PUBLIC HEALTH SCIENTIFIC SERVICES

Appropriations, 2015	$481,061,000
Budget estimate, 2016	538,809,000
Committee recommendation	471,061,000

The Committee recommendation for Public Health Scientific Services is $471,061,000.

This funding supports the work of all of the CDC Centers by compiling statistical information to inform public health policy. In particular, these activities assure the accuracy and reliability of laboratory tests; apply digital information technology to help detect and manage diseases, injuries, and syndromes; and develop and inform the public health community on sound public health surveillance, laboratory protocols, and epidemiological practices.

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
Health Statistics	155,397	160,397	145,397
Surveillance, Epidemiology, and PH Informatics	273,464	311,008	273,464
Public Health Workforce	52,200	67,404	52,200

Alzheimer's Disease and Dementia.—The Committee is aware of recent peer-reviewed studies suggesting that more than 500,000 U.S. deaths each year are attributable to Alzheimer's disease and dementia, far in excess of the deaths reported by the Center. Such statistics would elevate Alzheimer's disease from the sixth leading cause of death to the third leading cause of death. The Committee urges CDC to work with stakeholders to develop recommendations for obtaining more accurate and complete measurements of Alzheimer's and dementia death rates and requests a report no later than 180 days after enactment of this act. The report shall include a consensus on the mortality burden of these diseases.

Collecting Vital Statistics.—Accurate vital statistics provide complete and continuous data on births, deaths, and fetal deaths that are essential for understanding our Nation's health. The Committee provides the National Center for Health Statistics [NCHS] the same level of funding as in fiscal year 2015 for the National Vital Statistics System and sufficient funding to purchase data items currently collected by States and territories and collect 12 months of these data within the calendar year.

Epidemiology Fellowship Program.—A well-trained public health workforce is essential to ensuring the highest level of efficiency and effectiveness in protecting health. The Committee encourages CDC to prioritize investments in established training programs with a demonstrated record of success in supporting high-quality, on-the-job training at State and local health agencies and transitioning these professionals into public health careers, including the Applied Epidemiology Fellowship Program.

Modernizing the Vital Statistics Infrastructure.—The Committee understands that not all States and territories have implemented electronic death registration systems which would provide more accurate, timely, and secure death data for use in monitoring our Na-

tion's health and reducing waste, fraud, and abuse in Federal benefits programs. The Committee urges the NCHS to support States in modernizing their infrastructure and directs NCHS to include in the fiscal year 2017 CJ a plan for modernizing the vital statistics infrastructure, including steps to address States and territories that have not yet implemented these systems.

ENVIRONMENTAL HEALTH

Appropriations, 2015	$179,404,000
Budget estimate, 2016	178,500,000
Committee recommendation	145,286,000

The Committee recommendation for the National Center for Environmental Health is $145,286,000. The Committee recommendation includes $13,000,000 in transfers from the PPH Fund.

The National Center for Environmental Health addresses emerging pathogens and environmental toxins that pose significant challenges to public health. The Center conducts surveillance and data collection to determine which substances in the environment are found in people and to what degree. The Center also determines whether these substances are harmful to humans and at what level of exposure.

The Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Environmental Health Laboratory	55,870	55,870	55,870
Newborn Screening Quality Assurance Program	8,243	8,243	8,243
Newborn Screening for SCID	1,175	1,175	1,175
Other Environmental Health	46,452	46,452	46,452
Environmental Health Activities	45,580	55,580	29,366
Safe Water	8,601	8,601	.....
Amyotrophic Lateral Sclerosis Registry	7,820	7,820	8,820
Built Environment & Health Initiative	2,843	2,843	2,843
Climate Change	8,613	18,613	.....
All Other Environmental Health	17,703	17,703	17,703
Environmental and Health Outcome Tracking Network	34,904	24,000	17,000
Asthma	27,528	27,528	27,528
Childhood Lead Poisoning	15,522	15,522	15,522

Amyotrophic Lateral Sclerosis [ALS] Registry.—The Committee provides a $1,000,000 increase above the fiscal year 2015 level for the ALS Registry to further understand and potentially cure and prevent this disease. CDC and the Agency for Toxic Substances and Disease Registry [ATSDR] should continue their current registry activities, including helping to notify people with ALS about research studies for which they may qualify and funding risk factor and other ALS research utilizing registry information. The Committee supports the implementation of a nation-wide biorepository and encourages CDC and ATSDR to continue to consult with external stakeholders and Federal agencies, including NIH, VA, and FDA to coordinate efforts, raise awareness of the registry, and help ensure that the registry is available as a resource to support ALS research and care services and the development of treatments for the disease.

Asthma.—The Committee is concerned by the impact on people living with asthma as a result of there being significantly fewer States participating in the National Asthma Control Program [NACP]. The Committee encourages NACP to increase the number of States carrying out programmatic activities and use a population-adjusted burden of disease criterion as a significant factor for new competitive awards in the future.

Healthy Housing.—The Committee recognizes the important role that healthy housing can play in reducing the risk of numerous conditions, including asthma and lead poisoning. CDC is encouraged to continue to support health housing activities.

INJURY PREVENTION AND CONTROL

Appropriations, 2015	$170,447,000
Budget estimate, 2016	256,977,000
Committee recommendation	187,947,000

The Committee recommendation for the National Center for Injury Prevention and Control is $187,947,000.

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

The Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Intentional Injury	92,001	107,611	92,001
Domestic Violence and Sexual Violence	32,674	32,679	32,674
Child Maltreatment (non-add)	7,250	7,250	7,250
Youth Violence Prevention	15,086	15,086	15,086
Domestic Violence Community Projects	5,414	5,414	5,414
Rape Prevention	38,827	44,432	38,827
Gun Violence Prevention Research	.....	10,000	.....
National Violent Death Reporting System	11,302	23,570	11,302
Unintentional Injury	8,598	8,598	8,598
Traumatic Brain Injury	6,548	6,548	6,548
Elderly Falls	2,050	2,050	2,050
Injury Prevention Activities	28,950	29,023	28,950
Prescription Drug Overdose	20,000	68,000	31,921
Illicit Opioid Use Risk Factors	.....	5,579	5,579
Injury Control Research Centers	9,596	9,596	9,596

Combating Opioid Abuse.—The Committee includes $37,500,000, an increase of $17,500,000 above fiscal year 2015, for efforts to respond to and reverse the opioid epidemic in the United States. This includes $31,921,000 to fund the Prescription Drug Overdose [PDO] Prevention for States program, a competitive cooperative agreement that targets those States with the greatest burden of opioid overdoses and demonstrated readiness to implement prevention strategies, and $5,579,000 to specifically strengthen surveillance efforts for heroin-related deaths. The Committee notes the strong connection between prescription opioids and other types of opioids

like heroin. Activities targeting one area will have a significant impact on the other. Therefore, funding will support activities such as implementing guidelines to improve prescribing behaviors and collecting real-time and more accurate data for heroin-related opioid deaths. The Committee urges CDC to require applicants applying for the PDO Prevention for States Program to collaborate with the State substance abuse agency or those agencies managing the State's PDMP to ensure linkages to clinically appropriate substance use disorder services. In addition, the Committee directs CDC to use the funds provided to expand the surveillance of heroin-related deaths beyond CDC's current activities in HHS' Region One by targeting States that have the greatest burden of heroin abuse.

Concussion Surveillance.—The Committee encourages CDC to establish and oversee a national surveillance system to accurately determine the incidence of sports-related concussions, including youth ages 5 to 21.

Opioid Prescribing Guidelines.—The Committee directs CDC to complete its work in developing safe opioid prescribing guidelines for chronic, non-cancer pain in outpatient settings for release no later than July 31, 2016, and a technical package to guide States in the implementation of safe opioid prescribing through coordinated care. The guidelines and technical package should include information for providers on the use of opioids for pregnant women and women that might become pregnant, as well as the potential risks of birth defects and neonatal abstinence syndrome from exposure to such medications. The Committee directs CDC to broadly disseminate the guidelines and technical package and to immediately evaluate the effects of the new guidance. Furthermore, the Committee urges CDC to work with the VA and the DOD in implementing these guidelines in the appropriate facilities and directs CDC to share data and best practices on safe opioid prescribing with these agencies.

Sports Injuries.—The Committee is concerned about the number and severity of injuries related to sports activities at every age and experience level. Therefore, the Committee encourages CDC to educate coaches at all levels on how to prevent common injuries, how to recognize symptoms of potentially dangerous conditions, and how to plan for emergency situations is critical to this ever growing problem in sports safety.

OCCUPATIONAL SAFETY AND HEALTH

Appropriations, 2015	$334,863,000
Budget estimate, 2016	283,418,000
Committee recommendation	305,887,000

The Committee recommendation for National Institute for Occupational Safety and Health [NIOSH] programs is $305,887,000.

NIOSH is the only Federal agency responsible for conducting research and making recommendations for the prevention of work-related illness and injury. The NIOSH mission is implemented by conducting basic and applied scientific research and translating the knowledge gained into products and services that impact workers in settings from corporate offices to construction sites to coal mines.

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

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
National Occupational Research Agenda	114,500	90,500	90,500
Agriculture, Forestry, Fishing (non-add)	24,000		
Education and Research Centers	27,445		27,445
Personal Protective Technology	19,695	19,695	19,695
Healthier Workforce Center	4,976	4,976	
Mining Research	59,420	59,420	59,420
National Mesothelioma Registry and Tissue Bank	1,106	1,106	1,106
Other Occupational Safety and Health Research	107,721	107,721	107,721

Agriculture, Forestry, and Fishing [AgFF].—The Committee eliminates the AgFF programs as proposed by the administration. The Committee recommendation preserves the nine core industry sectors within the National Occupational Research Agenda and prioritizes funding to support emerging priorities such as nanotechnology and mining hazards.

ENERGY EMPLOYEES OCCUPATIONAL INJURY COMPENSATION ACT

Appropriations, 2015	$55,358,000
Budget estimate, 2016	55,358,000
Committee recommendation	55,358,000

The Committee recommendation for EEOICPA is $55,358,000. This mandatory funding supports NIOSH scientists who reconstruct radiation dose levels to inform compensation decisions.

GLOBAL HEALTH

Appropriations, 2015	$416,517,000
Budget estimate, 2016	448,092,000
Committee recommendation	411,758,000

The Committee recommends $411,758,000 for global health-related activities at CDC.

The Center for Global Health leads international programs and coordinates CDC's global efforts with the goal of promoting health and preventing disease in the United States and abroad. The Center has a particular focus on ensuring rapid detection and response to emerging health threats.

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

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Global HIV/AIDS Program	128,421	128,421	128,421
Global Immunization Program	208,608	218,608	213,608
Polio Eradication	158,774	168,774	163,774
Measles and Other Vaccine Preventable Diseases	49,834	49,834	49,834
Parasitic Diseases and Malaria	24,369	24,369	24,369
Global Health Security		11,575	
Global Disease Detection and Emergency Response	45,360	45,360	45,360
Global Public Health Capacity Development	9,759	19,759	

Global Diseases.—The Committee is pleased with CDC's ongoing efforts to fight malaria and neglected tropical diseases and encourages CDC to continue to research, monitor, and evaluate efforts for malaria and NTDs in collaboration with other divisions and agencies.

Global Health.—In a constrained budget environment, the Committee chose to preserve the Global Disease Detection and Emergency Response program which remains the core activity within the Division of Global Health Protection at CDC to rapidly detect, identify, and control emerging infectious diseases abroad. From 2006–2014, this program has responded to over 1,700 disease outbreaks and public health emergencies, established 289 new diagnostic tests in 59 countries, and covers a population of 13.1 million people within its surveillance efforts. In addition, the Committee continues to support the Global Health Security Agenda, but notes this program and the National Public Health Institutes received almost $600,000,000 in the Ebola emergency supplemental in fiscal year 2015, and therefore, did not need additional funding in this fiscal year.

Polio.—CDC is the lead U.S. agency in the global effort to eradicate polio and currently works with various organizations by providing expertise in training, vaccines, epidemiology, laboratory capacity, and surveillance. Currently, polio is endemic in only three countries, Nigeria, Afghanistan, and Pakistan. However, Nigeria has not reported a case since August of 2014 and will be declared polio free if no cases are reported by August of 2017. The Committee commends these efforts and includes a $5,000,000 increase above the fiscal year 2015 level to help conquer this disease.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Appropriations, 2015	$1,352,551,000
Budget estimate, 2016	1,381,818,000
Committee recommendation	1,340,118,000

The Committee recommendation for the Office of Public Health Preparedness and Response [PHPR] is $1,340,118,000.

The mission of PHPR is to build and strengthen national preparedness for public health emergencies including natural, biological, chemical, radiological, and nuclear incidents. PHPR administers national response programs and assets, as well as grants to States and localities to enhance preparedness efforts across the country.

The Committee 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
Public Health Emergency Preparedness Cooperative Agreement	643,609	643,609	643,609
Academic Centers for Public Health Preparedness	8,018	.....	.....
All Other State & Local	9,415	.....	.....
BioSense	23,369	23,369	23,369
All Other CDC Preparedness	133,797	143,797	138,797
Strategic National Stockpile	534,343	571,043	534,343

Emergency Preparedness.—The Committee requests more detailed information on how State Public Health Emergency Preparedness [PHEP] funding is distributed at the local level by States. CDC is directed to require States to report how much of their Federal PHEP funding is being allocated to local health departments and what basis or formula each State is using to make such allocations. The Committee directs CDC to include this in the fiscal year 2017 CJ.

Procurement.—The Committee encourages CDC to consider maintaining its planned procurement of anthrax vaccines when adjusting to changes in commercial pricing or PHEMCE requirements.

Select Agent Program.—To create a safer laboratory setting including the handling of dangerous agents, the Committee includes a $5,000,000 increase above the fiscal year 2015 level for CDC's Select Agent Program. This will allow CDC to upgrade their existing databases for tracking select agents and increase the number of inspections. The Committee requests an update on these efforts in the fiscal year 2017 CJ.

State and Local Preparedness and Response.—The Committee does not provide funding for the Academic Centers for Public Health Preparedness and All Other State and Local Capacity as requested by the administration. CDC will continue to support research and training through its Office of Public Health Preparedness and Response and will provide oversight and technical assistance to health departments through the Public Health Emergency Preparedness program. The Committee notes that CDC also received $410,000,000 as part of the Ebola emergency supplemental in fiscal year 2015 to expand current domestic preparedness capacities.

Strategic National Stockpile [SNS].—The Committee encourages the CDC to evaluate the latest approved advances in influenza prevention and antiviral treatment for inclusion in the SNS in preparation for pandemic influenza.

Update of Response Plans.—The Committee is aware that, as a result of the success of Project BioShield, several new medical countermeasures have been procured for inclusion in the SNS. Additionally, the Committee is aware that CDC has responsibility for developing response plans that will guide the public health response to possible outbreaks and threats such anthrax and smallpox. The Committee is concerned that the response plans CDC has developed do not include guidance to State and local public health officials regarding new acquisitions to the SNS and how those new acquisitions should be used in a response effort. To ensure that healthcare providers and first responders have the most up-to-date guidance to respond to potential threats, the Committee directs CDC to update all current response plans within 120 days of enactment to include countermeasures procured with Project BioShield funds since its inception.

BUILDINGS AND FACILITIES

Appropriations, 2015	$10,000,000
Budget estimate, 2016	10,000,000
Committee recommendation	10,000,000

The Committee provides $10,000,000 for capital projects and National Repair and Improvement activities at CDC.

Demolition.—The Committee includes new demolition authority to allow CDC to eliminate structures that are no longer used and have gone beyond their intended lifespan, such as small modular trailers and storage facilities. Due to the age and condition of some of the structures, they pose a significant danger if left in their current state. By eliminating these structures, the Federal government will save almost $90,000 per year in maintenance costs.

Fort Collins Campus.—The Committee includes new bill language that is needed to provide CDC with the authority to construct a replacement freezer at the Fort Collins, Colorado campus.

Underground Mine Safety.—The Committee appreciates the requested timeline submitted by CDC and continues to support a replacement facility for the Lake Lynn Experimental Mine and Laboratory. The Committee directs CDC to utilize prior-year funding for the planning and design, land acquisition, construction, and equipping of the replacement facility. No later than 90 days after enactment, the CDC shall submit a detailed accounting of its activities to date to replace the Lake Lynn facility and accompanying plan to complete the timely acquisition of a replacement facility to the Committees on Appropriations of the House of Representatives and the Senate.

CDC-WIDE ACTIVITIES

Appropriations, 2015	$273,570,000
Budget estimate, 2016	113,570,000
Committee recommendation	267,892,000

The Committee provides $267,892,000 for public health leadership and support activities at CDC.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Preventive Health and Health Services Block Grant	160,000		160,000
Public Health Leadership and Support	113,570	113,570	107,892

Preventative Health and Health Services Block Grant.—The Committee continues to reject the administration's proposal to eliminate this program and provides $160,000,000, the same level as in fiscal year 2015. These grants are crucial for States because they provide enough flexibility necessary to resolve any emerging health issues at the local level while tailoring those activities to best address the diverse, complex, and constantly changing local community.

Recurring Reports.—The Committee is concerned by the increasing amount of time and money Federal agencies spend on unnecessary administrative tasks. In particular, the Committee is aware of several recurring reports requested in past appropriations acts that are no longer necessary. Therefore, to reduce government bureauc-

racy and increase efficiency, the Committee directs CDC to discontinue any recurring reports requested in appropriations bills prior to the enactment of this act.

Respirator Certification Program.—The Committee includes new bill language allowing CDC to have an additional fiscal year to spend user fees collected late in the year through the Respirator Certification program.

Transfer Authority.—The Committee recommendation does not include language requested by the administration to provide additional transfer authority for the Director of CDC. The Committee believes that the Director has sufficient transfer authority provided in section 205 of this act to implement any transfer of funds he deems necessary

NATIONAL INSTITUTES OF HEALTH

National Institutes of Health [NIH] funded research has raised life expectancy, improved quality of life, and is an economic engine helping to sustain American competitiveness. Over the past year, cutting-edge NIH-supported research identified a set of 10 compounds in blood that might be used to distinguish the risk for developing memory deficits or Alzheimer's disease; designed and tested a class of new antibiotics to treat tuberculosis; and helped individuals paralyzed because of spinal cord injuries regain some movement after receiving spinal stimulation.

The Committee provides $32,084,000,000 for NIH activities, an increase of $2,000,000,000. This is the largest increase the NIH has received since the doubling ended in fiscal year 2003.

This includes $940,000,000 in transfers available under section 241 of the PHS Act. The Committee continues a reform to section 241 allocations such that no NIH funding will be removed from NIH under this authority. This reform ensures that section 241 transfers are a benefit to NIH rather than a liability. In addition, it improves the transparency of NIH's budget, so that the enacted total is truly the amount the Committee expects to be used for biomedical research.

The Committee recommendation provides $650,000,000 in new funding from the Department's Non-recurring Expenses Fund [NEF]. Bill language is included to repurpose the NEF, created in fiscal year 2008, specifically for biomedical research activities at the NIH. The NEF provides a new, additional source of funding for biomedical research.

The Committee also includes $200,000,000 for the new Precision Medicine Initiative; approximately $350,000,000 for the National Institute on Aging, a significant portion of which the Committee expects to be dedicated to Alzheimer's disease research; $135,381,000 for the BRAIN Initiative; $461,000,000 for research to combat Antimicrobial Resistance; $12,600,000 for the Gabriella Miller Kids First Act; and increases to every Institute and Center to continue investments in innovative research that will advance fundamental knowledge and speed the development of new therapies, diagnostics, and preventive measures to improve the health of all Americans.

NATIONAL CANCER INSTITUTE

Appropriations, 2015	$4,953,028,000
Budget estimate, 2016	5,098,479,000
Committee recommendation	5,204,058,000

The Committee recommendation includes $5,204,058,000 for the National Cancer Institute [NCI]. Of this amount, $16,000,000 is available for repairs and improvements to the NCI facility in Frederick, Maryland.

Breast Cancer Screening.—The Committee is aware of studies regarding mammography screening for breast cancer that evaluate the benefits and harms of mammography screening. Research has demonstrated value of early detection of breast cancers through screening, and also has demonstrated that screening sometimes results in false positives and over treatment. This has created a less

clear picture of the benefits of screening and may lead women to avoid periodic mammography, an experience some women already view as uncomfortable. Therefore, the Committee encourages NCI to continue to support research on new imaging technologies, as well as studies to develop molecular and cellular markers in screen-detected lesions, to distinguish cancers that are truly life threatening and require aggressive treatment from those for which treatment is unnecessary. The NCI should continue to make research and validation data available to the U.S. Preventive Services Task Force as they continue to systematically review the evidence of effectiveness of various breast cancer screening modalities.

Deadliest Cancers.—While overall cancer incidence and death rates are declining, the Committee is concerned that some cancers, often referred to as recalcitrant cancers, continue to have a 5-year survival rate below 50 percent. The Committee is pleased that NCI has released Scientific Frameworks for pancreatic ductal adenocarcinoma [PDAC] and small cell lung cancer, as called for by the Recalcitrant Cancer Research Act. The Committee recognizes that NCI supports critical research efforts exploring potential advances for other recalcitrant cancers and conducts scientific meetings and other horizon scanning efforts to stimulate research in these fields. The Committee looks forward to an update in the fiscal year 2017 CJ on research underway focusing on recalcitrant cancers in addition to PDAC and small cell lung cancer.

Gastric Cancer.—The Committee continues to be concerned about the deadly outcomes of gastric cancer, particularly among young people, and is pleased that gastric cancer was included in The Cancer Genome Atlas [TCGA]. This research effort led to the discovery that gastric cancers fall into four distinct molecular subtypes. This finding, published in July 2014, is changing the way researchers think about treatments for gastric cancers, informing the development of targeted therapies for defined sets of patients whose tumors have specific genomic abnormalities. The Committee notes that research on gastric cancer is less advanced than that of many cancers. The Committee, therefore, encourages NCI to help investigators in this field to make the best possible use of genomic data from the TCGA, as well as to pursue other research opportunities.

Liver Cancer.—The Committee continues to be concerned with the increasing incidence of liver cancer and its low 5-year survival rate. Therefore, the Committee encourages NCI to continue to support liver cancer research across its portfolio, including research focused on the development of biomarkers to serve as early detection markers of cancer to offer the prospect of improved outcomes.

Melanoma.—Given the rising incidence of melanoma coupled with the immense untapped potential for prevention and screening, the Committee urges NCI to continue to work across divisions and in coordination with other Federal agencies and advocates, aligning resources to decrease the impact of this disease on our Nation's public health. The Committee commends NCI's MATCH Trial and Exceptional Responders Initiative—each stand to benefit melanoma subpopulations. The Committee continues to urge NCI's portfolio to encompass all molecular subtypes of melanoma. While sequencing studies provide significant information about molecular heterogeneity and characteristics of BRAF wildtype tumors, this data has

yet to result in effective therapies. Further, as melanoma has the highest incidence of central nervous system metastases among the common cancers, identifying patients at risk and developing prevention and treatment strategies are important. Research into mechanisms underlying clinical dormancy is a critical area of cancer biology and could provide effective means of preventing recurrence. The Committee requests an update on these requests in the fiscal year 2017 CJ.

Minority Cancer Rates.—The Committee is concerned that preventable and detectable cancer rates are falling for the general population, but for some cancers, minority communities are still suffering at disproportionate rates. The Committee requests that NCI and NIMHD continue to coordinate and support research focused on treatment, prevention, communication, and outreach to minority communities for early intervention to reduce and eliminate these disparities.

National Clinical Trials Network [NCTN].—The Committee recognizes that the NCTN is critical to the development of improved, personalized treatments for cancer. The Committee also recognizes that the burden of cancer mortality is felt disproportionately among racial and ethnic minorities. Continued research is needed regarding the biological, socioeconomic, environmental, and behavioral factors that cause these disparities. The Committee urges NCI to continue research in these areas through the NCI Community Oncology Research Program, NCI's Center to Reduce Cancer Health Disparities, minority participation in NCTN clinical trials, and additional NCI-supported research focused on health disparities.

Pancreatic Cancer.—The Committee understands that the Scientific Framework for Pancreatic Ductal Adenocarcinoma [PDAC] released last year will enable NCI to capitalize on the full range of its expertise and that of extramural scientists and academic institutions to assess progress against one of the Nation's deadliest cancers. The Committee also appreciates the establishment of the NCI's PDAC Progress Working Group and the release of a funding opportunity announcement on the relationship between pancreatic cancer and diabetes and the establishment of the RAS program. The Committee is aware that pancreatic cancer has a 5 year survival rate of less than 5 percent due largely to a lack of early detection. Given that biomarkers are uniquely powerful tools to effectively screen and provide for early detection of pancreatic cancer, the Committee recommends that the NCI support research efforts to study non-invasive methods to screen for pancreatic cancers. The Committee also encourages NCI to continue to support clinical research focusing on high-risk pancreatic cancer families. In particular, the Committee recommends that the NCI support clinical trials utilizing non-invasive methods to screen for pancreatic cancer based on protein production. The Committee looks forward to hearing about next steps for the RAS program, as well as progress made on the other initiatives outlined in the PDAC Framework in the NIH biennial report.

Pediatric Oncology Research.—The Committee encourages NCI to continue its important investments in pediatric oncology research, including clinical studies for children with brain tumors, and development of the novel pediatric "MATCH" study, as well as the im-

portant pediatric preclinical testing program evaluating new agents for treating pediatric malignancies. The Committee supports NCI's longstanding investment in the Childhood Cancer Survivor Study and encourages continued childhood cancer survivorship research efforts.

Precision Medicine.—Cancer presents an exceptionally promising opportunity to refine the principles and practices that will serve as the foundation for Precision Medicine. The Committee strongly supports the new Initiative and provides $70,000,000 for NCI's portion of the program. The Committee understands that NCI's priorities for the fiscal year 2016 Precision Medicine Initiative include accelerating precision oncology studies, undertaking new studies in particular cancers based on the genomic information learned from other clinical trials, and expanding efforts to address the persistent problem of drug resistance to cancer treatments. Consistent with these objectives, the Committee asks NCI to consider exploration of cancer models such as In Vitro clinical trials to improve Precision Medicine, especially as it relates to complicated cancers and in populations with a significant number of patients who fail to respond to traditional treatments. In addition, the Committee notes the NCI's Community Oncology Research Program is an important element of NCI's ongoing efforts in precision medicine, and will allow NCI to incorporate underserved populations into cancer clinical trials under the fiscal year 2016 Precision Medicine Initiative.

Proton Therapy.—The Committee recognizes the value of proton therapy in treating many forms of cancer as well as the benefits possible from continued research in this space. The Committee encourages NCI to continue its support of proton therapy research, comparing protons versus other kinds of modern radiation therapy, including initiatives for pediatric populations.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Appropriations, 2015	$2,995,865,000
Budget estimate, 2016	3,071,906,000
Committee recommendation	3,135,519,000

The Committee recommendation includes $3,135,519,000 for the National Heart, Lung, and Blood Institute [NHLBI].

Alpha–1 Antitrypsin Deficiency [Alpha–1].—The Committee is aware that Alpha-1 is the major genetic risk factor for developing Chronic Obstructive Pulmonary Disease [COPD], which is the third leading cause of death in the United States. Alpha–1 is often undiagnosed or misdiagnosed, leading to a need to raise public awareness about Alpha–1 and provide appropriate information to health professionals. The Committee encourages NHLBI to convene a group of expert stakeholders to establish a treatment algorithm for Alpha–1 Antitrypsin related disease to assist physicians in correctly diagnosing and treating it.

Asthma.—The Committee applauds NHLBI for its efforts to develop new approaches to treat and manage severe asthma and urges the Institute to expand clinical trials in this area.

Centers for Accelerated Innovation.—The Committee is aware of recent efforts by NHLBI to assist with the commercialization of its basic science research, discoveries, and advancements. The Committee is encouraged by the creation of these pilot National Centers

for Accelerated Innovation and looks forward to the possible expansion of this model to fully exploit the full spectrum of NIH-supported research. As such, the Committee encourages NIH to assess the progress of this NHLBI pilot initiative and investigate the feasibility of developing a broader effort that would foster an ecosystem to support the commercialization of technologies from academic institutions that impact the health and welfare of all Americans.

Congenital Heart Disease.—Congenital heart disease remains the most common birth defect. With increasing medical treatment options, survival is improving, but with likely complications across the lifespan. The Committee is aware of NHLBI convening the "Working Group on Adult Congenital Heart Disease: Emerging Research Topics", and urges NHLBI to address the needs of those with the most life-threatening congenital heart defects in the Institute's research, as well as collaborate with administrators of existing databases and registries, professional societies, industry, advocacy organizations, patients, and the CDC to address research gaps noted in the meeting report. The Committee urges NHLBI to continue its work with other Federal agencies and professional and patient organizations to expand collaborative research initiatives and other related activities targeted toward prevention and treatment of the diverse lifelong needs of children and adults living with congenital heart disease.

Chronic Obstructive Pulmonary Disease.—The Committee applauds NHLBI for its efforts to develop novel and more precise therapeutics and management strategies to address the rising public health burden of this disease.

Cystic Fibrosis [CF].—The Committee encourages new personalized approaches to CF therapeutics, including new means to identify and characterize the efficacy of multidrug therapy that addresses the mutant protein that is the underlying cause of CF in the majority of those with the disease. These approaches include predictive tools to measure individualized responses to treatment, which will help capitalize on recent momentum that has led to revolutionizing treatments for a minority of CF patients. Furthermore, the Committee encourages the development of additional drugs and drug combinations that are even more effective than currently available cystic fibrosis transmembrane conductance modulating treatments, the extension of protein modulation to the greatest number of patients possible, and the study of how best to manage patients on protein modulation therapy. The Committee also supports research into nonsense mutations of CF, which impact about 10 percent of the CF population and also contribute to thousands of other genetic diseases. In addition, the Committee urges further research into live imaging modalities that are able to characterize mucus and monitor mucociliary clearance, defense mechanisms at the heart of CF, and many other respiratory diseases. The Committee encourages funding new technologies aimed at genetic repair of CF. This includes technologies for gene editing, lung stem cell biology, and nucleic acid delivery. Such technologies are critical for developing therapies to reach all CF patients, especially those with mutations that are not amenable to protein manipulation with CFTR modulating therapies.

Heart Disease.—The Committee recognizes that heart disease presents a grave risk to our Nation's long-term health and economic stability and notes that the prevalence and costs associated with this disease will increase significantly as the population ages. The Committee is concerned that NHLBI's extramural heart research has dropped 17 percent in constant dollars since 2002, and the Committee urges NHLBI to increase heart research commensurate with its impact on public health and scientific opportunity.

Hemophilia.—The Committee encourages NHLBI to investigate the use of precision medicine for rare diseases such as hemophilia. For patients with hemophilia, there is wide variation in disease severity and therapeutic outcomes not readily explained by the disease-causing gene mutations. Genome-wide studies would yield new insights into the pathogenesis of hemophilia and patient responses to therapies, benefiting patients with bleeding disorders and broader patient communities.

Inherited Hematologic Disorders.—Inherited hematologic disorders, such as the hemoglobinopathies (Sickle Cell Disease and Thalassemia) and hemophilia are ideal targets for gene correction strategies. Recent advances in gene editing technologies and gene therapy approaches could lead to cures for these diseases rather than life-long treatment. The Committee encourages NHLBI to further research efforts in gene editing and gene therapy to correct inherited blood disorders.

National Registry of Genetically Triggered Thoracic Aortic Aneurysms and Cardiovascular Condition [GenTAC].—The Committee recognizes NHLBI for its leadership and support of the GenTAC Registry. The Committee understands this important initiative will be concluding in 2016 and requests an update on the Institute's plans in the fiscal year 2017 CJ.

Pulmonary Hypertension [PH].—The Committee applauds NHLBI for leading research efforts that have helped prolong life for individuals affected by PH. NHLBI is encouraged to further study the underlying mechanisms of PH, particularly idiopathic pulmonary arterial hypertension, so that additional gains can be made that benefit patient health and wellness.

Women's Heart Disease.—Heart disease is the number one killer of women in the United States, and increased research on women's heart disease, including sex-specific analysis in clinical trials is needed to make progress against the disease. Therefore, the Committee urges NHLBI to prioritize research on women and heart disease. Further, the Committee urges NIH, when making research awards, to ensure inclusion of women and minority groups in clinical research in a manner that is appropriate to the scientific question under study. For those studies where sex is identified as a primary or secondary outcome measure, with stratification on that basis, NIH should continue to ensure that sex-based analysis of results is reported on clinicaltrials.gov. Furthermore, the Committee encourages NIH to continue to work with scientific journals to report sex-specific data in its publications.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

Appropriations, 2015	$397,700,000
Budget estimate, 2016	406,746,000
Committee recommendation	415,169,000

The Committee recommendation includes $415,169,000 for the National Institute of Dental and Craniofacial Research [NIDCR].

Usher Syndrome.—The Committee supports research into the prevention and treatment of Usher Syndrome, including research that will lead to improved genetic counseling, early diagnosis, and eventually expanded treatment options for individuals suffering from severe hearing and vision loss. The Committee requests an update in the fiscal year 2017 CJ on the planned and on-going activities related to this syndrome, including the manner in which various Institutes and Centers [ICs] coordinate on common goals and objectives.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

Appropriations, 2015	$1,749,140,000
Budget estimate, 2016	1,788,133,000
Committee recommendation	1,825,162,000

The Committee recommendation includes $1,825,162,000 in this bill for the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK].

Chronic Constipation.—The Committee is pleased with NIDDK's commitment to explore chronic constipation, gastroparesis, and irritable bowel syndrome, and urges NIDDK to continue research in these areas to help inform treatment and prevention, especially among children.

Diabetes.—The Committee recognizes the important work of NIDDK, the primary Federal agency conducting research to find a cure for diabetes and improving diabetes care. The Committee urges NIDDK to commit resources commensurate with the severity and escalating costs of the epidemic to further diabetes research that will build upon past successes, improve prevention and treatment, and bring the Nation closer to a cure.

End-Stage Renal Disease [ESRD].—The Committee commends NIDDK's commitment to promoting research on an array of common, costly diseases, including kidney disease. More than 20 million Americans, including children, have kidney disease, the ninth leading cause of death in the United States, and all are at risk for progressing to kidney failure or end-stage renal disease [ESRD]. ESRD is the only health condition covered by Medicare regardless of age or disability. ESRD is the only health condition covered by Medicare regardless of age or disability. Nearly 637,000 Americans rely on the Medicare ESRD Program for life-saving dialysis and transplants at an annual cost of $35,000,000,000. Even though the ESRD population remains less than 1 percent of the total Medicare population, it has accounted for about 7 percent of Medicare spending in recent years. Recognizing the unique status and high cost of the Medicare ESRD Program, the Committee believes more investments are needed in kidney research to spur innovative therapies for preventing, treating, and reducing the significant burden of kid-

ney disease among all patient populations, Medicare, and taxpayers. In particular, the Committee encourages investigation regarding genetic, biological, and environmental causes of the health disparities among minority populations. NIDDK should prioritize more investments in kidney research in collaboration with other Federal stakeholders involved in kidney research, including NHLBI, NIA, and the VA.

Functional Gastrointestinal Disorders [FGID].—The Committee continues to be concerned by the prevalence of FGIDs and their impact on children. The Committee urges multi-Institute collaborations on FGID research to understand this disease.

Gastrointestinal Disorders.—The Committee recognizes NIDDK's work to create a long-term scientific framework for treating pancreatic, celiac disease, and other gastrointestinal disorders. The Committee requests NIDDK provide an update in the fiscal year 2017 CJ that details how NIDDK is accelerating cures for these diseases.

Gestational Diabetes.—The Committee recognizes that women with gestational diabetes and their babies face long-term health consequences as a result of the disease, including an increased risk of developing type 2 diabetes. Therefore, the Committee urges NIDDK to explore additional opportunities for research on gestational diabetes, a disease affecting up to 18 percent of all pregnant women.

Hepatitis B.—The Committee urges more work on hepatitis B with the goal of curing or discovering more effective treatment of hepatitis B.

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

Interstitial Cystitis.—Interstitial cystitis patients continue to face delays receiving an accurate diagnosis, as well as limited treatment options. The Committee applauds NIDDK for studying novel diagnostic methods and for supporting industry efforts to develop new therapies for patients.

Pediatric Kidney Disease.—The Committee is encouraged by the research funded by NIDDK to support pediatric kidney disease and encourages NIDDK to assign a higher priority to research that explores kidney disease through the course of life. By developing and testing novel bench research techniques and innovative patient-oriented clinical studies, cutting-edge translational research leads to breakthroughs that truly propagate the "bench-to-bedside" ethos. To this end, the Committee urges NIDDK to support research endeavors that include funding for collaborative multicenter pediatric prospective clinical/translational trials that elucidate the origins of disease. These should help direct development of new treatments to improve outcomes in children with kidney disease and hinder the development of renal and cardiovascular disease in adults.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Appropriations, 2015	$1,604,607,000
Budget estimate, 2016	1,660,375,000
Committee recommendation	1,694,758,000

The Committee recommendation includes $1,694,758,000 for the National Institute of Neurological Disorders and Stroke [NINDS].

Amyotrophic Lateral Sclerosis [ALS].—The Committee strongly supports NIH's research in ALS and encourages NINDS to further support promising ALS research related to induced pluripotent stem cells, whole genome sequencing, biomarkers, precision medicine, natural history studies, and translational research that could help identify new treatments for the disease. NINDS also is encouraged to partner with ALS organizations and other Federal agencies and programs, including the ALS Research Program at DOD and the National ALS Registry at CDC. The Committee further encourages NIH to work with the FDA to identify opportunities to inform and advance the development of treatments for ALS.

Cerebral Palsy [CP].—Over 800,000 Americans are impacted by CP and it is the number one motor disability in children. Currently, there are no identified best practices at diagnosis or through the life span, no organized standards of care, no national CP registry, and few proven therapy protocols. The Committee urges NIH to work with scientists and stakeholders to develop a 5-year strategic plan for research on CP prevention, treatment, and cure through the lifespan with the goal of reducing the number of people impacted by CP overall, as well as improving the opportunity for recovery of those already diagnosed. The Committee urges NIH participation in work groups to develop a research registry of individuals with different forms of CP that could facilitate research related to the impact of diverse impairments and health issues on functioning, participation and well-being across the life span.

Chronic Overlapping Pain Conditions.—The Committee notes that evidence-based diagnostic and treatment guidelines do not exist for chronic overlapping pain conditions, resulting in routine misdiagnosis, ineffective and oftentimes harmful treatment, and a significant economic burden on patients, the healthcare system, and society at large. The Committee commends NIH for its efforts to develop a case definition, and uniform minimal dataset, and its support of existing data repositories to collect patient information on chronic overlapping pain conditions. The Committee encourages NIH to build upon these activities by ensuring that the Interagency Pain Research Coordinating Committee [IPRCC] addresses the research needs for chronic overlapping pain conditions in its ongoing efforts to develop a Federal pain research strategy that spans basic, translational, and clinical research across the Federal agencies that fund pain research.

Chronic Pain Research.—The Committee applauds NIH for instituting the NIH Office of Pain Policy and for leading the development of the first Federal pain research strategy with the IPRCC. The Committee remains concerned that NIH's investment in pain research is incommensurate with the significant public health and economic impact of chronic pain. The Committee strongly urges

NIH to expand its basic, translational, and clinical research efforts in this area, as well as include chronic pain in ongoing NIH initiatives that have potential for yielding significant advancements in this area.

Facioscapulohumeral Muscular Dystrophy [FSHD].—The Committee encourages NIH to foster opportunities for multidisciplinary research on FSHD, a common and complex form of muscular dystrophy, commensurate with its prevalence and disease burden.

Muscular Dystrophy.—The Committee is aware that amendments to the Muscular Dystrophy CARE Act were enacted into law in 2014 and requests an update from NIH in the fiscal year 2017 CJ as to the implementation of the updated provisions, particularly a plan to address emerging research opportunities in non-skeletal muscle manifestations such as bone health and endocrine-functioning. The Committee also requests that NIH provide an update on its plans to finalize and implement an updated Action Plan for the Muscular Dystrophies and to convene at least two meetings per calendar year of the Muscular Dystrophy Coordinating Committee.

Neurodegenerative Disorders.—The Committee recognizes that neurodegenerative disorders such as ALS, Parkinson's disease, progressive supranuclear palsy, multiple system atrophy, the dementias, including Alzheimer's disease, and related dementias and Huntington's disease, among others, represent an enormous and growing burden on the U.S. population in terms of quality of life and economic cost and that the incidence of neurodegenerative diseases is expected to soar as the U.S. population ages. Currently there are no neuroprotective therapies for these patients. Conventional drug development for neurological diseases has presented many challenges due to the lack of validated biomarkers for these diseases. The Committee urges NINDS to prioritize research into neuroprotective therapies.

Respiratory Problems and Strokes.—Stroke-induced respiratory dysfunction is one of many important challenges facing stroke patients, and abnormal breathing patterns can have a negative impact on recovery and prognosis. The Committee encourages NIH to consider supporting basic research to understand the molecular and neural mechanisms that regulate breathing and the effect of respiratory dysfunction on stroke outcomes, which in turn could lead to the development of novel therapies that may dramatically improve stroke outcomes and public health.

Stroke.—The Committee is aware that stroke presents a significant challenge to our Nation's long-term health and economic stability as a result of the aging of the population. Therefore, the Committee encourages that NINDS continue its commitment to implementing the top priorities that emerged from the 2012 stroke planning effort for stroke prevention, treatment, and recovery research, particularly enhancement of the Stroke Clinical Trials Network to answer the most pressing clinical questions in stroke.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Appropriations, 2015	$4,417,558,000
Budget estimate, 2016	4,614,779,000
Committee recommendation	4,710,342,000

The Committee recommendation includes $4,710,342,000 for the National Institute of Allergy and Infectious Diseases [NIAID].

Alopecia Areata.—The Committee recognizes the recent breakthroughs in alopecia areata research related to repurposing drugs used to treat other autoimmune diseases. NIAID is encouraged to study alopecia areata due to the potential cross-cutting benefit of these autoimmune disease research activities.

Antimicrobial Resistance [AMR].—AMR is one of the most significant public health threats facing the world today. The Committee is concerned that AMR and the lack of new antibiotics are threating the Nation's health and the healthcare system. The CDC reports that antibiotic-resistant infections account for at least $20,000,000,000 in excess direct healthcare costs and up to $35,000,000,000 in lost productivity due to hospitalizations and sick days each year. The Committee provides $461,000,000, an increase of $100,000,000 for AMR research. The Committee commends NIAID on its efforts to increase the drug development pipeline for novel antibiotics, develop rapid diagnostics, assist NCBI in creating create a national catalogue of genome sequence data, and other recent initiatives to fund research in prevention and treatment of AMR. However, a considerable bottleneck continues at the first step in delivering new antibiotics: discovery. The Committee encourages NIAID to support basic discovery research to help resolve the bottleneck, in particular: studying unculturable bacteria; turning on silent genes; efficiently identifying attractive natural products; establishing rules understanding mechanisms for the penetration of antibiotics into bacterial cells; and developing platforms of antibiotic discovery.

Chronic Inflammatory Demyelinating Polyneuropathy [CIDP].—The Committee encourages NIAID to initiate research activities into CIDP and related rare and debilitating autoimmune conditions to improve our scientific understanding of immune dysfunction including the underlying disease process.

Clinical Specimen Access for Diagnostic Development.—The Committee applauds the establishment of NIAID's Antibacterial Resistance Leadership Group Virtual Biorepository Catalogue to promote clinical specimen access. To further support research and development of desperately needed diagnostics and treatment of nonbacterial pathogens, the Committee urges NIAID to explore opportunities to support the development of virtual biorepositories for virus, fungi, and other pathogens already collected under existing NIAID funded research. The Committee also urges NIAID to examine incentives to support institutions to save de-identified specimens and participate in the virtual biorepository catalogues when possible.

Drug Allergy.—The Committee is pleased that NIAID sponsored a workshop to develop a research agenda on the diagnosis and management of patients with drug hypersensitivity. The Committee requests an update on steps that are being taken to implement the recommendations from the report of that workshop in the fiscal year 2017 CJ.

Gram Negative Bacterial Infections.—The threat of severe or fatal pulmonary infections caused by highly resistant Gram-negative bacteria is increasing in the United States and globally. The Committee notes the recent multiple successes in the development

of rapid diagnostics and urges NIAID to continue its efforts, including for acute pulmonary infections in the critically ill and enhanced clinical outcomes evaluation of these diagnostic platforms.

Hepatitis B.—The Committee urges NIAID to take aggressive and innovative steps to discover and develop new therapies for hepatitis B that have the potential to be a "cure." The Committee understands that finding a "cure" will most likely require new direct acting antivirals as well as methods that harness the immune system. Based on the success of other NIH coordination initiatives, the Committee notes the recompetition of NIDDK's HBV Research Network, and encourages NIAID to explore potential opportunities to engage with the Network.

Immunotherapy Research.—The Committee is pleased that NIAID has joined AHRQ in co-sponsoring a workshop on allergen immunotherapy effectiveness. The Committee requests an update in the fiscal year 2017 CJ on steps that will be taken to implement the recommendations of the workshop and promote research in this area.

Malaria and Other Tropical Diseases.—One-sixth of the world's population suffers from one or more neglected tropical diseases [NTDs]. The Committee urges NIH to continue its investment in NTDs and malaria research, including work in applied research for NTDs, and to continue to work with other agencies as well as philanthropic and private partners to foster research and help ensure that basic discoveries are translated into much needed solutions.

NIAID Biodefense Plan.—The Committee appreciates the Assistant Secretary for Preparedness and Response's completion of the 5-year spend plan for medical countermeasure [MCM] enterprise, but remains concerned about the level of detail included for NIAID. The Committee requests NIAID include in future annual spend plans, as well as the fiscal year 2017 CJ, details on the future goals for NIAID's MCM research investments, including transition to advanced research at Biomedical Advanced Research and Development Authority [BARDA], and NIAID's coordination with BARDA's advanced development and procurement priorities. Details should be provided over the next 5 years and include a specific breakdown of priority MCM candidates and a description of future development goals for each of these candidates.

Non-Tuberculous Mycobacteria [NTM].—According to CDC, the incidence of NTM disease is increasing in the United States and treatments for this disease are very limited. The Committee notes NIAID's participation in a May 2014 workshop to develop a comprehensive research agenda on this disease and encourages NIAID to support the implementation of this agenda.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Appropriations, 2015	$2,372,301,000
Budget estimate, 2016	2,433,780,000
Committee recommendation	2,511,431,000

The Committee recommendation includes $2,511,431,000 for the National Institute of General Medical Sciences [NIGMS], which includes $940,000,000 in transfers available under section 241 of the PHS Act.

Institutional Development Award [IDeA].—The Committee provides $300,000,000 for the IDeA program, an increase of $26,700,000. The Committee believes the IDeA program has made significant contributions to biomedical research and has led to the creation of a skilled workforce and made the IDeA program an essential component of NIH's research portfolio. Unfortunately, many institutions eligible for funding under the National Science Foundation Experimental Program to Stimulate Competitive Research [EPSCoR] program are ineligible for funding under the IDeA program. After several years of specific direction in this bill, the administration continues to refuse to submit legislative information to update the eligibility criteria of the IDeA program to bring it in line with EPSCoR eligibility. Therefore, new bill language is included to allow entities eligible for participation in the EPSCoR program for the past 2 consecutive years to apply for inclusion in the IDeA Networks of Biomedical Research Excellence award.

Small Business Research Funding.—The Committee supports the initiative in the President's budget request for fiscal year 2016 calling for directed small business research funding to IDeA States to foster the development of products to advance public health. The Committee asks NIGMS to consider allocating funding for one shared innovation incubator in each of the 4 IDeA regions that would be competitively bid among IDeA States to serve IDeA States. NIH should not use funding from the IDeA program to fund these grants.

EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Appropriations, 2015	$1,286,869,000
Budget estimate, 2016	1,318,061,000
Committee recommendation	1,345,355,000

The Committee recommendation includes $1,345,355,000 for the Eunice Kennedy Shriver National Institute of Child Health and Human Development [NICHD].

Demographic Research.—Recent NICHD-supported research confirms the world's population will reach 11 billion in 2100—a 2 billion increase over previous estimates. Demographic, or population, research is essential for understanding the short and long-term consequences of this dramatic growth on individuals and communities. NICHD-funded longitudinal studies, including the National Longitudinal Survey of Adolescent to Adult Health and the Fragile Families and Child Well Being Study, are yielding important data about the linkages between health, socioeconomic status, family dynamics, genetics, and environment—data that are key to improving the health, well-being, and development of future generations. The Committee encourages NICHD to continue supporting these and other similar studies such as the Human Placenta Project, affecting population health and well-being.

Down Syndrome.—The NIH Research Plan on Down Syndrome, updated in December 2014, calls for expanding research on cognitive and behavioral outcomes and potential pharmacologic and behavioral therapies for individuals with Down syndrome who, in addition to the associated developmental intellectual disability, also have a significant and diverse set of comorbid psychiatric and med-

ical conditions that occur throughout the lifespan. The Committee supports this priority, and urges NIH to take steps to develop a system for measuring the differences in variability related to co-occurring psychiatric or medical conditions and genetic differences among individuals. Further, the NIH Research Plan on Down Syndrome, updated in December 2014, proposes that high priority consideration also be given to developing a Down syndrome biobank, linked and coordinated with DS–Connect™, the Down Syndrome Registry to systematically collect, store and distribute brain and other tissue samples to Down syndrome researchers. Such a repository could leverage and be linked with the NIH NeuroBioBank and the existing Alzheimer's Disease Brain Banks so that Down syndrome tissues can be compared to those obtained from individuals with Alzheimer's disease and other disorders. The Committee requests an update in the fiscal year 2017 CJ.

Dual Use/Dual Benefit.—The Dual Purpose with Dual Benefit: Research in Biomedicine and Agriculture Using Agriculturally Important Domestic Species is an interagency partnership grants program funded by NICHD and the U.S. Department of Agriculture [USDA]. Both the USDA and NIH should be commended for developing this important interagency program. The Committee strongly urges continuation of this partnership because it sponsors use of farm animals as dual purpose models to better understand developmental origins of disease, fat regulation and obesity, stem cell biology, assisted reproductive technologies, and infectious disease which directly benefits both agriculture and biomedicine. This program also strengthens ties between human medicine, veterinary medicine, and animal sciences, which is key to success of the One Health Initiative.

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

Intellectual and Developmental Disabilities Research Centers [IDDRC].—The Committee recognizes the outstanding contributions of the IDDRC toward understanding why child development goes awry, discovering ways to prevent developmental disabilities, and discovering treatments and interventions to improve the lives of people with developmental disabilities and their families. The Committee is particularly pleased with the IDDRC contributions in the areas of autism, fragile X syndrome, Down syndrome, and other genetic and environmentally induced disorders. These Centers have greatly improved our understanding of the causes of developmental disabilities and have developed effective treatments consistent with their translational science mission. The Committee urges NICHD to provide additional resources, if feasible, to the IDDRCs for research infrastructure and expansion of cores, so that they can con-

duct basic and translational research to develop effective prevention, treatment, and intervention strategies for children and adults with developmental disabilities.

Maternal Morbidity.—Though maternal morbidity rates are rising, there are no uniform definitions of severe maternal morbidity. Having uniform definitions would help Federal, State, and local agencies and research institutions establish standardized and interoperable processes for surveillance, data collection, and research. The collected data could then inform the development and deployment of targeted, evidence-based prevention and treatment programs to reduce the incidence of severe maternal morbidity. The Committee encourages NICHD to work with research institutions and professional societies to identify uniform definitions for severe maternal morbidity.

Mother-Infant Relationship.—The Committee applauds the multidisciplinary, cutting-edge research that NICHD conducts on child and maternal health and development. The Committee encourages a continued focus on basic and applied research to advance our understanding of attachment in mother-infant relationships and its impact on development. The Committee urges NICHD to continue support for a robust intramural and extramural research portfolio identifying and describing the complex interaction of behavioral, social, environmental, and genetic factors on health outcomes with the ultimate goal of improved understanding of and interventions for disorders such as depression, addiction, and autism.

Pediatric Research Network.—The Committee is aware that the National Pediatric Research Network Act (Public Law 113–55) authorizes an innovative model to accelerate research through infrastructure consortia across the Nation's pediatric research institutions. The Committee has provided sufficient funds to explore how to carry out the provisions of the act, as feasible.

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

Reading Disability and Genetic Screening.—The failure to identify learning disabilities early, as well as the failure to optimally match a specific intervention program to an individual child, can have a significant detrimental impact on the lives of individuals, cost of education, and the economy more broadly. This is especially harmful in the case of reading disabilities, such as Dyslexia, as we know from The Nation's Report Card report in 2013, which revealed that over 55 percent of fourth graders still fail to reach proficiency on standardized tests. While NICHD funds a number of Intellectual and Developmental Disabilities Research Centers, they do not focus specifically on research on the genetic and epigenetic predictors of reading disability. The Committee encourages NICHD to support research to increase our ability to identify the risk, including the role of genetic analyses, early detection, and optimal educational interventions for reading disabilities. The Committee

urges NICHD to explore additional ways to encourage and sustain research to achieve meaningful interventions and therapies to help those with reading disabilities.

Vulvodynia.—The Committee encourages NICHD to implement the recommendations from the May 2013 NICHD workshop to develop research diagnostic criteria and common data elements to standardize vulvodynia research efforts. The Committee is pleased with NICHD's involvement in the Trans-NIH effort to advance research on chronic overlapping pain conditions and encourages the Institute's continued and expanded involvement.

NATIONAL EYE INSTITUTE

Appropriations, 2015	$676,764,000
Budget estimate, 2016	695,154,000
Committee recommendation	709,549,000

The Committee recommendation includes $709,549,000 for the National Eye Institute [NEI].

Age-Related Macular Degeneration [AMD].—The Committee recognizes NEI's leadership in identifying more than 500 genes associated with both common and rare eye diseases. It acknowledges that NEI's AMD Gene Consortium has discovered seven new regions of the human genome, called loci, associated with increased risk of AMD and confirmed 12 loci identified in previous studies. Further, it recognizes that three NEI-funded studies have solidified a link between AMD and genes encoding the complement system—a set of proteins that plays a central part in immune responses and inflammation—and that initial research suggests that a class of medications used to treat the Human Immunodeficiency Virus called nucleoside reverse transcriptase inhibitors shows promise to treat AMD, and may be repurposed to treat other inflammatory disorders.

Audacious Goals Initiative.—The Committee commends NEI's leadership through its Audacious Goals Initiative, the goal of which is to restore vision within the next decade through regeneration of the retina by replacing cells that have been damaged by disease and injury and restoring their visual connections to the brain. The Committee is pleased that NEI has formed a Steering Committee, which is identifying knowledge gaps and the scientific expertise need to bridge them, and is awarding the first cycle of grants addressing the technical needs and opportunities for imaging the visual system.

Dry Eye.—The Committee is pleased that NEI's Small Business Innovation Grant Program has supported research into dry eye, which is one of the most common of all eye conditions affecting adults 45 years and older. This research has resulted in the launch of a FDA-approved Phase I clinical trial that is testing the safety and efficacy of a novel drug targeting a unique mechanism involved in maintaining moisture in the eye.

Glaucoma.—The Committee recognizes that NEI's Glaucoma Human Genetics Collaboration has identified five regions of the genome that are strongly associated with primary open-angle glaucoma, the most common form of the disease. It acknowledges new research that suggests that mutations in the myocilin gene can affect development of the myelin sheath that protects the optic nerve,

leading to glaucoma, especially the juvenile-onset form of the disease. It is hopeful about new research into a contact lens that releases intraocular pressure-reducing drugs at a steady rate, facilitating better treatment for glaucoma. The Committee requests an update on this research in the fiscal year 2017 CJ.

Usher Syndrome.—The Committee urges NEI to continue to prioritize research on Usher syndrome, the leading cause of deaf-blindness.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 2015	$667,333,000
Budget estimate, 2016	681,782,000
Committee recommendation	695,900,000

The Committee recommendation includes $695,900,000 for the National Institute of Environmental Health Sciences [NIEHS].

Autism Spectrum Disorder [ASD].—The Committee encourages NIEHS to continue its collaboration with NICHD and NIMH to fund new opportunities for research on ASD. The Committee urges NIEHS to enhance its support for research, including experimental and observational research, on potential environmental risk factors that may play a role in the initiation or promotion of ASD at any life stage. Further, with respect to regressive autism, NIEHS is encouraged to focus research on the susceptibility of subpopulations to environmental risk factors and consider approaches to the mitigation of environmental risks associated with ASD.

Healthy Housing.—The Committee encourages NIEHS to consider study of the impact healthy housing has on reducing environmental exposures that lead to health risks like asthma and lead poisoning.

NATIONAL INSTITUTE ON AGING

Appropriations, 2015	$1,197,523,000
Budget estimate, 2016	1,267,078,000
Committee recommendation	1,548,494,000

The Committee recommendation includes $1,548,494,000 for the National Institute on Aging [NIA].

Alzheimer's Disease.—In keeping with long-standing tradition, the Committee has not earmarked funding for research on specific diseases. However, the Committee has included a $350,971,000 increase for the NIA and expects that a significant portion will be dedicated to high quality research on Alzheimer's disease, subject to the scientific opportunity presented in the peer review process. NIA is encouraged to continue addressing the research goals set forth in the National Plan to Address Alzheimer's Disease, as well as the recommendations from the Alzheimer's Disease Research Summit in 2015. The Committee looks forward to receiving a report in the fiscal year 2017 CJ that outlines research conducted on Alzheimer's disease relative to the milestones established in the National Plan, as well as the professional judgement budget for Alzheimer's disease for fiscal year 2017. Further, the Committee directs NIA to continue support for existing well-characterized, longitudinal, population-based cohort studies aimed at providing new insights into disease prevention, particularly among minority populations where disease burden is greatest. Finally, the Committee is

particularly interested in NIH's plans to place additional emphasis on high-risk, high-reward projects using a DARPA-like approach to goal-oriented and milestone-driven research. The Committee believes such an approach can be particularly valuable in addressing major scientific gaps and encourages NIH to establish clear priorities, including Alzheimer's disease and dementia and other high-cost diseases of aging, particularly given our national goal of preventing and effectively treating Alzheimer's disease by 2025.

Atrial Fibrillation [AFib].—The NIA has undertaken an important national initiative focused on preventing falls in older adults. Unfortunately, misunderstanding about the impact of falls risk in older adults with AFib plays a disproportionate role in treatment decision-making, often leading to underuse of oral anticoagulation therapies that reduce the risk of stroke. As such, the Committee strongly urges the NIA to work with NHLBI, NINDS, and other relevant NIH Institutes, Centers, and offices to communicate the results of this falls prevention study widely, when available, to inform healthcare providers and patients who are making treatment decisions about AFib-related stroke in older persons.

Population Research.—NIA-supported research confirms that by 2030, there will be 72 million Americans aged 65 and older. The Institute's current investment in population aging research and surveys, including the Demography and Economics of Aging, Roybal Centers for Translational Research, and the Health and Retirement Study, is essential to understanding the implications of an increasing older population. To accelerate current understanding, the Committee urges NIA to continue investing in large-scale longitudinal studies that explore how genetic, behavioral, and psychosocial factors, including socioeconomic status, interpersonal relationships, and social environments, affect health and well-being. The Committee is pleased NIA is developing an initiative to explore why other industrialized countries surpass the United States in health at older ages and longevity—especially in light of new NIA-supported research findings that more than half of premature deaths are due to social and behavioral issues.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

Appropriations, 2015	$521,528,000
Budget estimate, 2016	533,232,000
Committee recommendation	544,274,000

The Committee recommendation includes $544,274,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS].

Atopic Dermatitis [AD].—The Committee understands that AD is the most severe and long-lasting form of eczema which can cause significant limitations in everyday activities due to sleep disturbances, fatigue, and psychological distress. The Committee recognizes that AD is a potentially debilitating condition that can severely compromise quality of life. The Committee understands that for the 17,800,000 people who have the disease, there are a lack of quality measures and clinical guidelines to support appropriate treatment of AD. The Committee encourages NIAMS to support research into clinical tools to diagnose and assess the severity of AD.

Heritable Connective Tissue Disorders.—The Committee appreciates the leadership role that NIAMS has taken in investigating heritable connective tissue disorders. The Committee encourages NIAMS to continue to support these important activities moving forward.

Lupus Research Plan.—The Committee commends the Institute for leading the NIH effort to review the current state of the science, evaluate progress on the existing lupus research plan—The Future Directions of Lupus Research, originally issued in 2007—and develop a new action plan for lupus research. Significant advances in the understanding of disease mechanisms and drug discovery make this an appropriate time for re-evaluation of the science. The Committee applauds the broad solicitation of input from across NIH and the greater research and advocacy community, and supports the inclusion of input from researchers, clinicians, patients, and other stakeholders in this process, and urges special attention for efforts to fully engage patient volunteers in the full continuum of future research.

Scleroderma.—The Committee notes that while meaningful scientific progress has been made through NIAMS-led scleroderma research, there remains no cure and treatment options are limited. NIAMS is encouraged to consider advancing research projects to improve the understanding of the mechanisms of this disease.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS

Appropriations, 2015	$405,207,000
Budget estimate, 2016	416,241,000
Committee recommendation	424,860,000

The Committee recommendation includes $424,860,000 for the National Institute on Deafness and Other Communication Disorders [NIDCD].

NATIONAL INSTITUTE OF NURSING RESEARCH

Appropriations, 2015	$140,852,000
Budget estimate, 2016	144,515,000
Committee recommendation	147,508,000

The Committee recommendation includes $147,508,000 for the National Institute of Nursing Research [NINR].

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Appropriations, 2015	$447,153,000
Budget estimate, 2016	459,833,000
Committee recommendation	469,355,000

The Committee recommendation includes $469,355,000 for the National Institute on Alcohol Abuse and Alcoholism [NIAAA].

Genomic Research and Alcohol Dependence.—The Committee commends the NIAAA for its research efforts to increase understanding of the genetic and neurobiological mechanisms underlying alcohol use disorder [AUD]. Research shows that genes contribute 40–60 percent of the risk for developing AUD. Factors such as stress may make individuals who carry genomic variations associated with increased risk for AUD more vulnerable to developing

the disorder. NIAAA-supported studies have identified several genes that contribute to susceptibility to AUD and many others that show some evidence of involvement; and these research findings are paving the way for new opportunities in prevention and treatment. The Committee encourages the NIAAA to capitalize on advances in genomic science and "big data," and explore collaborative opportunities to gain additional insight into the genetics of AUD, including its relationship to related problems such as post-traumatic stress disorder in military personnel and veterans.

NATIONAL INSTITUTE ON DRUG ABUSE

Appropriations, 2015	$1,015,705,000
Budget estimate, 2016	1,047,397,000
Committee recommendation	1,069,086,000

The Committee recommendation includes $1,069,086,000 for the National Institute on Drug Abuse [NIDA].

NATIONAL INSTITUTE OF MENTAL HEALTH

Appropriations, 2015	$1,433,651,000
Budget estimate, 2016	1,489,417,000
Committee recommendation	1,520,260,000

The Committee recommendation includes $1,520,260,000 for the National Institute of Mental Health [NIMH].

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

Appropriations, 2015	$498,677,000
Budget estimate, 2016	515,491,000
Committee recommendation	526,166,000

The Committee recommendation includes $526,166,000 for the National Human Genome Research Institute [NHGRI].

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

Appropriations, 2015	$327,243,000
Budget estimate, 2016	337,314,000
Committee recommendation	344,299,000

The Committee recommendation includes $344,299,000 for the National Institute of Biomedical Imaging and Bioengineering [NIBIB].

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH

Appropriations, 2015	$124,062,000
Budget estimate, 2016	127,521,000
Committee recommendation	130,162,000

The Committee recommendation includes $130,162,000 for the National Center for Complementary and Integrative Health [NCCIH].

Pain Research.—The Committee is encouraged by NCCIH and NIDA's collaboration with the Department of Veteran's Affairs [VA] on a new initiative funding 13 studies examining non-pharmacological management of pain and other symptoms experienced by military personnel and veterans. As opioid prescribing rates have increased at the VA in recent years, and opioid abuse has risen among young veterans, the Committee believes it is critical that we

support research on complementary and integrative health approaches to ensure the best quality of care for our Nation's veterans, and urges the NIH and VA to continue this vital research.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES

Appropriations, 2015	$270,969,000
Budget estimate, 2016	281,549,000
Committee recommendation	287,379,000

The Committee recommendation includes $287,379,000 for the National Institute on Minority Health and Health Disparities [NIMHD].

Minority Enrollment in Cohort Studies.—The Committee is aware of novel efforts underway in racially and ethnically diverse urban, low-income neighborhoods to enroll households for participation in future neighborhood cohort studies. Under these approaches, families are interviewed, consented, and then provided information on a range of medical and socioeconomic issues for inclusion in a growing database of such household information. These families can then be re-contacted for participation, as appropriate, in future clinical trials and other research. The Committee believes that the NIMHD should support the development of this type of research infrastructure through its community-based participatory research program.

NIMHD Report.—The Committee requests that NIH and NIMHD provide a report to the Committees on Appropriations of the House of Representatives and the Senate within 6 months of enactment on the implementation of the law establishing the NIMHD.

Research Centers in Minority Institutions [RCMI].—The Committee continues to recognize the critical role played by minority institutions, especially at the graduate level, in addressing the health research and training needs of minority populations. In particular, the RCMI program fosters the development of new generations of minority scientists for the Nation and provides support for crucial gaps in the biomedical workforce pipeline, with each dollar invested being leveraged to generate an additional five to six dollars in competitive research funding. The Committee requests that NIH maintains the RCMI program in its current form and funds it at no less than last year's level.

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

Appropriations, 2015	$67,634,000
Budget estimate, 2016	69,505,000
Committee recommendation	70,944,000

The Committee recommendation includes $70,944,000 for the Fogarty International Center [FIC].

Global Health Research.—Recent disease outbreaks such as Ebola and the flu have shown the importance of the Center's essential role in global infectious disease health research training and health system strengthening. These efforts help developing countries to eventually advance their own research and health solutions and tools. FIC also has developed partnerships in countries to fight malaria, neglected tropical diseases, and other infectious diseases that disproportionately impact the global poor. The Committee

urges FIC to continue this important work of building relationships with scientists abroad to foster a stronger and more effective science workforce and health capacity on the ground, and improving the image of the United States though health diplomacy in their countries.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES

Appropriations, 2015	$632,710,000
Budget estimate, 2016	660,131,000
Committee recommendation	699,319,000

The Committee recommendation includes $699,319,000 for the National Center for Advancing Translational Sciences [NCATS]. The Committee includes bill language allowing up to $25,835,000 of this amount, the same as the budget request, to be used for the Cures Acceleration Network [CAN]. The fiscal year 2015 funding level for CAN is $9,835,000.

Academic Partnerships to Support Clinical Development.—The Committee recognizes the importance of public-private-academic models and partnerships to translate discoveries into treatments and cures. To speed the pace of discoveries, the Committee encourages NCATS to seek out and support partnerships between academic-based entities and NCATS' intramural program, which has a strong record of expertise and resources for identifying opportunities, validating leads, and developing the necessary data to build the basis for clinical development. Such partnerships should seek to connect intramural research ideas and discoveries to specific development efforts, and to assist with the interaction with the pharmaceutical and biotechnology industries.

Clinical and Translational Science Awards [CTSA].—The Committee supports the goals of the CTSA program and believes the principles that serve as the foundation of NCATS—public-private partnerships, community outreach, faster access to clinical trials, and distributed patient cohorts—have tremendous potential for addressing the long-standing scientific and operational problems associated with getting treatments to patients, including those with health disparities. Recognizing the value and importance of supporting the full spectrum of medical research, the Committee encourages NCATS to build meaningful relationships between clinical and translational research programs and the various Institutes and Centers. NCATS is encouraged to work closely with the CTSA community and related stakeholders moving forward to continue to identify emerging opportunities and areas for programmatic improvement. Further, the Committee encourages NIH to fund CTSAs with a history of serving health disparity populations, as well as CTSAs that address the unmet needs associated with rare diseases, so that research funding provided through the various Institutes can be leveraged to address the clinical and translational research challenges associated with those populations.

The Committee provides $499,746,000 for the CTSA program, an increase of $25,000,000 above the fiscal year 2015 level for NCATS to implement the recommendations from the 2013 Institute of Medicine report on the CTSA program. In particular, the Committee supports the goal of the CTSA program to build networking capacity and innovative collaborative projects. Additional funding is in-

cluded to allow the program to retain its merit-based CTSA funding to institutions while expanding the network capacity to conduct multi-site clinical studies and collaborative projects.

Full Spectrum of Medical Research.—The Committee supports the progress of clinical and translational research activities, including the CTSA program. The Committee is pleased to see NCATS working on treatments for some infectious diseases, including malaria and Lassa fever, and encourages NCATS to focus on additional neglected diseases through the Therapeutics for Rare and Neglected Diseases program. Additionally, the Committee requests that NCATS' contributions to neglected disease research be included in the joint CDC, FDA, and NIH global health strategy describing coordination and prioritization of global health research activities within the three agencies.

Minority Populations.—The Committee encourages NCATS to consider clinical research efforts in areas that are characterized by geographically interspersed minority populations. Clinical and translational research with such populations can reveal clinically significant differences that drive improvements in diagnosis and treatment.

NATIONAL LIBRARY OF MEDICINE

Appropriations, 2015	$337,324,000
Budget estimate, 2016	394,090,000
Committee recommendation	402,251,000

The Committee recommends $402,251,000 for the National Library of Medicine [NLM]. Of the funds provided, $4,000,000 is for the improvement of information systems, to remain available until September 30, 2017.

National Center for Biotechnology Information [NCBI].—The Committee recommendation includes funding directly to NLM for NCBI to meet the challenge of collecting, organizing, analyzing, and disseminating the increasing amounts of data related to research in molecular biology and genomics, and to support the deposit of manuscripts in PubMed Central under the NIH Public Access Policy. Providing the increase specifically to NLM, as opposed to previous years where NLM received funding from individual Institutes and Centers for these activities, increases funding transparency and enhances NCBI's ability to provide an integrated, genomic resource for biomedical researches at NIH and around the globe.

OFFICE OF THE DIRECTOR

Appropriations, 2015	$1,413,734,000
Budget estimate, 2016	1,442,628,000
Committee recommendation	1,523,537,000

The Committee recommendation includes $1,523,537,000 for the Office of the Director [OD]. Within this total, $544,077,000 is provided for the Common Fund.

Aging Lungs.—The Committee notes that as the population in the United States ages, there is a need for more research data on how the aging process affects the lung. The Committee encourages NHLBI and NIA to collaborate research efforts in this area.

Amyloidosis.—The Committee encourages NIH to continue its research efforts into amyloidosis, a group of rare diseases characterized by abnormally folded protein deposits in tissues. Current methods of treatment are risky and unsuitable for many patients. The Committee asks NIH to keep the Committee informed on the steps taken to increase the understanding of the causes of amyloidosis and the measures taken to improve the diagnosis and treatment of this devastating group of diseases. The Committee requests an update in the fiscal year 2017 CJ.

Angiogenesis.—The Committee commends the NIH for holding the Trans-NIH Angiogenesis Workshop and understands that recommendations based on the findings of that conference are forthcoming. The Committee urges NIH to implement the recommendations to further angiogenesis research. The Committee understands, as noted in the fiscal year 2015 NIH CJ, that a collection of biomarkers needs to be assessed to determine a predictive value and to identify responder characteristics for anti-angiogenic and pro-angiogenic therapies. The Committee urges the NIH to consider the development of a collection of biomarkers to study their correlation with age, sex, ethnicity, and various angiogenesis modifying interventions.

Basic Research.—The Committee urges the Director to continue the NIH's historical focus on the funding and support of basic biomedical research. Basic biomedical research is a critical investment in the future health, wealth, and international competitiveness of our Nation and plays a vital role in the Nation's economy. Without continued support for this early scientific investigation, future development of treatments and cures will be impossible. The Committee believes that basic biomedical research must remain a key component of both the intramural and extramural research portfolio at the NIH.

Brain Research through Application of Innovative Neuro-technologies [BRAIN] Initiative.—The Committee continues to strongly support the BRAIN initiative. The bill provides the full President's request of $135,381,000, an increase of $70,000,000 above fiscal year 2015, to be pooled from various ICs.

Burden of Disease.—The Committee expects NIH to consider the burden of a disease when setting priorities and developing strategic plans across its Institutes and Centers. Diseases such as Alzheimer's, diabetes, heart disease, and cancer affect a large portion of the population, especially the aging population. Impact of these diseases on patients and their families are substantial and costly. Targeting biomedical research funding toward these diseases is an important strategy to finding better treatments and cures.

Doctors of Veterinary Medicine [DVMs] and Loan Repayment Programs.—The Committee recognizes the important role that DVMs play in the biomedical research enterprise because of their background and training in disease processes across all animals, including cross-species virus transmission, and animal models. DVMs participate on clinical research teams and are eligible in that capacity for loan repayments under the Clinical Research and Clinical Research for Individuals from Disadvantaged Backgrounds loan repayment programs. NIH is encouraged to make this information more widely known to potential applicants.

Emergency Care Research.—The Committee encourages NIH to give greater consideration to the significance of traumatic injury, which is the leading cause of death under age 45. Trauma care, at $56,000,000,000 annually, is now the most costly medical condition to treat under age 65 in the United States. While the Committee appreciates the establishment of an Office of Emergency Care Research [OECR] within NIGMS, with a mission to coordinate and foster clinical and translational research and research training for the emergency setting, that office does not directly fund research grants, but must instead work to coordinate and catalyze efforts within other Institutes. The Committee encourages the Director of NIH to help the OECR effectively promote an expanded NIH-wide research agenda on emergency and trauma care.

Fibrotic Diseases.—The Committee encourages NIH to continue to support research into fibrotic diseases affecting different organs, including the lung, liver, kidney, heart, and skin, and to ensure appropriation coordination between its Institutes as they conduct single organ or cross-organ fibrotic disease research.

Gabriella Miller Kids First Research Act.—The bill provides the administration's full request of $12,600,000. The Committee asks that NIH provide information on how it has disbursed the fiscal year 2015 funding for the Gabriella Miller Kids First Research Act, including any personnel that are responsible for overseeing the allocation of designated research dollars, the criteria that NIH employed to ensure awards will advance the objectives of the act, and a description of the research projects that were funded at the end of fiscal year 2015. Further, the Committee strongly encourages the NIH to prioritize research projects relating to childhood cancer within the program in fiscal year 2016.

Genetic Discoveries.—The Committee continues to support NIH biomedical research in the area of precision medicine. The Committee encourages NIH to explore the best ways to utilize existing large databases, such as those that include large families or are tied to genealogical, public health, and medical records. The Committee is particularly interested in the practical application of genetic discoveries, including the development of appropriate data analytic tools to make discoveries using genetic data and the discovery of potentially pivotal pathways involved in chronic diseases for which novel medicines could be developed.

Gestational Diabetes.—The Committee recognizes the importance of research funded by the NIH related to gestational diabetes, a disease affecting 18 percent of all pregnant women. Given that both women with gestational diabetes and their babies face long-term health consequences as a result of this disease, such as increased risk of developing type 2 diabetes, the Committee urges NIH to explore additional opportunities for research on gestational diabetes.

Government-Wide Collaborations.—NIH, VA, and DOD collaborate frequently and successfully on various research activities. The Committee looks forward to the report in the fiscal year 2017 CJ focusing on the cooperative and strategic approach the agencies take in areas of biomedical research that overlap to maximize the potential of the research.

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 very treatable and manageable. The Committee encourages multiple NIH Institutes and Centers, including NINDS, NHLBI, NICHD, NHGRI, NIDDK, NIBIB, and NCATS, to explore collaborative research opportunities into improvements for diagnosis and early intervention of HHT and treatment of its manifestations.

Interstitial Cystitis [IC].—IC disproportionately impacts women and is prevalent in approximately 6 percent of women in the United States. The Committee commends the Office of Women's Health for supporting research on IC and encourages ORWH to continue to prioritize IC research.

Lymphatic Research and Disease.—The Committee once again commends the trans-NIH Coordinating Committee for Lymphatic Research. The Committee encourages NIH to consider supporting extramural interdisciplinary research training programs relevant to the lymphatic system in health and disease, and opportunities to incorporate reviewer expertise in lymphatic biology/disease in the pertinent standing and special study sections within the Center for Scientific Review.

Minority Research.—The Committee applauds the NIH Director's efforts to reverse the trend of underrepresentation of researchers from ethnically diverse backgrounds. The Committee encourages NIH to continue newly established programs to enhance NIH-funded workforce diversity.

Mitochondrial Diseases.—Mitochondrial Diseases are now recognized by most clinicians as a major health issue given the essential role of impaired mitochondrial function in aging and degenerative diseases such as Parkinson's, diabetes, and hearing loss. It is recognized that research into Mitochondrial Disease provides a window into understanding and treating many conditions that afflict large segments of the population. The Committee believes that the NIH might advance research in this field through the following steps: (1) implement, as feasible the recommendations contained in the White Paper developed by the March 2012 workshop on Translational Research in Mitochondrial Disease; (2) maintain sustained support for the North American Mitochondrial Disease Consortium; (3) support investigator-initiated and collaborative pharmaceutical clinical trials on an increasing cadre of candidate drugs that meet funding paylines; and (4) follow up on the December 2014 workshop on dietary supplements and medical foods in the treatment of primary mitochondrial disorders by supporting research on novel, safe, and effective nutritional interventions for mitochondrial disease.

Muscular Dystrophy.—The Committee is aware that amendments to the Muscular Dystrophy CARE Act were enacted into law in 2014 and requests an update from NIH on the implementation of the updated provisions, particularly a plan to expand research into bone health and endocrine-functioning. The Committee also requests that NIH provide an update on its plans to finalize and implement an updated Action Plan for the Muscular Dystrophies.

National Children's Study [NCS].—In December 2014, the NIH Director, following the advice of the Advisory Committee to the Director, ended the NCS—a longitudinal study that would have followed 100,000 children from before birth to age 21. The decision

came after $1.3 billion in Federal investment, and was based on the Advisory Committee's conclusion that the NCS, as planned, was not feasible and unlikely to achieve its goals, findings the Committee considers deeply troubling. The NCS was authorized to (1) gather data from birth to adulthood to evaluate environmental influences on diverse populations of children; (2) consider health disparities among children; and (3) incorporate behavioral, emotional, educational, and contextual consequences to enable complete assessments of the physical, chemical, biological, and psychosocial environmental influences on children's well-being. The discontinuation of the NCS is a significant setback as the NCS had the potential to add substantially to scientific knowledge about the impact of environmental exposures on children's health and development in the United States. The Committee urges NIH to recalibrate and realign the investment already made in the NCS to initiate new and focus existing longitudinal studies to address the objectives identified for the NCS. The NIH should rely upon a formal scientific advisory mechanism to coordinate efforts across studies. The research efforts should incorporate expertise in population health and environmental epidemiology, integrate basic science, and leverage maternal/infant cohorts. For example, it is important to thoroughly examine pathways linking chronic and intermittent exposures to the physical and social environments to adverse health and developmental outcomes in children. It is also important to study the intertwined biological, behavioral, and social transmission of obesity and obesity-related risk factors across generations and to test intergenerational, exposure-disease associations by linking maternal and infant/child data.

Neurofibromatosis [NF].—The Committee supports efforts to enhance research for NF at multiple NIH Institutes, including NCI, NINDS, NIDCD, NHLBI, NICHD, and NEI. Children and adults with NF are at significant risk for the development of many forms of cancer; the Committee encourages NCI to continue its NF research efforts in fundamental basic science, translational research, and clinical trials focused on NF. The Committee also encourages the NCI to continue to support the development of NF preclinical mouse models and NF-associated tumor sequencing efforts. Since NF2 accounts for approximately 5 percent of genetic forms of deafness, and NF1 can cause vision loss due to optic gliomas, the Committee encourages NIDCD and NEI to expand their investment in NF1 and NF2 basic and clinical research.

Next Generation Research Initiative.—The National Academy of Sciences [NAS] will conduct an evaluation of the legislative, administrative, educational, and cultural barriers to providing for a successful next generation of researchers to be completed no later than 1 year after the date of enactment of this act. The Committee appropriates $1,200,000 for this purpose. The Committee directs the NAS to submit to the Director of NIH and the Committees on Appropriations of the House and Senate the results of the study which shall include: (A) an evaluation of the legislative, administrative, educational, and cultural barriers faced by the next generation of researchers; (B) an evaluation of the impact of Federal budget constraints on the next generation of researchers; and (C) recommendations for the implementation of policies to incentivize,

improve entry into, and sustain careers in research for the next generation of researchers, including proposed policies for agencies and academic institutions.

Non-Recurring Expenses Fund [NEF].—Created in fiscal year 2008, the NEF permits HHS to transfer unobligated balances of expired discretionary funds into the NEF account for capital acquisitions including information technology and facilities infrastructure. Unfortunately, the Department has chosen to use the majority of NEF funding over the past several years to supplement funding for the Affordable Care Act. Therefore, the Committee includes modified bill language directing funding from the NEF to be expended only by the NIH for carrying out section 301 and title IV of the PHS Act with respect to biomedical research. According to the Department and past expenditures of the NEF, approximately $650,000,000 should be available in fiscal year 2016. NEF funding shall be transferred to and merged with the accounts for the various Institutes and Centers and the Office of the Director in proportion to their shares of total NIH appropriations made by this act. The NIH shall provide in the fiscal year 2017 CJ actual expenditures from the NEF in fiscal year 2016.

Pediatric Research Data Collection.—The inclusion of children and older populations in clinical research is essential to ensure that these groups benefit from important scientific advances. The Committee is aware that NIH has had a formal policy mandating the inclusion of children in research relevant to child health since 1998. The Committee recognizes that without a better understanding of age in clinical research, Congress is unable to fully exercise its oversight role and researchers are unable to determine whether children as a whole, particular pediatric subpopulations, or older populations, are underrepresented in federally funded biomedical research. Using data systems available, the Committee directs NIH to collect, assess, and report publicly information about the inclusion of individuals from appropriate age groups throughout the lifespan and on relevant gaps in pediatric and older population involvement in the NIH portfolio of clinical research.

Pharmaceutical Development Section [PDS].—The Committee is concerned about recent reports of unsafe manufacturing practices and quality control procedures at NIH's PDS that were first brought to light by a whistleblower. To its credit, as soon as it became aware of the problems in PDS, the NIH Director acted quickly to suspend the section's operations and determine whether any patients were harmed. The agency is investigating further the section's practices, as well as assessing whether it should continue to provide these services in-house or through contracts with outside vendors. The Committee will continue to closely monitor NIH's next steps as it continues its analysis.

Phelan-McDermid Syndrome.—The Committee is pleased that the NIH convened a multi-Institute meeting earlier this year to discuss collaborative research efforts into gaining a better understanding of Phelan-McDermid Syndrome, a genetic disorder that can lead to autism, epilepsy, and other neurological conditions. The Committee supports similar future discussions which may advance research into this disorder and other "shankopathies" that result in the deletions, duplications, and mutations of the SHANK1,

SHANK2, and SHANK3 genes. Research into the SHANK genes holds great promise for gaining a better understanding of more prevalent conditions, including intellectual and developmental disorders, autism, ADHD, schizophrenia, bipolar disorder, epilepsy, and dementia.

Physician-Scientist Workforce Report Implementation.—Last year the Physician-Scientist Workforce Working Group, which was charged with analyzing the current composition and size of the physician-scientist biomedical workforce and to make recommendations to sustain and strengthen this group, released its report with specific recommendations that impact veterinarian-scientists. A committee has been convened to determine how this report's recommendations should be implemented at NIH. The Committee would like NIH to report on the implementation status of this report's recommendations in the fiscal year 2017 CJ.

Precision Medicine.—The Committee recommendation strongly supports the new Precision Medicine Initiative and has provided $70,000,000 to NCI and $130,000,000 to various Institutes and Centers in support of this Initiative. The Committee looks forward to NIH providing further details and information on the Initiative as the Working Group of the Advisory Committee to the NIH Director reports in September 2015. In particular, as further details are developed, the Committee remains particularly interested in short and long-term milestones of the program and expects these milestones to be specified in the fiscal year 2017 CJ.

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 public, nonprofit, and not-for-profit entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities as authorized under 42 U.S.C. section 283k. The Committee urges NIH to consider recommendations made by the NIH Working Group on Construction of Research Facilities, including making awards that are large enough to underwrite the cost of a significant portion of newly constructed or renovated facilities.

Science Education.—The Science Education Partnership Awards [SEPA] foster important connections between biomedical researchers and K–12 teachers and their students. These connections establish an education pipeline to careers in biomedical sciences, which is one of the most important areas of workforce development for the U.S. economy. Therefore, NIH is directed to continue funding the SEPA program at no less than last year's level.

Sickle Cell Disease [SCD].—SCD is an inherited disorder affecting red blood cells that impacts approximately 100,000 individuals, the great majority of whom are African American. Currently, there is only one FDA-approved medication for treatment and there is no universal cure. The Committee encourages the NIH to create a Trans-NIH program focusing on SCD and fund interdisciplinary research initiatives at hospitals and universities experienced in treating SCD patients.

Sleep and Circadian Disorders.—The Committee recognizes the immense public health burden of sleep and circadian disorders and encourages the Office of the Director to foster collaboration on sleep and circadian research across ICs and to support NCSDR efforts to coordinate this important research.

Small Business Innovation Research.—The Committee encourages NIH to consider new clinical indications that leverage developed devices when soliciting proposals and awarding funds through competitive grant programs, including the Small Business Innovation Research program.

Spina Bifida.—The Committee encourages NIDDK, NICHD, and NINDS to study the causes and care of the neurogenic bladder and kidney disease to support research to address issues related to the treatment and management of Spina Bifida and associated secondary conditions, such as hydrocephalus; and to understand the myriad co-morbid conditions experienced by children with Spina Bifida, including those associated with both paralysis and developmental delay.

Temporomandibular Disorders [TMD].—Temporomandibular Disorders affect approximately 35 million Americans; the majority affected are women in their childbearing years. The Committee encourages NIBIB, NIAMS, and NIDCR to consider the recommendations that resulted from their jointly sponsored Roundtable on the Temporomandibular Joint in Health and Disease in 2013. Research to develop safe and effective techniques for joint repair and regeneration is essential. An analysis of problems associated with current joint replacements should provide guidance in these efforts. The Committee commends NIDCR for its ongoing support for the OPPERA program, which is yielding valuable information on many physiological aspects, not only of temporomandibular disorders, but of other pain conditions that overlap with TMD. To capitalize on the research to continue the momentum gained from OPPERA, the Committee urges NIH to continue research of this caliber and direction, and to consider measures to encourage NIH-funded investigators from related fields to include TMD and comorbid conditions in their studies.

Tuberous Sclerosis Complex [TSC].—The Committee continues to encourage NIH to coordinate a multi-Institute approach to finding a cure for TSC. NINDS and NCATS should play leading roles, given the promising translational potential of new therapeutics for treating the neurological conditions of TSC, including autism and epilepsy. The Committee encourages NINDS to lead the development of NIH programs to implement consensus recommendations developed at the NIH-sponsored TSC workshop, "Unlocking Treatments for TSC: 2015 Strategic Plan."

Usher Syndrome.—As the most common cause of combined deafness and blindness, Usher syndrome is an important research area for multiple NIH Institutes. The Committee commends NIH for including Usher syndrome on the Estimates of Funding for Various Research, Condition, and Disease Categories list to track the annual support level of this rare disease. The Committee urges NIH to prioritize Usher syndrome research at NIDCD and NEI. The Committee requests an update in the fiscal year 2017 CJ on the planned and on-going activities related to this syndrome, including

the manner in which various ICs coordinate on common goals and objectives.

BUILDINGS AND FACILITIES

Appropriations, 2015	$128,863,000
Budget estimate, 2016	128,863,000
Committee recommendation	128,863,000

The Committee recommendation includes $128,863,000 for NIH buildings and facilities. This funding will remain available for obligation for 5 years. The budget request proposes making the funding available until expended.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

The Committee recommends $3,460,484,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA]. The recommendation includes $133,667,000 in transfers available under section 241 of the PHS Act and $12,000,000 in transfers from the PPH Fund.

SAMHSA is responsible for supporting mental health programs and alcohol and other drug abuse prevention and treatment services throughout the country, primarily through categorical grants and block grants to States.

Furthermore, racial and ethnic minorities continue to have higher rates of HIV/AIDS compared to the overall U.S. population. Therefore, the Committee urges SAMHSA to continue to prioritize all HIV/AIDS funding to target racial and ethnic minority communities.

The Committee recommendation continues bill language that instructs the Administrator of SAMHSA and the Secretary to exempt the Mental Health Block Grant [MHBG] and the Substance Abuse Prevention and Treatment [SAPT] Block Grant from being used as a source for the PHS evaluation set-aside in fiscal year 2016, as was done prior to fiscal year 2012.

MENTAL HEALTH

Appropriations, 2015	$1,078,975,000
Budget estimate, 2016	1,077,667,000
Committee recommendation	1,054,340,000

The Committee recommends $1,054,340,000 for mental health services. The recommendation includes $21,039,000 in transfers available under section 241 of the PHS Act and $12,000,000 in transfers from the PPH Fund. Included in the recommendation is funding for programs of regional and national significance [PRNS], the MHBG, children's mental health services, Projects for Assistance in Transition from Homelessness [PATH], and Protection and Advocacy for Individual with Mental Illness [PAIMI].

SAMHSA is the lead HHS agency responsible for the Federal Government's efforts in combating mental health issues. According to SAMHSA, 43,800,000 adults in the United States suffered from a mental illness in 2013, 10,000,000 of these adults suffered from a serious mental illness. The Committee is disappointed and deeply concerned about the findings in two recent GAO reports (GAO–15–113 and GAO–15–405) issued in February and May of 2015, respectively, regarding SAMHSA' mental health programs. The reports detailed many critical failures at SAMSHA in leading and overseeing our Nation's mental health programs.

The February report specifically highlighted the lack of high-level coordination between agency leaders that operate mental health programs and the absence of oversight in ensuring the evaluations of these programs. Without proper coordination at the leadership level, taxpayers are funding a mixture of mental health programs across several agencies with no overall objective. These programs are ultimately duplicative, fragmented, or overlapping with each other's activities.

In the May GAO report, SAMHSA failed to document how it applied its own grant criteria before making awards to grantees, and the report stated that SAMSHA was missing various pieces of documentation used to oversee the programs. Without the proper grant documentation, SAMSHA cannot provide proper oversight of its programs to ensure that they are effective and beneficial to individuals with a mental illness. However, the most concerning issue pointed out by GAO is that SAMHSA acknowledged they followed the Department's grants manual. The Committee is concerned that SAMHSA either may not fully understand the Department's grants manual, or there is a serious lack of training among SAMSHA's grants staff.

The Committee directs the administrator of SAMHSA to work with GAO in implementing the recommendations provided in the GAO reports. The Committee expects a detailed update and timeline on the progress of these recommendations 90 days after enactment of this act. Furthermore, the Committee directs SAMHSA to develop a grants compliance plan that will ensure that SAMSHA's grants process is in accordance with the Department's grants manual. The compliance plan shall include periodic, and random, internal audits of grant files to confirm all the necessary documentation are accounted for and that the compliance plan is meeting its objectives. Furthermore, SAMHSA shall provide any additional grants training necessary to prevent these issues from arising in the future.

Programs of Regional and National Significance

The Committee recommends $378,597,000 for PRNS within the Center for Mental Health Services [CMHS]. The Committee recommendation includes $12,000,000 in transfers to PRNS from the PPH Fund. These programs address priority mental health needs by developing and applying evidence-based practices, offering training and technical assistance, providing targeted capacity expansion grants, and changing the delivery system through family, client-oriented, and consumer-run activities.

Within the total provided for PRNS, the Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
CAPACITY:			
Seclusion & Restraint	1,147	1,147	1,147
Youth Violence Prevention	23,099	23,099	23,099
Project AWARE State Grants	39,902	39,902	39,902
Mental Health First Aid	14,963	14,963	14,963
Mental Health First Aid for Veterans' Families	.....	4,000	.....
Healthy Transitions	19,951	19,951	19,951
National Traumatic Stress Network	45,887	45,887	45,887
Children and Family Programs	6,458	6,458	6,458
Consumer and Family Network Grants	4,954	4,954	4,954
MH System Transformation and Health Reform	3,779	3,779	3,779
Project LAUNCH	34,555	34,555	34,555
Primary and Behavioral Health Care Integration	49,877	26,004	49,877
National Strategy for Suicide Prevention	2,000	4,000	2,000
Suicide Lifeline	7,198	7,198	7,198
GLS—Youth Suicide Prevention—States	35,427	35,427	35,427
GLS—Youth Suicide Prevention—Campus	6,488	6,488	6,488

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
AI/AN Suicide Prevention Initiative	2,931	2,931	2,931
Homelessness Prevention Programs	30,696	30,696	30,696
Tribal Behavioral Grants	4,988	15,000	4,988
Minority AIDS	9,224	15,935	9,224
Grants for Adult Treatment, Screening, and Brief Response		2,896	
Crisis Systems		5,000	
Criminal and Juvenile Justice Programs	4,269	4,269	4,269
SCIENCE AND SERVICE:			
GLS—Suicide Prevention Resource Center	5,988	5,988	5,988
Practice Improvement and Training	7,828	7,828	7,828
Primary and Behavioral Health Care Integration TA	1,991	1,996	1,991
Consumer & Consumer Support TA Centers	1,918	1,918	1,918
Minority Fellowship Program	8,059		8,059
Disaster Response	1,953	1,953	1,953
Homelessness	2,296	2,296	2,296
HIV/AIDS Education	771	771	771

Access to Mental Health Services for Veterans.—The Committee is aware of the success achieved in localities that use locally customized web portals to assist veterans struggling with mental and substance use issues. These portals provide veterans with a directory of local mental health providers and services in addition to all military and VA funded programs. They also provide quick access to local crisis intervention and emergency care programs; comprehensive job search and support; a peer social networking platform, and personal health records. The Committee encourages SAMHSA to expand and maintain the capacity of locally customized internet-based Web portals nationwide.

Primary and Behavioral Healthcare Integration.—The Committee provides funding for this program through budget authority rather than through transfers from the PPH Fund as requested by the administration. The Committee continues to direct SAMHSA to ensure that new Integration grants awarded for fiscal year 2016 are funded under the authorities in section 520K of the PHS Act.

Community Mental Health Services Block Grant

The Committee recommends $482,571,000 for the MHBG. The recommendation includes $21,039,000 in transfers available under section 241 of the PHS Act.

The MHBG distributes funds to 59 eligible States and territories through a formula based on specified economic and demographic factors. Grant applications must include an annual plan for providing comprehensive community mental health services to adults with a serious mental illness and children with a serious emotional disturbance.

The Committee recommendation continues bill language requiring that at least 5 percent of the funds for the MHBG program be set-aside for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The Committee commends SAMHSA for its collaboration with NIMH on the implementation of this set-aside. The Committee notes that it usually takes 17 years to translate research findings into practice, and hopes that this joint effort between

NIMH and SAMHSA may be a model for how to reduce this timeframe. The Committee directs SAMHSA to continue its collaboration with NIMH to ensure that funds from this set-aside are only used for programs showing strong evidence of effectiveness and targets the first episode of psychosis. SAMHSA shall not expand the use of the set-aside to programs outside of the first episode psychosis. The Committee directs SAMHSA to include in the fiscal year 2017 CJ a detailed table showing at a minimum each State's allotment, name of the program being implemented, and a short description of the program.

Children's Mental Health Services

The Committee recommends $117,026,000 for the Children's Mental Health Services program. This program provides grants and technical assistance to support comprehensive, community-based systems of care for children and adolescents with serious emotional, behavioral, or mental disorders. Grantees must provide matching funds and services must be coordinated with the educational, juvenile justice, child welfare, and primary healthcare systems.

Projects for Assistance in Transition From Homelessness

The Committee recommends $40,000,000 for PATH, which addresses the needs of individuals with serious mental illness who are experiencing homelessness or are at risk of homelessness. Funds are used to provide an array of services, such as screening and diagnostic services, emergency assistance, case management, and referrals to the most appropriate housing environment.

Protection and Advocacy for Individuals With Mental Illness

The Committee recommends $36,146,000 for PAIMI. This program helps ensure that the rights of mentally ill individuals are protected while they are patients in all public and private facilities, or while they are living in the community, including in their own homes. Funds are allocated to States according to a formula based on population and relative per capita incomes.

SUBSTANCE ABUSE TREATMENT

Appropriations, 2015	$2,183,858,000
Budget estimate, 2016	2,140,557,000
Committee recommendation	2,054,116,000

The Committee recommends $2,054,116,000 for substance abuse treatment programs, including programs of regional and national significance and the substance abuse prevention and treatment block grant to the States. The recommendation includes $81,200,000 in transfers available under section 241 of the PHS Act.

Programs of Regional and National Significance

The Committee recommends $284,260,000 for PRNS within the Center for Substance Abuse Treatment [CSAT]. The recommendation includes $2,000,000 in transfers available under section 241 of the PHS Act.

Programs of regional and national significance include activities to increase capacity by implementing service improvements using proven evidence-based approaches as well as science-to-services activities that promote the identification of practices thought to have potential for broad service improvement.

Within the total provided for PRNS, the Committee recommendation includes funding for the following activities:

[in thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
CAPACITY:			
Opioid Treatment Programs/Regulatory Activities	8,724	8,724	8,724
Screening, Brief Intervention, Referral, & Treatment	46,889	30,000	30,000
Target Capacity Expansion	23,223	36,303	29,223
Medicated Assisted Treatment for Prescription Drug and Opioid Addiction (non-add)	12,000	25,000	18,000
Pregnant & Postpartum Women	15,931	15,931	15,134
Strengthening Treatment Access and Retention	1,000	1,000	.....
Recovery Community Services Program	2,434	2,434	2,312
Access to Recovery	38,223	.....	.....
Primary Care and Addiction Services Integration	.....	20,000	.....
Children and Families	29,605	29,605	28,125
Treatment Systems for Homeless	41,386	41,386	39,317
Minority AIDS	65,570	58,859	58,859
Criminal Justice Activities	78,000	61,946	61,946
SCIENCE AND SERVICE:			
Addiction Technology Transfer Centers	9,046	8,081	8,081
Crisis Systems	.....	5,000	.....
Minority Fellowship Program	2,539	.....	2,539
Special Initiatives/Outreach	1,432	1,432	.....

Access to Recovery.—The Committee eliminates the Access to Recovery program as proposed by the administration. Activities related to wrap-around treatment services, such as transportation, housing, and job support are available through other funding sources, including SAMHSA's Substance Abuse Prevention and Treatment block grants.

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

Viral Hepatitis Screening.—The Committee applauds SAMSHA for encouraging grantees to screen for viral hepatitis, including the use of innovative strategies like rapid testing and urges SAMSHA to continue these efforts.

Addiction Technology Transfer Centers [ATTCs].—The Committee continues to direct SAMHSA to ensure that ATTCs maintain a primary focus on addiction treatment and recovery services.

Combating Opioid Abuse.—Of the amount provided for Targeted Capacity Expansion, the Committee recommendation includes $18,000,000 for discretionary grants to States for the purpose of expanding treatment services to those with heroin or opioid dependence. The Committee directs CSAT to ensure that these grants include as an allowable use the support of medication assisted treatment and other clinically appropriate services. These grants should

target States with the highest rates of admissions and that have demonstrated a dramatic increase in admissions for the treatment of opioid use disorders.

Drug Treatment Courts.—The Committee continues to direct SAMHSA to ensure that all funding appropriated for Drug Treatment Courts is allocated to serve people diagnosed with a substance use disorder as their primary condition. The Committee expects CSAT to ensure that non-State substance abuse agency applicants for any drug treatment court grant in its portfolio continue to demonstrate extensive evidence of working directly and extensively with the corresponding State substance abuse agency in the planning, implementation, and evaluation of the grant.

Screening, Brief Intervention, and Referral to Treatment [SBIRT].—The Committee continues to direct SAMHSA to ensure that funds provided for SBIRT are used for existing evidence-based models of providing early intervention and treatment services to those at risk of developing substance abuse disorders.

Substance Abuse Prevention and Treatment Block Grant

The Committee recommends $1,769,856,000 for the SAPT block grant. The recommendation includes $79,200,000 in transfers available under section 241 of the PHS Act. The block grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated to States according to a formula.

Formula Evaluation.—The Committee understands that States are having difficulty interpreting the sources of data used in the current formula for the Substance Abuse Prevention and Treatment block grant program. In addition, the formula has not been adjusted since 1997 and is overly confusing. States cannot defend their positions when SAMHSA does not inform them of the origin of the data used for the formula. To increase transparency, the Committee directs SAMHSA to include in their fiscal year 2017 CJ details on where SAMSHA acquires the data used for the formula and how SAMHSA utilizes this information to make funding level determinations. It is imperative that SAMHSA uses the most recent and accurate data available and should work with States to better understand the best sources for this information. SAMHSA shall also include an evaluation on whether the current formula should be updated in the future.

SUBSTANCE ABUSE PREVENTION

Appropriations, 2015	$175,219,000
Budget estimate, 2016	210,918,000
Committee recommendation	182,731,000

The Committee recommends $182,731,000 for the Center for Substance Abuse Prevention [CSAP], the sole Federal organization with responsibility for improving accessibility and quality of substance abuse prevention services.

The Committee directs that all of the money appropriated explicitly for substance abuse prevention purposes both in CSAP's PRNS lines as well as the funding from the 20 percent prevention setaside in the SAPT Block Grant be used only for bona fide sub-

stance abuse prevention programs and strategies and not for any other purposes.

Programs of Regional and National Significance

The Committee provides $182,731,000 for PRNS within CSAP. Through these programs, CSAP supports: development of new practice knowledge on substance abuse prevention; identification of proven effective models; dissemination of science-based intervention information; State and community capacity building for implementation of proven, effective substance abuse prevention programs; and programs addressing new needs in the prevention system.

Within the total provided for PRNS, the Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
CAPACITY:			
Strategic Prevention Framework/Partnership for Success	109,484	118,254	114,984
Strategic Prevention Framework Rx (non-add)		10,000	5,500
Grants to Prevent Prescription Drug/Opioid Overdose		12,000	6,000
Mandatory Drug Testing	4,894	4,894	4,894
Minority AIDS	41,205	41,205	39,145
Sober Truth on Preventing Underage Drinking (STOP Act)	7,000	7,000	6,650
National Adult-Oriented Media Public Service Campaign	1,000	1,000	950
Community-based Coalition Enhancement Grants	5,000	5,000	4,750
ICCPUD	1,000	1,000	950
Tribal Behavioral Health Grants		15,000	
SCIENCE AND SERVICE:			
Fetal Alcohol Spectrum Disorder	1,000	1,000	
Center for the Application of Prevention Technologies	7,493	7,493	7,119
Science and Service Program Coordination	4,072	4,072	3,868
Minority Fellowship Program	71		71

Combating Opioid Abuse.—The Committee provides $6,000,000 for grants to prevent opioid overdose related deaths. As part of the new initiative to Combat Opioid Abuse, this new program will help States equip and train first responders with the use of devices that rapidly reverse the effects of opioids. The Committee directs SAMHSA to ensure applicants outline how proposed activities in the grant would work with treatment and recovery communities in addition to first responders. Furthermore, the Committee provides $5,500,000 for the Strategic Prevention Framework Rx program to increase awareness of opioid abuse and misuse in communities.

Strategic Prevention Framework State Incentive Grant and Partnerships for Success.—The Committee intends that these two programs continue to focus exclusively on: addressing State- and community-level indicators of alcohol, tobacco, and drug use; targeting and implementing appropriate universal prevention strategies; building infrastructure and capacity; and preventing substance use and abuse.

STOP Act.—The Committee directs that all funds appropriated for STOP Act community-based coalition enhancement grants, shall be used for making grants to eligible communities, and not for any other purposes or activities.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Appropriations, 2015	$181,660,000
Budget estimate, 2016	235,145,000
Committee recommendation	169,297,000

The Committee recommends $169,297,000 for Health Surveillance and Program Support activities. The recommendation includes $31,428,000 in transfers available under section 241 of the PHS Act.

This activity supports Federal staff and the administrative functions of the agency. It also provides funding to SAMHSA's surveillance and data collection activities, including national surveys such as the National Survey on Drug Use and Health.

Within the total provided for Health Surveillance and Program Support, the Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Health Surveillance	47,258	49,428	44,895
Program Management	72,002	79,559	68,402
Performance & Quality Information Systems	12,918	12,918	10,000
Public Awareness and Support	13,482	15,571	10,000
Peer Professional Workforce Development	.....	10,000	.....
Behavioral Health Workforce Education and Training Program	35,000	56,000	35,000
Minority Fellowship Program	.....	10,669	.....
Behavioral Health Workforce Data	1,000	1,000	1,000

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

Behavioral Health Workforce Education and Training.—The Committee is concerned about the uneven distribution of funds among specialties resulting from the initial grant competition in 2014. Therefore, the Committee directs SAMHSA and HRSA to ensure that funding is distributed relatively equally among the participating health professions, including paraprofessionals, master's level social workers, counselors, marriage and family therapists, and doctoral psychology interns. The Committee directs SAMHSA and HRSA to consider other strategies to achieve this relative distribution such as issuing separate funding opportunity announcements for each participating health profession. In addition, the Committee directs SAMHSA and HRSA to include doctoral psychology schools in the funding opportunities to support doctoral level students completing their practicums which are necessary to move on to internships. SAMHSA and HRSA shall award meritorious applications for doctoral psychology interns first, before doctoral psychology schools applying to support practicums.

Minority Fellowship Program.—The Committee maintains the separate accounts for the Minority Fellowship Programs at the Center for Mental Health Services, Center for Substance Abuse Prevention, and the Center for Substance Abuse Treatment like in previous fiscal years and does not consolidate them as proposed by

SAMHSA. Therefore, funding for these programs are reflected in the tables for each of the centers.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Appropriations, 2015	$363,698,000
Budget estimate, 2016	363,698,000
Committee recommendation	236,001,000

The Committee provides $236,001,000 for the Agency for Healthcare Research and Quality [AHRQ]. AHRQ was established in 1990 to enhance the quality, appropriateness, and effectiveness of health services, as well as access to such services. AHRQ conducts, supports, and disseminates scientific and policy-relevant research on topics such as promoting high-quality care, eliminating healthcare disparities, using information technology, and evaluating the effectiveness of clinical services.

HEALTH COSTS, QUALITY, AND OUTCOMES

The Committee provides $151,428,000 for research on health costs, quality, and outcomes [HCQO]. The HCQO research activity is focused upon improving clinical practice, improving the healthcare system's capacity to deliver quality care, and tracking progress toward health goals through monitoring and evaluation.

Within the total provided for HCQO, the Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Prevention/Care Management	11,590	11,649	8,113
Health Information Technology	28,170	22,877	19,719
Patient Safety Research	76,584	75,977	65,096
Health Services Research, Data and Dissemination	112,207	112,274	58,500

Central-Line Associated Bloodstream Infections [CLABSI].—The Committee notes that while much research on preventing CLASBI has been dedicated to the exploration of proper line insertion techniques and line management, little attention has been given to the relationship between the connectors utilized in central lines and rates of infection. The Committee urges AHRQ to examine whether neutral fluid displacement needleless connectors have the potential to reduce the incidence of CLABSI as compared to positive fluid displacement needleless connectors. AHRQ is encouraged to provide a best practice recommendation for the use of such connectors in hospital settings.

Consumer Assessment of Healthcare Providers and Systems [CAHPS].—The CAHPS program supports and promotes the assessment of consumers' experiences with healthcare. Patient experience data in maternity care is currently not regularly and systematically collected. The Committee urges AHRQ to expand its current set of surveys and develop a CAHPS survey for maternity care.

Health IT Safety.—The Committee recommendation includes $4,000,000 for AHRQ's work on safe health IT practices specifically related to the design, implementation, usability, and safe use of health IT systems. The Committee believes this investment will generate new evidence regarding safe health IT practices that will

ultimately be used by ONC, FDA, CMS, and others to inform policy interventions.

Healthcare-Associated Infections.—Within the Patient Safety portfolio, the Committee provides $34,000,000, the same level as in fiscal year 2015, for healthcare-associated infection activities. Within this funding level, the Committee includes $10,000,000 for activities as part of the CARB initiative. These funds will support the development and expansion of antibiotic stewardship programs specifically focused on ambulatory and long-term care settings. In addition, the Committee directs AHRQ to collaborate with NIH, BARDA, CDC, 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.

Healthcare Delivery Systems.—Within the Patient Safety portfolio, the Committee recommendation includes $8,000,000 for the Healthcare Delivery Systems grants, which apply systems engineering methods to improve patient safety and reduce waste in healthcare.

Immunotherapy and Asthma.—The Committee is pleased that AHRQ has joined NIH in co-sponsoring a workshop on immunotherapy effectiveness. The Committee requests an update from AHRQ in the fiscal year 2017 CJ on research that will be undertaken pursuant to the workshop with the goal of identifying patient, healthcare provider, and systems barriers to initiation and adherence to allergy immunotherapy and developing interventions to address these problems. This report should include information on planned AHRQ initiatives pertaining to the utilization of allergy immunotherapy to reduce the prevalence of asthma.

Investigator-Initiated Research.—The Committee believes that investigator-initiated research is important and AHRQ has the ability to improve healthcare with creative, groundbreaking approaches to ongoing and emerging healthcare issues through this mechanism. Within the Health Services Research, Data and Dissemination portfolio, the Committee provides $45,882,000 the same level as in fiscal year 2015, for investigator-initiated research. The Committee believes that investigator-initiated research should not be targeted to any specific area of health services research to generate the best unsolicited ideas from the research community about a wide variety of topics.

Malnutrition.—The Committee is aware that several studies suggest that malnourished hospitalized patients have a significantly higher incidence of infection, are at increased risk of mortality, have longer median lengths of stay, and are more likely to be readmitted. The Committee requests that AHRQ assess the prevalence of malnutrition in U.S. hospitals and report back to the Committee in its fiscal year 2017 CJ.

Training Grants.—The Committee appreciates AHRQ's commitment to providing research training and career development grants for young investigators. AHRQ is urged to maintain a strong training and career development pipeline for talented researchers.

MEDICAL EXPENDITURES PANEL SURVEYS

The Committee provides $39,268,000 for Medical Expenditure Panel Surveys [MEPS], which collect detailed information annually from households, healthcare providers, and employers regarding how Americans use and pay for healthcare. The data from MEPS are used to develop estimates of healthcare utilization, expenditures, sources of payment, and the degree of health insurance coverage of the U.S. population.

PROGRAM SUPPORT

The Committee recommends $45,305,000 for program support. This activity funds the overall management of AHRQ, including salaries, benefits, and overhead costs such as rent.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

Appropriations, 2015	$234,608,916,000
Budget estimate, 2016	243,545,410,000
Committee recommendation	243,545,410,000

The Committee recommends $243,545,410,000 in mandatory funding for Grants to States for Medicaid.

The fiscal year 2016 recommendation excludes $113,272,140,000 in fiscal year 2015 advance appropriations for fiscal year 2016. As requested by the administration, $115,582,502,000 is provided for the first quarter of fiscal year 2017.

The Medicaid program provides medical care for eligible low-income individuals and families. It is administered by each of the 50 States, the District of Columbia, Puerto Rico, and the territories. Federal funds for medical assistance are made available to the States according to a formula that determines the appropriate Federal matching rate for State program costs. This matching rate is based on the State's average per capita income relative to the national average and cannot be less than 50 percent.

PAYMENTS TO HEALTHCARE TRUST FUNDS

Appropriations, 2015	$259,212,000,000
Budget estimate, 2016	283,171,800,000
Committee recommendation	283,171,800,000

The Committee recommends $283,171,800,000 in mandatory funding for payments to healthcare trust funds.

This entitlement account includes the general fund subsidy to the Federal Supplementary Medical Insurance Trust Fund for Medicare part B benefits and for Medicare part D drug benefits and administration, plus other reimbursements to the Federal Hospital Insurance Trust Fund for part A benefits and related administrative costs that have not been financed by payroll taxes or premium contributions.

The Committee provides $198,530,000,000 for the Federal payment to the Supplementary Medical Insurance Trust Fund. This payment provides matching funds for premiums paid by Medicare part B enrollees.

The Committee further provides $82,453,000,000 for the general fund share of benefits paid under Public Law 108–173, the Medicare Prescription Drug, Improvement and Modernization Act of 2003. As in previous years, the Committee includes bill language requested by the administration providing indefinite authority for paying the general revenue portion of the part B premium match and provides resources for the part D drug benefit program in the event that the annual appropriation is insufficient.

The Committee recommendation also includes $691,000,000 to be transferred to the Supplementary Insurance Trust Fund as the general fund share of part D administrative expenses. The Committee recommendation includes $291,000,000 in reimbursements to the HCFAC fund, which reflects the portion of the HCFAC spending to be reimbursed by the General Fund.

PROGRAM MANAGEMENT

Appropriations, 2015	$3,669,744,000
Budget estimate, 2016	4,245,186,000
Committee recommendation	3,027,590,000

The Committee recommends $3,027,590,000 for CMS program management, which includes funding for research, program operations, survey and certification programs, and Federal administration.

Research, Demonstrations and Evaluations

The Committee recommends $6,900,000 for research, demonstrations, and evaluation activities. The Committee does not provide funding for the Medicare Current Beneficiary Survey [MCBS] but includes the administration request for the other activities funded by this account, such as the Chronic Condition Warehouse and the Research Data Assistance Center.

The administration requested a total of $24,000,000 to support the MCBS and expected this to be provided evenly from this account and the Center for Medicare and Medicaid Innovation [CMMI] established under the ACA. However, the Committee is aware that the ACA provided the CMMI $10,000,000,000 in mandatory funds and that almost $7,000,000,000 still remains unobligated. Due to budgetary constraints, the Committee supports funding the MCBS through the CMMI.

Program Operations

The Committee recommends $1,890,823,000 for the Program Operations account, which covers a broad range of activities including claims processing and program safeguard activities performed by Medicare contractors. These contractors also provide information, guidance, and technical support to both providers and beneficiaries.

The Committee continues to be concerned funds are diverted by the administration from CMS' core mission and function—maintaining the essential operations for the Medicare, Medicaid, and Children's Health Insurance Program—to implement ACA activities. Specifically, with almost 75 million Americans in the baby boom generation and approximately 10,000 of them turning 65 years old every day, funding for CMS' Program Management account is even more crucial than in previous years to support the growing infrastructure necessary to accommodate this generation. In fiscal year 2016, CMS expects Medicare enrollees to total over 57 million, from 19 million in 1966. Year after year, CMS has requested increases in funding for core activities such as ongoing operational costs and beneficiary outreach to keep up with the growing aging population. However, the Committee could not provide funding increases because the administration would reallocate funds to implement the ACA, including to shore up the failing Healthcare.gov.

With tight budgetary constraints, the Committee made difficult choices to reduce funding for programs that were not part of core activities. Additionally, CMS expects to collect $1,560,000,000 in ACA user fees for fiscal year 2016, almost double the amount obtained for the previous fiscal year. Therefore, the Committee elimi-

nates the budget authority the Department diverted in previous fiscal years to implement and operate ACA activities. Existing funding will maintain CMS' core mission while bill language included will further prevent the diversion of discretionary funds for ACA activities. Specifically, the Committee includes bill language to proactively prohibit the administration from using any discretionary dollars in this bill from making payments for the Risk Corridor program or propping up failing State-based Exchanges.

ACA Internal Controls.—The Committee is deeply concerned about the findings in the recent HHS Office of Inspector General [OIG] report (A–02–14–02006) on CMS' lack of oversight over the payments made to insurance companies. The OIG reported that CMS failed to implement adequate internal controls to check the accuracy of $2,800,000,000 worth of payments made to health insurers for the advance premium tax credits and cost-sharing reductions for enrollees. This amount only represents the first payment that covered January to April of 2014 and is only a tiny fraction of the vast amounts of money at risk. Based on the current internal controls, the OIG concluded that CMS could not make correct payments to providers resulting in improper payments and jeopardizing taxpayer funds. The Committee is specifically concerned that CMS relied primarily on health insurers' attestations and that CMS does not plan on reconciling payments until 2016, 2 years after payments were made. The Committee directs CMS to work with the OIG to adopt all the recommendations and expeditiously implement a permanent process that automates enrollment and payment data on a more accurate enrollee-by-enrollee basis. As the OIG pointed out in the report, CMS has the authority to recoup improper payments and offset them against future payments. The Committee expects CMS to use this authority after reconciling payments.

ACA Notifications.—The Committee is disappointed that the administration still cannot provide timely Congressional notification for ACA enrollment figures even though the Committee included report language in fiscal year 2015 requiring such notifications. The Committee continued to receive enrollment data minutes before or even after the administration's public announcement. The Committee includes new bill language requiring the administration to provide detailed enrollment figures to the Committees on Appropriations of the House of Representatives and the Senate not less than two full business days before any public release of the information.

Alzheimer's Disease and Dementia Care.—The National Plan to Address Alzheimer's Disease includes the goal of enhancing care quality and efficiency and expanding supports for people with Alzheimer's disease and their families. The Committee is aware of promising evidence-based interventions, including the VA's Resources for Enhancing Alzheimer's Caregiver Health program and the New York University Caregiver Initiative that have been demonstrated to improve the health outcomes and quality of life of persons with Alzheimer's and other causes of dementia and their caregivers and to have delayed placement of the patient in an institutional care setting. The Committee encourages CMS to evaluate the impact of such interventions in improving health outcomes of Medi-

care beneficiaries with Alzheimer's and related dementias, including reducing or delaying the use of institutional care services.

Annual Wellness Exam and Cognitive Impairment.—The Committee is aware that the Annual Wellness Exam is required to include an assessment of any cognitive impairment in the Medicare beneficiary. The Committee is concerned about the extent such assessments are occurring within the exams and directs the CMS to report in their fiscal year 2017 CJ the rate of provider compliance, including impediments for not conducting the assessment, and to develop a strategy to increase compliance.

Collection Claims.—The Medicare Secondary Payer program provides CMS the ability to recover payments it made for beneficiary healthcare costs from third parties which are later found responsible for those costs. CMS is encouraged to review its debt collection process to ensure the agency is providing accurate and complete information about past-due and legally enforceable claims, so that the U.S. Department of Treasury can appropriately identify and adjudicate any appeals.

Complex Rehabilitation Equipment.—CMS issued Final Rule 1614–F detailing how CMS will use data from the Medicare Competitive Bidding Program [CBP] for durable medical equipment [DME] to adjust the Medicare fee schedule for DME items in non-competitive bidding areas beginning in 2016. The Committee is concerned that this will harm Medicare beneficiaries who will not have access to specialized rehabilitation equipment, including adjustable seat cushions, and unnecessarily increase program costs. The Committee directs CMS to provide a report within 60 days of enactment of this act to the Committees on Appropriations of the House of Representatives and the Senate detailing how the application of the CBP pricing from 2009 and data from only nine metropolitan areas are appropriate, why CMS did not include all scenarios in which an adjustable seat cushion are currently furnished, and also examine the health outcomes of such changes for patients who have pressure ulcers or who are at high risk for developing pressure ulcers.

Continuous Glucose Monitors.—Diabetes technologies known as continuous glucose monitors [CGM] have been shown in clinical trials to improve health outcomes for people with type 1 diabetes and reduce the risk of low blood sugar emergencies which can lead to hospitalizations and additional expenses to CMS. These technologies are recommended by national diabetes guidelines and covered by 95 percent of private health plans. The Committee urges CMS to modernize its policies to cover CGM technologies to ensure access for those seniors with type 1 diabetes or those entering Medicare who have benefitted from the technology under their prior health plan.

Coordinated Pharmacist Services.—The Committee encourages CMS to expand efforts that incorporate health information technology to provide integrated pharmacist services across care settings and to improve medication reconciliation and management that has been demonstrated to improve outcomes, reduce adverse events, lower costs, and prevent readmissions.

Critical Access Hospitals [CAH].—The Committee is disappointed that the Administration continues to propose eliminating CAH sta-

tus from facilities located less than 10 miles from another hospital and reducing the reimbursement rate from 101 percent to 100 percent of reasonable cost. A recent Health Affairs study from April 2015 reviewed the impact of similar minimum distance requirements and found that currently 37.6 percent of CAHs had a negative operating margin, and if such a distance requirement went into effect, it would rise to 75.6 percent. If a CAH lost its designation, it would be forced under the applicable prospective payment systems which are designed for larger facilities, not small, low volume rural hospitals. The results of the study underscore the importance of factoring clinical expertise, physician distribution, availability of telehealth, sufficient volume to maintain key services, and the needs of underserved populations. Coupled with over regulation, decreased reimbursements, and workforce shortages, CAHs would be forced to close without their designation, causing patients to travel farther, forego preventative care, and ultimately cost more in CMS healthcare expenditures.

Dental Plans.—The Committee directs CMS to include in its Exchange enrollment reports data on children (ages 0 through 18 years) enrolled or who have re-enrolled in dental coverage through the Exchange for both stand-alone dental plans and qualified health plans that include pediatric dental benefits. These reports shall include data for each State-based, federally facilitated, and partnership Exchanges.

Future of CMS.—The Committee is concerned that the physical infrastructure of CMS is insufficient to properly accommodate oversight of the coming demographic growth within its programs. The Committee directs CMS to provide a master plan within 180 days after enactment of this act to the Committees on Appropriations of the House of Representatives and the Senate with four interdependent parts that cover the needs of the agency over the next 5 years: physical infrastructure; workforce planning; claims data IT systems; and overall IT structure and security.

Health Insurance Exchange Transparency.—The Committee continues to include bill language in section 226 that requires CMS to provide cost information for the following categories: Federal Payroll and Other Administrative Costs; Exchange related Information Technology [IT]; Non-IT Program Costs, including Health Plan Benefit and Rate Review, Exchange Oversight, Payment and Financial Management, Eligibility and Enrollment; Consumer Information and Outreach, including the Call Center, Navigator Grants and Consumer Education and Outreach; Exchange Quality Review; Small Business Health Options Program [SHOP] and Employer Activities; and Other Exchange Activities. Cost Information should be provided for each fiscal year since the enactment of the Patient Protection and Affordable Care Act (Public Law 111–148). CMS is also required to include the estimated costs for fiscal year 2017.

Healthcare Fraud Prevention Partnership.—The Healthcare Fraud Prevention Partnership is a new fraud prevention initiative that includes law enforcement, Federal and State government agencies, private health insurers, and other private organizations. The Partnership has shown successes in preventing improper payments, but recently reported improper payment levels clearly indicate the need for stronger action. The Committee urges CMS to

work with its partners in expanding and strengthening the current partnerships and directs CMS to provide an update in the fiscal year 2017 CJ outlining its plan for the next 2 years including any legislative barriers for achieving these goals.

Healthcare.gov Data Privacy.—The Committee is disappointed that CMS allowed third party vendors to access unencrypted consumer information such as age, smoking status, zip code, pregnancy status, and income through Healthcare.gov. The Committee directs CMS to encrypt and prevent further sharing of consumer information, to review its current security and privacy guidelines for this type of data, and to implement appropriate security measures. Furthermore, CMS shall include in the fiscal year 2017 CJ an update on these efforts including a timeline for when these activities will be completed.

Home Health.—CMS identified the implementation of new home health documentation requirements as a major contributing factor in the fiscal year 2013 Medicare improper payment rate. As a result, CMS proposed modifications which became effective in January of 2015, but these changes will not be reflected in the improper payment rate until the fiscal year 2017 measurement. The Committee therefore directs CMS to report, no later than 60 days after the enactment of this act to the Committees on Appropriations of the House of Representatives and the Senate, an interim update on the improper payment rate regarding the home health documentation requirements.

Hospice.—In its March 2015 report to Congress, MedPAC notes that CMS expressed concern that some hospice providers may not have the capacity to provide all four of the levels of care, which is required by the Medicare hospice Conditions of Participation. CMS makes clear that if the patient's condition needs it, hospices are required to provide intensive around-the-clock nursing and other skilled hospice care as necessary, with the goal of having the patient remain in their home if at all possible. Therefore, all hospice providers must have the capacity of providing such care. The Committee directs CMS to ensure that all hospices are complying with the Conditions of Participation and have the capacity to provide all specified hospice services on a 24 hour, 7 days a week basis.

IT Modernization.—Rapid advances in analytical and information technology provide opportunities for CMS to modernize, consolidate, and improve operations with greater efficiency and cost savings over time. CMS has already implemented several such advances, including the Predictive Modeling program, the Healthcare General Ledger Accounting System, and the Unified Case Management System. The Committee encourages CMS to continue to modernize, consolidate, and improve analytics and information technology programs to achieve maximum efficiency and cost savings.

Medicare Advantage.—The Committee is aware that the formula to determine Medicare Advantage reimbursement rates is calculated based on the per capita cost of coverage to beneficiaries enrolled in Medicare part A and/or part B. However, where there is high enrollment in Medicare Advantage and a relatively large proportion of Medicare beneficiaries without part B coverage, Medicare Advantage reimbursement rates may be better based on the per capita cost of coverage to beneficiaries enrolled in both Medicare

part A and B. The Committee urges CMS to consider more accurate adjustments as soon as practicable in order to include potential changes in its 2016 draft Call Letter.

Medication Synchronization.—Programs that promote Medication Synchronization and the Appointment Based Model are an emerging trend in pharmacy practice that improves adherence rates for patients taking multiple medications while reducing unnecessary visits to the doctor. The Committee encourages CMS to consider ways to increase participation in these types of programs and move towards greater adherence to medications.

Mental Health Services.—The Committee recognizes the need for improved access to mental healthcare services and directs the CMS to identify potential payment-related barriers to the integration of mental healthcare services into the primary care context in both traditional fee-for-service Medicare and alternative payment models. Specifically, CMS is directed to identify potential payment-related barriers to the adoption of a collaborative care model in which primary care providers treat patients with common mental health disorders, such as depression or anxiety, with help from a care manager and a psychiatrist who acts as a consultant. The Committee directs CMS to provide a report within 180 days after enactment of this act to the Committees on Appropriations of the House of Representatives and the Senate with its findings, as well as a proposed plan to address the identified barriers and facilitate more widespread integration of mental healthcare services into the primary care context. The report shall also include recommendations for any legislative changes.

Pediatric Dental Reporting.—Although CMS has released guidance on CHIP dental reporting, the data from States are unreliable and incomplete. Without consistent, reliable data, it is difficult to evaluate the impact of CHIP dental benefits. The Committee directs CMS to include in the fiscal year 2017 CJ a plan to collect quality reporting data from States regarding their dental benefit.

Psychotropic Drugs and Children.—The Committee is aware of the Department's efforts to reduce the inappropriate use of psychotropic medications with children and adolescents in foster care. In addition to the potential for serious long-term health and developmental problems for children, this alarming pattern has dramatically increased Medicaid costs. The Committee urges CMS to encourage States to provide evidence-based psychosocial interventions to children and youth in foster care to reduce reliance on psychotropic medications. Furthermore, the Committee urges CMS to include in the fiscal year 2017 CJ the reasons for this disparity, including whether current reimbursement policy incentivizes reliance on medication rather than evidence-based psychosocial therapies instead of, or in combination with, psychotropic medications.

Quality Improvement.—The Department recently announced payment reform goals that identify a timetable for moving away from Medicare fee-for-service payment. The Committee directs CMS to include in their fiscal year 2017 CJ the quality improvement goals for Medicare.

Recovery Audit Contractors [RAC].—The Committee expects the next round of RAC contracts containing the new RAC requirements to be executed and operational as quickly as possible. CMS should

work expeditiously to resolve any pending issues. The Committee appreciates the report submitted by the intra-agency working group as requested in fiscal year 2015 and directs the group to continue to monitor the process, provide recommendations, and evaluate the outcomes. The intra-agency working group shall provide an update in the fiscal year 2017 CJ. Furthermore, the Committee directs the intra-agency working group to provide quarterly updates to the Committees on Appropriations of the House of Representatives and the Senate reflecting the total number of appeals filed, appeals pending, and appeals disposed of for all four levels of the appeals process.

Recovery Audit Data Warehouse.—The Committee is disappointed that CMS is not properly utilizing the Recovery Audit Data Warehouse [RADW] as highlighted in the GAO report titled, Medicare Program Integrity: Increased Oversight and Guidance Could Improve Effectiveness and Efficiency of Postpayment Claims Reviews. CMS developed the RADW to prevent RACs from duplicating audits of the other three contractors' responsible for reviewing postpayment claims. By not taking advantage of the RADW, duplicative RAC audits are causing unnecssary burden on providers and wasting Federal resources. The Committee directs CMS to implement all the recommendations provided by GAO and to provide an update including a timeline on these efforts in the fiscal year 2017 CJ.

Relative Values under the Medicare Physician Fee Schedule.—The Committee encourages CMS to increase the representation of primary care physicians who are board certified and actively practicing in family medicine, general internal medicine, general pediatrics, preventive medicine, obstetrics and gynecology, or psychiatry on any advisory board or work group that formulates recommendations regarding any annual updates to the physician work relative values.

Risk Corridor Program.—The Committee continues to include bill language preventing CMS from using Program Management accounts to support the Risk Corridor Program. The Committee directs CMS to provide a report within 60 days after enactment of this act to the Committees on Appropriations of the House of Representatives and the Senate detailing the receipts and transfer of payments for the Risk Corridor Program, the transfer calculation used for distributing the payments, and a timeline for these activities for plan year 2014 and 2015.

Robotic Stereotactic Surgery.—The Committee is encouraged by CMS' decision in the calendar year 2015 Medicare Physician Fee Schedule Final Rule (79 Fed. Reg. 67548) to maintain G codes and contractor pricing for robotic stereotactic radiosurgery procedures performed in a freestanding setting. The Committee encourages CMS to maintain the current coding and payment methodology for at least 3 years to provide stability while determining the most appropriate policy moving forward.

Rural Health.—According to the National Rural Health Association, 41 percent of Critical Access Hospitals operate at a loss, and since 2010, 51 rural hospitals have closed while 283 hospitals are in dire financial shape. Almost a quarter of the U.S. population lives in rural areas. The majority of rural residents are older, poor-

er, and less likely to have employer sponsored health plans. As a result of hospitals closing in rural communities, many patients end up driving long distances to see a doctor, forgo seeking medical care, or even worse, wait until it is too late to seek proper medical attention. These patients spend more money out of pocket to travel, miss out on routine preventative care, and will end up costing taxpayers much more in the long run. The Committee directs CMS to work with HRSA's Office of Rural Health to alleviate the disproportionate impact of regulations, reimbursement cuts, and workforce issues on rural hospitals.

State-Based Exchanges [SBEs].—The Committee is disappointed that SBEs may have used and might continue to use section 1311 funds for operational expenses, which is specifically prohibited by law. Section 1311 of the Patient Protection and Affordable Care Act provides funding for States to design, develop, and implement SBEs. However, these SBEs were expected to be self-sustaining by 2015 and were specifically prohibited from using the section 1311 funds for operational costs after January 1, 2015. The Committee directs CMS to implement the recommendations put forth by the HHS Office of Inspector General [OIG] in their Early Alert Memorandum (A–01–14–02509) issued on April 27, 2015, and expects an update on the efforts in the fiscal year 2017 CJ. The Committee expects CMS and the OIG to immediately notify the Committee of any unauthorized use of section 1311 funds along with a detailed report which shall include how CMS plans to recoup those funds from the State. To prevent diverting discretionary funds intended to support the operations for CMS, the Committee includes a new general provision prohibiting the use of funds to support operational costs of SBEs.

Traumatic Injury.—The Committee is concerned that CMS has not addressed the need to reform the Medicare reimbursement system for hospital trauma care services. Since CMS withdrew a proposal to bundle all Emergency Department [ED] outpatient reimbursement codes 2 years ago, there has been no progress on modeling alternative value-based reforms—such as a proposal to create three ED outpatient facility codes that would incorporate the trauma activation fee. The Committee directs CMS to include in the fiscal year 2017 CJ a detailed evaluation analyzing alternative value-based reforms such as creating ED outpatient facility codes and other potential approaches that could reimburse facilities for life-threatening, time-dependent traumatic injuries based on a facility's readiness level and the nature of the injury.

Use of Social Security Numbers on Medicare Beneficiaries' Cards.—Under Public Law 114–10, Congress prohibits the use of Social Security numbers on Medicare beneficiary cards. The Committee urges CMS to work expeditiously to develop and implement a plan to remove Social Security numbers from Medicare cards and to have this process completed by the end of fiscal year 2018. The Committee directs CMS to provide an update on the progress of this initiative in their fiscal year 2017 CJ.

State Survey and Certification

The Committee recommends $397,334,000 for State Survey and Certification activities, which ensure that institutions and agencies

providing care to Medicare and Medicaid beneficiaries meet Federal health, safety, and program standards. On-site surveys are conducted by State survey agencies, with a pool of Federal surveyors performing random monitoring surveys.

The Committee continues to support CMS collecting and analyzing the findings from this surveillance tool to inform the agency's education and surveillance efforts moving forward.

Federal Administration

The Committee recommends $732,533,000 for Federal Administration, which funds the majority of CMS' staff and operating expenses for routine activities such as planning, implementing, evaluating, and ensuring accountability in the programs administered by CMS.

HEALTH CARE FRAUD AND ABUSE CONTROL

Appropriations, 2015	$672,000,000
Budget estimate, 2016	706,000,000
Committee recommendation	706,000,000

The Committee recommends $706,000,000, to be transferred from the Medicare trust funds, for Health Care Fraud and Abuse Control [HCFAC] activities. 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.

The Committee recommendation includes a base amount of $311,000,000 and an additional $395,000,000 through a budget cap adjustment authorized by section 251(b) of the Balanced Budget and Emergency Deficit Control Act of 1985.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

Appropriations, 2015	$2,438,523,000
Budget estimate, 2016	2,944,906,000
Committee recommendation	2,944,906,000

The Committee recommendation includes $2,944,906,000 in fiscal year 2016 mandatory funds for Child Support Enforcement and Family Support programs. In addition, the Committee recommends $1,300,000,000 in advance funding for the first quarter of fiscal year 2017.

These funds support States' efforts to promote the self-sufficiency and economic security of low-income families, including administrative expenses matching funds and incentive payments to States for child support enforcement; grants to States to help establish and administer access and visitation programs between noncustodial parents and their children; payments to territories for benefits to certain aged, blind, or disabled individuals; and temporary benefits for certain repatriated citizens.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

Appropriations, 2015	$3,390,304,000
Budget estimate, 2016	3,390,304,000
Committee recommendation	3,390,304,000

The Committee recommendation includes $3,390,304,000 for LIHEAP, which provides home heating and cooling assistance to low-income households, generally in the form of payments to energy vendors on behalf of the recipient.

The Committee recommendation provides the full amount under the State formula grant. The budget request included $3,190,304,000 for the State formula grant, and $200,000,000 for a new Utility Innovation Fund.

Within the total, the Committee recommendation includes up to $2,988,000 for program integrity and oversight efforts, the same as the fiscal year 2015 level.

Since fiscal year 2009 appropriations language has modified the statutory formula for allocating funds to States. As a result, the vast majority of funding is allocated based on historical allocation levels, and a much smaller amount based on dynamic factors such as the number of low-income households and home heating and cooling costs by State. The Committee directs the Secretary to submit a report within 90 days of enactment of this act to the Committees on Appropriations of the House of Representatives and the Senate on the average home heating and cooling costs of low-income households by State and the average LIHEAP assistance payment to households by State. Further, HHS should include in future budget justifications estimated State allocations as proposed in the budget request, and, if different, based on the underlying statutory formula.

REFUGEE AND ENTRANT ASSISTANCE

Appropriations, 2015	$1,559,884,000
Budget estimate, 2016	1,624,612,000
Committee recommendation	1,405,367,000

The Committee recommends $1,405,367,000 for Refugee and Entrant Assistance programs. These programs provide a variety of benefits and services to refugees, asylees, Cuban and Haitian entrants, immigrants arriving on Special Immigrant Visas, trafficking victims, and torture victims (collectively referred to below as "refugees"). These programs also provide temporary care and services for unaccompanied children apprehended by the Department of Homeland Security or other law enforcement agencies, who have no lawful immigration status in the United States until they can be placed with a parent, guardian, or other sponsor while awaiting adjudication of their immigration status.

Transitional and Medical Services

The Committee recommendation includes $426,749,000 for Transitional and Medical Services [TAMS]. This program provides grants to States and nonprofit organizations to provide up to 8 months of cash and medical assistance to arriving refugees, as well as foster care services to unaccompanied minors.

Within the total for TAMS, the Committee strongly supports Office of Refugee Resettlement's plan to increase funding for the Voluntary Agency Matching Grant program. This program provides grants to resettlement agencies to support comprehensive services—including case management, basic job training, job placement, and interim housing and cash assistance—for arriving refugees with the goal of refugees becoming self-sufficient within their first 4 months in the United States. Many resettlement agencies exhaust their matching grant slots well before the end of the year. While this program may not be appropriate for many arriving refugees, the fact that many agencies quickly use up funds provided through this program indicates there is more demand than available resources. Expanding the matching grant program could improve overall services available to refugees in their first few months in the United States while saving money elsewhere in the TAMS budget.

Victims of Trafficking

The Committee recommendation includes $15,755,000 for Victims of Trafficking programs. These programs support a national network of organizations that provide a variety of services—including case management, counseling, benefit coordination, and housing assistance—for victims of commercial sex and forced labor trafficking.

Within the total, the Committee recommendation includes $13,000,000 for services for foreign national victims, and $2,755,000 to improve services available for U.S. citizens and legal permanent residents, the same as the fiscal year 2015 funding levels. Victims and individuals at risk of becoming victims of trafficking are likely to come into contact with a variety of different service providers at the local level, including runaway and homeless youth shelters, child welfare organizations, and schools. The

Committee supports efforts to improve the coordination of services for victims of trafficking across ACF and HHS programs, and across the Federal government consistent with the Federal Strategic Action Plan on human trafficking.

Social Services

The Committee recommendation includes $149,927,000 for Social Services programs for refugees. These funds include both formula and discretionary grants to States and nonprofit organizations to provide a variety of employment and support services to recently arrived refugees.

The Committee notes that, due to a reprogramming of funds to address a sudden need for resources elsewhere in ORR, the timing of Social Services grants was modified in fiscal year 2012. This has created administrative challenges for local organizations carrying out social services programs for refugees. The Committee strongly supports efforts to reduce unnecessary administrative burdens associated with the timing of these grants and will work with ACF on possible solutions.

Preventive Health

The Committee recommendation includes $4,600,000 for Preventive Health services for refugees. This program funds competitive grants to States to provide newly arrived refugees health orientation and education services, referrals for medical and mental health services, and access to ongoing healthcare.

Targeted Assistance

The Committee recommendation includes $47,601,000 for the Targeted Assistance program. This program provides additional funds to States and counties with the greatest number of refugee arrivals and high concentrations of refugees facing difficulties achieving self-sufficiency.

Unaccompanied Children

The Committee recommendation includes $750,000,000 for the Unaccompanied Children [UC] program. The budget request is $948,000,000 in base funding plus up to an additional $400,000,000 in contingency funding. The UC program provides temporary shelter and basic services to children who have no lawful immigration status in the United States and who have been apprehended in the United States by the Department of Homeland Security or other law enforcement agencies without a parent or guardian. HHS takes custody of the children until they can be placed with a parent or guardian living in the United States pending resolution of their immigration status, or until their immigration status otherwise changes.

In the spring and summer of fiscal year 2014, the number of unaccompanied children coming to the United States from Central America, and apprehended by DHS, dramatically increased. This followed a trend of consistent increases starting in fiscal year 2012. In June 2014 alone almost 10,200 children were apprehended and transferred to HHS' care, more than four times the number of children as June 2013. However, just as sudden as the increase, the

number of children coming to the United States significantly decreased starting in July 2014. In the first 6 months of fiscal year 2015 the number of children transferred to HHS' care was approximately half the level through the comparable period in 2014.

In addition, HHS' actual costs of providing emergency shelter and related services for children in fiscal year 2014 were significantly lower than originally estimated. As a result of this sudden decrease in children and lower than estimated costs HHS ended fiscal year 2014 with approximately $197,000,000 in unexpended balances that is available for obligation through fiscal year 2016. In addition, if current trends continue, HHS will not need the full fiscal year 2015 appropriation and will carry over additional unobligated balances into fiscal year 2016. Therefore, the Committee recommendation rescinds $250,000,000 of prior-year unobligated balances in this account. In total, the Committee recommendation provides adequate resources for HHS to provide temporary shelter and services to children transferred to their care in fiscal years 2015 and 2016.

Victims of Torture

The Committee recommendation includes $10,735,000 for the Victims of Torture program. This program provides treatment, social, and legal services to victims of torture and training to healthcare providers on treating the physical and psychological effects of torture.

PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT BLOCK GRANT

Appropriations, 2015	$2,435,000,000
Budget estimate, 2016	2,805,149,000
Committee recommendation	2,585,000,000

The Committee recommends $2,585,000,000, an increase of $150,000,000 for the Child Care and Development Block Grant [CCDBG], a formula grant to States that provides financial assistance to families to help pay for child care, and otherwise improve the quality of child care programs.

Last year, Congress overwhelmingly passed the reauthorization of the Child Care and Development Block Grant Act. This reauthorization includes many important reforms to the program, including requiring States to strengthen health and safety standards and implement policies focused on promoting the healthy development of young children and supporting working parents. The Committee recommendation provides an increase for CCDBG to help States implement these key reforms, and improve working families access to quality child care. The total provided for CCDBG is consistent with CBO's estimate of the discretionary portion of costs to implement the law in the first year after enactment. At the same time, the Committee notes that discretionary funding for CCDBG represents only about 27 percent of total expenditures from the Child Care and Development Fund [CCDF], for which CCDBG Act governs the use of funds. Funding for CCDF also comes from the mandatory Child Care Entitlement program, TANF, and State-matching funds.

The Committee recommendation supports several existing set-asides within CCDBG, including for resource and referral activities; a toll-free referral line and Web site; additional funding for quality improvement activities, including a specific amount for improving the quality of infant and toddler care; and research, demonstration, and evaluation activities. The CCDBG Act reauthorization incorporated these set-asides, previously created and carried through appropriations language, into the authorizing statute. The Committee bill language does not include those set-asides now provided for in the authorizing statute. The Committee maintains bill language specifying an additional amount for improving the quality of infant and toddler care because the set-aside in statute does not take effect until fiscal year 2017. The Committee recommendation also includes a technical correction regarding the availability of funding for technical assistance and research, demonstration, and evaluation activities.

SOCIAL SERVICES BLOCK GRANT

Appropriations, 2015	$1,700,000,000
Budget estimate, 2016	1,700,000,000
Committee recommendation	1,700,000,000

The Committee recommends $1,700,000,000 in mandatory funds for the SSBG, a flexible source of funding that allows States to provide a diverse array of services to low-income children and families, the disabled, and the elderly.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriations, 2015	$10,346,115,000
Budget estimate, 2016	11,911,242,000
Committee recommendation	10,388,620,000

The Committee recommends $10,388,620,000 for Children and Family Services programs. These funds support a variety of programs for children, youth, and families; Native Americans; victims of child abuse, neglect, and domestic violence; and other vulnerable populations.

Head Start

The Committee recommendation includes $8,698,095,000 for Head Start. Head Start provides grants directly to local organizations to provide comprehensive early childhood education services to children and their families, from before birth to age 5.

Within the total for Head Start, in addition to funds otherwise available for Early Head Start, the Committee recommendation includes a total of $600,000,000, an increase of $100,000,000 over the fiscal year 2015 level, to support Early Head Start expansion grants, including Early Head Start-Child Care Partnerships.

Early Head Start, which provides services to children and their families from before birth to age 3, currently serves less than 5 percent of eligible children, yet research increasingly supports the importance and benefits of high-quality early childhood education beginning at birth, including for families before birth. HHS should allocate these additional funds to States by considering the number of young children from families whose income is below the poverty line. Further, HHS shall reserve no less than 3 percent for Indian

Head Start programs and no less than 4.5 percent for migrant and seasonal Head Start programs, consistent with the Head Start Act.

In awarding fiscal year 2016 funds, HHS should give equal priority to grantees proposing to provide more traditional Early Head Start services and those proposing to form child care partnerships. The Committee supports this partnership model but such partnerships will not be viable in every community and in many places it may be more appropriate to simply expand traditional Early Head Start, either through current or new grantees.

Within the total for Head Start, the Committee recommendation also includes up to $25,000,000, the same as the comparable fiscal year 2015 level and the budget request, for transition-related costs associated with the Head Start DRS. The Committee is encouraged that HHS plans to evaluate the DRS in the coming year to ensure it meets the goals of transparency, validity, reliability, and program improvement—goals that have not yet been met. The Committee encourages HHS to continue to consider the unique challenges faced by Head Start grantees in remote and frontier areas when reviewing such grantees' compliance with health and dental screening requirements as part of the DRS.

Consolidated Runaway and Homeless Youth Program

The Committee recommendation includes $99,000,000 for the Consolidated Runaway and Homeless Youth program. This program supports the Basic Centers program, which provides temporary shelter, counseling, and after-care services to runaway and homeless youth under age 18 and their families; the Transitional Living Program, which provides longer-term shelter and services for older youth; and a national toll-free runaway and homeless youth crisis hotline.

Within the total, the Committee recommendation includes $2,000,000 for the "Prevalence, Needs and Characteristics of Homeless Youth," study as requested by the administration.

Education and Prevention Grants To Reduce Sexual Abuse of Runaway Youth

The Committee recommendation includes $17,141,000 for Education and Prevention Grants to Reduce Sexual Abuse of Runaway and Homeless Youth. This program provides competitive grants for street-based outreach and education services for runaway and homeless youth who are subjected to or are at risk of being subjected to sexual abuse or exploitation.

Child Abuse Prevention and Treatment State Grants

The Committee recommendation includes $25,310,000 for the Child Abuse Prevention and Treatment State Grant program. This program provides formula grants to States to improve their child protective service systems.

Child Abuse Discretionary Activities

The Committee recommendation includes $28,744,000 for Child Abuse Discretionary Activities. This program supports discretionary grants for research, demonstration, and technical assistance to increase the knowledge base of evidence-based practices

and to disseminate information to State and local child welfare programs.

Community-Based Child Abuse Prevention

The Committee recommendation includes $39,764,000 for the Community-Based Child Abuse Prevention program. This program provides formula grants to States that then disburse funds to local, community-based organizations to improve local child abuse prevention and treatment efforts, including providing direct services and improving the coordination between State and community-based organizations.

Abandoned Infants Assistance

The Committee recommendation does not include funding for this program. The budget request proposes significantly changing the focus of this program as part of a reauthorization proposal. The Abandoned Infants Assistance program was created in 1988 as a response to an acute child welfare crisis associated with the crack cocaine and HIV/AIDS epidemics of the 1980s. Specifically, the program funded demonstration projects to prevent the abandonment of infants and young children impacted by substance abuse and HIV. As the budget request discusses, over the last several decades, in part because of these demonstration projects, States have implemented more effective community responses to infants and families in these circumstances, the goal of these demonstration projects.

Child Welfare Services

The Committee recommendation includes $268,735,000 for Child Welfare Services. This formula grant program helps State and tribal public welfare agencies improve their child welfare services with the goal of keeping families together. These funds help States and tribes provide a continuum of services that prevent child neglect, abuse or exploitation; allow children to remain with their families, when appropriate; promote the safety and permanence of children in foster care and adoptive families; and provide training and professional development to the child welfare workforce.

Child Welfare Research, Training, and Demonstration

The Committee recommendation includes $13,984,000 for child welfare research, training, and demonstration projects. This program provides grants to public and nonprofit organizations for demonstration projects that encourage experimental and promising types of child welfare services, as well as projects that improve education and training programs for child welfare service providers.

National Survey of Child and Adolescent Well-Being.—The Committee recommendation includes funding within this program for HHS to continue the National Survey of Child and Adolescent Well-Being. This survey provides critical, nationally representative, longitudinal data on children who have been involved in State child protective services programs. This helps examine the current characteristics and needs of children and families involved with child protective services, and evaluate the impact of interventions to improve child and family well-being.