

# DIVISION H—DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2018

In implementing this agreement, the Departments and agencies should be guided by the language and instructions set forth in House Report 115-244 and Senate Report 115-150. In either such report, any reference to the fiscal year 2019 budget request or congressional justification shall be applied to the fiscal year 2020 Justification of Estimates for the Committees on Appropriations.

Where the explanatory statement speaks to an issue that was addressed in the House or Senate reports, the explanatory statement should supersede the language in the House or Senate reports. In cases where the House Report and the Senate Report address a particular issue not specifically cited in the explanatory statement, the House Report and the Senate Report should be complied with and carry the same emphasis as the language included in the explanatory statement. In providing the operating plan required by section 516 of this Act, the Departments and agencies funded in this Act are directed to include all programs, projects, and activities, including those in House Report 115-244, Senate Report 115-150, and this explanatory statement. All such programs, projects, and activities are subject to the provisions of this Act.

Each department and agency funded in this Act shall follow the directions set forth in this Act and the accompanying statement, and shall not reallocate resources or reorganize activities except as provided herein. Funds for individual programs and activities are displayed in the detailed table at the end of the explanatory statement for this division. Funding levels that are not displayed in the detailed table are identified within this explanatory statement. Any action to eliminate or consolidate programs, projects, and activities should be pursued through a proposal in the President's Budget so it can be considered by the Committees on Appropriations of the House of Representatives and the Senate.

Congressional Reports.—Each Department and agency is directed to provide the Committees on Appropriations of the House of Representatives and the Senate, within 30 days of enactment of this Act and quarterly thereafter, a summary describing each requested report to the Committees on Appropriations along with its status.

## TITLE I

# DEPARTMENT OF LABOR

## EMPLOYMENT AND TRAINING ADMINISTRATION

# TRAINING AND EMPLOYMENT SERVICES

Apprenticeship Grants.—The agreement includes \$145,000,000 to support Apprenticeship Grants, an increase of \$50,000,000 above fiscal year 2017, to expand support for the apprenticeship program that the was created in fiscal year 2016. The Department is directed to submit a report to the Committees on Appropriations of the House of Representatives and the Senate providing detail on entities awarded funding, selection criteria used, and the funding amount for each grant or contract awarded at the time such awards are made. Not later than September 30, 2018, the Department shall provide the Committees on Appropriations a detailed spend plan of anticipated uses of funds made available, including estimated administrative costs.

### JOB CORPS

The Department has taken steps over the past several years to close selected Job Corps centers based on performance metrics and other factors. The Department is urged to utilize any savings realized by such center closures within the year to enhance instruction, technology, course offerings, and safety at other centers, and conduct additional activities that improve program quality for participants. The Department should also support and incentivize center operators to build and enhance partnerships between centers and other training sites to enhance opportunity and work experiences for students in underserved rural or remote communities as well as in urban settings. Such partnerships should use student-focused industry-backed curricula, prepare

students for employment in high-demand fields, offer students the opportunity to take coursework leading to college credit, and demonstrate strong employer partnerships within the region in which the center is located.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

The agreement includes \$9,000,000 for the UI Center of Excellence (Center), an increase of \$3,500,000 above the fiscal year 2017 level. The agreement directs that \$6,000,000 be provided for the benefit of States to the entity operating the Center. The Department is directed to focus increased funding on proven strategies and continue to test innovative approaches to reducing improper payments in the UI system. The Center is encouraged to continue its work to address improper payments in the UI programs and, with the support of the Department of Labor, to strongly urge States to adopt best practices to identify and prevent improper payments before they occur.

# OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS

The agreement includes \$103,476,000 for the Office of Federal Contract Compliance Programs (OFCCP) and directs the Department to maintain all responsibilities and functions of the OFCCP at the Department of Labor. No funds are provided in this agreement to undertake any activities to prepare for or facilitate the transfer of OFCCP's functions to another Federal agency.

# OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)

The agreement includes a new capacity-building set-aside within the Susan Harwood training grant program. OSHA is directed to work with grantees under this subsection of the program to develop and implement a plan to achieve self-sufficiency as required by the cited, previous application notice. Nothing in this provision should be construed to prohibit periodic recompetition of grants.

# DEPARTMENTAL MANAGEMENT

The Department is directed to submit a report to the Committees on Appropriations of the House of Representatives and the Senate upon closing of the Treasure Island sale. The report should provide detail on the terms of the transaction including, but not limited to, the exchange of land for construction, the buildings and facilities to be constructed for the benefit of the Treasure Island Job Corps Center, and any residual exchange of funds or services to be rendered as part of the final agreement. The report should also state the total amount of funding, if any, that was transferred to Job Corps to be used for future operations as authorized.

Technical Assistance.—The Committees on Appropriations of the House of Representatives and the Senate (Committees) have long relied on the budget office at the Department to facilitate requests for legal and technical information that is not covered by a legitimate claim of privilege. The agreement expects that all technical assistance requests be dealt with in a manner that is consistent with past precedent, including timely answers that respond to any specific inquiries related to obligation and expenditures of appropriations. In addition, the Department is directed to provide the Committees with the number of full time equivalent employees by principal office and appropriations account not later than 30 days after the end of each quarter.

### VETERANS EMPLOYMENT AND TRAINING

The agreement includes new language authorizing the collection and use of fees for the Honoring Investments in Recruiting and Employing (HIRE) Vets Medallion Award program as intended by the Honoring Investments in Recruiting and Employing American Military Veterans Act of 2017 (HIRE Vets Act).

## GENERAL PROVISIONS

The agreement modifies a provision related to the Secretary's transfer authority.

The agreement modifies a provision related to the rescission of funds.

The agreement includes a new provision related to excess property.

The agreement includes a new provision related to the use of IT funds by a consortia of States.

The agreement includes a new provision related to the HIRE Vets Medallion Award program.

The agreement includes a new provision related to Job Corps property.

The agreement includes a new provision related to the Secretary's security detail.

## TITLE II

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

### HEALTH RESOURCES AND SERVICES ADMINISTRATION

### PRIMARY HEALTH CARE

Of the available funding for fiscal year 2018, bill language directs that not less than \$200,000,000 shall be for making supplemental awards to improve the quality of care under section 330(d) of the Public Health Service Act to expand and improve access to quality mental health and substance use disorder prevention and treatment services nationwide.

The agreement supports funding for technical assistance available for health centers through National and State cooperative agreements and grants. These resources are critical to the successful operation of the Health Centers program, and ensure Federal funds invested in care delivery are fully utilized and effectively deployed. The agreement supports enhanced technical assistance and training activities provided through primary care associations and National cooperative organizations, and ongoing support for health center-controlled networks.

Native Hawaiian Health Care.—The agreement provides not less than \$17,500,000 for the Native Hawaiian Health Care Program.

### HEALTH WORKFORCE

Advanced Education Nursing.—The agreement provides an increase of \$8,000,000 to award grants for the clinical training of sexual assault nurse examiners to administer medical forensic examinations and treatments to victims of sexual assault in hospitals, health centers, and other emergency health care service provider settings referenced in Senate Report 115-150.

Behavioral Health Workforce Education and Training.—The agreement provides an increase of \$25,000,000 to expand the mental health and substance abuse workforce, including, but not limited to, master's level social workers, psychologists, counselors, marriage and family therapists, psychiatric mental health nurse practitioners, occupational therapists, psychology doctoral interns, and behavioral health paraprofessionals.

Mental and Behavioral Health Education Training.—The agreement provides an increase of \$27,000,000 to recruit and train professionals and faculty in the fields of social work, psychology, psychiatry, marriage and family therapy, substance abuse prevention and treatment, and other areas of mental and behavioral health.

National Health Service Corps.—The agreement provides an increase of \$105,000,000 to expand and improve access to quality opioid and substance use disorder treatment in rural and underserved areas nationwide. The agreement expands eligibility for loan repayment awards through the National Health Service Corps to include substance use disorder counselors, which will support the recruitment and retention of health professionals needed in underserved areas to provide evidence-based substance abuse treatment and prevent overdose deaths. Of the amount provided, the agreement directs that \$30,000,000 shall be available

for the new Rural Communities Opioid Response initiative within the Office of Rural Health.

Nursing Workforce Development.—The agreement recognizes that the Nurse Education, Practice, Quality and Retention Program's Veteran's Bachelor of Science Degree in Nursing has been important to helping our Nation's veterans progress and graduate with a degree. The agreement supports this effort and directs HRSA to continue to fund this program in fiscal year 2018. The agreement also directs HRSA to ensure that nothing would prevent current grantees from applying to a re-competition.

Oral Health Training.—The agreement includes not less than \$10,000,000 for General Dentistry Programs and not less than \$10,000,000 for Pediatric Dentistry Programs. The agreement includes not less than \$2,000,000 for the Dental Faculty Loan Repayment Program authorized under section 748 of the Public Health Service Act. For the Dental Faculty Loan Repayment Program, the agreement directs HRSA to provide continuation funding for grants initially awarded in fiscal years 2016 and 2017, and issue a new funding opportunity announcement with the new funding.

Primary Care Training and Enhancement.—The agreement directs HRSA to ensure that not less than 15 percent of funds provided for this program are used to support training of physician assistants. The agreement also urges the integration of evidence-based trainings for health professionals to screen, access, intervene, and refer patients to specialized treatment for the severe mental illness of eating disorders as authorized under section 13006 of the 21st Century Cures Act (P.L. 114-255).

### MATERNAL AND CHILD HEALTH

Autism and Other Developmental Disorders.—The agreement provides \$49,099,000 for the Autism and Other Developmental Disorders program and

directs not less than \$32,000,000 for the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program. The increase will help the LEND program initiate or expand work in the area of interdisciplinary leadership training to meet the needs of children with Autism Spectrum Disorders and related developmental disabilities.

Children's Health and Development.—The agreement provides \$3,500,000 within Special Projects of Regional and National Significance (SPRANS) for the HRSA funded study focused on improving child health through a statewide system of early childhood developmental screenings and interventions. This funding shall be used to extend the currently funded project for another year.

Heritable Disorders Program.—The agreement provides \$15,883,000 for the Heritable Disorders Program, of which \$2,000,000 is provided for newborn screening for Severe Combined Immune Deficiency and related disorders.

Infant-Toddler Court Teams.—The agreement includes \$3,000,000 within the total provided for SPRANS for a contract or cooperative agreement to provide ongoing training and technical assistance, implementation support, and evaluation research to support research-based Infant-Toddler Court Teams. These efforts shall use the science of early childhood development to build upon the technical assistance and direct support of sites established through the Quality Improvement Center for Research-Based Infant-Toddler Court Teams initiative, integrating courts and community services to strengthen early childhood systems and change child welfare practices to improve infant-toddler wellbeing.

Pediatric Mental Health Care Access.—The agreement includes \$10,000,000 to expand access to behavioral health services in pediatric primary care by supporting the development of pediatric mental health care telehealth access programs.

Prenatal Screening Working Group.—The agreement requests the report described under this heading in House Report 115-244 within 180 days of enactment of this Act.

Screening and Treatment for Maternal Depression.—The agreement provides \$5,000,000 for the Screening and Treatment for Maternal Depression program as authorized in section 10005 of the 21<sup>st</sup> Century Cures Act (Public Law 114-255). HRSA is directed to make grants to States to establish, improve, or maintain programs to train professionals to screen, assess, and treat for maternal depression in women who are pregnant or who have given birth within the preceding 12 months.

### HEALTH CARE SYSTEMS

Hansen's Disease.—The agreement includes \$13,706,000 for the National Hansen's Disease program and directs HRSA to continue funding Ambulatory Care Centers by aligning resources with the levels of care that Hansen's disease patients need.

Organ Donation.—HRSA is directed to submit a report on organ donation within 180 days of enactment of this Act that satisfies the requirements included in House Report 115-244 and Senate Report 115-150.

### RURAL HEALTH

Black Lung Clinics.—The agreement funds Black Lung Clinics at the fully authorized level of \$10,000,000, an increase of \$2,734,000 over fiscal year 2017. This funding supports services to assist disabled coal miners with medical, educational, and benefits counseling.

Delta States Rural Development Network Grant Program.—The agreement provides an additional \$4,000,000 for continuation of the Delta Regional

Authority's (DRA) program to help small rural hospitals improve their financial and operational performance. Of this amount, not more than \$500,000 shall be for telehealth equipment and financial systems enhancement for participating hospitals. Of this amount, not less than \$750,000 shall be dedicated to subcontracts with entities headquartered in the DRA region with expertise in rural hospital finance and telemedicine.

Rural Communities Opioids Response.—The agreement provides \$100,000,000 for a Rural Communities Opioids Response to support treatment for and prevention of substance use disorder, with a focus on the 220 counties identified by the Centers for Disease Control and Prevention as being at risk, and other rural communities at the highest risk for substance use disorder. This initiative would include improving access to and recruitment of new substance use disorder providers; building sustainable treatment resources, increasing use of telehealth; establishing cross-sector community partnerships, and implementing new models of care, including integrated behavioral health; and technical assistance. HRSA may also use funds for loan repayment through the National Health Service Corps. Activities should incorporate robust evidence-based interventions or promising practice models in community education and workforce training, capacity building and sustainability strategies and facilitate linkage of prevention, treatment, and recovery services. Within the funds provided to Health Workforce for the National Health Service Corps, the agreement directs up to \$30,000,000 in addition to the funding in Rural Health for the Rural Communities Opioid Response initiative.

Rural Health Outreach.—The agreement provides not less than \$8,000,000 for Outreach Service Grants; not more than \$15,100,000 for Rural Network Development Grants; not less than \$14,000,000 for Delta States Network Grant Program; not less than \$2,000,000 for Network Planning Grants; and not more than \$6,200,000 for Small Healthcare Provider Quality Improvement Grants.

Rural Residency Program.—The agreement provides \$15,000,000 for a new Rural Residency Program to expand the number of rural residency training programs with a focus on developing programs that are sustainable beyond Federal funding. The funds will support planning and development costs accrued while achieving program accreditation through the Accreditation Council for Graduate Medical Education. The agreement encourages HRSA to support rural hospitals, medical schools, and community-based ambulatory settings with rural designation along with a consortia of urban and rural partnerships.

Telehealth Centers of Excellence (COE).—Within the funds provided for the Office for Advancement of Telehealth activities, the agreement includes \$4,000,000 for a second year of funding for the Telehealth COE program. Of this amount, not less than \$1,000,000 shall be used to research, provide healthcare outcomes, and develop best practices for the delivery of mental and behavioral health care via telehealth, consistent with the Secretary's priorities. The agreement directs HRSA to divide the remaining \$3,000,000 evenly between the two centers, which are responsible for testing the efficacy of telehealth services in various sites and models, providing research and coordination efforts across the Federal government, developing best practices for telehealth, collecting data, and providing relevant telehealth training.

## CENTERS FOR DISEASE CONTROL AND PREVENTION

The agreement includes \$8,301,166,000 in total program level funding for the Centers for Disease Control and Prevention (CDC), which includes \$7,260,266,000 in discretionary budget authority, \$800,900,000 in transfers from the Prevention and Public Health Fund (PPH Fund), and \$240,000,000 in transfers from the Nonrecurring Expenses Fund.

## IMMUNIZATION AND RESPIRATORY DISEASES

The agreement includes a total of \$798,405,000 for Immunization and Respiratory Diseases, which includes \$474,055,000 in discretionary appropriations and \$324,350,000 in transfers from the PPH Fund. Within this total, the agreement includes the following amounts:

-	FY 2018
Budget Activity	Agreement
Section 317 Immunization Program	\$610,847,000
Influenza Planning and Response	187,558,000

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

The agreement includes \$1,127,278,000 for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention. Within this total, the agreement includes the following amounts:

	FY 2018
Budget Activity	Agreement
Domestic HIV/AIDS Prevention and Research	\$788,712,000
HIV Prevention by Health Departments	397,161,000
HIV Surveillance	119,861,000

	FY 2018
Budget Activity	Agreement
Activities to Improve Program	
Effectiveness	103,208,000
National, Regional, Local, Community, and	
Other Organizations	135,401,000
School Health	33,081,000
Viral Hepatitis	39,000,000
Sexually Transmitted Infections	157,310,000
Tuberculosis	142,256,000

# EMERGING AND ZOONOTIC INFECTIOUS DISEASES

The agreement includes \$614,572,000 for Emerging and Zoonotic Infectious Diseases, which includes \$562,572,000 in discretionary appropriations and \$52,000,000 in transfers from the PPH Fund. Within this total, the agreement includes the following amounts:

	FY 2018
Budget Activity	Agreement
Antibiotic Resistance Initiative	\$168,000,000
Lab Safety and Quality	8,000,000
Vector-borne Diseases	38,603,000

	FY 2018
Budget Activity	Agreement
Lyme Disease	10,700,000
Prion Disease	6,000,000
Chronic Fatigue Syndrome	5,400,000
Emerging Infectious Diseases	155,457,000
All Other Infectious Diseases	29,840,000
Food Safety	58,000,000
National Healthcare Safety Network	21,000,000
Quarantine	31,572,000
Advanced Molecular Detection	30,000,000
Epidemiology and Lab Capacity program	40,000,000
Healthcare-Associated Infections	12,000,000

# CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

The agreement includes \$1,162,896,000 for Chronic Disease Prevention and Health Promotion, which includes \$915,346,000 in discretionary appropriations and \$247,550,000 in transfers from the PPH Fund. Within this total, the agreement includes the following amounts:

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Budget Activity	Agreement
Tobacco	\$210,000,000
Nutrition, Physical Activity, and Obesity	54,920,000
High Obesity Rate Counties	15,000,000
School Health	15,400,000
Health Promotion	18,000,000
Glaucoma	4,000,000
Visual Screening Education	1,000,000
Alzheimer's Disease	4,500,000
Inflammatory Bowel Disease	1,000,000
Interstitial Cystitis	1,000,000
Excessive Alcohol Use	4,000,000
Chronic Kidney Disease	2,500,000
Prevention Research Centers	25,461,000
Heart Disease and Stroke	140,062,000
Diabetes	148,129,000
National Diabetes Prevention Program	25,300,000
Cancer Prevention and Control	367,674,000

	FY 2018
Budget Activity	Agreement
Breast and Cervical Cancer	218,000,000
WISEWOMAN	21,120,000
Breast Cancer Awareness for Young Women	4,960,000
Cancer Registries	49,440,000
Colorectal Cancer	43,294,000
Comprehensive Cancer	19,675,000
Johanna's Law	7,000,000
Ovarian Cancer	9,500,000
Prostate Cancer	13,205,000
Skin Cancer	2,125,000
Cancer Survivorship Resource Center	475,000
Oral Health	19,000,000
Safe Motherhood/Infant Health	46,000,000
Preterm Birth	2,000,000
Arthritis	11,000,000
Epilepsy	8,500,000
National Lupus Patient Registry	6,500,000

	FY 2018
Budget Activity	Agreement
Racial and Ethnic Approaches to Community	
Health (REACH)	50,950,000
Good Health and Wellness in Indian Country	16,000,000
Million Hearts	4,000,000
National Early Child Care Collaboratives	4,000,000
Hospitals Promoting Breastfeeding	8,000,000

High Obesity Counties.—The agreement provides \$15,000,000, an increase of \$5,000,000, to address obesity in counties. The agreement reiterates the language provided in Senate Report 155-150 and directs CDC to leverage the community extension services provided by land grant universities who are mandated to translate science into practical action and promote healthy lifestyles.

Safe Motherhood and Infant Health.—The agreement includes funding at the fiscal year 2017 level for the teen pregnancy prevention cooperative agreement.

Racial and Ethnic Approaches to Community Health (REACH).—The agreement includes \$50,950,000 for the REACH program. Within the total amount, \$34,950,000 is provided for the second year of a five-year cooperative agreement for community programs and \$16,000,000 is for Good Health and Wellness in Indian Country, as described in House Report 115-244.

BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

The agreement includes \$140,560,000 for Birth Defects and Developmental Disabilities. Within the total for Birth Defects and Developmental Disabilities, the agreement includes the following amounts:

	FY 2018
Budget Activity	Agreement
Child Health and Development	\$65,800,000
Birth Defects	19,000,000
Fetal Death	900,000
Fetal Alcohol Syndrome	11,000,000
Folic Acid	3,150,000
Infant Health	8,650,000
Autism	23,100,000
Health and Development for People with	
Disabilities	59,660,000
Disability & Health	27,000,000
Tourette Syndrome	2,000,000
Early Hearing Detection and Intervention	10,760,000
Muscular Dystrophy	6,000,000
Attention Deficit Hyperactivity Disorder	1,900,000

	FY 2018
Budget Activity	Agreement
Fragile X	2,000,000
Spina Bifida	6,000,000
Congenital Heart Failure	4,000,000
Public Health Approach to Blood Disorders	4,400,000
Hemophilia CDC Activities	3,500,000
Hemophilia Treatment Centers	5,100,000
Thalassemia	2,100,000

National Centers on Disability.—The agreement includes \$8,500,000 to continue to strengthen existing programs that address healthy athletes and an additional \$2,500,000 to continue to strengthen existing activities that improve physical activity and health promotion for people with mobility disabilities.

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

### PUBLIC HEALTH SCIENTIFIC SERVICES

The agreement includes a total of \$490,397,000 for Public Health Scientific Services. Within the total for Public Health Scientific Services, the agreement includes the following amounts:

	FY 2018
Budget Activity	Agreement
Health Statistics	\$160,397,000
Surveillance, Epidemiology, and	
Informatics	279,000,000
Lab Training	5,000,000
Public Health Workforce	51,000,000

## **ENVIRONMENTAL HEALTH**

The agreement includes \$205,750,000 for Environmental Health programs, which includes \$188,750,000 in discretionary appropriations, and \$17,000,000 in transfers from the PPH Fund. The agreement provides support for CDC's environmental health research, evaluation, and surveillance activities. These activities are intended to be complementary to the biomedical research conducted at the National Institute of Environmental Health Sciences. Within this total, the agreement includes the following amounts:

	FY 2018
Budget Activity	Agreement
Environmental Health Laboratory	\$63,150,000
Other Environmental Health (Biomonitoring/Chronic	
Disease Biomarkers)	48,500,000

Newborn Screening Quality Assurance Program	13,400,000
Newborn Screening /Severe Combined	
Immuno-deficiency Diseases	1,250,000
Environmental Health Activities	44,600,000
Safe Water	8,600,000
Amyotrophic Lateral Sclerosis Registry	10,000,000
Climate Change	10,000,000
All Other Environmental Health	16,000,000
Environmental and Health Outcome Tracking Network	34,000,000
Asthma	29,000,000
Childhood Lead Poisoning	35,000,000

Harmonization of Lab Results.—The agreement recognizes that certain clinical laboratory tests need harmonization to ensure that accurate results are available for correct patient care. The agreement provides \$2,000,000 to the Environmental Health Laboratory to improve the quality and reliability of diagnostic tests for hormones such as thyroid stimulating hormone, testosterone, and estrogen.

## INJURY PREVENTION AND CONTROL

The agreement includes \$648,559,000 for Injury Prevention and Control activities. Within this total, the agreement includes the following amounts:

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	FY 2018
Budget Activity	Agreement
Intentional Injury	\$102,730,000
Domestic Violence and Sexual	
Violence	32,700,000
Child Maltreatment	7,250,000
Youth Violence Prevention	15,100,000
Domestic Violence Community	
Projects	5,500,000
Rape Prevention	49,430,000
National Violent Death Reporting	
System	23,500,000
Unintentional Injury	8,800,000
Traumatic Brain Injury	6,750,000
Elderly Falls	2,050,000
Injury Prevention Activities	28,950,000
Opioid Overdose Prevention and	
Surveillance	475,579,000
Injury Control Research Centers	9,000,000

While appropriations language prohibits the CDC and other agencies from using appropriated funding to advocate or promote gun control, the Secretary of Health and Human Services has stated the CDC has the authority to conduct research on the causes of gun violence.

National Violent Death Reporting System (NVDRS).—The agreement includes an increase in funding to expand the NVDRS to all 50 States and the District of Columbia, which will allow researchers, practitioners, and policymakers to get a more complete understanding of violent deaths in the United States.

Opioid Prescription Drug Overdose (PDO) Prevention Activity.—The agreement includes \$475,579,000, an increase of \$350,000,000 and reflects continued strong support of CDC PDO activities. As such, it reiterates support for the interconnected language in both the House and the Senate reports on this issue. CDC shall use the provided funds to advance the understanding of the opioid overdose epidemic and scale up prevention activities across all 50 States and Washington, D.C. The agreement expects that this will include the expansion of case-level syndromic surveillance data, improvements of interventions that monitor prescribing and dispensing practices, better timeliness and quality of morbidity and mortality data, as well as the enhancement of efforts with medical examiners and coroner offices. CDC shall promote the use of Prescription Drug Monitoring Programs (PDMPs), including implementation of activities described in the National All Schedules Prescription Electronic Reporting Act of 2005 as amended by the Comprehensive Addiction and Recovery Act of 2016. This shall include continuing to expand efforts to enhance the utility of PDMPs in States and communities, making them more interconnected, real-time, and usable for public health surveillance and clinical decision making. CDC shall also promote alternative surveillance programs for States and communities that do not have a PDMP. CDC is encouraged to work with the Office of the National Coordinator for Health Information Technology to enhance the integration of PDMPs and electronic health records. Finally, CDC shall use \$10,000,000 of the funds provided to conduct an opioid nationwide awareness and education campaign.

## NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

The agreement includes a total of \$335,200,000 for the National Institute for Occupational Safety and Health (NIOSH) in discretionary appropriations. Within the total for NIOSH, the agreement includes the following amounts:

	FY 2018
Budget Activity	Agreement
National Occupational Research Agenda	\$116,000,000
Agriculture, Forestry, Fishing	25,500,000
Education and Research Centers	29,000,000
Personal Protective Technology	20,000,000
Mining Research	59,500,000
National Mesothelioma Registry and Tissue Bank	1,100,000
Other Occupational Safety and Health Research	109,600,000

Total Worker Health.—The agreement provides funding in the Other Occupational Safety and Health Research line to continue to support the Total Worker Health program at not less than the fiscal year 2017 level.

## **GLOBAL HEALTH**

The agreement includes \$488,621,000 for Global Health activities. Within this total, the agreement includes the following amounts:

	FY 2018
Budget Activity	Agreement
Global AIDS Program	\$128,421,000
Global Immunization Program	226,000,000
Polio Eradication	176,000,000
Measles and Other Vaccine	
Preventable Diseases	50,000,000
Parasitic Diseases/Malaria	26,000,000
Global Public Health Protection	108,200,000
Global Disease Detection and	
Emergency Response	98,400,000
Global Public Health Capacity	9,800,000

Global Health Security Strategy.—The agreement reiterates strong support for the Global Health Security (GHS) strategy and notes that funding provided in the Ebola supplemental will expire at the end of fiscal year 2019. The agreement provides an additional \$50,000,000 with three-year availability which will help CDC sustain its GHS work in other countries. Not later than 180 days after enactment of this Act, the Senior Director for Global Health Security and Biothreats at the National Security Council, in coordination with the Secretary of State, the United States Agency for International Development Administrator, the Director of the Centers for Disease Control and Prevention, the Secretary of Health

and Human Services, the Secretary of Defense, the Secretary of Homeland Security, and the Director of the Office of Management and Budget, shall submit to the appropriate Congressional committees a comprehensive inter-agency strategy to accelerate the capabilities of targeted countries to prevent, detect, and respond to infectious disease outbreaks. The strategy shall: (i) detail the role and responsibility of each relevant agency of the United States Government in implementing the strategy; (ii) include multi-year cost estimates for operations and programs necessary to implement such strategy, disaggregated by agency; (iii) describe the mechanisms for coordination and oversight of such programs; (iv) review lessons-learned from previous efforts to promote global health security; and (v) identify any obstacles to the implementation of such strategy in policy or legislation, and include specific recommendations for addressing such obstacles.

Global Disease Detection.—Within the total for Global Disease Detection and Emergency Response, the agreement includes \$3,000,000 in fiscal year 2018 to provide continued support for existing longitudinal, population-based infectious disease surveillance platforms that enable comparative analysis between urban and rural populations in the developing world.

Soil Transmitted Helminth (STH).—The agreement includes \$1,500,000 for surveillance, source remediation, and clinical care aimed at reducing STH as described in Senate Report 115-150.

### PUBLIC HEALTH PREPAREDNESS AND RESPONSE

The agreement includes \$1,450,000,000 for public health preparedness and response activities. Within the total for Public Health Preparedness and Response, the agreement includes the following amounts:

	FY 2018
Budget Activity	Agreement
Public Health Emergency Preparedness	•
Cooperative Agreements	\$670,000,000
Academic Centers for Public Health	
Preparedness	8,200,000
CDC Preparedness and Response	161,800,000
BioSense	23,000,000
All Other CDC Preparedness	138,800,000
Strategic National Stockpile	610,000,000

Strategic National Stockpile (SNS).—The agreement appreciates the Secretary's efforts to improve the efficiency of the Department's public health preparedness and response programs and looks forward to considering and evaluating the Department's proposal to shift the funding and oversight of the SNS from CDC to the Assistant Secretary for Preparedness and Response (ASPR), as submitted in the fiscal year 2019 budget request. The Committees note that CDC has unique expertise in public health preparedness and response, science-based policy and decision making, public health communications, and coordination with State and local partners. Should the proposed move be implemented, the Secretary is strongly urged to maintain a strong and central role for CDC in the medical countermeasures enterprise.

### **BUILDINGS AND FACILITIES**

The agreement includes \$510,000,000 for Buildings and Facilities. Within this amount, the agreement includes \$480,000,000 for construction of a new Biosafety Level 4 lab, of which \$240,000,000 shall be transferred from the Nonrecurring Expenses Fund.

### **CDC-WIDE ACTIVITIES**

The agreement includes \$273,570,000 for CDC-wide activities, which includes \$113,570,000 in discretionary appropriations and \$160,000,000 in transfers from the PPH Fund. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2018
	Agreement
Preventative Health and Health Services	
Block Grant	\$160,000,000
Public Health Leadership and Support	113,570,000

### NATIONAL INSTITUTES OF HEALTH

The agreement provides \$37,084,000,000 for the National Institutes of Health (NIH), including \$496,000,000 from the 21<sup>st</sup> Century Cures Act (P.L. 114-255), an increase of \$3,000,000,000, or 8.8 percent, above fiscal year 2017.

The agreement continues the commitment to funding research on Alzheimer's disease and increases funding by \$414,000,000 to a total of \$1,828,000,000 in fiscal year 2018; increases funding for the All of Us precision medicine initiative by \$60,000,000; increases funding for the Brain Research through Advancing

Innovative Neurotechnologies (BRAIN) Initiative by \$140,000,000; increases funding for regenerative medicine by \$8,000,000; increases funding for antibiotic resistance research by \$50,000,000; and increases funding for the development of a universal influenza vaccine by \$40,000,000. In addition, the agreement includes \$500,000,000 for targeted research on opioid addiction within the National Institute of Neurological Disorders and Stroke (NINDS) and the National Institute on Drug Abuse (NIDA), and encourages NIDA to commit additional funding to this effort from within its base budget. It also includes a new initiative to expand research into Down syndrome. In addition, a funding increase above fiscal year 2017 is provided to every Institute and Center to continue investments in research that will save lives, lead to new drug and device development, reduce health care costs, and improve the lives of all Americans.

The agreement appropriates funds authorized in the 21<sup>st</sup> Century Cures Act (P.L. 114-255). Per the authorization, \$300,000,000 is transferred to the National Cancer Institute for cancer research; \$43,000,000 to NINDS and \$43,000,000 to the National Institute on Mental Health (NIMH) for the BRAIN Initiative; and \$110,000,000 will be allocated from the NIH Innovation Fund, in this agreement reflected in the Office of the Director, for the Precision Medicine Initiative cohort (\$100,000,000) and regenerative medicine research (\$10,000,000).

The agreement increases funding for Clinical and Translational Science Awards to \$542,771,000; increases funding for Institutional Development Awards to \$350,575,000; and continues to support the National Children's Study Follow-on program at \$165,000,000.

The Common Fund is supported as a set-aside within the Office of the Director at \$588,116,000, plus an additional \$12,600,000 to support pediatric research as authorized by the Gabriella Miller Kids First Research Act (P.L. 113-94).

The agreement expects the 8.8 percent increase of funds over the fiscal year 2017 level to support an increase in the number of new and competing Research Project Grants.

The agreement expects that NIH will continue its focus on emerging investigators and first-time renewals of these young investigators with actions to significantly reduce the average age of an NIH-supported new investigator.

The agreement expects NIH to support an increase in the number of Ruth L. Kirschstein National Research Service Awards and to provide a stipend level and inflationary increase to grantees that is at least consistent with the fiscal year 2018 Federal employee pay raise.

# NATIONAL CANCER INSTITUTE (NCI)

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

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

National Commission on Digestive Diseases.—The agreement requests an update on the implementation and recommendations of the National Commission on Digestive Diseases report entitled "Opportunities & Challenges in Digestive Diseases" in the fiscal year 2020 Congressional Justification.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE (NINDS)

Opioids Research.—The agreement includes \$250,000,000 for targeted research related to opioid addiction, development of opioid alternatives, pain management, and addiction treatment.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID)

Universal Influenza Vaccine.—The agreement directs NIAID to allocate not less than \$100,000,000 in fiscal year 2018 to advance basic, translational, and clinical research necessary to develop a universal influenza vaccine. To date, 128 children have died from influenza this season, and the hospitalization rate this season is among the highest since the Centers for Disease Control and Prevention began collecting these data in 2010. In response to the severity of the 2017-2018 influenza season, the agreement encourages NIAID to continue to prioritize investment in the basic and clinical scientific research necessary to develop a universal influenza vaccine.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES (NIGMS)

Science Education Partnership Awards (SEPA).—The agreement expects SEPA to receive not less than \$19,498,000, which is the fiscal year 2017 level plus the proportional share of the general increase provided to NIGMS.

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

Birth Settings Study.—The agreement notes that rates of home and birth center births continue to rise and there is ongoing need for further study on issues related to the choice of birth setting. Therefore, NICHD is directed to enter into an agreement with the National Academy of Sciences to provide an evidence-based analysis of the complex findings in the research on birth settings, including but not limited to: definitions and assessment of risk factors; access to and choice in birth settings; social determinants that influence risk and outcomes in varying birth settings; financing models for childbirth across settings; and the licensing, training, and accreditation issues impacting professionals providing maternity care across all settings.

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

Dermatology Branch.—The agreement reflects the move of the Dermatology Branch from NCI to NIAMS.

## NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

Opioid Research.—The agreement includes \$250,000,000 for targeted research related to opioid addiction, development of opioid alternatives, pain management, and addiction treatment. The agreement commends the NIH Director for initiating a Public-Private Partnership to develop new medications to respond to the opioid crisis, but notes, however, that NIH has failed to identify additional funding within the NIH's budget for efforts to address the opioid crisis. Presently, NIDA allocates 15 percent of its annual budget to researching issues related to opioid addiction, arguably one of the greatest public health threats facing the nation today. While a significant improvement compared to previous years, in addition to the new opioid

research funding provided by this agreement, NIH is strongly encouraged to explore opportunities for committing additional resources from the significant base funding included in the agreement for NIDA. It is understood that \$141,000,000 in expiring grant awards will become available for new competing awards in fiscal year 2018.

## NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES (NIMHD)

Research Centers in Minority Institutions (RCMIs).—The agreement continues to support the core mission of RCMIs to develop new investigators from under-represented communities and to conduct world-class biomedical research that emphasizes minority health and health disparities. The agreement expects the RCMIs to receive not less than \$61,478,000, which is the fiscal year 2017 level plus the proportional share of the general increase provided to NIMHD.

# NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES (NCATS)

Clinical and Translational Science Awards (CTSA) Program.—The bill provides \$542,771,000, an increase of \$26,651,000, for the CTSA program. The agreement continues to support the program, a stabilization in the number of hubs funded, and a five year grant cycle. The agreement acknowledges the positive changes made to the program in response to language included in the fiscal year 2018 Senate Report, including the increase in communication and collaboration with the Committees on Appropriations of the House of Representatives and the Senate. The agreement expects the Director to provide quarterly updates to principal investigators of CTSA hubs beginning within 30 days of enactment of this Act and to continue the ongoing updates to the Committees. Finally, the agreement expects written notification to continue to be provided to the Committees at least three days in advance of any public release of CTSA grant awards.

### OFFICE OF THE DIRECTOR

Gabriella Miller Kids First Research Act.—The agreement continues bill language for specific funds authorized by the Gabriella Miller Kids First Research Act (P.L. 114-255) within the Common Fund to support the fourth year of the 10-year Pediatric Research Initiative. The agreement requests an update in the fiscal year 2020 Congressional Justification on this effort as described in the House and Senate Reports.

Down Syndrome.—The agreement directs the NIH Director to develop a new trans-NIH initiative—involving, at a minimum, NICHD, NIA, and NCI—to study trisomy 21, with the aim of yielding scientific discoveries to improve the health and neurodevelopment of individuals with Down syndrome and typical individuals at risk for Alzheimer's disease, cancer, cardiovascular disease, immune system dysregulation, and autism, among others. This initiative shall bring together research results that will be available to academic researchers, nonprofit organizations, and industry researchers. Funding for this trans-NIH initiative will supplement, not supplant, existing NIH funding levels for Down syndrome research. The agreement directs NIH to report to the Committees on Appropriations of the House of Representatives and the Senate within 180 days of enactment of this act on the structure, leadership, and key areas of focus for the new trans-NIH initiative for fiscal years 2018 through 2022.

Strategic Plan for Autism Spectrum Disorder (ASD).—The agreement notes the release of the 2016-2017 Interagency Autism Coordinating Committee (IACC) Strategic Plan for Autism Spectrum Disorder and encourages NIH to consider the IACC's recommendations regarding future research related to ASD.

Clinical Trials Definition.—The agreement appreciates efforts NIH has taken to increase transparency and improve oversight of its clinical trials and recognizes that the results of NIH-funded clinical trials have not always been reported in a

timely manner, reducing the potential benefit from the findings. The agreement urges NIH to continue to address this problem through enhanced registration and reporting through ClinicalTrials.gov. There is concern, however, that in addressing this issue, many fundamental research studies involving human participants are being redefined as clinical trials without sufficient notification and consultation with this segment of the research community. Fundamental research is critical to the NIH mission and of value to the public, and there is concern that policy changes could have long-term, unintended consequences for this research, add unnecessary regulatory burdens, and substantially increase the number of studies in the clinicaltrials.gov database that are not clinical trials. For fiscal year 2018, the agreement directs NIH to delay enforcement of the new policy published in the Federal Register on September 21, 2017—including NIH's more expansive interpretation of "interventions"—in relation to fundamental research projects involving humans. The new policy should go forward for research projects that would have been considered clinical trials under the prior policy. This delay is intended to provide NIH sufficient time to consult with the basic research community to determine the reporting standards best suited to this kind of research. The agreement directs NIH to provide the Committees on Appropriations of the House of Representatives and the Senate a plan and schedule for soliciting comments and input from the research community within 30 days of enactment of this act, and brief the Committees on the results of these consultations and next steps by June 22, 2018.

Frontotemporal Degeneration (FTD).—The agreement strongly encourages NIH maintain and expand a multi-site infrastructure and network of clinical sites to extend the study of genetic and sporadic FTD cohorts. By supporting research in this way, we may increase our knowledge of the natural history of the disease by building an infrastructure for biomarker discovery and clinical trials in defined

FTD cohorts. A key component of this infrastructure includes support for a bioinformatics framework that will enable broad data sharing with the research community to advance disease modeling, and target and pathway discovery for therapeutic development. The agreement also recommends NIH prepare plans of action to increase research and treatment initiatives as they pertain to all forms of dementia, including challenges faced by those with younger onset and non-amnestic forms of the disease.

Office of Research on Women's Health (ORWH).—The agreement recognizes the continuing importance of the ORWH, and the valuable role it plays in ensuring clinical and basic research accurately reflects the racial, ethnic, age, sex and gender diversity necessary to provide generalizable data on the safety and efficacy of new medical products and the applicability of NIH-funded research to all Americans. It is anticipated that funding for ORWH will be assigned the priority merited by the important mission it advances and reflect growth in the overall NIH budget.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

The agreement encourages SAMHSA to include as eligible applicants in new funding opportunity announcements, States, political subdivisions of States, Indian tribes or tribal organizations, health facilities, or programs operated by or in accordance with a contract or grant with the Indian Health Service, or other public or private nonprofit organizations. The agreement strongly encourages SAMHSA to exercise maximum flexibility when developing funding opportunity announcements to ensure that all eligible applicants may apply.

The agreement urges the Assistant Secretary to ensure that all training requirements specified by 21 U.S.C. 823(g)(2)(G)(ii)(IV) are meaningfully addressed.

### MENTAL HEALTH

Certified Community Behavioral Health Clinics.—The agreement includes \$100,000,000 and directs SAMSHA to prioritize resources to entities within States that are part of the section 223(a) of the Protecting Access to Medicare Act of 2014 (P.L. 113-93) demonstration and to entities within States that were awarded planning grants. SAMHSA is encouraged to coordinate these resources with its efforts on substance use disorders. SAMHSA shall conduct an evaluation of the program and provide a report to the Committees on Appropriations of the House of Representatives and the Senate not later than 15 months after the date of enactment of this Act.

Children's Mental Health Services.—The agreement includes a new 10 percent set-aside for an early intervention demonstration program with persons not more than 25 years of age at clinical high risk of developing a first episode of psychosis. SAMHSA is directed to work with NIMH on the implementation of this set-aside.

Within the total provided for Mental Health Programs of Regional and National Significance (PRNS), the agreement includes the following amounts:

	FY 2018
Budget Activity	Agreement
Capacity:	
Seclusion & Restraint	\$1,147,000
Project Aware State Grants	71,001,000
Mental Health First Aid	19,963,000
Healthy Transitions	25,951,000

	FY 2018
Budget Activity	Agreement
Infant and Early Childhood Mental Health	5,000,000
National Child Traumatic Stress Network	53,887,000
Children and Family Programs	7,229,000
Consumer and Family Network Grants	4,954,000
Mental Health System Transformation and Health	
Reform	3,779,000
Project LAUNCH	23,605,000
Primary and Behavioral Health Care	
Integration	49,877,000
National Strategy for Suicide Prevention	11,000,000
Zero Suicide	9,000,000
American Indian and Alaska Native	2,000,000
Suicide Lifeline	7,198,000
Garrett Lee Smith-Youth Suicide Prevention-	
States	35,427,000
Garrett Lee Smith-Youth Suicide Prevention-	
Campus	6,488,000

	FY 2018
Budget Activity	Agreement
American Indian and Alaskan Native Suicide	
Prevention Initiative	2,931,000
Homelessness Prevention Programs	30,696,000
Tribal Behavioral Grants	15,000,000
Minority AIDS	9,224,000
Criminal and Juvenile Justice Programs	4,269,000
Assisted Outpatient Treatment	15,000,000
Assertive Community Treatment for Individuals with	
Serious Mental Illness	5,000,000
Science and Service:	
Garrett Lee Smith-Suicide Prevention Resource	
Center	5,988,000
Practice Improvement and Training	7,828,000
Primary/Behavioral Health Integration T.A	1,991,000
Consumer & Consumer Support T.A. Centers	1,918,000
Minority Fellowship Program	8,059,000
Disaster Response	1,953,000
Homelessness	2,296,000

Infant and Early Childhood Mental Health.—The agreement includes \$5,000,000 for infant and early childhood mental health promotion, intervention, and treatment as authorized in section 10006 of the 21<sup>st</sup> Century Cures Act (P.L. 114-255).

Mental Health First Aid.—When SAMHSA issues new competitive funding opportunities, SAMHSA is directed to include as eligible grantees local law enforcement agencies, fire departments, and emergency medical units with a special emphasis on training for crisis de-escalation techniques. SAMHSA is also encouraged to prioritize training for veterans, armed services personnel, and their family members.

Project AWARE.—The agreement provides \$71,000,000, an increase of \$14,000,000 for Project AWARE, a program which raises awareness of mental health issues and connects young people experiencing behavioral health issues, as well as their families, with needed services. Of the amount provided for Project AWARE, the agreement provides not less than \$10,000,000 for discretionary grants to support efforts in high-crime, high-poverty areas and, in particular, communities that are seeking to address relevant impacts and root causes of civil unrest. These grants should maintain the same focus as fiscal year 2017 grants. The agreement requests a report on progress of fiscal year 2017 grantees 180 days after the enactment of this Act.

#### SUBSTANCE ABUSE TREATMENT

21<sup>st</sup> Century Cures.—The agreement notes concern that SAMHSA has restricted State's flexibility for addressing the opioid crisis by limiting the amount of funding that can be used for opioid prevention activities. The agreement recommends States be given flexibility within the existing grant program authorized in section 1003(b)(3) of the 21<sup>st</sup> Century Cures Act (P.L. 114-255) to

direct resources in accordance with local needs. The agreement requests a report to the Committees on Appropriations of the House of Representatives and the Senate on such plans and evaluation results available on this program, one year after enactment of this Act.

State Opioid Response Grants.—The agreement provides \$1,000,000,000 in new funding for grants to States to address the opioid crisis. This funding is in addition to the \$500,000,000 provided in the 21<sup>st</sup> Century Cures Act. Bill language provides \$50,000,000 for grants to Indian tribes or tribal organizations. In addition, the agreement provides a 15 percent set-aside for States with the highest age-adjusted mortality rate related to opioid use disorders. The Assistant Secretary is encouraged to apply a weighted formula within the set-aside based on state ordinal ranking. The agreement urges the Assistant Secretary to ensure the formula avoids a significant cliff between States with similar mortality rates. SAMHSA shall submit to the Committees on Appropriations of the House of Representatives and the Senate a work plan of the proposed allocation of funds not later than 30 days prior to awarding grants.

In addition, not later than one year after the date of enactment of this Act, SAMHSA shall submit a report to the Committees on Appropriations of the House of Representatives and the Senate that includes a description of the activities for which each State has received funding and the ultimate recipients of the funds provided to States. In addition, SAMHSA shall submit an evaluation of the program not later than two years after the date of enactment of this Act. SAMHSA is directed to make the report and evaluation publicly available on SAMHSA's website.

National Academy of Sciences (NAS) Review.—Within the total for administration, technical assistance, and evaluation, provided to SAMHSA for the State Opioid Response Grants, the agreement includes \$2,000,000 to charter a NAS review within 90 days of enactment of this Act. The NAS review will identify outcomes that are to be achieved by activities authorized in the Comprehensive Addiction and Recovery Act (P.L. 114-198) and the metrics by which the achievement of such outcomes shall be determined, as required by section 701 of such Act. The NAS study should report on the effectiveness of the

programs in achieving their respective goals for preventing, treating, and supporting recovery from substance use disorders. The NAS study will result in the public availability of program level data and recommendations to Congress concerning the appropriate allocation of resources to such programs to ensure cost-effectiveness in the Federal government's response to the opioid addiction epidemic. It is expected that an interim report will be completed within three years after enactment of this Act, and a final report will be completed within five years after enactment of this Act.

Within the total provided for Substance Abuse Treatment Programs of Regional and National Significance, the agreement includes the following amounts:

	FY 2018
Budget Activity	Agreement
Capacity:	
Opioid Treatment Programs/Regulatory Activities	\$8,724,000
Screening, Brief Intervention, Referral, and Treatment	30,000,000
PHS Evaluation Funds	2,000,000
Targeted Capacity Expansion - General	95,192,000
Medication-Assisted Treatment for Prescription Drug	
and Opioid Addiction	84,000,000
Pregnant & Postpartum Women	29,931,000
Building Communities of Recovery	5,000,000

	FY 2018
Budget Activity	Agreement
Recovery Community Services Program	2,434,000
Children and Families	29,605,000
Treatment Systems for Homeless	36,386,000
Minority AIDS	65,570,000
Criminal Justice Activities	89,000,000
Drug Courts	70,000,00
Science and Service:	
Addiction Technology Transfer Centers	9,046,000
Minority Fellowship Program	4,539,000

Medication-Assisted Treatment for Prescription Drug and Opioid Addiction.—
The agreement provides \$84,000,000 for the Medication-Assisted Treatment for Prescription Drug and Opioid Addiction program. SAMHSA is directed to include as an allowable use medication-assisted treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids and heroin.

SAMHSA is directed to give preference in grant awards to treatment regimens that are less susceptible to diversion for illicit purposes. These grants should target States with the highest age adjusted rates of admissions, including those that have demonstrated a dramatic age adjusted increase in admissions for the treatment of

opioid use disorders. Within the total, the agreement includes \$5,000,000 for grants to Indian tribes, tribal organizations, or consortia.

Minority Fellowship Program.—With the \$1,000,000 increase provided, the agreement directs SAMHSA to provide funding to grantees to develop and implement fellowships in psychology, addiction psychiatry, and addiction medicine with a specific focus in addressing the needs of individuals with substance use disorders.

## SUBSTANCE ABUSE PREVENTION

Within the total provided for Substance Abuse Prevention Programs of Regional and National Significance, the agreement includes the following amounts:

	FY 2018
Budget Activity	Agreement
Capacity:	
Strategic Prevention Framework/Partnerships for Success	\$119,484,000
Strategic Prevention Framework Rx	10,000,000
Grants to Prevent Prescription Drug/Opioid Overdose	12,000,000
First Responder Training	36,000,000
Rural Set-aside	18,000,000
Improving Access to Overdose Treatment	1,000,000
Mandatory Drug Testing	4,894,000
MinorityAIDS	41,205,000

	FY 2018
Budget Activity	Agreement
Sober Truth on Preventing Underage Drinking (STOP Act).	7,000,000
National Adult-Oriented Media Public Service	
Campaign	1,000,000
Community-based Coalition Enhancement Grants	5,000,000
Intergovernmental Coordinating Committee on the	
Prevention of Underage Drinking	1,000,000
Tribal Behavioral Health Grants	15,000,000
Science and Service:	
Center for the Application of Prevention Technologies	7,493,000
Science and Service Program Coordination	4,072,000
Minority Fellowship Program	71,000

The agreement directs all funding appropriated explicitly for substance abuse prevention purposes both in the Center for Substance Abuse Prevention's PRNS lines as well as the funding from the 20 percent prevention set-aside in the Substance Abuse Prevention and Treatment Block Grant be used only for bona fide substance abuse prevention programs and not for any other purpose.

Federal Drug Free Workplace.—The agreement strongly encourages the Secretary to expeditiously produce the technical guidelines for the use of hair testing as a Federally-accepted drug testing method.

## HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Within the total provided for health surveillance and program support, the agreement includes the following amounts:

<del></del>	FY 2018
Budget Activity	Agreement
Health Surveillance	\$47,258,000
PHS Evaluation Funds	30,428,000
Program Management	79,000,000
Performance and Quality Info. Systems	10,000,000
Drug Abuse Warning Network	10,000,000
Public Awareness and Support	13,000,000
Behavioral Health Workforce Data	1,000,000
PHS Evaluation Funds	1,000,000

# AGENCY FOR HEALTHCARE RESEARCH AND QUALITY HEALTHCARE RESEARCH AND QUALITY

The agreement provides \$334,000,000 for the Agency for Healthcare Research and Quality (AHRQ). Within the total, the agreement includes the following amounts:

	FY 2018
Budget Activity	Agreement
Patient-Centered Health Research	\$0
Prevention/Care Management	11,649,000
Health Information Technology (IT)	16,500,000
Health IT to Improve Quality	14,500,000
Patient Safety Research	70,276,000
Healthcare-Associated Infections	
Prevention	36,000,000
Combating Antibiotic-Resistant Bacteria	10,000,000
Healthcare Delivery Systems	10,000,000
Crosscutting Activities Related to Quality,	
Effectiveness, and Efficiency Research	94,284,000
Health Services Contract/IAA Research	14,000,000
Investigator-Initiated Research Grants	52,933,000
Medical Expenditure Panel Survey	69,991,000
Program Management	71,300,000

Health Services and Primary Care Research.—The agreement includes \$1,000,000 within the total for Program Management to contract with an

independent entity to study health services and primary care research supported by Federal agencies since fiscal year 2012. This study should identify research gaps and areas for consolidation, as well as propose strategies for better coordination of the Federal health services research enterprise. AHRQ shall provide a report to the Committees on Appropriations of the House of Representatives and the Senate on the status of this study within one year of enactment of this Act.

## CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) PROGRAM MANAGEMENT

Ambulatory Surgical Center Payment System.—The agreement notes that CMS recently finalized the payment rates under the Ambulatory Surgical Center Payment System for calendar year 2018. CMS is directed to submit a report within 180 days of enactment of this Act to the Committees on Appropriations of the House of Representatives and the Senate. Such report should include a detailed justification of the payment methodology for Interventional Pain Ambulatory Surgical Centers.

Assistive Technology.—The agreement encourages CMS to support efforts by State Medicaid programs to partner with State Assistive Technology Act Programs to develop and implement reutilization programs with a goal of containing Medicaid costs.

Cost Plans.—The agreement supports efforts that ensure beneficiaries enrolled in a Medicare Cost Plan subject to a transition in contract year 2019 are either deemed from the Cost Plan to one of its Medicare Advantage plans, seamlessly transitioned to a new Medicare Advantage plan, or transitioned to Medicare Fee-for-Service without disruption to care. The agreement requests the Secretary notify beneficiaries enrolled in Medicare Cost Plans as of January 1, 2018, if their plan will not be available, and notify beneficiaries of available educational

resources not later than June 1, 2018. The agreement requests CMS inform impacted beneficiaries of their coverage options for January 1, 2019, as early as practicable.

Durable Medical Equipment.—The agreement encourages CMS to promulgate the pending Interim Final Rule entitled "Durable Medical Equipment Fee Schedule, Adjustments to Resume the Transitional 50/50 Blended Rates to Provide Relief in Non-Competitive Bidding Areas."

Health Insurance Exchange Transparency.—The agreement continues to include bill language in section 220 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 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 (P.L. 111–148). CMS is also required to include the estimated costs for fiscal year 2019.

Mental Health Providers.—The agreement is aware that Medicare beneficiaries have limited access to substance use disorder and mental health services, particularly in rural and underserved areas. The agreement notes concern about the shortage of eligible mental health providers for the Medicare population and supports efforts to explore the expansion of the mental and behavioral health workforce.

Recovery Audit Contractors.—The agreement requests a briefing on the Recovery Audit Contractor program for the Committees on Appropriations of the House of Representatives and the Senate within 60 days of enactment of this Act.

Risk Corridor Program.—The agreement continues bill language to prevent the CMS Program Management appropriation account from being used to support risk corridor payments. The agreement directs CMS to provide a report starting with plan year 2014 to the Committees on Appropriations of the House of Representatives and the Senate detailing the receipts and transfer of payments for this program.

Telehealth.—The agreement reaffirms the request under this heading in Senate Report 115-150 for a report within one year of enactment of this Act. The agreement directs the Administrator to consult with Telehealth Centers of Excellence and other relevant agencies and stakeholders.

## ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF) LOW INCOME HOME ENERGY ASSISTANCE

The agreement includes an increase of \$250,000,000 for the Low Income Home Energy Assistance Program (LIHEAP). LIHEAP provides critical assistance to help low-income households keep up with home energy costs, which is particularly valuable for geographic regions that experience extreme temperatures in the winter and summer months.

## REFUGEE AND ENTRANT ASSISTANCE

Refugee Support Services.—The agreement accepts the Administration's proposal to consolidate funding from Social Services, Preventive Health, and Targeted Assistance into Refugee Support Services. The agreement expects activities funded under these three lines in fiscal year 2017 to continue in fiscal year 2018 at the same funding level as fiscal year 2017.

Transitional and Medical Services.—The agreement provides a funding level consistent with the current estimates of eligible arrivals. The agreement affirms the expectations outlined in Senate Report 115-150, including ACF maintaining the number of months refugees are eligible for benefits.

Unaccompanied Children.—The agreement directs HHS to provide a joint briefing with the Departments of Homeland Security and State, within 45 days of enactment of this Act, to the Committees on Appropriations of the House of Representatives and the Senate. The briefing should outline the Administration's current and planned policies that impact the resources needed for this program.

Victims of Trafficking.—The agreement includes \$17,000,000 for services for foreign national victims and \$6,755,000 to improve services available for U.S. citizens and legal permanent residents. Within the total of \$23,755,000, the agreement includes \$1,750,000 for the National Human Trafficking Hotline program, an increase of \$250,000.

PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT BLOCK GRANT
The agreement includes a \$2,370,000,000 increase for the Child Care and
Development Block Grant (CCDBG) Act. It is expected that this increase will support the
full implementation of the CCDBG Act as reauthorized in 2014, including activities to

improve the quality and safety of child care programs, increasing provider reimbursement rates, and ensuring health and safety standards are met. The Department should work with States to ensure they are fully in compliance with, and meeting the goals of, the CCDBG Act. Further, the Department should work with States to ensure they are aware of the availability of funds under current law to make minor improvements to facilities to bring them into compliance with health and safety requirements and improve professional development for the child care workforce. Finally, the Department should work with States to ensure they are meeting the needs of families with non-traditional work hours. The funding will also increase access to affordable, high-quality child care to more low-income, working families.

### CHILDREN AND FAMILIES SERVICES PROGRAMS

Child Abuse Prevention and Treatment Act (CAPTA) Infant Plans of Safe Care.—
The agreement provides an increase of \$60,000,000 for CAPTA State Grants. Within the increase, the agreement directs States to prioritize infant plans of safe care, including compliance with the requirements in section 106(b)(2)(B)(iii) of CAPTA.

The incidence of neonatal abstinence syndrome has increased as the opioid crisis has worsened, and this funding is intended to help States improve their response to infants affected by substance use disorder and their families. The agreement also directs HHS to provide the necessary technical assistance, monitoring, and oversight to assist and evaluate State's activities on plans of safe care. The agreement requests an update on those activities in the fiscal year 2020 Congressional Justification.

Child Abuse Discretionary Activities.—The agreement notes the lack of knowledge regarding effective and appropriate text-based and chat-based intervention and education services for child abuse victims and concerned adults as these new communication channels increase in prevalence. Therefore, the agreement includes \$1,000,000 for an extramural grant to develop and expand text and chat capabilities and protocols for a National child abuse hotline to determine best practices in

appropriate communication, identity verification, privacy protection, and resource sharing with youth seeking assistance. In awarding the grant, ACF is directed to prioritize ability to coordinate with other hotlines administered by ACF.

Community Economic Development.—The agreement directs ACF to issue a funding opportunity announcement prioritizing applications from rural areas with high rates of poverty, unemployment, and substance abuse.

Early Head Start (EHS).—The agreement includes a \$115,000,000 increase for Early Head Start Expansion and Early Head Start-Child Care (EHS-CC) Partnership Grants. The agreement directs ACF to continue to equally prioritize EHS Expansion and EHS-CC Partnerships, as determined by the needs of local communities, as done in previous grant competitions for this program. Within the total, the agreement includes a cost of living adjustment of \$15,000,000 for existing grantees.

Head Start.—The agreement provides a full cost-of-living adjustment of \$216,000,000 to Head Start grantees. The agreement also includes \$260,000,000 for grantees to increase their program hours, in alignment with the requirement in the Head Start Program Performance Standards. In addition to supporting working families, research shows that extended duration of high-quality early learning services improves child learning and developmental outcomes.

Family Violence Prevention and Services.—The agreement includes a \$9,000,000 increase and directs ACF to use \$5,000,000 of that increase to supplement existing funding for Native American tribes and tribal organizations. The agreement recognizes the importance of providing supports that are culturally appropriate to the populations they serve.

Native American Programs.—The agreement includes \$12,000,000 for Native American language preservation activities, including \$3,000,000 for Generation Indigenous, and not less than \$4,000,000 for language immersion programs authorized by section 803C(b)(7)(A)-(C) of the Native American Programs Act.

Runaway and Homeless Youth.—The agreement provides an increase of \$8,300,000 for the Runaway and Homeless Youth program. The new funding should be provided to Transitional Living Program and Maternal Group Home grantees whose awards end on April 30, 2018 to continue services until new awards for those grantees are made or for grantees who did not get a new grant, a continuation grant to provide services until the end of fiscal year 2018. The new funding can only be used for additional new awards after funds have been set aside for completing extensions to ensure grantees awarded grants in fiscal year 2013 are able to operate through the end of fiscal year 2018.

Street Outreach Program.—The agreement acknowledges the value of geographic balance in providing resources to fight against youth homelessness and encourages ACF to award at least one grant in each of the 10 regions.

### PROMOTING SAFE AND STABLE FAMILIES

Kinship Navigator Programs.—As parents struggle with opioid addiction and substance use disorder, more grandparents and relatives are taking primary responsibility for the care of children. The agreement includes \$20,000,000 to assist States and Indian tribes to develop and enhance kinship navigator programs. The new funding is provided to support changes to comply with upcoming requirements in the recently passed Family First Prevention Services Act, included as part of the Bipartisan Budget Act of 2018 (P.L. 115-123).

Regional Partnership Grants.—This agreement includes \$20,000,000 for Regional Partnership Grants to fund community collaborations among substance abuse treatment, courts, and child welfare agencies to improve the lives of children and families affected by opioids and other substance use disorders.

ADMINISTRATION FOR COMMUNITY LIVING (ACL)

### AGING AND DISABILITY SERVICES PROGRAMS

Aging Network Support Activities.—The agreement provides \$12,461,000 for Aging Network Support Activities, of which \$5,000,000 is for the Holocaust Survivor's Assistance program.

Alzheimer's Disease Program.—The agreement provides \$23,500,000 for the Alzheimer's Disease Program, an increase of \$4,000,000. The agreement accepts the Administration's proposal to streamline several Alzheimer's disease programs into one larger, more flexible program that will allow States, communities, nonprofits, and Indian tribes greater access to funding opportunities authorized under Title IV of the Older Americans Act. The agreement directs ACL to expand support for evidence-based interventions funded in fiscal year 2017 and to test cutting edge approaches that will serve persons with Alzheimer's disease, related dementias, and their family caregivers. The agreement notes that the National Institute on Aging will continue its Alzheimer's Disease Outreach Campaign and the agreement also provides funding for the National Alzheimer's Call Center under this heading.

Assistive Technology.—The agreement includes \$2,000,000 for competitive grants as specified in House Report 115-244. In addition, the agreement encourages CMS to support efforts by State Medicaid programs to partner with State Assistive Technology Act Programs to develop and implement reutilization programs with a goal of containing Medicaid costs.

Elder Rights Support Activities.—The agreement includes \$15,874,000 for Elder Rights Support Activities, of which \$12,000,000 is included for the Elder Justice and Adult Protective Services program.

Developmental Disabilities Projects of National Significance.—The agreement includes \$12,000,000 for Developmental Disabilities Projects of National Significance. Of this amount, not less than \$1,000,000 is to fund transportation

assistance activities for older adults and persons with disabilities. The transportation activities should focus on the most cost-effective and sustainable strategies that can be replicated to other communities.

Independent Living.—The agreement provides \$113,183,000 for the Independent Living program, of which \$24,878,000 is for the Independent Living State Grants program and \$88,305,000 is for the Centers for Independent Living program.

Paralysis Resource Center.—The agreement includes \$7,700,000 for the National Paralysis Resource Center (PRC), an increase of \$1,000,000. This program has long provided essential, comprehensive information, and referral services that promote independence and quality of life for the 5.4 million people living with paralysis and their families. The agreement directs ACL to continue support for the national PRC at not less than the fiscal year 2017 funding level.

## OFFICE OF THE SECRETARY

## GENERAL DEPARTMENTAL MANAGEMENT

Healthcare Costs of Illegal Immigration.—The agreement directs the Department to provide a report to the Committees on Appropriations of the House of Representatives and the Senate on available information regarding the costs borne by State and local governments for providing services to individuals without legal immigration status, including the Federal resources from the Department that are being used to assist States in fiscal year 2018 to cover these expenses.

Nonrecurring Expenses Fund.—In addition to funds directed in the CDC's Buildings and Facilities account to support the BSL-4 laboratory, the agreement directs the Secretary to prioritize obligations from resources in the Nonrecurring Expenses Fund for the following projects: CDC National Institute for Occupational

Safety and Health facility, Indian Health Services facilities, NIH chillers, Food and Drug Administration laboratory renovations, HHS cybersecurity initiatives, and the Departmental Appeals Board case management system. Additionally, the agreement notes the number of notified projects that have not yet been completed. The agreement encourages the Secretary to complete outstanding projects in a timely manner and prior to directing funding to new projects.

Obligation Reports.—The agreement directs the Secretary to submit electronically to the Committees on Appropriations of the House of Representatives and the Senate an Excel table detailing the obligations made in the most recent quarter for each office and activity funded under this appropriation not later than 30 days after the end of each quarter.

Staffing Reports.—The agreement directs the Secretary to submit to the Committees on Appropriations of the House of Representatives and the Senate a monthly Excel table listing the names, titles, grades, agencies, and divisions of all of the political appointees and special government employees, and detailees that were employed by or assigned within the Department during the previous month.

Technical Assistance.—The agreement reiterates the importance of the long-standing relationship between the Committees on Appropriations of the House of Representatives and the Senate (Committees) and the Department's Office of the Assistant Secretary for Financial Resources (ASFR). As noted in Senate Report 115-150, the Committees have long relied on ASFR to facilitate the Committees' requests for legal and technical feedback that is not covered by a legitimate claim of privilege, as well as technical assistance to ensure the Committees' guidance is implemented as intended. The Committees expect that all technical assistance requests be dealt with in a manner that is consistent with past precedent, including timely answers that respond to any specific inquiries.

## OFFICE OF MEDICARE HEARINGS AND APPEALS

The agreement directs the Office of Medicare Hearings and Appeals to provide quarterly reports 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 levels of the appeals process. The quarterly updates should include a breakout of Recovery Audit Contractor (RAC) and non-RAC claims.

### PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

The agreement includes a program level of \$1,953,458,000 for the Public Health and Social Services Emergency Fund (PHSSEF). This funding will support a comprehensive program to prepare for and respond to the health and medical consequences of all public health emergencies, including bioterrorism, and support the cybersecurity efforts of HHS.

The agreement commends the Assistant Secretary for Preparedness and Response (ASPR) for the work ASPR has done to develop regional, coalition-based disaster medical response plans. The agreement encourages ASPR to work with States that have demonstrated success in creating statewide disaster healthcare systems to coordinate patient movement, evacuation and field emergency care, particularly in areas with high incidence of natural disasters, with the goal of establishing best practices and maximizing Federal resources.

Hospital Preparedness Program (HPP).—The agreement rejects the Administration's proposal to change the allocation formula that would leave 26 States and Territories without HPP funding.

## GENERAL PROVISIONS

Prevention and Public Health Fund.—The agreement reflects the allocation of the Prevention and Public Health Fund.

## PREVENTION AND PUBLIC HEALTH FUND

Agency	Budget Activity	FY 2018 Agreement
ragemen	Duaget Heavily	115.00
ACL	Alzheimer's Disease Program	\$14,700,000
ACL	Chronic Disease Self-Management	8,000,000
ACL	Falls Prevention	5,000,000
CDC	Breast Feeding Grants (Hospitals Promoting Breastfeeding)	8,000,000
CDC	Diabetes	52,275,000
CDC	Epidemiology and Laboratory Capacity Grants	40,000,000
CDC	Healthcare Associated Infections	12,000,000
CDC	Heart Disease & Stroke Prevention Program	53,275,000
CDC	Million Hearts Program	4,000,000
CDC	Office of Smoking and Health	126,000,000
CDC	Preventative Health and Health Services Block	
	Grants	160,000,000
CDC	Section 317 Immunization Grants	324,350,000

		FY 2018
Agency	Budget Activity	Agreement
CDC	Lead Poisoning Prevention	17,000,000
CDC	Early Care Collaboratives	4,000,000
SAMHSA	Garrett Lee Smith-Youth Suicide Prevention	12,000,000

The agreement includes a new provision related to indirect cost negotiated rates.

The agreement includes a new provision granting transfer authority for funds related to opioid research at NIH.

The agreement includes a new provision prohibiting Child Care and Development Block Grant funds from going to providers where a serious injury or death occurred due to a substantiated health or safety violation.

## TITLE III DEPARTMENT OF EDUCATION

## EDUCATION FOR THE DISADVANTAGED

Consultation on State Plans.—As State Educational Agencies work to finalize their plans for distributing their section 1003 funds, and continue to give priority to supporting Local Educational Agencies as required under section 1003(f) of the Every Student Succeeds Act (ESSA), States must include assurances in their State plans as required under 1111(g)(2), including the assurance that the State educational agencies will ensure that local educational agencies, in developing and implementing programs under Title I, Part A, will, to the extent feasible, work in

consultation with outside intermediary organizations (such as educational service agencies), or individuals, that have practical expertise in the development or use of evidence-based strategies and programs to improve teaching, learning, and schools.

## SCHOOL IMPROVEMENT PROGRAMS

Native Hawaiian Education Program.—The agreement includes \$36,397,000 for the Native Hawaiian Education program, including \$650,000 for the Native Hawaiian Education Council.

Student Support and Academic Enrichment (SSAE) grants program is to provide safe, healthy learning environments for students. The funding can be utilized for a wide range of uses, including to expand access to or coordinate resources for school-based mental health services and supports, which may include trauma-informed practices and school counseling; bullying prevention; and professional development for personnel in crisis management and school-based violence prevention strategies. The agreement provides \$1,100,000,000, which is a \$700,000,000 increase over fiscal year 2017, to make these flexible resources available to States, which can include assisting in protecting students and educators.

In addition to the language included in House Report 115-244 regarding SSAE grants and science, technology, engineering, and math (STEM) education, the agreement encourages the Department to especially support pre-kindergarten through grade 12 computer science education programs that address the enrollment and achievement gap for underrepresented students such as minorities, girls, and youth from families living at or below the poverty line.

## INNOVATION AND IMPROVEMENT

Education Innovation and Research (EIR).—The agreement reiterates and applies language included under this heading in both House Report 115-244 and Senate Report 115-150 to funds provided in this Act.

In addition, within the total, the agreement includes \$50,000,000 for innovative STEM education projects, including computer science education. The Department proposed in its fiscal year 2019 budget new bill language, not included in this agreement, that would allow the Secretary to devote all of these funds to STEM. This proposal will be considered as part of the fiscal year 2019 appropriations process.

The Department should coordinate with other Federal agencies that issue grants in this area, including the National Science Foundation, to avoid duplication and ensure activities funded under EIR build on the existing evidence base and provide a unique benefit to the field. The agreement also notes that a wide-range of formula and competitive grants at the Department of Education can also be used to support STEM education.

The agreement also encourages the Department to seek opportunities to collaborate with researchers from the fields of neuroscience, cognitive development, psychiatry, psychology, and education and human development, for the purposes of promoting research-based scientific interventions in the science of learning that improve academic outcomes for high-need, high-poverty students. The agreement also directs the Department to prioritize proposals that seek to improve early learning and cognitive development outcomes among high-need, high-poverty students through neuroscience-based and scientifically validated interventions and meet the evidence requirements for this program established by ESSA.

Charter Schools Program.—The agreement modifies the language in Senate Report 115-150 to include up to \$7,500,000 for developer grants to establish or expand charter schools in underserved, high-poverty, rural areas, as described therein.

Supporting Effective Educator Development.—In awarding grants under the Supporting Effective Educator Development (SEED) program, the Secretary is directed to ensure that grants are distributed among a diverse set of eligible entities including National non-profit organizations implementing evidence-based activities (as defined in section 8101(21)(A)(i) of the Elementary and Secondary Education Act) across a number of sites which can help bring to scale evidence-based programs of National significance across the country.

Additionally, the agreement supports funding for activities described under this heading in the explanatory statement accompanying Division H of the Consolidated Appropriations Act, 2017, regarding programs, which may include a consortia of programs operating in multiple States, to improve the academic preparation and college readiness, including the college-and-career pipeline, of rural youth.

Finally, within the SEED program, the agreement supports funding for innovative programs providing professional development for teachers in early childhood and early elementary school focused on social emotional learning, classroom and behavior management, and improving school climate, with the goal of improving the social and emotional well-being and academic performance of students.

Arts in Education.—The agreement includes funding to continue the Department's support for all grant programs funded within this program at not less than the fiscal year 2017 level. This includes \$7,700,000, an increase of \$1,000,000, for the National Arts in Education program, to continue the

Department's support for National-level, high-quality arts education projects, which could include developing arts education data mapping tools to identify gaps in arts education across the country; developing and updating standards-aligned arts curriculum; professional development for special educators; and other high-quality projects for children and youth, with an emphasis on servicing students from low-income families and students with disabilities. The Department is also directed to provide more flexibility to Arts in Education Model Development and Dissemination grantees by establishing more appropriate performance measures, such as access to standards-based arts education in high-needs schools and assessment of student knowledge and skills in the arts, for this grant activity.

## SAFE SCHOOLS AND CITIZENSHIP EDUCATION

National Activities.—The agreement includes \$90,000,000, an increase of \$22,000,000. These funds should be used to expand evidence-based programs to ensure safe learning environments for students and educators, including improving school climates, preventing violence in schools, and providing services in response to serious incidents.

Promise Neighborhoods.—The agreement reiterates language under this heading in Senate Report 115-150 except that it expects initial implementation continuation grants to be awarded as soon as possible, not later than June 1, 2018. In addition, the agreement specifies that not less than \$12,000,000 shall be available for such extension grants in fiscal year 2018, with a minimum grant of not less than \$3,000,000 per year.

## SPECIAL EDUCATION

Within the total for Technical Assistance and Dissemination the agreement includes \$15,083,000 for education activities authorized under P.L. 108-406.

Seclusion and Restraint.—The agreement includes direction for the Government Accountability Office (GAO) to conduct a further study on data reported to the Department of Education's Office for Civil Rights on the use of seclusion and restraints for all students at the school and district level on efforts to reduce the use of seclusion and restraint practices. There is concern that seclusion and restraint issues continue to be chronically underreported. In particular, GAO is encouraged to evaluate recommendations for improving data collection at any school, including any special education or alternative school, that serves students, ages 3-21. In fulfilling the requested study, the GAO should also include recommendations, including examples of best practices, of how schools are adopting effective alternatives to these practices and reducing the incidence of seclusion and restraint.

## STUDENT FINANCIAL ASSISTANCE

Federal Work Study.—The agreement includes up to \$9,625,000, an increase of \$1,235,000, for the Work Colleges program authorized under section 448 of the Higher Education Act.

*Pell Grants*.—The agreement includes sufficient funding to increase the maximum award by \$175 to \$6,095 in academic year 2018-2019.

## STUDENT AID ADMINISTRATION

Student Loan Servicing.—The agreement supports efforts to improve the Federal student aid application and servicing process to best serve students and student borrowers. However, there remains concern about specific elements of the

Department's proposal to significantly revamp the Federal student loan servicing process. Accordingly, the agreement includes language, modified from Senate Report 115-150, preventing the Department from moving forward with specific components of their proposal and current solicitation unless they are modified to include certain elements to promote accountability, transparency, and competition, to better serve student borrowers and taxpayers. Nothing in this language should be interpreted as otherwise preventing the Department from modernizing the student loan servicing process, or the student and borrower experience; or improving the current performance-based student loan allocation process to strengthen incentives for servicers to provide high-quality service to borrowers.

The Department is directed to provide pursuant to the quarterly obligation plans reporting instructions in Senate Report 115-150 the following additional information: performance metrics, total loan volume, and number of accounts broken out by servicer and for each private collection agency. Further, the Department is directed to provide the requested briefing on the benefits for servicemembers and veterans directive in Senate Report 115-150 within 30 days of enactment of this Act.

## HIGHER EDUCATION

Cybersecurity Education.—The growing presence of cybersecurity threats continues to highlight the need for quality cybersecurity education programs. The efforts of the nation's community colleges to expand cybersecurity education in lower-income student populations is commendable and important, but often those schools lack the resources to maintain state of the art programs. To address these needs, the agreement includes \$1,000,000 for the Department of Education to establish a pilot grant program to support technological upgrades for community colleges for the purpose of supporting cybersecurity programs.

Federal TRIO Programs.—The agreement reiterates the language in Senate Report 115-150 regarding reviewing fiscal year 2017 applications with minor technical issues. Further, the agreement clarifies that minor technical issues includes applications with minor budget issues, and adds that the review should include applications under all fiscal year 2017 TRIO competitions.

GEAR UP.—The Department is directed to announce Notices Inviting
Applications for New Awards for State Grants and Partnership Grants in the
Federal Register. In such notice for State grants, the Department is directed to
uphold the long-standing guidance that States may only administer one active State
GEAR UP grant at a time. The Secretary is directed to provide written guidance in
the Federal Register notifying applicants that only States without an active State
GEAR UP grant, or States that have an active State GEAR UP grant that is
scheduled to end prior to October 1, 2018, will be eligible to receive a new State
GEAR UP award funded in whole or in part by this appropriation.

Open Textbooks Pilot.—The agreement includes \$5,000,000 for a pilot, competitive grant program to support projects at institutions of higher education that create new open textbooks or expand their use in order to achieve savings for students while maintaining or improving instruction and student learning outcomes. The Secretary shall require that any open textbook created with program funds be licensed under a nonexclusive, irrevocable license to the public to exercise any of the rights under copyright conditioned only on the requirement that attribution be given as directed by the copyright owner. Further, the Secretary should give special consideration to projects at institutions of higher education that demonstrate the greatest potential to achieve the highest level of savings for students through sustainable, expanded use of open textbooks in postsecondary courses offered by the eligible entity and expand the use of open textbooks at institutions of higher education outside of the eligible entity.

## HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING PROGRAM

The agreement includes new funding and provisions related to the deferment of outstanding loans for private historically Black colleges and universities (HBCUs). It also includes a new provision regarding an outreach plan to help additional public HBCUs participate in the program.

## DEPARTMENTAL MANAGEMENT

Reorganization Plans.—The Department is directed to provide detailed information on any plans to reform or reorganize the Department to the Committees on Appropriations of the House of Representatives and Senate prior to beginning implementing any such plans. There remains concern that adequate information about and justification for its reorganization have not been transparently shared with Congress and stakeholders to be able to evaluate the changes being proposed, including the potential benefits or existing challenges they are meant to address.

Of particular concern is any attempt to reorganize or alter the current structure of the Budget Service office. The Committees on Appropriations of the House of Representatives and the Senate rely on the quality and professional expertise of this office and are deeply concerned about proposed changes to its structure. Therefore, a provision is included in the agreement which would not allow funding to be used for the purpose of reorganizing or decentralizing the office.

The Budget Service office shall continue to have lead responsibility for:
(1) developing and implementing the Department's budget; (2) formulating budget

and related legislative policies for Department programs; (3) presenting the Department's budget and related policy proposals to the public and Congress; (4) establishing and maintaining a Department-wide performance-based budget formulation, execution, and management system; and (5) reviewing and analyzing Department program operations, including budget and policy implementation. The Budget Service office shall also continue to play a prominent role in reviewing, analyzing and estimating costs of regulations, analyzing policy, and overseeing the Department's management of its programs and administrative resources. There is strong concern that a decentralization of these functions will create inefficiencies.

Borrower Defense Claims Reporting.—The Department is directed to provide quarterly reports pursuant to the borrower defense claims reporting instructions in Senate Report 115-150 that also include the following additional information: the total and median dollar amount of outstanding debt from borrowers prior to discharge, the percentage of the total approved claims receiving partial relief, and the median student loan debt remaining as part of claims receiving partial relief.

Office for Civil Rights.—The agreement includes \$117,000,000 for the Office for Civil Rights (OCR). The OCR is directed in fiscal year 2018 to use this appropriation to increase its level of full time equivalent employment in order to effectively and timely investigate complaints; execute and report on the civil rights data collection; thoroughly monitor corrective actions of institutions and meet other critical workloads. Further, OCR is directed to maintain its 12 regional offices consistent with the organizational structure described in its fiscal year 2018 and 2019 Justification of Appropriation Estimates to the Congress.

## GENERAL PROVISIONS

The agreement includes a new general provision to exempt the Magnet Schools program from one long-standing general provision on transporting students. ESSA reauthorized the Magnet School program in 2015 and allowed funds to be used for transportation and this agreement should not impede the Magnet School program from doing so. The agreement notes that the Committees on Appropriations of the House of Representatives and the Senate should consider a longer term solution to this issue during the fiscal year 2019 appropriations process.

The agreement modifies a provision rescinding unobligated balances available for the Pell Grant program to offset the mandatory costs of increasing the maximum award.

The agreement includes a new provision to address a drafting error related to the reauthorization of the Impact Aid program.

The agreement includes a new provision clarifying availability of hurricane relief funding.

The agreement includes a new provision to clarify current law and allow for the continued sharing of financial data to scholarship granting organizations.

The agreement includes a new provision modifying existing authority relating to cohort default rates for a period of two years.

The agreement includes a new provision related to public service loan forgiveness.

The agreement includes a new provision regarding Pell eligibility for children of first responders who have died in the line of duty.

## TITLE IV

## **RELATED AGENCIES**

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS)

Innovation, Demonstration, and Other Activities.—The agreement includes \$7,600,000 for innovation, demonstration, and assistance activities. Within the total, the agreement recommends \$5,400,000 for the Volunteer Generation Fund. The agreement also includes a total of \$2,200,000 for National

Days of Service, to be equally allocated between the September 11 National Day of Service and Remembrance and the Martin Luther King, Jr. National Day of Service, two important national events.

Commission Investment Fund (CIF).—The agreement includes not less than \$8,500,000, an increase of \$1,000,000 for CIF, which provides funds to State commissions for training and technical assistance activities to expand the capacity of current and potential AmeriCorps programs, particularly in underserved areas.

Reduced Full Time Service Positions.—The agreement includes a provision to allow CNCS to establish a new 1,200 hour service position, including a proportional reduction in the education award.

## INSTITUTE OF MUSEUM AND LIBRARY SERVICES

Within the total for IMLS, the bill includes funds for the following activities in the following amounts:

	FY 2018
Budget Activity	Agreement
Library Services Technology Act:	
Grants to States	\$160,803,000
Native American Library Services	5,063,000
National Leadership: Libraries	13,406,000
Laura Bush 21st Century Librarian	10,000,000

Museum Services Act:

	FY 2018
Budget Activity	Agreement
Museums for America	22,899,000
Native American/Hawaiian Museum	
Services	1,472,000
National Leadership: Museums	8,113,000
African American History and Culture Act:	
Museum Grants for African American	·
History & Culture	2,231,000
Research, Analysis, and Data Collection	2,013,000
Program Administration	14,000,000
TOTAL	240,000,000

## RAILROAD RETIREMENT BOARD

The agreement includes \$10,000,000 for the implementation of information technology systems modernization efforts. Within 180 days of enactment of this Act, the Railroad Retirement Board is directed to submit a comprehensive update to the Committees on Appropriations of the House of Representatives and the Senate on: project status, timelines to completion, and total cost of development.

SOCIAL SECURITY ADMINISTRATION (SSA)
LIMITATION ON ADMINISTRATIVE EXPENSES

Administrative Funding.—The agreement provides an increase of \$480,000,000 for administrative expenses. Of this amount, bill language directs \$280,000,000 to support SSA's information technology modernization initiative and directs \$100,000,000, with extended availability, for processing the backlog of disability hearings within the Office of Hearings Operations.

Capability Determination Process Improvements.—The agreement notes the importance of SSA accurately evaluating an individual's ability to manage—or direct the management of—his or her Social Security benefits. However, a 2016 study by the National Academies of Sciences, Engineering, and Medicine, entitled Informing Social Security's Process for Financial Capability Determination, raised concerns about SSA's capability determination process, and a 2015 internal SSA report found that most capability determination decisions are not adequately developed or documented. The agreement is encouraged by the steps SSA is taking to improve its capability determination process and requests a report not later than 60 days after the enactment of this Act on SSA's plans to evaluate the effects of these changes.

Disability Case Processing System (DCPS).—The agreement supports efforts to modernize the case processing systems used by State Disability Determination Service agencies, including the DCPS. The SSA is directed to take the necessary actions that would permit States the ability to select from all available options in the modernization of their case processing systems, so long as the selected option has similar or better functionality as DCPS without imposing costs that are higher than using DCPS. Such process must be in conformance with all Federal procurement rules and information technology security requirements. The agreement requests a detailed analysis in the fiscal year 2020 Congressional Justification on the actions SSA has taken to implement this request. The analysis

should include a detailed description of any challenges or legal barriers to implementing any option to modernize the disability case processing system.

Field Offices.—The agreement is concerned that SSA may be reducing resources for field offices and expects SSA to continue to support frontline operations. In fiscal year 2017, SSA field offices served approximately 42 million visitors, a five percent increase over fiscal year 2015. The high volume of visitors, combined with factors such as complex workloads, shortened public operating hours, and staff shortages, have led to increased wait times in both field offices and the National 800 number. SSA is directed to submit a report to the Committees on Appropriations of the House of Representatives and the Senate within 90 days of enactment of this Act outlining its plan for ensuring that field offices, hearing offices, processing centers, and teleservice centers are receiving sufficient resources to maintain at least the current level of constituent services.

Field Office Closures.—There is significant concern about decisions to close field offices that may not be in accordance with law, regulations, and SSA procedures. These critical decisions must comply with Federal law, regulations, and procedures to account for the impact such actions will have on the community. The agreement notes that SSA's Inspector General (IG) is reviewing decisions to close field offices, including whether SSA followed internal procedures in proposing consolidation, notifying the public, and considering feedback from public input. While the IG review is ongoing, the Acting Commissioner should not make any final decisions related to field office locations under review. Further, the agreement encourages SSA to carefully consider and fully implement any IG recommendations that may result from such review.

Report on Compassionate Allowances.—The agreement is concerned about SSA's process for identifying Compassionate Allowance (CAL) conditions. The GAO issued a report entitled SSA's Compassionate Allowance Initiative (GAO-

17-625), which found that SSA did not have a formal or systematic approach for designating certain medical conditions for the CAL initiative. The agreement directs SSA to submit a report not later than 60 days after the enactment of this Act describing the steps that SSA is taking to identify and evaluate new CAL conditions and to improve the overall management of the process, including the regular review and use of available data to assess the accuracy and consistency of CAL decision-making.

Representative Payee Program.—The agreement recognizes the importance of providing oversight of the individuals and organizations serving as representative payees and that the current oversight structure needs improvement. The agreement supports efforts to institute a new, stronger system of oversight through the Federal-State Protection and Advocacy system. The SSA's current contractor has consistently underperformed and is not on track to meet the terms of the contract. In light of the concerns about the existing vendor's performance, the agreement believes it would be inappropriate for SSA to extend its current contract beyond its July 31, 2018 expiration date. Given continued concern over the administration of the program, SSA should expect further Congressional oversight of this situation throughout the coming year.

Ticket to Work Program.—The agreement recognizes that the purpose of the Ticket to Work Program is to provide the assistance disabled beneficiaries need to return to work. The agreement notes that a number of evaluations have been done on the Ticket to Work Program, including a 2016 SSA IG Report entitled "The Ticket to Work Program" (A-02-17-50203) and independent evaluations by Mathematica Policy Research. In lieu of language in Senate Report 115-150, the agreement directs GAO to submit a report to the Committees on Appropriations of the House of Representatives and the Senate, the Committee on Ways and Means of the House of Representatives, and the Committee on Finance of the Senate, and

to make such report publicly available. The report shall address the following: the annual benefit savings associated with Tickets in use, the annual cost associated with the Ticket to Work Program (in excess of those that would be made under the SSA's traditional cost-reimbursement to vocational rehabilitation agencies, if the Ticket to Work program did not exist), how these costs and savings compare over time, and whether the Ticket to Work Program has led to increased earnings for beneficiaries and, if it is not possible to make such a determination, the options for a demonstration or study that would be necessary to make such a determination on earnings. Finally, GAO is directed to include any benefits from the Ticket to Work Program that are not captured by the above cost-savings analysis, whether those benefits are quantifiable, and to incorporate the views of beneficiary representatives and other stakeholders in this aspect of the report.

Vocational Experts.—The agreement notes that the Office of Hearing Operations (OHO) is developing a solicitation for a market-based approach to acquiring contractors to provide vocational expert testimony. Prior to issuing a solicitation, the agreement requests a report on the market research used to assess the fair and reasonable rate for vocational experts. The report shall also include an assessment of how the market-based approach taken by SSA will ensure vocational experts contracted under the new procurement will have the training and experience to demonstrate a thorough understanding of the impact of impairments on functional abilities, labor market needs, and job placement strategies. The report should also include SSA's process for measuring contractor performance and contractor adherence to requirements on vocational expert qualifications.

Work Incentives Planning and Assistance (WIPA) and Protection and Advocacy for Beneficiaries of Social Security (PABSS).—The agreement includes \$23,000,000 for WIPA and \$7,000,000 for PABSS.

### TITLE V

#### GENERAL PROVISIONS

The agreement includes language rescinding various unobligated balances.

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request	
TITLE IDEPARTMENT OF LABOR		· .					
EMPLOYMENT AND TRAINING ADMINISTRATION							
Training and Employment Services							
Grants to States: Adult Training, current year	NA	103,556 (712,000) 712,000	102,370 (712,000) 388,000	133,556 (712,000) 712,000	+30,000	+31 , 186  +324 , 000	FF
Subtotal		815,556	490,370	845,556	+30,000	+355,186	
Youth Training	D	873,416	523,667	903,416	+30,000	+379,749	FF
Dislocated Worker Assistance, current year Advance from prior year	D NA D	160,860 (860,000) 860,000	160,485 (860,000) 455,000	180,860 (860,000) 860,000	+20,000 	+20,375  +405,000	FF
Subtotal		1,020,860	615,485	1,040,860	+20,000	+425,375	
Subtotal, Grants to States		2,709,832 (1,137,832) (1,572,000)	1,629,522 (786,522) (843,000)	2,789,832 (1,217,832) (1,572,000)	+80,000 (+80,000)	+1,160,310 (+431,310) (+729,000)	

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request	
National Programs:							
Dislocated Worker Assistance National Reserve:							
Current year	D	20,859	87,000	20,859		-66,141	FF
Advance from prior year	NA	(200,000)	(200,000)	(200,000)			
FY 2019	D	200,000	30,000	200,000	*	+170,000	
Subtota1		220,859	117,000	220,859		+103,859	
Subtotal, Dislocated Worker Assistance		1,241,719	732,485	1,261,719	+20,000	+529,234	
Native American programs	D	50,000	49,905	54,000	+4,000	+4,095	FF
Migrant and Seasonal Farmworker programs	D	81,896		87,896	+6,000	+87,896	FF
YouthBuild activities	D	84,534	84,373	89,534	+5,000	+5,161	FF
Technical assistance	D	2,500	5,226	• • •	-2,500	-5,226	
Reintegration of Ex-Offenders	D	88,078	77,911	93,079	+5,001	+15,168	
Workforce Data Quality Initiative	D	6,000		6,000		+6,000	
Apprenticeship programs	D	95,000	89,829	145,000	+50,000	+55,171	
Total, National Programs		628,867 (428,867)	424,244 (394,244)	696,368 (496,368)	+67,501 (+67,501)	+272,124 (+102,124)	
FY 2019		(200,000)	(30,000)	(200,000)	(107,301)	(+170,000)	

	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
Total, Training and Employment Services (TES)  Current Year	3,338,699 (1,566,699) (1,772,000)	2,053,766 (1,180,766) (873,000)	3,486,200 (1,714,200) (1,772,000)	+147,501 (+147,501)	+1,432,434 (+533,434) (+899,000)
Job Corps					
Operations	1,587,325 84,500 32,330	1,341,318 74,857 32,269	1,603,325 83,000 32,330	+16,000 -1,500	+262,007 FF +8,143 FF +61
Total, Job Corps Current Year	1,704,155 (1,704,155)	1,448,444 (1,448,444)	1,718,655 (1,718,655)	+14,500 (+14,500)	+270,211 (+270,211)
Community Service Employment For Older Americans D	400,000		400,000		+400,000 FF
Federal Unemployment Benefits and Allowances (indefinite)	849,000	790,000	790,000	-59,000	

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request	
State Unemployment Insurance and Employment Service Operations		·					
Unemployment Compensation (UI):							
State Operations		2,567,100	2,499,775	2,510,600	-56,500	+10,825	
Reemployment eligibility assessmentsUI integrity		115,000	130,000	120,000	+5,000	-10,000	
UI Integrity Center of Excellence	ΓF	5,500	6,000	9,000	+3,500	+3,000	
Subtotal, Unemployment Compensation		2,687,600	2,635,775	2,639,600	-48,000	+3,825	
Federal-State UI National Activities Employment Service (ES): Grants to States:	TF	14,897	12,000	13,897	-1,000	+1,897	
Federal Funds	D	21,413	21,372	21,413		+41	FF
Trust Funds	_	650,000	394,516	645,000	-5,000	+250,484	
Subtotal, Grants to States		671,413	415,888	666,413	-5,000	+250,525	FF
ES National Activities	TF	19,818	19,780	19,818		+38	
Subtotal, Employment Service		691,231 (21,413)	435,668 (21,372)	686,231 (21,413)	-5,000	+250,563	
Trust Funds		(669,818)	(414, 296)	(664,818)	(-5,000)	(+250,522)	
					•		

	FY 2017 Enacted		Final Bill	Final Bill vs. FY 2017		<b></b>
Foreign Labor Certifications and Related Activities:						
Federal Administration TF	48,028	47.937	48.028		+91	
Grants to States TF	14,282	14,255	14,282		+27	
Subtotal, Foreign Labor Certification	62.310	62.192	62.310		+118	
	,	***,	,			
One-Stop Career Centers/Labor Market Information, D	67,653	67,524	62,653	- 5,000	-4,871	FF
Total, State UI and ES	3,523,691	3,213,159	3,464,691	-59,000	+251,532	
Federal Funds	(89,066)	(88,896)	(84,066)	(-5,000)	(-4,830)	
Trust Funds	(3,434,625)	(3,124,263)	(3,380,625)	(-54,000)	(+256,362)	

· · · · · · · · · · · · · · · · · · ·	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
Program Administration					
Training and Employment D	62,040	59,960	62,040		+2,080
Trust Funds TF	8,639	8,623	8,639		+16
Employment Security D	3,440	3,462	3,440		- 22
Trust Funds TF	39,264	39,189	39,264		+75
Apprenticeship Services D	36,160	33,935	36,160		+2,225
Executive Direction	7,034	7,021	7,034		+13
Trust Funds TF	2,079	2,075	2,079		+4
Total, Program Administration	158,656	154,265	158,656		+4,391
Federal Funds	(108,674)	(104,378)	(108,674)		(+4,296)
Trust Funds	(49,982)	(49,887)	(49,982)	•••	(+95)
Total, Employment and Training Administration	9,974,201	7,659,634	10,018,202	+44,001	+2,358,568
Federal Funds	6,489,594	4,485,484	6,587,595	+98,001	+2,102,111
Current Year	(4,717,594)	(3,612,484)	(4,815,595)	(+98,001)	(+1,203,111)
FY 2019	(1,772,000)	(873,000)	(1,772,000)		(+899,000)
Trust Funds,	3,484,607	3,174,150	3,430,607	-54,000	+256,457

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
EMPLOYEE BENEFITS SECURITY ADMINISTRATION (EBSA)	<b></b>	·				
Salaries and Expenses						
Enforcement and Participant Assistance	D	147,400		147,400	· · · · · · · · · · · · · · · · · · ·	+147,400
Policy and Compliance Assistance	D D	26,901		26,901		+26,901
Administration	D	6,699		6,699		+6,699
Employee benefits security programs	D		183,926			-183,926
Total, EBSA		181,000	183,926	181,000	•••	-2,926
PENSION BENEFIT GUARANTY CORPORATION (PBGC)						
Pension Benefit Guaranty Corporation Fund						
Consolidated Administrative budget	NA	(519,506)	(522,917)	(424,417)	(-95,089)	(-98,500)
WAGE AND HOUR DIVISION, Salaries and Expenses	D	227,500	230,068	227,500		-2,568
OFFICE OF LABOR-MANAGEMENT STANDARDS, Salaries and Expenses	D	38,187	46,634	40,187	+2,000	-6,447

	<b>.</b>	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS, Salaries and Expenses	D	104,476	88,000	103,476	-1,000	+15,476
OFFICE OF WORKERS' COMPENSATION PROGRAMS	D					
Salaries and Expenses	D TF	115,424 2,177	113,109 2,173	115,424 2,177		+2,315 +4
Total, Salaries and Expenses		117,601 (115,424) (2,177)	115,282 (113,109) (2,173)	117,601 (115,424) (2,177)		+2,319 (+2,315) (+4)
Special Benefits	•	•				
Federal Employees' Compensation Benefits  Longshore and Harbor Workers' Benefits		217,000 3,000	217,000 3,000	217,000 3,000		
Total, Special Benefits		220,000	220,000	220,000		

	FY 2017 Enacted		Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
Special Benefits for Disabled Coal Miners					
Benefit Payments		65,000 5,319	65,000 5,319	-10,000 	
Subtotal, FY 2018 program level	80,319	70,319	70,319	-10,000	
Less funds advanced in prior year	M -19,000	-16,000	-16,000	+3,000	
Total, Current Year	61,319	54,319	54,319	-7,000	
New advances, 1st quarter, FY 2019	M 16,000	15,000	15,000	-1,000	
Total, Special Benefits for Disabled Coal Miners	77,319	69,319	69,319	-8,000	•••
Energy Employees Occupational Illness Compensation Fund					
Administrative Expenses	M 59,846	59,846	59,846		

	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
Black Lung Disability Trust Fund					
Benefit Payments and Interest on Advances M	302,115	345,635	345,635	+43,520	
Workers' Compensation Programs, Salaries and Expenses. M	38,246	38,246	38,246		
Departmental Management, Salaries and Expenses M	31,994	30,595	31,994		+1,399
Departmental Management, Inspector General M	330	330	330		
Subtotal, Black Lung Disability	372,685	414,806	416,205	+43,520	+1,399
Treasury Department Administrative Costs	356	356	356		
Total, Black Lung Disability Trust Fund	373,041	415,162	416,561	+43,520	+1,399
Total, Workers' Compensation Programs	847,807	879,609	883,327	+35,520	+3,718
Federal Funds	845,630	877,436	881,150	+35,520	+3,714
Current year	(829,630)	(862,436)	(866, 150)	(+36,520)	(+3,714)
FY 2019	(16,000)	(15,000)	(15,000)	(-1,000)	
Trust Funds	2,177	2,173	2,177	`	+4

	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request	
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)						
Salaries and Expenses						
Safety and Health Standards	18,000	18,176	18,000		-176	
Federal Enforcement		207,465	208,000		+535	
Whistleblower enforcement	17,500	17,383	17,500		+117	
State Programs	100,850	100,658	100,850		+192	
Technical Support	24,469	24,281	24,469		+188	
Compliance Assistance:						
Federal Assistance	70,981	72,351	70,981		-1,370	
State Consultation Grants[	59,500	57,665	59,500	- • -	+1,835	
Training Grants	10,537		10,537		+10,537	
Subtotal, Compliance Assistance	141,018	130,016	141,018		+11,002	
Safety and Health Statistics	32,900	34,326	32,900		-1,426	
Executive Direction and Administration	10,050	10,952	10,050		-902	
				=======================================		
Total, OSHA	552,787	543 , 257	552,787	•	+9,530	

	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
MINE SAFETY AND HEALTH ADMINISTRATION					
Salaries and Expenses					
Coal Enforcement	160,000	157,026	160,000		+2,974
Metal/Non-Metal Enforcement	94,500	97,875	94,500		-3,375
Standards Development D	4,500	5,460	4,500		-960
Assessments D	6,627	7,457	6,627		-830
Educational Policy and Development D	39,320	37,365	39,320		+1,955
Technical Support D	35,041	34,330	35,041		+711
Program Evaluation and Information Resources (PEIR) D	17,990	19,169	17,990		-1,179
Program Administration D	15,838	16,490	15,838		-652
	=======================================		=======================================		
Total, Mine Safety and Health Administration	373,816	375,172	373,816		-1,356
Total, Worker Protection Agencies	1,595,367 (1,593,190)	1,582,339 (1,580,166)	1,596,367 (1,594,190)	+1,000 (+1,000)	+14,028 (+14,024)
Trust Funds	(2,177)	(2,173)	(2,177)		(+4)

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
BUREAU OF LABOR STATISTICS			•••••			
Salaries and Expenses						
Employment and Unemployment Statistics	TF D D	208,000 65,000 207,000 83,500 10,500 35,000	203,878 64,876 209,863 82,880 10,798 35,547	209,000 65,000 209,000 83,500 10,500 35,000	+1,000  +2,000 	+5,122 +124 -863 +620 -298 -547
Total, Bureau of Labor Statistics	U	609,000 544,000 65,000	607,842 542,966 64,876	612,000 547,000 65,000	+3,000	+4,158 +4,034 +124
Salaries and Expenses	D	38,203	27,203	38,203		+11,000

	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
DEPARTMENTAL MANAGEMENT					
Salaries and Expenses					
Executive Direction D	30,250	30,951	30,250		- 701
Departmental Program Evaluation D	8,040	8,025	8,040		+15
Legal Services D	121,745	126,933	123,745	+2,000	-3,188
Trust Funds TF	308	308	308		
International Labor Affairs D.	86,125	18,500	86,125		+67,625
Administration and Management D	28,834	23,496	23,534	-5,300	+38
Adjudication D	35,000	31,939	35,000		+3,061
Women's Bureau D	12,530	2,925	13,530	+1,000	+10,605
Civil Rights Activities D	6,880	6,867	6,880		+13
Chief Financial Officer D	5,132	9,914	10,432	+5,300	+518
				=======================================	=======================================
Total, Departmental Management Salaries and					
expenses	334,844	259,858	337,844	+3,000	+77,986
Federal Funds	(334,536)	(259,550)	(337,536)	(+3,000)	(+77,986)
Trust Funds	(308)	(308)	(308)		

	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
Veterans Employment and Training					
State Administration, Grants	,	174,667 16,073 40,410	180,000 19,500 42,127	+5,000 +4,900 +1,100	+5,333 +3,427 +1,717
National Veterans' Employment and Training Services Institute	3,414 45,000	3,408 45,037	3,414 50,000	+5,000	+6 +4,963
Total, Veterans Employment and Training Federal Funds Trust Funds	279,041 45,000 234,041	279,595 45,037 234,558	295,041 50,000 245,041	+16,000 +5,000 +11,000	+15,446 +4,963 +10,483
IT Modernization					
Departmental support systems	4,898 13,880	4,889 24,833	4,889 15,880	-9 +2,000	 -8,953
Total, IT Modernization	18,778	29,722	20,769	+1,991	-8,953

	<b>-</b>	FY 2017 Enacted	FY 2018 Request	Final Bill	Fina? Bill vs. FY 2017	Final Bill vs. Request
Office of Inspector General						
Program Activities		82,061 5,660	80,487 5,649	83,487 5,660	+1 , 426 	+3,000 +11
Total, Office of Inspector General		87,721	86,136	89,147	+1,426	+3,011
Total, Departmental Management		720,384 480,375 (480,375) 240,009	655,311 414,796 (414,796) 240,515	742,801 491,792 (491,792) 251,009	+22,417 +11,417 (+11,417) +11,000	+87,490 +76,996 (+76,996) +10,494
Total, Workforce Investment Act Programs  Current Year  FY 2019		5,042,854 (3,270,854) (1,772,000)	3,502,210 (2,629,210) (873,000)	5,204,855 (3,432,855) (1,772,000)	+162,001 (+162,001)	+1,702,645 (+803,645) (+899,000)
Total, Title I, Department of Labor  Federal Funds  Current Year  FY 2019  Trust Funds		13,667,361 9,875,568 (8,087,568) (1,788,000) 3,791,793	11,296,656 7,814,942 (6,926,942) (888,000) 3,481,714	13,773,299 10,024,506 (8,237,506) (1,787,000) 3,748,793	+105,938 +148,938 (+149,938) (-1,000) -43,000	+2,476,643 +2,209,564 (+1,310,564) (+899,000) +267,079

	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
TITLE IIDEPARTMENT OF HEALTH AND HUMAN SERVICES					
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
Primary Health Care					
Community Health Centers	1,490,522 1,000	1,488,587 100	1,625,522 1,000	+135,000 	+136,935 +900
Total, Primary Health Care	1,491,522	1,488,687	1,626,522	+135,000	+137,835
Health Workforce					
National Health Service Corps D Training for Diversity:	•	•	105,000	+105,000	+105,000
Centers of Excellence	21,711		23,711	+2,000	+23,711
Health Careers Opportunity Program D	14,189		14,189		+14,189
Faculty Loan Repayment	1,190		1,190		+1,190
Scholarships for Disadvantaged Students D	45,970		48,970	+3,000	+48,970
Total, Training for Diversity	83,060		88,060	+5,000	+88,060

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
Total and Date of Market	_					40.00
Training in Primary Care Medicine		38,924		48,924	+10,000	+48,924
Oral Health Training	D	36,673		40,673	+4,000	+40,673
Interdisciplinary Community-Based Linkages:						
Area Health Education Centers	D	30,250		38,250	+8,000	+38,250
Geriatric Programs	D	38,737		40,737	+2,000	+40,737
Mental and Behavorial Health	D	9,916		36,91 <del>6</del>	+27,000	+36,916
Behavioral Health Workforce Education and Training	D	50,000		75,000	+25,000	+75,000
Total, Interdisciplinary Community Linkages		128,903		190,903	+62,000	+190,903
Workforce Information and Analysis	D	4,663	4,654	5,663	+1,000	+1,009
Public Health and Preventive Medicine programs	D	17,000		17,000		+17,000
Nursing Programs:						
Advanced Education Nursing	D	64,581		74,581	+10,000	+74,581
Nurse Education, Practice, and Retention	D	39,913		41,913	+2,000	+41,913
Nursing Workforce Diversity	D	15,343		17,343	+2,000	+17,343
Nursing Corps Scholarship and Loan Repayment						
Program	D	83,135	82,977	87,135	+4,000	+4,158
Nursing Faculty Loan Program		26,500		28,500	+2,000	+28,500
Total, Nursing programs		229,472	82,977	249,472	+20,000	+166,495

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
Children's Hospitals Graduate Medical Education	D	300,000	295,000	315,000	+15,000	+20,000
National Practitioner Data Bank	D	18,814	18,000	18,814		+814
User Fees	D	-18,814	-18,000	-18,814		-814
Total, Health Workforce		838,695	382,631	1,060,695	+222,000	+678,064
Maternal and Child Health						
Maternal and Child Health Block Grant	D	641,700	666,987	651,700	+10,000	-15,287
Sickle Cell Anemia Demonstration Program	D	4,455		4,455		+4,455
Autism and Other Developmental Disorders	D	47,099		49,099	+2,000	+49,099
Heritable Disorders	D	13,883		15,883	+2,000	+15,883
Healthy Start	D	103,500	128,303	110,500	+7,000	-17,803
Healthy Start Initiative (PL 114-254)	D	15,000			-15,000	
Universal Newborn Hearing Screening	D	17,818		17,818		+17,818
Emergency Medical Services for Children	D	20,162		22,334	+2,172	+22,334
Screening and treatment for maternal depression	D			5,000	+5,000	+5,000
Pediatric Mental Health Care Access				10,000	+10,000	+10,000
Total, Maternal and Child Health		863,617	795,290	886,789	+23,172	+91,499

	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
Ryan White HIV/AIDS Program					
Emergency Assistance	655,876	654,629	655,876		+1,247
Comprehensive Care Programs D	1,315,005	1,312,505	1,315,005		+2,500
AIDS Drug Assistance Program (ADAP) (NA) NA	(900,313)	(-898,602)	(900,313)		(+1,798,915)
arly Intervention Program	201,079	204,689	201,079	• • •	-3,610
Children, Youth, Women, and Families D	75,088	75,088	75,088		
IDS Dental Services D	13,122	13,097	13,122		+25
ducation and Training Centers	33,611	` <u>-</u> _	33,611		+33,611
pecial Projects of National Significance D	25,000		25,000		+25,000
Total, Ryan White HIV/AIDS program	2,318,781	2,260,008	2,318,781		+58,773
Health Care Systems					
rgan Transplantation D	23,549	23,504	25,549	+2,000	+2,045
ational Cord Blood Inventory D	12,266	11,245	15,266	+3,000	+4,021
wi Bill Young Cell Transplantation program D	22,109	22,067	24,109	+2,000	+2,042
40B Drug Pricing program/Office of Pharmacy Affairs D	10,238	10,219	10,238		+19
oison Control D	18,846	18,810	20,846	+2,000	+2,036
ational Hansen's Disease Program D	15,206	11,653	13,706	- 1 , 500	+2,053
ansen's Disease Program Buildings and Facilities D	122		122		+122
ayment to Hawaii, Treatment of Hansen'sD	1,857	1,853	1,857	<b>-</b>	+4
Total, Health Care Systems	104,193	99,351	111,693	+7,500	+12,342

•••••	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
Rural Health					
Rural Outreach Grants	65.500	50.811	71,500	+6,000	+20,689
Rural Health Research/Policy Development D	9,351	5,000	9,351		+4,351
Rural Hospital Flexibility Grants D	43,609		49,609	+6,000	+49,609
State Offices of Rural Health D	10,000		10,000		+10,000
Black Lung Clinics D	7,266	6,753	10,000	+2,734	+3,247
Radiation Exposure Screening and Education Program D	1,834	1,831	1,834		+3
Telehealth D	18,500	10,000	23,500	+5,000	+13,500
Rural Communities Opioid Response D			100,000	+100,000	+100,000
Rural Residency Program			15,000	+15,000	+15,000
Total, Rural Health	156,060	74,395	290,794	+134,734	+216,399
Family Planning	286,479	286,479	286,479		
Program Management	154,000	151,993	155,000	+1,000	+3,007
Total, Health resources and services (HRS)	6,213,347	5,538,834	6,736,753	+523,406	+1,197,919
Vaccine Injury Compensation Program Trust Fund					
Post-FY 1988 Claims M	240,000	268,000	268,000	+28,000	**-
HRSA Administrative expenses TF	7,750	9,200	9,200	+1,450	
Total, Vaccine Injury Compensation Trust Fund	247 , 750	277,200	277,200	+29,450	
Total, Health Resources and Services Administration	6,461,097	5,816,034	7,013,953	+552,856	+1,197,919

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
						· - ·
CENTERS FOR DISEASE CONTROL AND PREVENTION						
immunization and Respiratory Diseases	D	455,000	497,228	474,055	+19,055	-23,173
Pandemic Flu balances (Public Law 111-32)	NA	(15,000)			(-15,000)	
Prevention and Public Health Fund 1/	NA	(324,350)	(203,600)	(324,350)		(+120,750)
Subtotal		(794,350)	(700,828)	(798, 405)	(+4,055)	(+97,577)
HIV/AIDS, Viral Hepatitis, Sexually Transmitted						
Diseases, and Tuberculosis Prevention	D	1,117,278	934,000	1,127,278	+10,000	+193,278
merging and Zoonotic Infectious Diseases	Ð	532,922	377,000	562.572	+29.650	+185,572
Prevention and Public Health Fund 1/		(52,000)	(137,000)	(52,000)		(-85,000)
Subtotal		584,922	514,000	614,572	+29,650	+100,572
Chronic Disease Prevention and Health Promotion	D	777.646	452.250	915.346	+137,700	+463,096
Prevention and Public Health Fund 1/		(337,950)	(500,000)	(247,550)	(-90,400)	(-252,450)
Subtotal		1,115,596	952,250	1,162,896	+47,300	+210,646

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
Birth Defects, Developmental Disabilities,						
Disabilities and Health	D	137,560	100,000	140,560	+3,000	+40,560
Subtotal	ŅA	137,560	100,000	140,560	+3,000	+40,560
Public Health Scientific Services	D	489,397	317,032	490,397	+1.000	+173,365
Evaluation Tap Funding	NA		(142,968)			(-142,968)
Subtotal		(489,397)	(460,000)	(490,397)	(+1,000)	(+30,397)
Environmental Health		163,750	157,000	188,750	+25,000	+31,750
Childhood lead poisoning prevention (PL 114-254)		35,000			-35,000	
Prevention and Public Health Fund 1/	NA	(17,000)		(17,000)		(+17,000)
Subtotal		215,750	157,000	205,750	-10,000	+48,750
Injury Prevention and Control	D	286,059	216,165	648,559	+362,500	+432.394
National Institute for Occupational Safety and Health. Energy Employees Occupational Illness		335,200	200,000	335,200		+135,200
Compensation Program	M	55,358	55,358	55,358		

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
Global Health	D	435,121	350.000	488.621	+53.500	+138.621
Public Health Preparedness and Response		1,405,000	1,266,000	1,450,000	+45,000	+184,000
Buildings and Facilities		10,000	20,000	270,000	+260,000	+250,000
Transfers from Nonrecurring Expenses Fund	NA			(240,000)	(+240,000)	(+240,000)
Subtota1		10,000	20,000	510,000	+500,000	+490,000
CDC-Wide Activities and Program Support			•			
Prevention and Public Health Fund 1/	NA	(160,000)		(160,000)		(+160,000)
Office of the Director	D	113,570	105,000	113,570		+8,570
Subtotal, CDC-Wide Activities		(273,570)	(105,000)	(273,570)	•••	(+168,570)
•		=======================================			========	=======================================
Total, Centers for Disease Control		6,348,861	5,047,033	7,260,266	+911,405	+2,213,233
Discretionary		6,293,503	4,991,675	7,204,908	+911,405	+2,213,233
Evaluation Tap Funding (NA)	NA		(142,968)			(-142,968)
Pandemic Flu balances (Public Law 111-32)	NA	(15,000)			(-15,000)	
Prevention and Public Health Fund 1/	NA	(891,300)	(840,600)	(800,900)	(-90,400)	(-39,700)
Transfers from Nonrecurring Expenses Fund	AM			(240,000)	(+240,000)	(+240,000)
Total, Centers for Disease Control Program Level		(7,255,161)	(6,030,601)	(8,301,166)	(+1,046,005)	(+2,270,565)

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
NATIONAL INSTITUTES OF HEALTH						
National Cancer Institute	D	5,389,329	4,174,222	5,664,800	+275,471	+1,490,578
National Heart, Lung, and Blood Institute	D	3,206,589	2,534,803	3,383,201	+176,612	+848,398
National Institute of Dental and Craniofacial Research	D	425,751	320,749	447,735	+21,984	+126,986
National Institute of Diabetes and Digestive and						-
Kidney Diseases (NIDDK)	D	1,870,595	1,449,534	1,970,797	+100,202	+521,263
Juvenile Diabetes (mandatory)	NA	(150,000)	(150,000)	(150,000)		•
Subtotal, NIDDK program level		2,020,595	1,599,534	2,120,797	+100,202	+521,263
National Institute of Neurological Disorders and						
Stroke	D	1,783,654	1,312,998	2,145,149	+361,495	+832,151
National Institute of Allergy and Infectious Diseases.	D	4,906,638	3,782,670	5,260,210	+353,572	+1,477,540
National Institute of General Medical Sciences	D	1,826,395	1,405,509	1,862,529	+36,134	+457,020
Evaluation Tap Funding	NA	(824,443)	(780,000)	(922,871)	(+98,428)	(+142,871)
Subtotal, NGMS program level		2,650,838	2,185,509	2,785,400	+134,562	+599,891

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
Funian Vannadu Chuiman National Tantituta of Child						
Eunice Kennedy Shriver National Institute of Child	D	4 200 205	4 022 020	4 450 000	.74 744	+419.977
Health and Human Development		1,380,295	1,032,029	1,452,006	+71,711	
National Eye Institute		732,618	549,847	772,317	+39,699	+222,470
National Institute of Environmental Health Sciences	_	714,261	533,537	751,143	+36,882	+217,606
National Institute on Aging	D	2,048,610	1,303,541	2,574,091	+525,481	+1,270,550
National Institute of Arthritis and Musculoskeletal						
and Skin Diseases	D	557,851	417,898	586,661	+28,810	+168,763
National Institute on Deafness and Other Communication						
Disorders	Ð	436,875	325,846	459,974	+23,099	+134,128
National Institute of Nursing Research	D	150,273	113,688	158,033	+7,760	+44,345
National Institute on Alcohol Abuse and Alcoholism	D	483,363	361,356	509,573	+26,210	+148,217
National Institute on Drug Abuse	D	1,090,853	864,998	1,383,603	+292,750	+518,605
National Institute of Mental Health	D	1,601,931	1,201,901	1,711,775	+109,844	+509,874
National Human Genome Research Institute	D	528,566	399,622	556,881	+28,315	+157,259
National Institute of Biomedical Imaging and		·	·			
Bioengineering	D	357,080	282,614	377,871	+20,791	+95,257
National Center for Complementary and Integrative	_	,	,	. , .		· ·
Health	D	134,689	101,793	142,184	+7,495	+40,391
National Institute on Minority Health and Health	-	,	,	=,	.,	,
Disparities	D	289,069	214,723	303,200	+14,131	+88,477
o topar (croot)	_	200,000	,/20	200,200	,	~~ 1 TT

	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
John E. Fogarty International Center D	72,213		75,733	+3,520	+75,733
National Library of Medicine (NLM) D	407,510	373,258	428,553	+21,043	+55,295
National Center for Advancing Translational Sciences D	705,903	557,373	742,354	+36,451	+184,981
National Institute for Research on Safety and	•		·	•	•
Quality3/ D		272,000			-272,000
Office of the Director D	1,665,183	1,329,833	1,803,293	+138,110	+473,460
Common Fund (non-add)	A (682,856)	(441,823)	(588,116)	(-94,740)	(+146, 293)
Gabriella Miller Kids First Research Act (Common				,	•
Fund add) D	12,600	12,600	12,600		
NIH Innovation Account, CURES Act2/ D		496,000	496,000	+144,000	
Buildings and Facilities D	128,863	98,615	128,863		+30,248
			*******	=========	
Total, National Institutes of Health (NIH)	33,259,557	25,823,557	36,161,129	+2,901,572	+10,337,572
(Evaluation Tap Funding)	(824,443)	(780,000)	(922,871)	(+98,428)	(+142,871)
Total, NIH Program Level	(34,084,000)	(26,603,557)	(37,084,000)	(+3,000,000)	(+10,480,443)

	<b></b>	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)						
Mental Health						
Programs of Regional and National Significance  Prevention and Public Health Fund 1/		386,659 (12,000)	277,419 	<b>426</b> ,659 (12,000)	+40,000	+149,240 (+12,000)
Subtotal,		398,659	277,419	438,659	+40,000	+161,240
Mental Health block grant		541,532 (21,039)	400,000 (15,539)	701,532 (21,039)	+160,000	+301,532 (+5,500)
Subtotal		(562,571)	(415,539)	(722,571)	(+160,000)	(+307,032)
Certified Community Behavioral Health Clinics	D D	119,026 64,635 36,146	118,800 64,512 36,077	100,000 125,000 64,635 36,146	+100,000 +5,974	+100,000 +6,200 +123 +69
Subtotal, Mental Health(Evaluation Tap Funding)(Prevention and Public Health Fund 1/)		1,147,998 (21,039) (12,000)	896,808 (15,539)	1,453,972 (21,039) (12,000)	+305,974	+557,164 (+5,500) (+12,000)
Subtotal, Mental Health program level		(1,181,037)	(912,347)	(1,487,011)	(+305,974)	(+574,664)

·		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
Substance Abuse Treatment						
Programs of Regional and National Significance Evaluation Tap Funding		352,427 (2,000)	339,738 (2,000)	403,427 (2,000)	+51,000	+63,689
Subtotal		(354,427)	(341,738)	(405,427)	(+51,000)	(+63,689)
Substance Abuse block grantEvaluation Tap Funding		1,778,879 (79,200)	1,775,497 (79,200)	1,778,879 (79,200)		+3,382
Subtotal. block grant		(1,858,079)	(1,854,697)	(1,858,079)		(+3,382)
State Opioid Response grants	D			1,000,000	+1,000,000	+1,000,000
Subtotal, Substance Abuse Treatment		2,131,306 (81,200) (2,212,506)	2,115,235 (81,200) (2,196,435)	3,182,306 (81,200) (3,263,506)	+1,051,000  (+1,051,000)	+1,067,071 (+1,067,071)

***************************************	FY 2017 Enected	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
Substance Abuse Prevention					
Programs of Regional and National Significance D	223,219	149,703	248,219	+25,000	+98,516
Health Surveillance and Program Support D Evaluation Tap Funding (NA) N		108,922 (23,426)	128,830 (31,428)	+12,000	+19,908 (+8,002)
Subtota1	148,258	132,348	160,258	+12,000	+27,910
Total, SAMHSA(Evaluation Tap Funding)(Prevention and Public Health Fund 1/)	3,619,353 (133,667) (12,000)	3,270,668 (120,165)	5,013,327 (133,667) (12,000)	+1,393,974	+1,742,659 (+13,502) (+12,000)
Total, SAMHSA Program Level	(3,765,020)	(3,390,833)	(5,158,994)	(+1,393,974)	(+1,768,161)

	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request	
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)3/						
Healthcare Research and Quality						
Research on Health Costs, Quality, and Outcomes: Federal Funds	187,156		197,156	+10,000	+197,156	
Federal Funds D Program Support:	66,000		66,000		+66,000	
Federal Funds D	70,844	'	70,844		+70,844	
Total, AHRQ (Federal funds)3/	324,000		334,000	+10,000	+334,000	
Total, Public Health Service (PHS) appropriation Total, Public Health Service Program Level	50,012,868 (51,889,278)	39,957,292 (41,841,025)	55,782,675 (57,892,113)	+5,769,807 (+6,002,835)	+15,825,383 (+16,051,088)	

		FY 2017 Enacted	FY 2018 Request	Fina? Bill	Final Bill vs. FY 2017	Final Bill vs. Request
CENTERS FOR MEDICARE AND MEDICAID SERVICES						
Grants to States for Medicaid						
Medicaid Current Law Benefits	M 3:	54,223,901	384,608,394	384,608,394	+30,384,493	• • •
State and Local Administration	M	18,975,984	20,811,084	20,811,084	+1,835,100	
Vaccines for Children	М	4,386,584	4,598,358	4,598,358	+211,774	
Subtotal, Medicaid Program Level	3	77,586,469	410,017,836	410,017,836	+32,431,367	
Less funds advanced in prior year	M -1	15,582,502	-125,219,452	-125,219,452	-9,636,950	
Total. Grants to States for Medicaid		62.003.967	284.798.384	284.798.384	+22.794.417	
New advance, 1st quarter, FY 2019		25,219,452	134,847,759	134,847,759	+9,628,307	
Payments to Health Care Trust Funds						
Supplemental Medical Insurance	M 2	14,944,000	245,396,000	245,396,000	+30,452,000	<del>-</del>
Federal Uninsured Payment		147,000	132,000	132,000	-15,000	
Program Management	М	877,500	1,104,000	1,104,000	+226,500	
General Revenue for Part D Benefit	M i	82,512,000	76,133,000	76,133,000	-6,379,000	
General Revenue for Part D Administration	М	405,000	422,000	422,000	+17,000	
HCFAC Reimbursement	M	299,000	307,000	307,000	+8,000	
State Low-Income Determination for Part D	М	3,200	3,300	3,300	+100	
Total, Payments to Trust Funds, Program Level	2:	99,187,700	323,497,300	323,497,300	+24,309,600	

·	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
Program Management					
Research, Demonstration, Evaluation	397,334	18,054 2,441,274 406,135	20,054 2,519,823 397,334		+2,000 +78,549 -8,801
Federal Administration TF	732,533 3,669,744	722,533 3,587,996	732,533 3,669,744		+10,000  +81,748
Health Care Fraud and Abuse Control Account					
Centers for Medicare and Medicaid Services	82,132	536,145 74,246 74,246 66,363	500,368 84,398 84,398 75,836	+13,432 +2,266 +2,266 +2,036	-35,777 +10,152 +10,152 +9,473
Total, Health Care Fraud and Abuse Control	725,000	751,000	745,000	+20,000	-6,000
Total, Centers for Medicare and Medicaid Services Federal funds	690,805,863 686,411,119 (561,191,667) (125,219,452) 4,394,744	747,482,439 743,143,443 (608,295,684) (134,847,759) 4,338,996	747,558,187 743,143,443 (608,295,684) (134,847,759) 4,414,744	+56,752,324 +56,732,324 (+47,104,017) (+9,628,307) +20,000	+75,748    +75,748

	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)					
Payments to States for Child Support Enforcement and Family Support Programs					
Payments to Territories	33,000 1,000	33,000 1,000	33,000 1,000		
Subtotal	34,000	34,000	34,000		
Child Support Enforcement:					
State and Local Administration M	3,680,840	3,763,200	3,763,200	+82,360	
Federal Incentive Payments M	585,791	588,200	588,200	+2,409	
Access and Visitation	10,000	10,000	10,000	•	
Subtotal, Child Support Enforcement	4,276,631	4,361,400	4,361,400	+84,769	
Total, Family Support Payments Program Level	4,310,631	4,395,400	4,395,400	+84.769	
Less funds advanced in previous years M	-1,300,000	-1,400,000	-1,400,000	-100,000	
Total, Family Support Payments, current year	3,010,631	2,995,400	2,995,400	-15,231	
New advance, 1st quarter, FY 2019 M	1,400,000	1,400,000	1,400,000		

	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
Low Income Home Energy Assistance (LIHEAP)	-				•••••••••••••••••••••••••••••••••••••••
Formula Grants D	3,390,304		3,640,304	+250,000	+3,640,304
Refugee and Entrant Assistance					
Transitional and Medical Services	490,000	320,000	320,000	-170,000	
Refugee Support Services D		159,321	207,201	+207,201	+47.880
Victims of Trafficking D	18,755	18,719	23,755	+5,000	+5.036
Social Services D	155,000			-155,000	
Preventive Health D	4,600			-4,600	
Targeted Assistance D	47,601			-47.601	
Unaccompanied Minors	948,000	948,000	1.303.245	+355,245	+355,245
Victims of Torture D	10,735	10,715	10,735		+20
Total, Refugee and Entrant Assistance	1,674,691	1,456,755	1,864,936	+190,245	+408,181

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
Payments to States for the Child Care and Development Block Grant	D	2,856,000	2,761,000	5,226,000	+2,370,000	+2,465,000
Social Services Block Grant (Title XX) Children and Families Services Programs	M	1,700,000		1,700,000		+1,700,000
Programs for Children, Youth and Families:						
Head Start, current funded	D	9,253,095	9,168,095	9,863,095	+610,000	+695,000
Preschool Development Grants	D	250,000		250,000		+250,000
Consolidated Runaway, Homeless Youth Program	D	101,980	101,786	110,280	+8,300	+8,494
Prevention Grants to Reduce Abuse of Runaway Youth	D	17,141	17,108	17,141		+33
Child Abuse State Grants	D	25,310	25,262	85,310	+60,000	+60,048
Child Abuse Discretionary Activities	D	33,000	32,937	33,000		+63
Community Based Child Abuse Prevention	D	39,764	39,688	39,764		+76
Child Welfare Services		268,735	268,224	268,735		+511
Child Welfare Training, Research, or Demonstration						
projects	D	17,984	17,950	17,984		+34
Adoption Opportunities	D	39,100	30,072	39,100		+9,028
Infant Adoption Awareness Training Program	D					
Adoption Incentive grants		37,943	37,871	75,000	+37,057	+37,129

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bil? vs. FY 2017	Final Bill vs. Request	
		•••••			· • • • • • • • • • • • • • • • • • • •	•	
Social Services and Income Maintenance Research	D	6,512	6,500	6,512		+12	
Native American Programs.,	D	52,050	49,905	54,050	+2,000	+4,145	
Community Services:							
Community Services Block Grant Act programs:							
Grants to States for Community Services	D	715,000		715,000		+715,000	
Economic Development		19,883		19,883		+19,883	
Rural Community Facilities	D	7,500		8,000	+500	+8,000	
Subtotal, Community Services		742,383		742,883	+500	+742,883	
Domestic Violence Hotine	D	8,250	8,250	9,250	+1,000	+1,000	
Family Violence/Battered Women's Shelters	D	151,000	151,000	160,000	+9,000	+9,000	
Chafee Education and Training Vouchers	D	43,257	43,175	43,257		+82	
Disaster Human Services Case Management	D	1,864	1,860	1,864		+4	
Program Direction		205,000	204,610	205,000		+390	
Total, Children and Families Services Programs		11,294,368	10,204,293	12,022,225	+727,857	+1,817,932	

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
		• <b>·</b>		· • • • • • •	- <b></b>	· • • • • • • • • • • • • • • • • • • •
Promoting Safe and Stable Families		325,000	345,000	345,000	+20,000	
Discretionary Funds	D	59,765	59,651	99,765	+40,000	+40,114
Total, Promoting Safe and Stable Families		384,765	404,651	444,765	+60,000	+40,114
Payments for Foster Care and Permanency						
Foster Care	М	4,992,000	5,537,000	5,537,000	+545,000	•
Adoption Assistance	M	2,780,000	2,867,000	2,867,000	+87,000	
Guardianship	M	152,000	181,000	181,000	+29,000	
Independent Living		140,000	140,000	140,000		
Total, Payments to States		8,064,000	8,725,000	8,725,000	+661,000	
Less Advances from Prior Year.,	M	-2,300,000	-2,500,000	-2,500,000	-200,000	
Total, payments, current year		5,764,000	6,225,000	6,225,000	+461,000	
New Advance, 1st quarter, FY 2019	М	2,500,000	2,700,000	2,700,000	+200,000	
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Total, ACF		33,974,759	28,147,099	38,218,630	+4,243,871	+10,071,531
Current year		(30,074,759)	(24,047,099)	(34,118,630)	(+4,043,871)	(+10,071,531)
FY 2019		(3,900,000)	(4,100,000)	(4,100,000)	(+200,000)	
Total, ACF Program Level		33,974,759	28,147,099	38,218,630	+4,243,871	+10,071,531

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
ADMINISTRATION FOR COMMUNITY LIVING						
Aging and Disability Services Programs						
Grants to States:						
Home and Community-based Supportive Services	D	350,224	347,063	385,074	+34,850	+38,011
Preventive Health,		19,848	19,810	24,848	+5,000	+5,038
Protection of Vulnerable Older Americans-Title VII	D	20,658	20,619	21,658	+1,000	+1,039
Subtotal		390,730	387,492	431,580	+40,850	+44,088
Family Caregivers	D	150,586	150,300	180.586	+30,000	+30.286
Native American Caregivers Support		7,556	7,517	9,556	+2,000	+2,039
Subtotal, Caregivers		158,142	157,817	190,142	+32,000	+32,325
Nutrition:						
Congregate Meals	D	450,342	447.490	490.342	+40.000	+42.852
Home Delivered Meals		227,342	225.912	246.342	+19,000	+20,430
Nutrition Services Incentive Program		160,069	159,765	160,069		+304
Subtotal		837,753	833,167	896,753	+59,000	+63,586
Subtotal, Grants to States		1,386,625	1,378,476	1,518,475	+131,850	+139,999

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
Grants for Native Americans	D	31.208	31,099	33.208	+2.000	+2,109
Aging Network Support Activities		9,961	9,942	12,461	+2.500	+2,519
Alzheimer's Disease Demonstrations		4.800	19.490	8,800	+4,000	-10.690
Prevention and Public Health Fund 1/	NA	(14,700)		(14,700)	.,	(+14,700)
Lifespan Respite Care	D	3,360	3,354	4,110	+750	+756
Chronic Disease Self-Management Program	D		5,000			-5,000
Prevention and Public Health Fund 1/	NA	(8,000)		(8,000)		(+8,000)
Elder Falls Prevention	D		5,000			-5,000
Prevention and Public Health Fund 1/		(5,000)		(5,000)		(+5,000)
Elder Rights Support Activities		13,874	11,851	15,874	+2,000	+4,023
Aging and Disability Resources	D	6,119	6,107	8,119	+2,000	+2,012
State Health Insurance Program	ΤF	47,115		49,115	+2,000	+49,115
Paralysis Resource Center	D	6,700	• • •	7,700	+1,000	+7,700
Limb los8		2,500		3,500	+1,000	+3,500
Traumatic Brain Injury	D	9,321	3,162	11,321	+2,000	+8,159

		FY 2017 Enacted	FY 2018 Request	Fina? Bill	Final Bill vs. FY 2017	Final Bill vs. Request
				- <b> </b>		
Developmental Disabilities Programs:						
Partnerships for Innovation, Inclusion, and	_	•				
Independence			45,000			-45,000
State Councils		73,000		76,000	+3,000	+76,000
Protection and Advocacy	D	38,734	38,660	40,734	+2,000	+2,074
Voting Access for Individuals with Disabilities	D	4,963	4,954	6,963	+2,000	+2,009
Developmental Disabilities Projects of National	D			•		
Significance	D	10,000	7,600	12,000	+2.000	+4,400
University Centers for Excellence in Developmental	D			•	,	•
Disabilities	D	38,619	38,546	40,619	+2,000	+2,073
Subtotal, Developmental Disabilities Programs		165,316	134,760	176,316	+11,000	+41.556
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Workforce Innovation and Opportunity Act						
Independent Living	Ð	101,183	78,156	113,183	+12,000	+35,027
National Institute on Disability, Independent						
Living, and Rehabilitation Research	D	103,970	95,127	104,970	+1,000	+9,843
Assistive Technology		34,000	31,939	36,000	+2,000	+4,061
Subtotal, Workforce Innovation and Opportunity				••	<del>-</del>	
Act		239,153	205,222	254,153	+15,000	+48,931

	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
Program Administration D	40,063	37,987	41,063	+1,000	+3,076
Total, Administration for Community Living (ACL) Federal funds Trust Funds(Prevention and Public Health Fund 1/)	1,966,115 (1,919,000) (47,115) (27,700)	1,851,450 (1,851,450)	2,144,215 (2,095,100) (49,115) (27,700)	+178,100 (+176,100) (+2,000)	+292,765 (+243,650) (+49,115) (+27,700)
Total, ACL program level	1,993,815	1,851,450	2,171,915	+178,100	+320,465
OFFICE OF THE SECRETARY					
General Departmental Management					
General Departmental Management, Federal Funds D Teen Pregnancy Prevention Community Grants D Evaluation Tap Funding	199,620 101,000 (6,800)	203,500  	200,919 101,000 (6,800)	+1,299 	-2,581 +101,000 (+6,800)
Subtotal, Grants	(107,800)		(107,800)		(+107,800)

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
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Faith-Based Center	D	1,299	1.299		-1,299	-1,299
Sexual Risk Avoidance [	D	15,000	10,000	25,000	+10,000	+15,000
Minority Health	D	56,670	56.562	56,670		+108
Office of Women's Health		32,140	32,140	32,140		
Minority HIV/AIDS prevention and treatment [	D	53,900		53,900		+53,900
Embryo Adoption Awareness Campaign	D	1,000	1,000	1,000		
Planning and Evaluation, Evaluation Tap Funding 1	NA	(58,028)	(57,465)	(58,028)		(+563)
Total Cannal Computeratal Management		400 600	004 504	470.000	40.000	4406 400
Total, General Departmental Management		460,629	304,501	470,629	+10,000	+166,128
Federal Funds		(460,629)	(304,501)	(470,629)	(+10,000)	(+166,128)
(Evaluation Tap Funding)		(64,828)	(57,465)	(64,828)		(+7,363)
Total, General Departmental Management Program		525,457	361,966	535,457	+10,000	+173,491
Account for the State Response to the Opioid Abuse						
Crisis, CURES Act2/	D	500,000	500,000	500,000		

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
Office of Medicare Hearings and Appeals	TF	107,381	117,177	182,381	+75,000	+65,204
Office of the National Coordinator for Health Information Technology	D .	60,367	38,381	60,367		+21,986
Office of Inspector General						
Inspector General Federal Funds HCFAC funding (NA)		80,000 (334,097)	68,085 	80,000 (334,097)		+11,915 (+334,097)
Total, Inspector General Program Level	-	(414,097)	(68,085)	(414,097)		(+346,012)
Office for Civil Rights						
Federal Funds	D	38,798	32,530	38,798		+6,268
Retirement Pay and Medical Benefits for Commissioned Officers						
Retirement Payments	м	457,459	456,266	456,266	-1,193	
Survivors Benefits Dependents' Medical Care		31,559 141,390	31,583 130,840	31,583 130,840	+24 -10,550	
Dependence neoroal care	-	141,380	130,040	130,640	-10,550	••••
Total, Medical Benefits for Commissioned Officers		630,408	618,689	618,689	-11,719	

	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
Public Health and Social Services Emergency Fund (PHSSEF)			<b>·</b>	•••••	
Assistant Secretary for Preparedness and Response					
Operations D	30,938	30,879	30,938		+59
Preparedness and Emergency Operations D	24,654	24,607	24,654		+47
National Disaster Medical System D	49,904	49,809	57,404	+7,500	+7,595
Hospital Preparedness Cooperative Agreement Grants: D			•	•	ŕ
Formula Grants D	254,555	227,201	264,555	+10,000	+37,354
Biomedical Advanced Research and Development D					
Authority (BARDA)	511,700	511,700	536,700	+25,000	+25,000
Policy and Planning D	14,877	14,849	14,877		+28
Project BioShieldD	510,000	510,000	710,000	+200,000	+200,000
Subtotal, Preparedness and Response D	1,396,628	1,369,045	1,639,128	+242,500	+270,083
Assistant Secretary for Administration					
Assistant Secretary for Administration, Cybersecurity. D	50,860.	73,263	50,860		-22,403
Office of Security and Strategic Information D	7,470	7,456	7,470		+14

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
Public Health and Science						
Medical Reserve Corps	D	6,000	5,989	6,000		+11
Pandemic Influenza Preparedness		57,000 (15,000)	206,863	250,000	+193,000 (-15,000)	+43,137
Subtotal, Pandemic Influenza Preparedness	D	72,000	206,863	250,000	+178,000	+43,137
Subtotal, Non-pandemic flu/BioShield/Parklawn/Other construction	D	950,958	945,753	993,458	+42,500	+47,705
Total, PHSSEF		1,517,958	1,662,616	1,953,458	+435,500	+290,842
Total, Office of the Secretary  Federal Funds  Trust Funds (Evaluation Tap Funding)		3,395,541 3,288,160 107,381 (64,828)	3,341,979 3,224,802 117,177 (57,465)	3,904,322 3,721,941 182,381 (64,828)	+508,781 +433,781 +75,000	+562,343 +497,139 +65,204 (+7,363)
Total, Office of the Secretary Program Level		3,475,369	3,399,444	3,969,150	+493,781	+569,706

	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
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Total, Title II, Health and Human Services	780,155,146	820,780,259	847,608,029	+67,452,883	+26,827,770
Federal Funds	775,598,156	816,314,886	842,952,589	+67,354,433	+26,637,703
Current year	(646,478,704)	(677, 367, 127)	(704,004,830)	(+57,526,126)	(+26,637,703)
FY 2019	(129, 119, 452)	(138,947,759)	(138,947,759)	(+9,828,307)	
Trust Funds	4,556,990	4,465,373	4,655,440	+98,450	+190,067
Total, Pandemic Flu balances (Public Law 111-32)	(30,000)			(-30,000)	
Total, Prevention and Public Health Fund 1/	(931,000)	(840,600)	(840,600)	(-90,400)	
Total, Transfers from Nonrecurring Expenses Fund			(240,000)	(+240,000)	(+240,000)

#### Title II Footnotes:

- 1/ Sec.4002 of Public Law 111-148
- 2/ 21St Century CURES Act (Public Law 114-255); FY2017 funds provided in Public Law 114-254
- 3/ FY2018 budget request proposes consolidating the Agency for Healthcare Research and Quality within the National Institutes of Health as the National Institute for Research on Safety and Quality

	<b></b> . <b>.</b>	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
TITLE III - DEPARTMENT OF EDUCATION						
EDUCATION FOR THE DISADVANTAGED						
Grants to Local Educational Agencies (LEAs) Basic Grants:						
Advance from prior year		(2,390,776)	(1,840,776)	(1,840,776)	(-550,000)	
Forward funded		4,613,625	2,733,460	4,913,625	+300,000	+2,180,165 FF
Current funded	D	5,000	466,100	5,000		-461,100
Subtotal, Basic grants current year approp		4,618,625	3,199,560	4,918,625	+300,000	+1,719,065
Subtotal, Basic grants total funds available		(7,009,401)	(5,040,336)	(6,759,401)	(-250,000)	(+1,719,065)
Basic Grants FY 2019 Advance	D	1,840,776	3,231,497	1,540,776	-300,000	-1,690,721
Subtotal, Basic grants, program level		6,459,401	6,431,057	6,459,401		+28,344
Concentration Grants:						
Advance from prior year	NA	(1,362,301)	(1,362,301)	(1,362,301)		
FY 2019 Advance		1,362,301	1,362,301	1,362,301		•
Subtotal		1,362,301	1,362,301	1,362,301		

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request	
Targeted Grants:							
Advance from prior year	NA	(3,544,050)	(3,819,050)	(3,819,050)	(+275,000)		
FY 2019 Advance	D	3,819,050	3,544,050	3,969,050	+150,000	+425,000	
Subtotal.,		3,819,050	3,544,050	3,969,050	+150,000	+425,000	
Education Finance Incentive Grants:							
Advance from prior year		(3,544,050)	(3,819,050)	(3,819,050)	(+275,000)	• • •	
FY 2019 Advance	D	3,819,050	3,544,050	3,969,050	+150,000	+425,000	
Subtotal		3,819,050	3,544,050	3,969,050	+150,000	+425,000	
Subtotal, Grants to LEAs, program level		15,459,802	15,881,458	15,759,802	+300,000	-121,656	
FOCUS Grants (ESIA-I-E)			1,000,000			-1,000,000	
Innovative Approaches to Literacy	Đ	27.000		27,000		+27,000	
Comprehensive literacy development grants		190,000		190,000		+190,000	FF
Migrant	D	374,751	374,039	374,751		+712	FF
Neglected and Delinquent/High-Risk Youth	D	47,614	47 523	47,614	<b>-</b>	+91	FF
Subtotal, State Agency programs		422,365	421,562	422,365		+803	

·	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	
Special Programs for Migrant Students D	44,623	44,538	44,623		+85
Total, Education for the disadvantaged	16,143,790	16,347,558	16,443,790	+300,000	+96,232
Current Year	(5,302,613)	(4,665,660)	(5,602,613)	(+300,000)	(+936,953)
FY 2019	(10,841,177)	(11,681,898)	(10,841,177)		(-840,721)
Subtotal, Forward Funded	(5,225,990)	(3,155,022)	(5,525,990)	(+300,000)	(+2,370,968)
IMPACT AID					
Basic Support Payments D	1,189,233	1,166,012	1,270,242	+81,009	+104,230
Payments for Children with Disabilities D	48,316	48,224	48,316		+92
Facilities Maintenance (Sec. 8008)	4,835	4,826	4,835		+9
Construction (Sec. 8007)	17,406	17,373	17,406		+33
Payments for Federal Property (Sec. 8002) D	68,813		73,313	+4,500	+73,313
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Total, Impact aid	1,328,603	1,236,435	1,414,112	+85,509	+177,677

		FY 2017 Enacted	FY 2018 Request	Final Bi}]	Final Bill vs. FY 2017	Final Bill vs. Request	
SCHOOL IMPROVEMENT PROGRAMS							
Supporting Effective Instruction State Grants	D	374,389		374,389		+374,389	FF
Advance from prior year	NA	(1,681,441)	(1,681,441)	(1,681,441)			
FY 2019	D	1,681,441		1,681,441	<b>-</b>	+1,681,441	
Subtotal, Supporting Effective Instruction State Grants, program level		2,055,830		2,055,830		+2,055,830	
Supplemental Education Grants	D	16,699	16,667	16,699		+32	
21st Century Community Learning Centers		1,191,673	´	1,211,673	+20,000	+1,211,673	FF
State Assessments		369,100	377,281	378,000	+8,900	+719	FF
Education for Homeless Children and Youth	D	77,000	69,867	85,000	+8,000	+15,133	FF
Training and Advisory Services (Civil Rights)	D	6,575	6,563	6,575	<b>-</b>	+12	
Education for Native Hawaiians	D	33,397		36,397	+3,000	+36,397	
Alaska Native Education Equity	D	32,453		35,453	+3,000	+35,453	
Rural Education	D	175,840	175,506	180,840	+5,000	+5,334	FF
Comprehensive Centers	D	50,000	51,347	52,000	+2,000	+653	
Student Support and Academic Enrichment grants		400,000		1,100,000	+700,000	+1,100,000	FF
		=======================================	.==========	=======================================	=		:
Total, School Improvement Programs		4,408,567	697,231	5,158,467	+749,900	+4,461,236	
Current Year		(2,727,126)	(697,231)	(3,477,026)	(+749,900)	(+2,779,795)	
FY 2019		(1,681,441)		(1,681,441)		(+1,681,441)	
Subtotal, Forward Funded		(2,588,002)	(622,654)	(3,329,902)	(+741,900)	(+2,707,248)	

	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
INDIAN EDUCATION					
Grants to Local Educational Agencies D Federal Programs:	100,381	100,190	105,381	+5,000	+5 , 191
Special Programs for Indian Children D National Activities D	57,993 6,565	37,921 5,554	67,993 6,865	+10,000 +300	+30,072 +1,311
Subtotal, Federal Programs	64,558	43,475	74,858	+10,300	+31,383
Total, Indian Education	164,939	143,665	180,239	+15,300	+36,574
INNOVATION AND IMPROVEMENT					
Education Innovation and Research	100,000 1,815 1,700	370,000	120,000 1,815 1,700	+20,000	-250,000 +1,815 +1,700
School Leader Recruitment and Support D Charter Schools Grants D Magnet Schools Assistance D	14,500 342,172 97,647	500,000 96,463	400,000 105,000	-14,500 +57,828 +7,353	-100,000 +8,537
Teacher and School Leader Incentive Grants D Ready-to-Learn Television	200,000 25,741 65,000	199,563  42,000	200,000 27,741 75,000	+2,000 +10,000	+437 +27,741 +33,000
Arts in Education D	27,000		29,000	+2,000	+29,000

•••••••••••••••••••••••••••••••••••••••	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
Javits Gifted and Talented Students D Statewide Family Engagement Centers D	12,000		12,000 10,000	+10,000	+12,000 +10,000
Total, Innovation and Improvement	887,575 (887,575)	1,208,026 (1,208,026)	982,256 (982,256)	+94,681 (+94,681)	-225,770 (-225,770)
SAFE SCHOOLS AND CITIZENSHIP EDUCATION					
Promise Neighborhoods	73,254 68,000 10,000	60,000 74,857	78,254 90,000 17,500	+5,000 +22,000 +7,500	+18,254 +15,143 +17,500
Total, Safe Schools and Citizenship Education	151,254	134,857	185,754	+34,500	+50,897
ENGLISH LANGUAGE ACQUISITION					
Current funded	47,931 689,469	47,840 688,158	47,931 689,469		+91 +1,311 FF
Total, English Language Acquisition	737,400	735,998	737,400		+1,402

	-	2017 acted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request	
SPECIAL EDUCATION							
State Grants:							
Grants to States Part B current year D Part B advance from prior year	,	*	,766,099 ,283,383)	2,994,465 (9,283,383)	+275,000	+1,228,366	FF
Grants to States Part B (FY 2019)		, ,	,124,103	9,283,383		-840,720	
Subtotal, program level	12,002	2,848 11	,890,202	12,277,848	+275,000	+387,646	
Preschool Grants [	D 368	1,238	367,538	381,120	+12,882	+13,582	FF
Grants for Infants and Families	D 458	, 5 <b>56</b>	457,684	470,000	+11,444	+12,316	FF
Subtotal, program level	12,829	,642 12	,715,424	13,128,968	+299,326	+413,544	
IDEA National Activities (current funded):							
State Personnel Development	D 38	,630	41,551	38,630		-2,921	
Special Olympics Education)	D 56	3,928	44,261	59,428	+2,500	+15,167	
Personnel Preparation		,700	83,541	83,700		+159	
Parent Information Centers		,411	27,359	27,411		+52	

	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
EducationalTechnology, Media, and Materials D		29,990	28,047	•	-1,943
Subtotal, IDEA National Activities	234,716	226,702	237 , 216	+2,500	+10,514
Total, Special education	13,064,358 (3,780,975) (9,283,383) (3,546,259)	12,942,126 (2,818,023) (10,124,103) (2,591,321)	13,366,184 (4,082,801) (9,283,383) (3,845,585)	+301,826 (+301,826)  (+299,326)	+424,058 (+1,264,778) (-840,720) (+1,254,264)
REHABILITATION SERVICES					
Vocational Rehabilitation State Grants	29,388 5,796 17,650 27,548	3,452,931 12,975 30,131 5,785 17,616  33,254	3,452,931 13,000 29,388 5,796 17,650 22,548 33,317	+54,377   -5,000  +2,164	+25 -743 +11 +34 +22,548 +63 +2,184
Total, Rehabilitation services	3,535,589	3,563,008	3,587,130	+51,541	+24,122

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request	<b>-</b>
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES							
American Printing House for the Blind	D	25,431	25,383	27,431	+2,000	+2,048	
Operations	D	70,016	69,883	73,000	+2,984	+3,117	
Operations	D	121,275	121,044	128,000	+6,725	+6,956	
Total, Special Institutions for Persons with Disabilities		216,722	216,310	228,431	+11,709	+12,121	
Career Education: Basic State Grants/Secondary & Technical Education State Grants, current funded	NA	326,598 (791,000) 791,000	158,499 (791,000) 791,000	401,598 (791,000) 791,000	+75,000 	+243,099	FF
Subtotal, Basic State Grants, program level.		1,117,598	949,499	1,192,598	+75,000	+243,099	
National Programs	D	7,421	27,407	7 , 421	•	-19,986	FF
Subtotal, Career Education		1,125,019	976,906	1,200,019	+75,000	+223,113	

	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
Adult Education:					
State Grants/Adult Basic and Literacy Education: D					
State Grants, current funded D	581,955	485,849	616,955	+35,000	+131,106 FF
National Leadership Activities D	13,712	13,686	13,712		<b>+26</b> FF
Subtotal, Adult education	595,667	499,535	630,667	+35,000	+131,132
Total, Career, Technical, and Adult Education.,.	1,720,686	1,476,441	1,830,686	+110,000	+354,245
Current Year	(929,686)	(685,441)	(1,039,686)	(+110,000)	(+354,245)
FY 2019	(791,000)	(791,000)	(791,000)		
Subtotal, Forward Funded	(929,686)	(685,441)	(1,039,686)	(+110,000)	(+354,245)
STUDENT FINANCIAL ASSISTANCE					
Pell Grants maximum grant (NA) NA	(4,860)	(4,860)	(5,035)	(+175)	(+175)
Pell Grants D	22,475,352	22,432,626	22,475,352	`´	+42,726
Federal Supplemental Educational Opportunity Grants D	733,130		840,000	+106,870	+840,000
Federal Work Study D	989,728	500,000	1,130,000	+140,272	+630,000
Total, Student Financial Assistance (SFA)	24,198,210	22,932,626	24,445,352	+247,142	+1,512,726
FEDERAL DIRECT STUDENT LOAN PROGRAM ACCOUNT CH			350,000	+350,000	+350,000

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bi vs. FY 20		Final Bill vs. Request
STUDENT AID ADMINISTRATION							
Salaries and Expenses		696,643 880,211	680,711 1,017,000	698,943 980,000	+2,30 +99,78		+18,232 -37,000
Total, Student Aid Administration		1,576,854	1,697,711	1,678,943	+102,08	39	-18,768
HIGHER EDUCATION							
Aid for Institutional Development:							
Strengthening Institutions	D	86,534		98,886	+12,35	52	+98,886
Hispanic Serving Institutions	Ð	107,795	107,590	123,183	+15,38	38	+15,593
Promoting Post-Baccalaureate Opportunities for	D		•				
Hispanic Americans	D	9,671	9,653	11,052	+1,38	31	+1,399
Strengthening Historically Black Colleges (HBCUs).	Đ	244,694	244,229	279,624	+34,93	30	+35,395
Strengthening Historically Black Graduate	D	·		·	•		•
Institutions	D	63.281	63,161	72,314	+9.03	33	+9.153
Strengthening Predominantly Black Institutions	D	9,942	9,923	11.361	+1.41	19	+1,438
Asian American Pacific Islander	D	3,348	3,342	3,826	+47	78	+484
Strengthening Alaska Native and	D	•	'	ŕ			
Native Hawaiian-Serving Institutions	Ď	13.802	13,776	15,772	+1.97	70	+1,996
Strengthening Native American-Serving Nontribal	D	,	,	,	.,		
Institutions	D	3.348	3,342	3,826	+47	78	+484
Strengthening Tribal Colleges	D	27,599	27,547	31,539	+3,94	40	+3,992
Strengthening HBCU Masters programs		7,500		8,571	+1,07	•	+8,571
Subtotal, Aid for Institutional development		577,514	482,563	659,954	+82,44	40	+177,391

		FY 2017	FY 2018	Final	Final Bill	Final Bill
		Enacted	Request	Bill	vs. FY 2017	vs. Request
		- <b></b>				
International Education and Foreign Language:						
Domestic Programs	D	65,103		65,103		+65,103
Overseas Programs		7,061		7,061		+7,061
Subtotal, International Education & Foreign Lang		72,164		72,164		+72,164
Postsecondary Program for Students with Intellectual	D.					
Disabilities	D	11,800	11,778	11,800		+22
Minority Science and Engineering Improvement	D	9,648	9,630	11,025	+1,377	+1,395
Tribally Controlled Postsec Voc/Tech Institutions	D	8,286	8,270	9,469	+1,183	+1,199
Federal TRIO Programs		950,000	808,289	1,010,000	+60,000	+201,711
GEAR UP		339,754	219,000	350,000	+10,246	+131,000
Graduate Assistance in Areas of National Need	D	28,047	5,775	23,047	-5,000	+17,272
Teacher Quality Partnerships	D	43,092		43,092		+43,092
Child Care Access Means Parents in School		15,134		50,000	+34,866	+50,000
Fund for the Improvement of Postsecondary Ed. (FIPSE).	D			6,000	+6,000	+6,000
Total. Higher Education		2.055.439	1 .545 .305	2.246.551	+191,112	+701,246

	FY 2017 Enacted		Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
HOWARD UNIVERSITY		·			
Academic ProgramEndowment Program	D 3,405	190,721 3,405 27,273	201,788 3,405 27,325	+10,697  	+11,067  +52
Total, Howard University	221,821	221,399	232,518	+10,697	+11,119
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM.	D 435	434	435		+1
HISTORICALLY BLACK COLLEGE AND UNIVERSITY (HBCU) CAPITAL FINANCING PROGRAM ACCOUNT					
HBCU Federal Administration		333 20,112	334 30,150	+10,000	+1 +10,038
Total, HBCU Capital Financing Program	20,484	20,445	30,484	+10,000	+10,039

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
INSTITUTE OF EDUCATION SCIENCES (IES)					* • • • • • • • • • • • • • • • •	•
Research, Development and Dissemination	D	187,500	194,629	192,695	+5,195	-1,934
Statistics	D	109,500	111,787	109,500		-2.287
Regional Educational Laboratories	D	54,423	54,320	55,423	+1,000	+1,103
Research in Special Education	D	54,000	53,897	56,000	+2,000	+2,103
Special Education Studies and Evaluations	D	10,818	10,797	10,818		+21
Statewide Data Systems	D	32,281	34,473	32,281	<del>-</del>	-2,192
Assessment:						
National Assessment	D	149,000	148,717	149,000		+283
National Assessment Governing Board	D	7,745	8,219	7,745		- 474
		450 745	450.000	450 745	•••	
Subtotal, Assessment		156,745	156,936	156,745		-191 
Total. IES		605.267	616.839	613,462	+8.195	-3.377

	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
DEPARTMENTAL MANAGEMENT					
Program Administration: Salaries and Expenses	<b>431</b> ,000 1,000	438,000	430,000	-1,000 -1,000	-8,000 
Total, Program administration	432,000	438,000	430,000	-2,000	-8,000
Office for Civil Rights	108,500	106,797	117,000	+8,500	+10,203
Office of Inspector General	59,256	61,143	61,143	+1,887	
Total, Departmental management	599,756	605,940	608,143	+8,387	+2,203
Total, Title III, Department of Education  Current Year  FY 2019.	71,637,749 (49,040,748) (22,597,001)	66,342,354 (43,745,353) (22,597,001)	74,320,337 (51,723,336) (22,597,001)	+2,682,588 (+2,682,588)	+7,977,983 (+7,977,983)

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
TITLE IVRELATED AGENCIES						•
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED	D	8,000	6,117	8,250	+250	+2,133
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE						
Operating Expenses						
Domestic Volunteer Service Programs:						
Volunteers in Service to America (VISTA) National Senior Volunteer Corps:	D	92,364	4,910	92,364		+87,454
Foster Grandparents Program	D	107,702	117	107,702		+107,585
Senior Companion Program	D	45,512	117	45,512		+45,395
Retired Senior Volunteer Program	D	48,903	117	48,903		+48,786
Subtotal, Senior Volunteers		202,117	351	202,117	• • • • • • • • • • • • • • • • • • •	+201,766
Subtotal, Domestic Volunteer Service		294,481	5,261	294,481		+289,220

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request	
		• • • • • • •	· • • • • • • • • • • • • •				
National and Community Service Programs:							
AmeriCorps State and National Grants	D	386,010	2,341	412,010	+26,000	+409,669	
Innovation, Assistance, and Other Activities	D	5,000		7,600	+2,600	+7,600	
Evaluation	D	4,000		4,000		+4,000	
E)	D	30,000	24.087	32,000	+2,000	+7.913	
State Commission Support Grants		16,538		17,538	+1,000	+17,538	
Subtotal, National and Community Service		441 , 548	26,428	473,148	+31,600	+446,720	
Total, Operating expenses		736,029	31,689	767,629	+31,600	+735,940	
National Service Trust	D	206,842		206,842		+206,842	
Salaries and Expenses	D	81,737	99,735	83,737	+2,000	-15,998	
Office of Inspector General,		5,750	3,568	5,750		+2,182	
Total, Corp. for National and Community Service.		1,030,358	134.992	1,063,958	+33,600	+928,966	

	•••	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request	
CORPORATION FOR PUBLIC BROADCASTING:							
FY 2020 (current) with FY 2018 comparable	D	445,000		445.000		+445.000	
FY 2019 advance with FY 2017 comparable (NA)		(445,000)	(445,000)	(445,000)			
Rescission of FY 2019 funds (NA)			(-445,000)			(+445,000)	
Subtotal, FY 2019 program level		445,000		445,000		+445,000	
FY 2018 advance with FY 2016 comparable (NA)	NA	(445,000)	(445,000)	(445,000)			
Rescission of FY 2018 funds (NA)	NA		(-441,500)			(+441,500)	
Subtotal, FY 2018 program level		445,000	3,500	445,000		+441,500	
Public television interconnection system (current)	D	50,000		20.000	-30.000	+20,000	

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request	
FEDERAL MEDIATION AND CONCILIATION SERVICE	D	46,650	48,655	46,650		-2,005	
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION	D	17,184	17,053	17,184		+131	
INSTITUTE OF MUSEUM AND LIBRARY SERVICES	D <sub>.</sub>	231,000	23,000	240,000	+9,000	+217,000	
MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION		7,765	8,700	8,480	+715	-220	D
MEDICARE PAYMENT ADVISORY COMMISSION	TF	11,925	12,295	12,545	+620	+250	
NATIONAL COUNCIL ON DISABILITY	D	3,250	3,211	3,250		+39	
NATIONAL LABOR RELATIONS BOARD	D	274,224	258,000	274,224	•	+16,224	
NATIONAL MEDIATION BOARD	D	13,800	13,205	13,800		+595	
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION	D	13,225	12,615	13,225		+610	
RAILROAD RETIREMENT BOARD							
Dual Benefits Payments Account	D	25,000	22,000	22,000	-3,000		
Less Income Tax Receipts on Dual Benefits	D	-2,000	1,000	-1,000	+1,000		
Subtotal, Dual Benefits		23,000	21,000	21,000	-2,000		
Federal Payments to the Railroad Retirement Accounts	М	150	150	150			
· · · · · · · · · · · · · · · · · · ·	TF	113,500	111,225	123,500	+10,000	+12,275	
Limitation on the Office of Inspector General	TF	10,000	8,437	11,000	+1,000	+2,563	

	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds M	11,400	11,400	11,400		
Supplemental Security Income Program					
Federal Benefit Payments	52,941,736 89,000 58,000 5,029,427	48,236,000 159,000 101,000 5,060,526	48,236,000 159,000 101,000  4,991,277	-4,705,736 +70,000 +43,000  -38,150	   -69,249
Subtotal, SSI program level	58,118,163	53,556,526	53,487,277	-4,630,886	-69,249
Less funds advanced in prior year M	-14,500,000	-15,000,000	-15,000,000	-500,000	
Subtotal, regular SSI current year	43,618,163 15,000,000	38,556,526 19,500,000	38,487,277 19,500,000	-5,130,886 +4,500,000	-69,249
Total, SSI program	58,618,163	58,056,526	57,987,277	-630,886	-69,249

		FY 2017	FY 2018	Final	Final Bill	Final Bill
		Enacted	Request	<b>Bi</b> ll	vs. FY 2017	vs. Request
•						
Limitation on Administrative Expenses						
DASI/DI Trust Funds	TF	5,145,407	4,916,768	5,101,321	-44,086	+184,553
I/SMI Trust Funds	TF	1,684,753	2,012,556	2,313,197	+628,444	+300,641
ocial Security Advisory Board	TF	2,300	2,300	2,300		·
SI	TF	3,706,485	3,671,376	3,602,127	-104,358	-69,249
Subtotal, regular LAE		10,538,945	10,603,000	11,018,945	+480,000	+415,945
ser Fees;						
SSI User Fee activities	D	126,000	118,000	118,000	-8,000	
CBO adjustment		-3,000	-3,000	-3,000		
SSPA User Fee Activities	D	1,000	1,000	1,000		
CBO adjustment		-1,000	-1,000	-1,000		
Subtotal, User fees		123,000	115,000	115,000	-8,000	
Subtotal, Limitation on administrative expenses.		10,661,945	10,718,000	11,133,945	+472,000	+415,945
rogram Integrity:						
OASDI Trust Funds	TF	496,058	345,850	345,850	-150,208	
SSI	TF	1,322,942	1,389,150	1,389,150	+66,208	
Subtotal, Program integrity funding		1,819,000	1,735,000	1,735,000	-84,000	
Total, Limitation on Administrative Expenses		12,480,945	12,453,000	12,868,945	+388,000	+415,945

	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
Office of Inspector General					
Federal Funds D	29,787	30,000	30,000	+213	
Trust Funds TF	75,713	75,500	75,500	-213	
Total, Office of Inspector General	105,500	105,500	105,500		•••
Adjustment: Trust fund transfers from general revenues TF	-5,029,427	-5,060,526	-4,991,277	+38,150	+69,249
Total, Social Security Administration	66,186,581	65,565,900	65,981,845	-204,736	+415,945
Federal funds	58,782,350	58,212,926	58,143,677	-638,673	-69,249
Current year	(43,782,350)	(38,712,926)	(38,643,677)	(-5,138,673)	(-69,249)
New advances, 1st quarter, FY 2019	(15,000,000)	(19,500,000)	(19,500,000)	(+4,500,000)	
Trust funds	7,404,231	7,352,974	7,838,168	+433,937	+485,194
Total, Title IV, Related Agencies	68,485,612	66,244,555	68,304,061	-181.551	+2.059.506
Federal Funds	60,945,956	58,759,624	60,318,848	-627,108	+1,559,224
Current Year	(45,500,956)	(39,259,624)	(40,373,848)	(-5, 127, 108)	(+1,114,224)
FY 2019 Advance	(15,000,000)	(19,500,000)	(19,500,000)	(+4,500,000)	
FY 2020 Advance	(445,000)		(445,000)		(+445,000)
Trust Funds	7,539,656	7,484,931	7,985,213	+445,557	+500,282

	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
OTHER APPROPRIATIONS					
FURTHER ADDITIONAL SUPPLEMENTAL APPROPRIATIONS FOR DISASTER RELIEF REQUIREMENTS ACT, 2018					
TITLE VIII					
DEPARTMENT OF LABOR					
Employment and Training Administration					
Training and Employment Services (emergency)		30, <del>9</del> 00	100,000 30,900	+100,000 +30,900	+100,000
General Provisions Department of Labor					
Deferment of of interest payments for U.S. Virgin Islands (Sec.20801) (emergency)			-1,000	-1,000	-1,000

	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
DEPARTMENT OF HEALTH AND HUMAN SERVICES					•
Centers for Disease Control and Prevention					
CDC-Wide Activities and Program Support (emergency)			200,000	+200,000	+200,000
National Institutes of Health					
Office of the Director (emergency)			50,000	+50,000	+50,000
Administration for Children and Families					
Children and Families Services Programs (emergency)			650,000	+650,000	+650,000
Office of the Secretary					
Public Health and Social Services Emergency Fund (emergency)		244,400	162,000	+162,000	-82,400

	FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
DEPARTMENT OF EDUCATION					
Hurricane Education Recovery					
Hurricane Education Recovery (emergency) Hurricane Education Recovery waiver authority for HEA of 1965 (Federal Direct Student Loan Program		1,235,000	2,700,000	+2,700,000	+1,465,000
account) (emergency)			5,000	+5,000	+5,000
General Provisions Department of Education					
HBCU Hurricane Supplemental Loan Program (loan forgiveness) (Sec.20804) (emergency)			90,000	+90,000	+90,000
Total, title VIII		1,510,300	3,986,900	+3,986,900	+2,476,600
Total, Supplemental Appropriations for Disaster Relief Requirements (Public Law 115-123 (DivB,					
Subdivision1))		1,510,300	3,986,900	+3,986,900	+2,476,600
Total, Other Appropriations		1,510,300	3,986,900	+3,986,900	+2,476,600

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	Final Bill vs. Request
RECAP						
Mandatory, total in bill		760,614,562	815,765,698	817,467,097	+56,852,535	+1,701,399
Less advances for subsequent yearsPlus advances provided in prior years		-144,135,452 133,701,502	-158,462,759 144,135,452	-158,462,759 144,135,452	-14,327,307 +10,433,950	
Total, mandatory, current year		750,180,612	801,438,391	803,139,790	+52,959,178	+1,701,399
Discretionary, total in bill		173,331,306 -24,814,001	150,408,426 -23,470,001	190,525,529 -24,814,001	+17,194,223	+40,117,103 -1,344,000
Plus advances provided in prior years		24,814,001	24,814,001	24,814,001		
Subtotal, discretionary, current year		173,331,306	151,752,426	190,525,529	+17,194,223	+38,773,103
Discretionary Scorekeeping adjustments:						
SSI User Fee Collection	D	-126,000	-118,000	-118,000	+8,000	
CBO adjustment	D	3,000	3,000	3,000		
Contingent Medicare Eligible Accruals	TF	5,000	20,000	10,000	+5,000	-10,000
(permanent, indefinite) 1/	D	28,594	32,484	32,484	+3,890	
Surplus property (Department of Labor) Adult employment and training activities	СH			2,000	+2,000	+2,000
(rescission)	D		-324,000		•	+324,000
activities (rescission)	D		-405,000			+405,000
(rescission)	D	-75,000	-170,000	-12,500	+62,500	+157,500

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H-1B (rescission)	СН	- 46,000			+46,000	
Rescissions (PL111-148):						
Independent Payment Advisory Board	CH	-15,000			+15,000	
Refugee and Entrant Assistance (PL 114-254): (Nonrecurring expenses fund) (by transfer)						
(Sec.170(a))	D	(300,000)			(-300,000)	
Unaccompanied Minors Contingency Fund (\$200M,						
Sec.170(b)) (CBO estimate)	D	100,000			-100,000	
Nonrecurring expenses fund (rescission)						
(Sec.170(d))	D	-100,000			+100,000	
Nonrecurring expenses fund (rescission)	Ð	-100,000	-560,000		+100,000	+560,000
Childrens Health Insurance Program performance					r	,
bonus (rescission)	CH	-5,750,000	-1,193,000	-88,613	+5,661,387	+1,104,387
Childrens Health Insurance Program one-time				•	.,,	.,,
payment (rescission)	CH	-541,900		- 54	+541,846	-54
(Public Law 114-254, Sec.201(a))	CH	-170,000			+170.000	
Childrens Health Insurance Program State allotment					,	
(Sec.301(b)) (rescission)	CH	-1,132,000	-3,279,000		+1,132,000	+3,279,000
Childrens Health Insurance Program Annual					, , , ,	.,,
Allotment to States (rescission)	CH			-3,572,000	-3.572.000	-3,572,000
Child Enrollment contingency fund (rescission)		-570,000		-3,110,946	-2,540,946	-3,110,946

		FY 2017 Enacted	FY 2018 Request	Final Bill	Final Bill vs. FY 2017	
limitation on alimita booleh	00		222 222	•		
Limitation on eligible health care entity		4 040 000	-330,000		.4 040 000	+330,000
Pell unobligated balances (rescission)		-1,310,000	-3,900,000		+1,310,000	+3,900,000
Pell: Increase maximum award	СН	•		48,000	+48,000	+48,000
Pell: Restore year-round Pell with 150% cap	СH	254,000	<del></del>	<del>-</del>	-254,000	
Pell mandatory funds (rescission)	CH	-254,000		-48,000	+206,000	-48,000
SSA SSPA User Fee Collection	D	-1,000	-1,000	-1,000		
CBO adjustment	D	1,000	1,000	1,000		
Traditional Medicare program		305,000	.,	305,000		+305,000
CNCS National Service Trust unobligated balances	_	200,000		000,000		555,555
(rescission)	D		-139,000			+139,000
, ,	U		-139,000			+139,000
Corporation for Public Broadcasting FY2018 advance	_		44.4 ===			. 44.4. 550
(rescission)			-414,550			+414,550
Cohort Default Rate Modification (Education)	CH	<del>-</del>		3,000	+3,000	+3,000
21ST Century Cures Act adjustment (PL 114-255)	D	-852,000	-996,000	-996,000	-144,000	
Total, discretionary		162,985,000	138,469,060	178,996,000	+16,011,000	+40,526,940
Grand Total, current year		913,165,612	939,907,451	982,135,790	+68,970,178	+42,228,339