

DIVISION A—DEPARTMENTS OF LABOR, HEALTH AND HUMAN
SERVICES, AND EDUCATION, AND RELATED AGENCIES
APPROPRIATIONS ACT, 2020

The explanatory statement accompanying this division is approved and indicates Congressional intent. Unless otherwise noted, the language set forth in House Report 116-62 carries the same weight as language included in this explanatory statement and should be complied with unless specifically addressed to the contrary in this explanatory statement. While some language is repeated for emphasis, it is not intended to negate the language referred to above unless expressly provided herein.

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 116-62 and this explanatory statement accompanying this Act. All such programs, projects, and activities are subject to the provisions of this Act.

In cases where House Report 116-62 or this explanatory statement directs the submission of a report, that report is to be submitted to the Committees on Appropriations of the House of Representatives and the Senate. Where this explanatory statement refers to the Committees or the Committees on Appropriations, unless otherwise noted, this reference is to the House of Representatives Subcommittee on Labor, Health and Human Services, Education, and Related Agencies and the Senate Subcommittee on Labor, Health and Human Services, Education, and Related Agencies.

Each department and agency funded in this Act shall follow the directions set forth in this Act and the accompanying explanatory 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 accompanying this Act. 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.

Congressional Reports.—Each department and agency is directed to provide the Committees on Appropriations, within 30 days from the date 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 (ETA)
TRAINING AND EMPLOYMENT SERVICES

Grants to States.—The agreement is consistent with the Workforce Innovation and Opportunity Act (WIOA) authorization regarding the amount of WIOA State grant funding that may be reserved by Governors.

Adult Employment and Training.—WIOA State grant funding continues to serve critical functions, including to assist States that continue to experience high unemployment.

Youth Training.— The Department is directed to evaluate incorporating resilience training and trauma-informed practices into WIOA youth job training programs and shall consult with organizations with nationally recognized expertise in such practices. The Department is directed to provide a report to the Committees within six months of enactment of this Act describing the findings of the evaluation and an assessment of how WIOA youth job training programs could adopt such practices and measure outcomes.

Dislocated Worker National Reserve

Career Pathways for Youth Grants.— The bill provides \$10,000,000 to utilize the demonstration grant authority under the dislocated worker national reserve for grants to support national out-of-school time organizations that serve youth and teens and place an emphasis on age-appropriate workforce readiness programming to expand job training and workforce pathways for youth and disconnected youth, including soft skill development, career exploration, job readiness and certification, summer jobs, year-round job opportunities, and apprenticeships.

Funding will also support partnerships between workforce investment boards and youth serving organizations.

Strengthening Community College Training Grants.—The agreement provides \$40,000,000 for the Strengthening Community College Training Grant program. The Department is directed to follow all requirements and directives in House Report 116-62 related to this program, except that the Secretary shall make individual grants to community colleges of at least \$1,000,000, unless grants are awarded in consortia to community colleges and other eligible institutions as defined in section 101(a) of the Higher Education Act and do not exceed \$5,000,000 per grant.

Workforce Opportunity for Rural Communities.—The agreement provides \$30,000,000 to continue this program in the Appalachian and Delta regions. The Department is directed to ensure broad geographic distribution of funds within these regions and awards should not exceed \$1,500,000 per award.

Transition to WIOA.—The agreement requests additional information regarding use of the Secretary's 10 percent reservation of funds for technical assistance to transition to WIOA under the dislocated worker assistance national reserve in the fiscal year 2021 Congressional Justification.

Apprenticeship Grant Program

The agreement provides \$175,000,000 to support registered apprenticeships and includes new bill language referencing WIOA, ensuring that funds are only used to support registered apprenticeships, and that makes funds available starting July 1, 2020 to encourage better management and oversight.

The agreement notes serious concerns regarding the Department's misuse of registered apprenticeship funds and the Department's communication of this misuse to the Committees, including testimony before the Committees.

The agreement notes that funding under this program should be prioritized to support State, regional, and local apprenticeship efforts, as well as efforts by intermediaries to expand registered apprenticeships into new industries and for underserved or underrepresented populations.

State expansion grants have been used to positive effect in States with high unemployment. The agreement directs the Secretary to prioritize funding for national, regional, and local intermediaries. The agreement directs the Secretary to continue funding for business and labor industry partner intermediaries and ensure that labor intermediaries are given opportunities to apply for competitive grants, cooperative agreements, contracts, and other funding opportunities.

The Department is encouraged to support funding industry or sector partnerships as a means of expanding registered apprenticeships in in-demand industries. The Department should collaborate with the Department of Defense to develop registered apprenticeships that address the critical national defense need for new submarine construction. The Department is encouraged to support programs in the health care, maritime, construction, and oil and gas industries. The agreement notes concerns about shortages nationwide of drinking water and wastewater management professionals and encourages the Department to address the shortage of water system management professionals.

The agreement directs the Department to provide quarterly briefings on all spending activities under this program to the Committees, and to comply with directives and statements in House Report 116-62.

JOB CORPS

Job Corps.—In addition to the directives included in House Report 116-62, the Department is directed to provide 30 days notification to the Committees in advance of any action to close or deactivate a Job Corps Center (Center), as well as

in advance of any action to establish a pilot program or demonstration project at a Center. The Department is further directed to minimize the amount of time a Center is inactive prior to commencement of a pilot program or demonstration project and to ensure training opportunities and slots do not decline as a result of such pilot or demonstration. Not later than 120 days after enactment of this Act, the Department shall provide the Committees a report on the performance of all pilot programs and demonstration projects, including a detailed description of the performance metrics used to evaluate the projects, and an analysis of the performance of pilots and projects relative to other Centers. The Department is expected to continue to comply with the directives under the heading Job Corps in Senate Report 115-289.

Construction and Renovation.—The Department is encouraged to take into consideration critical municipal infrastructure deficiencies when identifying construction and renovation projects.

~~STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS~~

Unemployment Insurance Compensation

State Unemployment System Needs.—The agreement notes that State unemployment insurance (UI) systems are critical for ensuring claimants receive timely processing of benefits. The Department is encouraged to provide above-base State UI funds through supplemental funding opportunities to States to the extent that unobligated funds, not otherwise needed for workload, are available at the end of the fiscal year. Such funds should support improving operations and modernizing State UI systems to help ensure that workers and their families receive fast and high-quality assistance in their time of need.

UI Integrity Center of Excellence.—The agreement provides \$9,000,000 for the continued support of the UI Integrity Center of Excellence (UIICE), including \$6,000,000 for the benefit of States to the entity operating the UIICE.

Employment Service

National Activities.—The agreement provides \$2,500,000 to reduce the processing backlog for the work opportunity tax credit program.

Foreign Labor Certification

The agreement includes an increase of \$6,500,000 for continued implementation of the Northern Mariana Islands U.S. Workforce Act of 2018 (P.L. 115-218). The agreement urges the Department to provide careful oversight and transparency related to the timely processing of visa applications for temporary employment certifications. The agreement directs the Department to provide an update on the upgrades to the foreign labor certification technical system, including the launch of the Foreign Labor Application Gateway, in the fiscal year 2021 Congressional Justification.

One-Stop Career Centers and Labor Market Information

Occupational Licensing.—The Department is directed to provide a briefing within 90 days of enactment of this Act to the Committees on the outcomes and status of the occupational licensing initiative, including the impact on military spouses, dislocated workers, and transitioning service members and a review of the grants awarded in fiscal years 2016, 2017, and 2018.

The agreement directs EBSA to prioritize audit resources to review the Thrift Savings Plan's (TSP) IT operating environment, including the adequacy of controls at contractor sites and TSP's progress in remediating previously identified issues from past EBSA audits.

PENSION BENEFIT GUARANTY CORPORATION

The agreement includes new bill language that extends the period of availability of funding for certain administrative expenses to five years to ensure the agency has sufficient time to manage a large, unanticipated influx of participants or costs.

WAGE AND HOUR DIVISION (WHD)

WHD is encouraged to hire additional investigators and restore WHD's investigative capacity.

In the fiscal year 2021 Congressional Justification, WHD is directed to provide annual and historical information on the Payroll Audit Independent Determination (PAID) program, including administrative expenditures on PAID, amounts recovered through PAID, and the number of businesses participating in PAID.

WHD shall collect data at the beginning of each fiscal year and submit in an electronic format yearly reports to the authorizing and appropriations Committees that shall include the following: (1) the name and address of each employer holding a certificate under 29 U.S.C. 214(c); (2) the starting date and ending date of each certificate for each employer under 29 U.S.C. 214(c); (3) information about the certificate for each employer under 29 U.S.C. 214(c), including if the certificate is an initial certificate or renewal and if the certificate is issued or pending; and (4) the current number of workers paid a subminimum wage by the employer holding the certificate under 29 U.S.C. 214(c) at the time of data collection. WHD is further directed to brief the authorizing and appropriations

Committees, within 90 days of enactment of this Act, on its administration, monitoring, and enforcement of the subminimum wage program authorized under section 14(c) of the Fair Labor Standards Act.

The Department is directed to provide a report within 120 days of enactment of this Act to the Committees that shall include the data and economic analysis supporting the inclusion of the housing policy for industries requiring a mobile workforce in the 2015 interim final rule leading to its publication and the benefits and costs of such policy on U.S. and guest workers and employers.

OFFICE OF WORKERS' COMPENSATION PROGRAMS (OWCP)

There is continued concern about overreliance on unobligated funds for support of the Special Benefits for Disabled Coal Miners Program. OWCP should not take action that could disrupt the ability of the program to ensure all beneficiaries receive promised benefits. The agency is directed to include in the fiscal year 2021 Congressional Justification: (1) the number of beneficiaries each year since fiscal year 2015 and (2) the total benefit payments and budgetary resources and expenditures within the program each year since fiscal year 2015.

ADMINISTRATIVE EXPENSES, ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND

The Department shall ensure the Advisory Board on Toxic Substances and Worker Health has sufficient funding and staffing to meet its obligations.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)

The agreement directs OSHA to publish Funding Opportunity Notices for fiscal year 2020 funds for the Susan Harwood Training Grant program no later than June 30, 2020. Further, the agreement directs OSHA to provide technical assistance, guidance, and support to fiscal year 2020 applicants in order to reduce the proportion that did not meet eligibility and program requirements included in Funding Opportunity Notices in fiscal year 2019.

The agreement directs OSHA, in consultation with DoD, to develop a webinar for DoD procurement officers on how to use OSHA's website to find OSHA violations and Severe Injury Reports. The webinar shall be developed and provided to DoD within 180 days of enactment of this Act and shall be sent to the Committees. Further, OSHA shall explore options for gathering and entering Employee Identification Numbers from all inspections of worksites and shall consider exemptions for small worksites with few employees.

The agreement continues to provide no less than \$3,500,000 for the Voluntary Protection Program (VPP). In the fiscal year 2021 Congressional Justification, OSHA is directed to include annual expenditures on VPP for each year since fiscal year 2015 as well as planned expenditures in fiscal year 2021.

MINE SAFETY AND HEALTH ADMINISTRATION (MSHA)

The fiscal year 2020 President's budget request proposed to allow greater flexibility by combining the enforcement functions for coal and metal/non-metal into a single enforcement budget activity. This flexibility shall only be exercised to bolster MSHA's ability to enforce the Mine Safety and Health Act and provide greater protections to miners. MSHA's Office of Accountability shall audit and publicly report findings from reviews of crossover mine inspections and monitor corrective actions to ensure MSHA activities adhere to its policies and procedures and meet the requirements of such Act. In addition, the Inspector General shall

conduct a comprehensive audit of this consolidation of enforcement programs. Finally, the agency is directed to include in future Congressional Justifications historical and budget year information on enforcement activities and outcomes, distinguishing between coal and metal/non-metal mines. To promote transparency into agency spending on its enforcement activities, MSHA will continue to separately present annual spending on coal and metal/non-metal mines as it has in past Congressional Justifications.

The agreement removes authority, first provided in fiscal year 2017, that allowed State assistance grants to be used by operators for purchase and maintenance of continuous personal dust monitors. No State has elected to use such authority.

MSHA shall fully implement the requirements of section 103 of the Federal Mine Safety and Health Act and make inspections of each underground mine in its entirety at least four times a year and each surface mine in its entirety at least two times a year. MSHA should use existing funds to equip all MSHA mine rescue teams with next generation mine rescue communications equipment. To prepare properly for an emergency, MSHA shall continue to devote sufficient resources toward a competitive grant activity for effective emergency response and recovery training in various types of mine conditions.

BUREAU OF LABOR STATISTICS (BLS)

The agreement includes an increase of \$40,000,000 to rebuild capacity at BLS and to support a headquarters relocation to the Suitland Federal Center.

With the increase, BLS is directed to support the following critical investments:

- Provide an annual supplement to the Current Population Survey to allow for collection of data on contingent and alternative work arrangements

every two years and data on other topics related to the labor force in alternate years, including an occasional veterans supplement;

- Restore the production and publication of employment, unemployment, and labor force data under the Local Area Unemployment Statistics program for New England Minor Civil Divisions with populations less than 1,000; and
- Initiate spending on the planning and development of a new National Longitudinal Survey of Youth (NLSY) cohort. BLS shall brief the Committees on the annual costs and a five-year plan for implementing the new NLSY cohort within 90 days of enactment of this Act.

When implementing these investments, BLS shall not reduce or eliminate existing statistical work. Further, BLS shall not reduce the number of full-time equivalent positions beyond the apportioned fiscal year 2019 full-time equivalent ceiling.

Within the increase, the agreement includes \$27,000,000 to relocate BLS headquarters. BLS is strongly urged to consider the needs of its employees throughout this transition and to work with the General Services Administration to address any outstanding safety concerns and office space considerations for the development of sensitive economic indicators.

DEPARTMENTAL MANAGEMENT

Bureau of International Labor Affairs (ILAB).—The agreement includes an increase of \$10,000,000, of which \$7,500,000 is for grants to improve countries' capacity to enforce labor rights agreed to under U.S. trade agreements and trade preference programs. The remaining \$2,500,000 is provided for additional monitoring and enforcement staff at the Office of Trade and Labor Affairs and

additional labor attaches in critical U.S. Embassies to increase field-based and international monitoring and labor compliance facilitation.

ILAB should continue to release its annual Findings on the Worst Forms of Child Labor report, including its assessment ratings on Generalized System of Preference country efforts to implement its commitments to eliminate the worst forms of child labor, no later than it has historically.

Faithful execution of the Foundations for Evidence-based Policymaking Act will enhance the evidence-building capacity of Federal agencies, strengthen privacy protections, improve secure access to data, and provide more and higher quality evidence to policymakers. The agreement directs the Department to include in the fiscal year 2021 and future Congressional Justifications an update on the implementation of such Act for the current and budget years.

The agreement expects the Department to prioritize the submission of timely, accurate, quality, and complete financial and award information under existing U.S. Treasury reporting obligations in accordance with established management guidance, reporting processes, and data standards established under the requirements of the Digital Accountability and Transparency Act.

The Department should continue to notify the Committees of the planned uses of funds derived from the evaluation authority in section 107 of this Act.

The Department should continue to provide a report not later than 30 days after the conclusion of each quarter detailing the number of full-time equivalent employees and attrition by principal office and appropriations account.

VETERANS EMPLOYMENT AND TRAINING

Disabled Veterans.—The agreement provides \$300,000 for the purposes associated with the Disabled Veteran Program in House Report 116-62.

Transition Assistance Program.—The agreement provides \$29,379,000, an increase of \$6,000,000, for the transition assistance program (TAP). Within that amount, the agreement provides \$8,000,000 to enhance the quality of employment support services for transitioning service members, with a focus on improved outcomes. The agreement includes \$1,500,000 for TAP course curriculum for military spouses, who are currently eligible for the same TAP resources as service members. Such curriculum should include resources and information on related State and Federal license and credential portability.

GENERAL PROVISIONS

The agreement modifies a provision related to the Treasure Island Job Corps Center.

The agreement includes a new provision related to H-1B fees.

The agreement modifies a provision related to funds available to State Unemployment Insurance information technology consortia.

The agreement includes a new provision related to Job Corps Civilian Conservation Centers.

TITLE II
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)
PRIMARY HEALTH CARE

Domestic HIV Initiative.—The agreement includes \$50,000,000 for the first year of an initiative to reduce HIV transmission. Funds will be distributed to Health Centers in high-need jurisdictions to increase the use of pre-exposure prophylaxis (PrEP) among high-risk groups.

HRSA Strategy to Address Intimate Partner Violence.—The agreement provides no less than \$1,000,000 for the HRSA Strategy to Address Intimate Partner Violence to continue support for training, technical assistance, and resource development to assist public health and healthcare professionals in better serving impacted individuals and communities.

Native Hawaiian Health Care.—The agreement provides no less than \$19,000,000 for this program.

Technical Assistance.—The agreement includes funds to enhance technical assistance and training activities, further quality improvement initiatives, and continue the development of and support for health center-controlled networks so that new and existing centers can improve patient access. The agreement provides \$1,000,000 for technical assistance grants in States with a disproportionate share of new HIV diagnoses in rural areas.

HEALTH WORKFORCE

National Health Service Corps.—HRSA is instructed to provide a report no later than 120 days after enactment of this Act on the data collected on maternity care target areas, including the availability and need of maternity care health services in health professional shortage areas (HPSAs), and in the target areas

within such HPSAs.

Midwife Training.—Within the total for Scholarships for Disadvantaged Students, the agreement includes no less than \$2,500,000 to educate midwives to address the national shortage of maternity care providers, and specifically to address the lack of diversity in the maternity care workforce.

Area Health Education Centers.—The agreement encourages HRSA to invest in interprofessional networks that address social determinants of health and incorporate field placement programs for rural and medically-underserved populations.

Mental and Substance Use Disorder Workforce Training Demonstration.—Within the total for Behavioral Health Workforce Education and Training (BHWET), the agreement includes no less than \$26,700,000 to establish the Mental and Substance Use Disorder Workforce Training Demonstration, as authorized under section 9022 of the 21st Century Cures Act (P.L. 114-255) and described in House Report 116-62.

Peer Support.—Within the total for BHWET, the agreement includes no less than \$10,000,000 for community-based experiential training for students preparing to become peer support specialists and other types of behavioral health-related paraprofessionals, as described in House Report 116-62.

Loan Repayment Program for Substance Use Disorder Treatment Workforce.—Within the total for BHWET, the agreement includes no less than \$12,000,000 to establish the Loan Repayment Program for Substance Use Disorder Treatment Workforce, as authorized under section 7071 of the SUPPORT for Patients and Communities Act (P.L. 115-271) and described in House Report 116-62.

Nurse Education, Practice, Quality and Retention.—The agreement includes \$2,000,000 for new competitive grants to enhance nurse education and strengthen the nursing workforce through the expansion of experiential learning opportunities. HRSA is directed to ensure that these grants include as an allowable use the

purchase of simulation training equipment. HRSA shall give priority to grantees located in a medically-underserved area in a State with an age-adjusted high burden of stroke, heart disease, and obesity, and HRSA is encouraged to prioritize submissions that support high poverty rate communities.

Nurse Practitioner Optional Fellowship Program.—The agreement includes \$5,000,000 to make grants to establish or expand optional community-based nurse practitioner fellowship programs that are accredited or in the accreditation process for practicing postgraduate nurse practitioners in primary care or behavioral health, as described in House Report 116-62.

Veterans' Bachelor of Science Degree in Nursing.—HRSA is encouraged to consider the successful past practice of entities that have received funding from this nursing program in making new awards that support veterans and expand the nursing workforce.

Nursing Workforce Diversity.—The agreement includes no less than \$1,000,000 to support a model program under section 821 of the Public Health Service Act to increase and strengthen the eldercare workforce in rural counties where there are health care disparities related to access and delivery of care. HRSA shall give priority to eligible entities with training programs that serve one or more communities that have: (1) a poverty rate exceeding 32 percent and a median household income below \$34,000 a year as reported by the Census Bureau's Small Area Income and Poverty Estimates program for 2017; and (2) are located in a State with an elderly population that exceeds 15 percent of the total State's population as reported by the Census Bureau for 2018. Funding will support education, training, and partnerships with academia; primary care delivery sites; community-based organizations; and other healthcare delivery sites. HRSA is directed to give priority to established and reputable nursing programs in historically black colleges and universities that can demonstrate increased

educational opportunities for individuals from disadvantaged backgrounds.

Advanced Education Nursing.—The agreement provides \$9,000,000 to award grants for the clinical training of sexual assault nurse examiners as described in Senate Report 115–150.

Medical Student Education.—The agreement provides up to \$35,000,000 to fund additional applications received in fiscal year 2019. Of the remaining amount, the agreement directs HRSA to make supplementary grant awards to entities funded in fiscal year 2019.

Reports.—The agreement requests that HRSA provide the reports requested under the Health Workforce header in House Report 116-62 within 180 days of enactment of this Act.

MATERNAL AND CHILD HEALTH

Alliance for Maternal Health Safety Bundles.—The agreement includes \$5,000,000 for implementation of maternal safety bundles in all U.S. States, the District of Columbia, and U.S. territories, as well as tribal entities.

Children’s Health and Development.—The agreement provides \$3,500,000 within Special Projects of Regional and National Significance (SPRANS) for another year of funding for the study focused on improving child health through a statewide system of early childhood developmental screenings and interventions.

Hemophilia Treatment Centers.—The agreement provides level funding for Hemophilia Treatment Centers.

Infant-Toddler Court Teams.—The agreement includes no less than \$10,000,000 for the third year of a cooperative agreement to support research-based Infant-Toddler Court Teams to change child welfare practices to improve the well-being of infants, toddlers, and their families, as described in House Report 116-62.

Set-asides within SPRANS.—The agreement includes the following set-asides within SPRANS. Within the set-aside for Oral Health, \$250,000 is provided for activities described in House Report 116-62.

Budget Activity	FY 2020 Agreement
Set-aside for Oral Health.....	\$5,250,000
Set-aside for Epilepsy.....	3,642,000
Set-aside for Sickle Cell Disease.....	3,000,000
Set-aside for Fetal Alcohol Syndrome.....	1,000,000

Autism and Other Developmental Disorders.—The agreement includes \$52,344,000 for the Autism and Other Developmental Disorders program. Within that total, the agreement provides not less than \$35,245,000 for the Leadership Education in Neurodevelopmental and Related Disabilities program.

Severe Combined Immunodeficiency.—Within the total for the Heritable Disorders Program, the agreement includes no less than \$3,000,000 for the third year of a grant to support implementation, education, and awareness of newborn screening for Severe Combined Immune Deficiency and related disorders.

Healthy Start.—Within the total, the agreement includes no less than \$15,000,000 for the initiative to reduce maternal mortality, allowing Healthy Start grantees to support nurse practitioners, certified nurse midwives, physician assistants, and other maternal-child advanced practice health professionals within all program sites nationwide.

RYAN WHITE HIV/AIDS PROGRAM

Domestic HIV Initiative.—The agreement includes \$70,000,000 for the first year of an initiative to reduce HIV transmission. Funds will be distributed to high-need jurisdictions to increase linkage, engagement, and retention in care with the goal of increasing viral suppression among people living with HIV.

HEALTH CARE SYSTEMS

National Living Donor Assistance Center.—Within the total for Organ Transplantation, the agreement includes no less than \$4,500,000 for the National Living Donor Assistance Center, as described in House Report 116-62.

Organ Allocation Policy.—HRSA and the Organ Procurement and Transplantation Network are encouraged to ensure the process for changing organ allocation policies is transparent, thorough, and accommodates the recommendations of transplantation and organ donation professionals.

RURAL HEALTH

Rural Health Outreach.—The agreement provides not more than \$12,000,000 for Outreach Service Grants; not less than \$12,900,000 for Rural Network Development Grants; not less than \$22,000,000 for the Delta States Network Grant Program; not less than \$1,900,000 for Network Planning Grants; and not more than \$6,400,000 for Small Health Care Provider Quality Improvement Grants.

Delta States Rural Development Network Grant Program.—The agreement provides \$10,000,000 to support HRSA's collaboration with the Delta Regional Authority, as described under this heading in Conference Report 115-952.

Telementoring Training Center.—Within the total for Rural Health Research and Policy Development, the agreement includes no less than \$1,000,000 to support a telementoring training center to train academic medical centers and other

centers of excellence in the creation of technology-enabled telementoring learning programs, as described in House Report 116-62.

Rural Hospital Flexibility Grants.—The agreement recommends HRSA give preference in grant awards to Critical Access Hospitals, as described in Senate Report 115-289.

Telehealth Centers of Excellence.—The agreement provides \$6,000,000 for the Telehealth Centers of Excellence (Centers) awardees. The Centers are encouraged to develop best practices for treating HIV through telehealth that can be replicated across rural America and accelerate progress toward the goal of eliminating HIV transmission.

Telehealth Evaluation.—The agreement provides \$1,000,000 to support a comprehensive evaluation of nationwide telehealth investments in rural areas and populations, as described in House Report 116-62.

Telehealth Network Grant Program.—The Office for the Advancement of Telehealth (OAT) is instructed to consult with the Bureau of Primary Health Care and develop a plan for the dissemination of the work of the school-based services clinical cohort, especially as it relates to providing assessments and referrals for health, mental health, or substance use disorder services to students who may struggle with behavioral or mental health issues. HRSA is instructed to provide a report on the OAT plan, including any findings from the school-based clinical cohort, to the Committees within 180 days of enactment of this Act.

Rural Communities Opioids Response Program.—The bill includes \$110,000,000 to continue this program. The agreement includes \$10,000,000 to continue the three Rural Centers or Excellence (Centers), as established in P.L. 115–245 and as directed by Conference Report 115-952. In addition to such conditions, the Centers shall work with neighboring States or regionally to implement surveillance, needs assessment, technical assistance, and educational

outreach in the form of subgrants to non-profit entities or academic institutions to implement demonstrated interventions.

FAMILY PLANNING

The Family Planning program administers Title X of the PHS Act. This program supports preventive and primary healthcare services at clinics nationwide. The agreement does not include language proposed by the House.

PROGRAM MANAGEMENT

Oral Health Literacy.—The agreement includes \$300,000 for the activity described under this heading in House Report 116-62.

CENTERS FOR DISEASE CONTROL AND PREVENTION

The agreement provides \$7,974,554,000 in total program level funding for the Centers for Disease Control and Prevention (CDC), which includes \$6,895,304,000 in budget authority, \$854,250,000 in transfers from the Prevention and Public Health (PPH) Fund, and \$225,000,000 from the HHS Nonrecurring Expenses Fund.

IMMUNIZATION AND RESPIRATORY DISEASES

The agreement provides a total of \$803,405,000 for Immunization and Respiratory Diseases, which includes \$433,105,000 in discretionary appropriations and \$370,300,000 in transfers from the PPH Fund. The agreement shifts \$7,222,000 from tuberculosis to global tuberculosis in Global Health to reflect CDC's yearly administrative shift. Within this total, the agreement includes the following amounts:

	FY 2020
Budget Activity	Agreement
Section 317 Immunization Program.....	\$615,847,000
Influenza Planning and Response.....	187,558,000

Acute Flaccid Myelitis.—The agreement includes funding within the Section 317 Immunization Program to identify the cause, prevention, and treatment of acute flaccid myelitis.

Immunization Rates.—CDC is directed to continue increasing awareness and knowledge of the safety and effectiveness of vaccines, combating misinformation about vaccines, and disseminating scientific and evidence-based vaccine-related information, with the goal of increasing rates of vaccination across all ages, particularly in communities with low rates of vaccination.

National Adenovirus Type Reporting System (NATRS).—CDC is directed to submit a report no later than 180 days after enactment of this Act to the Committees detailing impediments to NATRS reporting and outlining recommendations to bolster the reporting.

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

The agreement provides \$1,273,556,000 for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2020 Agreement
Domestic HIV/AIDS Prevention and Research...	\$928,712,000
HIV Initiative.....	140,000,000
School Health.....	33,081,000
Viral Hepatitis.....	39,000,000
Sexually Transmitted Infections.....	160,810,000
Tuberculosis.....	135,034,000
Infectious Diseases and the Opioid Epidemic....	10,000,000

Hepatitis B.—CDC is encouraged to work with stakeholders to include a plan in the fiscal year 2021 Congressional Justification to increase immunization coverage among adults and reduce the number of hepatitis B cases.

HIV/AIDS Data Sharing Platform.—CDC is encouraged to enhance the Collaborative Advanced Analytics and Data Sharing system to lower overall operating costs and reduce reporting burdens on Federal and State health departments.

HIV Initiative.—The agreement includes increased funding to reduce new HIV infections.

Infectious Diseases and the Opioid Epidemic.—The agreement provides an increase to conduct the activities outlined in House Report 116-62.

Sexually Transmitted Infections (STI).—The agreement includes an increase to reduce rising STI rates.

EMERGING AND ZOO NOTIC INFECTIOUS DISEASES

The agreement provides \$622,372,000 for Emerging and Zoonotic Infectious Diseases, which includes \$570,372,000 in discretionary appropriations and \$52,000,000 in transfers from the PPH Fund. The agreement shifts \$8,000,000 from lab safety and quality into Public Health Scientific Services to account for CDC’s yearly administrative shift. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2020 Agreement
Antibiotic Resistance Initiative.....	170,000,000
Vector-Borne Diseases.....	38,603,000
Lyme Disease.....	14,000,000
Prion Disease.....	6,000,000
Chronic Fatigue Syndrome.....	5,400,000
Emerging Infectious Diseases.....	188,797,000
Harmful Algal Blooms.....	2,000,000
Food Safety.....	63,000,000
National Healthcare Safety Network.....	21,000,000
Quarantine.....	31,572,000

	FY 2020
Budget Activity	Agreement
Advanced Molecular Detection.....	30,000,000
Epidemiology and Lab Capacity.....	40,000,000
Healthcare-Associated Infections.....	12,000,000

Antimicrobial Resistance (AMR).—The agreement includes an increase to address AMR through a “One Health” approach. CDC is encouraged to continue to study effective strategies to improve antibiotic prescribing including nutritional alternatives in healthcare settings. CDC is also encouraged to build off findings and experiences from the AMR Challenge and provide an update in the fiscal year 2021 Congressional Justification. Of the increase provided in the agreement, \$500,000 is provided for CDC to use its broad agency agreement to fund an innovative project that uses population-based research to define risk factors for these pathogens in community settings.

Food Safety.—The agreement includes an increase to help address critical unmet needs.

Harmful Algal Blooms.—The agreement includes an increase to enhance harmful algal bloom exposure activities, with a priority given to geographic locations subject to a state of emergency designation related to toxic algae blooms within the past 12 months and the impact on salt and fresh water. The agreement encourages CDC to expedite procedures to enable rapid analysis and reporting of results to impacted State health departments.

Infectious Disease and Emerging Technology.—CDC is encouraged to provide an update in the fiscal year 2021 Congressional Justification on challenges and

opportunities associated with ongoing technological advancements and a plan for how the Vector-Borne Disease and Advanced Molecular Detection programs will continue to maximize new technologies.

Lyme Disease and Related Tick-Borne Illnesses.—The agreement includes an increase and encourages CDC, in coordination with NINDS and NIMH, to include in its surveillance the long-term effects. CDC is also encouraged to coordinate with NIH on publishing reports that assess prevention, treatment, diagnostic advancements, and links between tick-borne disease and psychiatric illnesses. CDC is encouraged to focus efforts in endemic areas as well as areas not yet considered endemic.

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS).—CDC is encouraged to develop a plan on how it intends to foster collaboration to address the ME/CFS clinical care crisis and to accelerate drug development following the sunset of the Chronic Fatigue Syndrome Advisory Committee.

Mycotic Diseases.—The agreement provides an increase of \$2,000,000 in Emerging Infectious Diseases for mycotic diseases.

Sepsis.—The agreement commends CDC's ongoing efforts to work with healthcare partners to establish ways to perform sepsis surveillance and reporting using data from the patient's electronic health record.

Vector-Borne Diseases.—CDC is encouraged to continue efforts to fund activities as designated under the Mosquito Abatement for Safety and Health Programs Act.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

The agreement provides \$1,239,914,000 for Chronic Disease Prevention and Health Promotion, which includes \$984,964,000 in discretionary appropriations and \$254,950,000 in transfers from the PPH Fund. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2020 Agreement
Tobacco.....	\$230,000,000
Nutrition, Physical Activity, and Obesity.....	56,920,000
High Obesity Rate Counties.....	15,000,000
School Health.....	15,400,000
Health Promotion.....	29,100,000
Glaucoma.....	4,000,000
Vision and Eye Health.....	1,000,000
Alzheimer's Disease.....	15,500,000
Inflammatory Bowel Disease.....	1,000,000
Interstitial Cystitis.....	1,100,000
Excessive Alcohol Use.....	4,000,000
Chronic Kidney Disease.....	2,500,000

Budget Activity	FY 2020 Agreement
Prevention Research Centers.....	26,461,000
Heart Disease and Stroke.....	142,105,000
Diabetes.....	148,129,000
National Diabetes Prevention Program.....	27,300,000
Cancer Prevention and Control.....	381,049,000
Breast and Cervical Cancer.....	223,000,000
WISEWOMAN.....	26,120,000
Breast Cancer Awareness for Young Women..	4,960,000
Cancer Registries.....	51,440,000
Colorectal Cancer.....	43,294,000
Comprehensive Cancer.....	19,675,000
Johanna's Law.....	9,000,000
Ovarian Cancer.....	11,000,000
Prostate Cancer.....	14,205,000
Skin Cancer.....	4,000,000
Cancer Survivorship Resource Center.....	475,000
Oral Health.....	19,500,000

Budget Activity	FY 2020 Agreement
Safe Motherhood/Infant Health.....	58,000,000
Maternal Mortality Review Committees.....	12,000,000
Preterm Birth.....	2,000,000
Arthritis and Other Chronic Disease.....	29,000,000
Arthritis.....	11,000,000
Epilepsy.....	9,500,000
National Lupus Registry.....	8,500,000
Racial and Ethnic Approaches to Community Health (REACH).....	59,950,000
Good Health and Wellness in Indian Country...	21,000,000
Million Hearts.....	4,000,000
National Early Child Care Collaboratives.....	4,000,000
Hospitals Promoting Breastfeeding.....	9,000,000

Alzheimer's Disease.—The agreement provides an increase to build Alzheimer's disease and related dementias public health infrastructure across the country, as authorized by the BOLD Infrastructure for Alzheimer's Act (P.L. 115-406).

Farm-to-School.—The agreement continues \$2,000,000 within Nutrition, Physical Activity, and Obesity for research and education activities promoting healthy eating habits for students. These grants support State farm to early childhood programs with priority given to entities with experience running farm to early childhood programs. CDC is directed to coordinate efforts with the Office of Community Food Systems at the Department of Agriculture.

Heart Disease and Stroke Prevention.—The agreement includes an increase to strengthen and expand evidence-based heart disease and stroke prevention activities focused on high risk populations. CDC is encouraged to execute evidence-based prevention programs in high burden areas.

Johanna's Law.—The agreement includes an increase to raise awareness in women of all ages, races, and ethnic groups, and healthcare providers about the five main types of gynecological cancer.

Maternal Mortality Review Committees (MMRCs).—The agreement includes funding for CDC to continue its technical assistance to existing State MMRCs to build stronger data systems, improve data collection at the State level, and create consistency in data collection.

Million Hearts 2022.—CDC is encouraged to continue implementing evidence-based approaches to improve cardiovascular health in high risk populations and increase access to care and rehabilitation among prior heart attack and stroke victims.

Mississippi Delta Health Collaborative (MDHC).—The agreement encourages CDC to build on its long-standing investment in MDHC by working to replicate the work in additional sites while maintaining the current strategy. The agreement requests an update in the fiscal year 2021 Congressional Justification.

National Diabetes Prevention Program.—CDC is encouraged to support organizations that are serving populations at or below the poverty level.

National Lupus Patient Registry.—The agreement provides an increase and encourages CDC to continue working with existing childhood lupus registries to generate more robust information about the prevalence of the disease in children across the country and its impacts. The agreement also encourages CDC to build on initiatives to partner with national voluntary health agencies.

Ovarian Cancer.—The agreement provides an increase for prevention activities.

Peripheral Arterial Disease (PAD).—The agreement encourages CDC to support education and awareness activities that promote early diagnosis of PAD.

Pediatric Cardiomyopathy.—CDC is encouraged to develop educational materials made available to the public about the signs, symptoms, and risk factors of pediatric cardiomyopathy.

Pediatric Reference Intervals.—CDC is encouraged to submit a plan for improving pediatric references intervals, including the resources necessary for carrying out this initiative in the fiscal year 2021 Congressional Justification.

Prostate Cancer.—CDC is encouraged to work to increase the public's awareness of prostate cancer risks, screening, and treatment, and improve surveillance of this disease.

Skin Cancer Education and Prevention.—The agreement provides an increase and encourages CDC to increase its collaboration and partnership with local governments, business, health, education, community, non-profit, and faith-based sectors.

Stakeholder Collaboration.—CDC is encouraged to continue working closely with State health agencies in the prevention and control of chronic diseases to achieve national goals for healthy children, healthy families, healthy workforce, and healthy seniors.

State Physical Activity and Nutrition Program.—The agreement supports funding to implement evidence-based strategies at State and local levels to address risk factors for obesity and improve nutrition and physical activity.

Racial and Ethnic Approaches to Community Health (REACH).—The agreement provides an increase for additional awards.

Tobacco.—The agreement provides an increase and recognizes that the individual elements of comprehensive tobacco control programs are synergistic and when implemented together have the greatest effect, but also encourages flexibility within the context of CDC’s National Tobacco Control Program to ensure State and local health departments are able to direct adequate resources to stem the tide of youth use of e-cigarettes. CDC is encouraged to identify strategies to promote youth cessation, within existing resources used for State quitlines.

WISEWOMAN.—The agreement provides an increase to fund additional grants to States to provide uninsured and under-insured, low-income women with lifesaving preventive services.

BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

The agreement provides \$160,810,000 for Birth Defects and Developmental Disabilities. Within this total, the agreement includes the following amounts:

	FY 2020
Budget Activity	Agreement
Child Health and Development.....	\$65,800,000
Birth Defects.....	19,000,000

	FY 2020
Budget Activity	Agreement
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.....	67,660,000
Disability & Health.....	33,000,000
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
Fragile X.....	2,000,000
Spina Bifida.....	6,000,000
Congenital Heart.....	6,000,000
Public Health Approach to Blood Disorders.....	4,400,000
Hemophilia CDC Activities.....	3,500,000

	FY 2020
Budget Activity	Agreement
Hemophilia Treatment Centers.....	5,100,000
Thalassemia.....	2,100,000
Neonatal Abstinence Syndrome.....	2,250,000
Surveillance for Emerging Threats to Mothers and Babies.....	10,000,000

Cerebral Palsy (CP).—The agreement encourages CDC to use existing resources to improve CP surveillance and develop better understanding of the mechanisms leading to earlier diagnosis and better outcomes. The agreement requests that CDC share early detection guidelines with pediatric providers and develop a U.S. implementation plan. Additionally, the agreement encourages CDC to conduct an updated study from the 2003 report on the healthcare and societal costs of CP in the U.S. and include in the fiscal year 2021 Congressional Justification information on the cause, earlier diagnosis, treatment, and costs of CP across the lifespan.

Congenital Heart Disease (CHD).—The agreement includes an increase to further implement the screening, surveillance, research, and awareness activities authorized by the Congenital Heart Futures Reauthorization Act (P.L. 115-342).

Disability and Health.—The agreement provides an increase and directs CDC to allocate the increase in the same manner as directed in P.L. 115-245.

Fragile X.—The agreement encourages CDC to explore cross-divisional funding opportunities to accelerate data-driven public health research to reduce the public health burdens of both Fragile X and autism.

Hemophilia.—CDC’s hemophilia activities have been critical to the advancement of care for patients with hemophilia and other bleeding disorders.

Sickle Cell Disease.—The agreement requests a report on the resources CDC would require to implement P.L. 115-327, which authorized CDC to award sickle cell disease data collection grants to States, in the fiscal year 2021 Congressional Justification.

Tourette Syndrome.—CDC is encouraged to continue to educate physicians, educators, clinicians, allied professionals, and the general public about the disorder and to improve scientific knowledge on prevalence, risk factors, and co-occurring conditions of Tourette Syndrome.

Zika Surveillance.—The agreement requests an update in the fiscal year 2021 Congressional Justification.

PUBLIC HEALTH SCIENTIFIC SERVICES

The agreement provides a total of \$555,497,000 for Public Health Scientific Services. The agreement shifts \$8,000,000 from EZID lab safety and quality to reflect CDC’s yearly administrative shift. Within this total, the agreement includes the following amounts:

	FY 2020
Budget Activity	Agreement
Health Statistics.....	\$160,397,000
Surveillance, Epidemiology, and Informatics.....	344,100,000
Lab Safety and Quality.....	8,000,000
Lab Training.....	5,000,000
Public Health Data/IT Systems Modernization.....	50,000,000
Public Health Workforce.....	51,000,000

Familial Hypercholesterolemia.—Familial hypercholesterolemia is classified as a tier 1 genomic condition by the CDC Office of Public Health Genomics because of the public health impact that early identification and intervention can make. The agreement provides \$100,000 within Surveillance, Epidemiology, and Informatics and encourages CDC to raise awareness of this condition.

National Health and Nutrition Examination Survey (NHANES).—The agreement encourages CDC to fund childhood obesity research, prevention, and treatment programs in non-NHANES-represented States, and their native and underserved populations.

National Neurological Conditions Surveillance System.—In lieu of the directive in House Report 116-62, the agreement provides a total of \$5,000,000 within Surveillance, Epidemiology, and Informatics to continue efforts on the two initial conditions.

Primary Immunodeficiencies.—The agreement includes an increase of \$1,000,000 within Surveillance, Epidemiology, and Informatics for the Office of Public Health Genomics to support existing efforts to enhance education and awareness of primary immunodeficiencies.

Public Health Data Surveillance/IT Systems Modernization.—The agreement includes funding for the initiative as outlined in House Report 116-62 to support data modernization efforts and the utilization of established standards. Within this initiative, CDC is encouraged to prioritize advancements in cancer registries. CDC is directed to provide a multi-year plan, including at least five years of budget projections, as well as the innovation strategy for surveys conducted by the National Center for Health Statistics to the Committees no later than 120 days after enactment of this Act.

ENVIRONMENTAL HEALTH

The agreement provides \$213,850,000 for Environmental Health programs, which includes \$196,850,000 in discretionary appropriations and \$17,000,000 in transfers from the PPH Fund. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2020 Agreement
Environmental Health Laboratory.....	\$66,750,000
Other Environmental Health.....	48,500,000
Newborn Screening Quality Assurance Program.....	17,000,000

Newborn Screening for SCID.....	1,250,000
Environmental Health Activities.....	46,100,000
Safe Water.....	8,600,000
Amyotrophic Lateral Sclerosis Registry.....	10,000,000
Trevor’s Law.....	1,500,000
Climate Change.....	10,000,000
All Other Environmental Health.....	16,000,000
Environmental and Health Outcome Tracking Network.....	34,000,000
Asthma.....	30,000,000
Childhood Lead Poisoning.....	37,000,000

Amyotrophic Lateral Sclerosis Registry.—The agreement requests an update to the report requested in fiscal year 2018 within one year of enactment of this Act.

Childhood Lead Poisoning.—The agreement includes an increase to support additional State and local programs.

Duchenne Muscular Dystrophy.—The agreement requests an update in the fiscal year 2021 Congressional Justification on CDC’s involvement in the ongoing Duchenne newborn screening efforts.

National Asthma Control Program.—The agreement provides an increase to expand the number of States. CDC is encouraged to continue to promote evidence-based asthma medical management and strategies aimed at improving access and adherence to the 2007 National Asthma Education and Prevention Program.

Trevor's Law.—The agreement provides an increase to better understand the relationship between environmental exposures and pediatric cancer, and to build capacity to conduct cancer investigations according to the provisions in Trevor's Law (P.L. 114-182).

INJURY PREVENTION AND CONTROL

The agreement provides \$677,379,000 for Injury Prevention and Control activities. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2020 Agreement
Intentional Injury.....	\$119,050,000
Domestic Violence and Sexual Violence.....	33,700,000
Child Maltreatment.....	7,250,000
Child Sexual Abuse Prevention.....	1,000,000
Youth Violence Prevention.....	15,100,000
Domestic Violence Community Projects.....	5,500,000
Rape Prevention.....	50,750,000
Suicide Prevention.....	10,000,000

Budget Activity	FY 2020 Agreement
Adverse Childhood Experiences.....	4,000,000
National Violent Death Reporting System.....	23,500,000
Unintentional Injury.....	8,800,000
Traumatic Brain Injury.....	6,750,000
Elderly Falls.....	2,050,000
Other Injury Prevention Activities.....	28,950,000
Opioid Overdose Prevention and Surveillance.....	475,579,000
Injury Control Research Centers	9,000,000
Firearm Injury and Mortality Prevention Research.....	12,500,000

Adverse Childhood Experiences.—The agreement provides funding to inform how adverse childhood experiences increase the risk of future substance use disorders, suicide, mental health conditions, and other chronic illnesses as authorized in section 7131 of the SUPPORT Act (P.L. 115-271).

Child Sexual Abuse Prevention.—The agreement includes funding to support more proactive approaches and research for the development, evaluation, and dissemination of effective practice and policy.

Concussion Surveillance.—CDC is encouraged to investigate the establishment of a national surveillance system to accurately determine the incidence of sports- and recreation-related concussions among youth aged 5 to 21 years and provide an update in the fiscal year 2021 Congressional Justification.

Opioid Overdose Prevention and Surveillance.—The agreement directs CDC to continue funding overdose prevention efforts in the same manner as directed in P.L. 115-245. The agreement encourages CDC to continue to work collaboratively with States to ensure that funding is available to all States for opioid prevention and surveillance activities.

Firearm Injury and Mortality Prevention Research.—The agreement includes \$12,500,000 to conduct research on firearm injury and mortality prevention. Given violence and suicide have a number of causes, the agreement recommends the CDC take a comprehensive approach to studying these underlying causes and evidence-based methods of prevention of injury, including crime prevention. All grantees under this section will be required to fulfill requirements around open data, open code, pre-registration of research projects, and open access to research articles consistent with the National Science Foundation’s open science principles. The Director of CDC is to report to the Committees within 30 days of enactment on implementation schedules and procedures for grant awards, which strive to ensure that such awards support ideologically and politically unbiased research projects.

Rape Prevention.—The agreement continues to direct that at least 75 percent of the program’s funds go to States for State and local prevention activities. CDC should coordinate efforts with higher education institutions to reduce the incidence of sexual assault on campus.

Suicide Prevention.—The agreement provides funding for a new effort in recognition of the devastating impacts and increasing rates of suicide. CDC is

directed to focus prevention efforts on vulnerable populations that have been identified at higher risk for suicidal behaviors than the general population.

Tribal Use of Prescription Drug Monitoring Programs (PDMP).—CDC is directed to work with the Indian Health Service to ensure Federally-operated and tribally-operated healthcare facilities benefit from the CDC’s PDMP efforts.

Understanding the Physical and Psychological Effects of Severe Forms of Trafficking in Persons.—The agreement encourages CDC to fund a joint study with the National Institute of Justice as directed by section 20 of the Abolish Human Trafficking Act of 2017 (P.L. 115-392).

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

The agreement provides a total of \$342,800,000 for the National Institute for Occupational Safety and Health (NIOSH) in discretionary appropriations. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2020 Agreement
National Occupational Research Agenda.....	\$117,000,000
Agriculture, Forestry, Fishing.....	26,500,000
Education and Research Centers.....	30,000,000
Personal Protective Technology.....	20,000,000
Mining Research.....	60,500,000

Budget Activity	FY 2020 Agreement
National Mesothelioma Registry and Tissue Bank.....	1,200,000
Firefighter Cancer Registry.....	2,500,000
Other Occupational Safety and Health Research.....	111,600,000

Total Worker Health.—The agreement provides an increase of \$2,000,000 to advance the safety, health, and well-being of the diverse worker population.

Underground Mine Evacuation Technologies and Human Factors Research.—The agreement provides an increase for additional grant opportunities to universities with graduate programs in mining and explosives engineering to fund research related to mine emergencies, to build on NIOSH’s work to address mandates in the Mine Improvement and New Emergency Response Act of 2006 (P.L. 109-236). Research will develop new wireless communication devices and methodologies; develop training, systems, and tools to facilitate miner self-escape; and continue to improve the design of refuge alternatives.

GLOBAL HEALTH

The agreement provides \$570,843,000 for Global Health activities. The agreement shifts \$7,222,000 from tuberculosis prevention to account for CDC’s yearly administrative shift. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2020 Agreement
Global AIDS Program.....	\$128,421,000
Global Tuberculosis.....	7,222,000
Global Immunization Program.....	226,000,000
Polio Eradication.....	176,000,000
Measles and Other Vaccine Preventable Diseases.....	50,000,000
Parasitic Diseases and Malaria.....	26,000,000
Global Public Health Protection.....	183,200,000
Global Disease Detection and Emergency Response.....	173,400,000
Global Public Health Capacity and Development.....	9,800,000

Children in Adversity.—The agreement directs CDC to collaborate with the U.S. Agency for International Development (USAID), the President's Emergency Plan for AIDS Relief (PEPFAR), and the Department of Labor to ensure monitoring and evaluation is aligned for all of the objectives of the U.S. Government Action Plan.

Global Health Security.—The agreement provides an increase of \$75,000,000 to accelerate the capacity of countries to prevent, detect, and respond to infectious

disease outbreaks. CDC is directed to provide a spend plan to the Committees no later than 60 days after enactment of this Act. CDC is directed to work with USAID on a coordinated global health security effort, delineating roles and responsibilities, and measuring progress. One year after submitting a spend plan, CDC, in coordination with USAID, will brief the Committees on the program status.

Malaria and Parasitic Diseases.—The agreement encourages CDC to continue to research, monitor, and evaluate efforts for malaria and parasitic disease in collaboration with other divisions and agencies.

Soil Transmitted Helminth and Related “Diseases of Poverty”.—The agreement continues \$1,500,000 for surveillance, source remediation, and clinical care aimed at reducing soil transmitted helminth to extend the currently funded projects for another year.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

The agreement provides \$850,200,000 for public health preparedness and response activities. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2020 Agreement
Public Health Emergency Preparedness	
Cooperative Agreement.....	\$675,000,000
Academic Centers for Public Health	
Preparedness.....	8,200,000

	FY 2020
Budget Activity	Agreement
BioSense.....	23,000,000
All Other CDC Preparedness.....	144,000,000

Strategic National Stockpile.—The agreement reiterates the importance that CDC maintain a strong and central role in the medical countermeasures enterprise.

BUILDINGS AND FACILITIES

The agreement provides \$25,000,000 in discretionary budget authority and \$225,000,000 from the HHS Nonrecurring Expenses Fund for Buildings and Facilities.

Chamblee Research Support Building 108 and Campus Infrastructure Improvements.—The agreement directs \$225,000,000 from the Nonrecurring Expenses Fund for these one-time projects that will result in enhanced research collaboration and long-term lease cost avoidance.

Replacement of the Lake Lynn Experimental Mine and Laboratory.—The CDC Director is directed to provide annual reports to the Committees detailing activities to replace the Lake Lynn Laboratory.

CDC-WIDE ACTIVITIES

The agreement provides \$358,570,000 for CDC-wide activities, which includes \$198,570,000 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 2020 Agreement
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Preventive Health and Health Services Block Grant.....	\$160,000,000
Public Health Leadership and Support.....	113,570,000
Infectious Disease Rapid Response Reserve Fund.....	85,000,000
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Infectious Disease Rapid Response Reserve Fund.—The agreement provides increased funding to quickly respond to a future, imminent infectious disease crisis that endangers American lives, including for Ebola preparedness and response, without regard to the limitations in the third proviso in section 231 of division B of P.L. 115-245.

Opioid Use and Infectious Diseases.—The agreement encourages CDC to work across operating divisions to integrate interventions aimed at preventing, tracking, and treating infectious diseases with broader efforts to address the opioid epidemic.

Preventative Health and Health Services Block Grant.—The agreement encourages CDC to enhance reporting and accountability, including how much funding is directed to support public health needs at the local level.

Tribal Advisory Committee.—The agreement encourages the Director, with guidance from Tribal Advisory Committee, to develop best practices around delivery of Tribal technical assistance and provide an update on written guidelines in the fiscal year 2021 Congressional Justification.

NATIONAL INSTITUTES OF HEALTH

The agreement provides \$41,684,000,000 for the National Institutes of Health (NIH), including \$492,000,000 from the 21st Century Cures Act (P.L. 114-255), an increase of \$2,600,000,000, or 6.7 percent, above fiscal year 2019.

The agreement provides a funding increase of no less than 3.3 percent above fiscal year 2019 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 21st Century Cures Act. Per the authorization, \$195,000,000 is transferred to the National Cancer Institute (NCI) for cancer research; \$70,000,000 to the National Institute of Neurological Disorders and Stroke (NINDS), and \$70,000,000 to the National Institute on Mental Health (NIMH) for the BRAIN Initiative; and \$157,000,000 will be allocated from the NIH Innovation Fund for the Precision Medicine Initiative cohort (\$149,000,000) and regenerative medicine research (\$8,000,000).

The Common Fund is supported as a set-aside within the Office of the Director at \$626,511,000. In addition, \$12,600,000 is provided to support pediatric research as authorized by the Gabriella Miller Kids First Research Act (P.L. 113-94).

The bill directs NIH to include updates on the following research, projects, and programs in their fiscal year 2021 Congressional Justification:

- Alopecia Areata
- Aortic Aneurysm and Fibrosis
- Congenital Heart Disease
- Government-wide collaborations, particularly with the Departments of Defense (DoD) and Veterans Affairs (VA)
- Gynecologic cancer clinical trials
- Liver cancer
- Melanoma
- NCI Specialized Programs of Research Excellence
- Pain management, including multi-agency partnership with NCCIH, DoD, and VA
- Pediatric Cancer
- Pediatric MATCH
- Progress on the development and advancement of non-opioid chronic pain therapies
- Psycho-social Distress Complications related to recommendations made in the 2008 Institute of Medicine report *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs*
- Rare cancers
- Research Project Grant, R21, P01, and R01– Equivalent Cumulative Investigator Rates by NIH Institute and Center
- Suicide
- Temporomandibular Disorders
- Threat of emerging infectious disease, including a progress report on the use of machine learning and validated mechanistic models to advance critical

biomedical research, improve decision support for epidemiological interventions, and enhance human health

- Traumatic Brain Injury, including information on a coordinated portfolio, specifically regenerative medicine and neuroplasticity

NATIONAL CANCER INSTITUTE (NCI)

Cancer Moonshot.—The agreement directs NIH to transfer \$195,000,000 from the NIH Innovation Account to NCI to support the Cancer Moonshot Initiative.

Childhood Cancer Data Initiative.—The agreement includes the full budget request for this fiscal year of \$50,000,000 for the Childhood Cancer Data Initiative, which will facilitate a connected data infrastructure and integrate multiple data sources to make data work better for patients, clinicians, and researchers.

Deadliest Cancers.—The agreement directs NCI to develop a scientific framework using the process outlined in the Recalcitrant Cancer Research Act of 2012 for stomach and esophageal cancers and urges NCI to continue to support research with an emphasis on developing screening and early detection tools and more effective treatments for all recalcitrant cancers. NCI is directed to provide an update on NCI-supported research to advance these goals in the fiscal year 2021 Congressional Justification. Also, NCI is directed to add esophageal and stomach cancers to future Research, Condition, and Disease Categorization (RCDC) reports. Finally, the bill encourages NCI to place a high priority on researching these cancers, which include anaplastic astrocytoma, diffuse intrinsic pontine glioma, glioblastoma, Juvenile myelomonocytic leukemia, high-risk neuroblastoma, recurrent osteosarcoma, rhabdomyosarcoma, and diffuse anaplastic Wilms tumors.

Gynecologic Cancer Clinical Trials.—NCI is encouraged to work with stakeholders to address priorities for the gynecologic oncology clinical trials scientific agenda, including consideration of the availability of trials for these patients.

NCI Paylines.—Grant applications to NCI have increased by approximately 50 percent since 2013, outpacing available funding, with requests for cancer research ten-fold greater than other Institutes. With such a high demand for NCI grants, only a fraction of this research is funded. To support more awards and improve success rates, the agreement provides \$212,500,000 to prioritize competing grants and sustain commitments to continuing grants.

Precision Medicine.—The agreement strongly supports precision medicine initiatives that are critical to delivering the right treatment to the right patient at the right time. At its core, precision medicine aims to understand and treat the underlying cause of disease in individual patients. Once the underlying cause of a patient's disease is identified, this information can then be used to gain new insights into the underlying basic biology and disease pathogenesis, which will ultimately foster the development of medicine targeted to those patient populations most likely to benefit. NIH needs to focus cancer precision medicine efforts towards comprehensive drug screening and precision clinical trials and this agreement has included sufficient funding to do so. Therefore, the bill directs NCI to fund an initiative to foster the clinical demonstration of novel methodologies for individualizing identification of cancer therapeutics. Programs should be at a NCI-designated Comprehensive Cancer Center at institutions that have demonstrated institutional investment in precision medicine, have a strong existing track record in NIH-supported cancer funding, and have the expertise to conduct in-depth genomic analysis of cancer tumors and do comprehensive drug repurposing screens of all FDA-approved drugs on at least one tumor type. Additionally,

regional multi-institutional consortiums that serve populations with significant health disparities and traditionally underserved populations are strongly encouraged.

Psycho-Social Distress Complications.—NCI is encouraged to ensure that all of its designated cancer centers are managing and measuring patients for distress as an integral piece of their treatment and follow-up care.

Rare Cancers.—The bill supports a trans-NIH collaboration, which includes NCATS, to accelerate therapies for rare cancers and to support broader sharing of genomic-related rare cancers data to accelerate research and drug development for these cancers.

STAR Act.—The agreement includes no less than \$25,000,000 in funding for continued implementation of sections of the Childhood Cancer Survivorship, Treatment, Access, and Research (STAR) Act. Funding is in addition to the funds allocated in fiscal year 2019 to expand existing biorepositories for childhood cancer patients enrolled in NCI-sponsored clinical trials to collect and maintain relevant clinical, biological, and demographic information on children, adolescents, and young adults, with an emphasis on selected cancer subtypes (and their recurrences) for which current treatments are least effective. Funding provided this year will allow NCI to continue to conduct and support childhood cancer survivorship research as authorized in the STAR Act.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI)

Chronic Disease Precision Medicine.—The bill directs NHLBI to fund an initiative to address chronic diseases through translational science and the application of a precision medicine approach and has included sufficient funding to do so. Programs should focus on diseases and disorders relating to heart, lung, blood, and sleep, and access to populations with significant health disparities.

Programs should have a proven track record of NIH funding in all of these areas, as well as have NIH-funded programs for health disparities research. Additionally, regional multi-institutional consortiums are strongly encouraged.

Congenital Heart Disease.—NHLBI is encouraged to prioritize congenital heart disease (CHD) activities outlined in its strategic plan, including improving understanding of outcomes and co-morbidities, modifying treatment options across the lifespan, and accelerating advances by leveraging CHD registries and networks.

Fibrotic Diseases.—The bill encourages NIH to vigorously support dedicated funding and research into fibrotic diseases affecting different organs, including the lungs, liver, kidneys, heart, skin, and bones. The agreement requests a report on the current NIH Fibrosis Interest Group and its progress no later than 90 days after the passage of this Act. The bill encourages the Interest Group to continue its efforts to bring together key stakeholders, at the NIH and elsewhere, to develop strategic paths forward to maximize efforts in fibrotic disease research. The bill also encourages NIH to enhance its patient-centered clinical research into pulmonary fibrosis to include traditional observational and interventional studies looking at reducing healthcare utilization such as hospitalizations, improving symptoms such as cough, and prolonging life, and directs NIH to include an update in its fiscal year 2021 Congressional Justification on its work relating to idiopathic pulmonary fibrosis following the November 2012 NHLBI workshop *Strategic Planning for Idiopathic Pulmonary Fibrosis*. The agreement also encourages NIH to create a funding mechanism to fund fibrosis research across all organs, building on the progress and leveraging data that has and may result from NHLBI funded projects.

Hemophilia.—The agreement asks NHLBI to provide the Committees with the final report and national blueprint for future research from the May 2018 State of the Science Workshop on Factor VIII Inhibitors and to take steps to implement the

research blueprint in collaboration with the hemophilia patient, provider, and research communities.

Pediatric Cardiomyopathy.—The agreement commends NHLBI for its long-standing commitment to the Pediatric Cardiomyopathy Registry and strongly encourages NHLBI to continue to support cardiomyopathy research.

Postural Orthostatic Tachycardia Syndrome.—NIH is directed to submit the report on Postural Orthostatic Tachycardia Syndrome (POTS) that was requested in Senate Report 115-289, now overdue, no later than 30 days after enactment of this Act. NIH is strongly encouraged to include an estimate of annual NIH funding allocated to POTS research in its publicly available RCDC report.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH (NIDCR)

Temporomandibular Disorders.—NIDCR is encouraged to continue collaboration with governmental agencies and other stakeholders in the project entitled *Temporomandibular Disorders: From Research Discoveries to Clinical Treatment* and to increase funding to expand the science base in this field.

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

Chronic Diseases and Health Disparities.—Kidney disease, type 2 diabetes, and obesity are among the most common, costly, and preventable of all health conditions. NIH needs to focus chronic disease efforts on those populations most affected, particularly vulnerable populations and underrepresented minorities. Therefore, the agreement provides sufficient funding for an initiative to address chronic diseases and health disparities in these areas. The program must focus on kidney disease, obesity, diabetes, exercise medicine, and health disparities. Programs should have a strong existing track record of NIH funding in all of these areas, such as an NIH-funded Nutrition Obesity Research Center, Diabetes

Research Center, Obesity Health Disparities Research Center, and O'Brien Kidney Center. Additionally, regional multi-institutional consortiums are strongly encouraged.

Diabetes.—NIDDK is urged to support research to improve the treatment of diabetic foot ulcers and reduce amputations. Further, the agreement urges NIDDK to work with NIA to explore the relationship between diabetes and neurocognitive conditions, such as dementia and Alzheimer's disease. Finally, the agreement supports efforts to utilize adult-derived, non-embryonic pluripotent stem cells for developing and commercializing the use of the stem cell-derived islets for both drug discovery and testing platforms and therapeutic delivery to patients with diabetes.

Liver Diseases.—NIDDK is encouraged to continue to feature liver diseases research considering recent progress and improvements for liver disease patients.

Medical Foods.—The agreement encourages further incorporation of research topics associated with medical foods and patient care into emerging research activities.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE (NINDS)

Cerebral Palsy.—The agreement strongly encourages NIH to prioritize and implement additional FOAs to significantly strengthen, accelerate, and coordinate Cerebral Palsy (CP) research to address priorities across the lifespan identified in the five to 10 year Cerebral Palsy Strategic Plan developed by NINDS and NICHD. FOAs should target basic and translational discoveries, including genetics, regenerative medicine, and mechanisms of neuroplasticity, as well as clinical studies aimed at early intervention, comparative effectiveness, and functional outcomes in adults. NIH is also encouraged to coordinate with other

agencies, including CDC, to support additional research on preventing, diagnosing, and treating CP.

Dystonia.—The agreement urges NINDS to follow the recommendations of the dystonia conference, including identifying new research and therapeutic needs that will lead to a better understanding of dystonia etiology and evaluation of the status of translational research that may lead to more treatment options for those affected by dystonia.

Opioid Misuse and Addiction.—The agreement includes no less than \$250,000,000 for targeted research related to opioid misuse and addiction, development of opioid alternatives, pain management, and addiction treatment. The agreement directs NIH to expand scientific activities related to research on medications used to treat and reduce chronic pain, and the transition from acute to chronic pain.

POTS.—NIH is directed to submit the report on POTS requested in Senate Report 115-289, now overdue, no later than 30 days after enactment of this Act. NIH is strongly encouraged to include an estimate of annual NIH funding allocated to POTS research in its publicly available RCDC report.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID)

AIDS Conference.—The agreement includes \$5,100,000 for the U.S. contribution to the AIDS2020 Conference.

Antimicrobial Resistance.—The agreement includes \$511,000,000 within NIAID for research related to combating antimicrobial resistance (AMR), an increase of \$50,000,000. In April, the United Nations issued a report that, like the 2016 review sponsored by the government of the United Kingdom and Wellcome Trust, warned that rampant overuse of antibiotics and antifungal medicines in humans, livestock, and agriculture could erase much of the improvement in public

health achieved since the development of the first antimicrobials in the 1940s. The agreement includes \$1,700,000 to fund a National Academies of Sciences, Engineering, and Medicine (NASEM) study to examine and quantify the long-term medical and economic impacts of increasing AMR in the U.S. The review should examine progress made on the U.S. National Strategy and Action Plan for Combating Antibiotic-Resistant Bacteria, including domestic and international strategies employed by NIH, CDC, FDA, ASPR, USDA, and USAID. The NASEM report should make recommendations to address any gaps in research and development of therapeutics and diagnostics; efforts to move new products to market; animal and human surveillance, prevention efforts, international coordination and collaboration; and any other recommendations NASEM finds relevant to stopping the spread of AMR. The agreement directs NIAID to report on trends in AMR-related Research Project Grants, including the success rates for such grants, and requests an update on these activities in the fiscal year 2021 Congressional Justification, including an overall assessment of the progress to date of efforts to address AMR.

Celiac Disease.—The agreement encourages NIH to devote sufficient, focused research to the study of celiac disease, including the autoimmune causation underpinning the affliction. The agreement urges NIAID to better coordinate existing research and focus new research efforts toward causation and, ultimately, a cure of this disease. NIAID is encouraged to coordinate with other Institutes and Centers as appropriate and to submit its plan for coordination and execution of this research to the Committees no later than 90 days after enactment of this Act.

Hepatitis B Virus.—The agreement urges additional targeted calls for Hepatitis B Virus (HBV) research to fund the many critical research opportunities identified by the scientific community in the *Roadmap for a Cure*. The agreement urges active participation and leadership by NIAID in the Director’s newly established Trans-NIH Hepatitis B working group and requests that NIAID submit within 180 days of enactment of this Act, a research plan to pursue a cure for HBV in coordination with the other Institutes and Centers.

HIV/AIDS.—The agreement provides an increase of no less than \$25,000,000 over the fiscal year 2019 level for HIV/AIDS research.

Centers for AIDS Research.—As part of the domestic HIV initiative, the agreement includes no less than \$51,000,000 for the Centers for AIDS Research.

Lyme Disease and Other Tick-Borne Diseases.—The agreement encourages NIH to issue requests for grant applications for research to investigate causes of all forms and manifestations of Lyme disease and other high-consequence tick-borne diseases, including post-treatment symptoms, as well as research to develop diagnostics, preventions, and treatments for those conditions, including potential vaccine candidates. The agreement urges NIAID, in coordination with CDC, to study the long-term effects on patients suffering from post-treatment Lyme disease syndrome, or “chronic Lyme disease”. Specifically, the agreement urges NIAID to evaluate the effectiveness of laboratory tests associated with the detection of *Borrelia burgdorferi* to diagnose the disease early, which can improve the treatment of patients suffering from Lyme disease. The agreement is also aware of promising vaccine innovations to combat *Borrelia* and requests a report within 90 days of enactment of this Act on agency activities to support Lyme vaccine development. The agreement also encourages NLM, in coordination with NIAID, to update its terminology in line with new research to more accurately reflect the long-term effects of Lyme disease.

Medical Countermeasures.—The agreement supports the continuation of NIAID’s medical countermeasures program, but expects the Institute to make sure any future contractor selected for the program can refine its animal models, particularly small animal models, to support the establishment of adequate countermeasure efficacy to expedite approval by the FDA. This requires close coordination with NIAID and the adequate level of technical personnel to carry out the program’s important mission.

Universal Flu Vaccine.—The agreement provides not less than \$200,000,000 to advance basic, translational, and clinical research to develop a universal influenza vaccine, an increase of \$60,000,000.

Valley Fever.—The agreement notes the recent increase in the number of Valley Fever infections in Western States and urges NIAID to prioritize research on this fungal disease.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES (NIGMS)

Institutional Development Award.—The agreement provides \$386,573,000 for the Institutional Development Award (IDeA) program, an increase of \$25,000,000.

Maximizing Access to Research Careers.—The agreement recognizes the importance of the Maximizing Access to Research Careers (MARC) program and encourages the continuation and enhancement of efforts underway with our Nation’s HBCUs. The agreement also encourages NIH to continue and strengthen its engagement of institutions located in rural parts of the U.S.

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

Impact of Technology and Digital Media on Children and Teens.—The agreement recognizes that children’s and teens’ lives increasingly involve widespread technology use and consumption of digital media. The agreement encourages NIH to prioritize research into how these types of stimuli affect young people’s cognitive, physical, and socio-emotional outcomes, including attention, sleeping routines, and anxiety.

Maternal-Fetal Medicine Units Network.—The agreement fully supports the work of the Maternal Fetal Medicine Units network (MFMU) and encourages NICHD to continue to build on its success by ensuring its highly efficient structure of multicenter collaborative research continues. There is particular concern that any change in the funding mechanism or structure for the MFMU could compromise the ability of the network to remain nimble and directly address the changing landscape of women's health, including to reduce health disparities. The agreement directs NICHD to submit a report to the Committees outlining any potential changes being considered to the funding mechanism or structure of the MFMU network within 90 days of enactment of this Act.

Prenatal Opioid Use Disorders and Neonatal Abstinence Syndrome.—The agreement encourages NIH to coordinate with other agencies at HHS to support additional research on prevention, identification, and treatment of prenatal opioid exposure and neonatal abstinence syndrome (NAS), including the best methods for screening and treating pregnant women for opioid use disorder and the best methods for screening for NAS. Additionally, the agreement encourages NIH to build on the Advancing Clinical Trials in Neonatal Opioid Withdrawal study to enhance understanding of the impact of pharmacological and non-pharmacological treatment techniques on costs and outcomes in the short- term and longitudinally.

The agreement further encourages NIH to coordinate with other agencies at HHS to support research on innovative care models to optimize care and long-term outcomes for families.

Research in Pregnant and Lactating Women.—The Task Force on Research Specific to Pregnant Women and Lactating Women issued a report to the Secretary of HHS outlining 15 recommendations to facilitate the inclusion of pregnant and lactating women in clinical research. The agreement commends the Secretary for extending the Task Force and believes this extension should be for at least an additional two years to continue to work towards healthcare professionals and consumers having accurate information on the safety and efficacy of drugs taken by these populations. NICHD should oversee its part of the implementation of the already released recommendations working with other relevant Institutes and Centers, CDC, and FDA. The agreement requests a progress report be provided in the fiscal year 2021 Congressional Justification.

NATIONAL EYE INSTITUTE (NEI)

Age-Related Macular Degeneration.—The agreement recognizes the tremendous strides in the treatment of patients with the “dry” form of age-related macular degeneration and commends NEI for its planned first-in-human clinical trial that would test a stem cell-based therapy from induced pluripotent stem cells. The agreement supports NEI’s prospective international study of patients that uses the latest advances in retinal imaging to identify biomarkers of the disease and targets for early therapeutic interventions.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES (NIEHS)

Hurricane Harvey Research.—The agreement includes \$3,000,000 for the continued funding and expansion of research on the health effects of environmental exposures directly related to the consequences of Hurricane Harvey in 2017. The research should focus on the full Hurricane Harvey-affected region, conduct follow-up health research on affected populations on registrants, link to relevant government and non-profit intervention research programs, and provide critical information on disaster preparedness through data sharing and analysis.

NATIONAL INSTITUTE ON AGING (NIA)

Alzheimer's Disease and Related Dementias.—The agreement provides an increase of \$350,000,000 for Alzheimer's disease and related dementias research, bringing the total funding level in fiscal year 2020 to no less than \$2,818,000,000.

Diversity of Clinical Trials.—The agreement remains concerned about underrepresented populations in research, particularly clinical trials for Alzheimer's. The agreement directs NIH to report to the Committees within 180 days of enactment of this Act on how it is implementing the actions outlined in the *National Strategy for Recruitment and Participation in Alzheimer's and Related Dementias Clinical Research*, including NIA resources that have been dedicated to these efforts.

EUREKA Prize.—The agreement requests a report within 180 days of enactment of this Act on NIA's initial EUREKA prize competition, including the number of submissions received and any unexpected challenges or impediments encountered in executing the challenge, as well as lessons learned that could be applied to future Alzheimer's or other prize challenges. The agreement also requests that the report include any recommendations to enhance the model going forward.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM (NIAAA)

Mobile Assessment Technology Research for Addictive Behaviors.—The agreement encourages NIAAA to support meritorious research to improve the prevention and treatment of substance misuse, addiction, and related consequences through the use of mobile technologies.

NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

Barriers to Research.—The agreement directs NIDA to provide a brief report on the barriers to research that result from the classification of drugs and compounds as Schedule I substances no later than 120 days after enactment of this Act.

Cannabis Research.—The agreement encourages NIH to consider additional investment in studying the medicinal effects and toxicology of cannabidiol and cannabigerol.

Methamphetamine Medication-Assisted Treatments.—The agreement urges NIDA to continue its ongoing trials to expeditiously find and approve a medication-assisted treatment for methamphetamine.

Opioid Misuse and Addiction.—The agreement includes no less than \$250,000,000 for targeted research related to opioid misuse and addiction, development of opioid alternatives, pain management, and addiction treatment. The agreement directs NIH to expand scientific activities related to research on medications used to treat and reduce chronic pain, and the transition from acute to chronic pain. Further, the agreement urges NIH to: (1) continue funding research on medication development to alleviate pain and to treat addiction, especially the development of medications with reduced misuse liability; (2) as appropriate, work with private companies to fund innovative research into such medications; (3) report on what is known regarding the transition from opioid analgesics to heroin

and synthetic opioid use and addiction within affected populations; (4) conduct pilot studies to create a comprehensive care model in communities nationwide to prevent opioid misuse, expand treatment capacity, enhance access to overdose reversal medications, and enhance prescriber practice; (5) test interventions in justice system settings to expand the uptake of medications for treating opioid use disorder (OUD) and methods to scale up these interventions for population-based impact; and (6) develop evidence-based strategies to integrate screening and treatment for OUD in emergency department and primary care settings. In addition, NIH should continue to sponsor research to better understand the effects of long-term prescription opioid use, especially as it relates to the prevention and treatment of opioid misuse and addiction. Further, the agreement notes NIDA has started to investigate the links among respiratory health, disease, and deaths from opioids to determine if addressing underlying respiratory physiology can prevent death due to respiratory failure during overdoses.

NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

Suicide Prevention and Risk Detection Algorithms.—The agreement continues to encourage NIMH to prioritize its suicide screening and prevention research efforts to produce risk detection models that are interpretable, scalable, and practical for clinical implementation, including mental and behavioral healthcare interventions, to combat suicide in the U.S. In assessing research opportunities, the agreement encourages NIMH to consider the recommendations included in the Action Alliance for Suicide Prevention’s *A Prioritized Research Agenda for Suicide Prevention*.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE (NHGRI)

Computational Genomics and RNA Molecules.—The agreement urges NHGRI to continue to support research on RNA molecules and the mechanisms through which they affect biological processes that cause disease.

Emerging Centers of Excellence in Genomic Sciences.—The agreement includes no less than \$10,000,000 for a new competitively-awarded center-based grant program for Emerging Centers of Excellence. The purpose of these awards is to build capacity at institutions that are not prior or current grantees of the Centers of Excellence in Genomic Sciences program. The agreement urges NHGRI to include plans for sustainment of this capacity-building mechanism in its 2020 vision report.

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH (NCCIH)

Pain Management.—The agreement urges NIH, along with DoD and VA, to continue to support research on non-pharmacological treatments for pain management to ensure the best quality of care for our Nation's veterans.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES (NIMHD)

Mental Health.—To address the multiple causes of suicide, the agreement urges NIMHD to develop a behavioral health approach focusing on at-risk populations and building the mental health workforce at the community level. The proposed model should improve mental health care access to underserved populations, including those in rural areas, while simultaneously providing training to potential rural behavioral health providers.

Neuroscience Research in African-Americans.—The agreement urges the NIH Neurobiobank to work with NIMHD and relevant extramural partners to develop the infrastructure needed to accelerate the discovery of novel therapeutic targets for neuropsychiatric disorders utilizing post-mortem brain datasets from underrepresented ethnic minority groups, including African-Americans.

Research Centers in Minority Institutions.—The agreement includes \$75,000,000 for the Research Centers in Minority Institutions (RCMI) program to support critical infrastructure development and scientific discovery in historically minority graduate and health professional schools. The agreement also recognizes the importance of the RCMI Coordinating Center in ensuring that collectively, institutions can engage in multi-site collaborative research.

Research Endowment Program.—The agreement urges NIMHD to move forward with the recommendations made by the Advisory Council workgroup to restore endowment eligibility for the Research Endowment Program (REP) to the original Congressional intent, which includes both current and former centers of excellence. NIMHD is requested to report to the Committees on progress made to implement these recommendations prior to issuing its next FOA for REP.

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

Global Infectious Diseases.—The agreement urges FIC to continue its important work of building relationships with scientists abroad to foster a stronger, more effective science workforce and health research capacity on the ground, helping to detect infectious diseases and building the capacity to confront those diseases while improving the image of the U.S. through health diplomacy in their countries.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES (NCATS)

Clinical and Translational Science Awards.—The agreement provides \$578,141,000 for Clinical and Translational Science Awards (CTSAs) and encourages NCATS to fund, through the existing CTSA hubs, programs to address disparities and the significant burden of diseases and other conditions that disproportionately affect minority and special populations. Accelerating this capacity will reduce the burden of disease and promote health equity. Applying the CTSA model to address long-standing regional health disparities can provide innovative, multi-disciplinary approaches to reducing the burden of disease among vulnerable populations.

Cures Acceleration Network.—The agreement provides up to \$60,000,000 for the Cures Acceleration Network.

OFFICE OF THE DIRECTOR (OD)

7q11.23 Duplication Syndrome.—Duplication 7 syndrome is a rare chromosomal abnormality and those affected by this chromosomal duplication are likely to experience severe behavioral and developmental disabilities requiring consistent medical treatments and therapies. NIH is strongly encouraged to expand research on rare genetic and chromosomal abnormalities such as 7q11.23 duplication syndrome.

Adult Cellular Therapies.—The agreement encourages NIH, in coordination with FDA, to explore the feasibility and utility of an outcomes database for adult cellular therapies that are either FDA-approved or are being administered under FDA Investigational New Drug or Investigational Device Exemption protocols.

All of Us Precision Medicine Initiative.—The agreement includes \$500,000,000 for the All of Us precision medicine initiative. Funding provided in the 21st Century Cures Act is reduced by \$37,000,000 in fiscal year 2020. Ensuring

sustained, consistent funding for this study is important. Therefore, the agreement has chosen to replace this reduction and increase base funding for the program. The agreement directs NIH to continue its efforts to recruit and retain participants from historically underrepresented populations in biomedical research so that the All of Us scientific resources reflect the rich diversity of our country.

Further, the agreement encourages NIH to continue to work with a broad array of children's hospitals and networks to leverage their expertise and ensure greater diversity in pediatric recruitment and enrollment.

Amyotrophic Lateral Sclerosis.—The agreement directs the NIH Director to facilitate further efforts involving, at a minimum, NINDS and NIA, to study Amyotrophic Lateral Sclerosis (ALS) disease mechanisms and identify genes to facilitate the expeditious development of targeted therapies. These trans-NIH efforts shall bring together research results that will be available to academic researchers, non-profit organizations, and industry researchers, and will supplement, not supplant, existing NIH-supported activities for ALS research. The near-term research opportunity to find a cure is real for ALS. Any such breakthroughs will have significant benefits for related neurological conditions including TBI, Parkinson's, and Alzheimer's. The agreement directs NIH to report to the Committees within 180 days of enactment of this Act on progress in furthering these research areas, specifically on key areas of focus for fiscal years 2020–2024.

Autism.—The agreement encourages NIH to continue to aggressively invest in research on autism consistent with the objectives outlined in the Strategic Plan. The agreement also encourages NIH to support greater investment in research and collaborations focused on addressing the gaps outlined in the Strategic Plan, including studies to understand the intersection of biology, behavior, and the environment.

Autoimmune Conditions.—Autoimmune diseases are more common in women than in men, typically manifesting in their childbearing years. They include conditions such as rheumatoid arthritis, multiple sclerosis, lupus, celiac disease, inflammatory bowel disease, and type 1 diabetes and together affect an estimated five to seven percent of Americans. Many affected women live with a second autoimmune illness or other condition. Despite the impact of these diseases and conditions on a domestic population ranging between 15,000,000–25,000,000, there is no single office within NIH tasked with coordinating research across the agency, or examining the complex interplay among these diseases and conditions. The 2010 NASEM study on Women’s Health Research identified autoimmune conditions as “the leading cause of morbidity in women, greatly affecting quality of life.” Despite their impact, the report found that “little progress has been made in understanding the conditions better, in identifying the risk factors, or in developing diagnostic tools, better treatments, or cures.” The agreement includes \$1,500,000 for NIH to contract with NASEM to identify and review NIH’s research efforts in this broad area of predominantly women’s health. The review should explore NIH’s research in autoimmune and coexisting disorders, including any barriers to such research, and the most promising areas for future research that would benefit the greatest number of patients. The review should also identify trends among the population suffering from these conditions, and any significant barriers to accurate diagnoses. Finally, the NASEM report should make recommendations for how NIH could improve and better coordinate research into these diseases and conditions, including the potential effects of establishing dedicated research entities within or external to NIH.

Big Data.—Despite launching its STRIDES and Data Commons initiatives, NIH has little yet to show in the area of working with data. NIH has struggled to recruit the talent to lead efforts to build an analysis platform. NIH leadership recognizes it needs additional focus on how to consolidate and deliver data to the research community in a more usable and computationally minable form, but is challenged in how to do so. Part of the problem appears to be the salary restrictions of a civil service structure that never contemplated the costs of recruiting highly sought after elite technology talent. The Government Accountability Office (GAO) is directed to identify and assess the options available to NIH for securing the talent it needs to lead these efforts. GAO should consider how other agencies meet similar challenges, and whether statutory changes are necessary. The agreement also directs GAO to review how NIH funds computational talent in its grant awards and whether its funding models adequately reflect the cost of these skillsets to grantees. GAO should assess NIH’s guidance for the resource-sharing plan it requires for the typical grantee, and whether these plans are sufficient and can be sustained for ongoing analysis. NIH is urged to engage industry, academic, and other Federal partners to take advantage of cross-enterprise artificial intelligence products, research, and tools. Artificial Intelligence could play a vital role toward advancing the goals of the strategic plan by organizing, managing, and making data usable to researchers, institutions, and the public to drive outcomes. Finally, the agreement includes \$30,000,000 to support the Chief Data Strategist’s work in fiscal year 2020, and expects NIH to provide a spending plan for these funds within 30 days of enactment of this Act.

Biomedical Research Facilities.—The bill provides \$50,000,000 for grants to public and/or not-for-profit entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities as authorized under 42 U.S.C. section 283k. The agreement also directs NIH to allocate no less than 25

percent of funding for this program to Institutions of Emerging Excellence to ensure geographic and institutional diversity. Finally, the agreement urges NIH to consider recommendations made by the NIH Working Group on Construction of Research Facilities, including making awards that are large enough to underwrite the cost of a significant portion of newly constructed or renovated facilities.

Brain Research through Advancing Innovative Neurotechnologies Initiative.—The agreement provides \$500,000,000 for the BRAIN initiative, finally achieving the initial BRAIN 2025 report recommendation of \$500,000,000 per year by fiscal year 2019. The agreement provides additional resources to significantly expand efforts to working with the BRAIN data. Neuroscience, and biosciences in general, need additional focus on how to consolidate and deliver data to the research community in a more usable and computationally minable form. The agreement expects to receive a report in the fiscal year 2021 Congressional Justification on the initiative's achievements in its first five years of operation and its objectives for the next five years, including NIH's plans to address the challenge of making large datasets usable.

Clinical Research Professional Competency.—The agreement encourages NIH to continue considering the training needs of the clinical research workforce when determining best practices in conducting clinical trials.

Clinical Trials Policy.—The agreement supports NIH's recent announcement to delay the implementation of certain registering and reporting requirements for basic experimental studies with humans. The agreement urges NIH to continue its efforts, including working with the basic research community, to achieve a balanced registration and reporting strategy that meets the interests of study participants, investigators, and taxpayers. NIH is directed to report to the

Committees no less than 60 days prior to moving forward with any new proposals for registering basic experimental studies with humans as clinical trials.

Ethnic and Racial Diversity in Cancer Development and Outcomes.—The agreement urges NIH, including NIMHD and NCI, to continue to support research on the cause, prevention, and treatment of cancer in populations with diverse cultural, racial, and ethnic composition. The agreement also encourages NCI to continue to consider an institution's research efforts that specifically address the cancer burden, risk factors, incidence, morbidity, mortality, and inequities in the geographic area it serves, when considering applications from cancer centers for NCI designation.

Firearm Injury and Mortality Prevention Research.— The agreement includes \$12,500,000 to conduct research on firearm injury and mortality prevention. Given violence and suicide have a number of causes, the agreement recommends the NIH take a comprehensive approach to studying these underlying causes and evidence-based methods of prevention of injury, including crime prevention. All grantees under this section will be required to fulfill requirements around open data, open code, pre-registration of research projects, and open access to research articles consistent with the National Science Foundation's open science principles. The Director of NIH is to report to the Committees within 30 days of enactment on implementation schedules and procedures for grant awards, which strive to ensure that such awards support ideologically and politically unbiased research projects.

Foreign Threats to Research.—There remains concern about foreign threats to the research infrastructure in the U.S. In particular, the Chinese government has started a program to recruit NIH-funded researchers to steal intellectual property, cheat the peer-review system, establish shadow laboratories in China, and help the Chinese government obtain confidential information about NIH research grants. As the Federal Bureau of Investigation, HHS, and NIH continue to investigate the

impact the Thousand Talents and other foreign government programs have had on the NIH research community, the agreement directs NIH to notify the Committees quarterly on the progress of the investigation, as well as institutions, scientists, and research affected. Further, the agreement directs NIH to carefully consider the NIH Advisory Committee's recommendations, including to implement a broad education campaign about the requirement to disclose foreign sources of funding and develop enhanced cybersecurity protocols. As recommended, NIH should use this campaign to help institutions develop best practices for how to handle these challenges, including training, communications materials, and how to improve vetting, education, and security. Further, NIH shall evaluate the peer-review system and their internal controls through a lens that takes into account national security threats. This includes holding those accountable who inappropriately share information from the peer-review process or illegally share intellectual property. The agreement notes the partnership between NIH and HHS' Office of National Security (ONS) on this issue and ONS's implementation of a formal NIH CI/Insider Threat program on NIH's behalf. The agreement believes this work should be expanded in fiscal year 2020 and directs NIH to allocate no less than \$5,000,000 for this work that ONS does on behalf of NIH.

Frontotemporal Degeneration Research.—The agreement encourages NIH to continue to support a multi-site network of clinical centers to study genetic and sporadic cases of frontotemporal degeneration (FTD) and maintain progress toward biomarker discovery and drug development in clinical trials using these well-defined FTD cohorts. A key component of this network will be the development of a data biosphere that supports wide sharing of robust datasets, generated with powerful -omic platforms. Data sharing will enable the broader community of researchers outside of the clinical networks, particularly early career scientists, to take on the challenges currently confronting Alzheimer's disease and related

dementias disorders with a wider array of expertise. Research has revealed that all forms of dementia may have a variety of root causes and display multiple underlying pathologies. Research on the related dementias is critical for understanding basic disease mechanisms that may be common across multiple forms of dementia and therefore speed the translation of this information into much-needed therapeutics. While the continued support of biomedical research offers hope for the future, too many families and individuals living with dementia cannot find the help they need today. Therefore, the agreement also urges NIH to support research on the development of new and improved dementia care practices and long-term supports and services. By supporting both types of research, NIH may advance progress toward future therapies and treatments while also helping people get the appropriate and effective care and support they need today.

Harassment Policies.—The NASEM report released last year found that sexual harassment is rampant in the labs and institutions supported by NIH. The Committees believe NIH must play a more active role in changing the culture that has long perpetuated the problem. The Committees direct NIH to require institutions to notify the agency when key personnel named on an NIH grant award are removed because of sexual harassment concerns and to submit to the Committees plans to implement measures that attend to harassment in extramural settings with the same level of attention and resources as those devoted to other research misconduct. The Committees also direct NIH to support research in the areas identified in the report, including the psychology underlying harassment and the experiences and outcomes of diverse groups when subjected to harassment. Additionally, the Committees direct NIH to collaborate with NASEM to develop best practices for developing more diverse and inclusive cultures in the grantee research environments, including training individuals in institutions that receive

NIH funds to recognize and address sexual harassment, and evaluating the efficacy of various sexual harassment training programs.

Hepatitis C.—The agreement urges NIH to prioritize research aimed at supporting hepatitis C elimination.

Human Microbiome Project.—The agreement encourages OD to continue working collaboratively with NIDDK and other relevant Institutes and Centers to expand and advance Human Microbiome Project research.

IDeA States Pediatric Clinical Trials Network.—The agreement commends NIH for establishing the IDeA States Pediatric Clinical Trials Network (ISPCTN) to provide medically-underserved and rural populations with access to state-of-the-art clinical trials, apply findings from relevant pediatric cohort studies to children in IDeA State locations, and enhance pediatric research capacity to address unmet pediatric research needs in underserved areas. The agreement provides \$15,000,000 in additional funding for the Environmental Influences on Child Health Outcomes Program to continue the ISPCTN program.

Increasing Diversity in NIH Clinical Trials.—The agreement recognizes efforts by NIH to reduce health disparities by addressing significant barriers to clinical trial participation and directs the agency to ensure eligibility criteria for clinical trials funded by NIH do not create unintentional barriers to participation for racial and ethnic minorities as well as for patients with certain health conditions. The agreement directs NIH to revise existing protocol templates and guidelines for clinical trials that receive funding by the agency to include eligibility criteria that avoids inappropriate exclusions of racial and ethnic minorities by taking steps to account for variations in health status across racial and ethnic minority groups when determining eligibility criteria as well as ensuring exclusions based on health status are scientifically justified and appropriate.

Induced Pluripotent Stem Cells.—The agreement directs NIH to provide funding to support translational research, as well as promote regional, collaborative consortiums to advance scientific knowledge in the area of induced pluripotent stem cells basic research. The agreement further instructs NIH to conduct an assessment of agency efforts to: (1) address the existing funding gap between basic science and clinical trial research; and (2) develop a framework that provides both new and existing grantees with funded opportunities for translational research. The agreement expects this information to be included in the fiscal year 2021 Congressional Justification.

Intellectual Property.—The agreement encourages the Director to work with the HHS Assistant Deputy Secretary for National Security to improve the security of intellectual property derived from NIH-funded research. In particular, NIH is encouraged to: improve the security of the peer review system; augment the application process to identify funding that applicants receive from a foreign government; and assist the HHS Inspector General and appropriate law enforcement agencies to identify violations of U.S. law or policy.

Intramural Nonhuman Primate Research.—The agreement recognizes the use of nonhuman primate research for the advancement of biomedical research. It also understands that NIH continues to seek scientific alternatives to reduce and replace nonhuman primate use in biomedical research. NIH reviews every project that uses nonhuman primates in research to ensure both the welfare of the animal and that there are no scientific alternatives that could replace an animal model. The agreement requests a report to the Committees no later than one year after enactment of this Act that includes a discussion of nonhuman primate use and efforts to reduce such research use specifically, an assessment of research alternatives, including benefits and limitations of such alternatives, cost estimates, and areas of further need for innovative alternatives. In the fiscal year 2021

Congressional Justification, the agreement requests NIH include a discussion of research alternatives in use and those in development.

Mucopolysaccharide Diseases.—The agreement encourages expanded research of treatments for neurological, chronic inflammation, cardiovascular, and skeletal manifestations of mucopolysaccharide (MPS) and ML diseases, with an emphasis on gene therapy. The agreement also encourages NIH to increase funding to grantees to incentivize MPS research, particularly given the age and small population of current researchers. Understanding the manifestations and treatments of both the skeletal and neurological disease continue to be the greatest areas of unmet need.

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome.—The agreement commends NIH on its new Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) efforts, including its 2019 conference on accelerating research into ME/CFS, the formation of the National Advisory Neurological Disorders and Stroke (NANDSC) Council Working Group, and the unanimous adoption of the working group's report and recommendations on September 4, 2019. The agreement strongly encourages NIH to implement the recommendations in the NANDSC report, in particular to accelerate the identification of ME/CFS subtypes through the development of an ME/CFS Registry and Biorepository and to increase the number of ME/CFS research grant applications by investing in early career investigators as recommended in the NANDSC report. The agreement also recommends that NIH expand ME/CFS efforts, for example, by developing: (1) new ME/CFS disease specific funding announcements, including those with set-aside funds, to deliver needed diagnostics and treatments as quickly as possible; (2) an initiative to reach consensus on the ME/CFS case definition; and (3) mechanisms to incentivize researchers to enter the field.

National Commission on Lymphatic Diseases.—OD and NHLBI are applauded for facilitating the 2015 Trans-NIH Lymphatics Symposium. Lymphatics research has the scientific potential to treat a variety of severe diseases, including heart disease, diabetes, rheumatoid arthritis, and cancer. The Director is encouraged to establish a National Commission on Lymphatic Diseases or other appropriate mechanism to explore and make recommendations on the ongoing expansion and coordination of lymphatic diseases research NIH-wide.

News Briefings.—Until recently, NIH provided the Committees with a summary of the day's news articles on itself, health and medical news, global health updates, and other topics affecting its operations. The agreement directs NIH to resume providing daily NIH news briefings within 14 days of enactment of this Act.

Organ Donation and Transplantation.—The agreement includes \$1,500,000 to contract with and fund a NASEM study to examine and recommend improvements to research, policies, and activities related to organ donation and transplantation. The report shall include: (1) identification of current challenges involved in modeling proposed organ allocation policy changes and recommendations to improve modeling; (2) recommendations about how costs should be factored into the modeling of organ allocation policy changes; (3) a review of scoring systems (e.g., CPRA, EPTS, KDPI, LAS, MELD, etc.) or other factors that determine organ allocation and patient prioritization and recommendations to assure fair and equitable practices are established, including reducing inequities affecting socioeconomically disadvantaged patient populations; (4) recommendations to update the OPTN's policies and processes to ensure that organ allocation decisions take into account the viewpoints of expert OPTN committees; and (5) such other issues as may be identified.

Osteopathic Medical Schools.—The agreement notes concern about a lack of access to research funding for osteopathic medical schools through NIH, as osteopathic medicine is one of the fastest growing healthcare professions in the country, and realizes its vital role in treating our Nation’s rural, underserved, and socioeconomically challenged populations.

Pediatric Clinical Trials Authorized under Best Pharmaceuticals for Children Act.—The agreement directs that no less than \$25,000,000 be used toward research in preparation for clinical trials authorized by the Best Pharmaceuticals for Children Act.

Platform Technologies.—The agreement directs NIH to provide a report in the fiscal year 2021 Congressional Justification that identifies: (1) the challenges that currently limit NIH’s ability to support the development of platform technologies, and how these might be addressed. Potential examples include: (a) low levels of engagement with researchers in the physical sciences, engineering, math, and computer science; (b) a culture that prioritizes hypothesis-driven as opposed to technology-driven proposals; (c) the structure of the NIH, which is organized primarily around specific diseases or organs of the body; (d) a typical size and duration of research grants that may not be aligned with the level of investment required for advances in platform technologies; and (e) difficulty in supporting high-risk, high-return ideas; (2) the specific unmet needs for basic, clinical and translational research that might motivate investment in transformational platform technologies that could be high-impact and timely, given recent scientific and technological advances and unmet medical needs; and (3) changes that NIH and Congress should consider with respect to its ability to identify and fund promising research proposals for platform technologies. Examples include: (a) recruiting NIH personnel and members of study sections with relevant expertise; (b) supporting workshops and the development of roadmaps for platform technologies; (c)

increasing funding mechanisms that are appropriate for platform technologies that are relevant to multiple NIH Institutes, such as the Common Fund or NIBIB; (d) increasing NIH's capacity to partner with industry on the development of platform technologies, such as use of Other Transactions authorities; (e) experimentation with different models for funding and managing research, such as the DARPA model for recruiting and empowering world-class program managers; (f) use of incentive prizes, milestone payments and open innovation techniques; and (g) funding non-profit research institutes that have an increased capacity to manage more complex research projects that require professional scientists, engineers, and product managers, not just graduate students and postdoctoral researchers. The agreement encourages NIH to engage the research community and industry as it develops its response to these questions and options.

Precision Medicine and the Pediatric Population.—The agreement recognizes the potential that precision medicine holds for all populations, including children, and encourages NIH to prioritize timely and meaningful enrollment for the pediatric population, including healthy children and those with rare disease, in the All of Us program. The agreement requests an update within 60 days on the timing for the Special Populations Committee to provide recommendations regarding the practical considerations of child enrollment and data collection involving children. Additionally, the agreement directs that NIH provide an update on plans to ensure that the research cohort includes a sufficient number of children to make meaningful studies possible, the target date for enrollment to commence and how enrollment strategies will include input from pediatric stakeholders across the country with experience in pediatric clinical trial enrollment.

Rare Diseases.—There is concern with unknown costs resulting from undiagnosed and untreated rare diseases. As a result, the agreement directs GAO to study what is known about the total impact rare diseases have on the U.S.

economy, including direct medical costs, non-medical costs, loss of income, and the societal consequence of undiagnosed and untreated rare disease. No later than two years after the date of enactment of this Act, GAO shall provide a report on its findings to the Committees.

Regenerative Medicine.—NIH is encouraged, in collaboration with FDA and HRSA, to engage experts and stakeholders to define data types and standards necessary to collect data and measure outcomes related to regenerative cell therapies and conduct real-world testing through a pilot outcomes database for regenerative adult cell therapies, including products administered under FDA Investigational New Drug or Investigational Device Exemption protocols.

Spina Bifida.—The agreement encourages NIA, NIDDK, NICHD, and NINDS to study the causes and care of the neurogenic bladder and kidney disease to improve the quality of life of children and adults with Spina Bifida; to support research to address issues related to the treatment and management of Spina Bifida and associated secondary conditions, such as hydrocephalus; and to invest in understanding the myriad co-morbid conditions experienced by individuals with Spina Bifida, including those associated with both paralysis and developmental delay. The agreement supports the specific efforts of NICHD to understand early human development; set the foundation for healthy pregnancy, and lifelong wellness of women and children; and promote the gynecological, andrological and reproductive health for people with Spina Bifida. Additionally, NICHD is encouraged to identify sensitive time periods to optimize health interventions; improve health during transition from adolescence to adulthood; and ensure safe and effective therapeutics and devices.

Stimulating Peripheral Activity to Relieve Conditions Initiative.—The agreement applauds NIH for its cross-cutting Stimulating Peripheral Activity to Relieve Conditions Initiative and is pleased by the Initiative’s attention to research that aims to address gaps in treatments for patients suffering from gastrointestinal, genitourinary, cardiac, and other disorders. NIH is encouraged to work collaboratively across its Institutes and Centers on innovative ways to expand treatment options for these often burdensome conditions.

Temporomandibular Disorders.—For the first time, the nation’s leaders in health and medicine are enlisting experts to review all aspects of TMD, generating recommendations for research, regulation, and policy. To continue to build on advances in coordinated research and treatment, the agreement asks OD, as it continues to work with NASEM on the study, to explore the creation of a NIH inter-Institute TMD working group and to report to the Committees within 90 days following the publication of the final report.

Traumatic Brain Injury.—The agreement directs NIH to enhance its research efforts on alternative treatment methods for TBI and post-traumatic stress disorder (PTSD), including hyperbaric oxygen treatment (HBOT). The agreement encourages NIH to partner with DoD and VA to research treatment alternatives such as HBOT for veterans living with PTSD and/or TBI.

Trisomy 21.—The agreement includes \$60,000,000 for support of the Investigation of Co-Occurring Conditions Across the Lifespan to Understand Down Syndrome (INCLUDE) Initiative. It is expected that this multi-year, trans-NIH research initiative may yield scientific discoveries that could significantly improve the health and quality of life of individuals with Down syndrome as well as millions of typical individuals. The agreement requests the Director provide a plan within 60 days of enactment of this Act that includes a timeline description of potential grant opportunities and deadlines for all expected funding opportunities

so that young investigators and new research institutions may be further encouraged to explore research in this space. This plan should also incorporate pipeline research initiatives specific to Down syndrome.

Tuberous Sclerosis Complex.—The agreement encourages the Director to apply recommendations from two recent NIH-sponsored workshops on Tuberous Sclerosis Complex (TSC): the Neurodevelopmental Disorders Biomarkers Workshop held in December 2017 involving TSC and related neurodevelopmental disorders to take advantage of biomarker expertise and lessons learned across disease groups, and the workshop entitled Accelerating the Development of Therapies for Anti-Epileptogenesis and Disease Modification held in August 2018 for which TSC is a model disorder with the ability to diagnose TSC prior to onset of epilepsy.

Urinary Tract Infections.—The agreement commends NIH for supporting research across the lifespan to better understand the genitourinary microbiome, the role of inflammation in bladder health, and the impact of these factors in urinary tract infections (UTIs). NIH should continue research in the development of new and novel therapies to treat and prevent UTIs, including small molecule candidates and other approaches that can disrupt infection and new antibiotics against extensively drug-resistant bacterial strains. The agreement supports the development of preventive therapies and new treatment strategies.

Inclusion in Clinical Research.—The agreement directs NIH to fund a NASEM study examining and quantifying the long-term medical and economic impacts of the inclusion of women and racial and ethnic minorities in biomedical research and subsequent translational work, and has provided \$1,200,000 to fund this effort. NIH is directed to report to the Committees on this issue and it should include a review of the existing research on the long-term economic benefits of increasing the participation of women and racial and ethnic minorities in clinical trials and

biomedical research, including an analysis of fiscal implications of inclusion on the nation's overall healthcare costs; examine new programs and interventions in medical centers that are currently working to increase participation of women of lower socioeconomic status and women who are members of racial and ethnic minority groups; identify programs that are positively addressing issues of underrepresentation; and analyze whether and how those programs are replicable and scalable; and identify more inclusive institutional and informational policies and procedures to improve health outcomes for racial and ethnic minorities, including health referral forms, continuing education classes, and more.

BUILDINGS AND FACILITIES

The bill includes \$225,000,000 from HHS' Nonrecurring Expenses Fund for buildings and facilities. The agreement directs NIH to provide a report with the fiscal year 2021 Congressional Justification describing the steps it has taken and will take to implement the recommendations in the 2019 NASEM report *Managing the NIH Bethesda Campus' Capital Assets in a Highly Competitive Global Biomedical Research Environment*. There is a particular interest in the actions NIH is taking to apply the recommendations to update the Buildings and Facilities prioritization model, develop an annual budget request for Backlog of Maintenance and Repair, and strengthen its internal governance process, including assigning and empowering a senior leader to manage capital planning.

In addition, the agreement directs NIH to provide quarterly briefings of its Buildings and Facilities maintenance and construction plans, including specific milestones for advancing projects, status of the project, cost, and priority. These updates should also highlight and explain any potential cost and schedule changes affecting projects.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

The agreement encourages SAMHSA to exercise maximum flexibility when developing funding opportunity announcements to ensure that all eligible applicants may apply.

MENTAL HEALTH

Certified Community Behavioral Health Clinics.—The agreement includes increased funding and directs SAMHSA 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.

Mental Health.—The agreement directs SAMHSA to provide a comprehensive plan to the Committees no later than 60 days after enactment of this Act identifying current gaps in mental health care programs, highlighting how programs can help close those gaps, and providing recommendations to meet the needs of those experiencing mental illness.

National Child Traumatic Stress Initiative.—The agreement intends that \$13,000,000 is for a new competitive process to expand support for universities, hospitals, and community-based programs, of which at least \$4,000,000 is to be prioritized for mental health services for unaccompanied alien children. The agreement also provides an additional \$2,000,000 for activities authorized under section 582(d) and (e) of the Public Health Service Act.

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

	FY 2020
Budget Activity	Agreement
Capacity:	
Seclusion and Restraint.....	\$1,147,000
Project AWARE.....	102,001,000
Mental Health Awareness Training.....	22,963,000
Healthy Transitions.....	28,951,000
Infant and Early Childhood Mental Health.....	7,000,000
Children and Family Programs.....	7,229,000
Consumer and Family Network Grants.....	4,954,000
Project LAUNCH.....	23,605,000
Mental Health System Transformation.....	3,779,000
Primary and Behavioral Health Care Integration.....	49,877,000
National Strategy for Suicide Prevention	18,200,000
<i>Zero Suicide</i>	16,200,000
<i>American Indian and Alaska Native</i>	2,200,000
Suicide Lifeline.....	19,000,000
Garrett Lee Smith–Youth Suicide Prevention– States.....	35,427,000

	FY 2020
Budget Activity	Agreement
Garrett Lee Smith–Youth Suicide Prevention– Campus.....	6,488,000
American Indian and Alaskan Native Suicide Prevention Initiative.....	2,931,000
Tribal Behavioral Grants.....	20,000,000
Homelessness Prevention Programs.....	30,696,000
Minority AIDS.....	9,224,000
Criminal and Juvenile Justice Programs.....	6,269,000
Assisted Outpatient Treatment.....	19,000,000
Assertive Community Treatment for Individuals with Serious Mental Illness	7,000,000
Comprehensive Opioid Recovery Centers.....	2,000,000
Science and Service:	
Garrett Lee Smith–Suicide Prevention Resource Center.....	7,988,000
Practice Improvement and Training.....	7,828,000
Primary and Behavioral Health Integration Technical Assistance.....	1,991,000

	FY 2020
Budget Activity	Agreement
Consumer & Consumer Support Technical Assistance Centers.....	1,918,000
Minority Fellowship Program.....	9,059,000
Disaster Response.....	1,953,000
Homelessness.....	2,296,000

Comprehensive Opioid Recovery Centers.—The agreement includes funding to provide grants, as authorized by section 7121 of the SUPPORT Act (P.L. 115-271), to previous recipients of HRSA Rural Communities Opioid Response Program Planning Grants that provide comprehensive treatment and recovery services in rural communities, including Tribal communities.

Criminal Justice Activities.—The agreement prioritizes funding for centers that provide assistance to those with severe mental health needs who are at risk of recidivism. The agreement encourages SAMHSA to prioritize applications from areas with high rates of uninsured individuals, poverty, and substance use disorders.

Infant and Early Childhood Mental Health.—The agreement includes an increase to fund additional grants. The agreement continues to recommend providing grants to entities such as State agencies, Tribal communities, and university or medical centers.

Mental Health Awareness Training.—SAMHSA is directed to include as eligible grantees local law enforcement agencies, fire departments, and emergency medical units with a special emphasis on training for crisis de-escalation techniques. SAMHSA is also encouraged to allow training for veterans and armed services personnel and their family members within the Mental Health First Aid program.

Project AWARE.—The agreement includes an increase and encourages SAMHSA to expand the identification of children and youth in need of mental health services, increase access to mental health treatment, promote mental health literacy among teachers and school personnel, and provide mental health services in schools and for school aged youth. Of the amount provided, the agreement directs \$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, community violence, and collective trauma. These grants should maintain the same focus as fiscal year 2019 grants. The agreement requests a report on progress of grantees 180 days after enactment of this Act.

Suicide Prevention.—The agreement includes increased funding to expand and enhance access to suicide prevention resources of the Suicide Lifeline, the Zero Suicide program, and Garrett Lee Smith Suicide Prevention Resource Center.

SUBSTANCE ABUSE TREATMENT

State Opioid Response Grants.—The agreement includes bill language to make addressing stimulant abuse an allowable use of funds while maintaining the existing formula. The agreement directs SAMHSA to ensure funds reach communities and counties with the greatest unmet need. Additionally, the

agreement urges the Assistant Secretary to ensure the formula avoids a significant cliff between States with similar mortality rates. SAMHSA is also directed to provide State agencies with technical assistance concerning how to enhance outreach and direct support to providers and underserved communities. Consistent with the objective of Comprehensive Opioid Recovery Centers, the agreement encourages long-term care and support services that dramatically improve outcomes and contribute to best practices. The agreement notes concern that the report requested under this heading in fiscal year 2018 has not been transmitted to the Committees. In addition, the agreement urges transmittal of SAMHSA’s evaluation of the program to the Committees by April 2020. SAMHSA is directed to make such report and evaluation available on SAMHSA’s website.

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

Budget Activity	FY 2020 Agreement
Capacity:	
Opioid Treatment Programs/Regulatory Activities.....	\$8,724,000
Screening, Brief Intervention, Referral, and Treatment.....	30,000,000
<i>PHS Evaluation Funds</i>	<i>2,000,000</i>
Targeted Capacity Expansion - General.....	100,192,000

	FY 2020
Budget Activity	Agreement
<i>Medication-Assisted Treatment for Prescription</i>	
<i>Drug and Opioid Addiction.....</i>	89,000,000
Grants to Prevent Prescription Drug/Opioid Overdose.	12,000,000
First Responder Training.....	41,000,000
<i>Rural Focus.....</i>	23,000,000
Pregnant and Postpartum Women.....	31,931,000
Recovery Community Services Program.....	2,434,000
Children and Families.....	29,605,000
Treatment Systems for Homeless.....	36,386,000
Minority AIDS.....	65,570,000
Criminal Justice Activities.....	89,000,000
<i>Drug Courts.....</i>	70,000,000
Improving Access to Overdose Treatment.....	1,000,000
Building Communities of Recovery.....	8,000,000
Peer Support Technical Assistance Center.....	1,000,000
Emergency Department Alternatives to Opioids.....	5,000,000
Treatment, Recovery, and Workforce Support.....	4,000,000

	FY 2020
Budget Activity	Agreement
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Science and Service:	
Addiction Technology Transfer Centers.....	9,046,000
Minority Fellowship Program.....	4,789,000
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Adolescent Substance Use Screening, Brief Intervention, and Referral to Treatment (SBIRT).—The agreement encourages SAMHSA to use funds for the adoption of SBIRT protocols in primary care and other appropriate settings that serve youth 12 to 21 years of age as well as on the adoption of system-level approaches to facilitate the uptake of SBIRT into routine healthcare visits for adults. Further, the agreement encourages SAMHSA to consider using existing resources for grants to pediatric healthcare providers in accordance with the specifications outlined in section 9016 of the Sober Truth in Preventing Underage Drinking Reauthorization (P. L. 114–255).

Building Communities of Recovery.—The agreement provides an increase for enhanced long-term recovery support principally governed by people in recovery from substance use disorders. Such support reflects the community being served and encourages the role of recovery coaches. SAMHSA is encouraged to ensure that grants employing peers comply with the highest standards within their respective States.

Emergency Department Alternatives to Opioids.—The agreement includes funding to award new grants to hospitals and emergency departments as authorized in section 7091 of the SUPPORT Act (P.L. 115-271).

First Responder Training.—Of the funding provided, the agreement provides an additional \$5,000,000 to make new awards to rural public and non-profit fire and EMS agencies as authorized in the Supporting and Improving Rural Emergency Medical Services Needs (SIREN) Act, included in the Agriculture Improvement Act of 2018 (P.L. 115-334). The agreement directs SAMHSA to coordinate with the Federal Office of Rural Health Policy in HRSA.

Medication-Assisted Treatment for Prescription Drug and Opioid Addiction.—Within the amount, the agreement includes \$10,000,000 for grants to Indian Tribes, Tribal Organizations, or consortia.

Neonatal Abstinence Syndrome.—The agreement supports the continued efforts of expanded implementation of SBIRT and its possible impact on reducing the costs of neonatal abstinence syndrome.

Opioid Abuse in Rural Communities.—The agreement encourages SAMHSA to support initiatives to advance opioid abuse prevention, treatment, and recovery objectives, specifically focusing on addressing the needs of individuals with substance use disorders in rural and medically-underserved areas, as well as programs that emphasize a comprehensive community-based approach involving academic institutions, healthcare providers, and local criminal justice systems.

Peer Support Technical Assistance Center.—The agreement provides funding for the creation of the Center, as authorized by section 7152 of the SUPPORT Act (P.L. 115-271).

Pregnant and Postpartum Women.—The agreement encourages SAMHSA to prioritize States that support best-practice collaborative models for the treatment and support of pregnant women with opioid use disorders.

Telehealth Medication-Assisted Treatment (MAT) for Opioid Treatment.—The agreement notes that some State Opioid Response grant funding has been used to fund MAT through telehealth and requests a report in the fiscal year 2021 Congressional Justification on efficacy and sustainability of this effort.

Treatment Assistance for Localities.—The agreement recognizes the use of peer recovery specialists and mutual aid recovery programs that support MAT and encourages SAMHSA to support these activities as applicable in its current grant programs.

Treatment, Recovery, and Workforce Support.—The agreement includes funding to implement section 7081 of the SUPPORT Act (P.L. 115-271). SAMHSA is directed to, in consultation with the Secretary of Labor, award competitive grants to entities to carry out evidence-based programs to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce.

SUBSTANCE ABUSE PREVENTION

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

	FY 2020
Budget Activity	Agreement

Capacity:

	FY 2020
Budget Activity	Agreement
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Strategic Prevention Framework/	
Partnerships for Success.....	\$119,484,000
<i>Strategic Prevention Framework Rx</i>	<i>10,000,000</i>
Federal Drug-Free Workplace.....	4,894,000
Minority AIDS.....	41,205,000
Sober Truth on Preventing Underage Drinking	
(STOP Act).....	9,000,000
<i>National Adult-Oriented Media Public Service</i>	
<i>Campaign</i>	<i>1,000,000</i>
<i>Community-based Coalition Enhancement Grants</i> ...	<i>7,000,000</i>
<i>Intergovernmental Coordinating Committee on the</i>	
<i>Prevention of Underage Drinking</i>	<i>1,000,000</i>
Tribal Behavioral Health Grants.....	20,000,000
Science and Service:	
Center for the Application of Prevention Technologies..	7,493,000
Science and Service Program Coordination.....	4,072,000
Minority Fellowship Program.....	321,000
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Sober Truth on Preventing Underage Drinking Act (STOP Act).—The agreement provides an increase for community-based coalition enhancement grants.

Strategic Prevention Framework-Partnerships for Success Program.—The agreement encourages the program to support comprehensive, multi-sector substance use prevention strategies to stop or delay the age of initiation of each State’s top three substance use issues for 12 to 18 year old youth as determined by the State’s epidemiological data. The agreement directs SAMHSA to ensure that State alcohol and drug agencies remain eligible to apply along with community-based organizations and coalitions.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

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

	FY 2020
Budget Activity	Agreement
Health Surveillance.....	\$47,258,000
<i>PHS Evaluation Funds</i>	<i>30,428,000</i>
Program Management.....	79,000,000
Performance and Quality Information Systems...	10,000,000
Drug Abuse Warning Network.....	10,000,000

	FY 2020
Budget Activity	Agreement
Public Awareness and Support.....	13,000,000
Behavioral Health Workforce Data.....	1,000,000
<i>PHS Evaluation Funds</i>	<i>1,000,000</i>

Interagency Task Force on Trauma-Informed Care.—The agreement supports the authorized activities of the Interagency Task Force on Trauma-Informed Care, including the dissemination of trauma-informed best practices and the promotion of such models and training strategies through all relevant grant programs.

Post-Traumatic Stress Disorder in First Responders.—The agreement encourages SAMHSA to examine post-traumatic stress disorder among individuals working in the civilian first responder disciplines to provide information on this effort in the fiscal year 2021 Congressional Justification.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)

HEALTHCARE RESEARCH AND QUALITY

Antimicrobial Resistance.—The agreement provides no less than \$10,000,000 for combating antibiotic-resistant bacteria.

Diabetes.—AHRQ is encouraged to consider a pilot or demonstration program to support safety net clinics in increasing health literacy and preventing diabetes, with the goal of reducing long-term costs.

Diagnostic Errors.—The agreement includes no less than \$3,000,000 for the Partners Enabling Diagnostic Excellence research program. Such grants will help establish the incidence of and understanding of factors contributing to diagnostic errors and examine the association between diagnostic safety and quality and outcomes such as patient harms, costs, expenditures, and utilization.

Kratom.—Little research has been done to date on natural products that are used by many to treat pain in place of opioids. These natural plants and substances include kratom and cannabidiol. The agreement recommends no less than \$1,000,000 for this research and directs AHRQ to make center-based grants. Such research should lead to clinical trials in geographic regions which are among the hardest hit by the opioid crisis.

Malnutrition.—AHRQ is requested to convene a technical expert panel charged with creating a malnutrition-related readmissions quality measure to help prevent malnutrition in hospitals.

Primary Care Research.—Congress supports primary care clinical research and dissemination as a core function of AHRQ. AHRQ has proven to be uniquely positioned to support high-quality primary care clinical and practice research, especially in rural and underserved areas, where primary care physicians are the main providers of care.

State Primary Care Demonstrations.—Congress understands that a number of States are taking steps to improve the delivery of primary care. Congress believes that these actions could provide a model for primary care nationally. The agreement includes no less than \$1,000,000 to support a study of those States' actions, to be shared with the Committees.

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

PROGRAM MANAGEMENT

Air Ambulance Costs.—The agreement requests CMS report to the Committees no later than one year after enactment of this Act on any evidence of air ambulance base closures in rural areas which may have affected patients' access to care, and to consider relevant factors that have affected air ambulance transportation costs when setting appropriate air ambulance payments, and consider whether costs currently align with payments.

Assistive Technology Act Programs Reutilization Program.—The agreement encourages CMS to support State Medicaid programs in partnering with State Assistive Technology Act programs to develop and implement reutilization programs with a goal of containing Medicaid costs.

At-risk Youth Medicaid Protection.—The agreement encourages CMS to consider rulemaking related to section 1001 of the SUPPORT for Patients and Communities Act (P.L. 115-271) and include an update on these activities in the fiscal year 2021 Congressional Justification.

Certified Community Behavioral Health Clinics.—The agreement directs CMS to provide available cost information to the Committees no later than 30 days after enactment of this Act. CMS should include a preliminary analysis summarizing cost data, as well as compare actual data to the Congressional Budget Office estimate.

Claim Payment Coordination.—The agreement requests information in the fiscal year 2021 Congressional Justification that provides options to reform the identification of Medicare beneficiaries enrolled in Medicare Advantage or Part D plans by third party payers in situations where no-fault or liability insurance, or workers' compensation is involved.

Colorectal Cancer Screenings.—The agreement encourages CMS to use its existing authority to increase access to colorectal cancer screenings by exploring options to reduce out-of-pocket costs associated with screening colonoscopies when a polyp or lesion is found and removed.

Computed Tomography (CT) Colonography.—The agreement encourages CMS to consider existing evidence to determine whether CMS should cover CT colonography as a Medicare-covered colorectal cancer screening test under section 1861(pp)(1) of the Social Security Act.

Data Collection Process for Laboratory Testing.—The agreement encourages CMS to continue to work with laboratory stakeholders to further refine and evaluate the data collection process under section 216 of the Protecting Access to Medicare Act of 2014 (P.L. 113-93) to ensure that the information collected accurately reflects the national laboratory market, including physician office laboratories and hospital outreach laboratories.

Detecting Cognitive Impairment.—The agreement encourages CMS to evaluate and update its definition of the “detection of any cognitive impairment” element to the Annual Wellness Visit with reference to cognitive impairment detection tools available at NIA’s Alzheimer’s and Dementia Resources for Professionals website and to do so within one year of enactment of this Act.

Direct and Indirect Remuneration Fees.—The agreement encourages CMS to work with stakeholders, including community pharmacies and beneficiary groups, to develop standardized performance metrics that can be adopted to move the Part D program toward better patient outcomes and quality.

Durable Medical Equipment.—The agreement encourages CMS to consider whether implementation of the next round of competitive acquisition program reforms should be fully completed before adding ventilator equipment, supplies, and services to the competitive bidding program.

Emergency Triage, Treat, and Transport (ET3) Model.—The agreement encourages CMS to work with applicants to ensure interested parties are able to participate in the ET3 payment model.

Frontier Communities.—The agreement supports an extension of the Frontier Community Health Integration Project program beyond its original three years.

Genome and Exome Sequencing.—CMS has yet to provide the report requested in section 251 of division B of H.R. 6157. CMS shall submit this required report no later than 30 days after enactment of this Act.

Graduate Medical Education Program.—In conjunction with new medical residency programs language included in House Report 116-62, the agreement encourages CMS to extend the time described in section 413.79(e) of title 42, Code of Federal Regulations, for new residency programs before a full-time equivalent resident cap is applied as authorized in P.L. 105-33.

Health Insurance Exchange Transparency.—The agreement continues bill language requiring CMS to continue to provide cost information for the health insurance exchange, including all categories described under this heading in the explanatory statement accompanying division B of P.L. 115-245, as well as estimated costs for fiscal year 2021.

Hospital-Acquired Pressure Ulcers.—The agreement requests an update in the fiscal year 2021 Congressional Justification on reducing pressure ulcer discharges.

Immunization Information Systems.—The agreement encourages CMS to work with CDC and other relevant stakeholders to establish greater consistency and interoperability between electronic health records and State and local immunization information systems.

Limited Wraparound Coverage.—The agreement strongly urges CMS to extend the pilot program established by a final regulation published on March 18, 2015, to allow limited wraparound benefits, or supplements, to individual health insurance

coverage (or Basic Health Plan coverage). Wraparound coverage is a specialized offering targeted to help part-time workers and retirees whose employers or former employers meet standards of responsibility and have agreed to provide this supplemental coverage as an option. The agreement directs the Department to submit a report within 90 days of enactment of this Act on the status of the program.

Transparency.—The agreement encourages the Center for Medicare and Medicaid Innovation to engage with stakeholders and Congress during the project development process and requests an update on such efforts in the fiscal year 2021 Congressional Justification.

Lymphatic System Failure.—The agreement encourages the Secretary to promulgate rules for covering prescribed compression garments as acknowledged by CMS's 2001 decision memorandum in the treatment of lymphatic system failure.

Medical Claims Databases.—The agreement urges CMS, in consultation with the Secretaries of Labor and Treasury, to, once enacted, move swiftly to implement legislation creating a secure Federal database and support States in collecting data and claims that will enable analysis of the utilization and prices of healthcare items and services.

Medicare Coverage of Innovative Drugs and Products.—The agreement encourages CMS to explore different ways to reimburse for innovative drugs approved by FDA in a manner that protects beneficiary access and encourages continued innovation while preserving the Medicare trust funds.

Medicare Coverage of In-Home Intravenous Immunoglobulin.—The agreement is aware of a demonstration evaluating bundled payment covering items and services needed to administer intravenous immunoglobulin (IVIG) into beneficiaries with primary immunodeficiency diseases. The agreement is also

aware of ongoing rulemaking pertaining to the permanent Medicare home infusion services payment for therapies like IVIG. As CMS continues with rulemaking for the permanent home infusion therapy benefit, the agreement encourages CMS to articulate this position in future rulemaking.

Medicare Diabetes Prevention Program.—The agreement encourages CMS to minimize the regulatory barriers impeding potential or existing suppliers from delivering the Diabetes Prevention Program (DPP) to Medicare beneficiaries, and to allow the full range of CDC-recognized DPP providers to participate as Medicare DPP suppliers.

Medicare Area Wage Index.—The agreement directs CMS to provide a report to the Committees on its methodology for calculating the labor-related share (LRS) percentage used in the proposed rule entitled “The Inpatient Prospective Payment System and the Long-Term Care Hospital Prospective Payment System for fiscal year 2020”. The report shall fully describe all methodologies, allocations, and assumptions; and provide a schedule(s) of the calculation used to derive the LRS percent.

Nonemergency Medical Transportation (NEMT).—The agreement directs HHS to take no regulatory action on availability of NEMT service until the study described under the “Medicaid and CHIP Payment and Access Commission” header of this joint explanatory statement is complete.

Oral Health.—The agreement is concerned that CMS has implemented policies that prevent consumers from purchasing stand-alone dental benefits and encourages CMS to permit the purchase of stand-alone dental plans separate from the purchase of qualified health plans beginning with the 2020 plan year. The agreement encourages CMS to report annually on State-level oral health and dental benefits available to adult populations, including pregnant women.

Program Integrity.—The agreement notes the Committees have yet to receive the briefing on program integrity requested in Senate Report 115–289. The agreement requests the briefing from CMS’s Center for Program Integrity within 60 days of enactment of this Act.

Recovery Audit Program.—The agreement directs CMS to conduct an internal review of their Recovery Audit program in an effort to identify inefficiencies in the current system. CMS shall include their findings in the annual report to Congress.

Reimbursement Coding for Reducing Opioid Consumption.—The agreement urges CMS to collaborate with the FDA and consider approved devices and therapies for unique post-surgery patient populations for effective pain management. In addition, CMS should take steps to improve tracking of patient pain scores and opioid consumption using alternative means for effective pain management.

Revisions to Office Visit Services.—The agreement notes that the CMS final 2019 Medicare Physician Fee Schedule rule outlines significant changes to how evaluation and management services will be documented and paid for beginning in 2021. The agreement encourages CMS to ensure that payment changes do not further exacerbate workforce shortages.

Risk Corridor Program.—CMS is directed to provide a yearly report to the Committees detailing any changes to the receipt and transfer of payments.

Robotic Stereotactic Radiosurgery.—The agreement encourages CMS not to make payment changes to robotic stereotactic radiosurgery (SRS) and robotic stereotactic body radiation therapy (SBRT) in the freestanding or hospital outpatient setting as CMS complies with the Patient Access and Medicare Protection Act and the Bipartisan Budget Act of 2018. The agreement encourages CMS to maintain stable payment for robotic SRS and robotic SBRT

performed in Core-Based Statistical Areas that are not randomly selected to participate in the alternative payment model.

Rural Healthcare Facilities.—The agreement encourages CMS to continue working with States and State hospital associations on alternative payment models for rural medical centers that support future financial stability and announce potential models in 2020 with participants who demonstrate clear community support for engaging these new programmatic flexibilities.

Telehealth.—To address inconsistency with billing and coding across Medicaid, the agreement encourages CMS to issue guidance outlining a recommended, but voluntary, set of billing codes, modifiers and/or place of service designations for use in State Medicaid programs.

Therapeutic Foster Care.—The agreement requests an update in the fiscal year 2021 Congressional Justification on the study requested in House Report 114–699.

Underperforming Healthcare Facilities.—Within six months of enactment of this Act, the agreement directs CMS to provide the Committees a report on the resources the agency requires to ensure all nominees for the program become full participants, subject to the special focus facility (SFF) program’s enhanced surveying and progressive enforcement standards. The agreement further directs CMS to disclose the names of nursing homes that are eligible for the SFF program, but are not officially part of SFF, on the Nursing Home Compare website.

Workforce Capacity for Infectious Diseases and the Opioid Epidemic.—The agreement continues to encourage CMS to collaborate with SAMHSA, CDC, and HRSA to support education and training for medical providers on the frontlines of the opioid epidemic to help expand access to comprehensive, coordinated care for opioid addiction and related infectious diseases.

ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)

LOW INCOME HOME ENERGY ASSISTANCE

The agreement includes a new provision limiting annual decreases in State allocations, preventing States from receiving less than 97 percent of what they received the prior fiscal year.

Within 120 days of enactment of this Act, the agreement directs ACF to submit to the Committees and make publicly available a report evaluating the program's formula and allocations of funding among States, including an assessment of available data, how the formula currently addresses annual fluctuations in formula factors, and the percentage of eligible households served, average assistance amount, and percentage of home energy costs covered by that amount by State.

REFUGEE AND ENTRANT ASSISTANCE

The agreement notes that appropriate consultation with Congress is required by statute in advance of the Administration's determination on the number of refugees to be admitted during the coming fiscal year. In times of reductions in refugee arrivals, the agreement encourages HHS, to the extent practicable, to ensure that resettlement agencies can maintain their infrastructure and capacity at a level to continue to serve all refugees and to ensure future arrivals are adequately served. The agreement strongly encourages the Office of Refugee Resettlement (ORR) to continue to meet, on no less than a bi-monthly basis, with outside organizations with expertise in ORR programs to provide updates and hear the perspective of these stakeholders.

Transitional and Medical Services.—The agreement strongly encourages ORR to increase the percentage of eligible arrivals served by the matching grant program and to provide flexibility to carry over unexpended funding and slots when justified, including by providing exemptions to the 31 day enrollment period.

Refugee Support Services.—Within 30 days of enactment of this Act, the agreement directs the Department to provide a list of competitive grants and set-asides within Refugee Support Services and to include their corresponding funding levels in fiscal years 2016 through 2020.

Victims of Trafficking.—The agreement includes \$19,500,000 for services for foreign national victims and \$8,255,000 for services for U.S. citizens and legal permanent residents. The agreement includes no less than \$3,500,000 for the National Human Trafficking Hotline and urges extension of the cooperative agreement from 3 to 5 years to align with other Federally-funded hotlines.

Unaccompanied Alien Children (UAC)

Children Separated from a Parent or Legal Guardian.—The agreement includes a public reporting requirement with respect to children who have been separated from a parent or legal guardian. In addition, the agreement notes HHS has not yet complied with the reporting requirements included in Senate Report 115–289 regarding the demographics of separated children and expects the Department to begin providing this information.

Facility Oversight.—ORR is expected to maintain strict oversight of all ORR-funded care provider facilities and to report and correct violations of Federal, State, or local codes related to standards of childcare or the wellbeing of children. Within 60 days of enactment of this Act, ORR is directed to submit to the Committees a report detailing the number and nature of violations by facility, and steps taken to address such infractions.

Indigenous Languages.—ORR is encouraged, to the extent possible, to provide culturally competent, in person education and translation services to children in custody.

Length of Care.—The agreement directs ORR to provide a briefing to the Committees within 120 days of enactment of this Act on options and plans for children who have been in ORR custody for extended periods of time. In addition, ORR is directed to continue to prioritize case management services and staffing, including Federal Field Specialists, lowering the ratio of children per case coordinator.

The agreement includes language continuing current law regarding the operational directives issued to modify sponsor suitability requirements, which significantly reduced the length of time children spend in care. The agreement expects HHS to continue to work on efforts to reduce time in care and to consider additional policy changes that can be made to release children to suitable sponsors as safely and expeditiously as possible. The agreement does not provide further direction on this issue.

Mental Health Services.—The agreement encourages ORR to continue collaborating with the National Child Traumatic Stress Network and notes that no less than \$4,000,000 is included in this agreement through SAMHSA for such efforts. ACF is directed to keep the Committees informed of additional resources necessary to support children and families who may need access to these services. In addition, the agreement directs ORR to provide a briefing to the Committees within 120 days of enactment of this Act on HHS' and grantees' coordination of health and mental health services, including training requirements for staff providing those services and any challenges to providing adequate care for children.

New Models of Care Delivery.—ORR is urged to include in the fiscal year 2021 Congressional Justification information about any plans being considered for new models of care delivery, along with a justification for how new models could best meet the needs of children in ORR care. When exploring the feasibility of such models, ORR is expected to prioritize community engagement, the use of pilot projects with short-term duration to demonstrate proof of concept before making significant or long-term investments, and a collaborative and transparent communications strategy with external stakeholders and Congress.

Office of Inspector General Report Recommendations.—The agreement requests an update in the fiscal year 2021 Congressional Justification on the status of ORR's implementation of recommendations made in recent inspector general reports.

Records Requests.—The agreement expects ORR to maintain records and respond to records requests consistent with the requirements of section 552 of title 5, U.S. Code, for information related to all children in care, regardless of whether such children are housed in Federal facilities or, to the extent possible, non-Federal facilities managed by contractors or other private entities.

Services for Children.—The agreement includes an increase in funding for legal services, child advocates, and post-release services to support the expansion of State-licensed shelters, and to allow for the resumption and expansion of services to children released from ORR care. Using funds provided in this agreement, combined with funding from the Emergency Supplemental Appropriations for Humanitarian Assistance and Security at the Southern Border Act, 2019 (P.L. 116-26), ORR is directed to continue to expand such services beyond currently estimated levels, including for children released in high-release communities.

The agreement strongly encourages ORR to notify legal service providers at the time new grant awards are made and prior to opening a shelter, and to provide monthly estimates of funded capacity by shelter. Additionally, the agreement strongly encourages ORR to ensure that all UAC shelters provide space for legal service providers to meet with children.

Within amounts provided for post-release services in this agreement and combined with funds from P.L. 116-26, ORR is directed to expand post-release services capacity to eliminate the waitlist of children qualifying for Trafficking Victims Protection Reauthorization Act-mandated services, and to expand services to children that case managers identify would benefit from such services.

Sibling Placement.—The agreement directs ORR to place siblings in the same facility, or with the same sponsor, to the extent practicable, and so long as it is appropriate and in the best interest of the child.

Spend Plan.—The agreement directs ORR to incorporate all funding provided in this Act into a comprehensive spend plan that must be submitted to the Committees every 60 days in accordance with section 410 of the Emergency Supplemental Appropriations for Humanitarian Assistance and Security at the Southern Border Act, 2019 (P.L. 116-26).

Sponsorship Suitability Determination Process.—The Department is directed to ensure all grantees are provided clear guidance to communicate with potential sponsors regarding current law regarding the use of personal information collected as part of the sponsor suitability determination process. The agreement expects consistent monitoring to ensure program policies are applied appropriately by all grantees in an effort to place children with sponsors as safely and expeditiously as practicable.

State Licensed Shelters.—The agreement directs ORR to prioritize licensed, community-based residential care placements (including long-term and transitional foster care and small group homes) over large-scale institutions and to notify the Committees prior to all new funding opportunity announcements, grant or contract awards, or plans to lease or acquire property. Such notification should include associated timelines and costs.

Temporary Influx Shelters.—The agreement includes language continuing current law conditions on the use of temporary influx shelters, strengthens oversight and monitoring of facilities, and requires Congressional notifications and reporting requirements if a shelter is operationalized. The agreement requests HHS submit a report to the Committees within 90 days of enactment of this Act detailing the barriers to State-licensing, including any State child welfare laws and regulations, that could not be met for any influx facility operational in fiscal year 2019. If an influx shelter is opened in fiscal year 2020, ORR shall submit a report to the Committees with the same information within 90 days. In addition, the agreement notes that the spend plan required every 60 days must include a detailed cost breakdown of any facility, regardless of its operational status.

Tender Age Children.—The agreement directs ORR to include in the fiscal year 2021 Congressional Justification information on efforts to ensure developmentally appropriate care for tender age children, including placement options, services and staff training, as well as an assessment of circumstances under which very young children are referred to ORR.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Early Head Start Expansion (EHS) and EHS-Child Care Partnerships.—The agreement modifies bill language to simplify the administration of EHS Expansion and EHS-Child Care Partnerships (EHS-CCP) grants, but does not otherwise change the use of funds provided for such purposes. The agreement continues to strongly support EHS Expansion and EHS-CCPs, and accordingly, the agreement includes at least \$905,000,000 for such purposes, an increase of \$100,000,000. Since fiscal year 2014, these funds have supported both the expansion of traditional EHS and the establishment of partnerships between EHS providers and local child care programs. The agreement directs ACF to continue to prioritize equally EHS Expansion and EHS-CCP, as determined by the needs of local communities. The agreement expects that any funds used for EHS Expansion and EHS-Child Care-Partnership grants that are re-competed would continue to be used for such purposes. Finally, the agreement directs ACF to include in the fiscal year 2021 Congressional Justification and each Congressional Justification thereafter, the actual and estimated number of funded slots for each of the following: Head Start, EHS, and EHS-Child Care Partnerships.

Quality Improvement Funding for Trauma-Informed Care.—The agreement provides \$250,000,000 in quality improvement funding, including a prioritization on addressing the rise of adverse childhood experiences attributable to increased prevalence of substance use, economic hardship, home and community violence, and other traumatic experiences that can negatively impact child development and lead to disruptions in classroom environments. The agreement directs the Administration to allow flexibility to meet local needs while focusing these funds on staff training for trauma-informed care and identification of signs of addiction and hardship; mental health consultation services to provide expert care and counseling to families and the Head Start workforce; and additional staffing to

Head Start classes in high-risk substance use communities to maintain high-quality learning environments while providing individualized care to children expressing disruptive and challenging behaviors.

Designation Renewal System.—ACF is encouraged to continue to consider the unique challenges faced by Head Start grantees in remote and frontier areas when reviewing such grantees' compliance with health and dental screening requirements as part of the designation renewal system.

Preschool Development Grants.—The agreement includes an increase of \$25,000,000 for Preschool Development Grants and expects these additional funds to be managed in conjunction with funds appropriated in fiscal year 2019 that will be awarded in December 2019.

Runaway and Homeless Youth.—The agreement includes \$132,421,000 for Runaway and Homeless Youth programs. Within 120 days of enactment of this Act, ACF is directed to brief the Committees on the feasibility of coordinating with the Department of Housing and Urban Development's ongoing study on the incidence, prevalence, needs, and characteristics of youth homelessness and housing instability, including geographic differences and vulnerable populations that have not yet been studied.

Child Abuse Prevention and Treatment Act Infant Plans of Safe Care.—The agreement continues \$60,000,000 to help States develop and implement plans of safe care as required by section 106(b)(2)(B)(iii) of the Child Abuse Prevention and Treatment Act. The agreement directs ACF to enhance its coordination with States, especially those with high or increasing rates of neonatal abstinence syndrome, and to brief the Committees on such effort within 90 days of enactment of this Act.

Child Abuse Discretionary Activities.—The agreement includes \$1,000,000 for an additional year of grant funding for text- and online chat-based intervention and education services through the Child Abuse Hotline.

Child Welfare Research, Training and Demonstration.—The agreement continues the National Survey of Child and Adolescent Well-Being (NSCAW) and encourages ACF to expand data collection as part of the current NSCAW cohort to include information necessary to evaluate the impact of opioid and substance use on children.

Adoption Opportunities.—The agreement includes an additional \$1,000,000 to continue the National Adoption Competency Mental Health Training Initiative, and directs ACF to provide ongoing resources to a national organization with the capacity and expertise to continuously evaluate and update the training curriculums, that will provide all States, Tribes and territories the necessary technical assistance to ensure that the curriculums are appropriately used by State child welfare and mental health professionals.

Native American Programs.—The agreement includes \$12,500,000 for Native American language preservation activities, and not less than \$4,500,000 for language immersion programs authorized by section 803C(b)(7)(A)–(C) of the Native American Programs Act, as amended by the Esther Martinez Native American Language Preservation Act of 2006.

Additionally, ACF is encouraged to convene a working group of Federal early childhood program administrators, tribal early childhood stakeholders, and tribal leaders to examine coordination issues that may be impacting early childhood initiatives in tribal communities.

Community Services Block Grant.—The agreement notes that community action agencies are well positioned to help address substance use disorders and provide essential support and services for individuals and families who experience poverty.

National Domestic Violence Hotline.—The agreement includes continued support for the StrongHearts Native Helpline.

Program Administration.—The agreement expects ACF to work with the Committees to develop a quarterly status of balances report at the level of detail displayed in the table at the end of this statement.

PROMOTING SAFE AND STABLE FAMILIES

Kinship Navigator Programs.—The agreement includes \$20,000,000 for Kinship Navigator Programs to help build the evidence base in order for programs to become eligible for mandatory funding available under the Family First Prevention and Services Act (FFPSA).

Prevention Services Clearinghouse.—The agreement includes \$2,750,000 for the clearinghouse to increase the capacity to review research and evaluations of programs intended to provide enhanced support to children and families and prevent foster care placements. This in turn will increase the number of such programs that may be eligible for funding under title IV-E of the Social Security Act.

Regional Partnership Grants.—The agreement includes \$10,000,000 for Regional Partnership Grants (RPGs) and strongly encourages ACF to prioritize applicants that will focus on preparing programs to qualify as evidence-based foster care prevention services under FFPSA, including family-focused, residential treatment programs and programs that mitigate the traumatic impact of parental incarceration.

ADMINISTRATION FOR COMMUNITY LIVING (ACL)

AGING AND DISABILITY SERVICES PROGRAMS

Protection of Vulnerable Older Americans.—The agreement includes a \$1,000,000 increase for expansion of the ombudsman program to assisted living facilities.

National Family Caregiver Strategy.—The agreement includes \$100,000 for the Family Caregiving Advisory Council.

Aging Network Support Activities.—Within the total, the agreement provides not less than \$5,000,000 for the Holocaust Survivor's Assistance program.

Alzheimer's Disease Program.—The agreement includes up to \$2,000,000 for the National Alzheimer's Call Center and a \$3,000,000 increase for expanding direct services, including respite care, for paid and unpaid caregivers.

Elder Rights Support Activities.—Within the total, the agreement provides \$12,000,000 for the Elder Justice and Adult Protective Services program.

Paralysis Resource Center.—The agreement includes \$9,700,000 for the Paralysis Resource Center (PRC) and directs ACL to continue support for the National PRC at not less than \$8,700,000.

Developmental Disabilities State Councils.—ACL is instructed to provide not less than \$700,000 for technical assistance and training for the State Councils on Developmental Disabilities.

Developmental Disabilities Protection and Advocacy.—Within 90 days of enactment of this Act, ACL is directed to provide a report to the Committees, for which the agreement provides sufficient funding, on the extent to which protection and advocacy grantees currently provide legal, administrative, and other human rights services to help individuals with disabilities understand and navigate their respective State's Medicaid system, including rural and urban States with Medicaid managed care arrangements.

Intermediate Care Facilities.—The Department is encouraged to factor the needs and desires of patients, their families, caregivers, legal representatives, and other stakeholders, as well as the need to provide proper settings for care, into its enforcement of the Developmental Disabilities Act.

University Centers for Excellence in Developmental Disabilities.—The agreement includes \$1,000,000 to establish a pilot program to support partnerships between existing University Centers for Excellence in Developmental Disabilities and highly-qualified, non-profit service providers to develop models that offer individuals with Intellectual and Developmental Disabilities and their families with community-based adult transition and daytime services to support independent living.

National Institute on Disability, Independent Living, and Rehabilitation Research.—The agreement provides \$2,000,000 to continue projects as established by Senate Report 115-289. Funding is provided to encourage investment in research by universities and other eligible entities that seek to develop technologies that allow for independent living, address the disabled aging populations, and target rural, frontier, and tribal communities.

Assistive Technology.—The agreement includes a \$1,000,000 increase for formula grant funding through section 4 of the Assistive Technology Act.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Antibiotic Development.—The agreement encourages HHS to be closely involved with the update of the National Action Plan for Combating Antibiotic Resistant Bacteria. HHS shall include in the fiscal year 2021 Congressional Justification a detailed update on progress implementing such plan.

Emergency Room Utilization.—HHS is encouraged to submit a report that analyzes emergency room utilization at the State and national levels to be provided to the Committees no later than one year after enactment of this Act. The report should focus on non-emergency services while in the emergency room setting.

Evidence-based Grants and Policy.—The agreement requests an update in the fiscal year 2021 Congressional Justification on implementation of the Foundations for Evidence-based Policymaking Act and implementation plans for the coming year.

Guidelines for Hair Testing.—The agreement directs the Secretary to report to the Committees no later than 30 days after enactment of this Act on progress establishing these guidelines.

Health Disparities.—Within 180 days of enactment of this Act, HHS shall submit to the Committees an update of the Action Plan to Reduce Racial and Ethnic Health Disparities. The update should include barriers to full implementation and proposed remedies. The report should include the extent that HHS programs collect, report, and analyze health disparities data based on race, ethnicity, disability, and other characteristics for the population HHS programs serve. The updated report shall include specific efforts to improve birth outcomes for African-American women and children, including how to address implicit bias in healthcare delivery and the health impacts of trauma associated with racism.

HIV Initiative.—The agreement fully funds the HIV Initiative and directs HHS to provide a spend plan to the Committees no later than 60 days after enactment of this Act, to include resource allocation by State. The agreement further directs HHS to submit an initial evaluation of the program to the Committees no later than one year after enactment of this Act.

Hospital Acquired Conditions.—The agreement supports an evaluation of the efforts to reduce Hospital Acquired Conditions, outlined in House report 116-62, and directs the Secretary to include the results of the evaluation in the fiscal year 2021 Congressional Justification.

KidneyX.—The agreement includes \$5,000,000 for KidneyX and directs the Secretary to submit a multi-year plan to the Committees, outlining possible prize competitions in future years, no later than 180 days after enactment of this Act.

Lung Cancer in Women.—The agreement encourages the Secretary, in consultation with DoD and VA, to conduct an interagency study to evaluate the status of research on women and lung cancer and make recommendations for additional research on the disparate impact of lung cancer in women who have never smoked. The study should make recommendations regarding increased access to lung cancer preventive services and strategic public awareness and education campaigns related to lung cancer.

Maternal Mental Health.—The agreement directs the Secretary to submit the report requested under this heading in House Report 116-62 to the Committees no later than 180 days after enactment of this Act.

National Alzheimer's Disease Plan.—The agreement encourages the Secretary to prioritize the Advisory Council work to make recommendations to Congress and to assist in coordinating the work of Federal agencies involved in Alzheimer's research, care, and services.

National Vaccine Program Office.—The agreement urges the Secretary to ensure that National Vaccine Program Office activities continue without interruption within the Office of the Assistant Secretary for Health.

Nonrecurring Expenses Fund.—The agreement directs HHS to continue implementing previously notified projects and prioritize obligations for the following projects: Indian Health Services facilities, Cybersecurity, Food and Drug Administration laboratory renovations, and the CDC National Institute for Occupational Safety and Health facility.

Obligation Reports.—The agreement directs the Secretary to submit electronically to the Committees an Excel table detailing the obligations made in the most recent quarter for each office and activity funded under this appropriation no later than 30 days after the end of each quarter.

Pediatric Kidney Disease.—The agreement encourages HHS to conduct a study of pediatric dialysis costs to ensure that the data being collected by CMS is accurate and report findings in the fiscal year 2021 Congressional Justification.

Prescription Drug Disposal.—The agreement supports expanded public access to in-home methods to deactivate and dispose of prescription drugs that render the controlled substance either unavailable or unusable for all practical purposes.

Regulation Reform.—The agreement directs the Secretary to include in the fiscal year 2021 Congressional Justification any plan to repeal guidance documents or any plans to repeal or revise regulations that the Department believes are duplicative.

Research on Poverty.—The agreement includes sufficient funding to continue the existing Poverty Research Center cooperative agreement and includes an increase of \$1,000,000 above the fiscal year 2019 enacted level for the fourth year of this five-year cooperative agreement to initiate new research projects, data analysis, and evaluation plans.

Safety in Health Care Facilities.—The agreement remains concerned about safety in health care facilities and looks forward to continued conversations on this matter.

Office of Minority Health (OMH)

Hispanic Serving Institutions.—The agreement urges OMH to enter into cooperative agreements with Hispanic Serving Institution medical schools in addition to existing agreements with Historically Black Colleges and Universities medical schools. OMH shall submit a report on these efforts to the Committees within 180 days of enactment of this Act.

Lupus Initiative.—The agreement provides an additional \$250,000 for this initiative. The agreement encourages OMH to continue to develop public-private partnerships, validate existing action plans, and engage the lupus community in order to facilitate the use and development of action plans to increase participation in clinical trials for all minority populations at highest risk of lupus.

Office on Women's Health (OWH)

The agreement includes \$4,100,000 to combat violence against women through the State partnership initiative, an increase of \$1,000,000 above the fiscal year 2019 enacted level. This program provides funding to State-level public and private health programs to partner with domestic and sexual violence organizations to improve healthcare providers' ability to help victims of violence and improve prevention programs. The agreement directs OWH to account for geographical diversification in decisions on additional awards.

Menstrual Hygiene Products.—The agreement directs OWH to commission the study described in House report 116-62 in time to be submitted to Congress no later than 180 days after enactment of this Act.

MEDICARE HEARINGS AND APPEALS

Appeals Backlog.—The agreement revises existing bill language to provide flexibility for the Department to address current backlogs of appeals hearings, as well as retain and recruit Administrative Law Judges at both agencies.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY (ONC)

Patient Matching.—The general provision limiting funds for actions related to promulgation or adoption of a standard providing for the assignment of a unique health identifier does not prohibit efforts to address the growing problems faced by health systems with patient matching. The agreement encourages HHS to continue to provide technical assistance to private-sector-led initiatives to develop a coordinated national strategy that will promote patient safety by accurately identifying patients to their health information. Additionally, the agreement directs ONC, in coordination with other appropriate Federal agencies, to provide a report to the Committees one year after enactment of this Act studying the current technological and operational methods that improve identification of patients. The report shall evaluate the effectiveness of current methods and recommend actions that increase the likelihood of an accurate match of patients to their health care data. Such recommendations may or may not include a standard for a unique patient health identifier. The report shall include the risks and benefits to privacy and security of patient information.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

The agreement includes a program level of \$2,737,458,000 for the Public Health and Social Services Emergency Fund. 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.

Infectious Diseases.—The agreement encourages the Assistant Secretary for Preparedness and Response (ASPR) to delineate information on emerging infectious diseases, pandemic influenza, and antimicrobial resistance investments in its annual five-year budget plan for medical countermeasure development to clarify how ASPR is considering such naturally occurring threats in relation to other priority areas.

Medical Innovation for Disaster Response.—The agreement supports the consideration of a Federally-funded research and development center, led by an academic medical center, to improve medical response, training, and innovation, specifically utilizing health information technology, unmanned aerial systems, countermeasure delivery, and remote patient assessment and triage. ASPR shall evaluate the potential for this mechanism and report findings to the Committees within 180 days of enactment of this Act.

Small Molecule Anti-toxin Drugs.—The agreement urges the Department to continue the development, clinical testing, and stockpiling of small molecule anti-toxin drugs.

Hospital Preparedness Program

High Consequence, Emerging, Infectious Disease Threats.—The agreement provides \$11,000,000 to continue the National Ebola Training and Education Center and the ten regional Ebola and other special pathogen treatment centers.

Notification Requirements.—The agreement directs ASPR to notify the Committees 30 days in advance of any announcement of a modification to the hospital preparedness program (HPP) formula or funding for new activities or pilot programs. The agreement notes that funding for HPP is provided for HPP cooperative agreements and administrative activities that directly support the mission of the program.

Regional Disaster Health Response System Demonstration Pilots.—The agreement continues funding for current pilots. Before program expansion, and no later than 90 days after enactment of this Act, the agreement directs HHS to provide an evaluation of the pilot program and a plan for the Regional Disaster Health Response System that does not duplicate current services.

Strategic National Stockpile

Public Health Emergency Medical Countermeasures Enterprise (PHEMCE).—The agreement expects the next annual PHEMCE multiyear budget to include the full costs of requirements, including baseline costs, new/anticipated requirements, and replenishment costs associated to PHEMCE programs.

Strategic National Stockpile.—The agreement includes an increase and expects that decisions continue to be approved by PHEMCE which provides an opportunity for CDC and other Federal partners to maintain a strong and central role in the medical countermeasures enterprise. The agreement directs ASPR to submit the report requested in Senate Report 115-289 regarding maintaining coordination and support for State and local public health departments within 60 days of enactment of this Act. Further, ASPR is encouraged to work toward novel stockpiling

concepts, to reduce the overhead required to maintain the pandemic stockpile, and ensure that a safe, reliable supply of pandemic countermeasures is available.

GENERAL PROVISIONS

Prevention and Public Health Fund.—The agreement includes the following allocation of amounts from the Prevention and Public Health Fund.

PREVENTION AND PUBLIC HEALTH FUND

Agency	Budget Activity	FY 2020 Agreement
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).....	9,000,000
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.....	57,075,000
CDC	Million Hearts Program.....	4,000,000
CDC	Office of Smoking and Health.....	128,600,000

		FY 2020
Agency	Budget Activity	Agreement
CDC	Preventative Health and Health Services Block Grants.....	160,000,000
CDC	Section 317 Immunization Grants.....	370,300,000
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 modifies a provision related to salary caps.

The agreement modifies a provision related to contracts under section 338B of the Public Health Service Act.

The agreement modifies a provision related to a report on staffing.

The agreement modifies a provision relating to donations for unaccompanied alien children.

The agreement includes a provision limiting the use of funds for changes to policy directives related to the unaccompanied alien children program.

The agreement includes a provision limiting the use of funds for unlicensed shelters for unaccompanied alien children.

The agreement includes a provision requiring Congressional notification prior to the use of influx facilities as shelters for unaccompanied alien children.

The agreement modifies a provision relating to Members of Congress and oversight of facilities responsible for the care of unaccompanied alien children.

The agreement includes a provision requiring monthly reporting of unaccompanied alien children.

The agreement includes a new provision related to primary and secondary school costs for eligible dependents of CDC personnel stationed in a U.S. territory.

The agreement includes a new provision for facilities and infrastructure improvements for the National Institutes of Health.

The agreement includes a new provision for facilities and infrastructure improvements for the Centers for Disease Control and Prevention.

The agreement includes a provision for Infectious Disease Rapid Response Reserve Fund within CDC.

The agreement includes a provision rescinding unobligated balances.

TITLE III
DEPARTMENT OF EDUCATION
SCHOOL IMPROVEMENT PROGRAMS

Homeless Children and Youth.—The Department implemented a reorganization of offices which in part altered the administration of the McKinney-Vento program, recently strengthened in the reauthorization of the Elementary and Secondary Education Act (ESEA). The Department shall brief the Committees no later than 60 days after enactment of this Act on the resources currently being devoted to monitoring compliance with ESEA accountability and State and local report card provisions related to homeless children and youth and supporting State educational agencies (SEA) and local educational agencies (LEA) in achieving and maintaining compliance with such provisions; the internal support within other program offices in the Department being provided to assist with administration of the Education for Homeless Children and Youth (EHCY) program; and the resources available for monitoring compliance with EHCY program requirements at the SEA and LEA level.

Education for Native Hawaiians.—The agreement includes sufficient funding for the Native Hawaiian Education Council.

Alaska Native Education Equity.—The Department is directed to make every effort to ensure that grants are awarded well in advance of the school year, to maximize grantees' ability to hire the necessary staff and have their programs in place by the start of Alaska's school year in mid-August. The Department is directed to ensure that Alaska Native Tribes, Alaska Native regional non-profits, and Alaska Native corporations have the maximum opportunity to compete successfully for grants under this program by providing these entities multiple opportunities for technical assistance in developing successful applications for these funds, both in Alaska and through various forms of telecommunications.

Finally, the Department is encouraged to include as many peer reviewers as possible who have experience with Alaska Native education and Alaska generally on each peer review panel.

Student Support and Academic Enrichment (SSAE) Grants.—The Department should examine State and local expenditures, outlined by specific authorized activities, and provide information about the most common uses of funds, as well as information about how LEAs plan to evaluate the effectiveness of their activities. The Department also should study how SEAs are collecting data from LEAs, including how States are verifying that funds are being used in an authorized manner and, as applicable, in accordance with required comprehensive needs assessments, and that LEAs are meeting the objectives and outcomes described in their applications. The Department should publish reports on these studies publicly and is encouraged to conduct such studies periodically as appropriate. Finally, the agreement does not provide direction regarding guidance on allowable uses of funds.

SSAE Technical Assistance and Capacity Building.—The agreement expects funds reserved for technical assistance and capacity building to be used strictly to support SEAs and LEAs in carrying out authorized activities under this program. In the fiscal year 2021 Congressional Justification, the Department shall provide current and planned expenditures, and include a plan for how resources will be spent to build the capacity of SEAs and LEAs and provide technical assistance. The plan should include how resources will be spent helping SEAs and LEAs vet evidence, implement evidence-based interventions, and incorporate evidence-based SSAE activities into school improvement strategies.

INDIAN EDUCATION

National Activities.—Within the total, the agreement includes no less than \$2,811,000 for Native American language immersion programs authorized under section 6133 of ESEA. These funds should be allocated to all types of eligible entities, including both new and existing language immersion programs and schools, to support the most extensive possible geographical distribution and language diversity. Further, the Department is directed to give the same consideration to applicants that propose to provide partial immersion schools and programs as to full immersion, as the local Tribes, schools, and other applicants know best what type of program will most effectively assist their youth to succeed.

Special Programs for Indian Children.—The President's budget request includes up to \$10,000,000 to expand the ability of families to choose high-quality educational opportunities to meet the needs of Native youth. The Department shall only pursue this initiative if supported by Tribes after Tribal consultation. Accordingly, the Department is directed to include information on the planned use of funds under the Special Programs for Indian Children program in the operating plan required under section 516 of this Act, and to brief the Committees not less than 30 days prior to posting any notice inviting applications under this program.

INNOVATION AND IMPROVEMENT

Education Innovation and Research (EIR).—Within the total for EIR, the agreement includes \$65,000,000 to provide grants for social and emotional learning (SEL). Within 90 days of enactment of this Act, the Department is directed to brief the Committees on plans for carrying out the SEL competition. In addition, the Department shall provide notice to the Committees at least seven days before grantees are announced.

In addition, within the total for EIR, the agreement includes \$65,000,000 for Science, Technology, Education, and Math (STEM) and computer science education activities. This could also include grants to SEAs, including in partnership with non-profit organizations, for State-led efforts to implement, replicate, or expand Statewide professional development programs. Within the STEM and computer science set-aside, awards should expand opportunities for underrepresented students such as minorities, girls, and youth from families living at or below the poverty line to help reduce the enrollment and achievement gap. The agreement supports the Department's prioritization of computer science education in fiscal year 2019 EIR grant competitions and the Department should continue this in fiscal year 2020.

Grant Priorities.—There is significant demand from the field to test many types of strategies and to examine promising techniques that can be scaled-up in different settings. EIR should continue to support diverse and field-initiated interventions. The Department is directed to brief the Committees on the fiscal year 2020 funding opportunities available under this program, including any specified priorities, not less than 30 days prior to releasing a notice inviting applications.

Rural Set-Aside.—The Department is encouraged to take steps necessary to ensure the set-aside is met and that EIR funds are awarded to diverse geographic areas.

Charter Schools Program.—The agreement includes \$140,000,000 for replicating and expanding high-quality charter school models; \$225,000,000 for grants to State entities to support high-quality charter schools; and \$60,000,000 for facilities financing assistance, of which not less than \$50,000,000 shall be for the Credit Enhancement program. In addition, the agreement continues support for developer grants to establish or expand charter schools in underserved,

high-poverty, rural areas, as referenced in the joint explanatory statement accompanying P.L. 115-245.

Arts in Education.—The agreement provides funding for each activity within this program at no less than the fiscal year 2019 level.

Ready to Learn.—In addition to language in House Report 116-62, the Department should refrain from making changes to the Ready to Learn program that would impede or impair production and nationwide distribution of television content, digital content, and supplemental materials through local public telecommunications entities.

Supporting Effective Educator Development (SEED).—Within SEED, the Department is directed to support professional development that helps educators incorporate SEL practices into teaching, and to support pathways into teaching that provide a strong foundation in child development and learning, including skills for implementing SEL strategies in the classroom. Within 90 days of enactment of this Act, the Department is directed to brief the Committees on plans for supporting SEL within SEED. In addition, the Department shall provide notice to the Committees at least seven days before grantees are announced.

In addition, the SEED program is an ideal vehicle for helping ensure that more highly trained school leaders are available to serve in traditionally underserved LEAs. Therefore, the Secretary shall use a portion of funds made available for SEED to support the preparation of principals and other school leaders.

Finally, students in rural public schools and public schools serving high percentages of Native students have particularly inequitable access to accomplished teachers. The Department should strongly consider establishing a priority for SEED projects addressing this issue and to increase the number of teachers in such schools who have earned a nationally recognized advanced credential.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

Promise Neighborhoods.—The agreement includes \$6,000,000 for additional extension awards for grantees that received extension grants in fiscal year 2018 and have demonstrated positive and promising results. This funding is intended to support the final phase-out of Federal support.

School Safety National Activities.—For fiscal year 2020, \$10,000,000 is provided for awards to SEAs, LEAs, or consortia of LEAs to increase the number of qualified, well-trained counselors, social workers, psychologists, or other mental health professionals that provide school-based mental health services to students. To promote the sustainability of these services, the Secretary shall require that awards include a 25 percent match from grantees and require that the awards do not supplant existing mental health funding. Within 90 days of enactment of this Act, the Department is directed to brief the Committees on plans for carrying out the competition. In addition, the Department shall provide notice to the Committees at least seven days before grantees are announced.

The Department is also directed to continue a demonstration project initiated in fiscal year 2019 to test and evaluate innovative partnerships to train school-based mental health professionals.

Demonstration projects and competitions to train and increase the number of school-based mental health professionals support the implementation of trauma-informed practices and other mental health supports in schools. Fostering trauma-informed cultures in schools helps both students and staff succeed by addressing the impacts of trauma; improves school capacity to identify, refer, and provide services to students; can improve staff retention and help keep students in school; and support learning environments where students feel safe, supported, and ready to learn.

Opioid Substance Use Disorder and Prevention.—The Department has implemented a priority in grant competitions for projects addressing opioid substance use disorder and prevention. More must be done to prevent opioid substance use disorder by students and address the mental health needs of students affected by opioid substance use disorder in their families or communities.

Project SERV.—The Department should ensure that funding made available for Project SERV grants is promptly awarded to eligible entities located in areas with high rates of community violence to restore any learning environment that was disrupted by a violent or traumatic crisis.

School Safety and Climate.—The Department is encouraged to partner with outside experts and other Federal agencies as appropriate to develop best-practices to improve school safety and school climate.

State and Federal Coordination on School Safety and Climate.—Many States have researched and in some cases provided reports on the local needs and solutions to maintain safe and welcoming school climates. The Department is encouraged to review such reports and support SEAs, as authorized in ESEA.

School Safety Clearinghouse and Mental Health Services for Students.—The Department is directed to brief the Committees within 90 days of enactment of this Act on: (1) the progress made by the Department in identifying, assessing, and disseminating evidence-based approaches to maintaining safe schools and positive learning environments for all students, including establishing a clearinghouse for such approaches; and (2) improving and expanding access to mental health services for students.

ENGLISH LANGUAGE ACQUISITION

The Department is encouraged to help SEAs and LEAs make the best use of funding within this program and other Department programs to support English learners.

SPECIAL EDUCATION

Education Materials in Accessible Formats for Students with Visual Impairments.—The agreement provides an increase of \$500,000 and recognizes the ongoing progress made with the tools and services provided under Educational Technology, Media, and Materials that have allowed more than 620,000 students with disabilities free access to more than 700,000 books in digitally accessible formats. The Department is encouraged to continue to expand this program's reach to K-12 students in underserved areas.

Promoting Development of Social Skills for Students with Disabilities.—Within the total for Educational Technology, Media, and Materials, the agreement includes \$1,000,000 for a demonstration project to facilitate the development of new educational strategies and programming for students with disabilities who could benefit from social skills instruction. This should include utilizing new technologies and evidence-based curriculums in instructional settings, including advanced social robotics that integrate evidence-based practices to improve social skills and generate positive educational outcomes in students with disabilities.

Medicaid Services.—Opportunities exist to streamline access to and improve the quality of special education services, and steps should be taken to reduce administrative barriers for providing health services in and in coordination with schools. The Office of Special Education and Rehabilitative Services should coordinate with the Centers for Medicare & Medicaid Services to develop training and provide technical assistance to assist with billing and payment administration for Medicaid services in schools.

Special Olympics.—Within the total for Technical Assistance and Dissemination, the agreement includes \$20,083,000, an increase of \$2,500,000 above the fiscal year 2019 funding level, to support activities authorized by the Special Olympics Sport and Empowerment Act, including Project UNIFY.

REHABILITATION SERVICES

Vocational Rehabilitation State Grants.—The agreement directs the Secretary to submit a report within 90 days of enactment of this Act to the Committees evaluating any changes in trends in employment outcomes for individuals with disabilities served by State vocational rehabilitation programs before and after the implementation of the WIOA. The agreement directs the Secretary to ensure appropriate State level implementation of the Rehabilitation Act, which may include the Department providing technical assistance as necessary.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

American Printing House for the Blind.—The agreement includes \$2,000,000, an increase of \$1,000,000, to continue and expand the Center for Assistive Technology Training regional partnership established in fiscal year 2019.

National Technical Institute for the Deaf.—The agreement includes \$5,500,000 to continue the National Technical Institute for the Deaf's (NTID) existing regional partnership in fiscal year 2020, intended to expand NTID's geographical reach and improve access to postsecondary STEM education and employment for students who are deaf or hard of hearing in underserved areas.

Gallaudet University.—The agreement includes \$3,000,000, an increase of \$1,000,000, to continue the regional partnership established in fiscal year 2019 focused on early language acquisition for children from birth through age three who are deaf or hard of hearing.

CAREER, TECHNICAL, AND ADULT EDUCATION

The Department is encouraged to establish the on-line portal for career and technical education students described in section 114(e)(7)(K) of the Carl D. Perkins Career and Technical Education Act.

The Department is encouraged to work with the Departments of Defense, Labor, and Commerce to develop a pilot project to increase the quality of and participation in career and technical education programs that would help develop the skilled workforce needed for new submarine construction.

STUDENT FINANCIAL ASSISTANCE

Pell Grants.—The agreement increases the maximum award by \$150, to \$6,345 in academic year 2020-2021.

Federal Work Study.—Within the total for Federal Work Study, the agreement includes \$10,051,000, for the Work Colleges program authorized under section 448 of the Higher Education Act (HEA).

FEDERAL DIRECT STUDENT LOAN PROGRAM ACCOUNT

The Department shall brief the Committees of jurisdiction within 45 days of enactment of this Act on actions planned or taken: (1) to address and implement recommendations outlined in a GAO report titled “*Public Service Loan Forgiveness: Improving the Temporary Expanded Process Could Help Reduce Borrower Confusion*” (GAO-19-595); (2) to simplify the Temporary Expanded Public Service Loan Forgiveness (TEPSLF) application process so borrowers can apply for TEPSLF at the same time as they apply for Public Service Loan Forgiveness (PSLF); (3) to provide more information to borrowers denied TEPSLF on the reason for the denial; (4) to conduct outreach to borrowers who may be

eligible for TEPSLF; and (5) to improve administration of the PSLF program, including by implementing GAO's recommendations for that program.

STUDENT AID ADMINISTRATION

Ability to Benefit.—The Department shall issue guidance that serves as a simple and clear resource for implementing Ability to Benefit at IHEs, which should restate the updated definition of a career pathway program and contain answers to frequently asked questions about program eligibility.

Student Loan Servicing.— The agreement includes \$1,768,943,000 for Student Aid Administration. The Department has stated that the implementation of the Next Generation Servicing Environment (Next Gen) will address problems with the current student loan servicing environment and improve accountability and services for students, borrowers and families. However, full implementation of Next Gen will take several years. In the interim, the Department should continue to take steps to improve the current servicing environment.

In addition to continuing statutory requirements from fiscal year 2019, the agreement includes new provisions directing the Department to hold servicers accountable for high-quality outcomes, noncompliance with Federal Student Aid (FSA) guidelines, contract requirements (e.g., an understanding of Federal and State law), and applicable laws, including misinformation provided to borrowers. In addition to provisions ensuring accountability and high-quality service from student loan servicers, the agreement also includes a new provision ensuring similar expectations, as applicable, for all of FSA's contractors. As part of this effort, it is expected that FSA will monitor performance and service delivery at the point of contact between contractors and borrowers, as applicable, to ensure such accountability and high-quality service.

The Department should ensure, consistent with current statutory requirements, that the transition to Next Gen, including the Enhanced Processing Solution, does not rely on a single-servicer model. In addition to the directives in House Report 116-62, the agreement directs FSA to provide a detailed strategic plan for Next Gen to the Committees within 180 days of enactment of this Act, accounting for the cost of all activities associated with the full implementation of Next Gen, including transition costs, and to conduct semiannual briefings to the authorizing and Appropriations Committees.

The agreement directs the Department to continue to provide to the Committees quarterly reports detailing its obligation plan by quarter for student aid administrative activities broken out by servicer, Next Gen contractor and activity and detailing performance metrics, total loan volume and number of accounts, broken out by servicer, Next Gen contractor and for each private collection agency.

Free Application for Federal Student Aid (FAFSA) Simplification and Data Linkages.—The agreement supports efforts to further simplify the FAFSA and verification process to reduce the burden on students and IHEs, including swift implementation of recent legislative changes to the sharing of information between the Department and Internal Revenue Service and ensuring all service members and veterans can identify their status when they apply for student aid separate from the dependency determination.

Return of Title IV Funds.—The Department is encouraged to pursue efforts to simplify and streamline the return of title IV funds process for IHEs and students.

Student Aid Enforcement.—The Department shall include information in its fiscal year 2021 Congressional Justification on staffing levels of the Student Aid Enforcement Unit and actions taken by the unit, including the number and type of actions opened, pending, and closed annually.

Student Loan Cancellations and Discharges Reporting.—The Department should continue to bolster transparency through the Federal Student Aid Data Center by supplementing current reporting with, at a minimum, semiannual reports beginning no later than 90 days after enactment of this Act, on each of the Federal student loan cancellation and discharge programs. Each report should include the total number of unique borrowers who have applied for a program or have been identified under an applicable data match (“borrowers”), unique borrowers in each applicable status (received, pending, approved, and denied), total loan balance in each applicable status (received, pending, approved, and denied), median amount discharged for each program, and percentage of unique borrowers subject to any partial discharge. The Department should publish disaggregated information by State, as possible, and make such information available publicly on the Department’s website.

Total and Permanent Disability.—The agreement directs the Department to provide a report to the Committees within 180 days of enactment of this Act on steps taken or planned to be taken to improve information provided to students who are eligible for total and permanent disability discharge of Federal student loans or service obligations, including strategies used to improve outreach to all eligible borrowers and increase the number of qualifying individuals receiving discharges.

Veterans Affairs Data Matching.—The Secretary shall provide a report not later than 90 days after enactment of this Act to the Committees on the implementation of the data matching system with the Department of Veterans Affairs to facilitate the discharge of student loans for veterans with total and permanent disabilities. Such report should include information about the number of veterans identified through the matching program, the number of loans automatically discharged as the result of the matching program, the number of loans discharged overall, and a

description of the barriers for veterans who may be eligible for a student loan discharge for total and permanent disability but who have not received one, and planned actions for eliminating such barriers for veterans.

HIGHER EDUCATION

Aid for Institutional Development

Strengthening Institutions.—The Department is encouraged to support programs at Institutions of Higher Education (IHE) that offer training programs that lead to certificates or industry-recognized credentials in high-demand fields; provide educational experiences that are closely aligned to actual workforce needs; provide customizable and quality educational opportunities; and connect students to comprehensive educational offerings that provide students with other essential skills.

Postsecondary Programs for Students with Intellectual Disabilities

The agreement includes \$11,800,000 to carry out activities under title VII, part D, subparts 2 and 4 of the HEA. Funds will be used by the Department to hold a new competition to build on the important work that has been done to develop postsecondary opportunities for students with intellectual disabilities through model projects and the National Coordinating Center (NCC), and to expand the work of the NCC to conduct research to identify effective strategies used by postsecondary programs for students with intellectual disabilities that lead to positive employment and independent living outcomes.

Federal TRIO Programs

The Department is directed to allocate any grant funding not needed for non-competitive continuation awards or for programs up for re-competition in fiscal year 2020 to provide inflationary increases for current grantees and to increase the number and size of new awards in the Student Support Services grant competition. The Department is further directed to include proposed funding levels for each of the TRIO programs in the operating plan required under section 516 of this Act. There is great concern and disappointment that the Department has yet to issue a notice inviting applications for new awards for TRIO Student Support Services grants. The Department is directed to publish such notice inviting applications for new awards for TRIO Student Support Services grants no later than December 30, 2019 and take steps necessary to award funding as early as possible before the beginning of the academic year.

Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP)

The agreement notes concerns over the competition schedule for GEAR UP State and partnership grants. The agreement directs the Department to uphold the long-standing guidance that States may only administer one active State 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 grant, or States that have an active State grant that is scheduled to end prior to October 1, 2020, will be eligible to receive a new State award funded in whole or in part by this appropriation. The agreement directs the Department to provide a briefing to the Committees within 90 days of enactment of this Act on this program and any planned competitions for fiscal year 2020.

Fund for the Improvement of Postsecondary Education

The agreement includes \$24,500,000 for FIPSE, to remain available through December 31, 2020, for the following activities.

Career Pathways.—The agreement includes \$10,000,000 for grants to expand and improve career pathways opportunities for students beginning in high school. These grants should support the creation of sustainable, evidence-based career exploration and guidance systems that promote multiple pathways to postsecondary and career success.

Centers of Excellence for Veterans Student Success Program.—The agreement includes \$7,000,000 for the activity described under the heading “*Fund for the Improvement of Postsecondary Education*” and as set out in the paragraphs associated with the Centers of Excellence for Veterans Student Success Program in House Report 116-62.

Open Textbook Pilot.—The agreement includes \$7,000,000 to continue the Open Textbook Pilot and fund a new grant competition in fiscal year 2020. The Department shall issue a notice inviting applications consistent with notice and comment procedures and allow for a 60-day application period. This funding should support a significant number of grant awards to IHEs as defined by 20 U.S.C. 1001, a group of IHEs, or State higher education agencies that lead the activities of (and serve as fiscal agent for) a consortium. Funding should be used to create new open textbooks and expand the use of open textbooks in courses that are part of a degree granting program, and particularly those with high enrollments. Allowable uses of funds should include professional development for faculty and staff, including relating to the search for and review of open textbooks; the creation or adaptation of open textbooks; development or improvement of tools and informational resources that support the use of open textbooks, including

accessible instructional materials for students with disabilities; and research evaluating the efficacy of the use of open textbooks for achieving savings for students and the impact on instruction and student learning outcomes. The Secretary shall require that any open textbooks created with these funds shall be released to the public under a non-exclusive, royalty-free, perpetual, and irrevocable license to exercise any of the rights under copyright conditioned only on the requirement that attribution be given as directed by the copyright owner. Further, any tools, technologies, or other resources that are created, developed, or improved wholly or in part with these funds for use with any open textbook must be similarly licensed. Any eligible entity receiving a grant through the Open Textbooks Pilot, upon completion of the supported project, shall report to the Secretary regarding the effectiveness of the project in expanding the use of open textbooks and in achieving savings for students; the impact of the project on expanding the use of open textbooks at IHEs outside of the institution receiving the grant; open textbooks created or adapted under the grant, including instructions on where the public can access each open textbook; the impact of the project on instruction and student learning outcomes; and all project costs, including the value of any volunteer labor and institutional capital used for the project. The Secretary shall make such reports publicly available.

National Center for Information and Technical Support for Postsecondary Students with Disabilities.—The agreement includes \$500,000 for the operation of the National Center for Information and Technical Support for Postsecondary Students with Disabilities authorized under section 777(a) of the HEA.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY
CAPITAL FINANCING PROGRAM ACCOUNT

The agreement includes \$46,484,000 for the Historically Black College and University (HBCU) Capital Financing program account. Using updated economic assumptions from the Department of Education, the funding provided for private loan deferments more accurately reflects those needs and continues all current loan deferments. The agreement includes additional funding and new bill language for the deferment of outstanding loans for public HBCUs. Further, the agreement directs the Department to provide such funding based on the quality of applications received and to prorate funds across all eligible schools.

INSTITUTE OF EDUCATION SCIENCES (IES)

Assessment.—The agreement supports assessments for students in United States History and Civics. The National Assessment Governing Board (NAGB) is directed to continue administering assessments in these two areas, at least every 4 years, in accordance with the current National Assessment of Educational Progress (NAEP) schedule. The agreement notes concern with recent changes to the proposed NAEP schedule, some of which differ from the schedule outlined in the fiscal year 2020 budget request, which proposed a reduction in funding for assessments that is part of the explanation for the modified assessment schedule. The Department and NAGB are directed to provide a briefing to the Committees within 45 days of enactment of this Act on the proposed changes and estimated funding needed to maintain the schedule outlined in the fiscal year 2020 budget request.

Second Chance Pell.—The agreement directs IES to conduct a rigorous evaluation of the Second Chance Pell Experiment as announced in the Federal Register (Volume 80, Number 148 on Monday, August 3, 2015) and work with the

Department's Policy and Program Studies on this effort. The agreement directs IES to submit the evaluation to the Committees within 30 days of completing the evaluation. The agreement also directs the Department to report no later than 90 days after the enactment of this Act on the implementation of GAO's recommendation in its April 2019 report, "*Federal Student Aid: Actions Needed to Evaluate Pell Grant Pilot for Incarcerated Students*" (GAO-19-130).

DEPARTMENTAL MANAGEMENT

Bureau of Indian Education (BIE) Compliance with ESEA.—The Department shall provide a report to the committees of jurisdiction within 180 days of enactment of this Act on how it evaluates the BIE's compliance with ESEA.

Civil Rights Data Collection (CRDC).—The agreement is concerned with the proposed elimination of key data elements from the 2019-20 CRDC that could impede efforts to identify and address inequities in educational resources and outcomes. Further, the agreement is concerned that the Department did not first review or evaluate the 2017-18 CRDC collection before proposing the elimination of these elements. As the CRDC is used to monitor and enforce equal opportunity in education, the agreement is concerned that the Department's rationale for elimination focused on reducing regulatory burden while not including a comprehensive analysis of whether eliminating certain data elements would negatively impact the ability to understand or address civil rights issues in our nation's schools. The agreement directs the Department to provide a briefing to the appropriations and authorizing Committees within 90 days of enactment of this Act on the proposed changes, how the changes reflect civil rights enforcement needs, information on the comments received on the proposal, an evaluation of the 2017-18 CRDC, and any impact on the mission and purpose of the CRDC and the Office for Civil Rights.

Competitions.—The agreement notes long-standing concern regarding the Department’s failure to issue notices inviting applications for competitive grant competitions in a timely manner. Such delays often result in a significant number of programs awarding grants in the final weeks of the fiscal year. Moreover, these delays have occurred for enduring, authorized programs for which there is sufficient funding history to believe appropriations will continue. The Department is directed to brief the Committees no later than 60 days after enactment of this Act on steps it has taken or will take to issue notices earlier in fiscal year 2020 and subsequent years.

Computer Science Education.—The agreement supports the Department’s prioritization of computer science education in fiscal year 2019 grant competitions and supports this focus in fiscal year 2020.

Department of Interior Schools.—The Departments of Education and Interior are commended for their efforts to improve the lives of American Indian students through a quality education. However, more should be done to improve the long-documented issues facing Department of Interior schools. The Departments of Education and Interior are encouraged to continue to work together to improve the quality of education opportunities offered to Indian youth.

Disaster Recovery.—Funding awarded under the Bipartisan Budget Act of 2018 (P.L. 115-123) is available for obligation through fiscal year 2022, in part to address potentially lengthy recovery efforts. As grantees have experienced both expected and unexpected challenges that have slowed the expenditure of funds, the agreement strongly encourages the Department to extend the time grantees awarded funds in 2018 currently have to expend funds, as applicable, consistent with the terms of section 21208(b) of such Act.

Disclosures of Foreign Gifts and Contracts.—The agreement notes that section 117 of the HEA requires IHEs to disclose certain gifts from or contracts

with foreign entities and that the Department makes such information publicly available on its website. Such disclosures are critical to ensure adequate oversight and transparency. The agreement directs the Department to engage with IHEs to ensure requirements under section 117 are clear and to provide guidance to IHEs to ensure they are aware of their responsibilities. As the Department provides guidance on this issue or modifies reporting methods or requirements, IHEs should be given adequate time to ensure proper reporting. The Department should brief the Committees within 45 days of enactment of this Act on efforts to engage with the stakeholder community, efforts to provide greater guidance and clarity on reporting requirements, and any additional information on agency efforts to comply with such section.

Diverse Geographical Distribution of Grants.—The Department is encouraged to continue efforts to ensure that competitive grants are distributed among eligible entities that serve geographically diverse areas, including urban, suburban, and rural areas. It is critical that support and solutions developed with Federal funding are relevant to and available in all areas consistent with authorizations of Federal programs.

Evidence-Based Grant Making.—The Secretary should use demonstrated evidence of effectiveness as part of the selection criteria through its Education Department General Administrative Regulations, consistent with authorizations, for all competitive grant programs. Non-competitive formula grant funds have a range of evidence requirements and preferences which the Department is directed to support through enhancements to its technical assistance and support activities.

Foundations for Evidence-Based Policymaking.—Faithful execution of the Foundations for Evidence-based Policymaking Act will enhance the evidence-building capacity of Federal agencies, strengthen privacy protections, improve

secure access to data, and ultimately provide more and higher quality evidence to policymakers. The Department shall provide updates on its implementation of the law and plans for the coming year in its next and subsequent Congressional Justifications.

GAO Report on Teacher Shortages.—The agreement requests GAO provide a report to the Committees on trends and factors contributing to school districts’ challenges with teacher recruitment and retention. The report should include a review and analysis of challenges recruiting and retaining special education teachers, paraprofessionals, and teacher aides; the extent to which licensure requirements are waived or modified to address shortages; and geographic and demographic characteristics of districts facing the greatest challenges or shortages, including rural and urban areas. The report shall examine ways to improve the effectiveness of current Federal policy in preventing and responding to teacher shortages as well as make recommendations on potential Federal interventions to improve teacher recruitment and retention.

Human Resources.—The agreement is concerned about the full-time equivalent employment differences between the Department’s Congressional Justifications and actual on-board staffing reports. The agreement notes an increase in the number of separations and hiring challenges at the Department. The agreement requests an update in the fiscal year 2021 Congressional Justification on the activities the Department has undertaken or will undertake to ensure adequate staffing levels are achieved for the Department to meet its obligations. The Committees request periodic updates on this effort.

Seclusion and Restraint Data.—The agreement strongly urges the Assistant Secretary for the Office for Civil Rights to take immediate steps in the ongoing 2017–2018 CRDC to improve the accuracy of the data, to remind and clarify for all schools and school districts to only report zero incidents of seclusion and restraint

when no incidents have occurred, to leave cells blank for missing or incomplete data, and to contact schools and school districts that already submitted data for the 2017–2018 CRDC and verify the accuracy of the data. Finally, the agreement strongly urges the Assistant Secretary to monitor compliance with action plan requirements for missing data, and ensure plans are submitted and address all missing data. The agreement requests an update on these efforts in the fiscal year 2021 Congressional Justification.

GENERAL PROVISIONS

The agreement continues authority for pooled evaluation authority.

The agreement modifies a provision regarding endowment income.

The agreement continues authority for the National Advisory Committee on Institutional Quality and Integrity.

The agreement continues authority for account maintenance fees.

The agreement modifies a provision rescinding unobligated discretionary balances previously appropriated for the Pell grant program.

The agreement modifies a provision rescinding fiscal year 2020 mandatory funding to offset the mandatory costs of increasing the discretionary Pell award.

The agreement includes a new provision modifying the name of the 21st Century Community Learning Centers program.

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 the Department of Education Organization Act.

The agreement modifies a provision related to loan forgiveness opportunities for borrowers.

TITLE IV
RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

The agreement includes an additional \$1,350,000 for the one-time costs associated with a move of the headquarters office.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS)

OPERATING EXPENSES

Innovation, Assistance, and Other Activities.—The agreement includes \$9,600,000 for innovation, assistance, and other activities. The agreement includes \$6,400,000 for the Volunteer Generation Fund, \$2,100,000 for the September 11th National Day of Service and Remembrance and \$1,100,000 for the Martin Luther King, Jr. National Day of Service.

Commission Investment Fund.—The agreement includes no less than \$8,500,000.

Fixed Amount Grants.—CNCS is encouraged to expand opportunities for AmeriCorps programs to utilize fixed amount grants, which could reduce unnecessary administrative burdens on current and potential AmeriCorps programs. Further, CNCS is encouraged to increase the current maximum cost per member service year of fixed amount grants to make it more comparable to cost reimbursement grant levels and allow new AmeriCorps programs to be eligible to apply for full-time fixed amount grants, while also ensuring that fixed amount grantees provide a comparable amount of matching funds and that there is sufficient oversight and accountability of fixed amount grantees.

Professional Corps.—CNCS is directed to include a determination of need by the local community among the factors that a professional corps program may use to demonstrate an inadequate number of professionals in a community. Further,

CNCS is strongly encouraged to increase the maximum amount of operating funds per member service year a professional corps program may request as part of their grant application. Finally, CNCS is directed to provide professional corps programs flexibility in justifying the need for operating funds to ensure that these programs are able to provide high-quality services in all communities.

Transformation and Sustainability Plan.—There is concern with CNCS' transformation and sustainability plan (TSP), particularly related to moving from a State office to regional office structure. CNCS is directed to ensure that TSP does not create degradation in services, technical assistance, or support for local community service programs, particularly those operating in under-served and rural areas, and to provide periodic briefings to the Committees on steps taken to ensure that service is maintained. Further, the CNCS is directed to provide a report within 30 days of enactment of this Act to the Committees. Such report should contain information on the metrics used and factors considered in determining the new regions and the location of regional offices; a complete analysis of all costs and savings associated with the transition to regional offices, including any increased travel or training costs; a description of other field structures considered; and a detailed response to each of the risk factors identified by the OIG. Finally, CNCS is encouraged to evaluate and consider adding additional regional offices as appropriate if it is determined that offices would enhance support for local community service programs.

CORPORATION FOR PUBLIC BROADCASTING (CPB)

The bill removes unnecessary language related to the Television Future Fund as no such fund exists. All operation of the Television Future Fund ceased after a 2004 GAO report titled “*Issues Related to Federal Funding for Public Television by the Corporation for Public Broadcasting*” (GAO-04-284) determined activities were done in an unauthorized manner. The agreement expects CPB to fully comply with all statutory requirements for the allocation and distribution of appropriated funds.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

Within the total for the Institute of Museum and Library Services, the agreement includes funds for the following activities:

Budget Activity	FY 2020 Agreement
Library Services Technology Act:	
Grants to States.....	\$166,803,000
Native American Library Services.....	5,263,000
National Leadership: Libraries.....	13,406,000
Laura Bush 21 st Century Librarian.....	10,000,000
Museum Services Act:	
Museums for America.....	25,899,000
Native American/Hawaiian Museum Services	1,772,000
National Leadership: Museums.....	8,113,000
African American History and Culture Act:	

Budget Activity	FY 2020 Agreement
Museum Grants for African American	
History & Culture.....	2,731,000
Research, Analysis, and Data Collection.....	3,013,000
Program Administration.....	15,000,000
TOTAL.....	252,000,000

MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION (MACPAC)

Non-Emergency Medical Transportation (NEMT).—Within the amount provided, the agreement provides \$300,000 for MACPAC to examine, to the extent data are available, the benefits of NEMT from State Medicaid programs on Medicaid beneficiaries, including beneficiaries with chronic diseases including end stage renal disease (ESRD), substance abuse disorders, pregnant mothers, and patients living in remote, rural areas, and to examine the benefits of improving local coordination of NEMT with public transportation and other Federally-assisted transportation services. The agreement directs HHS to take no regulatory action on availability of NEMT service until the study is completed.

NATIONAL LABOR RELATIONS BOARD (NLRB)

The agreement notes concern regarding NLRB personnel and obligation practices. Such practices have contributed to significant underspending on personnel costs. As a result of these practices, NLRB has had higher than historical funding lapses for the past two fiscal years. The October 2019 Inspector General “*Top Management and Performance Challenges*” memorandum included in NLRB fiscal year 2019 Performance and Accountability Report identifies NLRB’s current

methodology for determining the workforce capacity needed to process cases as a key challenge to the Board's ability to ensure the quality of its investigative work product and maintain a highly motivated workforce.

The agreement directs NLRB to address this challenge by posting position openings to restore critical field staff capacity and to more aggressively fill vacancies in fiscal year 2020, including the remaining open regional director positions. To ensure NLRB makes progress toward addressing this issue, the agreement directs the Board to expand the number of regional full-time equivalent staff beyond the amount on-board at the end of the fourth quarter of fiscal year 2019. Within 90 days of enactment of this Act, NLRB is directed to brief the Committees on its plans for addressing these critical hiring challenges.

Further, NLRB is directed to submit a report to the Committees within 90 days of enactment of this Act detailing the resources dedicated to regional offices. Such report should include actual and planned data, as applicable, for fiscal years 2011 through 2021: (1) the number of employees stationed in each regional office and (2) administrative expenses by object class for each regional office. In addition, the agreement directs the Board to provide monthly staffing reports to the Committees. Such staffing reports should include the total number of employees in each position for each regional office, attrition for each office, new hires for each office, and any information on plans to incentivize or encourage employee separations.

RAILROAD RETIREMENT BOARD
LIMITATION ON ADMINISTRATION

The agreement includes \$10,000,000 for the implementation of information technology systems modernization efforts.

GAO Review.—The agreement requests GAO conduct a management review of the Railroad Retirement Board, including, financial management practices, regional office structure and workforce planning needs, oversight of programs, and any other matters GAO considers relevant.

SOCIAL SECURITY ADMINISTRATION (SSA)
LIMITATION ON ADMINISTRATIVE EXPENSES

The agreement includes an increase of \$100,000,000 for SSA's base administrative expenses for additional hires and resources to improve public service at SSA field offices and direct service operations.

Continuing Disability Reviews.—The agreement directs SSA to include in its next continuing disability review (CDR) report to Congress an evaluation of its CDR prioritization models and a cost-benefit analysis of how it uses estimated savings in determining which beneficiaries receive a full-medical CDR. Additionally, the agreement requests in the fiscal year 2021 Congressional Justification, the process by which SSA intends to pace its CDR workload to properly manage Limitation on Administrative Expenses funding.

Disability Case Processing System (DCPS).—SSA is encouraged to engage with States to explore all possible options for modernization of the case processing system, to align with the needs of each State, so long as such options have similar or better functionality as DCPS, similar or lower costs to DCPS, and are consistent with Federal procurement and security standards. SSA should continue to provide regular updates on the effort to upgrade DCPS, including the cost and anticipated

timeline of the project, and efforts by SSA to engage stakeholders, including any barriers to implementation.

Disability Hearings Backlog.—The agreement encourages SSA to include comprehensive information in its existing reports to Congress on the specific policies SSA has implemented, or has considered, to streamline the disability determination and adjudication process. When considering or implementing changes, SSA should ensure due process, and that applicants have a full and adequate opportunity to present their claims.

Field Office Closures.—While SSA’s Inspector General reviews decisions to close field offices, the Commissioner is strongly encouraged to take every action possible to maintain operations at the offices under review. SSA is expected to support front line operations. As part of the fiscal year 2021 Congressional Justification, SSA should include a plan to identify opportunities for improved field office operations. Finally, SSA is strongly encouraged to ensure its policies and procedures for closing field offices include at least 120 days advance notice to the public, SSA employees, Congress, and other stakeholders. Such notice should include a rationale for the proposed closure and an evaluation of the effects on the public and SSA operations.

Mail and Printing Systems.—SSA is encouraged to consider and evaluate modernization of its mail and printing systems and contracts that could result in budgetary savings while improving fraud prevention. The agreement requests a briefing for the Committees within 180 days of enactment of this Act on current mailing and printing systems and contracts, including systems or contracts relating to Social Security Cards, and any ongoing efforts to modernize or otherwise improve such systems.

Medical Vocational Guidelines.—The agreement directs SSA to provide a report to the Committees within 90 days of enactment of this Act on its plan and timetable for updating and modernizing medical vocational guidelines and to engage appropriate Committees of jurisdiction prior to making any changes to such guidelines.

Telework.—SSA is urged to develop a telework plan for Operations employees as quickly as practicable and to brief the Committees on the status of efforts to reinstate telework within 60 days of enactment of this Act.

Video Hearings.—The agreement reiterates the language included under this heading in House Report 116-62, and directs SSA to provide an update in the fiscal year 2021 Congressional Justification detailing the extent to which SSA meets best practices outlined by the Administrative Conference of the U.S., and the extent to which SSA video hearings, policies, and practices are accessible to individuals with disabilities.

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 modifies a provision related to reports on non-competitive contracts, grants and cooperative agreements.

The agreement modifies a provision related to Performance Partnerships.

The agreement includes a new provision related to grant notifications.

The agreement includes a new provision related to questions for the record.

The agreement includes a provision rescinding various unobligated balances.

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

TITLE I--DEPARTMENT OF LABOR					
EMPLOYMENT AND TRAINING ADMINISTRATION					
Training and Employment Services					
Grants to States:					
Adult Training, current year.....	133,556	133,556	142,649	+9,093	+9,093
Advance from prior year.....	(712,000)	(712,000)	(712,000)	---	---
FY 2021 advance.....	712,000	712,000	712,000	---	---
Subtotal.....	845,556	845,556	854,649	+9,093	+9,093
Youth Training.....	903,416	903,416	913,130	+9,714	+9,714
Dislocated Worker Assistance, current year.....	180,860	180,860	192,053	+11,193	+11,193
Advance from prior year.....	(860,000)	(860,000)	(860,000)	---	---
FY 2021 advance.....	860,000	860,000	860,000	---	---
Subtotal.....	1,040,860	1,040,860	1,052,053	+11,193	+11,193
Subtotal, Grants to States.....	2,789,832	2,789,832	2,819,832	+30,000	+30,000
Current Year.....	(1,217,832)	(1,217,832)	(1,247,832)	(+30,000)	(+30,000)
FY 2021 advance.....	(1,572,000)	(1,572,000)	(1,572,000)	---	---

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

National Programs:					
Dislocated Worker Assistance National Reserve:					
Current year.....	20,859	20,859	70,859	+50,000	+50,000
Advance from prior year.....	(200,000)	(200,000)	(200,000)	---	---
FY 2021 advance.....	200,000	113,858	200,000	---	+86,142
Subtotal.....	220,859	134,717	270,859	+50,000	+136,142
Subtotal, Dislocated Worker Assistance.....	1,261,719	1,175,577	1,322,912	+61,193	+147,335
Native American programs.....	54,500	---	55,000	+500	+55,000
Migrant and Seasonal Farmworker programs.....	88,896	---	91,896	+3,000	+91,896
YouthBuild activities.....	89,534	84,534	94,534	+5,000	+10,000
Reintegration of Ex-Offenders.....	93,079	78,324	98,079	+5,000	+19,755
Workforce Data Quality Initiative.....	6,000	---	6,000	---	+6,000
Apprenticeship programs.....	160,000	160,000	175,000	+15,000	+15,000
Total, National Programs.....	712,868	457,575	791,368	+78,500	+333,793
Current Year.....	(512,868)	(343,717)	(591,368)	(+78,500)	(+247,651)
FY 2021 advance.....	(200,000)	(113,858)	(200,000)	---	(+86,142)

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
<hr/>					
Total, Training and Employment Services (TES)...	3,502,700	3,247,407	3,611,200	+108,500	+363,793
Current Year.....	(1,730,700)	(1,561,549)	(1,839,200)	(+108,500)	(+277,651)
FY 2021 advance.....	(1,772,000)	(1,685,858)	(1,772,000)	---	(+86,142)
<hr/>					
Job Corps					
Operations.....	1,603,325	908,457	1,603,325	---	+694,868
Construction, Rehabilitation and Acquisition.....	83,000	75,016	108,000	+25,000	+32,984
Administration.....	32,330	32,110	32,330	---	+220
<hr/>					
Total, Job Corps.....	1,718,655	1,015,583	1,743,655	+25,000	+728,072
Community Service Employment For Older Americans.....	400,000	---	405,000	+5,000	+405,000
Federal Unemployment Benefits and Allowances (indefinite).....	790,000	680,000	680,000	-110,000	---

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
State Unemployment Insurance and Employment Service Operations					
Unemployment Compensation (UI):					
State Operations.....	2,356,816	2,434,230	2,356,816	---	-77,414
Reemployment eligibility assessments--UI integrity	117,000	117,000	117,000	---	---
Permissible cap adjustment.....	33,000	58,000	58,000	+25,000	---
UI Integrity Center of Excellence.....	9,000	6,000	9,000	---	+3,000
Subtotal, Unemployment Compensation.....	2,515,816	2,615,230	2,540,816	+25,000	-74,414
Federal-State UI National Activities.....	12,000	48,000	12,000	---	-36,000
Employment Service (ES):					
Grants to States:					
Federal Funds.....	21,413	21,413	21,413	---	---
Trust Funds.....	641,639	641,639	646,639	+5,000	+5,000
Subtotal, Grants to States.....	663,052	663,052	668,052	+5,000	+5,000
ES National Activities.....	19,818	19,818	22,318	+2,500	+2,500
Subtotal, Employment Service.....	682,870	682,870	690,370	+7,500	+7,500
Federal Funds.....	(21,413)	(21,413)	(21,413)	---	---
Trust Funds.....	(661,457)	(661,457)	(668,957)	(+7,500)	(+7,500)

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
<hr/>					
Foreign Labor Certifications and Related Activities:					
Federal Administration.....	48,028	56,278	54,528	+6,500	-1,750
Grants to States.....	14,282	14,282	14,282	---	---
<hr/>					
Subtotal, Foreign Labor Certification.....	62,310	70,560	68,810	+6,500	-1,750
<hr/>					
One-Stop Career Centers/Labor Market Information.....	62,653	59,326	62,653	---	+3,327
<hr/>					
Total, State Unemployment Insurance and Employment Service Operations.....					
Federal Funds.....	3,335,649	3,475,986	3,374,649	+39,000	-101,337
Trust Funds.....	(84,066)	(80,739)	(84,066)	---	(+3,327)
	(3,251,583)	(3,395,247)	(3,290,583)	(+39,000)	(-104,664)

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Program Administration					
Training and Employment.....	62,040	59,973	62,040	---	+2,067
Trust Funds.....	8,639	8,351	8,639	---	+288
Employment Security.....	3,440	3,317	3,440	---	+123
Trust Funds.....	39,264	37,864	39,264	---	+1,400
Apprenticeship Services.....	36,160	35,914	36,160	---	+246
Executive Direction.....	7,034	6,828	7,034	---	+206
Trust Funds.....	2,079	2,018	2,079	---	+61
Total, Program Administration.....	158,656	154,265	158,656	---	+4,391
Federal Funds.....	(108,674)	(106,032)	(108,674)	---	(+2,642)
Trust Funds.....	(49,982)	(48,233)	(49,982)	---	(+1,749)
Total, Employment and Training Administration...	9,905,660	8,573,241	9,973,160	+67,500	+1,399,919
Federal Funds.....	6,604,095	5,129,761	6,632,595	+28,500	+1,502,834
Current Year.....	(4,832,095)	(3,443,903)	(4,860,595)	(+28,500)	(+1,416,692)
FY 2021 Advances.....	(1,772,000)	(1,685,858)	(1,772,000)	---	(+86,142)
Trust Funds.....	3,301,565	3,443,480	3,340,565	+39,000	-102,915

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
EMPLOYEE BENEFITS SECURITY ADMINISTRATION (EBSA)					
Salaries and Expenses					
Enforcement and Participant Assistance.....	147,400	157,696	147,400	---	-10,296
Policy and Compliance Assistance.....	26,901	29,105	26,901	---	-2,204
Executive Leadership, Program Oversight and Administration.....	6,699	6,699	6,699	---	---
Total, EBSA.....	181,000	193,500	181,000	---	-12,500
PENSION BENEFIT GUARANTY CORPORATION (PBGC)					
Pension Benefit Guaranty Corporation Fund					
Consolidated Administrative budget.....	(445,363)	(452,858)	(452,858)	(+7,495)	---
WAGE AND HOUR DIVISION					
Salaries and Expenses.....	229,000	232,568	242,000	+13,000	+9,432
OFFICE OF LABOR-MANAGEMENT STANDARDS					
Salaries and Expenses.....	41,187	49,134	43,187	+2,000	-5,947
OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS					
Salaries and Expenses.....	103,476	103,576	105,976	+2,500	+2,400

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
OFFICE OF WORKERS' COMPENSATION PROGRAMS					
Salaries and Expenses.....	115,424	115,609	115,424	---	-185
Trust Funds.....	2,177	2,173	2,177	---	+4
Total, Salaries and Expenses.....	117,601	117,782	117,601	---	-181
Federal Funds.....	(115,424)	(115,609)	(115,424)	---	(-185)
Trust Funds.....	(2,177)	(2,173)	(2,177)	---	(+4)
Special Benefits					
Federal Employees' Compensation Benefits.....	227,000	232,600	232,600	+5,600	---
Longshore and Harbor Workers' Benefits.....	3,000	2,000	2,000	-1,000	---
Total, Special Benefits.....	230,000	234,600	234,600	+4,600	---

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Special Benefits for Disabled Coal Miners					
Benefit Payments.....	20,000	30,000	30,000	+10,000	---
Administration.....	5,319	4,970	4,970	-349	---
Subtotal, FY 2020 program level.....	25,319	34,970	34,970	+9,651	---
Less funds advanced in prior year appropriations.....	-15,000	-14,000	-14,000	+1,000	---
Total, Current Year.....	10,319	20,970	20,970	+10,651	---
FY2021 advances, 1st quarter.....	14,000	14,000	14,000	---	---
Total, Special Benefits for Disabled Coal Miners	24,319	34,970	34,970	+10,651	---
Energy Employees Occupational Illness Compensation Fund					
Administrative Expenses.....	59,098	59,846	59,846	+748	---

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Black Lung Disability Trust Fund					
Benefit Payments and Interest on Advances.....	257,256	293,464	293,464	+36,208	---
Workers' Compensation Programs, Salaries and Expenses.....	38,246	38,246	38,246	---	---
Departmental Management, Salaries and Expenses.....	31,994	32,844	32,844	+850	---
Departmental Management, Inspector General.....	330	330	330	---	---
Subtotal, Black Lung Disability Trust Fund.....	327,826	364,884	364,884	+37,058	---
Treasury Department Administrative Costs.....	356	356	356	---	---
Total, Black Lung Disability Trust Fund.....	328,182	365,240	365,240	+37,058	---
Total, Workers' Compensation Programs.....	759,200	812,438	812,257	+53,057	-181
Federal Funds.....	757,023	810,265	810,080	+53,057	-185
Current year.....	(743,023)	(796,265)	(796,080)	(+53,057)	(-185)
FY 2021 Advances.....	(14,000)	(14,000)	(14,000)	---	---
Trust Funds.....	2,177	2,173	2,177	---	+4

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)					
Salaries and Expenses					
Safety and Health Standards.....	18,000	18,000	18,000	---	---
Federal Enforcement.....	209,000	212,780	221,711	+12,711	+8,931
Whistleblower enforcement.....	17,500	18,624	18,564	+1,064	-60
State Programs.....	102,350	102,350	108,575	+6,225	+6,225
Technical Support.....	24,469	24,469	24,469	---	---
Compliance Assistance:					
Federal Assistance.....	73,481	73,914	74,481	+1,000	+567
State Consultation Grants.....	59,500	59,500	61,500	+2,000	+2,000
Training Grants.....	10,537	---	11,537	+1,000	+11,537
Subtotal, Compliance Assistance.....	143,518	133,414	147,518	+4,000	+14,104
Safety and Health Statistics.....	32,900	38,400	32,900	---	-5,500
Executive Direction and Administration.....	10,050	9,496	10,050	---	+554
	=====	=====	=====	=====	=====
Total, OSHA.....	557,787	557,533	581,787	+24,000	+24,254

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
MINE SAFETY AND HEALTH ADMINISTRATION					
Salaries and Expenses					
Coal Enforcement.....	160,000	---	---	-160,000	---
Metal/Non-Metal Enforcement.....	94,500	---	---	-94,500	---
Mine Safety and Health Enforcement.....	---	252,640	260,500	+260,500	+7,860
Standards Development.....	4,500	5,382	4,500	---	-882
Assessments.....	6,627	7,445	6,627	---	-818
Educational Policy and Development.....	39,320	38,559	39,320	---	+761
Technical Support.....	35,041	34,079	35,041	---	+962
Program Evaluation and Information Resources (PEIR)...	17,990	21,583	17,990	---	-3,593
Program Administration.....	15,838	16,355	15,838	---	-517
	=====	=====	=====	=====	=====
Total, Mine Safety and Health Administration....	373,816	376,043	379,816	+6,000	+3,773
	=====	=====	=====	=====	=====
Total, Worker Protection Agencies.....	1,603,867	1,630,136	1,651,367	+47,500	+21,231
Federal Funds.....	(1,601,690)	(1,627,963)	(1,649,190)	(+47,500)	(+21,227)
Trust Funds.....	(2,177)	(2,173)	(2,177)	---	(+4)

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

BUREAU OF LABOR STATISTICS					
Salaries and Expenses					
Employment and Unemployment Statistics.....	211,000	211,000	221,000	+10,000	+10,000
Labor Market Information.....	65,000	65,000	68,000	+3,000	+3,000
Prices and Cost of Living.....	210,000	210,000	210,000	---	---
Compensation and Working Conditions.....	83,500	83,500	83,500	---	---
Productivity and Technology.....	10,500	10,500	10,500	---	---
Executive Direction and Staff Services.....	35,000	75,000	62,000	+27,000	-13,000
	=====	=====	=====	=====	=====
Total, Bureau of Labor Statistics.....	615,000	655,000	655,000	+40,000	---
Federal Funds.....	550,000	590,000	587,000	+37,000	-3,000
Trust Funds.....	65,000	65,000	68,000	+3,000	+3,000
OFFICE OF DISABILITY EMPLOYMENT POLICY					
Salaries and Expenses.....	38,203	27,000	38,500	+297	+11,500

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

DEPARTMENTAL MANAGEMENT					
Salaries and Expenses					
Executive Direction.....	30,250	32,027	30,250	---	-1,777
Departmental Program Evaluation.....	8,040	8,040	8,040	---	---
Legal Services.....	123,745	128,066	123,745	---	-4,321
Trust Funds.....	308	308	308	---	---
International Labor Affairs.....	86,125	18,500	96,125	+10,000	+77,625
Administration and Management.....	28,450	29,004	28,450	---	-554
Adjudication.....	35,000	35,000	35,000	---	---
Women's Bureau.....	13,750	3,525	14,050	+300	+10,525
Civil Rights Activities.....	6,880	6,880	6,880	---	---
Chief Financial Officer.....	5,516	5,516	5,516	---	---

Total, Departmental Management Salaries and expenses.....	338,064	266,866	348,364	+10,300	+81,498
Federal Funds.....	(337,756)	(266,558)	(348,056)	(+10,300)	(+81,498)
Trust Funds.....	(308)	(308)	(308)	---	---

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Veterans Employment and Training					
State Administration, Grants.....	180,000	180,000	180,000	---	---
Transition Assistance Program.....	23,379	29,379	29,379	+6,000	---
Federal Administration.....	43,248	43,248	43,548	+300	+300
National Veterans' Employment and Training Services					
Institute.....	3,414	3,414	3,414	---	---
Homeless Veterans Programs.....	50,000	50,000	55,000	+5,000	+5,000
Total, Veterans Employment and Training.....	300,041	306,041	311,341	+11,300	+5,300
Federal Funds.....	50,000	50,000	55,000	+5,000	+5,000
Trust Funds.....	250,041	256,041	256,341	+6,300	+300
IT Modernization					
Departmental support systems.....	4,889	4,889	4,889	---	---
Infrastructure technology modernization.....	18,380	32,111	20,380	+2,000	-11,731
Total, IT Modernization.....	23,269	37,000	25,269	+2,000	-11,731

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	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

Office of Inspector General					
Program Activities.....	83,487	84,461	85,187	+1,700	+726
Trust Funds.....	5,660	5,660	5,660	---	---
Total, Office of Inspector General.....	89,147	90,121	90,847	+1,700	+726
=====					
Total, Departmental Management.....	750,521	700,028	775,821	+25,300	+75,793
Federal Funds.....	494,512	438,019	513,512	+19,000	+75,493
Current Year.....	(494,512)	(438,019)	(513,512)	(+19,000)	(+75,493)
Trust Funds.....	256,009	262,009	262,309	+6,300	+300
=====					
Total, Workforce Investment Act Programs.....	5,221,355	4,262,990	5,354,855	+133,500	+1,091,865
Current Year.....	(3,449,355)	(2,577,132)	(3,582,855)	(+133,500)	(+1,005,723)
FY 2021 Advances.....	(1,772,000)	(1,685,858)	(1,772,000)	---	(+86,142)
=====					
Total, Title I, Department of Labor.....	13,554,850	12,280,061	13,788,504	+233,654	+1,508,443
Federal Funds.....	9,930,099	8,507,399	10,115,453	+185,354	+1,608,054
Current Year.....	(8,144,099)	(6,807,541)	(8,329,453)	(+185,354)	(+1,521,912)
FY 2021 Advances.....	(1,786,000)	(1,699,858)	(1,786,000)	---	(+86,142)
Trust Funds.....	3,624,751	3,772,662	3,673,051	+48,300	-99,611

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(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

TITLE II --DEPARTMENT OF HEALTH AND HUMAN SERVICES					
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
Primary Health Care					
Community Health Centers.....	1,625,522	1,625,522	1,625,522	---	---
Mandatory budget authority (Public Law 115-123)(NA)	(4,000,000)	(4,000,000)	(4,000,000)	---	---
Total, Community Health Centers.....	(5,625,522)	(5,625,522)	(5,625,522)	---	---

Free Clinics Medical Malpractice.....	1,000	1,000	1,000	---	---
Total, Primary Health Care (excluding mandatory funds).....	1,626,522	1,626,522	1,626,522	---	---

Health Workforce					
National Health Service Corps.....	105,000	105,000	120,000	+15,000	+15,000
Training for Diversity:					
Centers of Excellence.....	23,711	---	23,711	---	+23,711
Health Careers Opportunity Program.....	14,189	---	15,000	+811	+15,000
Faculty Loan Repayment.....	1,190	---	1,190	---	+1,190
Scholarships for Disadvantaged Students.....	48,970	---	51,470	+2,500	+51,470
Total, Training for Diversity.....	88,060	---	91,371	+3,311	+91,371
Primary Care Training and Enhancement.....	48,924	---	48,924	---	+48,924

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(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Oral Health Training.....	40,673	---	40,673	---	+40,673
Interdisciplinary Community-Based Linkages:					
Area Health Education Centers.....	39,250	---	41,250	+2,000	+41,250
Geriatric Programs.....	40,737	---	40,737	---	+40,737
Mental and Behavioral Health.....	36,916	36,916	36,916	---	---
Behavioral Health Workforce Education and Training	75,000	75,000	102,000	+27,000	+27,000
Total, Interdisciplinary Community Linkages...	191,903	111,916	220,903	+29,000	+108,987
Workforce Assessment.....	5,663	4,663	5,663	---	+1,000
Public Health and Preventive Medicine programs.....	17,000	---	17,000	---	+17,000
Subtotal, Health Professions Education and Training.....	392,223	116,579	424,534	+32,311	+307,955

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(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Nursing Programs:					
Advanced Education Nursing.....	74,581	---	75,581	+1,000	+75,581
Nurse Education, Practice, and Retention.....	41,913	---	43,913	+2,000	+43,913
Nurse Practitioner Optional Fellowship Program....	---	---	5,000	+5,000	+5,000
Nursing Workforce Diversity.....	17,343	---	18,343	+1,000	+18,343
Nursing Corps Scholarship and Loan Repayment Program.....	87,135	83,135	88,635	+1,500	+5,500
Nursing Faculty Loan Program.....	28,500	---	28,500	---	+28,500
Total, Nursing programs.....	249,472	83,135	259,972	+10,500	+176,837
Children's Hospitals Graduate Medical Education.....	325,000	---	340,000	+15,000	+340,000
Medical Student Education	25,000	---	50,000	+25,000	+50,000
National Practitioner Data Bank.....	18,814	18,814	18,814	---	---
User Fees.....	-18,814	-18,814	-18,814	---	---
Total, Health Workforce.....	1,096,695	304,714	1,194,506	+97,811	+889,792

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Maternal and Child Health					
Maternal and Child Health Block Grant.....	677,700	660,700	687,700	+10,000	+27,000
Sickle Cell Disease Treatment Program.....	4,455	---	5,205	+750	+5,205
Autism and Other Developmental Disabilities.....	50,599	---	52,344	+1,745	+52,344
Heritable Disorders in Newborns and Children.....	16,383	---	17,883	+1,500	+17,883
Healthy Start.....	122,500	122,500	125,500	+3,000	+3,000
Universal Newborn Hearing Screening.....	17,818	---	17,818	---	+17,818
Emergency Medical Services for Children.....	22,334	---	22,334	---	+22,334
Screening and Treatment for Maternal Depression.....	5,000	---	5,000	---	+5,000
Pediatric Mental Health Care Access.....	10,000	---	10,000	---	+10,000
Total, Maternal and Child Health.....	926,789	783,200	943,784	+16,995	+160,584
Ryan White HIV/AIDS Program					
Emergency Assistance (Part A).....	655,876	655,876	655,876	---	---
Comprehensive Care Programs (Part B).....	1,315,005	1,315,005	1,315,005	---	---
AIDS Drug Assistance Program (ADAP) (NA).....	(900,313)	(900,313)	(900,313)	---	---
Early Intervention Program (Part C).....	201,079	201,079	201,079	---	---
Children, Youth, Women, and Families (Part D).....	75,088	75,088	75,088	---	---
AIDS Dental Services (Part F).....	13,122	13,122	13,122	---	---
Education and Training Centers (Part F).....	33,611	33,611	33,611	---	---
Special Projects of National Significance.....	25,000	25,000	25,000	---	---
Domestic HIV/AIDS Initiative.....	---	70,000	70,000	+70,000	---
Total, Ryan White HIV/AIDS program.....	2,318,781	2,388,781	2,388,781	+70,000	---

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	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Health Care Systems					
Organ Transplantation.....	25,549	27,549	27,549	+2,000	---
National Cord Blood Inventory.....	16,266	12,266	17,266	+1,000	+5,000
C.W. Bill Young Cell Transplantation	24,609	24,609	30,009	+5,400	+5,400
340B Drug Pricing program/Office of Pharmacy Affairs..	10,238	10,238	10,238	---	---
304B Drug Pricing User fees.....	---	19,000	---	---	-19,000
User Fees.....	---	-19,000	---	---	+19,000
Poison Control Centers.....	22,846	22,846	22,846	---	---
Hansen's Disease Program.....	13,706	11,653	13,706	---	+2,053
Hansen's Disease Program - Buildings and Facilities...	122	---	122	---	+122
Payment to Hawaii, Treatment of Hansen's.....	1,857	1,857	1,857	---	---
Total, Health Care Systems.....	115,193	111,018	123,593	+8,400	+12,575

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	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Rural Health					
Rural Outreach Grants.....	77,500	40,811	79,500	+2,000	+38,689
Rural Health Research/Policy Development.....	9,351	5,000	10,351	+1,000	+5,351
Rural Hospital Flexibility Grants.....	53,609	---	53,609	---	+53,609
State Offices of Rural Health.....	10,000	---	12,500	+2,500	+12,500
Black Lung Clinics.....	11,000	11,000	11,500	+500	+500
Radiation Exposure Screening and Education Program....	1,834	1,834	1,834	---	---
Telehealth.....	24,500	10,000	29,000	+4,500	+19,000
Rural Communities Opioid Response.....	120,000	120,000	110,000	-10,000	-10,000
Rural Residency Program.....	10,000	---	10,000	---	+10,000
Total, Rural Health.....	317,794	188,645	318,294	+500	+129,649

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Family Planning.....	286,479	286,479	286,479	---	---
Program Management.....	155,250	151,993	155,300	+50	+3,307
Total, Health resources and services (HRS).....	6,843,503	5,841,352	7,037,259	+193,756	+1,195,907
Vaccine Injury Compensation Program Trust Fund					
Post-FY 1988 Claims.....	308,000	285,600	285,600	-22,400	---
HRSA Administrative expenses.....	9,200	11,200	10,200	+1,000	-1,000
Total, Vaccine Injury Compensation Trust Fund...	317,200	296,800	295,800	-21,400	-1,000
Total, Health Resources and Services Administration.....	7,160,703	6,138,152	7,333,059	+172,356	+1,194,907

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(Amounts in thousands)

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CENTERS FOR DISEASE CONTROL AND PREVENTION					
Immunization and Respiratory Diseases.....	477,855	577,386	433,105	-44,750	-144,281
Prevention and Public Health Fund 1/.....	(320,550)	(152,845)	(370,300)	(+49,750)	(+217,455)
Subtotal.....	(798,405)	(730,231)	(803,405)	(+5,000)	(+73,174)
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention.....	1,132,278	1,318,056	1,273,556	+141,278	-44,500
Administrative transfer to Global Health.....	(-7,222)	---	---	(+7,222)	---
Subtotal (including transfers).....	1,125,056	1,318,056	1,273,556	+148,500	-44,500
Emerging and Zoonotic Infectious Diseases.....	568,372	372,472	570,372	+2,000	+197,900
Administrative transfer to Public Health Scientific Services.....	(-8,000)	---	---	(+8,000)	---
Prevention and Public Health Fund 1/.....	(52,000)	(137,000)	(52,000)	---	(-85,000)
Subtotal (including transfers).....	612,372	509,472	622,372	+10,000	+112,900
Chronic Disease Prevention and Health Promotion.....	932,821	347,145	984,964	+52,143	+637,819
Prevention and Public Health Fund 1/.....	(254,950)	(604,105)	(254,950)	---	(-349,155)
Subtotal.....	1,187,771	951,250	1,239,914	+52,143	+288,664

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Birth Defects, Developmental Disabilities, Disabilities and Health.....	155,560	112,000	160,810	+5,250	+48,810
Subtotal.....	155,560	112,000	160,810	+5,250	+48,810
Public Health Scientific Services.....	496,397	45,000	555,497	+59,100	+510,497
Evaluation Tap Funding.....	---	(423,000)	---	---	(-423,000)
Administrative Transfer from Emerging and Zoonotic Infectious Diseases.....	(8,000)	---	---	(-8,000)	---
Subtotal (including transfers).....	(504,397)	(468,000)	(555,497)	(+51,100)	(+87,497)
Environmental Health.....	192,350	157,000	196,850	+4,500	+39,850
Prevention and Public Health Fund 1/.....	(17,000)	---	(17,000)	---	(+17,000)
Subtotal.....	209,350	157,000	213,850	+4,500	+56,850
Injury Prevention and Control.....	648,559	628,839	677,379	+28,820	+48,540
National Institute for Occupational Safety and Health. Energy Employees Occupational Illness Compensation Program.....	336,300	190,000	342,800	+6,500	+152,800
55,358	55,358	55,358	---	---	

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Global Health.....	488,621	456,984	570,843	+82,222	+113,859
Global Health transfer.....	(7,222)	---	---	(-7,222)	---
Subtotal (including transfers).....	495,843	456,984	570,843	+75,000	+113,859
Public Health Preparedness and Response.....	855,200	825,000	850,200	-5,000	+25,200
Buildings and Facilities.....	30,000	30,000	25,000	-5,000	-5,000
Transfers from Nonrecurring Expenses Fund.....	---	---	(225,000)	(+225,000)	(+225,000)
Subtotal.....	30,000	30,000	250,000	+220,000	+220,000
CDC-Wide Activities and Program Support					
Prevention and Public Health Fund 1/.....	(160,000)	---	(160,000)	---	(+160,000)
Office of the Director.....	113,570	105,000	113,570	---	+8,570
Infectious Diseases Rapid Response Reserve Fund...	50,000	50,000	85,000	+35,000	+35,000
Subtotal.....	(323,570)	(155,000)	(358,570)	(+35,000)	(+203,570)
===== Total, Centers for Disease Control and Prevention.....	6,533,241	5,270,240	6,895,304	+362,063	+1,625,064
Discretionary.....	6,477,883	5,214,882	6,839,946	+362,063	+1,625,064
Prevention and Public Health Fund 1/.....	(804,500)	(893,950)	(854,250)	(+49,750)	(-39,700)
Transfers from Nonrecurring Expenses Fund.....	---	---	(225,000)	(+225,000)	(+225,000)
===== Total, Centers for Disease Control Program Level	(7,337,741)	(6,587,190)	(7,974,554)	(+636,813)	(+1,387,364)

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NATIONAL INSTITUTES OF HEALTH					
National Cancer Institute (NCI).....	5,743,892	5,051,737	6,245,442	+501,550	+1,193,705
NIH Innovation Account, CURES Act2/.....	400,000	195,000	195,000	-205,000	---
Subtotal, NCI	6,143,892	5,246,737	6,440,442	+296,550	+1,193,705
National Heart, Lung, and Blood Institute (NHLBI).....	3,488,335	3,002,696	3,624,258	+135,923	+621,562
National Institute of Dental and Craniofacial Research (NIDCR).....	461,781	397,493	477,429	+15,648	+79,936
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).....	2,029,823	1,746,493	2,114,314	+84,491	+367,821
Juvenile Diabetes (mandatory).....	(150,000)	(150,000)	(150,000)	---	---
Subtotal, NIDDK program level.....	2,179,823	1,896,493	2,264,314	+84,491	+367,821
National Institute of Neurological Disorders and Stroke (NINDS).....	2,216,913	1,956,031	2,374,687	+157,774	+418,656
NIH Innovation Account, CURES Act2/.....	57,500	70,000	70,000	+12,500	---
Subtotal, NINDS.....	2,274,413	2,026,031	2,444,687	+170,274	+418,656
National Institute of Allergy and Infectious Diseases (NIAID).....	5,523,324	4,754,379	5,885,470	+362,146	+1,131,091

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National Institute of General Medical Sciences (NIGMS) Evaluation Tap Funding.....	1,725,959 (1,146,821)	1,731,838 (741,000)	1,706,397 (1,230,821)	-19,562 (+84,000)	-25,441 (+489,821)
Subtotal, NIGMS program level.....	2,872,780	2,472,838	2,937,218	+64,438	+464,380
Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD).....	1,506,458	1,296,732	1,556,879	+50,421	+260,147
National Eye Institute (NEI).....	796,536	685,644	824,090	+27,554	+138,446
National Institute of Environmental Health Sciences (NIEHS).....	774,707	666,854	802,598	+27,891	+135,744
National Institute on Aging (NIA).....	3,083,410	2,654,144	3,543,673	+460,263	+889,529
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS).....	605,065	520,829	624,889	+19,824	+104,060
National Institute of Deafness and Other Communication Disorders (NIDCD).....	474,404	408,358	490,692	+16,288	+82,334
National Institute of Nursing Research (NINR).....	162,992	140,301	169,113	+6,121	+28,812
National Institute on Alcohol Abuse and Alcoholism (NIAAA).....	525,591	452,419	545,373	+19,782	+92,954
National Institute on Drug Abuse (NIDA).....	1,419,844	1,296,379	1,462,016	+42,172	+165,637
National Institute of Mental Health (NIMH).....	1,812,796	1,560,422	1,968,374	+155,578	+407,952
NIH Innovation Account, CURES Act2/.....	57,500	70,000	70,000	+12,500	---
Subtotal, NIMH.....	1,870,296	1,630,422	2,038,374	+168,078	+407,952
National Human Genome Research Institute (NHGRI).....	575,579	495,448	606,349	+30,770	+110,901
National Institute of Biomedical Imaging and Bioengineering (NIBIB).....	389,464	335,986	403,638	+14,174	+67,652

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National Center for Complementary and Integrative Health (NCCIH).....	146,473	126,081	151,740	+5,267	+25,659
National Institute on Minority Health and Health Disparities (NIMHD).....	314,679	270,870	335,812	+21,133	+64,942
John E. Fogarty International Center (FIC).....	78,109	67,235	80,760	+2,651	+13,525
National Library of Medicine (NLM).....	441,997	380,463	456,911	+14,914	+76,448
National Center for Advancing Translational Sciences (NCATS).....	806,373	694,112	832,888	+26,515	+138,776
National Institute for Research on Safety and Quality (NIRSQ)3/.....	---	255,960	---	---	-255,960
Office of the Director.....	1,909,075	1,756,544	2,239,787	+330,712	+483,243
Common Fund (non-add).....	(606,566)	(520,367)	(626,511)	(+19,945)	(+106,144)
Gabriella Miller Kids First Research Act (Common Fund add).....	12,600	12,600	12,600	---	---
NIH Innovation Account, CURES Act2/.....	196,000	157,000	157,000	-39,000	---
Buildings and Facilities.....	200,000	200,000	200,000	---	---
Transfers from Nonrecurring Expenses Fund.....	---	---	(225,000)	(+225,000)	(+225,000)
	=====	=====	=====	=====	=====
Total, National Institutes of Health (NIH).....	37,937,179	33,410,048	40,228,179	+2,291,000	+6,818,131
(Evaluation Tap Funding).....	(1,146,821)	(741,000)	(1,230,821)	(+84,000)	(+489,821)
Transfer from Nonrecurring Expenses Funds.....	---	---	225,000	+225,000	+225,000
	-----	-----	-----	-----	-----
Total, NIH Program Level.....	(39,084,000)	(34,151,048)	(41,684,000)	(+2,600,000)	(+7,532,952)

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SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)					
Mental Health					
Programs of Regional and National Significance.....	383,774	365,847	448,774	+65,000	+82,927
Prevention and Public Health Fund 1/.....	(12,000)	---	(12,000)	---	(+12,000)
Subtotal.....	395,774	365,847	460,774	+65,000	+94,927
Community Mental Health Services Block Grant (MHBG)...	701,532	701,532	701,532	---	---
Evaluation Tap Funding.....	(21,039)	(21,039)	(21,039)	---	---
Subtotal.....	(722,571)	(722,571)	(722,571)	---	---
Certified Community Behavioral Health Clinics.....	150,000	150,000	200,000	+50,000	+50,000
National Child Traumatic Stress Initiative.....	63,887	63,887	68,887	+5,000	+5,000
Children's Mental Health Services.....	125,000	125,000	125,000	---	---
Projects for Assistance in Transition from Homelessness (PATH).....	64,635	64,635	64,635	---	---
Protection and Advocacy for Individuals with Mental Illness (PAIMI).....	36,146	14,146	36,146	---	+22,000
Subtotal, Mental Health.....	1,524,974	1,485,047	1,644,974	+120,000	+159,927
(Evaluation Tap Funding).....	(21,039)	(21,039)	(21,039)	---	---
(Prevention and Public Health Fund 1/.....)	(12,000)	---	(12,000)	---	(+12,000)
Subtotal, Mental Health program level.....	(1,558,013)	(1,506,086)	(1,678,013)	(+120,000)	(+171,927)

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Substance Abuse Treatment					
Programs of Regional and National Significance.....	458,677	429,888	477,677	+19,000	+47,789
Evaluation Tap Funding.....	(2,000)	---	(2,000)	---	(+2,000)
Subtotal.....	(460,677)	(429,888)	(479,677)	(+19,000)	(+49,789)
Substance Abuse Prevention and Treatment Block Grant..	1,778,879	1,778,879	1,778,879	---	---
Evaluation Tap Funding.....	(79,200)	(79,200)	(79,200)	---	---
Subtotal. block grant.....	(1,858,079)	(1,858,079)	(1,858,079)	---	---
State Opioid Response grants.....	1,500,000	1,500,000	1,500,000	---	---
Subtotal, Substance Abuse Treatment.....	3,737,556	3,708,767	3,756,556	+19,000	+47,789
(Evaluation Tap Funding).....	(81,200)	(79,200)	(81,200)	---	(+2,000)
Subtotal, Program level.....	(3,818,756)	(3,787,967)	(3,837,756)	(+19,000)	(+49,789)

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Substance Abuse Prevention					
Programs of Regional and National Significance.....	205,469	244,090	206,469	+1,000	-37,621
Health Surveillance and Program Support.....	128,830	97,004	128,830	---	+31,826
Evaluation Tap Funding (NA).....	(31,428)	(42,453)	(31,428)	---	(-11,025)
Subtotal.....	160,258	139,457	160,258	---	+20,801
Total, SAMHSA.....	5,596,829	5,534,908	5,736,829	+140,000	+201,921
(Evaluation Tap Funding).....	(133,667)	(142,692)	(133,667)	---	(-9,025)
(Prevention and Public Health Fund 1/.....)	(12,000)	---	(12,000)	---	(+12,000)
Total, SAMHSA Program Level.....	(5,742,496)	(5,677,600)	(5,882,496)	(+140,000)	(+204,896)

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	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.....	196,709	---	196,709	---	+196,709
Medical Expenditures Panel Surveys:					
Federal Funds.....	69,991	---	69,991	---	+69,991
Program Support:					
Federal Funds.....	71,300	---	71,300	---	+71,300

Total, AHRQ Program Level 3/.....	(338,000)	---	(338,000)	---	(+338,000)

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
CENTERS FOR MEDICARE AND MEDICAID SERVICES					
Grants to States for Medicaid					
Medicaid Current Law Benefits.....	384,882,625	383,836,264	383,836,264	-1,046,361	---
State and Local Administration.....	21,474,885	22,522,603	22,522,603	+1,047,718	---
Vaccines for Children.....	4,726,461	4,761,408	4,761,408	+34,947	---
Subtotal, Medicaid Program Level.....	411,083,971	411,120,275	411,120,275	+36,304	---
Less funds advanced in prior year.....	-134,847,759	-137,931,797	-137,931,797	-3,084,038	---
Total, Grants to States for Medicaid.....	276,236,212	273,188,478	273,188,478	-3,047,734	---
New advance, 1st quarter, FY 2020.....	137,931,797	139,903,075	139,903,075	+1,971,278	---
Payments to Health Care Trust Funds					
Supplemental Medical Insurance.....	284,288,300	304,044,600	304,044,600	+19,756,300	---
Federal Uninsured Payment.....	127,000	109,000	109,000	-18,000	---
Program Management.....	898,000	913,000	913,000	+15,000	---
General Revenue for Part D Benefit.....	92,070,000	104,539,500	104,539,500	+12,469,500	---
General Revenue for Part D Administration.....	642,000	861,000	861,000	+219,000	---
HCFAC Reimbursement.....	315,000	324,000	324,000	+9,000	---
State Low-Income Determination for Part D.....	3,500	5,000	5,000	+1,500	---
Total, Payments to Trust Funds, Program Level...	378,343,800	410,796,100	410,796,100	+32,452,300	---

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Program Management					
Research, Demonstration, Evaluation.....	20,054	---	20,054	---	+20,054
Program Operations.....	2,519,823	2,389,702	2,519,823	---	+130,121
State Survey and Certification.....	397,334	442,192	397,334	---	-44,858
Federal Administration.....	732,533	747,533	732,533	---	-15,000
Total, Program management.....	3,669,744	3,579,427	3,669,744	---	+90,317
Health Care Fraud and Abuse Control Account					
Centers for Medicare and Medicaid Services.....	599,389	614,000	610,000	+10,611	-4,000
HHS Office of Inspector General.....	87,230	98,000	93,000	+5,770	-5,000
Department of Justice.....	78,381	80,000	83,000	+4,619	+3,000
Total, Health Care Fraud and Abuse Control.....	765,000	792,000	786,000	+21,000	-6,000
Total, Centers for Medicare and Medicaid Services	796,946,553	828,259,080	828,343,397	+31,396,844	+84,317
Federal funds.....	792,511,809	823,887,653	823,887,653	+31,375,844	---
Current year.....	(654,580,012)	(683,984,578)	(683,984,578)	(+29,404,566)	---
FY 2021 Advance.....	(137,931,797)	(139,903,075)	(139,903,075)	(+1,971,278)	---
Trust Funds.....	4,434,744	4,371,427	4,455,744	+21,000	+84,317

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	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	33,000	33,000	---	---
Repatriation.....	1,000	1,000	1,000	---	---
Subtotal.....	34,000	34,000	34,000	---	---
Child Support Enforcement:					
State and Local Administration.....	3,689,574	3,648,494	3,648,494	-41,080	---
Federal Incentive Payments.....	588,673	597,506	597,506	+8,833	---
Access and Visitation.....	10,000	10,000	10,000	---	---
Subtotal, Child Support Enforcement.....	4,288,247	4,256,000	4,256,000	-32,247	---
Total, Family Support Payments Program Level....	4,322,247	4,290,000	4,290,000	-32,247	---
Less funds advanced in previous years.....	-1,400,000	-1,400,000	-1,400,000	---	---
Total, Family Support Payments, current year....	2,922,247	2,890,000	2,890,000	-32,247	---
New advance, 1st quarter, FY 2021.....	1,400,000	1,400,000	1,400,000	---	---

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

Low Income Home Energy Assistance Program (LIHEAP)					
Formula Grants.....	3,690,304	---	3,740,304	+50,000	+3,740,304
Refugee and Entrant Assistance					
Transitional and Medical Services.....	354,000	319,000	354,000	---	+35,000
Refugee Support Services.....	207,201	150,821	207,201	---	+56,380
Victims of Trafficking.....	26,755	17,000	27,755	+1,000	+10,755
Unaccompanied Alien Children (UAC).....	1,303,245	1,303,245	1,303,245	---	---
Victims of Torture.....	14,000	14,000	16,000	+2,000	+2,000

Total, Refugee and Entrant Assistance.....	1,905,201	1,804,066	1,908,201	+3,000	+104,135

Subtotal, Sections 414, 501, 462, 235.....	1,864,446	1,773,066	1,864,446	---	+91,380

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

Payments to States for the Child Care and Development Block Grant.....	5,276,000	5,276,000	5,826,000	+550,000	+550,000
Social Services Block Grant (Title XX).....	1,700,000	---	1,700,000	---	+1,700,000
Children and Families Services Programs					
Programs for Children, Youth and Families:					
Head Start.....	10,063,095	10,063,095	10,613,095	+550,000	+550,000
Preschool Development Grants.....	250,000	---	275,000	+25,000	+275,000
Runaway and Homeless Youth Program.....	110,280	119,121	113,780	+3,500	-5,341
Service Connection for Youth on the Streets.....	17,141	---	18,641	+1,500	+18,641
Child Abuse State Grants.....	85,310	85,310	90,091	+4,781	+4,781
Child Abuse Discretionary Activities.....	33,000	33,000	35,000	+2,000	+2,000
Community Based Child Abuse Prevention.....	39,764	39,764	55,660	+15,896	+15,896
Child Welfare Services.....	268,735	268,735	266,735	---	---
Child Welfare Training, Research, or Demonstration projects.....	17,984	17,984	17,984	---	---
Adoption Opportunities.....	39,100	39,100	42,100	+3,000	+3,000
Adoption Incentive Grants.....	75,000	37,943	75,000	---	+37,057

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Social Services and Income Maintenance Research.....	6,512	6,512	7,012	+500	+500
Native American Programs.....	54,550	52,050	56,050	+1,500	+4,000
Community Services:					
Community Services Block Grant Act programs:					
Grants to States for Community Services.....	725,000	---	740,000	+15,000	+740,000
Economic Development.....	19,883	---	20,383	+500	+20,383
Rural Community Facilities.....	9,000	---	10,000	+1,000	+10,000
Subtotal, Community Services.....	753,883	---	770,383	+16,500	+770,383
Domestic Violence Hotline.....	10,250	10,250	12,000	+1,750	+1,750
Family Violence Prevention and Services.....	164,500	164,500	175,000	+10,500	+10,500
Chafee Education and Training Vouchers.....	43,257	43,257	43,257	---	---
Disaster Human Services Case Management.....	1,864	1,864	1,864	---	---
Program Direction.....	205,000	205,000	206,000	+1,000	+1,000
Total, Children and Families Services Programs..	12,239,225	11,187,485	12,876,652	+637,427	+1,689,167

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Promoting Safe and Stable Families.....	345,000	345,000	345,000	---	---
Discretionary Funds.....	99,765	59,765	92,515	-7,250	+32,750
Total, Promoting Safe and Stable Families.....	444,765	404,765	437,515	-7,250	+32,750
Payments for Foster Care and Permanency					
Foster Care.....	5,329,000	5,253,000	5,253,000	-76,000	---
Adoption Assistance.....	3,063,000	2,931,000	2,931,000	-132,000	---
Guardianship.....	203,000	217,000	217,000	+14,000	---
Independent Living.....	140,000	143,000	143,000	+3,000	---
Total, Payments to States.....	8,735,000	8,544,000	8,544,000	-191,000	---
Less Advances from Prior Year.....	-2,700,000	-2,800,000	-2,800,000	-100,000	---
Total, payments, current year.....	6,035,000	5,744,000	5,744,000	-291,000	---
FY 2021 Advances, 1st quarter.....	2,800,000	2,800,000	3,000,000	+200,000	+200,000
Total, Administration for Children and Families.....	38,412,742	31,506,316	39,522,672	+1,109,930	+8,016,356
Current year.....	(34,212,742)	(27,306,316)	(35,122,672)	(+909,930)	(+7,816,356)
FY 2021 Advance.....	(4,200,000)	(4,200,000)	(4,400,000)	(+200,000)	(+200,000)

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
ADMINISTRATION FOR COMMUNITY LIVING					
Aging and Disability Services Programs					
Grants to States:					
Home and Community-based Supportive Services.....	385,074	385,074	390,074	+5,000	+5,000
Preventive Health.....	24,848	24,848	24,848	---	---
Protection of Vulnerable Older Americans-Title VII	21,658	20,628	22,658	+1,000	+2,030
Subtotal.....	431,580	430,550	437,580	+6,000	+7,030
Family Caregivers.....	181,186	150,586	185,936	+4,750	+35,350
Native American Caregivers Support.....	10,056	7,556	10,306	+250	+2,750
Subtotal, Caregivers.....	191,242	158,142	196,242	+5,000	+38,100
Nutrition:					
Congregate Meals.....	495,342	495,342	510,342	+15,000	+15,000
Home Delivered Meals.....	251,342	251,342	266,342	+15,000	+15,000
Nutrition Services Incentive Program.....	160,069	160,069	160,069	---	---
Subtotal.....	906,753	906,753	936,753	+30,000	+30,000
Subtotal, Grants to States.....	1,529,575	1,495,445	1,570,575	+41,000	+75,130

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Grants for Native Americans.....	34,208	34,208	34,708	+500	+500
Aging Network Support Activities.....	17,461	11,503	12,461	-5,000	+958
Alzheimer's Disease Program.....	8,800	19,490	11,800	+3,000	-7,690
Prevention and Public Health Fund 1/.....	(14,700)	---	(14,700)	---	(+14,700)
Lifespan Respite Care.....	4,110	3,360	6,110	+2,000	+2,750
Chronic Disease Self-Management Program.....	---	---	---	---	---
Prevention and Public Health Fund 1/.....	(8,000)	---	(8,000)	---	(+8,000)
Elder Falls Prevention.....	---	---	---	---	---
Prevention and Public Health Fund 1/.....	(5,000)	---	(5,000)	---	(+5,000)
Elder Rights Support Activities.....	15,874	13,874	15,874	---	+2,000
Aging and Disability Resources.....	8,119	6,119	8,119	---	+2,000
State Health Insurance Program.....	49,115	36,115	52,115	+3,000	+16,000
Paralysis Resource Center.....	8,700	---	9,700	+1,000	+9,700
Limb Loss Resource Center.....	3,500	---	4,000	+500	+4,000
Traumatic Brain Injury.....	11,321	9,321	11,321	---	+2,000

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Developmental Disabilities Programs:					
State Councils.....	76,000	56,000	76,000	+2,000	+22,000
Protection and Advocacy.....	40,734	38,734	40,734	+50	+2,050
Voting Access for Individuals with Disabilities...	6,963	4,963	7,463	+500	+2,500
Developmental Disabilities Projects of National Significance.....	12,000	1,050	12,250	+250	+11,200
University Centers for Excellence in Developmental Disabilities.....	40,619	32,546	41,619	+1,000	+9,073
Subtotal, Developmental Disabilities Programs...	176,316	133,293	180,116	+3,800	+46,823
Workforce Innovation and Opportunity Act					
Independent Living.....	116,183	108,646	116,183	---	+7,537
National Institute on Disability, Independent Living, and Rehabilitation Research.....	108,970	90,371	111,970	+3,000	+21,599
Assistive Technology.....	36,000	31,939	37,000	+1,000	+5,061
Subtotal, Workforce Innovation and Opportunity Act.....	261,153	230,956	265,153	+4,000	+34,197

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Program Administration.....	41,063	38,987	41,063	---	+2,076
Total, Administration for Community Living.....	2,169,315	2,032,671	2,223,115	+53,800	+190,444
Federal funds.....	(2,120,200)	(1,996,556)	(2,171,000)	(+50,800)	(+174,444)
Trust Funds.....	(49,115)	(36,115)	(52,115)	(+3,000)	(+16,000)
(Prevention and Public Health Fund 1/.).....	(27,700)	---	(27,700)	---	(+27,700)
Total, ACL program level.....	2,197,015	2,032,671	2,250,815	+53,800	+218,144

OFFICE OF THE SECRETARY

General Departmental Management

General Departmental Management, Federal Funds.....	200,919	206,895	196,419	-4,500	-10,476
Departmental Appeals Board (administrative transfer)...	-9,500	---	---	+9,500	---
Teen Pregnancy Prevention Community Grants.....	101,000	---	101,000	---	+101,000
Evaluation Tap Funding.....	(6,800)	---	(6,800)	---	(+6,800)
Subtotal, Grants.....	(107,800)	---	(107,800)	---	(+107,800)

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill Final Bill	Final Bill vs Enacted	Final Bill vs Request
Sexual Risk Avoidance.....	35,000	---	35,000	---	+35,000
Office of Minority Health.....	56,670	51,798	58,670	+2,000	+6,872
Office on Women's Health.....	32,140	27,316	33,640	+1,500	+6,324
Minority HIV/AIDS prevention and treatment.....	53,900	53,900	53,900	---	---
Embryo Adoption Awareness Campaign.....	1,000	---	1,000	---	+1,000
Planning and Evaluation, Evaluation Tap Funding.....	(58,028)	(68,840)	(58,028)	---	(-10,812)
Total, General Departmental Management.....	471,129	339,909	479,629	+8,500	+139,720
(Evaluation Tap Funding).....	(64,828)	(68,840)	(64,828)	---	(-4,012)
Total, General Departmental Management program level.....	535,957	408,749	544,457	+8,500	+135,708
Medicare Hearings and Appeals.....	182,381	182,381	191,881	+9,500	+9,500
Departmental Appeals Board (Departmental Management).....	9,500	---	---	-9,500	---
Subtotal.....	191,881	182,381	191,881	---	+9,500
Office of the National Coordinator for Health Information Technology.....	60,367	43,000	60,367	---	+17,367

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

Office of Inspector General					
Inspector General Federal Funds..... Office for Civil Rights	80,000	80,000	80,000	---	---
Federal Funds.....	38,798	30,286	38,798	---	+8,512
Retirement Pay and Medical Benefits for Commissioned Officers					
Retirement Payments.....	469,246	491,090	491,090	+21,844	---
Survivors Benefits.....	31,756	31,650	31,650	-106	---
Dependents' Medical Care.....	128,207	100,851	100,851	-27,356	---

Total, Benefits for Commissioned Officers.....	629,209	623,591	623,591	-5,618	---

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

Public Health and Social Services Emergency Fund (PHSSEF)					
Assistant Secretary for Preparedness and Response					
Operations.....	30,938	30,938	30,938	---	---
Preparedness and Emergency Operations.....	24,654	24,654	24,654	---	---
National Disaster Medical System.....	57,404	77,404	57,404	---	-20,000
Hospital Preparedness Cooperative Agreement Grants:					
Formula Grants.....	264,555	257,555	275,555	+11,000	+18,000
Biomedical Advanced Research and Development Authority (BARDA).....	561,700	561,700	561,700	---	---
Policy and Planning.....	14,877	19,877	14,877	---	-5,000
Project BioShield.....	735,000	735,000	735,000	---	---
Strategic National Stockpile.....	610,000	620,000	705,000	+95,000	+85,000
Medical Reserve Corps.....	6,000	3,900	6,000	---	+2,100

Subtotal, Preparedness and Response.....	2,305,128	2,331,028	2,411,128	+106,000	+80,100

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Assistant Secretary for Administration					
Assistant Secretary for Administration, Cybersecurity, Office of Security and Strategic Information.....	58,860 7,470	68,093 7,470	58,860 7,470	--- ---	-9,233 ---
Public Health and Science					
Pandemic Influenza Preparedness.....	260,000	260,000	260,000	---	---
Subtotal, Non-pandemic flu/BioShield/SNS.....	1,026,458	1,051,591	1,037,458	+11,000	-14,133
Total, PHSSEF.....	2,631,458	2,666,591	2,737,458	+106,000	+70,867
=====					
Total, Office of the Secretary.....	4,102,842	3,965,758	4,211,724	+108,882	+245,966
Federal Funds.....	3,920,461	3,783,377	4,019,843	+99,382	+236,466
Trust Funds.....	182,381	182,381	191,881	+9,500	+9,500
(Evaluation Tap Funding).....	(64,828)	(68,840)	(64,828)	---	(-4,012)
Total, Office of the Secretary Program Level....	4,167,670	4,034,598	4,276,552	+108,882	+241,954

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Total, Title II, Health and Human Services.....	898,486,404	915,625,173	934,340,279	+35,853,875	+18,715,106
Federal Funds.....	893,810,964	911,024,050	929,630,339	+35,819,375	+18,606,289
Current year.....	(751,679,167)	(766,920,975)	(785,327,264)	(+33,648,097)	(+18,406,289)
FY 2021.....	(142,131,797)	(144,103,075)	(144,303,075)	(+2,171,278)	(+200,000)
Trust Funds.....	4,675,440	4,601,123	4,709,940	+34,500	+108,817
Total, CURES Act2/.....	(711,000)	(492,000)	(492,000)	(-219,000)	---
Total, Prevention and Public Health Fund 1/.....	(844,200)	(893,950)	(893,950)	(+49,750)	---
Total, Transfers from Nonrecurring Expenses Fund	---	---	(450,000)	(+450,000)	(+450,000)

Title II Footnotes:

- 1/ Sec.4002 of Public Law 111-148
- 2/ 21st Century CURES Act (Public Law 114-255)
- 3/ FY2020 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

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	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.....	(1,540,776)	(1,440,776)	(1,440,776)	(-100,000)	---
Forward funded.....	5,013,625	4,172,904	5,463,625	+450,000	+1,290,721
Current funded.....	5,000	5,000	5,000	---	---

Subtotal, Basic grants current year approp..	5,018,625	4,177,904	5,468,625	+450,000	+1,290,721
Subtotal, Basic grants total funds available	(6,559,401)	(5,618,680)	(6,909,401)	(+350,000)	(+1,290,721)

Basic Grants FY 2021 Advance.....	1,440,776	2,281,497	990,776	-450,000	-1,290,721

Subtotal, Basic grants, program level.....	6,459,401	6,459,401	6,459,401	---	---

Concentration Grants:					
Advance from prior year.....	(1,362,301)	(1,362,301)	(1,362,301)	---	---
FY 2021 Advance.....	1,362,301	1,362,301	1,362,301	---	---

Subtotal.....	1,362,301	1,362,301	1,362,301	---	---

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Targeted Grants:					
Advance from prior year.....	(3,969,050)	(4,019,050)	(4,019,050)	(+50,000)	---
FY 2021 Advance.....	4,019,050	4,019,050	4,244,050	+225,000	+225,000
Subtotal.....	4,019,050	4,019,050	4,244,050	+225,000	+225,000
Education Finance Incentive Grants:					
Advance from prior year.....	(3,969,050)	(4,019,050)	(4,019,050)	(+50,000)	---
FY 2021 Advance.....	4,019,050	4,019,050	4,244,050	+225,000	+225,000
Subtotal.....	4,019,050	4,019,050	4,244,050	+225,000	+225,000
Subtotal, Grants to LEAs, program level.....	15,859,802	15,859,802	16,309,802	+450,000	+450,000
Student-Centered Funding Incentive Grants.....	---	50,000	---	---	-50,000
Innovative Approaches to Literacy.....	27,000	---	27,000	---	+27,000
Comprehensive literacy development grants.....	190,000	---	192,000	+2,000	+192,000
State Agency Programs:					
Migrant.....	374,751	374,751	374,751	---	---
Neglected and Delinquent/High Risk Youth.....	47,614	47,614	47,614	---	---
Subtotal, State Agency programs.....	422,365	422,365	422,365	---	---

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

Special Programs for Migrant Students.....	44,623	44,623	45,623	+1,000	+1,000
=====					
Total, Education for the disadvantaged.....	16,543,790	16,376,790	16,996,790	+453,000	+620,000
Current Year.....	(5,702,613)	(4,694,892)	(6,155,613)	(+453,000)	(+1,460,721)
FY 2021 Advances.....	(10,841,177)	(11,681,898)	(10,841,177)	---	(-840,721)
Subtotal, Forward Funded.....	(5,625,990)	(4,595,269)	(6,077,990)	(+452,000)	(+1,482,721)
IMPACT AID					
Basic Support Payments.....	1,301,242	1,301,242	1,340,242	+39,000	+39,000
Payments for Children with Disabilities.....	48,316	48,316	48,316	---	---
Facilities Maintenance (Sec. 8008).....	4,835	4,835	4,835	---	---
Construction (Sec. 8007).....	17,406	17,406	17,406	---	---
Payments for Federal Property (Sec. 3002).....	74,313	---	75,313	+1,000	+75,313
=====					
Total, Impact aid.....	1,446,112	1,371,799	1,486,112	+40,000	+114,313

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
SCHOOL IMPROVEMENT PROGRAMS					
Supporting Effective Instruction State Grants.....	374,389	---	450,389	+76,000	+450,389
Advance from prior year.....	(1,681,441)	(1,681,441)	(1,681,441)	---	---
FY 2021 Advance.....	1,681,441	---	1,681,441	---	+1,681,441
Subtotal, Supporting Effective Instruction State Grants, program level.....	2,055,830	---	2,131,830	+76,000	+2,131,830
Supplemental Education Grants.....	16,699	16,699	16,699	---	---
Nita M. Lowey 21st Century Community Learning Centers.	1,221,673	---	1,249,673	+28,000	+1,249,673
State Assessments.....	378,000	378,000	378,000	---	---
Education for Homeless Children and Youth.....	93,500	93,500	101,500	+8,000	+8,000
Training and Advisory Services (Civil Rights).....	6,575	6,575	6,575	---	---
Education for Native Hawaiians.....	36,397	---	36,897	+500	+36,897
Alaska Native Education Equity.....	35,453	---	35,953	+500	+35,953
Rural Education.....	180,840	180,840	185,840	+5,000	+5,000
Comprehensive Centers.....	52,000	---	52,000	---	+52,000
Student Support and Academic Enrichment grants.....	1,170,000	---	1,210,000	+40,000	+1,210,000
===== Total, School Improvement Programs.....	5,246,967	675,614	5,404,967	+158,000	+4,729,353
Current Year.....	(3,565,526)	(675,614)	(3,723,526)	(+158,000)	(+3,047,912)
FY 2021 Advance.....	(1,681,441)	---	(1,681,441)	---	(+1,681,441)
Subtotal, Forward Funded.....	(3,418,402)	(652,340)	(3,575,402)	(+157,000)	(+2,923,062)

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
INDIAN EDUCATION					
Grants to Local Educational Agencies.....	105,381	105,381	105,381	---	---
Federal Programs:					
Special Programs for Indian Children.....	67,993	63,993	67,993	---	+4,000
National Activities.....	6,865	6,865	7,365	+500	+500
Subtotal, Federal Programs.....	74,858	70,858	75,358	+500	+4,500
Total, Indian Education.....	180,239	176,239	180,739	+500	+4,500
INNOVATION AND IMPROVEMENT					
Education Innovation and Research.....	130,000	300,000	190,000	+60,000	-110,000
American History and Civics Academies.....	1,815	---	1,815	---	+1,815
American History and Civics National Activities.....	3,000	---	3,000	---	+3,000
Charter Schools Grants.....	440,000	500,000	440,000	---	-60,000
Magnet Schools Assistance.....	107,000	107,000	107,000	---	---
Teacher and School Leader Incentive Grants.....	200,000	200,000	200,000	---	---
Ready-to-Learn Television.....	27,741	---	29,000	+1,259	+29,000
Supporting Effective Educator Development (SEED).....	75,000	---	80,000	+5,000	+80,000
Arts in Education.....	29,000	---	30,000	+1,000	+30,000

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Javits Gifted and Talented Students.....	12,000	---	13,000	+1,000	+13,000
Statewide Family Engagement Centers.....	10,000	---	10,000	---	+10,000
Total, Innovation and Improvement.....	1,035,556	1,107,000	1,103,815	+68,259	-3,185
SAFE SCHOOLS AND CITIZENSHIP EDUCATION					
Promise Neighborhoods.....	78,254	---	80,000	+1,746	+80,000
School Safety National Activities.....	95,000	200,000	105,000	+10,000	-95,000
Full-Service Community Schools.....	17,500	---	25,000	+7,500	+25,000
Total, Safe Schools and Citizenship Education...	190,754	200,000	210,000	+19,246	+10,000
ENGLISH LANGUAGE ACQUISITION					
Current funded.....	47,931	47,931	51,181	+3,250	+3,250
Forward funded.....	689,469	689,469	736,219	+46,750	+46,750
Total, English Language Acquisition.....	737,400	737,400	787,400	+50,000	+50,000

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
SPECIAL EDUCATION					
State Grants:					
Grants to States Part B current year.....	3,081,009	2,240,289	3,481,009	+400,000	+1,240,720
Part B advance from prior year.....	(9,283,383)	(9,283,383)	(9,283,383)	---	---
Grants to States Part B (FY 2021).....	9,283,383	10,124,103	9,283,383	---	-840,720
Subtotal, program level.....	12,364,392	12,364,392	12,764,392	+400,000	+400,000
Preschool Grants.....	391,120	391,120	394,120	+3,000	+3,000
Grants for Infants and Families.....	470,000	470,000	477,000	+7,000	+7,000
Subtotal, program level.....	13,225,512	13,225,512	13,635,512	+410,000	+410,000
IDEA National Activities (current funded):					
State Personnel Development.....	38,630	38,630	38,630	---	---
Technical Assistance and Dissemination (including Special Olympics Education).....	61,928	61,928	64,428	+2,500	+2,500
Personnel Preparation.....	87,200	87,200	89,700	+2,500	+2,500
Parent Information Centers.....	27,411	27,411	27,411	---	---

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Educational Technology, Media, and Materials.....	28,047	28,047	29,547	+1,500	+1,500
Subtotal, IDEA National Activities.....	243,216	243,216	249,716	+6,500	+6,500
Total, Special education.....	13,468,728	13,468,728	13,885,228	+416,500	+416,500
Current Year.....	(4,185,345)	(3,344,625)	(4,601,845)	(+416,500)	(+1,257,220)
FY 2021 Advance.....	(9,283,383)	(10,124,103)	(9,283,383)	---	(-840,720)
Subtotal, Forward Funded.....	(3,942,129)	(3,101,409)	(4,352,129)	(+410,000)	(+1,250,720)
REHABILITATION SERVICES					
Vocational Rehabilitation State Grants.....	3,521,990	3,610,040	3,610,040	+88,050	---
Client Assistance State grants.....	13,000	13,000	13,000	---	---
Training.....	29,388	29,388	29,388	---	---
Demonstration and Training programs.....	5,796	5,796	5,796	---	---
Protection and Advocacy of Individual Rights (PAIR)...	17,650	17,650	17,650	---	---
Supported Employment State grants.....	22,548	---	22,548	---	+22,548
Independent Living:					
Services for Older Blind Individuals.....	33,317	33,317	33,317	---	---
Helen Keller National Center for Deaf/Blind Youth and Adults.....	13,500	10,336	16,000	+2,500	+5,664
Total, Rehabilitation services.....	3,657,189	3,719,527	3,747,739	+90,550	+28,212

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES					
American Printing House for the Blind.....	30,431	25,431	32,431	+2,000	+7,000
National Technical Institute for the Deaf (NTID):					
Operations.....	77,500	70,016	79,500	+2,000	+9,484
Gallaudet University:					
Operations.....	134,361	121,275	137,361	+3,000	+16,086
	=====	=====	=====	=====	=====
Total, Special Institutions for Persons with Disabilities.....	242,292	216,722	249,292	+7,000	+32,570
CAREER, TECHNICAL, AND ADULT EDUCATION					
Career Education:					
Basic State Grants/Secondary & Technical Education					
State Grants, current funded.....	471,598	471,598	491,598	+20,000	+20,000
Advance from prior year.....	(791,000)	(791,000)	(791,000)	---	---
FY 2021.....	791,000	791,000	791,000	---	---
	-----	-----	-----	-----	-----
Subtotal, Basic State Grants, program level.	1,262,598	1,262,598	1,282,598	+20,000	+20,000
National Programs.....	7,421	20,000	7,421	---	-12,579
	-----	-----	-----	-----	-----
Subtotal, Career Education.....	1,270,019	1,282,598	1,290,019	+20,000	+7,421

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Adult Education:					
State Grants/Adult Basic and Literacy Education:					
State Grants, current funded.....	641,955	485,849	656,955	+15,000	+171,106
National Leadership Activities.....	13,712	73,712	13,712	---	-60,000
Subtotal, Adult education.....	655,667	559,561	670,667	+15,000	+111,106
=====					
Total, Career, Technical, and Adult Education...	1,925,686	1,842,159	1,960,686	+35,000	+118,527
Current Year.....	(1,134,686)	(1,051,159)	(1,169,686)	(+35,000)	(+118,527)
FY 2021.....	(791,000)	(791,000)	(791,000)	---	---
Subtotal, Forward Funded.....	(1,134,686)	(1,051,159)	(1,169,686)	(+35,000)	(+118,527)
STUDENT FINANCIAL ASSISTANCE					
Pell Grants -- maximum grant (NA).....	(5,135)	(5,135)	(5,285)	(+150)	(+150)
Pell Grants.....	22,475,352	22,475,352	22,475,352	---	---
Federal Supplemental Educational Opportunity Grants...	840,000	---	865,000	+25,000	+865,000
Federal Work Study.....	1,130,000	500,000	1,180,000	+50,000	+680,000
Total, Student Financial Assistance (SFA).....	24,445,352	22,975,352	24,520,352	+75,000	+1,545,000
FEDERAL DIRECT STUDENT LOAN PROGRAM ACCOUNT.....	350,000	---	50,000	-300,000	+50,000

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
STUDENT AID ADMINISTRATION					
Salaries and Expenses.....	698,943	1,281,281	878,943	+180,000	-402,338
Servicing Activities.....	980,000	530,719	890,000	-90,000	+359,281
	=====	=====	=====	=====	=====
Total, Student Aid Administration.....	1,678,943	1,812,000	1,768,943	+90,000	-43,057
HIGHER EDUCATION					
Aid for Institutional Development:					
Strengthening Institutions.....	99,875	---	107,854	+7,979	+107,854
Hispanic Serving Institutions.....	124,415	---	143,081	+18,666	+143,081
Promoting Post-Baccalaureate Opportunities for					
Hispanic Americans.....	11,163	---	12,838	+1,675	+12,838
Consolidated MSI Grant.....	---	147,906	---	---	-147,906
Strengthening Historically Black Colleges (HBCUs).	282,420	282,420	324,792	+42,372	+42,372
Strengthening Historically Black Graduate					
Institutions.....	73,037	73,037	83,995	+10,958	+10,958
Strengthening Predominantly Black Institutions....	11,475	---	13,197	+1,722	+13,197
Asian American Pacific Islander.....	3,864	---	4,444	+580	+4,444
Strengthening Alaska Native and					
Native Hawaiian-Serving Institutions.....	15,930	---	18,320	+2,390	+18,320
Strengthening Native American-Serving Nontribal					
Institutions.....	3,864	---	4,444	+580	+4,444
Strengthening Tribal Colleges.....	31,854	27,599	36,633	+4,779	+9,034
Strengthening HBCU Masters programs.....	8,657	8,657	9,956	+1,299	+1,299
	-----	-----	-----	-----	-----
Subtotal, Aid for Institutional development.....	666,554	539,619	759,554	+93,000	+219,935

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

International Education and Foreign Language:					
Domestic Programs.....	65,103	---	68,103	+3,000	+68,103
Overseas Programs.....	7,061	---	8,061	+1,000	+8,061

Subtotal, International Education & Foreign Lang	72,164	---	76,164	+4,000	+76,164
Postsecondary Program for Students with Intellectual Disabilities.....	11,800	11,800	11,800	---	---
Minority Science and Engineering Improvement.....	11,135	9,648	12,635	+1,500	+2,987
Tribally Controlled Postsec Voc/Tech Institutions.....	9,564	8,286	10,000	+436	+1,714
Federal TRIO Programs.....	1,060,000	950,000	1,090,000	+30,000	+140,000
GEAR UP.....	360,000	---	365,000	+5,000	+365,000
Graduate Assistance in Areas of National Need.....	23,047	---	23,047	---	+23,047
Teacher Quality Partnerships.....	43,092	---	50,092	+7,000	+50,092
Child Care Access Means Parents in School.....	50,000	15,134	53,000	+3,000	+37,866
Fund for the Improvement of Postsecondary Ed. (FIPSE).....	5,000	---	24,500	+19,500	+24,500
	=====				
Total, Higher Education.....	2,312,356	1,534,487	2,475,792	+163,436	+941,305

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

HOWARD UNIVERSITY					
Academic Program.....	205,788	191,091	209,288	+3,500	+18,197
Endowment Program.....	3,405	3,405	3,405	---	---
Howard University Hospital.....	27,325	27,325	27,325	---	---
	=====	=====	=====	=====	=====
Total, Howard University.....	236,518	221,821	240,018	+3,500	+18,197
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM.	435	435	435	---	---
HISTORICALLY BLACK COLLEGE AND UNIVERSITY (HBCU) CAPITAL FINANCING PROGRAM ACCOUNT					
HBCU Federal Administration.....	334	334	334	---	---
HBCU Loan Subsidies.....	40,150	40,150	46,150	+6,000	+6,000
	=====	=====	=====	=====	=====
Total, HBCU Capital Financing Program.....	40,484	40,484	46,484	+6,000	+6,000

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

INSTITUTE OF EDUCATION SCIENCES (IES)					
Research, Development and Dissemination.....	192,695	187,500	195,877	+3,182	+8,377
Statistics.....	109,500	112,500	110,500	+1,000	-2,000
Regional Educational Laboratories.....	55,423	---	56,022	+599	+6,022
Research in Special Education.....	56,000	54,000	56,500	+500	+2,500
Special Education Studies and Evaluations.....	10,818	10,818	10,818	---	---
Statewide Data Systems.....	32,281	---	33,000	+719	+33,000
Assessment:					
National Assessment.....	151,000	149,000	153,000	+2,000	+4,000
National Assessment Governing Board.....	7,745	7,745	7,745	---	---
Subtotal, Assessment.....	158,745	156,745	160,745	+2,000	+4,000
	=====	=====	=====	=====	=====
Total, IES.....	615,462	521,563	623,462	+8,000	+101,899

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

DEPARTMENTAL MANAGEMENT					
Program Administration:					
Salaries and Expenses.....	430,000	433,500	430,000	---	-3,500
Building Modernization.....	---	13,500	---	---	-13,500

Total, Program administration.....	430,000	447,000	430,000	---	-17,000
Office for Civil Rights.....	125,000	125,000	130,000	+5,000	+5,000
Office of Inspector General.....	61,143	63,418	63,000	+1,857	-418
	=====				
Total, Departmental management.....	616,143	635,418	623,000	+6,857	-12,418
	=====				
Total, Title III, Department of Education.....	74,970,406	67,633,538	76,361,254	+1,390,848	+8,727,716
Current Year.....	(52,373,405)	(45,036,537)	(53,764,253)	(+1,390,848)	(+8,727,716)
FY 2021.....	(22,597,001)	(22,597,001)	(22,597,001)	---	---

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

TITLE IV--RELATED AGENCIES					
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED.....	8,250	9,400	10,000	+1,750	+600
(Office of Inspector General).....	(1,250)	(1,650)	(1,650)	(+400)	---
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE					
Operating Expenses					
Domestic Volunteer Service Programs:					
Volunteers in Service to America (VISTA).....	92,364	4,665	93,364	+1,000	+88,699
National Senior Volunteer Corps:					
Foster Grandparents Program.....	110,899	111	118,799	+7,900	+118,688
Senior Companion Program.....	46,863	111	50,863	+4,000	+50,752
Retired Senior Volunteer Program.....	50,355	111	51,355	+1,000	+51,244
	-----	-----	-----	-----	-----
Subtotal, Senior Volunteers.....	208,117	333	221,017	+12,900	+220,684
	-----	-----	-----	-----	-----
Subtotal, Domestic Volunteer Service.....	300,481	4,998	314,381	+13,900	+309,383

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

National and Community Service Programs:					
AmeriCorps State and National Grants.....	425,010	2,224	428,510	+3,500	+426,286
Innovation, Assistance, and Other Activities.....	7,600	---	9,600	+2,000	+9,600
Evaluation.....	4,000	---	4,000	---	+4,000
National Civilian Community Corps (NCCC)(subtitle E).....	32,000	22,883	32,500	+500	+9,617
State Commission Support Grants.....	17,538	---	17,538	---	+17,538

Subtotal, National and Community Service.....	486,148	25,107	492,148	+6,000	+467,041

Total, Operating expenses.....	786,629	30,105	806,529	+19,900	+776,424

National Service Trust.....	206,842	10,000	208,342	+1,500	+198,342
Salaries and Expenses.....	83,737	59,300	83,737	---	+24,437
Office of Inspector General.....	5,750	4,258	5,750	---	+1,492
	=====				
Total, Corp. for National and Community Service.	1,082,958	103,663	1,104,358	+21,400	+1,000,695

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
CORPORATION FOR PUBLIC BROADCASTING:					
FY 2022 (current) with FY 2020 comparable.....	445,000	---	465,000	+20,000	+465,000
FY 2021 advance with FY 2019 comparable (NA).....	(445,000)	(445,000)	(445,000)	---	---
Rescission of FY 2021 funds.....	---	(-415,000)	---	---	(+415,000)
Subtotal, FY 2021 program level.....	445,000	30,000	445,000	---	+415,000
FY 2020 advance with FY 2018 comparable (NA).....	(445,000)	(445,000)	(445,000)	---	---
Rescission of FY 2020 funds (NA).....	---	(-415,000)	---	---	(+415,000)
Subtotal, FY 2020 program level.....	445,000	30,000	445,000	---	+415,000
Public television interconnection system (current)	20,000	---	20,000	---	+20,000
Total Corporation for Public Broadcasting.....	465,000	---	485,000	+20,000	+485,000

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
FEDERAL MEDIATION AND CONCILIATION SERVICE.....	46,650	47,200	47,200	+550	---
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION.....	17,184	17,184	17,184	---	---
INSTITUTE OF MUSEUM AND LIBRARY SERVICES.....	242,000	23,000	252,000	+10,000	+229,000
MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION.....	8,480	9,000	8,780	+300	-220
MEDICARE PAYMENT ADVISORY COMMISSION.....	12,545	12,645	12,545	---	-100
NATIONAL COUNCIL ON DISABILITY.....	3,250	3,450	3,350	+100	-100
NATIONAL LABOR RELATIONS BOARD.....	274,224	241,550	274,224	---	+32,674
NATIONAL MEDIATION BOARD.....	13,800	13,800	14,050	+250	+250
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION.....	13,225	13,225	13,225	---	---
RAILROAD RETIREMENT BOARD					
Dual Benefits Payments Account.....	19,000	16,000	16,000	-3,000	---
Less Income Tax Receipts on Dual Benefits.....	-1,000	-1,000	-1,000	---	---
Subtotal, Dual Benefits.....	18,000	15,000	15,000	-3,000	---
Federal Payments to the Railroad Retirement Accounts..	150	150	150	---	---
Limitation on Administration.....	123,500	116,225	123,500	---	+7,275
Limitation on the Office of Inspector General.....	11,000	11,000	11,000	---	---

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds.....	11,000	11,000	11,000	---	---
Supplemental Security Income Program					
Federal Benefit Payments.....	55,716,000	56,982,000	56,982,000	+1,266,000	---
Beneficiary Services.....	126,000	45,000	45,000	-81,000	---
Research and Demonstration.....	101,000	101,000	101,000	---	---
Administration.....	4,923,203	4,404,000	4,286,889	-636,314	-117,111
Subtotal, SSI program level.....	60,866,203	61,532,000	61,414,889	+548,686	-117,111
Less funds advanced in prior year.....	-19,500,000	-19,700,000	-19,700,000	-200,000	---
Subtotal, regular SSI current year.....	41,366,203	41,832,000	41,714,889	+348,686	-117,111
New advance, 1st quarter, FY 2021.....	19,700,000	19,900,000	19,900,000	+200,000	---
Total, SSI program.....	61,066,203	61,732,000	61,614,889	+548,686	-117,111

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Limitation on Administrative Expenses					
OASI/DI Trust Funds.....	5,119,748	5,507,400	5,715,042	+595,294	+207,642
HI/SMI Trust Funds.....	2,321,594	2,451,200	2,458,514	+136,920	+7,314
Social Security Advisory Board.....	2,400	2,400	2,500	+100	+100
SSI.....	3,615,203	3,099,000	2,981,889	-633,314	-117,111
Subtotal, regular LAE.....	11,058,945	11,060,000	11,157,945	+99,000	+97,945
User Fees:					
SSI User Fee activities.....	134,000	130,000	130,000	-4,000	---
CBO adjustment.....	-5,000	---	---	+5,000	---
SSPA User Fee Activities.....	1,000	1,000	1,000	---	---
CBO adjustment.....	-1,000	-1,000	-1,000	---	---
Subtotal, User fees.....	129,000	130,000	130,000	+1,000	---
Subtotal, Limitation on administrative expenses.	11,187,945	11,190,000	11,287,945	+100,000	+97,945

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

Program Integrity:					
OASDI Trust Funds.....	375,000	277,000	277,000	-98,000	---
SSI.....	1,308,000	1,305,000	1,305,000	-3,000	---

Subtotal, Program integrity funding.....	1,683,000	1,582,000	1,582,000	-101,000	---

Base Program Integrity.....	(273,000)	(273,000)	(273,000)	---	---

Total, Limitation on Administrative Expenses (less Base program integrity).....	1,410,000	1,309,000	1,309,000	-101,000	---
=====					
Total, Limitation on Administrative Expenses....	12,870,945	12,772,000	12,869,945	-1,000	+97,945
=====					
Total, Limitation on Administrative Expenses (less user fees).....	12,741,945	12,642,000	12,739,945	-2,000	+97,945

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Office of Inspector General					
Federal Funds.....	30,000	30,000	30,000	---	---
Trust Funds.....	75,500	75,500	75,500	---	---
Total, Office of Inspector General.....	105,500	105,500	105,500	---	---
Adjustment: Trust fund transfers from general revenues	-4,923,203	-4,404,000	-4,286,889	+636,314	+117,111
Total, Social Security Administration.....	69,130,445	70,216,500	70,314,445	+1,184,000	+97,945
Federal funds.....	61,236,203	61,903,000	61,785,889	+549,686	-117,111
Current year.....	(41,536,203)	(42,003,000)	(41,885,889)	(+349,686)	(-117,111)
New advances, 1st quarter, FY 2021.....	(19,700,000)	(19,900,000)	(19,900,000)	(+200,000)	---
Trust funds.....	7,894,242	8,313,500	8,528,556	+634,314	+215,056
Total, Title IV, Related Agencies.....	71,470,661	70,852,992	72,706,011	+1,235,350	+1,853,019
Federal Funds.....	63,429,374	62,399,622	64,030,410	+601,036	+1,630,788
Current Year.....	(43,284,374)	(42,499,622)	(43,665,410)	(+381,036)	(+1,165,788)
FY 2021 Advance.....	(19,700,000)	(19,900,000)	(19,900,000)	(+200,000)	---
FY 2022 Advance.....	(445,000)	---	(465,000)	(+20,000)	(+465,000)
Trust Funds.....	8,041,287	8,453,370	8,675,601	+634,314	+222,231

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

RECAP					
Mandatory, total in bill.....	869,814,362	900,355,048	902,255,048	+32,440,686	+1,900,000
Less advances for subsequent years.....	-161,845,797	-164,017,075	-164,217,075	-2,371,278	-200,000
Plus advances provided in prior years.....	158,462,759	161,845,797	161,845,797	+3,383,038	---

Total, mandatory, current year.....	866,431,324	898,183,770	899,883,770	+33,452,446	+1,700,000
Discretionary, total in bill.....	189,378,959	166,528,716	195,433,000	+6,054,041	+28,904,284
Less advances for subsequent years.....	-24,814,001	-24,282,859	-24,834,001	-20,000	-551,142
Plus advances provided in prior years.....	24,814,001	24,814,001	24,814,001	---	---

Subtotal, discretionary, current year.....	189,378,959	167,059,858	195,413,000	+6,034,041	+28,353,142
Discretionary Scorekeeping adjustments:					
Average Weekly Insured Unemployment (AWIU)					
Contingent.....	10,000	25,000	20,000	+10,000	-5,000
Medicare Eligible Accruals					
(permanent, indefinite)1/.....	30,041	30,000	30,000	-41	---
Surplus property (Department of Labor).....	2,000	2,000	2,000	---	---

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Dislocated Workers assistance National Reserve (rescission).....	-53,000	-86,142	---	+53,000	+86,142
Foreign Labor Certification Processing (DOL).....	8,250	---	---	-8,250	---
H-1B (rescission).....	-8,250	---	-150,000	-141,750	-150,000
Nonrecurring expenses fund (rescission).....	-400,000	-400,000	-350,000	+50,000	+50,000
CMS program management reclassification (sec. 235)	---	3,000	---	---	-3,000
Childrens Health Insurance Program performance bonus (rescission).....	---	-10,052,881	---	---	+10,052,881
Childrens Health Insurance Program Annual Allotment to States (rescission).....	-2,061,000	-5,298,763	-3,169,819	-1,108,819	+2,128,944
Child Enrollment contingency fund (rescission)....	-5,654,000	-4,396,000	-6,093,181	-439,181	-1,697,181
Student loan medical deferment.....	5,000	---	---	-5,000	---
Pell unobligated balances (rescission).....	-600,000	-3,871,028	-500,000	+100,000	+3,371,028

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Amounts in thousands)

	FY 2019 Enacted	FY 2020 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Pell: Increase maximum award.....	39,000	---	50,000	+11,000	+50,000
Pell mandatory funds (rescission).....	-39,000	---	-50,000	-11,000	-50,000
SSA proposed fee for issuance of new Social Security charge.....	---	-68,000	---	---	+68,000
SSI User Fee Collection.....	-134,000	-130,000	-130,000	+4,000	---
CBO adjustment.....	5,000	-1,000	-1,000	-6,000	---
SSA SSPA User Fee Collection.....	-1,000	-1,000	---	+1,000	+1,000
CBO adjustment.....	1,000	1,000	---	-1,000	-1,000
Traditional Medicare program.....	305,000	---	305,000	---	+305,000
CNCS National Service Trust unobligated balances (rescission).....	-150,000	-40,000	---	+150,000	+40,000
Corporation for Public Broadcasting FY2020 advance (rescission).....	---	-415,000	---	---	+415,000
21ST Century Cures Act adjustment (PL 114-255)....	-711,000	-492,000	-492,000	+219,000	---
Total, discretionary.....	179,973,000	141,869,044	184,884,000	+4,911,000	+43,014,956
Grand Total, current year.....	1,046,404,324	1,040,052,814	1,084,767,770	+38,363,446	+44,714,956