

FY2017 Senate Public Health Related Report Language

Report language is excerpted from the Senate Appropriations Committee reports for the Labor-Health and Human Services (HHS)-Education bill ([Senate Report 114-274](#)), the Agriculture-Food and Drug Administration (FDA) bill ([Senate Report 114-259](#)), and the Homeland Security bill ([Senate Report 114-264](#)).

LABOR-HHS-EDUCATION APPROPRIATIONS BILL

SUMMARY OF BUDGET ESTIMATES AND COMMITTEE RECOMMENDATIONS

National Institutes of Health

Combating Antibiotic Resistant Bacteria [CARB].—Given the threat posed by the spread of antibiotic resistant bacteria, the recommendation includes \$463,000,000, an increase of \$50,000,000 above fiscal year 2016, for efforts to develop new antibiotics and rapid diagnostic tests.

Combating Opioid Abuse

It is estimated that 1.9 million American adults have an opioid use disorder related to prescription pain relievers, and 586,000 have an opioid use disorder related to heroin. According to the Centers for Disease Control and Prevention [CDC], sales from prescription opioids nearly quadrupled between 1999 and 2014 and there was a corresponding increase in deaths from prescription opioids, claiming more than 165,000 lives. Even more troubling, prescription opioids can act as a gateway drug to heroin use, another form of opioids. Approximately 3 out of 4 new heroin users abused prescription opioids before switching to heroin. To stop the spread of further opioid abuse, the bill provides \$261,000,000, an increase of \$126,000,000, or 93 percent, above fiscal year 2016, in discretionary funding to fight both prescription opioid and heroin abuse:

Abuse Prevention.— The Committee provides \$98,000,000, a \$28,000,000 increase above the fiscal year 2016 level, or 40 percent, to CDC's Prescription Drug Overdose program to enhance State-level prevention efforts such as increasing adoption of safe opioid prescribing guidelines and improving data collection and collaboration among States.

Drug Treatment.— The Committee provides \$60,000,000 to Substance Abuse and Mental Health Services Administration [SAMHSA] for grants to States to expand access to drug treatment services for those with a dependence on prescription opioids or heroin. This level is a \$35,000,000, or 140 percent, increase above fiscal year 2016. Funds will be targeted to States that have experienced the greatest increase in treatment admissions for these drugs.

Overdose Prevention.— \$26,000,000 to prevent opioid overdose, a \$14,000,000, or 117 percent, increase above fiscal year 2016. Funds will be used to help States purchase and train first responders on emergency devices that rapidly reverse the adverse effects of an opioid overdose and to increase awareness of the dangers of opioid use to the public. Of this amount, the Committee provides \$8,000,000 to prevent opioid overdose-related deaths in rural areas. Americans living in rural communities are especially vulnerable and more likely to overdose on prescription pain killers than those in urban areas, according to CDC.

Community Health Centers.—\$50,000,000 is allocated for services relating to the treatment and prevention of opioid abuse. This investment will help health centers hire over 400 new providers and treat approximately 70,000 new patients nationwide. This is in addition to the \$94,000,000 in funding that HRSA plans to provide Community Health Centers to improve and expand the delivery of substance abuse services in health centers for fiscal year 2017, with a specific focus on treatment of opioid use disorders in underserved populations.

In total, the Department is expected to spend \$356,000,000 in discretionary and mandatory funding for targeted efforts to combat opioid abuse in fiscal year 2017. In addition, States have access to the Substance Abuse Prevention and Treatment Block Grant, funded at \$1,858,079,000 in fiscal year 2017. Finally, the National Institute on Drug Abuse [NIDA] continues its efforts to understand addiction, fund research on medications to alleviate pain, support efforts to better understand the long-term effects of prescription opioid use, and research alternative ways to treat pain. NIDA receives an increase of \$52,500,000 in this act.

HEALTH RESOURCES AND SERVICES ADMINISTRATION

Bureau of Primary Health Care

Community Health Centers

Of the available funding for fiscal year 2017, bill language directs that not less than \$50,000,000 shall be awarded for services related to the treatment, prevention, and awareness of opioid abuse. In addition, not less than \$50,000,000 will be awarded for services related to mental health.

Perinatal Transmission of Hepatitis B.—The Committee is pleased that HRSA funded an evaluation of intervention strategies to eliminate the perinatal transmission of Hepatitis B. The Committee recognizes that a full evaluation of intervention strategies will require the training of health care professionals, followed by service delivery, data collection, and evaluation. The Committee encourages HRSA to incorporate these recommended intervention strategies into the required activities and funding plans for health centers.

Tuberculosis [TB].—The Committee notes that the National Action Plan for Combating Drug Resistant Tuberculosis recommends the **creation of healthcare liaisons between State and local health departments** and institutions, including health centers that serve hard-to-reach groups who are at risk for TB. The Committee looks forward to an update on **coordination between community health centers and State and local TB control programs** to help ensure appropriate identification, treatment, and prevention of TB among vulnerable populations.

Bureau of Health Professions

Public Health Workforce Development -The Committee provides \$17,000,000 for Public Health Workforce Development. This program line, also called Public Health and Preventive Medicine, funds programs that are authorized in titles III and VII of the PHS Act and support awards to schools of medicine, osteopathic medicine, public health, and integrative medicine programs.

The Committee recommendation includes funding for Public Health Training Centers and the Preventative Medicine Residency with Integrative Health Care program, as requested by the administration.

Rural Health

Telehealth for the Prevention of Opioid Abuse -The Committee encourages the Office of Rural Health Policy to explore how telehealth networks can improve access to, coordination of, and quality of prevention and treatment of the opioid epidemic, especially in rural areas. Increased use of telehealth networks will help ensure those struggling with a substance use disorder have access to the care they need, provide continuing education to rural clinicians and emergency medical providers on emerging treatment options, and will help patients who are prescribed opioids for pain management use them effectively and appropriately.

Rural Opioid Overdose Reversal Program-The Committee does not provide funding for this program under HRSA, but has provided funds to combat the opioid epidemic in rural communities through the Centers for Substance Abuse within SAMHSA.

CENTERS FOR DISEASE CONTROL AND PREVENTION

Immunization and Respiratory Disease

Cost Estimates. — The Committee is pleased with CDC's report on estimated funding needs of the Section 317 Immunization Program and requests that the report be updated and submitted not later than February 1, 2017, to reflect fiscal year 2018 cost estimates. The updated report should also include an estimate of optimum State and local operations funding, as well as a discussion of the evolving role of the 317 program as expanded coverage for vaccination becomes available from private and public sources over the next several years.

Influenza.—The Committee expects in the future that CDC and the Department will clearly identify in budget documents when and how supplemental appropriations are used. In particular, the Committee expects to be notified if any additional balances are used by CDC in fiscal year 2017.

Immunizations.—The Committee rejects the reduction to the Section 317 Immunization Program proposed by the Administration and provides funding at last year's level to enhance core activities including the infrastructure for the Vaccines for Children program. The Committee believes a strong public health immunization infrastructure is critical for ensuring high vaccination coverage levels, preventing vaccine-preventable diseases, and responding to outbreaks. During the 2015 measles outbreak, funds from this program supported State and local health departments in rapid response, public health communication, data gathering, and diagnostics.

HIV, Viral Hepatitis, STD, and TB Prevention

Hepatitis B.—The Committee is concerned that even with a Hepatitis B vaccine that is 95 percent effective, CDC estimates that there are up to 2 million Americans infected with Hepatitis B, with over 19,500 new infections occurring each year and more than 10 deaths each day as a direct result of Hepatitis B. The Committee encourages CDC to prioritize the acceleration of Hepatitis B interventions within its Viral Hepatitis program.

HIV Screening.— The Committee continues to support CDC grant programs that work to reduce the rate of undiagnosed persons among those infected with HIV, increase linkage to care, and increase viral suppression. The Committee acknowledges geographic disparities in rates of undiagnosed persons among those infected, viral suppression, and death rates based on the findings in the 2015 CDC HIV State Prevention Progress Report. The Committee requests that CDC partner closely with States to improve diagnosis rates among the undiagnosed and improve viral suppression rates, focusing specifically on States with the lowest scores on these outcome measures and with States who need to improve collection of complete laboratory data to measure viral suppression.

Tuberculosis [TB].— The Committee applauds CDC for its leadership role in the President's National Action Plan for Combating Multi Drug Resistant TB. The Committee encourages the Director to prioritize implementation of the action plan, including the plan's objective to explore the development of a national stockpile of TB drugs and diagnostics and ensure that State and local TB control programs have adequate resources to pursue the plan's goals

Viral Hepatitis Prevention Coordinators. -The Committee recognizes the importance of the Viral Hepatitis Prevention Coordinator [VHPC] program as the only source of Federal expertise on hepatitis prevention for States. The Committee encourages the Division of Viral Hepatitis to expand efforts within current resources in jurisdictions not currently funded, including U.S. territories, to build the Federal response for all impacted areas by providing technical assistance to VHPCs for the provision of core prevention services such as screening, testing, linking to care, education, and surveillance.

Viral Hepatitis Screening.— The Committee continues to support hepatitis screening activities and encourages CDC to prioritize screening programs in medically underserved and minority communities. Point-of-care testing allows for utilization of effective and innovative screening technology in a variety of health care settings.

Emerging and Zoonotic Infectious Diseases

Antibiotic Stewardship.— The Committee commends CDC on its efforts to improve antibiotic use, specifically its work to align the complementary work of antibiotic stewardship and early sepsis recognition. The Committee directs CDC to continue this dual approach for improving antibiotic use.

Combating Antibiotic Resistant Bacteria [CARB].— The Committee continues to support the CARB initiative and provides \$163,000,000 for this effort. The Committee recognizes the importance of addressing antibiotic-resistant bacteria through a “One Health” approach, simultaneously combating antibiotic resistance in human, animal, and environmental settings. The Committee directs CDC to competitively award research activities that address aspects of antibiotic resistance related to “One Health” among entities, including public academic medical centers, veterinary schools with agricultural extension services, and **State public health departments** whose proposals are in line with CDC’s strategy for addressing antibiotic resistant bacteria. CDC shall provide an updated spend plan to the Committee within 30 days after enactment of this act and include an update on these efforts in the fiscal year 2018 CJ.

The Committee encourages CDC to develop a national capacity to identify and catalog microbial genome sequences, paying attention to antibiotic-resistant microbes. The CDC should continue to pursue research opportunities in the area of antimicrobial stewardship in diverse healthcare settings and encourage regional collaborations to study the most effective strategies to improve antibiotic prescribing and stewardship.

Emerging and Zoonotic Diseases.— The Committee encourages CDC to continue improving a comprehensive outbreak response, including leveraging existing Federal and State investments to work with research universities with expertise in disease detection, surveillance, containment, and early vaccine development response capabilities.

Infectious Diseases.—The Committee notes that funding through CDC’s core Infectious Disease Program has supported the actions of public health in virtually every major infectious disease outbreak in recent years, while also building systems that work across multiple diseases and that can be leveraged according to conditions on the ground. This funding enables States to adapt to evolving health threats, with tools such as West Nile virus surveillance, foodborne disease investigations, and situational awareness during disease outbreaks.

Responding to Emerging Threats.—The Epidemiology and Laboratory Capacity for Infectious Diseases Program [ELC] strengthens the epidemiologic and laboratory capacity in 50 States, six local health departments, and eight territories. This funding provides critical support to epidemiologists and laboratory scientists who are instrumental in discovering and responding to various food and vector-borne outbreaks. The Committee provides funding for ELC grants to sustain core surveillance capacity and ensure that **State and local epidemiologists** are equipped to respond rapidly to emerging threats including antimicrobial resistant superbugs and the Zika virus.

Vector Borne Diseases.—The Committee notes the importance of the Epidemiology and Lab Capacity program to help protect the nation from Zika, West Nile, Lyme disease, and other bacterial and viral diseases caused by mosquitos, ticks, and other arthropods. CDC is encouraged to allocate the maximum amount possible to support evidence-based efforts at the **Federal, State, and local public health agencies and labs** for arbovirus control, testing, and reporting. In particular, the Committee encourages CDC to focus research on tick borne illnesses, including Lyme disease and Rocky Mountain Spotted Fever, which have increased significantly in the past decade.

Chronic Disease Prevention and Health Promotion

Asthma.—The Committee applauds CDC’s 6 |18 Initiative and its recognition that asthma is one of the most common and costly health conditions in the United States. Twenty-four million Americans have asthma, including 6.3 million children. The annual direct healthcare costs and lost productivity attributed to asthma total \$56,000,000,000. The

Committee understands that better **coordination of public health and health systems interventions** are necessary to reduce the disease burden of asthma, and encourages increased collaboration with payers.

Community Grants.—The Committee eliminated the Partnerships to Improve Community Health [PICH] in the fiscal year 2016 agreement. To lessen the disruption during PICH close out, last year the agreement directed CDC to shift fiscal year 2016 continuation costs to two chronic disease budget lines, \$30,000,000 to Heart Disease and Stroke and \$30,000,000 to Diabetes. In fiscal year 2017, PICH close out will be completed. **Therefore, the Committee has removed funds from these two chronic disease budget lines and directs that no funds shall be used for continuing PICH activities. Within 120 days of enactment of this act, the Division of Community Health shall provide a report to the Committee on evaluation plans for PICH following the final year of funding in fiscal year 2016.**

Community Prevention.—**The Committee requests that, within 120 days of enactment of this act, CDC shall provide the Committee any evaluation data or analysis related to previous investments in community prevention and health promotion, including Communities Putting Prevention to Work and the Community Transformation Grant programs. This report shall summarize previous funding histories, list projects and activities funded, and provide specific evidence-based data on how these projects advanced public health.**

Diabetes Prevention Program.—The Committee recommendation includes \$20,000,000, the same as fiscal year 2016, for the Diabetes Prevention Program. This program promoting lifestyle interventions has proven to reduce the risk of developing diabetes by 58 percent in individuals at high risk.

Division of Diabetes Translation [DDT].—The Committee recognizes the work of CDC's DDT to address the diabetes epidemic and encourages CDC to continue to ensure that the prevention needs of those Americans with, and at risk for, diabetes and prediabetes are met. The Committee believes these activities must include clear outcomes and ensure transparency and accountability that demonstrate how funding was used to support diabetes prevention and specifically **how diabetes funding reached State and local communities**. Additionally, the Committee encourages CDC to support the translation of research into better prevention and care, as well as the National Diabetes Education Program, the expansion of diabetes surveillance, and other DDT activities.

Electronic Cigarettes.—The Committee notes a rise in usage of electronic cigarettes, or e-cigarettes, by U.S. middle and high school 68 students. The Committee is aware of an ongoing NAM study on the health effects from e-cigarettes and recommendations for future federally funded research. The Committee looks forward to the results and recommendations from the study.

High Obesity Rate Counties.—The Committee remains concerned about the growing body of evidence suggesting that obesity is one of the most significant challenges facing the public health system. If this epidemic continues unabated, obesity and the many complications it causes will increase the disease burden among Americans, particularly youth. The Committee continues to include \$10,000,000 to support the rural extension and outreach services grants for rural counties with an obesity prevalence of over 40 percent. **The Committee expects CDC to work with State and local public health departments to support measurable outcomes through evidenced-based obesity research, intervention, and prevention programs.** Grants should combine basic, clinical, and population research to better understand and treat the metabolic, medical, surgical, environmental, and societal implications of obesity in cooperation with partners that have existing outreach capacity to develop and implement educational and intervention programs. CDC should focus its efforts in areas of the country with the highest burden of obesity and with the comorbidities of hypertension, cardiac disease, and diabetes from county level data in the Behavioral Risk Factor Surveillance System. The Committee encourages CDC to only support activities that are supported by scientific evidence.

Million Hearts.—The Committee supports the Million Hearts program, a public-private initiative setting goals for our Nation in preventing heart attacks and strokes. These funds support enhanced ways to implement the ABCS: aspirin

when appropriate, blood pressure control, cholesterol management, and smoking cessation, as well as activities to increase the use of cardiac rehabilitation, as appropriate.

Racial and Ethnic Approach to Community Health [REACH].— The Committee eliminates the REACH program due to funding constraints. Funding continues to be provided to other programs that conduct outreach to reduce ethnic disparities in health status.

Public Health Scientific Services

Community Preventive Services Task Force.—The Committee notes that the Task Force recommendations provide information about evidence-based options that decision makers and stakeholders can consider when determining what best meets the specific needs, preferences, available resources, and constraints of their jurisdictions and constituents. These recommendations and the reviews of the evidence on which they are based are compiled in the Guide to Community Preventive Services. The Committee recognizes CDC's continuing efforts to support the Task Force and to conduct dissemination activities that provide information to help communities make informed decisions.

Modernizing Vital Statistics Collection.—While most States now or will soon have operational electronic birth and death registration systems, many do not have the resources to maximize electronic death reporting or to modernize their systems to keep pace with new technology. The Committee encourages CDC to support States in upgrading antiquated systems and improving the quality and accuracy of vital statistics reporting.

Environmental Health

Environmental Health Activities.—The Committee is aware that local health departments are involved in a wide array of environmental health activities including groundwater protection, protection of the food supply, pollution prevention, and hazardous waste disposal. CDC is urged to ensure that funds are available to State and local health departments in communities to address local level threats.

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

Lead Poisoning.—The Committee notes that the National Advisory Committee on Childhood Lead Poisoning Prevention was disbanded in 2013. The lead poisoning crisis in Flint, Michigan, demonstrates that this committee is greatly needed by providing a forum for convening lead poisoning experts and providing these experts with an official conduit for recommendations to CDC to address emerging lead poisoning problems quickly. CDC is encouraged to re-establish this Committee. CDC is also encouraged to prioritize the geocoding and mapping of lead poisoning surveillance data, which is inexpensive and makes the data much more accessible to local jurisdictions and agencies serving lead-poisoned children.

Injury Prevention and Control

Combating Opioid Abuse.—The Committee includes \$98,000,000, an increase of \$28,000,000 above fiscal year 2016, for the Prescription Drug Overdose [PDO] Prevention for States program. CDC shall use this increase, which is \$18,000,000 above the administration's request, to expand its competitive cooperative agreement program that funds States with the greatest burden of opioid overdoses and readiness to implement prevention activities and improve interventions that monitor prescribing and dispensing practices, inform clinical practice, and protect high risk patients. The Committee notes the strong connection between abuse of prescription opioids and use of other types of opioids like heroin. Activities targeting one area will have a significant impact on the other. Therefore, funding will support activities such as implementing guidelines to improve prescribing behaviors and collecting real-time and more accurate data for heroin-related opioid deaths. The Committee urges CDC to require applicants applying for the PDO Prevention for States Program to collaborate with the State substance abuse agency or those agencies managing the State's PDMP to ensure linkages to clinically appropriate substance use disorder services.

Opioid Prescribing Guidelines.—The Committee applauds CDC’s Guidelines for Prescribing Opioids for Chronic Pain and directs the agency to translate the guidelines into succinct, usable formats and toolkits accessible to providers across the country. CDC is also directed to broadly disseminate the guidelines and toolkits to promote use among as many providers as possible. The Committee expects CDC to offer technical assistance to States and expand training modules available for continuing medical education credit and maintenance of certification to spur uptake of guidelines by professional societies and health systems. CDC is urged to coordinate with the Office of the National Coordinator for Health Information Technology to develop and disseminate clinical decision support tools derived from the opioid prescribing guidelines. CDC is also urged to work with the VA and the DOD on implementing these guidelines to ensure consistent, high-quality care standards across the Federal Government.

Global Health

Antimicrobial Resistance [AMR].—As a result of the increased global availability and over-prescription of antimicrobial medicines to humans and animals, a number of disease-causing microbes have developed resistance to drugs previously used to treat them. Yet U.S. efforts to combat AMR may be insufficient, since most resistance emerges in other regions of the world where antimicrobial use in people and food animals is rampant and poorly regulated. The Committee urges CDC to consider partnering with a coalition of hospitals, State public health departments, global health or governmental organizations, and biotech companies, among others, with the goal of linking global patterns of emerging resistance to their impact in U.S. hospitals and clinical settings. Such a coalition would attempt to identify the most important factors that contribute to the emergence and the spread of AMR infections worldwide, and how they are spread to the United States.

Tropical Disease.—The Committee recognizes the critical role the Center and its Vector Borne Disease program play in ongoing efforts to prepare for and fight tropical diseases emerging on U.S. soil, such as Dengue, Chikungunya and now Zika. The groundwork laid in the Center’s efforts on Dengue and Chikungunya will be critical for fighting Zika. The Committee recognizes that without a robust Vector Borne Disease program, the United States will be ill equipped to monitor and prepare for Zika and new vector-borne infectious disease threats.

Public Health Preparedness and Response

Emergency Preparedness.—The Committee continues to request detailed information on how State Public Health Emergency Preparedness [PHEP] funding is distributed at the local level by States. CDC is encouraged to provide in the fiscal year 2018 CJ an update on how much of the Federal PHEP funding is being allocated to local health departments and what basis or formula each State is using to make such allocations.

State and Local Preparedness and Response.—The Committee eliminates the Academic Centers for Public Health Preparedness as requested by the administration. CDC will continue to support research and training through its Office of Public Health Preparedness and Response.

Strategic National Stockpile [SNS].—The Committee encourages CDC to evaluate the latest approved advances in influenza prevention and antiviral treatment for inclusion in the SNS in preparation for pandemic influenza. Moreover, CDC should consider a comprehensive approach to preparedness through vaccines, diagnostics, and antiviral therapeutics.

U.S. Public Health Capacity and Needs.—The Committee directs GAO to issue a report within 180 days of the enactment of this act that reviews the U.S. public health system’s current capacity to respond to infectious disease outbreaks, including Federal emergency response. The GAO report shall identify response best practices based on a review of the responses to recent major global infectious disease outbreaks, and provide recommendations about how to ensure that every State public health department has the capacity to provide for a minimum necessary level of public health

services. During the course of their review and preparation of recommendations, GAO shall review the 2012 Institute of Medicine report entitled “For the Public’s Health: Investing in a Healthier Future.”.

CDC-Wide Activities

Preventative Health and Health Services Block Grant.—The Committee continues to reject the administration’s proposal to eliminate this program and provides \$160,000,000, the same level as in fiscal year 2016. These grants are crucial for States because they provide enough flexibility necessary to resolve any emerging health issues at the local level while tailoring those activities to best address the diverse, complex, and constantly changing local community.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Substance Abuse Treatment

Combating Opioid Abuse.—Of the amount provided for Targeted Capacity Expansion, the Committee includes \$60,000,000 for discretionary grants to States for the purpose of expanding treatment services to those with heroin or opioid dependence. The Committee directs CSAT to ensure that these grants include as an allowable use the support of medication assisted treatment and other clinically appropriate services. These grants should target States with the highest age adjusted rates of admissions and that have demonstrated a dramatic age adjusted increase in admissions for the treatment of opioid use disorders.

Medication-Assisted Therapy.—The Committee encourages SAMHSA to finalize regulations on prescribing buprenorphine to treat opioid dependence while supporting strategies to eliminate diversion as expeditiously as possible.

Opioids State Targeted Response/State Targeted Response Cooperative Agreements.—The Committee recognizes the valuable work conducted by Sheriff’s Departments across the country that have undertaken a collective effort to enhance the continuum of care for incarcerated individuals with substance use disorders. These efforts by Sheriff’s Departments that have jail-operation powers and corrections duties serve as a critical component as it relates to a variety of treatment and recovery support services. As SAMHSA works to allocate resources for States grappling with the opioid crisis, the Committee encourages SAMHSA to consider these efforts for the Opioids State Targeted Response grants.

Viral Hepatitis Screening.—The Committee applauds SAMHSA for encouraging grantees to screen for viral hepatitis, including the use of innovative strategies like rapid testing and urges SAMHSA to continue these efforts. The Committee notes the disproportionate impact of viral hepatitis among minority populations and the co-infection rate among individuals with HIV/AIDS. The Committee urges SAMHSA to work with minority AIDS grantees to incorporate hepatitis screening into programmatic activities.

Substance Abuse Prevention

Combating Opioid Abuse.—The Committee provides \$26,000,000 for grants to prevent opioid overdose related deaths. Part of the initiative to Combat Opioid Abuse, this program will help States equip and train first responders and other community partners with the use of devices that rapidly reverse the effects of opioids. Of this amount, the Committee provides \$8,000,000 to prevent opioid overdose-related deaths in rural areas. People in rural communities are especially vulnerable and more likely to overdose on prescription pain killers than people in urban areas, according to the CDC. The Committee encourages SAMHSA to work with HRSA in the administration of these resources to rural areas. The Committee directs SAMHSA to ensure applicants outline how proposed activities in the grant would work with treatment and recovery communities in addition to first responders. Furthermore, the Committee provides \$10,000,000 for the Strategic Prevention Framework Rx program to increase awareness of opioid abuse and misuse in communities.

AGENCY FOR HEALTH RESEARCH AND QUALITY

Antimicrobial Stewardship.—The Committee supports AHRQ’s efforts to develop, improve, and disseminate antimicrobial stewardship interventions to combat the ongoing and serious threat of antimicrobial resistance. AHRQ is directed to work closely with CDC, NIH, and other Federal agencies to coordinate efforts to improve the use of antibiotics in humans across hospital and community settings.

Healthcare-Associated Infections.—Within the Patient Safety portfolio, the Committee provides \$37,253,000, the same level as in fiscal year 2016, for healthcare-associated infection activities. Within this funding level, the Committee includes \$10,000,000 for activities as part of the CARB initiative. These funds will support the development and expansion of antibiotic stewardship programs specifically focused on ambulatory and long-term care settings. In addition, the Committee directs AHRQ to collaborate with NIH, BARDA, CDC, FDA, VA, DOD, and USDA to leverage existing resources to increase capacities for research aimed at developing therapeutic treatments, reducing antibiotic use and resistance in animals and humans, and implementing effective infection control policies.

U.S. Preventative Task Force [USPSTF].—The Committee strongly urges the Secretary to ensure greater transparency and inclusion of appropriate physician experts in the development of USPSTF recommendations. The Committee is concerned about the lack of communication with relevant stakeholders and inconsistency with recommendations by other Federal agencies or organizations. Therefore, the Committee emphasizes the need for the USPSTF to conduct outreach to relevant stakeholders, including provider groups, practicing specialists that treat the specific disease or condition under review, and relevant patient and disease advocacy organization before voting on a draft recommendation statement. To promote greater transparency, the Committee urges that any final recommendation statement include a description of comments received on the draft recommendation statement and relevant recommendations of other Federal agencies and organizations.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

Adult Immunization Quality Measures.—The Committee is aware that CMS is working to close gaps in quality measures to improve care delivery and patient outcomes, including reducing racial and ethnic health disparities. Adult immunization quality measures are one area where more work is needed as noted in the August 2014, the National Quality Forum [NQF] report entitled “Priority Setting for Healthcare Performance Measurement: Addressing Performance Measure Gaps for Adult Immunization”. The Committee recommends CMS partner with the Core Measures Collaborative and NQF’s Measure Application Partnership to address the current gaps in adult immunization measures and ensure they reflect current best practices. The Committee requests a report from CMS no later than 18 months following enactment on the steps the agency has taken to expand and improve quality measures applicable to adult immunization under Medicare and Medicaid, including an action plan to disseminate measures to enable widespread adoption.

Part D Billing of Vaccines.—The Committee is aware that Medicare Part B covers vaccines for several serious vaccine-preventable diseases, including influenza, pneumonia, and Hepatitis B for at risk patients. However, a growing number of other vaccines are only covered under Medicare’s pharmacy benefit, which can be challenging and burdensome for Part B providers to bill. This can impede beneficiary access to the full complement of vaccines recommended by the Advisory Committee on Immunization Practices. The Committee encourages CMS to prioritize the establishment and deployment of a Web-based system to facilitate access to information regarding Part D coverage criteria for vaccines and streamline billing for Part D vaccines. Such a system should reduce administrative burdens by enabling physicians to search plan coverage and allow electronic submission claims for vaccines and vaccine administration directly to Part D plans. The Committee requests a report within 1 year of enactment submitted to the Committee detailing implementation, including health care professional education efforts among health care professionals and utilization rates of recommended Part D vaccines among Medicare beneficiaries.

ADMINISTRATION FOR COMMUNITY LIVING

Chronic Disease Self-Management Program - The Committee recommends \$8,000,000 be transferred from the

PPH Fund to ACL for the Chronic Disease Self-Management Program [CDSMP]. This program assists those with chronic disease manage their conditions and improve their health status. Topics covered by the program include nutrition; appropriate use of medications; fitness; and effective communications with healthcare providers. CDSMP has been shown through multiple studies to result in significant and measurable improvements in health and quality of life, as well as reductions in hospitalizations and emergency room visits.

Elder Falls Prevention

The Committee recommends that \$5,000,000 be transferred from the PPH Fund for Elder Falls Prevention activities at ACL. Preventing falls will help seniors stay independent and in their homes and avoid costly hospitalizations and hip fractures, which frequently lead to nursing home placement. The Committee intends that these funds should be used in coordination with CDC for public education about the risk of these falls, as well as implementation and dissemination of community-based strategies that have been proven to reduce the incidence of falls among seniors.

OFFICE OF THE SECRETARY

Antibiotic Resistance.—The Committee supports the CARB initiative that strengthens efforts to prevent, detect, and control illness and deaths related to infections caused by antibiotic resistant bacteria. The Committee directs the Department to continue to work with DOD, USDA, VA, and FDA to broaden and expand efforts to track and store both antibiotic resistant bacteria genes and the mobile genetic elements from antibiotic resistant bacteria along with metadata. The Committee also recognizes the importance of basic and applied research toward the development of new vaccines as a way to prevent future antibiotic resistance through infection prevention and control. The Committee urges the Secretary to prioritize this research as part of its strategy to combat antibiotic resistance. The Committee also urges the Secretary to consider the use of existing vaccines in antibiotic stewardship efforts to help mitigate new resistance development. The Department shall include in the fiscal year 2018 CJ a detailed update on the progress being made to implement the CARB national strategy.

Antimicrobial Usage, Risks, and Prevention.—The Committee is deeply concerned about the continued misuse of dangerous chemicals and unapproved animal drugs in aquaculture production in developing countries. Findings highlighted in a November 30, 2008, report by the Food and Drug Administration [FDA] cited clear scientific evidence that the application of certain compounds during the various stages of production may result in carcinogenic, mutagenic and other negative effects to human health. The Secretary, in coordination with FDA, CDC, and other relevant Federal agencies, is directed to submit to the Committees on Appropriations within 180 days after enactment of this act a report on the current risks of unapproved substances used in foreign imported aquaculture and an updated assessment of the human health impacts associated with these risks.

Dietary Guidelines.—The Committee encourages HHS to work with related agencies to ensure that Dietary Guidelines are consistent with Federal nutrition policy, education, outreach, and food assistance programs. The Department should include an update on these efforts in its fiscal year 2018 CJ.

Opioid Use and Abuse.—The Committee notes that opiate use and addiction continue to pose epidemic-sized challenges in the United States. To increase access to life-saving anti-addiction medication, the Secretary is urged to consider whether naloxone should cease to be a prescription-only drug and be more readily available as a behind-the-counter drug. The Committee also urges the Secretary to convene or coordinate an interagency working group to encourage States and local governments to increase opportunities for disposal of opiates and to reduce opportunities for abuse, such as by establishing opioid dispensing limits at hospital emergency departments and other locations. The Secretary should take all appropriate action to increase access to treatment of opioid use disorders, including medication-assisted treatment.

Prenatal Opioid Use Disorders and Neonatal Abstinence Syndrome.—The Committee is aware that the Protecting Our Infants Act of 2015 requires the Secretary to conduct a review of the Department's planning and coordination activities

related to prenatal opioid use disorders and neonatal abstinence syndrome, as well as address gaps in research and treatment. The act also requires the Secretary to develop recommendations for preventing and treating prenatal opioid use disorders and neonatal abstinence syndrome. The Committee urges the Secretary to ensure that the report and recommendations required by the act are submitted within the timeframe required by the act.

Tuberculosis [TB].—The Committee notes the release of the President’s National Action Plan for Combating Multi Drug Resistant TB in December 2016. The Committee urges the Secretary to prioritize implementation of the plan in coordination with the Federal TB Task Force, CDC, and NIH.

United States/Mexico Border.—The Committee notes that in 2015, almost 181,000,000 people crossed this border, often to work or visit family, and were infected with, or were exposed to, serious infectious diseases. The Committee urges the Department to continue its efforts to conduct border infectious disease surveillance in order to identify and implement needed prevention and treatment. Such activity could focus on priority surveillance, epidemiology and preparedness activities along the borders in order to be able to respond to potential outbreaks and epidemics, including those caused by potential bioterrorism agents.

Teen Pregnancy Prevention

This program supports competitive grants to public and private entities to replicate evidence-based teen pregnancy prevention approaches. The Committee notes that the eligibility criteria for the most recent 5-year grant cycle for the TPP program was changed significantly from the previous grant cycle. To reflect a shift toward a collective impact strategy, prospective grantees were required to meet a minimum threshold of 700 youth to be served across three implementation sites. As a result, some communities, particularly those in rural areas, were excluded from consideration due to their smaller youth population and lack of implementation sites. These communities, with a single or very few youth-serving agencies, have limited ability to form the kind of community collaboration required by the Office of Adolescent Health. The Committee requests that HHS submit a report to the Committees on Appropriations of the House of Representatives and Senate on the differences between communities funded during the first grant cycle of the TPP program compared to the second, with a focus on the type of grantee location (urban, rural, or suburban), population size, and capacity to form a collective impact strategy.

HIV Community-Based Testing Programs.—The Committee recognizes that several community-based programs have encouraged individuals at risk for HIV/AIDS to utilize FDA-approved homebased HIV testing technology to monitor their HIV status. The Committee urges the OMH to consider pilot or demonstration program within existing resources to gauge the effectiveness of this approach.

HIV/AIDS and Hepatitis C.—The Committee continues to be concerned about the HIV/AIDS epidemic in the African American community, and is aware of the concurrent high rates of co-infection with Hepatitis C as outlined by the HHS 2015 Forum on Hepatitis C in African American Communities. The Committee urges OMH to work aggressively to address opportunities to reduce the burden of HIV/AIDS and Hepatitis C by exploring partnerships for screening and implementing community engagement programs.

Sexual Risk Avoidance

The Committee recommends \$15,000,000 for sexual risk avoidance education. This is a competitive grant program that funds evidenced based abstinence models for adolescents. Funding for competitive grants for sexual risk avoidance shall use medically accurate information referenced to peer-reviewed publications by educational, scientific, governmental, or health organizations; implement an evidence-based approach; and teach the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors.

Office of the Surgeon General

The Committee understands that the Surgeon General has announced and is in the process of creating a Report on Substance Use, Addiction, and Health. Given the current national opioid epidemic, the Committee looks forward to the report focusing on opioid research and providing recommendations for future direction on best practices to address opioid abuse.

The Committee urges the Surgeon General to develop a report on improving the health of America's children. Too many children still live in poverty, affecting their ability to be healthy, to succeed in school, and to raise healthy families themselves. A report by the Surgeon General on improving the health of children could increase awareness and generate additional effort on ameliorating this problem.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

Immunization Information Systems [IIS].—The threat of disease outbreaks and the ongoing work to target outreach to under immunized communities underscores the importance of maintaining robust immunization information systems [IIS]. The Committee is aware of the Immunization Registry Data Exchange and the Consumer Access Immunization Registry pilot projects exploring ways to improve the efficiency and effectiveness of IIS. The Committee encourages ONC to continue these pilots and requests a report to the Committee from ONC no later than 180 days after enactment of this act with findings, results, and recommendations from the pilot studies. The Committee encourages ONC to partner with CDC and other relevant HHS partners to leverage knowledge and enhance education and information sharing opportunities between registry system administrators and related State and local personnel.

Public Health and Social Services Emergency Fund

Hospital Preparedness Program.—The Committee's recommendation includes \$254,555,000 for the Hospital Preparedness Program [HPP]. This program provides grants to States to build healthcare coalitions that enhance regional and local hospital preparedness and improve overall surge capacity in public health emergencies. The Committee recognizes the importance of this program in helping communities respond to tragic events and believes this funding should be **carefully coordinated within communities** to continue to provide our Nation's hospitals and emergency responders the necessary tools to respond quickly and collaboratively to these and other public health emergencies that are inevitable in our Nation's communities.

Bioweapon Response Assessment.—The Blue Ribbon Study Panel on Biodefense, published in October 2015, noted that "certain requirements associated with highly infectious diseases and low frequency biological events fit well within hospital disaster preparedness frameworks designed to address earthquakes, hurricanes, and other disasters, but other requirements do not." The Committee believes that understanding the unique requirements necessary to respond to a biological attack will help improve our preparedness. For this reason, within 120 days of enactment, the Committee requests that the ASPR submit an assessment to the Committees on Appropriations of the House of Representatives and Senate of the unique response requirements for biological weapons attacks, including attacks that may result in mass fatalities. The assessment should also note the role of other Federal agencies in the response.

Rural Areas.—The Committee encourages ASPR to ensure that hospital systems in remote and rural areas are benefiting from this program and are prepared in cases of emergencies, epidemics, or natural disasters.

Biomedical Advanced Research and Development Authority [BARDA]

The Committee recommendation includes \$511,700,000 for advanced research and development. The Committee commends BARDA for supporting advanced development efforts of industry to develop vaccines, diagnostics, drugs, and therapeutics to minimize serious threats of infectious disease and urges BARDA to continue to invest in the development of countermeasures for infectious diseases through the CARB initiative and the Emerging Infectious Disease program.

Project BioShield Special Reserve Fund

The Committee recommendation includes \$510,000,000 for the Project BioShield Special Reserve Fund. The Committee is committed to ensuring the Nation is adequately prepared against chemical, biological, radiological, and nuclear attacks. The Committee recognizes a public-private partnership to develop medical countermeasures [MCMs] is required to successfully prepare and defend the Nation against these threats. Where there is little or no commercial market, the Committee supports the goal of Government financing providing a market guarantee.

Office of the Assistant Secretary for Health/Medical Reserve Corps

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

Pandemic Influenza Preparedness

The Committee recommendation includes \$72,000,000 for Pandemic Influenza Preparedness. Of the total, \$17,000,000 is provided in annual funding, \$40,000,000 in no-year funding, and \$15,000,000 in transfers from PHSSEF unobligated balances.

Emergency Supplemental Pandemic Influenza Balances.—The Committee requests a detailed summary from ASPR in its fiscal year 2018 CJ about the level of unspent pandemic influenza supplemental balances. This summary should include an analysis of how funds have been spent over the previous 3 fiscal years and how any remaining funds will be allocated.

USDA-FDA APPROPRIATIONS BILL

OFFICE OF THE SECRETARY

Vector Control.—The Department is encouraged to use its technical expertise in pest management to support Federal efforts to control *Aedes aegypti*, the primary vector for Zika, dengue, and chikungunya, all of which have now been reported in the United States. The Department may extend its technical support to include field trials, if appropriate, in physically isolated locales where cases of these diseases have already been reported.

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

Antibiotic Resistance.—The Committee provides a \$5,000,000 increase under Zoonotic Disease Management for data collection, sampling, surveillance, testing, and other activities associated with antibiotic resistant bacteria.

Emergency Preparedness and Response.—The Committee provides an increase of \$27,209,000 to implement lessons learned from the recent avian influenza outbreak including increasing veterinarians and animal health technicians, health, safety and biosecurity officers and developing resources and technologies for the early detection of foreign animal diseases and improved response options.

OFFICE OF THE UNDER SECRETARY FOR FOOD, NUTRITION AND CONSUMER SERVICES

Potable Water.—The Committee is aware of the statutory requirement to make potable water available to children free of charge during meal service. The Committee encourages USDA to provide guidance to schools in order to assure this requirement is being met and to report back to the Committee on these efforts.

FOOD AND NUTRITION SERVICE

WIC Food Package.— The Committee understands the Department continues to work with the Institute of Medicine to make recommendations to update the WIC food packages to reflect current science and cultural factors. The Committee maintains its interest in the recommendations that will be made regarding the fish species that scientific evidence shows to be low in mercury and are in other respects nutritious, including wild salmon, for inclusion in WIC Food Packages IV, V, VI, and VII that serve children age 1 to 4 years and pregnant, postpartum, and breastfeeding women. The Committee expects the Department to conduct a thorough and efficient review of this question and issue its final report as planned in 2017.

FOOD AND DRUG ADMINISTRATION

Funding for Food Safety- The Committee recommendation includes an increase of \$40,275,000 for the implementation of the Food Safety Modernization Act (FSMA), which is \$15,000,000 more than the budget request. This includes increases of \$18,762,000 for the National Integrated Food Safety System and \$21,513,000 for Import Safety.

National Antimicrobial Resistance Monitoring System.—The Committee recommendation includes \$10,800,000 for the National Antimicrobial Resistance Monitoring System, equal to the level provided in fiscal year 2016.

Opioid Overdose Prevention -- The Committee is very concerned about the ongoing prescription opioid abuse epidemic, and is additionally concerned by FDA's decision in August 2015 to approve OxyContin for pain management in children as young as 11 years old. As the Agency that oversees the approval of these drugs, the FDA has a responsibility to consider the public health impact of opioid abuse and overdose death. Therefore, the Committee directs FDA to continue implementing its opioids action plan announced in February 2016 to take concrete steps toward reducing the impact of opioid abuse on American families and communities, and to strongly consider the danger of addiction and overdose death associated with prescription opioid medications when approving and regulating the manufacturing, marketing and distribution of opioid medications. This plan should include policies aimed at reversing the epidemic while still providing patients access to effective pain relief. Finally, the FDA is directed to refer any new drug application for an opioid submitted under section 505(b) of the Federal Food, Drug and Cosmetic Act to an advisory committee for their recommendations prior to approval, unless the FDA finds that holding such advisory committee meeting is not in the interest of protecting and promoting public health.

Sodium Guidance.— The Committee is aware that the FDA is considering issuing guidance to food manufacturers in order to reduce sodium in various food categories. It is imperative that any guidance be issued using the latest sound science. The Centers for Disease Control and Prevention and the IOM are working together to update the Dietary Reference Intake [DRI] report on sodium. The FDA is encouraged to issue any voluntary or mandatory guidance based upon an updated DRI report.

Sunscreen Ingredients- The Committee is significantly concerned that despite the increase in incidence of skin cancer in the United States, and the January 2016 Presidential Memorandum creating the White House Cancer Moonshot Task Force to prevent and cure cancer, FDA has still not approved a new over-the-counter sunscreen ingredient through the process created by the Sunscreen Innovation Act [SIA]. The Committee has, for multiple years, directed the FDA to clear the sunscreen backlog, and the agency has failed to do so. Therefore, the Committee directs the FDA to include it its report to Congress required by section 4(c) of the SIA by May 26, 2016, an update on how the agency plans to work with stakeholders to resolve the science-based concerns raised in public comments and describe how the agency is appropriately balancing the benefit of additional skin cancer prevention tools versus the hypothetical risk of OTC sunscreens that have been used around the world for decades. FDA is further directed to work with stakeholders to come to an agreement on an appropriate, science-based testing regimen by June 20, 2016. The Committee recommendation maintains the funding increase provided in fiscal year 2016 to address this public health threat. In addition, the Committee directs the FDA to finalize a rule limiting the maximum Sun Protection Factor [SPF] to "50" or "50+", which was first proposed in 2011, within 90 days of enactment of this Act, and to issue a proposed rule to establish testing and labeling standards for sunscreen sprays within 90 days of enactment of this act.

HOMELAND SECURITY APPROPRIATIONS BILL

OFFICE OF HEALTH AFFAIRS

The Office of Health Affairs [OHA], headed by the Chief Medical Officer who also serves as the Assistant Secretary for Health Affairs, leads the Department on medical issues related to natural and man-made disasters; serves as the principal advisor to the Secretary on medical and public health issues; coordinates biodefense activities within the

Department; and serves as the Department's primary contact with other Departments and State, local, and tribal governments on medical and public health issues.

The recommended level in this account reflects funds that were requested for a new chemical, biological, radiological, nuclear, and explosives (CBRNE) Office that is not yet authorized by the Congress.

BioWatch- The Committee recommends \$69,878,000 for the BioWatch Program, \$12,000,000 below the amount requested in the proposed CBRNE Office, and \$12,200,000 below the amount provided in fiscal year 2016. This funding sustains BioWatch jurisdictional support including field and laboratory operations, logistical support, and special event requirements. In lieu of providing funds for recapitalization, training, and other support activities of the current system, the balance of the request, \$12,000,000 is recommended in S&T to speed the development of a new bio-detection technology. While this shift in resources could have a limited impact on current operations, OHA is directed to minimize the effect wherever possible in the interest of advancing a new technology. Further direction on the allocation of these funds is included in the S&T portion of this report.

National Biosurveillance Integration Center - The Committee recommends \$8,000,000 for the National Biosurveillance Integration Center [NBIC], the same amount as requested in the proposed CBRNE Office and \$2,500,000 below the amount provided in fiscal year 2016.

FEDERAL EMERGENCY MANAGEMENT AGENCY

Urban Area Security Initiative

The Committee recommends \$600,000,000 for UASI, of which \$20,000,000 shall be for nonprofit entities determined to be at high risk by the Secretary.

The Committee notes that the 9/11 Act requires FEMA to conduct a risk assessment for the 100 most populous metropolitan areas annually. All such areas are eligible for UASI funding based on threat, vulnerability, and consequence. FEMA shall justify funding decisions based on risk.

The Committee is concerned FEMA's current risk analysis does not consider certain data points which disproportionately affect non-contiguous states and territories, particularly those with large urban population centers. In particular, FEMA does not incorporate data about the proximity of a Metropolitan Statistical Area [MSA] and the ability for it to receive response resources; real-time data of international visitors; or the significance of the military mission of the defense industrial base assets. The Committee expects FEMA to develop an appropriate way to incorporate these data points when assessing risk for awarding fiscal year 2017 UASI grants. If FEMA is unable to resolve the question of how to incorporate these factors into their fiscal year 2017 risk assessment, the Committee expects FEMA to provide a report to the Committee articulating what the agency has done to attempt compliance with this directive, listing specifically what obstacles prevented the agency from complying, and providing the agency's plan to comply