4,447

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS, Salaries and Expenses..... D	103,476	91,100	99,476	-4,000	+8,376
OFFICE OF WORKERS' COMPENSATION PROGRAMS					
Salaries and Expenses..... D	115,424	113,109	115,424	---	+2,315
Trust Funds..... TF	2,177	2,173	2,177	---	+4
Total, Salaries and Expenses.....	117,601	115,282	117,601	---	+2,319
Federal Funds.....	(115,424)	(113,109)	(115,424)	---	(+2,315)
Trust Funds.....	(2,177)	(2,173)	(2,177)	---	(+4)
Special Benefits					
Federal Employees' Compensation Benefits..... M	217,000	227,000	227,000	+10,000	---
Longshore and Harbor Workers' Benefits..... M	3,000	3,000	3,000	---	---
Total, Special Benefits.....	220,000	230,000	230,000	+10,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Special Benefits for Disabled Coal Miners					
Benefit Payments..... M	65,000	20,000	20,000	-45,000	---
Administration..... M	5,319	5,319	5,319	---	---
Subtotal, FY 2019 program level.....	70,319	25,319	25,319	-45,000	---
Less funds advanced in prior year..... M	-16,000	-15,000	-15,000	+1,000	---
Total, Current Year.....	54,319	10,319	10,319	-44,000	---
New advances, 1st quarter, FY 2020..... M	15,000	14,000	14,000	-1,000	---
Total, Special Benefits for Disabled Coal Miners	69,319	24,319	24,319	-45,000	---
Administrative Expenses, Energy Employees Occupational Illness Compensation Fund	59,846	59,098	59,098	-748	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Black Lung Disability Trust Fund					
Benefit Payments and Interest on Advances..... M	345,635	257,256	257,256	-88,379	---
Workers' Compensation Programs, Salaries and Expenses.. M	38,246	38,246	38,246	---	---
Departmental Management, Salaries and Expenses..... M	31,994	31,994	31,994	---	---
Departmental Management, Inspector General..... M	330	330	330	---	---
Subtotal, Black Lung Disability.....	416,205	327,826	327,826	-88,379	---
Treasury Department Administrative Costs..... M					
	356	356	356	---	---
Total, Black Lung Disability Trust Fund.....	416,561	328,182	328,182	-88,379	---
Total, Workers' Compensation Programs.....					
Federal Funds.....	883,327	756,881	759,200	-124,127	+2,319
Current year.....	881,150	754,708	757,023	-124,127	+2,315
FY 2020.....	(866,150)	(740,708)	(743,023)	(-123,127)	(+2,315)
Trust Funds.....	(15,000)	(14,000)	(14,000)	(-1,000)	---
	2,177	2,173	2,177	---	+4

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)					
Salaries and Expenses					
Safety and Health Standards..... D	18,000	17,878	18,000	---	+122
Federal Enforcement..... D	208,000	212,735	208,000	---	-4,735
Whistleblower enforcement..... D	17,500	17,381	17,500	---	+119
State Programs..... D	100,850	100,165	100,850	---	+685
Technical Support..... D	24,469	23,766	24,469	---	+703
Compliance Assistance:					
Federal Assistance..... D	70,981	75,619	73,981	+3,000	-1,638
State Consultation Grants..... D	59,500	59,096	59,500	---	+404
Training Grants..... D	10,537	---	---	-10,537	---
Subtotal, Compliance Assistance..... D	141,018	134,715	133,481	-7,537	-1,234
Safety and Health Statistics..... D	32,900	32,677	32,900	---	+223
Executive Direction and Administration..... D	10,050	9,716	10,050	---	+334
Total, OSHA.....	552,787	549,033	545,250	-7,537	-3,783

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
(Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
MINE SAFETY AND HEALTH ADMINISTRATION					
Salaries and Expenses					
Coal Enforcement..... D	160,000	156,136	153,773	-6,227	-2,363
Metal/Non-Metal Enforcement..... D	94,500	96,975	94,500	---	-2,475
Standards Development..... D	4,500	5,345	4,500	---	-845
Assessments..... D	6,627	7,394	6,627	---	-767
Educational Policy and Development..... D	39,320	38,297	39,320	---	+1,023
Technical Support..... D	35,041	33,848	35,041	---	+1,193
Program Evaluation and Information Resources (PEIR).... D	17,990	21,953	17,990	---	-3,963
Program Administration..... D	15,838	15,958	15,838	---	-120
Total, Mine Safety and Health Administration....	373,816	375,906	367,589	-6,227	-8,317
Total, Worker Protection Agencies.....	1,596,367	1,597,523	1,578,203	-18,164	-19,320
Federal Funds.....	(1,594,190)	(1,595,350)	(1,576,026)	(-18,164)	(-19,324)
Trust Funds.....	(2,177)	(2,173)	(2,177)	---	(+4)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
BUREAU OF LABOR STATISTICS					
Salaries and Expenses					
Employment and Unemployment Statistics..... D	209,000	209,388	208,000	-1,000	-1,388
Labor Market Information..... TF	65,000	64,559	65,000	---	+441
Prices and Cost of Living..... D	209,000	207,235	210,000	+1,000	+2,765
Compensation and Working Conditions..... D	83,500	80,947	83,000	-500	+2,053
Productivity and Technology..... D	10,500	10,622	10,800	+300	+178
Executive Direction and Staff Services..... D	35,000	36,625	35,200	+200	-1,425
	=====	=====	=====	=====	=====
Total, Bureau of Labor Statistics.....	612,000	609,386	612,000	---	+2,614
Federal Funds.....	547,000	544,827	547,000	---	+2,173
Trust Funds.....	65,000	64,559	65,000	---	+441
OFFICE OF DISABILITY EMPLOYMENT POLICY					
Salaries and Expenses..... D	38,203	27,000	38,203	---	+11,203

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
DEPARTMENTAL MANAGEMENT					
Salaries and Expenses					
Executive Direction..... D	30,250	30,045	29,750	-500	-295
Departmental Program Evaluation..... D	8,040	7,985	8,040	---	+55
Legal Services..... D	123,745	124,644	124,250	+505	-394
Trust Funds..... TF	308	306	308	---	+2
International Labor Affairs..... D	86,125	18,500	18,500	-67,625	---
Administration and Management..... D	23,534	23,808	28,450	+4,916	+4,642
Adjudication..... D	35,000	35,462	35,000	---	-462
Women's Bureau..... D	13,530	3,525	13,750	+220	+10,225
Civil Rights Activities..... D	6,880	6,833	6,880	---	+47
Chief Financial Officer..... D	10,432	9,927	5,516	-4,916	-4,411
Total, Departmental Management Salaries and expenses.....	337,844	261,035	270,444	-67,400	+9,409
Federal Funds.....	(337,536)	(260,729)	(270,136)	(-67,400)	(+9,407)
Trust Funds.....	(308)	(306)	(308)	---	(+2)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
(Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Veterans Employment and Training					
State Administration, Grants..... TF	180,000	173,812	180,000	---	+6,188
Transition Assistance Program..... IF	19,500	16,950	23,000	+3,500	+6,050
Federal Administration..... IF	42,127	42,748	43,248	+1,121	+500
National Veterans' Employment and Training Services Institute..... TF	3,414	3,391	3,414	---	+23
Homeless Veterans Programs..... D	50,000	44,694	50,000	---	+5,306
Total, Veterans Employment and Training.....	295,041	281,595	299,662	+4,621	+18,067
Federal Funds.....	50,000	44,694	50,000	---	+5,306
Trust Funds.....	245,041	236,901	249,662	+4,621	+12,761
IT Modernization					
Departmental support systems..... D	4,889	---	4,889	---	+4,889
Infrastructure technology modernization..... D	15,880	---	24,280	+8,400	+24,280
Total, IT Modernization.....	20,769	---	29,169	+8,400	+29,169

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
(Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Office of Inspector General					
Program Activities.....	83,487	82,061	83,487	---	+1,426
Trust Funds.....	5,660	5,660	5,660	---	---
Total, Office of Inspector General.....	89,147	87,721	89,147	---	+1,426
Total, Departmental Management.....	742,801	630,351	688,422	-54,379	+58,071
Federal Funds.....	491,792	387,484	432,792	-59,000	+45,308
Current Year.....	(491,792)	(387,484)	(432,792)	(-59,000)	(+45,308)
Trust Funds.....	251,009	242,867	255,630	+4,621	+12,763
Total, Workforce Investment Act Programs.....	5,204,855	4,517,487	5,192,996	-11,859	+675,509
Current Year.....	(3,432,855)	(2,820,487)	(3,620,996)	(+188,141)	(+800,509)
FY 2020.....	(1,772,000)	(1,697,000)	(1,572,000)	(-200,000)	(-125,000)
Total, Title I, Department of Labor.....	13,773,299	12,292,909	13,360,361	-412,938	+1,067,452
Federal Funds.....	10,024,506	8,696,977	9,811,356	-213,150	+1,114,379
Current Year.....	(8,237,506)	(6,986,977)	(8,225,356)	(-12,150)	(+1,239,379)
FY 2020.....	(1,787,000)	(1,711,000)	(1,586,000)	(-201,000)	(-125,000)
Trust Funds.....	3,748,793	3,595,932	3,549,005	-199,788	-46,927

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
(Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE II --DEPARTMENT OF HEALTH AND HUMAN SERVICES					
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
Primary Health Care					
Community Health Centers..... D	1,625,522	4,990,629	1,525,522	-100,000	-3,465,107
Health Center Tort Claims..... D	---	99,893	---	---	-99,893
Free Clinics Medical Malpractice..... D	1,000	1,000	1,000	---	---
Total, Primary Health Care.....	1,626,522	5,091,522	1,526,522	-100,000	-3,565,000
Health Workforce					
National Health Service Corps..... D	105,000	310,000	105,000	---	-205,000
Training for Diversity:					
Centers of Excellence..... D	23,711	---	23,711	---	+23,711
Health Careers Opportunity Program..... D	14,189	---	---	-14,189	---
Faculty Loan Repayment..... D	1,190	---	1,190	---	+1,190
Scholarships for Disadvantaged Students..... D	48,970	---	48,970	---	+48,970
Total, Training for Diversity.....	88,060	---	73,871	-14,189	+73,871

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Primary Care Training and Enhancement..... D	48,924	---	48,924	---	+48,924
Oral Health Training..... D	40,673	---	38,673	-2,000	+38,673
Dental Faculty Loan Repayment..... D	---	---	2,000	+2,000	+2,000
Interdisciplinary Community-Based Linkages:					
Area Health Education Centers..... D	38,250	---	38,250	---	+38,250
Geriatric Programs..... D	40,737	---	40,737	---	+40,737
Mental and Behavioral Health..... D	36,916	---	---	-36,916	---
Graduate Psychology Education..... D	---	---	24,916	+24,916	+24,916
Behavioral Health Workforce Education and Training D	75,000	---	82,500	+7,500	+82,500
Total, Interdisciplinary Community Linkages....	186,903	---	186,403	-4,500	+186,403
Workforce Assessment..... D	5,663	4,663	5,663	---	+1,000
Public Health and Preventive Medicine programs..... D	17,000	---	17,000	---	+17,000
Nursing Programs:					
Advanced Education Nursing..... D	74,581	---	66,581	-8,000	+66,581
Nurse Education, Practice, and Retention..... D	41,913	---	41,913	---	+41,913
Nursing Workforce Diversity..... D	17,343	---	17,343	---	+17,343
Nursing Corps Scholarship and Loan Repayment Program..... D	87,135	83,135	87,135	---	+4,000
Nursing Faculty Loan Program..... D	28,500	---	28,500	---	+28,500
Subtotal, Nursing programs.....	249,472	83,135	241,472	-8,000	+158,337

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
(Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Children's Hospitals Graduate Medical Education..... D	315,000	---	325,000	+10,000	+325,000
Graduate Medical Education	---	---	200,000	+200,000	+200,000
Teaching Health Center, Graduate Medical Education.... D	---	60,000	---	---	-60,000
National Practitioner Data Bank..... D	18,814	18,814	18,814	---	---
User Fees..... D	-18,814	-18,814	-18,814	---	---
Total, Health Workforce.....	1,060,695	457,798	1,244,006	+183,311	+786,208
Maternal and Child Health					
Maternal and Child Health Block Grant..... D	651,700	627,700	655,000	+3,300	+27,300
Sickle Cell Anemia Demonstration Program..... D	4,455	---	4,455	---	+4,455
Autism and Other Developmental Disabilities..... D	49,099	---	52,099	+3,000	+52,099
Heritable Disorders in Newborns and Children..... D	15,883	---	16,883	+1,000	+16,883
Family-to-Family Health Information Centers..... D	---	5,000	---	---	-5,000
Maternal, Infant and Early Childhood Home Visiting Program..... D	---	400,000	---	---	-400,000
Healthy Start..... D	110,500	103,500	110,500	---	+7,000
Universal Newborn Hearing Screening..... D	17,818	---	17,818	---	+17,818
Emergency Medical Services for Children..... D	22,334	---	22,334	---	+22,334
Screening and treatment for maternal depression..... D	5,000	---	5,000	---	+5,000
Pediatric Mental Health Care Access..... D	10,000	---	9,000	-1,000	+9,000
Total, Maternal and Child Health.....	886,789	1,136,200	893,089	+6,300	-243,111

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
(Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Ryan White HIV/AIDS Program					
Emergency Assistance (Part A)..... D	655,876	655,876	655,876	---	---
Comprehensive Care Programs (Part B)..... D	1,315,005	1,315,005	1,315,005	---	---
AIDS Drug Assistance Program (ADAP) (NA)..... NA	(900,313)	(900,313)	(900,313)	---	---
Early Intervention Program (Part C)..... D	201,079	201,079	201,079	---	---
Children, Youth, Women, and Families (Part D)..... D	75,088	75,088	75,088	---	---
AIDS Dental Services (Part F)..... D	13,122	13,122	13,122	---	---
Education and Training Centers (Part F)..... D	33,611	---	33,611	---	+33,611
Special Projects of National Significance..... D	25,000	---	25,000	---	+25,000
Total, Ryan White HIV/AIDS program.....	2,318,781	2,260,170	2,318,781	---	+58,611
Health Care Systems					
Organ Transplantation..... D	25,549	23,549	25,549	---	+2,000
National Cord Blood Inventory..... D	15,266	12,266	17,266	+2,000	+5,000
C.W. Bill Young Cell Transplantation..... D	24,109	22,109	25,109	+1,000	+3,000
340B Drug Pricing program/Office of Pharmacy Affairs... D	10,238	26,238	15,238	+5,000	-11,000
User Fees..... D	---	-16,000	---	---	+16,000
Poison Control Centers..... D	20,846	18,846	22,846	+2,000	+4,000
Hansen's Disease Program..... D	13,706	11,653	13,706	---	+2,053
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.....	111,693	100,518	121,693	+10,000	+21,175

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Rural Health					
Rural Outreach Grants..... D	71,500	50,811	71,500	---	+20,689
Rural Health Research/Policy Development..... D	9,351	5,000	9,351	---	+4,351
Rural Hospital Flexibility Grants..... D	49,609	---	33,667	-15,942	+33,667
Small Hospital Improvement Grants..... D	---	---	25,942	+25,942	+25,942
State Offices of Rural Health..... D	10,000	---	11,000	+1,000	+11,000
Black Lung Clinics..... D	10,000	7,266	12,000	+2,000	+4,734
Radiation Exposure Screening and Education Program..... D	1,834	1,834	1,834	---	---
Telehealth..... D	23,500	10,000	23,500	-17,500	+13,500
Rural Communities Opioid Response..... D	100,000	---	82,500	-17,500	+82,500
Rural Residency Program..... D	15,000	---	10,000	-5,000	+10,000
Total, Rural Health.....	290,794	74,911	281,294	-9,500	+206,383
Family Planning..... D	286,479	286,479	---	-286,479	-286,479
Program Management..... D	155,000	151,993	155,000	---	+3,007
Total, Health resources and services (HRS).....	6,736,753	9,559,591	6,540,385	-196,368	-3,019,206

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Vaccine Injury Compensation Program Trust Fund					
Post-FY 1988 Claims..... M	268,000	308,000	308,000	+40,000	---
HRSA Administrative expenses..... TF	9,200	9,200	9,200	---	---
Total, Vaccine Injury Compensation Trust Fund....	277,200	317,200	317,200	+40,000	---
Total, Health Resources and Services Administration.....	7,013,953	9,876,791	6,857,585	-156,368	-3,019,206
CENTERS FOR DISEASE CONTROL AND PREVENTION					
Immunization and Respiratory Diseases..... D	474,055	700,828	484,055	+10,000	-216,773
Prevention and Public Health Fund 1/..... NA	(324,350)	---	(324,350)	---	(+324,350)
Subtotal.....	(798,405)	(700,828)	(808,405)	(+10,000)	(+107,577)
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention..... D	1,127,278	1,117,278	1,147,278	+20,000	+30,000
Emerging and Zoonotic Infectious Diseases..... D	562,572	508,328	562,572	---	+54,244
Prevention and Public Health Fund 1/..... NA	(52,000)	---	(52,000)	---	(+52,000)
Subtotal.....	614,572	508,328	614,572	---	+106,244

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Chronic Disease Prevention and Health Promotion..... D	915,346	939,250	902,746	-12,600	-36,504
Prevention and Public Health Fund 1/..... NA	(247,550)	---	(294,650)	(+47,100)	(+294,650)
Subtotal.....	1,162,896	939,250	1,197,396	+34,500	+258,146
Birth Defects, Developmental Disabilities, Disabilities and Health..... D	140,560	110,000	150,560	+10,000	+40,560
Subtotal..... NA	140,560	110,000	150,560	+10,000	+40,560
Public Health Scientific Services..... D	490,397	332,180	490,397	---	+158,217
Evaluation Tap Funding..... NA	---	(135,820)	---	---	(-135,820)
Subtotal.....	(490,397)	(468,000)	(490,397)	---	(+22,397)
Environmental Health..... D	188,750	157,000	179,350	-9,400	+22,350
Prevention and Public Health Fund 1/..... NA	(17,000)	---	(17,000)	---	(+17,000)
Subtotal.....	205,750	157,000	196,350	-9,400	+39,350
Injury Prevention and Control..... D	648,559	266,309	690,559	+42,000	+424,250
National Institute for Occupational Safety and Health. D	335,200	---	335,200	---	+335,200
Energy Employees Occupational Illness Compensation Program..... M	55,358	---	55,358	---	+55,358

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
(Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Global Health..... D	488,821	408,762	488,821	---	+79,859
Public Health Preparedness and Response..... D	1,450,000	800,000	860,000	-590,000	+60,000
Buildings and Facilities..... D	270,000	30,000	30,000	-240,000	---
Transfers from Nonrecurring Expenses Fund..... NA	(240,000)	---	---	(-240,000)	---
Subtotal.....	510,000	30,000	30,000	-480,000	---
CDC-Wide Activities and Program Support					
Prevention and Public Health Fund 1/..... NA	(160,000)	---	(160,000)	---	(+160,000)
Office of the Director..... D	113,570	155,000	413,570	+300,000	+258,570
Subtotal, CDC-Wide Activities.....	(273,570)	(155,000)	(573,570)	(+300,000)	(+418,570)
=====					
Total, Centers for Disease Control.....	7,260,266	5,524,935	6,790,266	-470,000	+1,265,331
Discretionary.....	7,204,908	5,524,935	6,734,908	-470,000	+1,209,973
Evaluation Tap Funding (NA)..... NA	---	(135,820)	---	---	(-135,820)
Prevention and Public Health Fund 1/..... NA	(800,900)	---	(848,000)	(+47,100)	(+848,000)
Transfers from Nonrecurring Expenses Fund..... NA	(240,000)	---	---	(-240,000)	---
Total, Centers for Disease Control Program Level	(8,301,166)	(5,660,755)	(7,638,266)	(-662,900)	(+1,977,511)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
(Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
NATIONAL INSTITUTES OF HEALTH					
National Cancer Institute (NCI)..... D	5,664,800	5,226,312	5,736,037	+71,237	+509,725
NIH Innovation Account, CURES Act2/..... D	---	400,000	400,000	+400,000	---
Subtotal, NCI	5,664,800	5,626,312	6,136,037	+471,237	+509,725
National Heart, Lung, and Blood Institute (NHLBI)..... D	3,383,201	3,112,032	3,423,604	+40,403	+311,572
National Institute of Dental and Craniofacial Research (NIDCR)..... D	447,735	413,196	453,082	+5,347	+39,886
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)..... D	1,970,797	1,965,434	1,994,333	+23,536	+28,899
Juvenile Diabetes (mandatory)..... NA	(150,000)	(150,000)	(150,000)	---	---
Subtotal, NIDDK program level.....	2,120,797	2,115,434	2,144,333	+23,536	+28,899
National Institute of Neurological Disorders and Stroke (NINDS)..... D	2,145,149	1,781,056	2,171,280	+26,131	+390,224
NIH Innovation Account, CURES Act2/..... D	---	57,500	57,500	+57,500	---
Subtotal, NINDS.....	2,145,149	1,838,556	2,228,780	+83,631	+390,224
National Institute of Allergy and Infectious Diseases (NIAID)..... D	5,260,210	4,761,948	5,368,029	+107,819	+606,081

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
(Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
National Institute of General Medical Sciences (NIGMS) D	1,862,529	1,831,669	1,895,796	+33,267	+64,127
Evaluation Tap Funding..... NA	(922,871)	(741,000)	(922,871)	---	(+181,871)
Subtotal, NIGMS program level.....	2,785,400	2,572,669	2,818,667	+33,267	+245,998
Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)..... D	1,452,006	1,339,592	1,469,346	+17,340	+129,754
National Eye Institute (NEI)..... D	772,317	711,015	781,340	+9,223	+70,525
National Institute of Environmental Health Sciences (NIEHS)..... D	751,143	693,199	760,113	+8,970	+66,914
National Institute on Aging (NIA)..... D	2,574,091	1,988,200	3,005,831	+431,740	+1,017,631
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)..... D	586,661	545,494	593,663	+7,002	+48,169
National Institute on Deafness and Other Communication Disorders (NIDCD)..... D	459,974	423,992	465,467	+5,493	+41,475
National Institute of Nursing Research (NINR)..... D	156,033	145,842	159,920	+1,887	+14,078
National Institute on Alcohol Abuse and Alcoholism (NIAAA)..... D	509,573	469,109	515,658	+6,085	+46,549
National Institute on Drug Abuse (NIDA)..... D	1,383,603	1,137,403	1,400,126	+16,523	+262,723
National Institute of Mental Health (NIMH)..... D	1,711,775	1,554,692	1,732,731	+20,956	+178,039
NIH Innovation Account, CURES Act2/..... D	---	57,500	57,500	+57,500	---
Subtotal, NIMH.....	1,711,775	1,612,192	1,790,231	+78,456	+178,039
National Human Genome Research Institute (NHGRI)..... D	556,881	512,979	563,531	+6,650	+50,552
National Institute of Biomedical Imaging and Bioengineering (NIBIB)..... D	377,871	346,550	382,384	+4,513	+35,834

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
(Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
National Center for Complementary and Integrative Health (NCCIH)..... D	142,184	130,717	143,882	+1,698	+13,165
National Institute on Minority Health and Health Disparities (NIMHD)..... D	303,200	280,545	306,821	+3,621	+26,276
John E. Fogarty International Center (FIC)..... D	75,733	70,084	76,637	+904	+6,553
National Library of Medicine (NLM)..... D	428,553	395,493	433,671	+5,118	+38,178
National Center for Advancing Translational Sciences (NCATS)..... D	742,354	685,087	751,219	+8,865	+66,132
National Institute for Research on Safety and Quality (NIRSQ)3/..... D	---	255,960	---	---	-255,960
National Institute for Occupational Safety and Health (NIOSH)..... D	---	200,000	---	---	-200,000
National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR)..... D	---	95,127	---	---	-95,127
Energy Employees Occupational Illness Compensation Program..... M	---	55,358	---	---	-55,358
Office of the Director..... D	1,803,293	1,795,706	1,902,828	+99,535	+107,122
Common Fund (non-add)..... MA	(588,116)	(586,181)	(595,139)	(+7,023)	(+8,958)
Gabriella Miller Kids First Research Act (Common Fund add)..... D	12,600	12,600	12,600	---	---
NIH Innovation Account, CURES Act2/..... D	496,000	196,000	196,000	-300,000	---
Buildings and Facilities..... D	128,863	200,000	200,000	+71,137	---
Total, National Institutes of Health (NIH).....	36,161,129	33,847,391	37,411,129	+1,250,000	+3,563,738
(Evaluation Tap Funding).....	(922,871)	(741,000)	(922,871)	---	(+181,871)
Total, NIH Program Level.....	(37,084,000)	(34,588,391)	(38,334,000)	(+1,250,000)	(+3,745,609)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES					
ADMINISTRATION (SAHSA)					
Mental Health					
Programs of Regional and National Significance..... D	426,659	282,544	341,271	-85,388	+58,727
Prevention and Public Health Fund 1/..... NA	(12,000)	---	---	(-12,000)	---
Subtotal.....	438,659	282,544	341,271	-97,388	+58,727
Mental Health block grant..... D	701,532	541,532	701,532	---	+160,000
Evaluation Tap Funding..... NA	(21,039)	(21,039)	(21,039)	---	---
Subtotal.....	(722,571)	(562,571)	(722,571)	---	(+160,000)
Certified Community Behavioral Health Clinics..... D	100,000	---	---	-100,000	---
National Child Traumatic Stress Initiative..... D	---	---	53,887	+53,887	+53,887
Children's Mental Health..... D	125,000	119,026	125,000	---	+5,974
Grants to States for the Homeless (PATH)..... D	64,635	64,635	64,635	---	---
Protection and Advocacy..... D	36,146	36,146	36,146	---	---
Subtotal, Mental Health.....	1,453,972	1,043,863	1,322,471	-131,501	+278,588
(Evaluation Tap Funding).....	(21,039)	(21,039)	(21,039)	---	---
(Prevention and Public Health Fund 1/.....	(12,000)	---	---	(-12,000)	---
Subtotal, Mental Health program level.....	(1,487,011)	(1,064,922)	(1,343,510)	(-143,501)	(+278,586)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Substance Abuse Treatment					
Programs of Regional and National Significance..... D	403,427	255,318	489,427	+86,000	+234,109
Evaluation Tap Funding..... NA	(2,000)	---	(2,000)	---	(+2,000)
Subtotal.....	(405,427)	(255,318)	(491,427)	(+86,000)	(+236,109)
Substance Abuse block grant..... D	1,778,879	1,778,879	2,278,879	+500,000	+500,000
Evaluation Tap Funding..... NA	(79,200)	(79,200)	(79,200)	---	---
Subtotal. block grant.....	(1,858,079)	(1,858,079)	(2,358,079)	(+500,000)	(+500,000)
State Opioid Response grants..... D	1,000,000	---	1,000,000	---	+1,000,000
Subtotal, Substance Abuse Treatment.....	3,182,306	2,034,197	3,768,306	+586,000	+1,734,109
(Evaluation Tap Funding).....	(81,200)	(79,200)	(81,200)	---	(+2,000)
Subtotal, Program level.....	(3,263,506)	(2,113,397)	(3,849,506)	(+586,000)	(+1,736,109)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Substance Abuse Prevention					
Programs of Regional and National Significance..... D	248,219	220,885	19,954	-228,265	-200,931
Evaluation Tap Funding (NA)..... NA	---	---	(228,765)	(+228,765)	(+228,765)
Subtotal.....	248,219	220,885	248,719	+500	+27,834
Health Surveillance and Program Support..... D	128,830	126,922	133,830	+5,000	+6,908
Evaluation Tap Funding (NA)..... NA	(31,428)	(20,426)	(31,428)	---	(+11,002)
Subtotal.....	160,258	147,348	165,258	+5,000	+17,910
Total, SAMHSA.....	5,013,327	3,425,887	5,244,561	+231,234	+1,818,674
(Evaluation Tap Funding).....	(133,667)	(120,665)	(362,432)	(+228,765)	(+241,767)
(Prevention and Public Health Fund 1).....	(12,000)	---	---	(-12,000)	---
Total, SAMHSA Program Level.....	(5,158,994)	(3,546,552)	(5,606,993)	(+447,999)	(+2,060,441)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)3/					
Healthcare Research and Quality					
Research on Health Costs, Quality, and Outcomes:					
Federal Funds..... D	197,156	---	192,709	-4,447	+192,709
Medical Expenditures Panel Surveys:					
Federal Funds..... D	66,000	---	69,991	+3,991	+69,991
Program Support:					
Federal Funds..... D	70,844	---	71,300	+456	+71,300
Total, AHRQ (Federal funds)3/.....	334,000	---	334,000	---	+334,000
Total, Public Health Service (PHS) appropriation	55,782,675	52,675,004	56,637,541	+854,866	+3,962,537
Total, Public Health Service Program Level.....	(57,892,113)	(53,672,489)	(58,770,844)	(+878,731)	(+5,098,355)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
CENTERS FOR MEDICARE AND MEDICAID SERVICES					
Grants to States for Medicaid					
Medicaid Current Law Benefits..... M	384,608,394	384,882,625	384,882,625	+274,231	---
State and Local Administration..... M	20,811,084	21,474,885	21,474,885	+663,801	---
Vaccines for Children..... M	4,598,358	4,726,461	4,726,461	+128,103	---
Subtotal, Medicaid Program Level.....	410,017,836	411,083,971	411,083,971	+1,066,135	---
Less funds advanced in prior year..... M	-125,219,452	-134,847,759	-134,847,759	-9,628,307	---
Total, Grants to States for Medicaid.....	284,798,384	276,236,212	276,236,212	-8,562,172	---
New advance, 1st quarter, FY 2020..... M	134,847,759	137,931,797	137,931,797	+3,084,038	---
Payments to Health Care Trust Funds					
Supplemental Medical Insurance..... M	245,396,000	284,288,300	284,288,300	+38,892,300	---
Federal Uninsured Payment..... M	132,000	127,000	127,000	-5,000	---
Program Management..... M	1,104,000	896,000	896,000	-208,000	---
General Revenue for Part D Benefit..... M	76,133,000	92,070,000	92,070,000	+15,937,000	---
General Revenue for Part D Administration..... M	422,000	642,000	642,000	+220,000	---
HCFAC Reimbursement..... M	307,000	315,000	315,000	+8,000	---
State Low-Income Determination for Part D..... M	3,300	3,500	3,500	+200	---
Total, Payments to Trust Funds, Program Level....	323,497,300	378,343,800	378,343,800	+54,846,500	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
(Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Program Management					
Research, Demonstration, Evaluation..... TF	20,054	18,054	---	-20,054	-18,054
Program Operations..... TF	2,519,823	2,402,089	2,402,089	-117,734	---
State Survey and Certification..... TF	397,334	421,135	397,334	---	-23,801
Federal Administration..... TF	732,533	702,601	702,601	-29,932	---
Total, Program management.....	3,669,744	3,543,879	3,502,024	-167,720	-41,855
Health Care Fraud and Abuse Control Account					
Centers for Medicare and Medicaid Services..... TF	500,368	604,389	599,389	+99,021	-5,000
HHS Office of Inspector General..... TF	84,398	87,230	87,230	+2,832	---
Medicaid/CHIP..... TF	84,398	---	---	-84,398	---
Department of Justice..... TF	75,836	78,381	78,381	+2,545	---
Total, Health Care Fraud and Abuse Control.....	745,000	770,000	765,000	+20,000	-5,000
Total, Centers for Medicare and Medicaid Services					
Federal Funds.....	747,558,187	796,825,688	796,778,933	+49,220,646	-46,855
Current year.....	743,143,443	792,511,809	792,511,809	+49,368,366	---
New advance, FY 2020.....	(608,295,684)	(654,580,012)	(654,580,012)	(+46,284,328)	---
Trust Funds.....	(134,847,759)	(137,931,797)	(137,931,797)	(+3,084,038)	---
Total, Centers for Medicare and Medicaid Services	4,414,744	4,313,879	4,267,024	-147,720	-46,855

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)					
Payments to States for Child Support Enforcement and Family Support Programs					
Payments to Territories..... M	33,000	33,000	33,000	---	---
Repatriation..... M	1,000	1,000	1,000	---	---
Subtotal.....	34,000	34,000	34,000	---	---
Child Support Enforcement:					
State and Local Administration..... M	3,763,200	3,689,574	3,689,574	-73,626	---
Federal Incentive Payments..... M	588,200	588,673	588,673	+473	---
Access and Visitation..... M	10,000	10,000	10,000	---	---
Subtotal, Child Support Enforcement.....	4,361,400	4,288,247	4,288,247	-73,153	---
Total, Family Support Payments Program Level.....	4,395,400	4,322,247	4,322,247	-73,153	---
Less funds advanced in previous years..... M	-1,400,000	-1,400,000	-1,400,000	---	---
Total, Family Support Payments, current year.....	2,995,400	2,922,247	2,922,247	-73,153	---
New advance, 1st quarter, FY 2020..... M	1,400,000	1,400,000	1,400,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Low Income Home Energy Assistance (LIHEAP)					
Formula Grants..... D	3,640,304	---	3,640,304	---	+3,640,304
Refugee and Entrant Assistance					
Transitional and Medical Services..... D	320,000	354,000	320,000	---	-34,000
Refugee Support Services..... D	207,201	180,821	207,201	---	+46,380
Victims of Trafficking..... D	23,755	18,755	23,755	---	+5,000
Unaccompanied Minors..... D	1,303,245	1,048,000	1,303,245	---	+255,245
Unaccompanied Minors Contingency Fund..... D	---	200,000	---	---	-200,000
Victims of Torture..... D	10,735	10,735	10,735	---	---
Total, Refugee and Entrant Assistance.....	1,864,936	1,792,311	1,864,936	---	+72,625

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
(Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Payments to States for the Child Care and Development Block Grant..... D	5,226,000	3,006,000	5,226,000	---	+2,220,000
Social Services Block Grant (Title XX)..... M	1,700,000	1,700,000	1,700,000	---	---
Discretionary Funds..... D	---	85,000	---	---	-85,000
Children and Families Services Programs					
Programs for Children, Youth and Families:					
Head Start, current funded..... D	9,863,095	9,275,000	9,913,095	+50,000	+638,095
Preschool Development Grants..... D	250,000	---	250,000	---	+250,000
Consolidated Runaway, Homeless Youth Program..... D	110,280	101,980	104,280	-6,000	+2,300
Prevention Grants to Reduce Abuse of Runaway Youth	17,141	17,141	17,141	---	---
Child Abuse State Grants..... D	85,310	25,310	85,310	---	+60,000
Child Abuse Discretionary Activities..... D	33,000	33,000	33,000	---	---
Community Based Child Abuse Prevention..... D	39,764	39,764	39,764	---	---
Child Welfare Services..... D	268,735	268,735	278,735	+10,000	+10,000
Child Welfare Training, Research, or Demonstration projects..... D	17,984	17,984	17,984	---	---
Adoption Opportunities..... D	39,100	39,100	39,100	---	---
Adoption Incentive grants..... D	75,000	37,943	80,000	+5,000	+42,057

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Social Services and Income Maintenance Research..... D	6,512	6,512	6,512	---	---
Native American Programs..... D	54,050	52,050	55,050	+1,000	+3,000
Community Services:					
Community Services Block Grant programs:					
Grants to States for Community Services..... D	715,000	---	750,000	+35,000	+750,000
Economic Development..... D	19,883	---	19,883	---	+19,883
Rural Community Facilities..... D	8,000	---	10,000	+2,000	+10,000
Subtotal, Community Services.....	742,883	---	779,883	+37,000	+779,883
Domestic Violence Hotline..... D	9,250	8,250	9,250	---	+1,000
Family Violence/Battered Women's Shelters..... D	160,000	151,000	160,000	---	+9,000
Chafee Education and Training Vouchers..... D	43,257	43,257	43,257	---	---
Disaster Human Services Case Management..... D	1,864	1,864	1,864	---	---
Program Direction..... D	205,000	205,000	208,000	+3,000	+3,000
Total, Children and Families Services Programs..	12,022,225	10,323,890	12,122,225	+100,000	+1,798,335

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Promoting Safe and Stable Families..... M	345,000	325,000	345,000	---	+20,000
Discretionary Funds..... D	99,765	209,765	59,765	-40,000	-150,000
Total, Promoting Safe and Stable Families.....	444,765	534,765	404,765	-40,000	-130,000
Payments for Foster Care and Permanency					
Foster Care..... M	5,537,000	5,329,000	5,329,000	-208,000	---
Adoption Assistance..... M	2,867,000	3,063,000	3,063,000	+196,000	---
Guardianship..... M	181,000	203,000	203,000	+22,000	---
Independent Living..... M	140,000	140,000	140,000	---	---
Total, Payments to States..... M	8,725,000	8,735,000	8,735,000	+10,000	---
Less Advances from Prior Year..... M	-2,500,000	-2,700,000	-2,700,000	-200,000	---
Total, payments, current year.....	6,225,000	6,035,000	6,035,000	-190,000	---
New Advance, 1st quarter, FY 2020..... M	2,700,000	2,800,000	2,800,000	+100,000	---
Total, ACF.....	38,218,630	30,599,213	38,115,477	-103,153	+7,516,264
Current year.....	(34,118,630)	(26,399,213)	(33,915,477)	(-203,153)	(+7,516,264)
FY 2020.....	(4,100,000)	(4,200,000)	(4,200,000)	(+100,000)	---
Total, ACF Program Level.....	38,218,630	30,599,213	38,115,477	-103,153	+7,516,264

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
ADMINISTRATION FOR COMMUNITY LIVING					
Aging and Disability Services Programs					
Grants to States:					
Home and Community-based Supportive Services..... D	385,074	350,224	385,074	---	+34,850
Preventive Health..... D	24,848	24,848	24,848	---	---
Protection of Vulnerable Older Americans-Title VII D	21,658	20,628	21,658	---	+1,030
Subtotal.....	431,580	395,700	431,580	---	+35,880
Family Caregivers..... D	180,586	150,586	180,586	---	+30,000
Native American Caregivers Support..... D	9,556	7,556	10,556	+1,000	+3,000
Subtotal, Caregivers.....	190,142	158,142	191,142	+1,000	+33,000
Nutrition:					
Congregate Meals..... D	490,342	450,342	490,342	---	+40,000
Home Delivered Meals..... D	246,342	227,342	246,342	---	+19,000
Nutrition Services Incentive Program..... D	160,069	160,069	160,069	---	---
Subtotal.....	896,753	837,753	896,753	---	+59,000
Subtotal, Grants to States.....	1,518,475	1,391,595	1,519,475	+1,000	+127,880

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Grants for Native Americans..... D	33,208	31,208	35,208	+2,000	+4,000
Aging Network Support Activities..... D	12,461	8,998	12,461	---	+3,463
Alzheimer's Disease Program..... D	8,800	19,490	23,500	+14,700	+4,010
Prevention and Public Health Fund 1/..... NA	(14,700)	---	---	(-14,700)	---
Lifespan Respite Care..... D	4,110	3,360	4,110	---	+750
Chronic Disease Self-Management Program..... D	---	---	8,000	+8,000	+8,000
Prevention and Public Health Fund 1/..... NA	(8,000)	---	---	(-8,000)	---
Elder Falls Prevention..... D	---	---	5,000	+5,000	+5,000
Prevention and Public Health Fund 1/..... NA	(5,000)	---	---	(-5,000)	---
Elder Rights Support Activities..... D	15,874	11,874	15,874	---	+4,000
Aging and Disability Resources..... D	8,119	6,119	8,119	---	+2,000
State Health Insurance Program..... TF	49,115	---	49,115	---	+49,115
Paralysis Resource Center..... D	7,700	---	7,700	---	+7,700
Limb Loss..... D	3,500	---	3,500	---	+3,500
Traumatic Brain Injury..... D	11,321	9,321	11,321	---	+2,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Developmental Disabilities Programs:					
State Councils..... D	76,000	56,000	76,000	---	+20,000
Protection and Advocacy..... D	40,734	38,734	40,734	---	+2,000
Voting Access for Individuals with Disabilities.... D	6,963	4,963	6,963	---	+2,000
Developmental Disabilities Projects of National Significance..... D	12,000	1,050	12,000	---	+10,950
University Centers for Excellence in Developmental Disabilities..... D	40,619	32,546	40,619	---	+8,073
Subtotal, Developmental Disabilities Programs....	176,316	133,293	176,316	---	+43,023
Workforce Innovation and Opportunity Act					
Independent Living..... D	113,183	95,997	120,000	+6,817	+24,003
National Institute on Disability, Independent Living, and Rehabilitation Research..... D	104,970	---	104,970	---	+104,970
Assistive Technology..... D	36,000	31,939	36,000	---	+4,061
Subtotal, Workforce Innovation and Opportunity Act.....	254,153	127,936	260,970	+6,817	+133,034

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Aging and Disability Services Programs					
Area Agencies on Aging..... D	---	7,500	---	---	-7,500
National Center for Benefits Outreach and Enrollment..... D	---	12,000	---	---	-12,000
State Health Insurance Assistance..... D	---	13,000	---	---	-13,000
Aging and Disability Resource Centers..... D	---	5,000	---	---	-5,000
Subtotal, Aging and Disability Services Programs	---	37,500	---	---	-37,500
Program Administration..... D	41,063	37,987	41,063	---	+3,076
Total, Administration for Community Living (ACL)	2,144,215	1,818,681	2,181,732	+37,517	+363,051
Federal funds.....	(2,095,100)	(1,781,181)	(2,132,617)	(+37,517)	(+351,436)
Trust Funds.....	(49,115)	(37,500)	(49,115)	---	(+11,615)
(Prevention and Public Health Fund 1/)	(27,700)	---	---	(-27,700)	---
Total, ACL program level.....	2,171,915	1,818,681	2,181,732	+9,817	+363,051

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
(Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
OFFICE OF THE SECRETARY					
General Departmental Management					
General Departmental Management, Federal Funds..... D	200,919	206,135	206,135	+5,216	---
Teen Pregnancy Prevention Community Grants..... D	101,000	---	---	-101,000	---
Evaluation Tap Funding..... NA	(6,800)	---	---	(-6,800)	---
Subtotal, Grants.....	(107,800)	---	---	(-107,800)	---
Sexual Risk Avoidance..... D	25,000	---	30,000	+5,000	+30,000
Office of Minority Health..... D	56,670	53,956	56,670	---	+2,714
Office on Women's Health..... D	32,140	28,454	32,140	---	+3,686
Minority HIV/AIDS prevention and treatment..... D	53,900	---	53,900	---	+53,900
Embryo Adoption Awareness Campaign..... D	1,000	1,000	1,000	---	---
Planning and Evaluation, Evaluation Tap Funding..... NA	(58,028)	(53,445)	(53,445)	(-4,583)	---
Total, General Departmental Management.....	470,629	289,545	379,845	-90,784	+90,300
Federal Funds.....	(470,629)	(289,545)	(379,845)	(-90,784)	(+90,300)
(Evaluation Tap Funding).....	(84,828)	(53,445)	(53,445)	(-11,383)	---
Total, General Departmental Management Program...	535,457	342,980	433,290	-102,167	+90,300

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Account for the State Response to the Opioid Abuse Crisis, CURES Act/..... D	500,000	---	---	-500,000	---
Office of Medicare Hearings and Appeals..... TF	182,381	112,381	172,381	-10,000	+60,000
Office of Medicare Hearings and Appeals and Departmental Appeals Board Recovery Audit Contractor (RAC) appeals related expenses..... D	---	10,000	---	---	-10,000
Office of the National Coordinator for Health Information Technology..... D	60,367	38,381	42,705	-17,662	+4,324
Combating Opioids Abuse and Misuse and Addressing Mental Illness..... D	---	10,000,000	---	---	-10,000,000
Office of Inspector General					
Inspector General Federal Funds..... D	80,000	80,000	80,000	---	---
HCFAC funding (NA)..... NA	(334,097)	(334,097)	(334,097)	---	---
Total, Inspector General Program Level.....	(414,097)	(414,097)	(414,097)	---	---
Office for Civil Rights					
Federal Funds..... D	38,798	30,904	38,798	---	+7,894

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Retirement Pay and Medical Benefits for Commissioned Officers					
Retirement Payments..... M	456,266	469,246	469,246	+12,980	---
Survivors Benefits..... M	31,583	31,756	31,756	+173	---
Dependents' Medical Care..... M	130,840	128,207	128,207	-2,633	---
Total, Benefits for Commissioned Officers.....	618,689	629,209	629,209	+10,520	---
Public Health and Social Services Emergency Fund (PHSSEF)					
Assistant Secretary for Preparedness and Response					
Operations..... D	30,938	30,879	30,938	---	+59
Preparedness and Emergency Operations..... D	24,654	26,586	24,654	---	-1,942
National Disaster Medical System..... D	57,404	49,809	62,404	+5,000	+12,595
Hospital Preparedness Cooperative Agreement Grants: Formula Grants..... D	264,555	254,555	279,555	+15,000	+25,000
Biomedical Advanced Research and Development Authority (BARDA)..... D	536,700	511,700	586,700	+50,000	+75,000
Policy and Planning..... D	14,877	14,849	14,877	---	+28
Project BioShield..... D	710,000	510,000	780,000	+70,000	+270,000
Strategic National Stockpile..... D	---	575,000	710,000	+710,000	+135,000
Subtotal, Preparedness and Response..... D	1,639,128	1,973,388	2,489,128	+850,000	+515,740

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Assistant Secretary for Administration					
Assistant Secretary for Administration, Cybersecurity, D	50,860	68,093	60,000	+9,140	-8,093
Office of Security and Strategic Information..... D	7,470	8,496	8,000	+530	-496
Public Health and Science					
Medical Reserve Corps..... D	6,000	3,900	6,000	---	+2,100
Pandemic Influenza Preparedness..... D	250,000	250,000	250,000	---	---
Subtotal, Non-pandemic flu/BioShield/Parklawn/Other construction..... D	993,458	1,543,877	1,783,128	+789,670	+239,251
Total, PHSSEF.....	1,953,458	2,303,877	2,813,128	+859,670	+509,251
Total, Office of the Secretary.....					
Federal Funds.....	3,904,322	13,494,297	4,156,066	+251,744	-9,338,231
Trust Funds.....	3,721,941	13,381,916	3,983,685	+261,744	-9,398,231
(Evaluation Tap Funding).....	182,381	112,381	172,381	-10,000	+60,000
	(64,828)	(53,445)	(53,445)	(-11,383)	---
Total, Office of the Secretary Program Level.....	3,989,150	13,547,742	4,209,511	+240,361	-9,338,231

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
(Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Total, Title II, Health and Human Services.....	847,608,029	895,412,883	897,869,649	+50,261,620	+2,456,766
Federal Funds.....	842,952,589	890,939,923	893,371,929	+50,419,340	+2,432,006
Current year.....	(704,004,830)	(748,806,126)	(751,240,132)	(+47,235,302)	(+2,432,006)
FY 2020.....	(138,947,759)	(142,131,797)	(142,131,797)	(+3,184,038)	---
Trust Funds.....	4,655,440	4,472,960	4,497,720	-157,720	+24,760
Total, CURES Act2/.....	(956,000)	(711,000)	(711,000)	(-285,000)	---
Total, Prevention and Public Health Fund 1/.....	(840,600)	---	(848,000)	(+7,400)	(+848,000)
Total, Transfers from Nonrecurring Expenses Fund	(240,000)	---	---	(-240,000)	---

Title II Footnotes:

- 1/ Sec.4002 of Public Law 111-148
- 2/ 21st Century CURES Act (Public Law 114-255)
- 3/ FY2019 budget request proposes consolidating the Agency for Healthcare Research and Quality within the National Institutes of Health as the National Institute for Research on Safety and Quality

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 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.....	(1,840,776)	(1,540,776)	(1,840,776)	---	(+300,000)
Forward funded.....	4,913,625	3,777,904	4,913,625	---	+1,135,721 FF
Current funded.....	5,000	---	5,000	---	+5,000
Subtotal, Basic grants current year approp..	4,918,625	3,777,904	4,918,625	---	+1,140,721
Subtotal, Basic grants total funds available	(6,759,401)	(5,318,680)	(6,759,401)	---	(+1,440,721)
Basic Grants FY 2020 Advance.....	1,540,776	2,681,497	1,540,776	---	-1,140,721
Subtotal, Basic grants, program level.....	6,459,401	6,459,401	6,459,401	---	---
Concentration Grants:					
Advance from prior year.....	(1,362,301)	(1,362,301)	(1,362,301)	---	---
FY 2020 Advance.....	1,362,301	1,362,301	1,362,301	---	---
Subtotal.....	1,362,301	1,362,301	1,362,301	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Targeted Grants:					
Advance from prior year.....	(3,819,050)	(3,969,050)	(3,819,050)	---	(-150,000)
FY 2020 Advance.....	3,969,050	3,819,050	3,969,050	---	+150,000
Subtotal.....	3,969,050	3,819,050	3,969,050	---	+150,000
Education Finance Incentive Grants:					
Advance from prior year.....	(3,819,050)	(3,969,050)	(3,819,050)	---	(-150,000)
FY 2020 Advance.....	3,969,050	3,819,050	3,969,050	---	+150,000
Subtotal.....	3,969,050	3,819,050	3,969,050	---	+150,000
Subtotal, Grants to LEAs, program level.....	15,759,802	15,459,802	15,759,802	---	+300,000
Innovative Approaches to Literacy:					
Comprehensive literacy development grants.....	27,000	---	27,000	---	+27,000
State Agency Programs:	190,000	---	190,000	---	+190,000
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 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Special Programs for Migrant Students..... D	44,623	44,623	44,623	---	---
Total, Education for the disadvantaged.....	16,443,790	15,926,790	16,443,790	---	+517,000
Current Year.....	(5,602,613)	(4,244,892)	(5,602,613)	---	(+1,357,721)
FY 2020.....	(10,841,177)	(11,681,898)	(10,841,177)	---	(-840,721)
Subtotal, Forward Funded.....	(5,525,990)	(4,200,269)	(5,525,990)	---	(+1,325,721)
IMPACT AID					
Basic Support Payments..... D	1,270,242	1,189,233	1,320,242	+50,000	+131,009
Payments for Children with Disabilities..... D	48,316	48,316	48,316	---	---
Facilities Maintenance (Sec. 8008)..... D	4,835	4,835	4,835	---	---
Construction (Sec. 8007)..... D	17,406	17,406	17,406	---	---
Payments for Federal Property (Sec. 8002)..... D	73,313	---	75,313	+2,000	+75,313
Total, Impact aid.....	1,414,112	1,259,790	1,466,112	+52,000	+206,322

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
(Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill Enacted	Bill vs. Request
SCHOOL IMPROVEMENT PROGRAMS				
Supporting Effective Instruction State Grants..... D	374,389	---	374,389	+374,389 FF
Advance from prior year..... NA	(1,681,441)	(1,681,441)	(1,681,441)	---
FY 2020..... D	1,681,441	---	1,681,441	+1,681,441
Subtotal, Supporting Effective Instruction State Grants, program level.....	2,055,830	---	2,055,830	+2,055,830
Supplemental Education Grants..... D	16,699	16,699	16,699	---
21st Century Community Learning Centers..... D	1,211,673	---	1,211,673	+1,211,673 FF
State Assessments..... D	378,000	369,100	378,000	+8,900 FF
Education for Homeless Children and Youth..... D	85,000	77,000	85,000	+8,000 FF
Training and Advisory Services (Civil Rights)..... D	6,575	6,575	6,575	---
Education for Native Hawaiians..... D	36,397	---	36,397	+36,397
Alaska Native Education Equity..... D	35,453	---	35,453	+35,453
Rural Education..... D	180,840	175,840	180,840	+5,000 FF
Comprehensive Centers..... D	52,000	---	52,000	+52,000
Student Support and Academic Enrichment grants..... D	1,100,000	---	1,200,000	+100,000
Total, School Improvement Programs.....	5,158,467	645,214	5,258,467	+4,613,253
Current Year.....	(3,477,026)	(645,214)	(3,577,026)	(+2,931,812)
FY 2020.....	(1,681,441)	---	(1,681,441)	(+1,681,441)
Subtotal, Forward Funded.....	(3,329,902)	(621,940)	(3,429,902)	(+2,807,962)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
INDIAN EDUCATION					
Grants to Local Educational Agencies..... D	105,381	100,381	105,381	---	+5,000
Federal Programs:					
Special Programs for Indian Children..... D	67,993	57,993	67,993	---	+10,000
National Activities..... D	6,865	6,565	6,865	---	+300
Subtotal, Federal Programs.....	74,858	64,558	74,858	---	+10,300
Total, Indian Education.....	180,239	164,939	180,239	---	+15,300
INNOVATION AND IMPROVEMENT					
Opportunity Grants..... D	---	1,000,000	---	---	-1,000,000
Education Innovation and Research..... D	120,000	180,000	145,000	+25,000	-35,000
American History and Civics Academies..... D	1,815	---	---	-1,815	---
American History and Civics National Activities..... D	1,700	---	1,700	---	+1,700
Charter Schools Grants..... D	400,000	500,000	450,000	+50,000	-50,000
Magnet Schools Assistance..... D	105,000	97,647	105,000	---	+7,353
Teacher and School Leader Incentive Grants..... D	200,000	---	200,000	---	+200,000
Ready-to-Learn Television..... D	27,741	---	27,741	---	+27,741
Supporting Effective Educator Development (SEED)..... D	75,000	---	75,000	---	+75,000
Arts in Education..... D	29,000	---	29,000	---	+29,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Javits Gifted and Talented Students..... D	12,000	---	12,000	---	+12,000
Statewide Family Engagement Centers..... D	10,000	---	10,000	---	+10,000
Total, Innovation and Improvement.....	982,256	1,777,647	1,055,441	+73,185	-722,206
Current Year.....	(982,256)	(1,777,647)	(1,055,441)	(+73,185)	(-722,206)
SAFE SCHOOLS AND CITIZENSHIP EDUCATION					
Promise Neighborhoods..... D	78,254	---	78,254	---	+78,254
School Safety National Activities..... D	90,000	43,000	43,000	-47,000	---
Full-Service Community Schools..... D	17,500	---	17,500	---	+17,500
Total, Safe Schools and Citizenship Education...	185,754	43,000	138,754	-47,000	+95,754
ENGLISH LANGUAGE ACQUISITION					
Current funded..... D	47,931	47,931	47,931	---	---
Forward funded..... D	689,469	689,469	689,469	---	FF
Total, English Language Acquisition.....	737,400	737,400	737,400	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
(Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
SPECIAL EDUCATION					
State Grants:					
Grants to States Part B current year..... D	2,994,465	1,878,745	3,044,465	+50,000	+1,165,720 FF
Part B advance from prior year..... NA	(9,283,383)	(9,283,383)	(9,283,383)	---	---
Grants to States Part B (FY 2020)..... D	9,283,383	10,124,103	9,283,383	---	-840,720
Subtotal, program level.....	12,277,848	12,002,848	12,327,848	+50,000	+325,000
Preschool Grants..... D	381,120	368,238	395,000	+13,880	+26,762 FF
Grants for Infants and Families..... D	470,000	458,556	470,000	---	+11,444 FF
Subtotal, program level.....	13,128,968	12,829,642	13,192,848	+63,880	+363,206
IDEA National Activities (current funded):					
State Personnel Development..... D	38,630	38,630	41,000	+2,370	+2,370
Technical Assistance and Dissemination (including Special Olympics Education)..... D	59,428	44,345	44,345	-15,083	---
Personnel Preparation..... D	83,700	83,700	89,000	+5,300	+5,300
Parent Information Centers..... D	27,411	27,411	27,411	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
(Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Educational Technology, Media, and Materials..... D	28,047	28,047	28,047	---	---
Subtotal, IDEA National Activities.....	237,216	222,133	229,803	-7,413	+7,670
Adjustment to match official bill language..... D	---	1	---	---	-1
Total, Special education.....	13,366,184	13,051,776	13,422,651	+56,467	+370,875
Current Year.....	(4,082,801)	(2,927,673)	(4,139,268)	(+56,467)	(+1,211,595)
FY 2020.....	(9,283,383)	(10,124,103)	(9,283,383)	---	(-840,720)
Subtotal, Forward Funded.....	(3,845,585)	(2,705,539)	(3,909,465)	(+63,880)	(+1,203,926)
REHABILITATION SERVICES					
Vocational Rehabilitation State Grants..... M	3,452,931	3,521,980	3,521,980	+69,059	---
Client Assistance State grants..... D	13,000	13,000	13,000	---	---
Training..... D	29,388	29,388	29,388	---	---
Demonstration and Training programs..... D	5,796	9,296	5,796	---	-3,500
Protection and Advocacy of Individual Rights (PAIR)..... D	17,650	17,650	17,650	---	---
Supported Employment State grants..... D	22,548	---	22,548	---	+22,548
Independent Living: Services for Older Blind Individuals..... D	33,317	33,317	33,317	---	---
Helen Keller National Center for Deaf/Blind Youth and Adults..... D	12,500	10,336	14,000	+1,500	+3,664
Total, Rehabilitation services.....	3,587,130	3,634,977	3,657,669	+70,559	+22,712

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
(Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES					
American Printing House for the Blind..... D	27,431	25,431	28,431	+1,000	+3,000
National Technical Institute for the Deaf (NTID): Operations..... D	73,000	70,016	75,000	+2,000	+4,984
Gallaudet University: Operations..... D	128,000	121,275	134,361	+6,361	+13,086
	=====	=====	=====	=====	=====
Total, Special Institutions for Persons with Disabilities.....	228,431	216,722	237,792	+9,361	+21,070
CAREER, TECHNICAL, AND ADULT EDUCATION					
Career Education:					
Basic State Grants/Secondary & Technical Education State Grants, current funded..... D	401,598	326,598	503,598	+102,000	+177,000
Advance from prior year..... NA	(791,000)	(791,000)	(791,000)	---	---
FY 2020..... D	791,000	791,000	791,000	---	---
	=====	=====	=====	=====	=====
Subtotal, Basic State Grants, program level.	1,192,598	1,117,598	1,294,598	+102,000	+177,000
National Programs..... D	7,421	20,000	20,000	+12,579	---
	=====	=====	=====	=====	=====
Subtotal, Career Education.....	1,200,019	1,137,598	1,314,598	+114,579	+177,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
(Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Adult Education:					
State Grants/Adult Basic and Literacy Education: D					
State Grants, current funded..... D	616,955	485,849	616,955	---	+131,106 FF
National Leadership Activities..... D	13,712	13,712	13,712	---	--- FF
Subtotal, Adult education.....	630,667	499,561	630,667	---	+131,106
Total, Career, Technical, and Adult Education...	1,830,686	1,637,159	1,945,265	+114,579	+308,106
Current Year.....	(1,039,686)	(846,159)	(1,154,265)	(+114,579)	(+308,106)
FY 2020.....	(791,000)	(791,000)	(791,000)	---	---
Subtotal, Forward Funded.....	(1,039,686)	(846,159)	(1,154,265)	(+114,579)	(+308,106)
STUDENT FINANCIAL ASSISTANCE					
Pell Grants -- maximum grant (NA)..... NA	(5,035)	(4,860)	(5,035)	---	(+175)
Pell Grants..... D	22,475,352	22,475,352	22,475,352	---	---
Federal Supplemental Educational Opportunity Grants... D	840,000	---	840,000	---	+840,000
Federal Work Study..... D	1,130,000	500,000	1,130,000	---	+630,000
Total, Student Financial Assistance (SFA).....	24,445,352	22,975,352	24,445,352	---	+1,470,000
FEDERAL DIRECT STUDENT LOAN PROGRAM ACCOUNT..... CH	350,000	---	---	-350,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
(Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
STUDENT AID ADMINISTRATION					
Salaries and Expenses..... D	698,943	762,000	698,943	---	-63,057
Servicing Activities..... D	980,000	1,010,000	980,000	---	-30,000
Total, Student Aid Administration.....	1,678,943	1,772,000	1,678,943	---	-93,057
HIGHER EDUCATION					
Aid for Institutional Development:					
Strengthening Institutions..... D	98,886	---	98,886	---	+98,886
Hispanic Serving Institutions..... D	123,183	---	123,183	---	+123,183
Promoting Post-Baccalaureate Opportunities for Hispanic Americans..... D	11,052	---	11,052	---	+11,052
Strengthening Historically Black Colleges (HBCUs). D	279,624	244,694	279,624	---	+34,930
Strengthening Historically Black Graduate Institutions..... D	72,314	63,281	72,314	---	+9,033
Strengthening Predominantly Black Institutions..... D	11,361	---	11,361	---	+11,361
Asian American Pacific Islander..... D	3,826	---	3,826	---	+3,826
Strengthening Alaska Native and Native Hawaiian-Serving Institutions..... D	15,772	---	15,772	---	+15,772
Strengthening Native American-Serving Nontribal Institutions..... D	3,826	---	3,826	---	+3,826
Strengthening Tribal Colleges..... D	31,539	27,599	31,539	---	+3,940
Strengthening HBCU Masters programs..... D	8,571	7,500	8,571	---	+1,071
Subtotal, Aid for Institutional development.....	659,954	343,074	659,954	---	+316,880

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
(Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
International Education and Foreign Language:					
Domestic Programs..... D	65,103	---	65,103	---	+65,103
Overseas Programs..... D	7,061	---	7,061	---	+7,061
Subtotal, International Education & Foreign Lang	72,164	---	72,164	---	+72,164
Postsecondary Program for Students with Intellectual Disabilities..... D	11,800	11,800	11,800	---	---
Minority Science and Engineering Improvement..... D	11,025	9,648	11,025	---	+1,377
Tribally Controlled Postsec Voc/Tech Institutions..... D	9,469	8,286	9,469	---	+1,183
Federal TRIO Programs..... D	1,010,000	950,000	1,060,000	+50,000	+110,000
GEAR UP..... D	350,000	---	360,000	+10,000	+360,000
Graduate Assistance in Areas of National Need..... D	23,047	---	23,047	---	+23,047
Teacher Quality Partnerships..... D	43,092	---	43,092	---	+43,092
Child Care Access Means Parents in School..... D	50,000	15,134	37,000	-13,000	+21,866
Fund for the Improvement of Postsecondary Ed. (FIPSE). D	6,000	---	---	-6,000	---
Consolidated MSI Grant..... D	---	147,906	---	---	-147,906
Total, Higher Education.....	2,246,551	1,485,848	2,287,551	+41,000	+801,703

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
HOWARD UNIVERSITY					
Academic Program..... D	201,788	191,091	201,788	---	+10,697
Endowment Program..... D	3,405	3,405	3,405	---	---
Howard University Hospital..... D	27,325	27,325	27,325	---	---
Total, Howard University.....	232,518	221,821	232,518	---	+10,697
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM. D					
	435	448	448	+13	---
HISTORICALLY BLACK COLLEGE AND UNIVERSITY (HBCU) CAPITAL FINANCING PROGRAM ACCOUNT					
HBCU Federal Administration..... D	334	339	339	+5	---
HBCU Loan Subsidies..... D	30,150	20,150	20,150	-10,000	---
Total, HBCU Capital Financing Program.....	30,484	20,489	20,489	-9,995	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
INSTITUTE OF EDUCATION SCIENCES (IES)					
Research, Development and Dissemination..... D	192,695	187,500	192,695	---	+5,195
Statistics..... D	109,500	112,500	109,500	---	-3,000
Regional Educational Laboratories..... D	55,423	---	55,423	---	+55,423
Research in Special Education..... D	56,000	54,000	56,000	---	+2,000
Special Education Studies and Evaluations..... D	10,818	10,818	10,818	---	---
Statewide Data Systems..... D	32,281	---	32,281	---	+32,281
Assessment:					
National Assessment..... D	149,000	149,000	149,000	---	---
National Assessment Governing Board..... D	7,745	7,745	7,745	---	---
Subtotal, Assessment.....	156,745	156,745	156,745	---	---
Total, IES.....	613,462	521,563	613,462	---	+91,899

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
DEPARTMENTAL MANAGEMENT					
Program Administration:					
Salaries and Expenses..... D	430,000	432,506	432,506	+2,506	---
Building Modernization..... D	---	26,751	---	---	-26,751
Total, Program administration.....	430,000	459,257	432,506	+2,506	-26,751
Office for Civil Rights..... D	117,000	107,438	117,000	---	+9,562
Office of Inspector General..... D	61,143	63,418	61,143	---	-2,275
Total, Departmental management.....	608,143	630,113	610,549	+2,506	-19,464
Total, Title III, Department of Education.....	74,320,337	66,723,048	74,433,012	+112,675	+7,709,964
Current Year.....	(51,723,336)	(44,126,047)	(51,836,011)	(+112,675)	(+7,709,964)
FY 2020.....	(22,597,001)	(22,597,001)	(22,597,001)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE IV--RELATED AGENCIES					
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED.....	0	0	8,250	---	-400
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE					
Operating Expenses					
Domestic Volunteer Service Programs:					
Volunteers in Service to America (VISTA).....	0	0	92,364	---	+87,454
National Senior Volunteer Corps:					
Foster Grandparents Program.....	0	117	107,702	---	+107,585
Senior Companion Program.....	0	117	45,512	---	+45,395
Retired Senior Volunteer Program.....	0	117	48,903	---	+48,786
Subtotal, Senior Volunteers.....	202,117	351	202,117	---	+201,766
Subtotal, Domestic Volunteer Service.....	294,481	5,261	294,481	---	+289,220

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
National and Community Service Programs:					
AmeriCorps State and National Grants..... D	412,010	2,341	412,010	---	+409,669
Innovation, Assistance, and Other Activities..... D	7,600	---	7,600	---	+7,600
Evaluation..... D	4,000	---	4,000	---	+4,000
National Civilian Community Corps (NCCC)(subtle E)..... D	32,000	24,087	32,000	---	+7,913
State Commission Support Grants..... D	17,538	---	17,538	---	+17,538
Subtotal, National and Community Service.....	473,148	26,428	473,148	---	+446,720
Total, Operating expenses.....	767,629	31,689	767,629	---	+735,940
National Service Trust..... D	206,842	---	206,842	---	+206,842
Salaries and Expenses..... D	83,737	87,389	83,737	---	-3,652
Office of Inspector General..... D	5,750	3,568	5,750	---	+2,182
Total, Corp. for National and Community Service.....	1,063,958	122,646	1,063,958	---	+941,312

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
CORPORATION FOR PUBLIC BROADCASTING:					
FY 2021 (current) with FY 2019 comparable..... D	445,000	---	445,000	---	+445,000
FY 2020 advance with FY 2018 comparable (NA)..... NA	(445,000)	(445,000)	(445,000)	---	---
Rescission of FY 2020 funds (NA)..... NA	---	(-430,000)	---	---	(+430,000)
Subtotal, FY 2020 program level.....	445,000	15,000	445,000	---	+430,000
FY 2019 advance with FY 2017 comparable (NA)..... NA					
Rescission of FY 2019 funds (NA)..... NA	(445,000)	(445,000)	(445,000)	---	---
Subtotal, FY 2019 program level.....	445,000	15,450	445,000	---	+429,550
Public television interconnection system (current) D	20,000	---	20,000	---	+20,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
FEDERAL MEDIATION AND CONCILIATION SERVICE..... D	46,850	47,200	46,800	+150	-400
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION..... D	17,184	17,053	17,124	-60	+71
INSTITUTE OF MUSEUM AND LIBRARY SERVICES..... D	240,000	23,000	240,000	---	+217,000
MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION..... D	8,480	8,700	8,480	---	-220 D
MEDICARE PAYMENT ADVISORY COMMISSION..... TF	12,545	12,471	13,045	+500	+574
NATIONAL COUNCIL ON DISABILITY..... D	3,250	3,211	3,250	---	+39
NATIONAL LABOR RELATIONS BOARD..... D	274,224	249,000	261,325	-12,899	+12,325
NATIONAL MEDIATION BOARD..... D	13,800	13,205	13,510	-290	+305
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION..... D	13,225	12,615	12,975	-250	+360
RAILROAD RETIREMENT BOARD					
Dual Benefits Payments Account..... D	22,000	19,000	19,000	-3,000	---
Less Income Tax Receipts on Dual Benefits..... D	-1,000	-1,000	-1,000	---	---
Subtotal, Dual Benefits.....	21,000	18,000	18,000	-3,000	---
Federal Payments to the Railroad Retirement Accounts... M	150	150	150	---	---
Limitation on Administration..... TF	123,500	115,225	126,000	+2,500	+10,775
Limitation on the Office of Inspector General..... TF	11,000	8,437	8,500	-2,500	+63

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds..... M	11,400	11,000	11,000	-400	---
Supplemental Security Income Program					
Federal Benefit Payments..... M	48,236,000	55,716,000	55,716,000	+7,480,000	---
Beneficiary Services..... M	159,000	126,000	126,000	-33,000	---
Research and Demonstration..... M	101,000	101,000	101,000	---	---
Administration..... D	4,991,277	4,765,000	4,808,000	-183,277	+43,000
Subtotal, SSI program level.....	53,487,277	60,708,000	60,751,000	+7,263,723	+43,000
Less funds advanced in prior year..... M	-15,000,000	-19,500,000	-19,500,000	-4,500,000	---
Subtotal, regular SSI current year.....	38,487,277	41,208,000	41,251,000	+2,763,723	+43,000
New advance, 1st quarter, FY 2020..... M	19,500,000	19,700,000	19,700,000	+200,000	---
Total, SSI program.....	57,987,277	60,908,000	60,951,000	+2,963,723	+43,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Limitation on Administrative Expenses					
OASI/DI Trust Funds..... TF	5,101,321	4,895,700	4,936,645	-164,676	+40,945
HI/SMI Trust Funds..... TF	2,313,197	2,220,000	2,300,000	-13,197	+80,000
Social Security Advisory Board..... TF	2,300	2,300	2,400	+100	+100
SSI..... TF	3,602,127	3,457,000	3,500,000	-102,127	+43,000
Subtotal, regular LAE.....	11,018,945	10,575,000	10,738,045	-279,900	+164,045
User Fees:					
SSI User Fee activities..... D	118,000	134,000	134,000	+16,000	---
CBO adjustment.....	-3,000	-5,000	-5,000	-2,000	---
SSPA User Fee Activities..... D	1,000	1,000	1,000	---	---
CBO adjustment.....	-1,000	-1,000	-1,000	---	---
Subtotal, User fees.....	115,000	129,000	129,000	+14,000	---
Subtotal, Limitation on administrative expenses.....	11,133,945	10,704,000	10,868,045	-265,900	+164,045
Program Integrity:					
OASDI Trust Funds..... TF	345,850	375,000	375,000	+29,150	---
SSI..... TF	1,389,150	1,308,000	1,308,000	-81,150	---
Subtotal, Program integrity funding.....	1,735,000	1,683,000	1,683,000	-52,000	---
Total, Limitation on Administrative Expenses.....	12,868,945	12,387,000	12,551,045	-317,900	+164,045

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Office of Inspector General					
Federal Funds.....	30,000	30,000	31,000	+1,000	+1,000
Trust Funds.....	75,500	75,500	77,500	+2,000	+2,000
Total, Office of Inspector General.....	105,500	105,500	108,500	+3,000	+3,000
Adjustment: Trust fund transfers from general revenues TF	-4,991,277	-4,765,000	-4,808,000	+183,277	-43,000
Total, Social Security Administration.....	65,981,845	68,646,500	68,813,545	+2,831,700	+167,045
Federal funds.....	58,143,677	61,078,000	61,122,000	+2,978,323	+44,000
Current year.....	(38,643,677)	(41,378,000)	(41,422,000)	(+2,778,323)	(+44,000)
New advances, 1st quarter, FY 2020.....	(19,500,000)	(19,700,000)	(19,700,000)	(+200,000)	---
Trust funds.....	7,838,168	7,568,500	7,691,545	-146,623	+123,045
Total, Title IV, Related Agencies.....	68,304,061	69,306,063	71,119,912	+2,815,851	+1,813,849
Federal Funds.....	60,318,848	61,601,430	63,280,822	+2,961,974	+1,679,392
Current Year.....	(40,373,848)	(41,901,430)	(43,135,822)	(+2,761,974)	(+1,234,392)
FY 2020 Advance.....	(19,500,000)	(19,700,000)	(19,700,000)	(+200,000)	---
FY 2021 Advance.....	(445,000)	---	(445,000)	---	(+445,000)
Trust Funds.....	7,985,213	7,704,633	7,839,090	-146,123	+134,457

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
OTHER APPROPRIATIONS					
FURTHER ADDITIONAL SUPPLEMENTAL APPROPRIATIONS FOR DISASTER RELIEF REQUIREMENTS ACT, 2018					
TITLE VIII					
DEPARTMENT OF LABOR					
Employment and Training Administration					
Training and Employment Services (emergency).....	100,000	---	---	-100,000	---
Job Corps (emergency).....	30,900	---	---	-30,900	---
General Provisions -- Department of Labor					
Deferment of interest payments for U.S. Virgin Islands (Sec.20801) (emergency).....	-1,000	---	---	+1,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
DEPARTMENT OF HEALTH AND HUMAN SERVICES					
Centers for Disease Control and Prevention					
CDC-Wide Activities and Program Support (emergency)...	200,000	---	---	-200,000	---
National Institutes of Health					
Office of the Director (emergency).....	50,000	---	---	-50,000	---
Administration for Children and Families					
Children and Families Services Programs (emergency)...	650,000	---	---	-650,000	---
Office of the Secretary					
Public Health and Social Services Emergency Fund (emergency).....	162,000	---	---	-162,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
DEPARTMENT OF EDUCATION					
Hurricane Education Recovery					
Hurricane Education Recovery (emergency).....	2,700,000	---	---	-2,700,000	---
Hurricane Education Recovery waiver authority for HEA of 1965 (Federal Direct Student Loan Program account) (emergency).....	5,000	---	---	-5,000	---
General Provisions -- Department of Education					
HBCU Hurricane Supplemental Loan Program (loan forgiveness) (Sec.20804) (emergency).....	90,000	---	---	-90,000	---
Total, title VIII.....	3,986,900	---	---	-3,986,900	---
Total, Supplemental Appropriations for Disaster Relief Requirements (Public Law 115-123 (DivB, Subdivision1)).....					
	3,986,900	---	---	-3,986,900	---
Total, Other Appropriations.....	3,986,900	---	---	-3,986,900	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
(Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
RECAP					
Mandatory, total in bill.....	817,467,097	869,794,362	869,814,362	+52,347,265	+20,000
Less advances for subsequent years.....	-158,482,759	-161,845,797	-161,845,797	-3,363,038	---
Plus advances provided in prior years.....	144,135,452	158,462,759	158,462,759	+14,327,307	---
Total, mandatory, current year.....	803,139,790	866,411,324	866,431,324	+63,291,534	+20,000
Discretionary, total in bill.....	190,525,529	173,940,541	186,968,572	-3,556,957	+13,028,031
Less advances for subsequent years.....	-24,814,001	-24,294,001	-24,614,001	+200,000	-320,000
Plus advances provided in prior years.....	24,814,001	24,814,001	24,814,001	---	---
Subtotal, discretionary, current year.....	190,525,529	174,460,541	187,168,572	-3,356,957	+12,708,031
Discretionary Scorekeeping adjustments:					
Average Weekly Insured Unemployment (AWIU)					
Contingent..... TF	10,000	25,000	10,000	---	-15,000
Medicare Eligible Accruals					
(permanent, indefinite)..... D	32,484	30,041	30,041	-2,443	---
Surplus property (Department of Labor)..... CH	2,000	5,000	---	-2,000	-5,000
Dislocated Worker training and employment activities (rescission)..... D	---	-75,000	---	---	+75,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Dislocated Workers assistance National Reserve (rescission)..... D	-12,500	---	-200,000	-187,500	-200,000
Working Capital Fund (not to exceed \$40M) (reappropriation) (CBO estimate)..... CH	---	37,000	---	---	-37,000
Nonrecurring expenses fund (rescission)..... D	---	---	-400,000	-400,000	-400,000
Childrens Health Insurance Program performance bonus (rescission)..... CH	-88,613	---	---	+88,613	---
Childrens Health Insurance Program one-time payment (rescission)..... CH	-54	-54	---	+54	+54
Childrens Health Insurance Program Annual Allotment to States (rescission)..... CH	-3,572,000	-3,118,000	-3,345,000	+227,000	-227,000
Child Enrollment contingency fund (rescission).... CH	-3,110,946	-667,000	-3,378,613	-267,667	-2,711,613
Limitation on eligible health care entity..... CH	---	---	-48,000	-48,000	-48,000
Federal Emergency Response Fund (HHS) (by transfer) (CBO estimate)..... CH	---	25,000	---	---	-25,000
PHSSEF (HHS) (transfer out) (emergency) (CBO estimate)..... CH	---	(-10,000)	---	---	(+10,000)
Centers for Disease Control (HHS) (transfer out)(emergency) (CBO estimate)..... CH	---	(-15,000)	---	---	(+15,000)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2018 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2019
 (Amounts in Thousands)

	FY 2018 Enacted	FY 2019 Request	Bill	Bill vs. Enacted	Bill vs. Request
Pell: Increase maximum award..... CH	48,000	---	---	-48,000	---
Pell mandatory funds (rescission)..... CH	-48,000	---	---	+48,000	---
SSI User Fee Collection..... D	-118,000	-134,000	-134,000	-16,000	---
CBO adjustment..... D	3,000	5,000	5,000	+2,000	---
SSA SSPA User Fee Collection..... D	-1,000	-1,000	-1,000	---	---
CBO adjustment..... D	1,000	1,000	1,000	---	---
Traditional Medicare program..... D	305,000	---	---	-305,000	---
CNCS National Service Trust unobligated balances (rescission)..... D	---	-150,000	---	---	+150,000
Corporation for Public Broadcasting FY2019 advance (rescission)..... D	---	-429,550	---	---	+429,550
Cohort Default Rate Modification (Education)..... CH	3,000	---	---	-3,000	---
21st Century Cures Act adjustment (PL 114-255)..... D	-996,000	-711,000	-711,000	+285,000	---
Total, discretionary.....	178,986,000	169,302,978	178,997,000	+1,000	+9,694,022
Grand Total, current year.....	982,135,790	1,035,714,302	1,045,428,324	+63,292,534	+9,714,022