

[COMMITTEE PRINT]

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114TH CONGRESS } <i>1st Session</i>	SENATE	REPORT 114-00
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DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 2016

JUNE 00, 2015.—Ordered to be printed

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

REPORT

[To accompany S. 0000]

The Committee on Appropriations reports the bill (S. 0000) making appropriations for Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2016, and for other purposes, reports favorably thereon and recommends that the bill do pass.

Amounts to new budget authority

Total of bill as reported to the Senate	\$879,922,043,000
Amount of 2015 appropriations	848,302,078,000
Amount of 2016 budget estimate	892,775,228,000
Bill as recommended to Senate compared to:	
2015 appropriations	+ 31,619,965,000
2016 budget estimate	- 12,853,185,000

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LIST OF ABBREVIATIONS

ACA—Patient Protection and Affordable Care Act
ACL—Administration for Community Living
ADAP—AIDS Drug Assistance Program
AHEC—area health education center
AHRQ—Agency for Healthcare Research and Quality
AP—Advanced Placement
APH—American Printing House for the Blind
ARRA—American Recovery and Reinvestment Act of 2009
ASH—Assistant Secretary for Health
ASPR—Assistant Secretary for Preparedness and Response
BARDA—Biomedical Advanced Research and Development Authority
BCA—Budget Control Act of 2011
BLS—Bureau of Labor Statistics
CAN—Cures Acceleration Network
CCAMPIS—Child Care Access Means Parents in School
CCDBG—Child Care and Development Block Grant
CDC—Centers for Disease Control and Prevention
CHAFL—College Housing and Academic Facilities Loans
CHC—Community health center
CHGME—Children’s Hospitals Graduate Medical Education
CJ—Justification of Estimates for Appropriations Committees
CMHS—Center for Mental Health Services
CMS—Centers for Medicare and Medicaid Services
CNCS—Corporation for National and Community Service
CPB—Corporation for Public Broadcasting
CSAP—Center for Substance Abuse Prevention
CSAT—Center for Substance Abuse Treatment
CSBG—Community Services Block Grant
CSEOA—Community Service Employment for Older Americans
DOD—Department of Defense
DOE—Department of Energy
DOL—Department of Labor
EBSA—Employee Benefits Security Administration
EEOICPA—Energy Employees Occupational Illness Compensation Program Act
ERISA—Employee Retirement Income Security Act of 1974
ESEA—Elementary and Secondary Education Act
ETA—Employment and Training Administration
FDA—Food and Drug Administration
FEMA—Federal Emergency Management Agency
FIC—Fogarty International Center
FIE—Fund for the Improvement of Education
FIPSE—Fund for the Improvement of Postsecondary Education
FMCS—Federal Mediation and Coalition Service
FMSHRC—Federal Mine Safety and Health Review Commission
FTE—full-time equivalent
FWS—Federal Work Study
GAANN—Graduate Assistance in Areas of National Need
GAO—Government Accountability Office

GEAR UP—Gaining Early Awareness and Readiness for Undergraduate Programs
HBCUs—Historically Black Colleges and Universities
HCERA—Health Care and Education Reconciliation Act of 2010
HCFAC—Health Care Fraud and Abuse Control
HEA—Higher Education Act
HELP—Health, Education, Labor, and Pensions
HFFI—Healthy Foods Financing Initiative
HHS—Health and Human Services
HRSA—Health Resources and Services Administration
IC—Institute and Center
IDeA—Institutional Development Award
IDEA—Individuals with Disabilities Education Act
IES—Institute of Education Sciences
IMLS—Institute of Museum and Library Services
IOM—Institute of Medicine
LEA—local educational agency
LIHEAP—Low Income Home Energy Assistance Program
MACPAC—Medicaid and CHIP Payment and Access Commission
MCH—maternal and child health
MedPAC—Medicare Payment Advisory Commission
MSHA—Mine Safety and Health Administration
NAEP—National Assessment of Educational Progress
NAGB—National Assessment Governing Board
NCATS—National Center for Advancing Transitional Sciences
NCBDDD—National Center on Birth Defects and Developmental Disabilities
Disabilities
NCES—National Center for Education Statistics
NCHS—National Center for Health Statistics
NCI—National Cancer Institute
NEI—National Eye Institute
NHGRI—National Human Genome Research Institute
NHLBI—National Heart, Lung, and Blood Institute
NIA—National Institute on Aging
NIAAA—National Institute on Alcohol Abuse and Alcoholism
NIAID—National Institute of Allergy and Infectious Disease
NIAMS—National Institute of Arthritis and Musculoskeletal and Skin Diseases
NIBIB—National Institute of Biomedical Imaging and Bioengineering
NICHD—Eunice Kennedy Shriver National Institute of Child Health and Human Development
NIDA—National Institute on Drug Abuse
NIDCD—National Institute on Deafness and Other Communication Disorders
NIDCR—National Institute of Dental and Craniofacial Research
NIDDK—National Institute of Diabetes and Digestive and Kidney Disease
NIDRR—National Institute on Disability and Rehabilitation Research
NIEHS—National Institute of Environmental Health Sciences
NIGMS—National Institute of General Medical Sciences
NIH—National Institutes of Health
NIMH—National Institute on Mental Health

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

UI—unemployment insurance
USAID—U.S. Agency for International Development
VETS—Veterans' Employment and Training Services
VISTA—Volunteers in Service to America
VR—Vocational Rehabilitation
WANTO—Women in Apprenticeship and Non-Traditional Occupations
WHD—Wage and Hour Division
WIA—Workforce Investment Act
WIF—Workforce Innovation Fund
WISEWOMAN—Well-Integrated Screening and Evaluation for Women Across the Nation

SUMMARY OF BUDGET ESTIMATES AND COMMITTEE RECOMMENDATIONS

For fiscal year 2016, the Committee recommends total budget authority of \$879,922,043,000 for the Departments of Labor, Health and Human Services, and Education, and Related Agencies. This amount includes \$153,188,000,000 in current year discretionary funding subject to discretionary spending caps and \$1,561,000,000 in cap adjustments for healthcare fraud and abuse control and for program integrity at the Social Security Administration, in accordance with the allocation for this bill.

Fiscal year 2015 levels cited in this report reflect the enacted amounts in Public Law 113-235, the Consolidated and Further Continuing Appropriations Act, 2015 and exclude funds designated as emergency requirements for Ebola response and preparedness.

OVERVIEW

The Labor, Health and Human Services, and Education, and Related Agencies [Labor-HHS-Education] appropriations bill constitutes the largest share of non-defense discretionary spending, 31 percent of the total in fiscal year 2016. Total spending in this bill subject to discretionary spending caps is \$3,575,000,000 or 2.3 percent, below the comparable fiscal year 2015 level. This significant funding reduction has required the Committee to make difficult decisions regarding funding reductions and consider the appropriate role and jurisdiction of Federal programs.

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

NATIONAL INSTITUTES OF HEALTH

The Committee recommendation includes \$32,084,000,000 for the National Institutes of Health [NIH], an increase of \$2,000,000,000. This is the largest increase the NIH has received since Congress doubled the agency's funding in 2003. The Committee strongly believes that in this difficult budget environment that the Labor-HHS-Education appropriations bill must reprioritize how funding is allocated and must clearly recognize the essential role biomedical research plays in every American's life.

NIH-funded research has raised life expectancy, improved quality of life, and is an economic engine helping to sustain American competitiveness. NIH-funded biomedical research is the catalyst behind many of the advances that are now helping Americans live longer and healthier lives. Because of the Federal investment in biomedical research, U.S. cancer death rates are falling 1 percent each year, with each 1 percent decline saving our Nation about \$500,000,000,000. U.S. death rates from heart disease and stroke have declined more than 60 percent in the last half-century. Between 1997 and 2006, the death rate among adults with diabetes declined by 23 percent.

The Committee recommendation places a high priority on funding for the NIH and believes this funding is necessary to address our Nation's growing health concerns, spur medical innovation, sustain America's competitiveness, and reduce healthcare costs.

Over the past decade, the NIH has lost approximately 22 percent of its purchasing power for research. The likelihood that a grant application will receive funding has fallen to the lowest percentage in decades, now less than 20 percent. However, under the Committee recommendation, these trends will begin to reverse. Within this bill, Research Project Grants, NIH's funding mechanism for investigator-initiated research, will increase over 7 percent. The Committee recommendation is estimated to support over 11,500 new and competing grants in fiscal year 2016, an increase of nearly 2,500 grants or more than 26 percent above the fiscal year 2015 estimate.

The Committee recommendation allocates funding to areas holding the most extraordinary promise of scientific advancement, while allowing NIH to maintain flexibility to pursue unplanned scientific opportunities and address unforeseen public health needs.

Alzheimer's Disease.—Estimates indicate that more than 5 million people age 65 and older suffer from Alzheimer's disease in the United States. This disease is not just a burden on our health; it is also a burden on our economy. The total payments for healthcare, long-term care, and hospice for people with Alzheimer's and other dementias are projected to increase from \$226,000,000,000 in 2015 to \$1,100,000,000,000 in 2050. Without a medical breakthrough to prevent, slow, or stop the disease, Medicare- and Medicaid-related costs could rise nearly five-fold. Yet, for every \$260 Medicare and Medicaid spends on caring for individuals with Alzheimer's disease, the Federal Government spends only \$1 on Alzheimer's research.

NIH-funded research is the only way to manage this disease in the future. Therefore, the Committee recommendation includes an increase of approximately \$350,000,000 for the National Institute on Aging, the NIH Institute with the primary responsibility for preventing, treating, and curing Alzheimer's disease.

Antimicrobial Resistance.—Antibiotics have been used to successfully treat patients for more than 70 years, but over time the drugs have become less effective as organisms adapt to the drugs designed to kill them. Recognizing the growing public health threat of antimicrobial resistance, the Committee recommendation includes an increase of \$100,000,000 for the National Institute of Allergy and Infectious Diseases to help expand efforts to develop new antibiotics and rapid diagnostic tests, and build a national genome sequence database on all reported resistant human infections. Funding is provided as part of the Combating Antibiotic Resistant Bacteria [CARB] initiative requested by the administration.

BRAIN.—The Committee continues to support the Brain Research through Advancing Innovative Neurotechnologies [BRAIN] Initiative and fully funds the administration's request for the program in fiscal year 2016, an increase of \$70,000,000 above fiscal year 2015. The BRAIN Initiative will help develop a deeper understanding of brain function and has the possibility of helping millions of people who suffer from a wide variety of neurological and psychiatric disorders such as Parkinson's disease, schizophrenia, Alzheimer's disease, and traumatic brain injury.

Precision Medicine.—\$200,000,000 is provided in the Committee's recommendation for the new Precision Medicine Initiative. Instead

of a one-size-fits-all approach, the Precision Medicine Initiative will allow physicians to individualize treatment to patients and allow treatments to be as individualized as the disease.

Research Facilities.—Much of the Nation's biomedical research infrastructure, including laboratories and research facilities at academic institutions and nonprofit research organizations, is outdated or insufficient. For taxpayers to receive full value from their considerable investments in biomedical research, researchers must have access to appropriate research facilities. \$50,000,000 is provided for grants or contracts to research entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities as authorized under 42 U.S.C. 283k.

PREVENTING BUREAUCRATIC OVERREACH

The growth in bureaucracy under the current administration has brought with it numerous rules and regulations that push the administration's statutory authority as well as overburden job creators, educators, and healthcare providers. Such overreach threatens to undermine entire sectors of the economy, and in some cases, is clearly intended to achieve no other end than to upset the balance between employers and employees. The Committee has included several provisions to limit the onerous rules and regulations released by the administration over the past several years.

Independent Payment Advisory Board [IPAB].—The Committee recommendation eliminates funding for the IPAB, an unaccountable panel tasked with rationing Medicare spending.

Labor Regulations.—The Federal Government can play an important role in supporting economic growth through the establishment of a measured regulatory environment that protects both the employee and the employer and does not unduly hinder job creation. However, issuing excessive or burdensome regulations that stifle growth or slow or reverse job creation can result in the opposite—greater cost than benefit and a weaker economy.

The Committee recommendation includes several provisions to restrain regulatory overreach by the administration. For example, the bill prohibits the National Labor Relations Board [NLRB] from allowing small groups of employees to create a “micro-union” in spite of opposition to the creation of a union by the majority of workers, and blocks a potential revision of the joint employer standard that could undermine the foundation of how franchise businesses operate. The bill also curbs new regulations from the Department of Labor regarding temporary, seasonal workers. The Committee believes it is critical to ensure that the Federal Government creates economic conditions that support job creators, and these provisions restore a reasonable balance to make certain that regulations serve both the workforce and employers fairly.

Higher Education Regulations.—The Committee recommendation prohibits the Department of Education from unilaterally moving forward with several recent and significant policy changes impacting higher education programs until Congress is able to weigh in through the authorization process. Specifically, the bill prohibits the Department from developing a post-secondary institution rating system, administratively defining the phrase “gainful employment”, establishing requirements governing the State authorization proc-

ess for higher education programs, establishing a Federal definition of the term “credit hour”, and establishing a Federal framework for evaluating teacher preparation programs, at least until Congress reauthorizes the Higher Education Act. The Committee supports many of the goals of these regulations, but each represents a significant expansion of administrative authority. The Committee strongly believes these issues should be addressed as part of the normal legislative process. Regarding the post-secondary institution ratings system in particular, the Committee strongly believes this represents a misguided use of limited resources and the lack of specificity in the draft framework is an indication of the inherent flaw in the proposal.

The Committee recommendation also includes language directing the Department of Education to evaluate all higher education regulations to eliminate unnecessary or duplicative requirements, as part of an overall effort to improve affordability of and access to post-secondary education.

Dietary Guidelines.—Significant concerns have been raised about the 2015 Dietary Guidelines for Americans, including basing some recommendations on environmental sustainability. Making a recommendation based on anything but a preponderance of sound science is outside the scope of the Advisory Committee and contrary to the statute creating the Advisory Committee itself. The Committee recommendation includes a provision to prohibit the Secretary of the Department of Health and Human Services, who has the administrative leadership for the 2015 Dietary Guidelines edition, from moving forward with the Guidelines unless the guidelines are solely nutritional and dietary in nature and based on a preponderance of scientific evidence.

Recovery Audit Contractors [RAC] Audits.—To decrease the number of Medicare improper payments, CMS utilizes RACs to provide post payment reviews of Medicare payments. However, because RACs are paid on a contingency fee basis, they have a strong incentive to focus on the quantity of reviews versus the quality of the audit. As a result, healthcare providers are using precious resources and staff time to fight erroneous audit findings instead of providing care to patients. The Committee includes language directing CMS to expeditiously resolve any pending issues with the new RAC contracts so that the new, more tailored RAC requirements can be implemented to require RACs to focus on the quality of their reviews. This will also help providers resolve their audit appeals faster by reducing the number of claims appealed at the Office of Medicare and Medicaid Appeals [OMHA]. In addition, language is included directing the Department of Health and Human Services to continue to evaluate the process until this issue is resolved.

IMPROVING FISCAL ACCOUNTABILITY

The Committee has an obligation to promote fiscal accountability and the effective use of U.S. taxpayer funds. The annual appropriation process affords Congress the opportunity to continuously improve and refine how government works. Appropriations bills provide oversight of every discretionary program, every year, which gives these bills the unique ability to react to changing needs and

unintended consequences in the intervening years of an authorization bill.

Affordable Care Act [ACA] Oversight.—The Committee includes several provisions to increase transparency and oversight of the billions of dollars spent on the ACA. The Committee is proactively protecting discretionary funds in the bill by preventing the administration from transferring these funds to bail out ACA activities that were never intended to be funded through the discretionary appropriations process. The Committee includes the following:

- Risk Corridor.*—The Committee continues bill language requiring the administration to operate the Risk Corridor program in a budget neutral manner by prohibiting any funds from the Labor-HHS-Education appropriations bill to be used as payments for the Risk Corridor program.
- State-Based Exchanges.*—With the increasing number of State-Based Exchanges failing due to lack of revenue, the Committee includes new bill language preventing the administration from using discretionary funds to pay for operational costs for these Exchanges.
- Health Exchange Transparency.*—The Committee continues bill language requiring the administration to publish ACA-related spending by category since its inception.
- ACA Personnel.*—The Committee continues bill language requiring the administration to publish information on the number of employees, contractors, and activities involved in implementing, administering, or enforcing provisions of the ACA.
- Notification.*—The Committee recommendation requires the administration to provide prior notification to the Appropriations Committees of the House of Representatives and the Senate before releasing information to the press.

NLRB Right-Sizing.—Since 2008, the NLRB's budget has increased 8.9 percent while its workload has remained relatively flat. The administration has requested an additional 30 full-time employees in fiscal year 2016 even though a recent reorganization was intended to yield further efficiencies and eliminate unneeded infrastructure. To put NLRB's budget increases in perspective, NIH research funding increased only 1.5 percent during the same timeframe. Further, the Committee remains concerned about recent action the agency has taken to reverse long-standing policies and other regulatory initiatives. Most recently, both the Senate and House of Representatives voted to reject the NLRB's new regulation on "ambush" elections which will aggressively reduce the time for union elections. Yet, the agency is moving forward to implement the rule anyway. In an effort to right-size and reprioritize funding within this bill, the Committee recommendation reduces funding for the NLRB to \$246,802,000.

Taxpayer Transparency.—The U.S. taxpayer has a right to know how the Federal Government is spending their hard-earned taxpayer dollars—especially when that money is being spent on advertising Federal programs. The Committee recommendation includes a new provision to promote Government transparency and accountability by requiring Federal agencies funded in this act to include disclaimers when advertising materials are paid for with Federal funds.

Program Eliminations.—Lean economic times require tough choices and a critical review of all programs in the bill, even those that have been funded for decades. The Committee recommendation includes 44 program eliminations, equating to \$1,256,180,000 in spending reductions.

FIGHTING OPIOID ABUSE

According to the Centers for Disease Control and Prevention [CDC], deaths from prescription opioids quadrupled between 1999 and 2013 claiming more than 145,000 lives over the past decade. These overdoses cost the economy an estimated \$20,000,000,000 in medical costs and work loss productivity each year. Even more dangerous, prescription opioids can act as a gateway drug to heroin use, another form of opioids. Approximately three out of four new heroin users abused prescription opioids before switching to heroin. To stop the spread of further opioid abuse, the bill provides \$67,000,000, an increase of \$35,000,000 above fiscal year 2015, in funding to fight both prescription opioid and heroin abuse:

Abuse Prevention.—\$37,500,000 to CDC for expanding State-level prevention efforts such as increasing adoption of safe opioid prescribing guidelines and improving data collection and collaboration among States.

Drug Treatment, Prevention, and Awareness.—\$29,500,000 to Substance Abuse and Mental Health Services Administration [SAMHSA] for State grants to expand access to drug treatment services for those with a dependence on prescription opioids or heroin. Funds will be targeted to States that have experienced the greatest increase in treatment admissions for these drugs. Funds will also be used to help States purchase and train first responders on emergency devices that rapidly reverse the adverse effects of opioid overdoses and to increase awareness of the dangers of opioid use to the public.

COMBATING ANTIBIOTIC RESISTANT BACTERIA

Antibiotic resistance is an increasingly serious public health threat: Each year in the United States over 2 million people become infected with bacteria that are resistant to antibiotics, and at least 23,000 people die as a direct result of these infections. According to the latest available data, antibiotic resistance in the United States costs an estimated \$20,000,000,000 a year in healthcare costs. Without immediate action, routine infections as well as common surgical procedures are likely to become life-threatening events. The Committee recommendation includes \$664,000,000, an increase of \$193,000,000 above fiscal year 2015, to combat antibiotic resistant bacteria using a multi-pronged strategy:

Detect and Protect.—The Committee includes an increase of \$30,000,000 to CDC for faster identification and characterization of emerging resistance patterns as well as collaborations with healthcare facilities to implement best practices for antibiotic prescribing and infection prevention.

Antibiotic Discovery.—With the health system rapidly running short of ammunition in the battle against resistant infections, the development of new drugs is of prime importance. The Committee includes \$461,000,000, a \$100,000,000 increase over fiscal year

2015 to NIH and \$143,000,000, a \$59,000,000 increase over fiscal year 2015 to BARDA to spur the development of novel antibiotics and help revitalize the drug development pipeline.

Antibiotic Stewardship.—The Committee includes \$10,000,000, a \$4,000,000 increase over fiscal year 2015, for AHRQ to support activities developing new antibiotic stewardship programs specifically focused on ambulatory and long-term care facilities.

RURAL HEALTH CARE

The obstacles faced by patients and providers in rural communities are unique and often significantly different than those in urban areas. These issues can range from a lack of access to primary care physicians to difficulty finding specialists. As a result, many patients have to drive long distances to receive care or may not seek care until it is too late. This creates unnecessary disparities in healthcare not found in other parts of the country and which will ultimately cost taxpayers more in Medicare and Medicaid expenditures. The Committee recommendation addresses the unique challenges faced by rural patients and providers in several ways:

First, the Committee rejects the administration's request to eliminate the Small Hospital Improvement Program [SHIP]. Instead, the Committee recommendation provides \$14,942,000 for SHIP to support quality improvement and meaningful use of health information technology for small hospitals with under 49 beds. Second, the Committee includes \$18,000,000, an increase of \$3,100,000, for Telehealth programs. The Committee believes it is important for telehealth capabilities to be expanded and improved in rural and remote healthcare settings. Finally, the Committee recommendation provides \$63,500,000, an increase of \$4,500,000, for Rural Health Outreach Grants. These grants are critical to improving access to care, coordination of care, and integration of services in rural health settings.

INCREASING THE EFFICIENCY AND COST EFFECTIVENESS OF GOVERNMENT

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

Fighting Healthcare Fraud and Abuse.—The Committee includes \$706,000,000 for the Health Care Fraud and Abuse Control [HCFAC] program at CMS. The Committee notes that the latest data demonstrates for every \$1 spent on fraud and abuse, \$8.10 is recovered by the Treasury. By utilizing the cap adjustment provided in the Budget Control Act, the Committee recommendation will create over \$5,718,000,000 in savings to the U.S. Treasury.

Preventing Improper Social Security Payments.—The Committee recommendation includes \$1,439,000,000, a \$43,000,000 increase for the Social Security Administration to conduct continuing dis-

ability reviews and SSI program redeterminations of non-medical eligibility. Combined these activities are estimated to save approximately \$10,000,000,000 in taxpayer dollars by reducing waste, fraud, abuse, and improper payments in the Social Security, Medicare, and Medicaid programs.

Strengthening Oversight of Social Security Disability Benefits.—The Committee recommendation includes new language strengthening oversight of Social Security disability programs. Specifically, the Committee will work with SSA to expedite efforts to update medical vocational guidelines used as part of the initial disability determination process and to clarify how the medical improvement standard, and exceptions from it, should be applied during continuing disability reviews.

Taxpayer Accountability.—In recent reports, the Government Accountability Office [GAO] identified several areas, in particular, in the healthcare sector where the Federal Government had opportunities to improve overall performance. Given the current fiscal environment, it is imperative for Government agencies to increase efficiencies to maximize the effectiveness of agency programs.

—*Recovery Audit Data Warehouse.*—The Committee was disappointed to learn that CMS was not effectively utilizing the Recovery Audit Data Warehouse which was designed to prevent contractors from conducting duplicative audits on the same claim. The Committee recommendation directs CMS to implement GAO's recommendations to prevent further waste of resources or additional burdens on healthcare providers.

—*Mental Health.*—The Committee is concerned that SAMHSA, the Federal Government's lead agency for addressing mental health issues, failed to provide high level coordination within the Department of Health and Human Services on serious mental health issues, and did not properly evaluate some of its own programs. GAO also highlighted SAMHSA's failure to document how it applied its own grant criteria before making awards for mental health grants, and their lack of documentation used to oversee these programs. Without such coordination and oversight, scarce Federal funds are being wasted on duplicative and ineffective mental health programs run by several different agencies without any clear, overarching objective or accountability. As a result, the Committee recommendation directs SAMHSA to implement the GAO recommendations in fiscal year 2016. In addition, SAMHSA shall provide any additional training to its grants staff and develop an internal grants compliance plan.

Empowering States With Flexibility To Meet Their Own Unique Needs.—The Committee recommendation restores the Governors' State Workforce Innovation and Opportunity Act [WIOA] training set-aside to the full 15 percent level authorized by law. The Governors' set-aside is a powerful tool for States to meet their own unique workforce and employment needs on a State-wide or regional basis. With additional funding, States will be able to enhance services at their discretion on a State-wide basis. Many States want to offer additional job training for regionally-demanded occupations aligned with business needs, to enhance the coordination of workforce development services throughout the State, to de-

velop new online resources for job seekers and employers, and to provide additional services to at-risk populations such as the long-term unemployed, disconnected youth, and veterans.

Public Health Services Act [PHS] Evaluation Transfer.—The Committee recommendation continues to ensure that in fiscal year 2016, no funds will leave NIH via the transfer required by section 241 of the PHS Act.

Inspectors General.—The Committee recommendation provides \$213,352,000 for the inspectors general at the three Departments and the Corporation for National and Community Service to conduct additional audits and investigations of possible waste and fraud in Government programs.

OTHER HIGHLIGHTS OF THE BILL

Community Health Centers [CHC].—The Committee recommendation includes \$1,491,522,000 for CHCs. Combined with the \$3,600,000,000 in mandatory funding appropriated for fiscal year 2016, and \$138,478,000 in unobligated balances from prior years, the Committee's recommended program level totals \$5,200,000,000, an increase of \$830,478,000 above the President's budget request. In addition, the Committee took into account in the program level the possibility that \$30,000,000 may be transferred from the Community Health Centers mandatory funds by Public Law 114–22. This funding is projected to support at least 75 new access points and continue quality improvement activities for more than 1,300 health centers operating over 9,000 primary sites.

Child Care.—The Committee recommendation includes \$2,585,000,000 for the Child Care and Development Block Grant [CCDBG], a \$150,000,000 increase. In November 2014, Congress overwhelmingly passed a reauthorization of the CCDBG Act. This bill included important reforms to strengthen child care health and safety standards, and improve the overall quality of child care programs. The Committee recommendation will help States implement these and other key changes.

Early Head Start.—The Committee recommendation includes a \$100,000,000 increase to expand Early Head Start, including through Early Head Start-Child Care Partnerships. Research increasingly points towards the importance of high-quality early childhood care and education beginning at birth, and for families starting before birth. Early Head Start provides high-quality early childhood services for children and families from before birth to age 3. Early Head Start-Child Care Partnerships in particular leverage resources within the Child Care and Development Fund to help further improve the availability of high-quality child care programs.

Children's Hospitals Graduate Medical Education [CHGME].—The Committee recommendation includes \$270,000,000 for CHGME, an increase of \$5,000,000 above fiscal year 2015. This funding supports freestanding children's teaching hospitals to provide Graduate Medical Education for physicians. The Committee rejects the administration's proposal to pay only for direct costs of the program.

Cancer Screenings.—The Committee rejects the administration's proposed cuts to CDC's breast, cervical, and colorectal cancer

screening programs. These programs specifically serve low-income, uninsured, and underinsured adults. The administration made a political choice to cut the cancer screening programs because the ACA is supposed to cover these individuals. However, the ACA has fallen short of insuring every individual. Recent data show that up to 4.5 million women may remain eligible for CDC's National Breast and Cervical Cancer Early Detection Program. Therefore, the Committee recommendation provides \$250,287,000 for these cancer screenings.

Immunization Program.—The Committee rejects the administration's proposed funding reduction for the 317 Immunization program and restores full funding for this program. Similar to CDC's cancer screening programs, the administration made a choice to cut funding because of the promises of the ACA. Yet, as we have seen with the recent measles outbreak, vaccine programs should not be taken for granted. The 317 Immunization program serves as a safety-net for the uninsured and underinsured populations that remain even with the implementation of the ACA. Vaccines remain one of the most important and successful public health breakthroughs to prevent death and disability. The Committee recommendation includes \$610,847,000 for the 317 Immunization program.

Increase in Maximum Pell Grant.—The Committee recommendation provides funding to maintain the discretionary portion of the maximum Pell grant, which triggers an automatic increase in the overall maximum Pell grant, from \$5,775 in the 2015–2016 school-year, to an estimated \$5,915 for the 2016–2017 school-year. This builds on increases in the maximum award over the last several years, which by the 2016–17 school year will have increased by over \$1,800 over the last decade.

Supports State and Local Flexibility in Elementary and Secondary Education.—The Committee recommendation includes \$14,559,802,000 for title I grants to LEAs, a \$150 million increase; \$12,414,642,000 for IDEA parts B and C, a \$125,000,000 increase; and \$273,172,000 for charter school grants, a \$20,000,000 increase. In addition, the Committee includes language affirming that the Federal Government cannot mandate or incentivize in any way the adoption of any specific standards or assessments. Combined, this helps provide flexible resources that States, LEAs, and schools can decide how to use best to improve student outcomes, including students with disabilities.

Training Assistance to Coal Workers.—The bill dedicates \$19,000,000 of the Dislocated Worker National Reserve to ensure reemployment and training assistance are provided to workers dislocated from coal mines and coal-fired power plants as requested by the administration.

License Portability.—The Committee funds a new proposal by the administration to reduce barriers created by unnecessary occupational licensing requirements. Funding is provided for States to evaluate and pursue cooperative approaches to enhance reciprocity or portability of occupational licenses across State lines. Such agreements would significantly ease barriers to opportunity and reemployment for thousands of Americans, especially for military spouses, dislocated workers, and transitioning servicemembers.

Medicare Appeals Process.—The number of cases appealed to OMHA has increased 545 percent in 3 years. OMHA currently receives over a year's worth of work every 8 weeks, and at the start of fiscal year 2015, OMHA already had 10 years' worth of work with the existing staff. The Committee recommendation includes a \$10,000,000 increase to help OMHA expand capacity to address the significant backlog of appeals.

Unemployment Insurance Trust Fund Integrity.—The Committee provides an increase to enhance Reemployment Services and Eligibility Assessments for fiscal year 2016. Recent research cited by the administration has shown that this program significantly reduces the time participating individuals receive unemployment compensation payments and reduces the total amount of benefits paid. Claimants are more successful in returning to work sooner in jobs with higher wages. The study estimated that \$2.60 in savings are produced for every \$1 in cost. Enhanced, in-person assessments also play an impactful role in protecting the integrity of the Unemployment Insurance Trust Fund by reducing improper payments made to ineligible claimants.

Reducing the Backlog of Foreign Labor Certifications.—The Department of Labor plays a role in supporting economic growth by certifying, on a case-by-case basis, that the admission of foreign workers into the United States will not adversely affect the job opportunities, wages, and working conditions of American workers. Employers who are unable to find qualified American workers to fill positions rely on prompt and fair review of their petitions. The Committee recommendation makes funds available for 1 year to hire temporary employees to address a growing backlog of Permanent Labor Certification cases. The additional funds will provide for the processing of about 96,450 cases, reducing the backlog by approximately 16,000 cases.

TITLE I

DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

TRAINING AND EMPLOYMENT SERVICES

Appropriations, 2015	\$3,139,706,000
Budget estimate, 2016	3,402,431,000
Committee recommendation	2,936,244,000

The Training and Employment Services account provides funding primarily for activities under the Workforce Innovation and Opportunity Act [WIOA], and is comprised of programs designed to enhance the employment and earnings of economically disadvantaged and dislocated workers, operated through a decentralized integrated system of skill training and related services. Funds provided for fiscal year 2016 will support the program from July 1, 2016, through June 30, 2017. A portion of this account's funding, \$1,772,000,000, is available on October 1, 2016, for the 2016 program year.

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

The Committee strongly encourages the Department to continue to work with other Federal agencies to align and streamline employment and training services. In cases where legislation would be required, the President's budget request should include recommendations and specific proposals for consolidation of programs.

The Committee notes that the disparity between the skills job seekers have and the skills employers need to fill available positions, also known as the "skills gap," can hinder employers from expanding, innovating, and improving productivity and limit workers' ability to obtain well-paying jobs in in-demand industries. The Committee encourages the Department to continue and expand its efforts in preparing workers for in-demand occupations through a coordinated strategy. This strategy should include close engagement with employers by all levels of the workforce development system to ensure that provided training services align with the demands of those who would hire program participants.

The Committee commends the Employment and Training Administration [ETA] for its collaborative work with the Institute for Museum and Library Services to integrate the education, employment, and training services provided by public libraries into the workforce development system. The Committee encourages ETA to continue to strengthen partnerships between the one-stop system and public libraries.

Grants to States

The Committee recommends \$2,492,000,000 for Training and Employment Services Grants to States.

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

The Committee recommendation is consistent with the WIOA authorization regarding the amount of WIOA State grant funding that may be set aside by Governors. Therefore, the Governor of a State shall reserve not more than 15 percent of the funds allotted to a State through the WIOA State grant programs for State-wide workforce investment activities. This increased flexibility will assist Governors in meeting unexpected needs, effectively targeting pockets of unemployment in their States, and fulfilling their oversight and technical assistance responsibilities.

Adult Employment and Training.—For adult employment and training activities, the Committee recommends \$737,000,000.

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

Funds are made available in this bill for adult employment and training activities in program year 2016, which occurs from July 1, 2016, through June 30, 2017. The bill provides that \$25,000,000 is available for obligation on July 1, 2016, and that \$712,000,000 is available on October 1, 2016. Both categories of funding are available for obligation through June 30, 2017.

Youth Training.—For youth training activities, the Committee recommends \$790,000,000.

The purpose of this program is to provide low-income youth facing barriers to employment with services that prepare them to succeed in the knowledge-based economy. The program provides assistance to youth in achieving academic and employment success through improved education and skill competencies, connections to employers, mentoring, training, and supportive services. The program also supports summer employment directly linked to academic and occupational learning, incentives for recognition and achievement, and activities related to leadership development, citizenship, and community service. Funds are made available for youth training activities in program year 2016, which occurs from April 1, 2016, through June 30, 2017.

Dislocated Worker Assistance.—For dislocated worker assistance, the Committee recommends \$965,000,000.

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

Funds made available in this bill support activities in program year 2016, which occurs from July 1, 2016, through June 30, 2017. The bill provides that \$105,000,000 is available for obligation on July 1, 2016, and that \$860,000,000 is available on October 1,

2016. Both categories of funding are available for obligation through June 30, 2017.

Federally Administered Programs

Dislocated Worker Assistance National Reserve.—The Committee recommends \$200,000,000 for the Dislocated Worker Assistance National Reserve, which is available to the Secretary for activities such as responding to mass layoffs, plant and/or military base closings, and natural disasters that cannot be otherwise anticipated, as well as for technical assistance, training, and demonstration projects.

The bill provides that the full \$200,000,000 is available on October 1, 2016.

The Committee bill includes new language setting aside \$19,000,000 to ensure assistance is provided to workers dislocated from coal mines and coal-fired power plants as requested by the administration.

Indian and Native American Programs.—The Committee recommends \$40,500,000 for Indian and Native American Programs. These programs are designed to improve the academic, occupational, and literacy skills of Native Americans, Alaskan Natives, and Native Hawaiians to aid the participants in securing permanent, unsubsidized employment. Allowable training services include adult basic education, GED attainment, literacy training, English language training, as well as the establishment of linkages with remedial education.

The Committee directs the Department to obligate funding at the authorized levels for activities pursuant to section 166(k) of subtitle D of title I of the WIOA (Public Law 113–128).

Office of Disability Employment Policy [ODEP].—The Committee recommendation transfers ODEP to ETA. ETA is the premier grant-making and employment policy entity within the Department of Labor and has always coordinated closely with ODEP. By co-locating ODEP with ETA, ETA will be able to coordinate and integrate the effort to assist Americans with disabilities more fully into the workforce development system consistent with the consolidated approach of WIOA.

The Committee recommendation includes \$23,750,000 for ODEP, of which \$15,000,000 shall be for grants, and \$8,750,000 shall be for salaries and expenses. The recommended funding level allows ETA to retain ODEP's subject matter expertise as well as provides funding consistent with the range of total grant awards approximated by the Department for Disability Employment Initiative grants for fiscal year 2015 to continue the dedicated grant program. The Committee expects ODEP and ETA to continue to develop not only appropriate focus areas for future grant rounds, but also innovative approaches through the comprehensive WIOA system to help individuals with disabilities enhance their job skills and overcome barriers to employment.

Migrant and Seasonal Farmworker Programs.—The Committee recommends \$73,000,000 for migrant and seasonal farmworkers programs, which serve members of economically disadvantaged families whose principal livelihood is derived from migratory and other forms of seasonal farm work, fishing, or logging activities.

Enrollees and their families are provided with employment, training, and related services intended to prepare them for stable, year-round employment within and outside of the agriculture industry.

The Committee recommendation provides that \$67,306,000 be used for State service area grants. The Committee recommendation also includes bill language directing that \$5,200,000 be used for migrant and seasonal farmworker housing grants, of which not less than 70 percent shall be for permanent housing. The principal purpose of these funds is to continue the network of local farmworker housing organizations working on permanent housing solutions for migrant and seasonal farmworkers.

Women in Apprenticeship.—The Committee accepts the administration's request to eliminate the Women in Apprenticeship program.

YouthBuild.—The Committee strongly supports the YouthBuild program and recommends \$79,689,000 to support its work to target at-risk high school dropouts and prepare them with the skills and knowledge they need to succeed in a knowledge-based economy.

National Activities

Reintegration of Ex-Offenders.—The Committee recommends \$22,305,000 for the Reintegration of Ex-Offenders program. The Reintegration of Ex-Offenders program helps prepare and assist adult ex-offenders return to their communities through pre-release services, mentoring, and case management. The program also provides support, opportunities, education, and training to youth who are involved in court and on probation, in aftercare, or on parole, or who would benefit from alternatives to incarceration or diversion from formal judicial proceedings. Programs are carried out directly through State and local governmental entities and community based organizations, as well as indirectly through intermediary organizations. Given Federal budget constraints, States are encouraged to continue to support reintegration efforts for ex-offenders with resources available through the comprehensive workforce development investment system. The funds appropriated for fiscal year 2016 shall be for competitive grants for activities that prepare young ex-offenders and school dropouts for employment. The Committee directs the Department to use funding to support efforts in high-crime, high-poverty areas and, in particular, communities that have recently experienced significant civil unrest.

Evaluation.—The bill continues to use a set-aside funding mechanism to support the evaluation of employment and training programs. Instead of directly providing funds for evaluation, the Committee recommendation supports evaluation activities through a 0.5 percent set-aside on all training and employment programs, including the WIOA formula programs, Job Corps, Community Service Employment for Older Americans, the Employment Service, and others. The set-aside approach ensures that sufficient funding is available to carry out comprehensive evaluation and applied research activities.

The ETA will continue to conduct evaluation and applied research activities in consultation with the Department's chief evaluation officer, who oversees the evaluation program. Results will

inform policy, advance the Department's mission, and improve its performance-based management initiatives.

Workforce Data Quality Initiative.—The Committee recommends \$4,000,000 for the Workforce Data Quality Initiative, the same as last year. Funds are used to assist States with incorporating comprehensive workforce information into longitudinal data systems being developed in part with the support of funding provided by the Department of Education. The initiative is also intended to help improve the quality and accessibility of performance data being produced by training providers.

JOB CORPS

Appropriations, 2015	\$1,688,155,000
Budget estimate, 2016	1,715,944,000
Committee recommendation	1,683,155,000

The recommendation for operations of Job Corps centers is \$1,578,008,000. The Committee recommendation for administrative costs is \$31,147,000.

The Committee also recommends a total of \$74,000,000 in construction, renovation, and acquisition [CRA] funds. This amount is available from July 1, 2016, to June 30, 2019. The Committee continues bill language allowing the Secretary to transfer up to 15 percent of CRA funds, if necessary, to meet the operational needs of Job Corps centers or to achieve administrative efficiencies. The bill continues to require the Secretary to notify the House and Senate Committees on Appropriations at least 15 days in advance of any transfer. The Committee expects any notification to include a justification.

The Committee accepts the Department's proposed bill provision clarifying that the Secretary, in consultation with the Secretary of Agriculture, may use a competitive process to select an entity to operate a Civilian Conservation Center [CCC] in accordance with section 147 of WIOA if the Center has had consistently low performance. CCCs are operated by the Department of Agriculture under an agreement with the Secretary of Labor. The competitive process provided for under this provision would be the same process used to select operators of other Job Corps Centers and consistent with WIOA. This process would provide an important opportunity to improve the performance of such Centers with respect to the outcomes achieved by program participants, including their placement in unsubsidized employment or further education and training after they exit the program, their median earnings, and their attainment of recognized credentials.

Gulfport Job Corps Center.—The Committee remains deeply concerned with the emergency reconstruction of the Gulfport Job Corps Center in Gulfport, MS, after it was badly damaged during Hurricane Katrina in 2005. A decade has now passed, and the damaged structures are not restored and serviceable in spite of funds appropriated for this purpose. The Department should remain committed to ensuring that the Center is rebuilt and able to return to serving the number of young people that it once served, while reserving the funds set aside for the project until the facility can be fully restored. Therefore, the Committee directs the Department to provide a report, not later than 90 days after the enact-

ment of this act to the Committees on Appropriations of the House of Representatives and the Senate, that outlines a plan for successful completion of the Gulfport Job Corps Center.

The WIOA included reforms to the Job Corps procurement process, including changes to ensure that high performing Job Corps operators would be able to compete for contracts. The Committee urges the Department to implement these provisions immediately. The Committee directs the Department to report on its progress in implementing these provisions within 30 days of enactment of this act to the Committees on Appropriations of the House of Representatives and the Senate.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriations, 2015	\$434,371,000
Budget estimate, 2016	434,371,000
Committee recommendation	400,000,000

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

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriations, 2015	\$710,600,000
Budget estimate, 2016	664,200,000
Committee recommendation	664,200,000

The Committee recommendation includes mandatory funds for the Federal unemployment benefits and allowances program that assists trade-impacted workers with benefits and services to upgrade skills and retrain in new careers. These benefits and services are designed to help participants find a path back into middle-class jobs, improve earnings, and increase credential and education rates. The Committee recommendation provides for the full operation of the Trade Adjustment Act program in fiscal year 2016 consistent with the continuation provided in fiscal year 2015.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriations, 2015	\$3,597,150,000
Budget estimate, 2016	4,138,023,000
Committee recommendation	3,519,561,000

The Committee recommendation includes \$3,433,133,000 authorized to be drawn from the Employment Security Administration account of the Unemployment Trust Fund and \$86,428,000 to be provided from the general fund of the Treasury.

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

The Committee recommends a total of \$2,738,442,000 for UI activities. For UI State operations, the Committee recommends \$2,725,550,000. Of these funds, the Committee includes \$100,000,000, an increase of \$20,000,000, to help address and prevent long-term unemployment through a Reemployment and Eligi-

bility Assessments and Reemployment Services [REA/RES] initiative. Of the funding included in the budget request, \$30,000,000 was proposed to be provided through a discretionary cap adjustment amendment to the Balanced Budget and Emergency Deficit Control Act of 1985. The Committee recommendation does not include funding through the cap adjustment.

The Committee recommendation continues to support investments in UI program integrity activities, including technology-based programs that identify and reclaim overpayments. The Committee continues bill language allowing funding to pay for the administration of trade adjustment allowances for individuals certified for the Trade Adjustment Assistance program under petitions filed prior to January 1, 2016.

The Committee recommendation does not provide funding for an additional round of incentive grants related to worker misclassification. The Committee notes that the first round of funding from fiscal year 2014 is newly awarded and proposals for fiscal year 2015 have not yet been solicited. Therefore, no performance results are yet available to assess its efficacy.

The Committee recommendation maintains bill language, as requested by the administration, providing \$3,000,000 for continued support of the UI Integrity Center of Excellence. The Center's mission is to develop, implement, and promote innovative integrity strategies in the UI program, focusing on the prevention and detection of fraud.

The Committee recommendation provides for a contingency reserve amount should the unemployment workload exceed an average weekly insured claims volume of 2,957,000.

The Committee maintains bill language to improve efficiencies by allowing the Department to consolidate and make payments on behalf of States from administration grants to the entity operating the State Information Data Exchange System.

The Committee recommendation maintains bill language allowing funds used to carry out national activities of the employment service to be obligated in contracts, grants, or agreements with States as well as non-State entities.

The Committee recommends \$12,892,000 for UI national activities, which will support activities that benefit the Federal-State UI system, including helping States adopt common technology-based solutions to improve efficiency and performance, including the replacement of the aging UI Reporting System hardware infrastructure and software applications installed in the State workforce agencies and to support the Interstate Connection Network, which enables the timely and accurate payment of UI benefits.

For the Employment Service allotments to States, the Committee recommends \$634,775,000. This amount includes \$20,775,000 in general funds together with an authorization to spend \$614,000,000 from the Employment Security Administration account of the Unemployment Trust Fund.

The Committee also recommends \$19,000,000 for Employment Service national activities. The administration of the work opportunity tax credit program accounts for \$18,200,000 of the recommended amount; the balance is for technical assistance and training to States.

For carrying out the Department's responsibilities related to foreign labor certification activities, the Committee recommends \$61,691,000. In addition, 5 percent of the revenue from H-1B fees is available to the Department for costs associated with processing H-1B alien labor certification applications. Further, the Committee has included a new general provision to allow the use of H-1B fees to address the backlog of certifications in the PERM program. The Department is authorized to use \$13,000,000 for that purpose, the same amount requested by the administration.

In the determination of prevailing wage for the purposes of the H-2B program, the Secretary shall accept private wage surveys even in instances where Occupational Employment Survey data are available unless the Secretary determines that the methodology and data in the provided survey are not statistically supported. The bill also contains new general provisions related to enforcement of new H-2B rules.

For one-stop career centers and labor market information, the Committee recommends \$65,653,000. The Committee supports the new proposal to establish occupational licensing grants for State consortia to identify, explore, and address areas where licensing requirements create an unnecessary barrier to labor market entry or labor mobility where interstate portability of licenses could improve economic opportunity, particularly for dislocated workers, transitioning servicemembers, veterans, and military spouses. The Committee also encourages the Department to urge participating States to consider ways to increase their recognition of military certifications for equivalent private sector skills and occupations to further ease the transition of former servicemembers to comparable civilian jobs. ETA is directed to use \$7,500,000 of the funds provided in this budget activity to initiate this effort.

The request for \$5,000,000 to conduct a study and pilot approaches to modernize the O*NET is not funded.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

The Committee bill continues language providing such sums as are necessary in mandatory funds for this account. The appropriation is available to provide advances to several accounts for purposes authorized under various Federal and State unemployment compensation laws and the Black Lung Disability Trust Fund, whenever balances in such accounts prove insufficient.

PROGRAM ADMINISTRATION

Appropriations, 2015	\$154,559,000
Budget estimate, 2016	176,564,000
Committee recommendation	144,017,000

The Committee recommendation of \$144,017,000 for program administration includes \$97,733,000 in general funds and \$46,284,000 from the Employment Security Administration account of the Unemployment Trust Fund.

General funds in this account pay for the Federal staff needed to administer employment and training programs under WIOA, OAA, the Trade Act of 1974, and the National Apprenticeship Act. Trust funds provide for the Federal administration of employment

security, training and employment, and executive direction functions.

Of the funding provided for Program Administration, the Committee recommendation includes \$31,450,000 for the Office of Apprenticeship, a decrease of \$2,550,000 below the fiscal year 2015 level.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION
SALARIES AND EXPENSES

Appropriations, 2015	\$181,000,000
Budget estimate, 2016	207,455,000
Committee recommendation	168,930,000

The Committee recommends \$168,930,000 for the Employee Benefits Security Administration [EBSA].

EBSA plays a critical role in protecting health benefits and retirement security for American workers and their families. EBSA is responsible for the enforcement of title I of ERISA in both civil and criminal areas and for enforcement of sections 8477 and 8478 of the Federal Employees' Retirement Security Act of 1986. EBSA administers an integrated program of regulation, compliance assistance and education, civil and criminal enforcement, and research and analysis.

Benefits under EBSA's jurisdiction consist of approximately \$8.5 trillion in assets covering approximately 142 million workers, retirees, and their families. EBSA oversees benefit security for an estimated 677,000 private retirement plans, 2.4 million health plans, and similar numbers of other welfare benefit plans, such as those providing life or disability insurance.

Mental health disorders affected an estimated 43.8 million adults in the United States in 2013. The Committee believes that progress has been made in this country in recognizing the significance of mental healthcare and treating it equitably with physical health. Nonetheless, there is little information available assessing activities of the States toward this end. The Committee requests the Secretary to coordinate with the Secretary of Health and Human Services to prepare a report within 180 days of enactment of this act to the Committees on Appropriation of the Senate and House of Representatives assessing activities of the States on this issue.

PENSION BENEFIT GUARANTY CORPORATION

PBGC's estimated obligations for fiscal year 2016 include single-employer benefit payments of \$6,386,000,000, multi-employer financial assistance of \$269,000,000, and administrative expenses of \$431,799,000. Administrative expenses are comprised of three activities: pension insurance activities, pension plan termination expenses, and operational support. These expenditures are financed by permanent authority. The Committee has accepted the PBGC's proposal to reform the previous administrative apportionment classifications from three budget activities to one budget activity to make operations more efficient and improve stewardship of resources. However, PBGC is directed to continue providing detail on the three activities in its annual congressional budget justification.

The PBGC is a wholly owned Government corporation established by ERISA. The law places it within DOL and makes the Secretary the chair of its board of directors. The Corporation receives its income primarily from insurance premiums collected from covered pension plans, assets of terminated pension plans, collection of employer liabilities imposed by the act, and investment earnings. The primary purpose of the Corporation is to guarantee the pay-

ment of pension plan benefits to participants if covered defined benefit plans fail or go out of existence.

PBGC's single-employer program protects about 31 million workers and retirees in approximately 22,000 pension plans. The multi-employer insurance program protects about 10 million participants in roughly 1,400 plans.

The President's budget proposes and the bill continues authority for a contingency fund for the PBGC that provides additional administrative resources when the number of participants in terminated plans exceeds 100,000. When the trigger is reached, an additional \$9,200,000 becomes available through September 30, 2017, for every 20,000 additional participants in terminated plans. The Committee bill also continues authority allowing the PBGC additional obligation authority for unforeseen and extraordinary pre-termination expenses, after approval by OMB and notification of the Committees on Appropriations of the House of Representatives and the Senate.

WAGE AND HOUR DIVISION

SALARIES AND EXPENSES

Appropriations, 2015	\$227,500,000
Budget estimate, 2016	277,100,000
Committee recommendation	210,000,000

The Committee recommends \$210,000,000 for the Wage and Hour Division [WHD].

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

OFFICE OF LABOR-MANAGEMENT STANDARDS

SALARIES AND EXPENSES

Appropriations, 2015	\$39,129,000
Budget estimate, 2016	46,981,000
Committee recommendation	36,000,000

The Committee recommends \$36,000,000 for the Office of Labor-Management Standards [OLMS].

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

OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS

SALARIES AND EXPENSES

Appropriations, 2015	\$106,476,000
Budget estimate, 2016	113,687,000
Committee recommendation	96,000,000

The Committee recommends \$96,000,000 for the Office of Federal Contract Compliance Programs [OFCCP].

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

The Committee is concerned that OFCCP has lost its focus on identifying and addressing real employment discrimination and is imposing excessive compliance burdens on contractors. More specifically, OFCCP appears to prioritize specific quota results rather than equal consideration and opportunity because of its reliance on statistical analysis in evaluating contractor hiring practices. OFCCP should focus on actual discriminatory treatment instead of presumed discrimination based solely on benchmarks that may not be uniformly applicable. Strict and exclusive use of statistical significance tests effectively requires contractors to use a quota hiring system in violation of the Civil Rights Act to avoid adverse impact claims by OFCCP. The Committee is also concerned about reports that OFCCP is increasingly subjecting contractors to overly broad and unnecessary document and data requests as well as unreasonably numerous and lengthy compliance reviews. The OFCCP is directed to cease utilization of this de facto quota system for evaluating hiring practices and to report within 120 days of enactment to the Committees on Appropriations of the House of Representatives and Senate on steps it is taking to enforce non-discrimination standards on a more fair, case-by-case basis focused on evidence of actual discrimination rather than on statistical generalizations and quota benchmarks.

OFFICE OF WORKERS' COMPENSATION PROGRAMS

SALARIES AND EXPENSES

Appropriations, 2015	\$113,000,000
Budget estimate, 2016	119,574,000
Committee recommendation	109,677,000

The Committee recommends \$109,677,000 for the Office of Workers' Compensation [OWCP]. The bill provides authority to expend \$2,177,000 from the special fund established by the Longshore and Harbor Workers' Compensation Act.

OWCP administers four distinct compensation programs: the Federal Employees' Compensation Act [FECA], the Longshore and Harbor Workers' Compensation Act, the Black Lung Benefits programs, and the Energy Employees Occupational Illness Compensation Program. In addition, OWCP houses the Division of Information Technology Management and Services.

SPECIAL BENEFITS

Appropriations, 2015	\$210,000,000
Budget estimate, 2016	210,000,000
Committee recommendation	210,000,000

The Committee recommends \$210,000,000 for this account. This mandatory appropriation, which is administered by OWCP, primarily provides benefits under FECA.

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

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

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

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

The Committee bill includes language that allows fair share collections to be used to pay for capital investment projects and specific initiatives to strengthen compensation fund control and oversight.

Finally, the Committee recommends language consistent with long-standing interpretations and implementation of this appropriation stating that, along with the other compensation statutes already specifically enumerated, the appropriation is used to pay obligations that arise under the War Hazards Compensation Act, and the appropriation is deposited in the Employees' Compensation Fund and assumes its attributes, namely availability without time limit as provided by 5 U.S.C. section 8147.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriations, 2015	\$77,262,000
Budget estimate, 2016	69,302,000
Committee recommendation	69,302,000

The Committee recommends a mandatory appropriation of \$69,302,000 in fiscal year 2016 for special benefits for disabled coal miners. This is in addition to the \$21,000,000 appropriated last year as an advance for the first quarter of fiscal year 2016, for a total program level of \$90,302,000 in fiscal year 2016. The decrease

in this account below the fiscal year 2015 level reflects a declining beneficiary population.

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

The Committee also recommends an advance appropriation of \$19,000,000 for the first quarter of fiscal year 2017. These funds will ensure uninterrupted benefit payments to coal miners, their widows, and dependents.

DIVISION OF ENERGY EMPLOYEES OCCUPATIONAL ILLNESS
COMPENSATION

SALARIES AND EXPENSES

Appropriations, 2015	\$56,406,000
Budget estimate, 2016	58,552,000
Committee recommendation	58,552,000

The Committee recommends \$58,552,000 for the Division of Energy Employees Occupational Illness Compensation. This is a mandatory appropriation.

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

In fiscal year 2016, the volume of incoming claims under part B of EEOICPA is estimated at about 5,400 from DOE employees or survivors, and private companies under contract with DOE, who suffer from a radiation-related cancer, beryllium-related disease, or chronic silicosis as a result of their work in producing or testing nuclear weapons.

Under part E, approximately 4,440 new claims will be received during fiscal year 2016. Under this authority, the Department provides benefits to eligible DOE contractor employees who were found to have work-related occupational illnesses due to exposure to a toxic substance at a DOE facility, or to the employees' survivors.

BLACK LUNG DISABILITY TRUST FUND

Appropriations, 2015	\$325,955,000
Budget estimate, 2016	341,467,000
Committee recommendation	341,467,000

The Committee bill provides an estimated \$341,467,000 as requested for this mandatory appropriations account. This estimate is comprised of \$66,206,000 for administrative expenses and an estimated \$275,261,000 for benefit payment and interest costs.

The Committee bill continues to provide indefinite authority for the Black Lung Disability Trust Fund to provide for benefit payments. In addition, the bill provides for transfers from the trust fund for administrative expenses for the following Department agencies as requested: up to \$35,244,000 for the part C costs of the Division of Coal Mine Workers' Compensation Programs; up to \$30,279,000 for Departmental Management, Salaries and Ex-

penses; and up to \$327,000 for Departmental Management, Inspector General. The bill also allows a transfer of up to \$356,000 for the Department of the Treasury.

The Trust Fund pays all black lung compensation/medical and survivor benefit expenses when no responsible mine operation can be assigned liability for such benefits or when coal mine employment ceased prior to 1970, as well as all administrative costs that are incurred in administering the benefits program and operating the trust fund.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
SALARIES AND EXPENSES

Appropriations, 2015	\$552,787,000
Budget estimate, 2016	592,071,000
Committee recommendation	524,476,000

The Committee recommends \$524,476,000 for the Occupational Safety and Health Administration [OSHA], which is responsible for enforcing the Occupational Safety and Health Act of 1970 in the Nation's workplaces.

The Committee continues bill language to allow OSHA to retain course tuition and fees for training institute courses used for occupational safety and health training and education activities in the private sector. The cap established by the bill is \$499,000, the same as current law.

The bill retains language that continues to effectively exempt farms employing 10 or fewer people from the provisions of the act with the exception of those farms having a temporary labor camp. The bill also retains language exempting small firms in industry classifications having a lost workday injury rate less than the national average from general schedule safety inspections.

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

The Committee recommends \$98,746,000 for grants to States under section 203(g) of the Occupational Safety and Health Act. These funds primarily are provided to States that have taken responsibility for administering their own occupational safety and health programs for the private sector and/or the public sector. State plans must be at least as effective as the Federal program and are monitored by OSHA. The Committee bill continues language that allows OSHA to provide grants of up to 50 percent for the costs of State plans approved by the agency.

The Committee believes that OSHA's worker safety and health training and education programs, including the grant program that supports such training, are a critical part of a comprehensive approach to worker protection. Under the program, grants are made to various types of organizations representing employers and labor

organizations for direct training of workers on occupational safety and health. The Committee recommendation includes \$10,149,000 for the OSHA Susan Harwood Training Grant Program.

The Committee is aware of recent reports of unhealthy and dangerous working conditions in some nail salons. While OSHA has previously awarded several grants that support training and compliance assistance in this area, the Committee notes that employment for nail salon workers is projected to grow by 16 percent from 2012 to 2020—faster than the average for all occupations. Therefore, the Committee directs the agency to allocate funds within the Susan Harwood grants program to strengthen safety and health competencies in the nail salon industry, as well as to train workers to understand the requirements of OSHA regulations and standards and how to assert their rights.

The Committee recognizes that fewer injuries mean lower worker's compensation and healthcare costs, and safer, more productive workers. Statistical evidence for the Voluntary Protection Program's [VPP] success is impressive. The average VPP worksite has a Days Away Restricted or Transferred [DART] case rate of 52 percent below the average for its industry. These sites typically do not start out with such low rates. Reductions in injuries and illnesses begin when the site commits to the VPP approach to safety and health management and the challenging VPP application process.

OSHA shall dedicate not less than \$3,500,000 per year for the purpose of administering the VPP in its Federal Compliance Assistance budget. OSHA shall not reduce funding levels or the number of full time employees administering the VPP, the Safety and Health Achievement Recognition Program [SHARP], or Federal Compliance Assistance, and shall not collect any monies from participants for the purpose of administering these programs.

The Committee understands that, as a result of Executive Order 13650, Improving Chemical Safety and Security, OSHA is considering options to ensure the safety of ammonium nitrate handling and storage. The Committee also understands that there is no record thus far of an accidental detonation of ammonium nitrate in a situation where a storage facility has been compliant with OSHA's existing regulations at 29 CFR 1910.109(i). The existing regulations are based on standards of the National Fire Protection Association. Before any new regulations are proposed for the storage of solid ammonium nitrate, the Secretary shall submit a report to the Committees on Appropriations of the House Representatives and the Senate; the Senate Health, Education, Labor and Pensions Committee; and the House Committee on Education and the Workforce that identifies any provisions of OSHA's current 29 CFR 1910.109(i) regulations under consideration for update and that evaluates the costs and benefits of such changes.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2015	\$375,887,000
Budget estimate, 2016	394,932,000
Committee recommendation	356,878,000

The Committee recommendation includes \$356,878,000 for the Mine Safety and Health Administration [MSHA].

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

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

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

**BUREAU OF LABOR STATISTICS
SALARIES AND EXPENSES**

Appropriations, 2015	\$592,212,000
Budget estimate, 2016	632,737,000
Committee recommendation	579,194,000

The Committee recommends \$579,194,000 for the Bureau of Labor Statistics [BLS]. This amount includes \$63,700,000 from the Employment Security Administration account of the Unemployment Trust Fund and \$515,494,000 in Federal funds.

BLS is the principal fact finding agency in the Federal Government in the broad field of labor economics.

The Committee recognizes that the Nation requires current, accurate, detailed workforce statistics for Federal and non-Federal data users as provided by BLS.

OFFICE OF DISABILITY EMPLOYMENT POLICY

Appropriations, 2015	\$38,500,000
Budget estimate, 2016	38,203,000
Committee recommendation	

The Committee recommendation transfers the Office of Disability Employment Policy [ODEP] into the Employment and Training Administration [ETA]. The Committee expects ODEP and ETA to continue to provide technical assistance to the workforce system in support of effective disability employment policies, to manage the Disability Employment Initiative [DEI] grant program with resources provided, and to manage the Advisory Committee on Increasing Competitive Integrated Employment for Individuals with

Disabilities through the completion of a final report in fiscal year 2016, and to further integrate services for adults and youth with disabilities into the WIOA system. The recommended funding level allows ETA to maintain the DEI grant program and to retain the core of ODEP's subject matter expertise to pair with ETA's grant management and policy support.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriations, 2015	\$337,929,000
Budget estimate, 2016	375,985,000
Committee recommendation	259,020,000

The Committee recommendation includes \$259,020,000 for the Departmental Management account. Of this amount, \$258,727,000 is available from general funds and \$293,000 is available by transfer from the Employment Security account of the Unemployment Trust Fund. In addition, \$30,279,000 is available by transfer from the Black Lung Disability Trust Fund.

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

The administration requested \$2,620,000 and 15 full time staff to initiate an Office of Labor Compliance. This request is denied by the Committee; no funds in the bill have been provided for this purpose. The Committee is concerned that the administration proposes to create additional layers of bureaucracy to duplicate existing functions of government. Violations of Federal labor law are a serious matter. Such violations are already illegal by definition, and enforcement mechanisms are already in place to adjudicate such cases and to levy punishment as appropriate, up to and including debarment.

The Committee recommendation includes \$30,000,000 for the Bureau of International Labor Affairs [ILAB]. ILAB's appropriation is available to help improve working conditions and labor standards for workers around the world by carrying out ILAB's statutory mandates and international responsibilities. Funds for new international grants are not provided for fiscal year 2016.

The Committee recommendation provides \$7,236,000 for program evaluation and allows these funds to be available for obligation through September 30, 2017. The Committee bill also continues the authority of the Secretary to transfer these funds to any other account in the Department for evaluation purposes. The Committee bill continues authority to use up to 0.5 percent of certain Department appropriations for evaluation activities identified by the chief evaluation officer. The Committee expects to be notified of the planned uses of funds derived from this authority.

The Committee recommendation provides \$9,465,000 for the Women's Bureau. The Committee continues bill language allowing the Bureau to award grants.

The Committee notes a report issued on March 31, 2015, by the Department's Inspector General Office of Audit which outlines significant failures by the Department to comply with Federal requirements for the costs, approvals, and reporting of employee conferences. These requirements stem from appropriations law, Executive order, and the Office of Management and Budget direction to ensure that conference expenses are appropriate, necessary, and managed in a manner that minimizes expense to taxpayers. The Inspector General found that DOL did not obtain required approval for every conference it sponsored costing greater than \$100,000, it failed to disclose five of these conferences, and two were not reported to the Inspector General as required. The audit also noted that other conferences were not reported and that, due to omissions of some categories of costs, the Department's claim that it met total conference cost reduction targets could not be verified. The Department is strongly urged to improve its adherence to conference cost reduction requirements and to cooperate with the OIG to strengthen internal controls, compliance, and reporting procedures.

VETERANS EMPLOYMENT AND TRAINING

Appropriations, 2015	\$269,981,000
Budget estimate, 2016	271,110,000
Committee recommendation	269,981,000

The Committee recommendation of \$269,981,000 for VETS includes \$38,109,000 in general revenue funding and \$231,872,000 to be expended from the Employment Security Administration account of the Unemployment Trust Fund.

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

The Committee provides \$175,000,000 for the Jobs for Veterans State Grants [JVSG] program. This funding will enable Disabled Veterans' Outreach Program specialists and Local Veterans' Employment Representatives to continue providing intensive employment services to veterans and eligible spouses; transitioning service members early in their separation from military service; wounded warriors recuperating in military treatment facilities or transition units; and, spouses and family caregivers to help ensure the family has income to provide sufficient support. The Committee maintains language providing authority for JVSG funding to be used for data systems and contract support to allow for the tracking of participant and performance information.

The Committee provides \$14,000,000 for the Transition Assistance Program [TAP]. This funding will support over 6,000 employment workshops at military installations and in virtual classrooms worldwide for exiting service members and spouses.

The Committee recommendation includes \$39,458,000 for Federal administration costs. This funding level will support oversight and administration of the VETS grant programs, TAP employment workshops, and compliance and enforcement activities.

The Committee recommends \$38,109,000 for the Homeless Veterans' Reintegration Program [HVRP] to help homeless veterans

attain the skills they need to gain meaningful employment. This funding will allow DOL to provide HVRP services to as many as 17,000 homeless veterans nationwide, including homeless women veterans. The bill allows Incarcerated Veterans' Transition funds to be awarded through September 30, 2016, and to serve veterans who have recently been released from incarceration but are at-risk of homelessness.

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

INFORMATION TECHNOLOGY MODERNIZATION

Appropriations, 2015	\$15,394,000
Budget estimate, 2016	119,602,000
Committee recommendation	12,898,000

The Committee recommends \$12,898,000 for the IT Modernization account. Funds available in this account have been used for two primary activities. The first is departmental support systems, for which \$4,898,000 is provided as requested. These funds help align IT investments with the Department's strategic objectives. The second budget activity, for which \$8,000,000 is provided, assists the Department in consolidating and optimizing common IT infrastructure services, protecting privacy, and improving timely and efficient services to the public. The first year of a new activity proposed in the budget request involves support for a digital government integrated platform initiative is deferred. It is not funded for fiscal year 2016 due to budgetary constraints.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2015	\$81,590,000
Budget estimate, 2016	87,985,000
Committee recommendation	79,311,000

The Committee recommends \$79,311,000 for the DOL OIG. The bill includes \$73,721,000 in general funds and authority to transfer \$5,590,000 from the Employment Security Administration account of the Unemployment Trust Fund. In addition, an amount of \$327,000 is available by transfer from the Black Lung Disability Trust Fund.

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

GENERAL PROVISIONS

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

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

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

Section 104. The bill modifies a provision requiring that funds available under section 414(c) of the American Competitiveness and Workforce Innovation and Opportunity Act may only be used for competitive grants that train individuals over the age of 16 who are not enrolled in school, in occupations and industries for which employers are using H-1B visas to hire foreign workers. The provision is expanded to provide an exception, setting aside \$13,000,000 to eliminate the PERM processing backlog. This authority is an alternative to the administration's request for a direct appropriation for this purpose to the Office of Foreign Labor Certification.

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

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

Section 107. The bill continues a provision allowing up to 0.5 percent of discretionary appropriations provided in this act for all Department agencies to be used by the Office of the Chief Evaluation Officer for evaluation purposes consistent with the terms and conditions in this act applicable to such office.

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

Section 109. The bill includes a new provision requested by the Administration providing for competition for the operation of Civilian Conservation Centers under certain circumstances.

Section 110. The bill includes a new provision related to regulation from the Department regarding the circumstances under which an individual is considered a fiduciary.

Section 111. The bill includes a new provision related to the wage methodology under the H-2B program.

Section 112. The bill includes a new provision regarding the three-fourths guarantee and definitions of corresponding employment and temporary need for purposes of the H-2B program.

Section 113. The bill includes a new provision related to enforcement of H-2B program regulations.

Section 114. The bill retains a provision that provides flexibility with respect to the crossing of H-2B nonimmigrants.

TITLE II

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HRSA activities support programs to provide healthcare services for mothers and infants; the underserved, elderly, and homeless; rural residents; and disadvantaged minorities. This agency supports cooperative programs in maternal and child health, AIDS care, healthcare provider training, and healthcare delivery systems and facilities.

BUREAU OF PRIMARY HEALTH CARE

Appropriations, 2015	\$1,491,522,000
Budget estimate, 2016	1,491,522,000
Committee recommendation	1,491,522,000

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

Community Health Centers

The program level for Community Health Centers is \$5,200,000,000, an increase of \$199,367,000 above last year and an increase of \$830,478,000 above the President’s request for fiscal year 2016.

The Committee provides \$1,491,522,000 in this bill, which is combined with \$3,600,000,000 in mandatory funding appropriated for fiscal year 2016, and \$138,478,000 in unobligated balances from prior years. In addition, the Committee took into account in the program level the possibility that \$30,000,000 may be transferred from the Community Health Centers mandatory funds by Public Law 114–22.

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

The Committee strongly supports Community Health Centers and the high-quality, cost-effective primary healthcare they provide. However, the Committee is concerned by the administration’s refusal to put forth a comprehensive plan for the upcoming fiscal cliff facing Community Health Centers in fiscal year 2017. HRSA is directed to provide a report to the Committees on Appropriations of the House of Representatives and the Senate 90 days after enactment of this act that details how the administration will support ongoing health center operations at existing sites within current appropriations. Further, the Committee notes the importance of

prudent planning and execution of available unobligated balances available for Community Health Centers. Therefore, the Committee directs that no more than \$138,478,000 in unobligated balances from amounts appropriated in prior years is available for obligation in fiscal year 2016.

Of the available funding for fiscal year 2016, bill language directs that not less than \$50,000,000 shall be awarded for the establishment of new delivery sites. In addition, not less than \$40,000,000 will be awarded for construction, and quality and capital improvement projects.

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

Native Hawaiian Health Care.—The Committee includes sufficient funding in the Community Health Centers program to support healthcare activities funded under the Native Hawaiian Health Care Program, which is specifically cited in the bill. The Committee urges that not less than the fiscal year 2015 level be provided for these activities.

School-Based Health Centers [SBHC].—The Committee recognizes school-based health centers are an important part of the health center safety net program, as they provide a critical access point for vulnerable school-aged children, youth, and their families in communities across the country. The Committee urges HRSA to prioritize fiscal year 2016 grant awards to include the establishment of new school-based health center delivery sites, and to report to the Committee in the fiscal year 2017 CJ how many organizations applied for funding for new delivery sites in SBHC's and how many were funded.

Tuberculosis [TB].—Cases of TB continue to be reported in every State in the United States, and CDC has identified drug resistant TB as a serious antibiotic resistant threat to the nation. The Committee urges HRSA to strengthen coordination between Community Health Centers and State and local tuberculosis control programs to ensure appropriate identification, treatment, and prevention of TB among vulnerable populations.

Free Clinics Medical Malpractice Coverage

The Committee provides \$99,893,000 for payments of claims under the FTCA to be made available for free clinic health professionals as authorized by section 224(o) of the PHS Act.

This appropriation extends FTCA coverage to medical volunteers in free clinics to expand access to healthcare services to low-income individuals in medically underserved areas.

BUREAU OF HEALTH PROFESSIONS

Appropriations, 2015	\$751,600,000
Budget estimate, 2016	856,820,000
Committee recommendation	720,970,000

The Committee recommendation for the activities of the Bureau of Health Professions is \$720,970,000.

The Bureau of Health Professions provides policy leadership and grant support for health professions workforce development. The mission of the Bureau is to identify shortage areas while working to make them obsolete. Its programs are intended to ensure that the Nation has the right clinicians, with the right skills, working where they are needed.

In its grant-making under the title VII and VIII health professions programs, HRSA should give priority consideration, in alignment with statutory requirements, to medical schools and health professions schools/programs with a strong emphasis on primary care, particularly those with programs to foster education and training in patient-centered, interdisciplinary team-based primary care. Numerous studies show that primary care produces better outcomes and reduces the costs of care.

National Health Service Corps

The Committee recommendation does not include discretionary funding for the National Health Service Corps [Corps], as proposed by the administration, because adequate funding was included for fiscal year 2016 in Public Law 114–10. The Committee strongly supports the Corps' long and successful record of supporting qualified healthcare providers that are dedicated to working in underserved areas with limited access to healthcare.

The Committee recognizes the importance of the Corps scholarship and loan-repayment programs for serving medically underserved communities and populations with health professional shortages and/or high unmet needs for health services. The Committee notes with concern that the criteria and methodology for designating a Health Professional Shortage Areas [HPSA] has not been significantly updated in more than 20 years. The HPSA methodology is outdated and therefore may not be reliably identifying areas with primary care shortages or help target Federal resources to areas experiencing the greatest shortages. The ability to accurately identify areas experiencing shortages of health workers is essential to the Secretary's ability to use scarce resources as efficiently as possible. Therefore, the Committee encourages the Secretary to prioritize updating the HPSA designation and scoring methodology based on stakeholder recommendations made by the Negotiated Rulemaking Committee in 2011. The Committee encourages HRSA to consider utilizing all authorized priority categories when granting awards, including prioritizing applicants willing to continue to serve in a HPSA area after the period of obligated service, as authorized by 42 U.S.C. 2541–1(d)(2)(B) and 42 U.S.C. 2541(d)(2)(B) and additional flexibility available to the Secretary to ensure the Corps scholarship and loan-repayment programs serve the underserved communities in every State, to the extent appropriate under the law.

The Committee recognizes that the Secretary retains the authority to include additional disciplines in the Corps. As such, the Committee urges the Secretary to include pharmacists—individuals recognized as part of the primary care team in medical home dem-

onstration programs—as eligible recipients of scholarships and loan repayments through the program.

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

Training for Diversity

Centers of Excellence

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

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

Health Careers Opportunity Program

The Committee eliminates the Health Careers Opportunity Program as proposed by the administration in fiscal years 2015 and 2016. Due to funding constraints, funding to increase the diversity of the health professions workforce in this bill is prioritized by investing in programs that have a more immediate impact on the production of health professionals by supporting students who have committed to and are in training as healthcare professionals.

Faculty Loan Repayment

The Committee provides \$1,190,000 for the Faculty Loan Repayment Program. This amount is the same as the fiscal year 2015 enacted level and the budget request.

Scholarships for Disadvantaged Students

The Committee provides \$50,970,000 for Scholarships for Disadvantaged Students, an increase of \$5,000,000 above the fiscal year 2015 level. The Committee supports diversity among health professionals. This program provides grants to eligible health professions and nursing schools to award scholarships to students from disadvantaged backgrounds who have financial need.

Health Workforce Diversity Program

The Committee recommendation does not include funding for this new program, as proposed by the administration, due to budget constraints.

Primary Care Training and Enhancement

The Committee provides \$36,831,000 for Primary Care Training and Enhancement programs, which support the expansion of training in internal medicine, family medicine, pediatrics, and physician

assistance. Funds may be used for developing training programs or providing direct financial assistance to students and residents. The Committee directs HRSA to prioritize programs that support underserved communities and applicants from disadvantaged background in any new grant competition in fiscal year 2016.

Training in Oral Health Care

The Committee provides \$32,000,000 for Training in Oral Health Care programs, which includes not less than \$9,000,000 each for general and pediatric dentistry. Funds may be used to expand training in general dentistry, pediatric dentistry, public health dentistry, dental hygiene, and other oral health access programs. Funds may also be used to plan and operate training programs, as well as to provide financial assistance to students and residents.

The Committee directs HRSA to prioritize programs that support underserved communities and applicants from disadvantaged background in any new grant competition. Further, the Committee encourages HRSA to focus on training programs that target vulnerable populations in risk-based clinical disease management of all populations. The Committee urges HRSA to work with Centers for Medicare and Medicaid Services [CMS] on the evaluation and support of additional models for expanding access to oral healthcare. Such models should include emergency room diversion programs and efforts under State law to deploy and evaluate new provider types.

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

Rural Physicians Training

The Committee recommendation does not include funding for this new program, as proposed by the administration, due to budget constraints.

Interdisciplinary, Community-Based Linkages

Area Health Education Centers

The Committee provides \$31,000,000 for Area Health Education Centers [AHECs], an increase of \$750,000 above the fiscal year 2015 level. The Committee once again rejects the administration proposal to eliminate AHEC funding. The program links university health science centers with community health service delivery systems to provide training sites for students, faculty, and practitioners. The program supports three types of projects: core grants to plan and implement programs; special initiative funding for schools that have previously received AHEC grants; and model programs to extend AHEC programs with 50 percent Federal funding. The AHEC community training model provides a uniquely appropriate opportunity to bring the training of community health workers to scale. HRSA is encouraged to provide technical assistance on and disseminate best practices for training community health workers to existing AHECs. The Committee requests HRSA provide an update on the AHEC program's impact to increase the primary healthcare workforce and the AHEC program's nationwide activities in the fiscal year 2017 CJ.

Geriatric Education

The Committee provides \$35,076,000 for Geriatric Education programs.

In fiscal year 2015, HRSA combined the Comprehensive Geriatric Education Program, Geriatrics Education Centers program, Geriatric Training for Physicians, Dentists, and Behavioral/Mental Health Professionals program, and the Geriatric Academic Career Awards programs into one competition, the Geriatric Workforce Enhancement Program. HRSA stated the combined competition would, "improve health outcomes for older adults by integrating geriatrics with primary care, maximizing patient and family engagement, and transforming the healthcare system." Therefore, the Committee has consolidated the Comprehensive Geriatric Education program with the Geriatric Program.

Mental and Behavioral Health

The Committee provides \$8,916,000 for Mental and Behavioral Health programs. These programs provide grants to higher education institutions and accredited training programs to recruit and train professionals and faculty in the fields of social work, psychology, psychiatry, marriage and family therapy, substance abuse prevention and treatment, and other areas of mental and behavioral health.

The mental and behavioral healthcare needs of older adults, returning military veterans and their families, those dealing with unemployment, job loss, or income reductions have increased the demand for mental and behavioral health providers. The Committee supports efforts by HRSA through the Graduate Psychology Education program that would expand training sites, reinstate the geropsychology training component, initiate a veteran-specific education and training component, and better integrate health service psychology trainees at federally Qualified Health Centers.

The Committee supports the Department's initiative to increase the number of social workers and psychologists that will pursue clinical work with high need and high demand populations defined as rural, vulnerable, and/or underserved populations, and veterans, military personnel, and their families through the Mental and Behavioral Health Education and Training Grants Program. The Committee is aware that 24 grants were awarded throughout the country and approximately half targeted veterans, military personnel, and their families. The Committee is concerned that as more servicemembers begin to reintegrate into civilian life after numerous deployments, there will not be adequate numbers of social workers and psychologists to assist this population. The Committee supports HRSA for its collaboration with SAMHSA to integrate primary care and behavioral health. HRSA should include an update on this initiative in the fiscal year 2017 CJ.

Health Professions Workforce Information and Analysis

The Committee provides \$2,782,000 for health professions workforce information and analysis. The program provides for the collection and analysis of targeted information on the Nation's healthcare workforce, research on high-priority workforce ques-

tions, the development of analytic and research infrastructure, and program evaluation and assessment.

Public Health Workforce Development

The Committee provides \$9,864,000 for Public Health Workforce Development. This program line, also called Public Health and Preventive Medicine, funds programs that are authorized in titles III and VII of the PHS Act and support awards to schools of medicine, osteopathic medicine, public health, and integrative medicine programs.

Due to funding constraints, the Committee recommendation does not include funding for Public Health Traineeships, the Preventive Medicine Residency program, or the Integrative Medicine Program. The Public Health Training Centers Program is fully funded at the administration's request level of \$9,864,000.

Nursing Workforce Development Programs

The Committee provides \$220,630,000 for Nursing Workforce Development programs. The program provides funding to address all aspects of nursing workforce demand, including education, practice, recruitment, and retention.

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

(In thousands of dollars)

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Advanced Education Nursing	63,581	63,581	61,089
Nurse Education, Practice, and Retention	39,913	39,913	39,913
Nurse Workforce Diversity	15,343	15,343	15,343
Nurse Loan Repayment and Scholarship Program	81,785	81,785	79,785
Comprehensive Geriatric Education	4,500	4,500
Nursing Faculty Loan Program	26,500	26,500	24,500

Comprehensive Geriatric Education.—In fiscal year 2015, HRSA combined the Comprehensive Geriatric Education program, Geriatrics Education Centers program, Geriatric Training for Physicians, Dentists, and Behavioral/Mental Health Professionals program, and the Geriatric Academic Career Awards programs into one competition, the Geriatric Workforce Enhancement Program. HRSA stated the combined competition would, “improve health outcomes for older adults by integrating geriatrics with primary care, maximizing patient and family engagement, and transforming the healthcare system.” Therefore, the Committee has consolidated the Comprehensive Geriatric Education program with the Geriatric Program.

Children's Hospitals Graduate Medical Education

The Committee provides \$270,000,000, an increase of \$5,000,000, for the Children's Hospitals Graduate Medical Education [CHGME] program and rejects the administration's proposal to only pay direct program costs. The Committee strongly supports the CHGME program which provides support for graduate medical education training programs in both ambulatory and in-patient settings within freestanding children's teaching hospitals. CHGME payments

are determined by a per-resident formula that includes an amount for direct training costs added to a payment for indirect costs. Payments support training of resident physicians as defined by Medicare in both ambulatory and inpatient settings.

National Practitioner Data Bank

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

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

MATERNAL AND CHILD HEALTH BUREAU

Appropriations, 2015	\$851,738,000
Budget estimate, 2016	851,738,000
Committee recommendation	828,014,000

The Committee recommendation for the Maternal and Child Health [MCH] Bureau is \$828,014,000. The mission of the Bureau is to improve the physical and mental health, safety, and well-being of the Nation's women, infants, children, adolescents, and their families. This population includes fathers and children with special healthcare needs.

Maternal and Child Health Block Grant

The Committee provides \$615,276,000 for the MCH Block Grant, which provides a flexible source of funding that allows States to target their most urgent maternal and child health needs. The program supports a broad range of activities including: providing prenatal care, well child services, and immunizations; reducing infant mortality; preventing injury and violence; expanding access to oral healthcare; addressing racial and ethnic disparities; and providing comprehensive care through clinics, home visits, and school-based health programs.

The Committee includes bill language requiring that the State grant portion of the block grant be funded at not less than \$555,000,000, an increase of \$5,369,000 above the fiscal year 2015 level. The Committee also includes bill language identifying \$50,000,000 for the title V SPRANS set-aside. Within that total, the Committee recommendation includes sufficient funding to fully fund the set-asides for oral health, epilepsy, sickle cell anemia, and fetal alcohol syndrome at the fiscal year 2015 enacted level.

Children's Health and Development.—There is increased evidence that experiences in early childhood have long-term health consequences over the course of one's life. These experiences are critical in all areas of children's educational, social, and physical development, and economic well-being. Children living in States with persistently high child poverty rates experience more negative health outcomes than their peers in other States. Therefore, the Committee directs HRSA to fund studies focused on systemic

change that would positively affect the policy of child-health-related institutions and systems in States with the highest levels of childhood poverty. Recipient programs should consider inter- and intra-cultural dynamics to yield best practices for areas across the Nation with diverse populations, persistent poverty and child health outcomes in need of improvement. The Committee intends that this effort will provide a model for other States to utilize in improving child health and development outcomes.

Prenatal Oral Health.—The Committee recognizes the importance of prenatal oral healthcare for the health of both mother and child and encourages the MCH Bureau within HRSA to continue its efforts to improve the oral health of pregnant women.

Vision Health.—The Committee is concerned that vision disorders are the leading cause of impaired health in childhood and 1 in 4 school-aged children has a vision problem significant enough to affect learning. The Committee recognizes that early detection can help prevent vision loss and blindness and understands many serious ocular conditions in children are treatable if diagnosed at an early stage. Therefore, the Committee commends and supports the work of the National Center for Children's Vision and Eye Health, which through partnerships, sound science, and targeted policy initiatives advances the development of public health infrastructure to support a comprehensive, multi-tiered continuum of vision care for young children.

Sickle Cell Anemia

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

Traumatic Brain Injury

The Committee provides \$9,321,000 for the Traumatic Brain Injury program. The program supports implementation and planning grants to States for coordination and improvement of services to individuals and families with traumatic brain injuries. Such services can include: pre-hospital care, emergency department care, hospital care, rehabilitation, transitional services, education, employment, long-term support, and protection and advocacy services.

The Committee includes not less than the fiscal year 2015 funding level for protection and advocacy services, as authorized under section 1305 of Public Law 106–310.

Autism and Other Developmental Disorders

The Committee provides \$47,099,000 for the Autism and Other Developmental Disorders program. The program supports surveillance, early detection, education, and intervention activities on autism and other developmental disorders, as authorized in the Combating Autism Act of 2006.

The Committee is concerned that the Autism and Other Developmental Disorders program's State System Grants are not of a sufficient size to accomplish their objectives to improve access to comprehensive, coordinated healthcare and related services for children

and youth with autism spectrum disorder [ASD] and other developmental disabilities. Many rural States need significant assistance with diagnosis of ASD and building networks to provide access to properly trained health providers. The Committee requests that HRSA report in the fiscal year 2017 CJ on which rural States have received such grants and what scale of improvement they were able to achieve.

The Committee directs that HRSA provide not less than the fiscal year 2015 level for LEND programs to maintain their capacity to train professionals to diagnose, treat, and provide interventions to individuals with autism spectrum disorders.

Newborn Screening for Heritable Disorders

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

Krabbe Disease.—Krabbe Disease is a rare, inherited degenerative disorder of the nervous system that causes severe deterioration of mental and motor skills. The disease most often affects infants and is generally fatal before the age of 2. There is no cure for Krabbe Disease, but early detection and beginning treatment prior to the onset of symptoms may help prevent severe health outcomes. The Committee encourages HRSA to expand the ability of States to screen for Krabbe disease and other leukodystrophies, and to continue to educate the public on the importance of newborn screening and in some cases supplemental newborn screening.

Healthy Start

The Committee provides \$102,000,000 for the Healthy Start infant mortality initiative. The primary purpose of Healthy Start is to reduce infant mortality and generally improve maternal and infant health in at-risk communities. Grants are awarded to State and local health departments and nonprofit organizations to conduct an infant mortality review, develop a package of innovative health and social services for pregnant women and infants, and evaluate these efforts.

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

Necrotizing Enterocolitis [NEC].—HRSA shall identify best practices and successful interventions for the prevention of NEC, particularly in premature infants. The Committee directs HRSA to prioritize prevention of NEC when awarding grants through the Healthy Start Initiative program.

Universal Newborn Hearing Screening and Early Intervention

The Committee provides \$17,818,000 for universal newborn hearing screening and early intervention activities. This program awards grants to 53 States and territories that support Statewide systems of newborn hearing screening, audiologic diagnostic testing before 3 months of age, and enrollment in early intervention programs before the age of 6 months.

Emergency Medical Services for Children

The Committee provides \$20,162,000 for the Emergency Medical Services for Children program which focuses on improving the pediatric components of the emergency medical services system and improving the quality of care provided to children in the pre-hospital setting. Funding is available to every State emergency medical services office to improve the quality of emergency care for children and to pay for research and dissemination of best practices.

HIV/AIDS BUREAU

Appropriations, 2015	\$2,318,781,000
Budget estimate, 2016	2,322,781,000
Committee recommendation	2,293,781,000

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

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

Emergency Assistance

The Committee provides \$655,876,000, level with fiscal year 2015, for emergency assistance grants to eligible metropolitan areas disproportionately affected by the HIV/AIDS epidemic.

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

Comprehensive Care Programs

The Committee provides \$1,315,005,000, level with fiscal year 2015, for HIV healthcare and support services.

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

The Committee includes bill language providing \$900,313,000, level with fiscal year 2015, for AIDS medications in ADAP.

Early Intervention Services

The Committee provides \$201,079,000, level with fiscal year 2015, for early intervention grants. These funds are awarded competitively to primary healthcare providers to enhance healthcare services available to people at risk of HIV and AIDS. Funds are used for comprehensive primary care, including counseling, testing, diagnostic, and therapeutic services.

Children, Youth, Women, and Families

The Committee provides \$75,088,000, level with fiscal year 2015, for grants for coordinated services to women, infants, children, and youth. The President’s request did not include funding for this program. The Committee once again rejects the President’s proposal to consolidate this program with the Early Intervention Services program.

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

AIDS Dental Services

The Committee provides \$13,122,000, level with fiscal year 2015, for the AIDS Dental Services program. This program provides grants to dental schools, dental hygiene schools, and postdoctoral dental education programs to assist with the cost of providing unreimbursed oral healthcare to patients with HIV.

AIDS Education and Training Centers

The Committee provides \$33,611,000, level with fiscal year 2015, for AIDS Education and Training Centers [AETCs]. AETCs train healthcare practitioners, faculty, and students who care for AIDS patients outside of the traditional health professions education venues and support curriculum development on the diagnosis and treatment of HIV infection for health professions schools and training organizations.

Special Projects of National Significance

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

HEALTH CARE SYSTEMS BUREAU

Appropriations, 2015	\$103,193,000
Budget estimate, 2016	110,193,000
Committee recommendation	103,193,000

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

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

Organ Donation and Transplantation

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

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

National Cord Blood Inventory

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

C.W. Bill Young Cell Transplantation Program

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

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

Office of Pharmacy Affairs

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

The Committee includes a statutory provision to allow a nominal cost recovery fee to fund the program integrity provisions recommended by the inspector general. The fee will be set at 0.1 percent for covered entities and is expected to generate \$7,500,000 in fiscal year 2017. The Committee expects HRSA to report the estimated and actual amounts generated by the fee in HRSA's annual CJ.

Poison Control Centers

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

In 2014 more than 3.3 million poisoning, toxic exposure, drug, food safety, and public health emergency calls were managed by the Nation's 55 accredited poison centers—an average of more than 9,000 calls per day. Multiple studies have demonstrated that accurate assessment and triage of poisoning, drug, and toxic exposures by the Nation's poison centers save critical healthcare dollars by reducing the severity of illness, preventing deaths, and avoiding the expense of unnecessary trips to emergency departments and the

length of hospital stays. HRSA reports that utilization of poison centers by hospitals and healthcare professionals continues to increase as the severity and complexity of poisonings and toxic exposures require the need for increased toxicological expertise in clinical settings. It is estimated that every \$1 invested in the national poison center program saves \$13.39 in medical costs and lost productivity, thus generating annual cost savings exceeding \$1,800,000,000. The Committee directs the Secretary to continue the discussions with the Nation's poison control centers to develop an action plan to achieve these possible new Medicare and Medicaid cost savings.

National Hansen's Disease Program

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

National Hansen's Disease Program Buildings and Facilities

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

Payment to Hawaii for Hansen's Disease Treatment

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

RURAL HEALTH

Appropriations, 2015	\$147,471,000
Budget estimate, 2016	127,562,000
Committee recommendation	150,571,000

The Committee recommendation for Rural Health programs is \$150,571,000, an increase of \$3,100,000 above the fiscal year 2015 level.

The Office of Rural Health Policy [ORHP] administers HHS rural health programs, coordinates activities related to rural healthcare within HHS, and analyzes the possible effects of policy on the more than 42 million residents of rural communities. ORHP advises the Secretary on the effects of Medicare and Medicaid on rural citizens' access to care, the viability of rural hospitals, and the availability of physicians and other health professionals.

Reliable Energy Supply for Rural Health Facilities.—The Committee recognizes that health facilities, including dialysis centers, in rural parts of the United States are often dependent on inconsistent energy supply that can be interrupted for days or weeks following severe weather events. The lack of consistent power may require that patients travel long distances, often in less than safe conditions, for simple, life-saving dialysis procedures. This problem could be solved with alternative power generation capacity located

at health facilities. The Committee encourages HRSA to support energy reliability and power generation capacity for health and dialysis facilities in rural areas of the United States.

Rural Health Outreach

The Committee provides \$63,500,000 for the Rural Health Outreach program, an increase of \$4,500,000 above the fiscal year 2015 level.

This program supports projects that demonstrate new and innovative modes of outreach in rural areas, such as integration and coordination of health services. The Committee recommendation provides not more than \$12,514,000 for Outreach Service Grants; not more than \$19,412,000 for Rural Network Development Grants; not less than \$10,000,000 for Delta States Network Grant Program; not more than \$2,400,000 for Network Planning Grants; and not less than \$4,148,000 for Small Healthcare Provider Quality Improvement Grants.

The Committee encourages HRSA to partner with the Delta Regional Authority [DRA] on the awarding and administration of grants under the Delta States network grant program and, to the extent possible, ensure that such awards are in accordance with DRA's strategic plan.

Rural Health Research

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

Rural Hospital Flexibility Grants

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

Rural Access to Emergency Devices

The Committee accepts the budget request's elimination of the Rural Access to Emergency Devices program. Activities related to access to emergency medical devices and training are available through other funding sources available to grantees, such as the Rural Outreach and Rural Network Development programs.

State Offices of Rural Health

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

Black Lung Clinics

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

The Committee is deeply concerned about changes HRSA made to the Black Lung Clinic Grants Program in fiscal year 2014, including the adoption of a three-tiered funding system and an overall per-applicant cap. These changes to the program have unnecessarily increased the administrative burden on applicants and may result in reductions in funding for States and communities most in need of the essential healthcare services provided by this program. The Secretary is directed to evaluate funding levels for applicants based on the needs of the populations those applicants will serve and the ability of those applicants to provide healthcare services to miners with respiratory illnesses, with preference given to State agency applications over other applicants in that State, without regard to the funding tiers and overall per-applicant funding cap established by the Secretary in fiscal year 2014.

Radiation and Exposure Screening and Education Program

The Committee provides \$1,834,000 for activities authorized by the Radiation Exposure Compensation Act. This program provides grants for the education, prevention, and early detection of radiogenic cancers and diseases resulting from exposure to uranium during mining and milling at nuclear test sites.

Telehealth

The Committee provides \$18,000,000, an increase of \$3,100,000 above the fiscal year 2015 level, for the Office for the Advancement of Telehealth [OAT], which promotes the effective use of technologies to improve access to health services for people who are isolated from healthcare and to provide distance education for health professionals.

The Committee strongly supports OAT and their mission to expand high quality medical care to rural communities that do not have adequate access to medical providers including many medical specialties. The Committee directs OAT to use these funds to expand existing telehealth networks and to award new grants under the Telehealth Network Grant Program while also increasing activities that demonstrate the use and success of telehealth networks across the country. The Committee directs OAT to fund sustainable programs with demonstrable accomplishments, placing particular emphasis on programs seeking to aid diverse populations in regions with significant chronic disease burden and evident health disparities.

The Committee encourages OAT to strongly consider a pilot program on telemedicine efforts to expand access to key health services in schools in high poverty areas.

The Committee remains encouraged by the ability of telehealth services to provide access to vital care for patients in underserved areas. One very promising area for the expansion of telemedicine

is in the area of stroke treatment, in which patients that are without access to specialty neurological care are at a significant disadvantage in receiving the highest standard of care. Stroke is a major cause of death and long-term disability, and the speedy access to appropriate care is the key factor in determining patient mortality and recovery. Accordingly, the Committee strongly encourages the inclusion and expansion of telestroke initiatives in the Telehealth Network Grant Program to improve patient care in rural, urban, and suburban settings.

FAMILY PLANNING

Appropriations, 2015	\$286,479,000
Budget estimate, 2016	300,000,000
Committee recommendation	257,832,000

The Committee provides \$257,832,000 for the title X Family Planning program. This program supports preventive and primary healthcare services at clinics nationwide.

Funding for family planning services is primarily provided from other sources of revenue, specifically Medicaid, State and local Governments, other Federal, State, and private grants, including the ACA, and private insurance. As stated in the budget request, these sources of funding “will remain at historical proportions of the total Title X revenue.”

The Committee directs HRSA to ensure that any pregnancy options counseling funded under this title includes adoption counseling and is provided by counselors who have knowledge and experience in adoption practices.

PROGRAM MANAGEMENT

Appropriations, 2015	\$154,000,000
Budget estimate, 2016	157,061,000
Committee recommendation	151,000,000

The Committee provides \$151,000,000 for program management activities.

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

VACCINE INJURY COMPENSATION PROGRAM TRUST FUND

Appropriations, 2015	\$242,500,000
Budget estimate, 2016	244,500,000
Committee recommendation	244,500,000

The Committee provides that \$244,500,000 be released from the Vaccine Injury Compensation Trust Fund in fiscal year 2016. Of that amount, \$7,500,000 is for administrative costs.

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

CENTERS FOR DISEASE CONTROL AND PREVENTION

The Committee recommendation provides a program level of \$6,710,614,000 in this bill for the Centers for Disease Control and Prevention [CDC], which includes \$55,358,000 in mandatory funds under the terms of the Energy Employees Occupational Illness Compensation Program Act [EEOICPA], \$892,950,000 in transfers from the Prevention and Public Health [PPH] Fund, and \$15,000,000 in Public Health and Social Services Emergency Fund [PHSSEF] unobligated balances from pandemic influenza supplemental appropriations.

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

IMMUNIZATION AND RESPIRATORY DISEASES

Appropriations, 2015	\$798,405,000
Budget estimate, 2016	748,066,000
Committee recommendation	798,405,000

The Committee recommendation for the activities of the National Center for Immunization and Respiratory Diseases is \$798,405,000, which includes \$210,300,000 in transfers from the PPH Fund and \$15,000,000 in transfers from PHSSEF unobligated balances.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Section 317 Immunization Program	610,847	560,508	610,847
National Immunization Survey (non-add)	12,864	12,864	12,864
Influenza Planning and Response	187,558	187,558	187,558

Adult Vaccinations.—National childhood vaccination rates are high, but adult vaccination rates continue to lag. Adult immunizations are important to prevent long-term illness, hospitalization, death, and unnecessary healthcare expenditures. Therefore, the Committee directs CDC to find new ways to increase adult immunization rates for recommended vaccines to achieve Healthy People 2020 targets.

Cost Estimates.—The Committee directs CDC to update its report on estimated funding needs for the Section 317 Immunization Program no later than February 1, 2016, to reflect fiscal year 2017 cost estimates. The updated report shall also include an estimate of optimum State and local operations funding, as well as a discussion of the evolving role of the 317 program as expanded coverage

for vaccination becomes available from private and public sources over the next several years.

Influenza.—The Committee provides the same level as in fiscal year 2015 in budget authority and directs the Department to use \$15,000,000 in pandemic influenza supplemental balances to support CDC’s global influenza activity. The Committee expects in the future that CDC and the Department will clearly identify in budget documents when and how supplemental appropriations are used. In particular, the Committee expects to be notified if any remaining supplemental balances are used by CDC in fiscal year 2016.

Section 317.—The Committee rejects the reduction to the Section 317 Immunization program proposed by the administration and provides the same level as in fiscal year 2015, \$610,847,000. The Committee believes a strong public health immunization infrastructure is critical for ensuring high vaccination coverage levels, the prevention of vaccine-preventable diseases, and for responding to outbreaks. The Committee recommendation includes \$8,000,000 to build the capacity of public health departments to bill insurers for immunizations and encourages the continuation of billing demonstration projects in State and local health departments.

Universal Influenza Vaccine.—The Committee recognizes the significant threat of epidemic and pandemic influenza and encourages CDC to support organizations with the research and development capacity to combine computational modeling, vaccine development including human and animal testing for efficacy, and global threat surveillance capabilities to quantify the incidence of secondary infection from influenza.

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

Appropriations, 2015	\$1,117,609,000
Budget estimate, 2016	1,161,747,000
Committee recommendation	1,090,609,000

The Committee recommendation for the activities of the National Center for HIV, Viral Hepatitis, Sexually Transmitted Diseases [STDs], and TB Prevention is \$1,090,609,000.

The Center administers CDC’s activities on HIV/AIDS, viral hepatitis, STDs, and TB, with the exception of the Global AIDS program, which is housed in the Center on Global Health.

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

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Domestic HIV/AIDS Prevention and Research	786,712	799,361	786,712
HIV Prevention by Health Department	397,161	397,161	397,161
HIV Surveillance	119,861	119,861	119,861
Activities to Improve Program Effectiveness	103,208	109,561	103,208
National, Regional, Local, Community & Other Organizations	135,401	135,401	135,401
School Health	31,081	37,377	31,081
Viral Hepatitis	31,331	62,820	36,331
Sexually Transmitted Infections	157,310	157,310	125,310
Tuberculosis	142,256	142,256	142,256

Drug Resistant Tuberculosis [TB].—In its 2013 report on antimicrobial resistance, CDC identified drug resistant TB as a serious public health threat to the United States. The Committee recognizes the urgent need for shorter, safer, and more tolerable treatments for drug resistant TB. Further, the Committee applauds the CDC Division of TB Elimination for its efforts assisting State and local public health programs to prevent outbreaks of drug resistant TB and urges the Secretary to work with CDC and the Federal TB Task Force to ensure that States have the resources to identify, treat, and prevent drug resistant TB.

Hepatitis B.—The Committee is concerned that the Division of Viral Hepatitis [DVH] has not been prioritizing Hepatitis B Virus [HBV], as evidenced by the Center's most recent strategic plan that neglected to include goals, indicators, or strategies for reducing morbidity, mortality, and health disparities associated with chronic HBV infection. The Committee encourages DVH to focus on strategies that focus on the elimination of HBV for all populations.

HIV School Health.—The Committee is concerned by the burden of new HIV infections among young people and encourages CDC to evaluate and improve school HIV prevention activities and to continue outreach strategies and interventions for youth most disproportionately at risk for HIV infection.

HIV/AIDS Prevention and Research.—Racial and ethnic minorities continue to have higher rates of HIV/AIDS compared to the overall U.S. population. Therefore, the Committee urges CDC to continue to prioritize HIV/AIDS funding to target racial and ethnic minority communities.

Prevention Coordinator.—The Committee encourages CDC to continue to support the Viral Hepatitis Prevention Coordinator Program, restore funding for screening and linkage to care programs, and continue to expand its investment in surveillance projects for the creation of a national infrastructure for monitoring the viral hepatitis outbreak. Furthermore, the Committee urges CDC to target funding for immediate support in the field and strengthening health departments and community responses that target youth and young adults, with particular emphasis on persons who inject drugs, persons under 30 years old, and persons living in rural areas.

Primary Care Screening.—The Committee commends CDC for working to integrate recommended viral hepatitis screening in primary care services and urges CDC to continue outreach to underserved populations through screening activities in non-clinical and public health settings, including the use of point-of-care tests.

Viral Hepatitis.—The Committee is concerned that three out of four people with hepatitis C are part of the baby boom generation and that almost 60 percent of people infected are unaware of their condition despite the availability of effective treatments. Furthermore, mother-to-child transmissions of hepatitis B continue to occur, potentially leaving infants with serious liver problems. The Committee provides an increase over the fiscal year 2015 level to help stop viral hepatitis transmission and prevent related illness and deaths in accordance with the HHS Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis.

EMERGING AND ZOOBOTIC INFECTIOUS DISEASES

Appropriations, 2015	\$404,990,000
Budget estimate, 2016	699,267,000
Committee recommendation	440,590,000

The Committee recommendation for the activities of the National Center for Emerging and Zoonotic Diseases is \$440,590,000, which includes \$52,000,000 in transfers from PPH Fund.

The National Center for Emerging and Zoonotic Infectious Diseases aims to detect, prevent, and control infectious diseases from spreading, whether they are naturally occurring, unintentional, or the result of terrorism.

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

(In thousands of dollars)

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Core Infectious Diseases	225,393	500,955	254,993
Antibiotic Resistance Initiative		264,328	30,000
Lab Safety and Quality		10,000	5,000
Vector-borne Diseases	26,410	26,831	26,410
Lyme Disease	10,663	10,688	10,663
Prion Disease	5,850	5,862	5,850
Chronic Fatigue Syndrome	5,400	5,412	
Emerging Infectious Diseases	147,230	147,573	147,230
All Other Infectious Diseases	29,840	30,261	29,840
Food Safety	47,993	50,089	48,993
National HealthCare Safety Network	18,032	32,071	23,032
Quarantine	31,572	31,572	31,572
Advanced Molecular Detection	30,000	30,000	30,000
Epidemiology and Lab Capacity Program	40,000	40,000	40,000
Healthcare-Associated Infections	12,000	14,580	12,000

Combating Antibiotic-Resistant Bacteria [CARB].—Antibiotic resistant bacteria is a serious public health and economic threat to the United States. CDC estimates that 2,000,000 infections and 23,000 deaths are caused annually by antibiotic-resistant bacteria, costing taxpayers up to \$20,000,000,000 in excess healthcare costs. The Committee supports the CARB initiative and provides \$30,000,000 for this effort. The Committee encourages CDC to support funding for collaborations between entities such as academic medical centers, veterinary schools, schools of public health, State public health departments, and other academic institutions whose proposals are in line with CDC’s strategy for addressing antibiotic-resistant bacteria. The Committee understands the importance of addressing antibiotic-resistant bacteria both in human and agricultural areas. Therefore, the Committee directs CDC to collaborate with NIH, AHRQ, BARDA, FDA, VA, DOD, and USDA to leverage existing resources to increase capacities for research aimed at developing therapeutic treatments, reducing antibiotic use and resistance in animals and humans, and implementing effective infection control policies. CDC shall provide a spend plan to the Committee within 30 days after enactment of this act and include an update on these efforts in the fiscal year 2017 CJ.

Emerging and Zoonotic Infectious Diseases.—The Committee is aware of the arrival of Chikungunya in the Caribbean and encourages the CDC to continue its work to prepare and monitor any po-

tential arrival of Chikungunya in the United States as well as address other neglected tropical diseases found in the United States such as Dengue and Chagas disease. CDC should encourage the National Center for Emerging and Zoonotic Infectious Diseases to work with the Center for Global Health on cross-cutting issues, particularly in support of the Global Health Security Program.

Food Safety.—The Committee is aware that the PulseNet laboratory system is 20 years old and without any modernization, its technology will no longer be effective in detecting foodborne disease outbreaks and helping CDC stop them in the food supply chain. Currently, new diagnostics are replacing the use of traditional cultured bacteria. Therefore, the Committee includes a \$1,000,000 increase above the fiscal year 2015 level to upgrade the PulseNet system to ultimately enhance surveillance, detection and response, and prevention activities.

Guideline for Disinfection and Sterilization.—The Committee directs CDC to update its 2008 Guideline for Disinfection and Sterilization in Healthcare Facilities and incorporate recent peer-reviewed literature regarding the role of the healthcare environment in the spread of antibiotic-resistant bacteria and the current best practices for containment that have been demonstrated in health facility environments.

Healthcare-Associated Infections.—CDC has made significant progress on healthcare-associated infection [HAI] prevention and data collection at acute care hospitals, but significant gaps in data collection and reporting on HAIs persist across non-hospital healthcare settings such as ambulatory surgical centers. The Committee encourages CDC to continue to expand its data collection efforts to additional providers in non-hospital settings.

Laboratory Capacity.—The Epidemiology and Laboratory Capacity for Infectious Diseases Program strengthens the epidemiologic and laboratory capacity in 50 States, six local health departments, and eight territories by supporting improvements in surveillance for infectious diseases, early detection of newly emerging disease threats, and identification and response to outbreaks. The Committee encourages CDC to increase core capacity and ensure State and local epidemiologists are equipped to rapidly respond to current and emerging threats, including antibiotic resistant bacteria.

Laboratory Safety and Quality.—As the primary agency responsible for disease prevention, CDC works with some of the world's most dangerous infectious diseases. To safely continue the research necessary to protect the public and staff, CDC has begun to modernize and improve safety practices and safeguards currently in place. The Committee includes \$5,000,000 for these improvements which will enable CDC to expand laboratory training, improve pathogen identification, and implement changes identified in safety reviews. The Committee directs CDC to provide a detailed update on these improvements in the fiscal year 2017 CJ.

National Healthcare Safety Network.—In support of the CARB initiative, the Committee includes a \$5,000,000 increase above the fiscal year 2015 level for the National Healthcare Safety Network. This increase will allow CDC to expand the network of reporting healthcare facilities with the ultimate goal of eliminating and preventing hospital acquired infections.

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

Sepsis.—Over 200,000 Americans die of sepsis every year. Hospital costs are annually in the billions of dollars, with uncounted costs due to organ injury such as kidney failure, disability, and lost productivity. With early recognition and treatment with appropriate and aggressive antibiotic therapy, major improvements in outcomes can be achieved but there has been no effort to educate the public or medical providers as to the signs, symptoms, importance of early diagnosis and treatment. The Committee encourages CDC to start efforts in this area.

Surveillance Strategy.—The Committee urges CDC to expeditiously implement its Surveillance Strategy, including improving standardization and commonality of platforms across CDC systems, reducing duplication, tackling workforce and informatics challenges at CDC and State and local public health systems, and reducing the burden of participation in surveillance for healthcare and public health.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Appropriations, 2015	\$1,199,220,000
Budget estimate, 2016	1,058,058,000
Committee recommendation	1,052,922,000

The Committee recommendation for the activities of the National Center for Chronic Disease Prevention and Health Promotion is \$1,052,922,000, which includes \$457,650,000 in transfers from the PPH Fund.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Tobacco	216,492	215,492	216,492
Nutrition, Physical Activity and Obesity	47,585	40,092	48,585
High Obesity Rate Counties (non-add)	7,500		8,500
School Health	15,383	15,383	15,383
Health Promotion	19,970	19,970	13,622

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Community Health Promotion	6,348	6,348
Glaucoma	3,294	3,294	3,294
Visual Screening Education	512	512	512
Alzheimer's Disease	3,344	3,344	3,344
Inflammatory Bowel Disease	716	716	716
Interstitial Cystitis	659	659	659
Excessive Alcohol Use	3,000	3,000	3,000
Chronic Kidney Disease	2,097	2,097	2,097
Prevention Research Centers	25,461	25,000	25,461
Heart Disease and Stroke	130,037	130,037	130,037
Diabetes	140,129	140,129	140,129
National Diabetes Prevention Program	10,000	10,000	10,000
Cancer Prevention and Control	352,649	297,876	352,649
Breast and Cervical Cancer	206,993	169,204	206,993
WISEWOMAN (non-add)	21,114	21,170	21,114
Breast Cancer Awareness for Young Women	4,951	4,951	4,951
Cancer Registries	49,440	49,440	49,440
Colorectal Cancer	43,294	39,515	43,294
Comprehensive Cancer	19,673	19,673	19,673
Johanna's Law	5,500	5,500	5,500
Ovarian Cancer	7,000	7,000	7,000
Prostate Cancer	13,205	13,205
Skin Cancer	2,121	2,121	2,121
Cancer Survivorship Resource Center	472	472	472
Oral Health	15,749	15,749	15,749
Safe Motherhood/Infant Health	45,473	45,473	45,473
Arthritis	9,598	13,113	9,598
Epilepsy	7,994	7,994	7,994
National Lupus Registry	5,750	5,750	5,750
Racial and Ethnic Approach to Community Health	50,950
Partnerships to Improve Community Health	80,000	60,000
Million Hearts	4,000	4,000	4,000
Workplace Wellness	10,000
National Early Child Care Collaboratives	4,000	4,000	4,000
Hospitals Promoting Breastfeeding	8,000	8,000	8,000

Alzheimer's and Healthy Aging.—The Committee commends the Healthy Brain Initiative for its leadership in bringing attention to the public health crisis of Alzheimer's disease, for its work on cognitive surveillance in 47 States and territories, and for its efforts to update the National Public Health Road Map to Maintaining Cognitive Health. The Committee encourages CDC to implement the action steps listed in the updated Road Map and further develop and expand the surveillance system on cognitive decline and caregiving, including widespread dissemination of the data gathered.

Atrial Fibrillation [AFib].—An estimated 2,000,000 Americans have AFib, which puts them at an elevated risk for a fatal or permanently debilitating stroke. The Committee encourages CDC to utilize its publications to promote the adoption of best practices in AFib treatment, expand patient and family caregiver education on AFib-related stroke risk and treatment, leverage existing stroke prevention initiatives, and address gaps in research on prediction of stroke and bleeding risk in AFib.

Breast and Cervical Cancer Early Detection Program.—The Committee again rejects the administration's proposed funding reduction to the Breast and Cervical Cancer program and provides funding at the fiscal year 2015 level of \$206,993,000. The ACA has fall-

en short of insuring every individual through the Exchanges and Medicaid. Specifically, recent data shows that up to 4,500,000 women may remain eligible for CDC's National Breast and Cervical Cancer Early Detection Program.

Breastfeeding.—The Committee provides sufficient funding for CDC to continue supporting breastfeeding as a strategy to reduce obesity and promote activities proven to increase breastfeeding through the State Public Health Actions to Prevent Chronic Disease.

Chronic Pain.—The Committee commends CDC for including chronic pain in the Healthy People 2020 initiative. The Committee encourages CDC to include pain research questions in the 2016 National Health Interview Survey, promptly analyze collected data and make this information available to the public, and expand the topic area on chronic pain in the Healthy People 2030 initiative.

Colorectal Cancer.—The Committee rejects the administration's proposed funding reduction to this program and emphasizes the importance of continuing to provide screenings for low-income, uninsured, and underinsured adults who may not have benefited from the ACA. Furthermore, the Committee is pleased with CDC's recent activities on the colorectal cancer screening program and requests an update on the impact of the program including screening rates in the fiscal year 2017 CJ.

Community Grants.—Due to tight budget constraints, the Committee eliminates the Partnerships to Improve Community Health [PICH] and the Racial and Ethnic Approaches to Community Health [REACH] programs. The elimination of REACH was consistent with the administration's budget request. The Committee believes the community grants are duplicative of CDC's State Public Health Actions program and supports the same goals through this program.

Division of Diabetes Translation [DDT].—The Committee encourages CDC to provide resources to expand State and local community diabetes control and prevention activities while supporting the translation of research into better prevention and care, the National Diabetes Prevention Program, the expansion of diabetes surveillance, and other DDT activities. These activities must include clear outcomes, ensure transparency and accountability, and specifically how diabetes funding reached State and local communities.

Epilepsy.—The Committee commends CDC for making considerable progress over the past decade in establishing and advancing a public health agenda to meet the needs of Americans with epilepsy. CDC, in partnership with other stakeholders, will determine national outcome protocols to use to capture and document information related to these issues: employment, school, social life and the general well-being of people with epilepsy.

Food Allergy.—Deaths due to anaphylactic reaction to food allergens are preventable. National medical and school organizations recommend that schools maintain a supply of back-up epinephrine for emergency treatment of potentially fatal anaphylactic reactions. CDC should encourage schools to purchase epinephrine and support implementation of the food allergy school guidelines.

Heart Disease and Stroke Prevention.—The Committee supports the Division for Heart Disease and Stroke Prevention's efforts

against cardiovascular disease and supports the Paul Coverdell National Acute Stroke Registry and the projects within State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease, and Stroke.

High Obesity Rate Counties.—The Committee is concerned about the growing body of evidence suggesting that obesity is the most significant challenge facing the public health system. If this epidemic continues unabated, obesity and the many complications it causes will increase the disease burden among Americans, particularly youth. The Committee includes a \$1,000,000 increase over the fiscal year 2015 level to expand support for the rural extension and outreach services to support additional grants for rural counties with an obesity prevalence of over 40 percent. The Committee expects CDC to work with State and local public health departments to support measurable outcomes through evidenced-based obesity research, intervention, and prevention programs. CDC should focus its efforts in areas of the country with the highest burden of obesity and with the co-morbidities of hypertension, cardiac disease, and diabetes from county level data in the Behavioral Risk Factor Surveillance System. The Committee encourages CDC childhood obesity efforts to only support activities that are supported by scientific evidence.

Inflammatory Bowel Disease [IBD].—The Committee commends CDC for implementing a robust IBD epidemiology study and communicating study results with the public. The Committee encourages CDC to continue exploring the disease burden of IBD and to communicate these findings to patients and providers in an effort to improve current interventions and inform best public health practices in managing IBD.

Interstitial Cystitis [IC].—The Committee commends CDC for its work on IC and encourages CDC to continue to make IC a priority by expanding public awareness through education for healthcare providers and the general public, and enhanced information sharing.

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

Lupus Registry.—The Committee continues to support research efforts under the National Lupus Patient Registry program, but challenges still remain. Burden of illness studies are lacking in lupus and are needed to better understand and evaluate issues such as the disease impact on quality of life, productivity, frequency of clinical events, natural history, and the direct and indirect costs associated with lupus. Therefore, the Committee urges CDC to support the lupus cohort and burden of illness studies.

Marfan Syndrome.—Marfan syndrome-related thoracic aortic aneurysm and dissection claims the lives of young athletes across the country each year, but few States incorporate Marfan syndrome testing into their sports screening for high school athletes. The

Committee urges CDC to develop a program to support, assist, and encourage States to incorporate Marfan syndrome testing into their sports screening criteria for at-risk young athletes.

Melanie Blocker Stokes Act.—The Committee urges CDC to develop a program to assist providers that educate women and their families about post-partum depression [PPD], and to help new mothers receive screenings during the first year of postnatal check-ups. As many as 20 percent of new mothers experience some form of PPD. The Committee requests an update on this research in the fiscal year 2017 CJ.

Million Hearts.—The Committee supports the Million Hearts program, a public-private initiative to prevent 1,000,000 heart attacks and strokes by 2017, and that provides enhanced prevention, detection, treatment and control of high blood pressure, a key cause of heart disease and stroke.

Mississippi Delta Health Collaborative [MDHC].—The Committee commends CDC's efforts supporting the Mississippi Delta Health Collaborative in implementing a successful, evidenced-based strategy to reduce the burden of heart disease and stroke. These advancements were made possible with chronic disease prevention interventions through partnerships at the local level, and team-based approaches designed to link communities with clinical care, such as education and counseling, medication therapy management, comprehensive medication management, and utilizing health information technology to change health outcomes. Taking these lessons learned, the Committee wants to build upon the investments and see whether this success can be replicated in other high-risk and underserved areas in the future. Therefore, the Committee encourages CDC, working together with the Collaborative and relevant stakeholders, to reach populations at high risk in the Delta with effective interventions while maintaining the current strategy. CDC shall consider using lifestyle change intervention models like the Diabetes Prevention Program; utilizing local pharmacy schools with existing community-based research programs that could focus on screenings, medication reviews, medication therapy management, comprehensive medication management, and disseminating prevention strategies; and working with communities to establish health networks to better coordinate and manage community based health initiatives. To reach the target population, the Committee encourages CDC to take advantage of rapidly evolving healthcare technology by leveraging the resources of States with recognized leadership in areas of electronic medical records, telehealth, and innovative delivery of education tools. CDC shall provide an update on these activities in the fiscal year 2017 CJ.

Oral Health.—The Committee urges CDC to support clinical and public health interventions that target pregnant women and young children at highest risk for dental caries. These interventions result in significant cost-savings to State Medicaid programs. CDC is encouraged to continue to work across the Department to improve coordination of oral health surveillance that reliably measures and reports health outcomes.

Ovarian Cancer.—The Committee commends the CDC for its work to evaluate existing risk assessment tools and directs CDC in their fiscal year 2017 CJ, to include the findings of this review

along with recommendations on how CDC can support the deployment of the tools found to have the greatest value and utility. In addition, the Committee directs CDC to provide a report within 90 days after enactment of this act to the Committees on Appropriations of the House of Representatives and Senate on the Institute of Medicine's review of the state of the sciences in ovarian cancer research.

Preterm Birth.—Preterm birth affects more than 500,000 babies each year in the United States and is the leading cause of neonatal mortality. The Committee commends CDC for funding State-based Perinatal Collaboratives that focus on improving birth outcomes using known preventative strategies such as reducing early elective deliveries. The Committee encourages CDC to increase the number of States receiving assistance for perinatal collaboratives.

Psoriasis and Psoriatic Arthritis.—Psoriasis affects an estimated 7,500,000 people in the United States. The Committee recognizes the growing body of evidence regarding linkages between psoriatic disease and cardiovascular disease, alcohol consumption, metabolic syndrome, and depression and remains concerned as to the continued gaps in the public health response to such linkages. The Committee encourages CDC to use their Prevention Research Centers to build on past investments including the CDC's Psoriasis and Psoriatic Arthritis: A Public Health Agenda to define and implement public health self-management interventions for psoriatic disease. This network would explore the research needed to better understand the relationships between the listed and other possible chronic conditions to help position psoriatic disease appropriately within the larger world of public health.

Scleroderma.—The Committee recognizes the serious health challenges faced by patients affected by scleroderma. Due to various manifestations of the disease, the Committee encourages CDC to consider opportunities to raise awareness and improve recognition of scleroderma.

Visual Screening Education.—The Committee is concerned that people with vision impairment often report chronic conditions, such as heart disease, stroke, and diabetes, at substantially higher rates than individuals without vision impairment. The Committee encourages CDC to increase vision impairment and eye disease surveillance efforts, apply previous CDC vision and eye health research findings to develop effective prevention and early detection interventions, and begin to incorporate vision and eye health promotion activities into State and national public health chronic disease initiatives, with an initial focus on early detection of diabetic retinopathy.

WISEWOMAN.—The Committee commends the WISEWOMAN program that helps uninsured and under-insured low-income women ages 40 to 64 prevent, delay, or control heart disease and stroke by providing preventive health services, referrals to local healthcare providers, lifestyle programs, and health counseling tailored to identified risk factors to promote lasting, healthy behavior change. From July 2008 through June 2013, WISEWOMAN served nearly 150,000 women and 90 percent of them had at least one heart disease and stroke risk factor.

Workplace Wellness.—The Committee eliminates the Workplace Wellness program as requested by the administration.

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

Appropriations, 2015	\$131,781,000
Budget estimate, 2016	131,781,000
Committee recommendation	132,781,000

The Committee recommendation for the activities of the National Center on Birth Defects and Developmental Disabilities [NCBDDD] is \$132,781,000.

This Center improves the health of children and adults by preventing birth defects, developmental disabilities, and complications of heredity blood disorders and by promoting optimal child development and health and wellness among children and adults living with disabilities.

Within the total provided, the following amounts are provided for the following categories of funding:

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Child Health and Development	64,232	64,232	64,232
Other Birth Defects	18,074	18,074	18,074
Fetal Death	891	891	891
Fetal Alcohol Syndrome	10,505	10,505	10,505
Folic Acid	3,121	3,121	3,121
Infant Health	8,639	8,639	8,639
Autism	23,002	23,002	23,002
Health and Development with Disabilities	52,440	52,440	53,440
Disability and Health	20,042	20,042	21,042
Tourette Syndrome	2,000	2,000	2,000
Early Hearing Detection and Intervention	10,752	10,752	10,752
Muscular Dystrophy	6,000	6,000	6,000
Attention Deficit Hyperactivity Disorder	1,850	1,850	1,850
Fragile X	1,800	1,800	1,800
Spina Bifida	5,996	5,996	5,996
Congenital Heart Defects	4,000	4,000	4,000
Public Health Approach to Blood Disorders	4,500	4,500	4,500
Hemophilia CDC Activities	3,504	3,504	3,504
Hemophilia Treatment Centers	5,000	5,000	5,000
Thalassemia	2,105	2,105	2,105

Birth Defects Prevention.—The Committee commends the Center for Birth Defects Research and Prevention for its work toward greater understanding of the causes of birth defects and for expanding the National Birth Defects Prevention Network to include the work of the BD-STEPS program. The Committee supports further expansion of the BD-STEPS program with the goal of incorporating States that do not currently have a birth defects surveillance system. Priority should be given to programs in States with diverse populations and a high burden of risk factors for birth defects that have previously submitted meritorious applications but did not receive funding due to budget constraints.

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

Congenital Heart Disease [CHD].—CHD is a serious public health concern, and it remains the most common birth defect and leading cause of birth defect-related infant mortality. With increasing medical treatment options, survival is improving resulting in a growing population that estimates suggest exceeds 2,000,000 people. However, children and adults with congenital heart disease require ongoing, costly, specialized cardiac care and face a lifelong risk of permanent disability and premature death. The Committee commends the CDC for its efforts to address the lifelong needs of this growing population with CHD, particularly in the areas of critical congenital heart screening and attention to adolescent and adult surveillance needs. The Committee remains concerned that there continues to be a lack of rigorous epidemiological and longitudinal data on individuals of all ages with CHD. The Committee encourages CDC to collect and analyze nationally representative, population-based epidemiological and longitudinal data on infants, children, and adults with CHD to improve understanding of CHD incidence, prevalence, and disease burden, further assess the public health impact of CHD.

Fragile X.—The Committee commends the significant progress made on the Fragile X Clinical and Research Consortium in growing its FORWARD Database and its Patient Registry and urges CDC to continue this effort. The Committee supports the public-private partnership which resulted in the Fragile X Research Agenda and the resulting Funding Opportunity Announcement which seeks to use longitudinal data to characterize the natural history of Fragile X to improve services and outcomes.

Hemophilia.—The Committee maintains funding for the surveillance and research activities of the national network of hemophilia treatment centers and the outreach and education programs of the national hemophilia consumer organizations.

Hereditary Hemorrhagic Telangiectasia [HHT].—HHT is a genetic disorder that can result in life-threatening strokes and other complications, but if diagnosed in time is treatable and manageable. The Committee encourages CDC to develop newborn screening initiatives that focus on early detection and intervention methods for newborns from families with a history of HHT.

Improving the Health of People With Intellectual Disabilities.—People with disabilities are more often in poorer health that results in billions in additional healthcare costs each year. However, with the appropriate help, people living with disabilities can be productive citizens within their communities. Therefore, the Committee includes \$3,500,000 for the Healthy Athletes program.

Krabbe Disease.—Krabbe Disease is a rare, inherited degenerative disorder of the nervous systems that causes severe deterioration of mental and motor skills. The disease most often affects infants and is generally fatal before the age of 2. There is no cure for Krabbe Disease, but identifying it early and beginning treatment prior to the onset of symptoms may help to prevent severe health outcomes. The Committee encourages CDC to include efforts for Krabbe disease and other leukodystrophies when rapid diagnosis may lead to potentially life saving treatments.

Muscular Dystrophy.—The Committee requests an update on the Muscular Dystrophy CARE Act in the fiscal year 2017 CJ. The up-

date shall include CDC's plans and timeframe to enhance its collection of surveillance data across all forms of muscular dystrophy and to develop updated care standards, including for adults with Duchenne and for other forms of muscular dystrophy.

National Center on Health, Physical Activity and Disability [NCHPAD].—The Committee supports the work of NCHPAD, and its goal of promoting better health for adults and children with disabilities. By mobilizing national networks to provide technical assistance, provide community leaders and organizations with health promotion training, and by disseminating effective strategies and tools for disability service providers, the NCHPAD plays an important role in encouraging a healthier lifestyle for Americans with disabilities. The Committee urges CDC to increase support for these efforts.

Neonatal Abstinence Syndrome Data.—The Committee directs CDC to provide technical assistance to States to improve the availability and quality of data collection and surveillance activities regarding neonatal abstinence syndrome, including: (a) the incidence and prevalence of neonatal abstinence syndrome; (b) the identification of causes for neonatal abstinence syndrome, including new and emerging trends; and (c) the demographics and other relevant information associated with neonatal abstinence syndrome. CDC shall also collect any available surveillance data described in the previous sentence from States and make it publicly available on an appropriate web site. Furthermore, the Committee directs CDC to increase utilization of effective public health measures to reduce neonatal abstinence syndrome.

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

Thalassemia.—The Committee commends CDC's thalassemia program and encourages CDC to coordinate the efforts of the treatment centers and the nonprofit patient advocacy community as it confronts this genetic blood disorder.

Tourette Syndrome.—The Committee is pleased with CDC's current activities on Tourette Syndrome and urges CDC to use its resources to increase scientific knowledge of the prevalence and risk factors in both children and adults, as well as determine the impact of this disorder on the quality of life of those who are affected.

Tuberous Sclerosis Complex [TSC].—The Committee encourages CDC to take into consideration all the major manifestations of TSC in its surveillance network, including epilepsy, autism, renal angiomyolipomas, facial angiofibromas, lymphangiomyomatosis, retinal hamartomas, subependymal giant cell astrocytomas, and cardiac rhabdomyomas.