

FY2018 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 ([S.1771](#)) and the [Department of Agriculture/Food and Drug Administration](#) (FDA) bill ([S. 1603](#)).

Labor-HHS-Education Appropriations Bill

COMBATING OPIOID ABUSE

Nearly 2 million American adults have an opioid use disorder related to prescription pain relievers, and almost 600,000 have an opioid use disorder related to heroin. According to the Centers for Disease Control and Prevention [CDC], the amount of opioids prescribed per person was three times higher in 2015 than in 1999, and drug overdose deaths have nearly tripled in the last 15 years.

Even more troubling, prescription opioid abuse is a risk factor for 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 \$816,210,000, an increase of \$665,000,000, or 440 percent, since fiscal year 2016, in discretionary funding to fight both prescription opioid and heroin abuse:

State Targeted Response to the Opioid Abuse Crisis Grants.— The Committee strongly encourages the U.S. Department of Health and Human Services [HHS] and the Substance Abuse and Mental Health Services Administration [SAMHSA] not to change requirements that would require States and Territories to reapply for the second year of State grant funding. By doing so, States could reduce administrative burdens and the Department could focus on promoting effective implementation of the already approved plans. The Department is directed to brief the Committee on any planned changes for fiscal year 2018 at least 30 days prior to any public announcement of such changes. Further, the Department is directed to brief the Committee quarterly on implementation of the program, including detailing obligation of such funding.

Opioid Prevention Grant.—The Committee includes a new \$15,000,000 opioid prevention grant targeted to communities and community coalitions. The Committee directs SAMHSA to develop and distribute evidence-based practices to prevent opioid abuse.

Bill-wide Directives

Children Exposed to Trauma.—The Committee encourages the Departments and agencies funded in this bill to enhance coordination on activities that address child trauma, including data collection and awarding grants. The Committee encourages the Departments and agencies to examine practices already supported by Federal agencies and solicit public feedback in order to identify, recommend, and disseminate best practices for the identification, referral, and implementation of trauma-informed interventions in child and youth-serving settings. The Committee further encourages the Departments and agencies to promote programs that incorporate trauma-informed best practices, including twogenerational interventions, integration or co-location of mental health services, or training front-line service providers in understanding trauma and implementing appropriate responses. Further, the Committee is interested in the expansion of Performance Partnerships to identify strategies to improve the effectiveness of and increase



opportunities for collaboration in Federal programs serving children exposed to trauma. The Committee requests that the GAO issue a report to explore the potential opportunities for such pilots in this area, including identifying significant Federal programs that are commonly used to provide services to children exposed to trauma; identifying overlapping but varying eligibility rules, allowable uses of funds, and other requirements, including reporting requirements, in such programs; and identifying barriers or challenges commonly faced by organizations receiving funding from multiple Federal programs to serve children exposed to trauma.

Health Resources and Services Administration

Perinatal Transmission of Hepatitis B.—The Committee appreciates that HRSA has agreed to fund an evaluation of intervention strategies to eliminate the perinatal transmission of Hepatitis B. This is consistent with the urgings of the Committee for the last four fiscal years. The Committee recognizes that a full evaluation of intervention strategies will require the training of health care professionals, followed by service delivery, and data collection. The Committee directs that HRSA's funding plans accommodate these components and this necessary sequence of activities in order to accommodate a full evaluation of the recommended intervention strategies.

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.

Children's Health and Development.—Evidence shows that experiences in early childhood have long-term health consequences over the course of a person's life. These experiences are critical for a child's educational, social, physical, and economic well-being. Children living in States with persistently high child poverty rates experience more negative health outcomes than their peers elsewhere. Therefore, the Committee provides \$3,500,000 within the Special Projects of Regional and National Significance program for the HRSA-funded study focused on improving child health through a statewide system of early childhood developmental screenings and interventions. This funding shall be used to extend the currently-funded project for another year.

Maternal Mortality.—The Committee is aware that many women in the United States suffer from maternal morbidity and the maternal mortality rate in the United States has more than doubled between 1987 and 2013. The Committee directs the Maternal and Child Health Bureau to submit a report to the Committee, no later than 180 days after the enactment of this act, on recommendations to reduce maternal mortality and morbidity rates in the United States. The report should include information and insights from States gathered through the Alliance for Innovation on Maternal Health program and other sources.

Maternal, Infant and Early Childhood Home Visiting Program.— The Committee encourages HRSA and the Administration for Children and Families to continue their collaboration and partnerships to improve health and development outcomes for at-risk pregnant women, parents, and young children through evidence-based home visiting programs.

Screening for Sexually Transmitted Diseases [STDs].—The Committee continues to support HRSA's efforts to include screening and treatment for all STDs as a part of the comprehensive clinical care provided to HIV infected individuals. The Committee encourages HRSA to continue to work with CDC's

Division of STD Prevention to establish appropriate protocols and standards to assure that these screenings are fully integrated into grant recipients comprehensive clinical care plan.

Telehealth—The Committee provides \$21,000,000, an increase of \$2,500,000 above the fiscal year 2017 level, for the Office for the Advancement of Telehealth [OAT], which promotes the effective use of technologies to improve access to health services for people who are isolated from healthcare and to provide distance education for health professionals. The Committee strongly supports OAT and their mission to expand high quality medical care to rural communities that do not have adequate access to medical providers including many medical specialties.

CENTERS FOR DISEASE CONTROL AND PREVENTION

Immunization and Respiratory Diseases

Cost Estimates.—The Committee looks forward to reviewing the fiscal year 2018 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, 2018, to reflect fiscal year 2019 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.

Immunizations.—The Committee does not support the proposed reduction to the Section 317 Immunization Program by the Administration and provides funding at last year's level. 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. The Committee acknowledges that immunization program investments in Immunization Information Systems [IIS] improve data exchange security standards and enhance the interface with electronic health records [EHRs] and other health information technology systems. IISs inform providers and support clinical decision making in terms of a patient's immunization status as well as help to identify recommended vaccines the patient may not have received, which guide public health strategies to reduce vaccine-preventable diseases.

During the 2015 multi-State measles outbreak and the ongoing, multi-State mumps outbreaks, funds from this program supported State and local health departments in rapid response, public health communication, community outreach and education, data gathering, and laboratory testing.*Hepatitis B.*—The Committee is concerned that even with a Hepatitis B vaccine that is 95 percent effective, CDC estimates that there are at least 850,000 Americans infected with Hepatitis B, with an estimated 21,900 infections occurring in 2015. The Committee notes that as a result of the opioid epidemic, infections are on the rise, with significant spikes in those areas that suffer from widespread opioid abuse. Additionally, the Committee highlights that the link between hepatitis B infection and primary liver cancer is well established with up to 15 percent of liver cancer cases in the United States caused by HBV. Many of these liver cancer cases are preventable with early detection, treatment, and vaccination. The Committee encourages CDC to prioritize the acceleration of Hepatitis B interventions within its Viral Hepatitis program commensurate with its disease burden.

Hepatitis C.—The Committee recognizes the rising rates of hepatitis C virus [HCV] infection among American Indians [AI] and Alaska Natives [AN], which surpasses many other populations. The Committee encourages CDC to work in collaboration with the Indian Health Service to support increased prevention, HCV screening, and access to treatment for AI and AN tribes.

HIV Screening.—The Committee continues to support CDC grant programs that work to improve awareness of HIV status and linkage to care. The Committee requests an update in the fiscal year 2019 CJ on CDC action to improve testing rates and reduce late stage diagnosis in States that scored low on these measures of effectiveness.

Sexually Transmitted Infections [STIs].—The Committee encourages CDC to sustain public health infrastructure, support surveillance, and continue initiatives to address STI elimination with a special focus on congenital syphilis, gonorrhea disease reduction, and the use of technology to reach at-risk populations.

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.

Liver Health.—The Committee commends CDC for its efforts to increase national awareness of viral hepatitis B and C, and requests that CDC support liver health and wellness activities in an effort to reduce morbidity and mortality for persons infected with viral hepatitis who develop liver disease, cirrhosis, liver failure, and liver cancer.

Combating Antibiotic Resistant Bacteria [CARB].— 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 encourages 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 include an update on these efforts in the fiscal year 2019 CJ.

Healthcare-Associated Infections [HAIs].—The Committee acknowledges CDC has made significant progress on HAIs prevention and data collection at acute-care hospitals, but gaps in data collection and reporting on HAIs persist across outpatient, post-acute, and long-term care facilities. The Committee recognizes that voluntary participation in the National Healthcare Safety Network continues to grow among dialysis facilities, nursing homes, and ambulatory surgical centers, and encourages CDC to continue to expand its data collection efforts to these healthcare providers.

Lyme Disease and Related Tick-Borne Illnesses.—The Committee encourages CDC to support surveillance and prevention of Lyme disease and other high-consequence tick-borne diseases in endemic areas as well as areas not yet considered endemic. CDC should work closely with States to advance the use of Integrated Pest Management for prevention and control of tick-borne diseases. The Committee encourages CDC to coordinate with NIH, NIMH, and NINDS on publishing reports that assess diagnostic advancements, methods for prevention, the state of treatment, and links between tick-borne disease and psychiatric illnesses. Further, the Committee is concerned by reports that cases of Lyme disease are under-reported and encourages CDC to re-evaluate surveillance criteria used to track cases of the disease while assisting States to more accurately evaluate prevalence. The Committee requests a report within 180 days of enactment of this act on how CDC is examining the potential misuse of the Lyme disease case definition. The report should also include updates on the implementation of the Lyme

disease program, including advancing more sensitive diagnostic tests and details of how Lyme disease funds were spent in fiscal year 2017.

Responding to Emerging Threats.—The Committee maintains funding for the Epidemiology and Laboratory Capacity [ELC] Infectious Diseases Program which 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 requests a report 180 days after enactment of this act that details how CDC worked and is continuing to work with the States most vulnerable to Zika and other vector-borne diseases. Further, the Committee encourages CDC to provide a progress update in the fiscal year 2019 CJ on meeting goals and performance indicators to prevent new infections, improve health outcomes, and reduce disease-related disparities.

Zika Virus.—The Committee continues to support CDC’s preparedness and response efforts to control outbreaks of Zika virus infection. The Committee encourages CDC to examine innovative vector control technologies to enhance current vector-borne disease control efforts. CDC should continue to work closely with the vector control unit in Puerto Rico and the most vulnerable States to address not only basic surveillance and research but also the use of new approaches to limit the spread of infected mosquitoes through innovative vector control technologies which can be effective in environments and locations not amenable to traditional pesticides.

Chronic Disease Prevention and Health Promotion

The mission of the National Center for Chronic Disease Prevention is to provide national leadership in promoting health and wellbeing through prevention and control of chronic diseases. Nearly one-half of all American adults have at least one chronic illness; such diseases account for nearly 70 percent of all U.S. deaths and three-quarters of all healthcare costs in the United States. The Committee does not include the administration’s proposal to create a new block grant and instead maintains the existing program line items, including funding mechanisms as they existed in fiscal year 2017.

The Committee believes the existing funding structure allows for the greatest transparency, accountability, and measured outcomes for Congress and the taxpayer. Chronic diseases, such as arthritis, cancer, diabetes, heart disease, stroke, and obesity are the leading causes of death and disability in the United States and account for 86 cents of every dollar spent on health care. Therefore, a robust investment in the prevention and control of chronic diseases, including chronic conditions like Alzheimer’s disease, epilepsy, lupus, and colorectal, prostate, and skin cancers is essential to curb health spending and improve health and quality of life for millions of Americans.

Chronic Pain.—The Committee commends CDC for including chronic pain in the Healthy People 2020 initiative. The Committee encourages CDC to analyze data collected from the chronic pain questions included in the 2017 National Health Interview Survey and to clarify the incidence and prevalence of various pain syndromes differentiated by patient age, comorbidities, socioeconomic status, race, and gender. The Committee further encourages CDC to collect data on direct and indirect costs of pain

treatment and effectiveness of evidence-based treatment approaches and include this information in the fiscal year 2019 CJ.

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, care, and surveillance. The Committee encourages CDC to explore opportunities to expand virtual delivery of the National Diabetes Prevention Program’s lifestyle change program in rural areas where patients have provider care access challenges.

Early Child Care Collaboratives.—The Committee recognizes that the early care and education setting is important for promoting healthy habits in young children. The Committee provides \$4,000,000 to the National Early Child Care Collaboratives to enable training of early care and education providers in implementation of healthy eating and physical activity best practices, including strategies for engaging families. Funds will also support technical assistance for integration of healthy eating and physical activity best practices into existing State and local professional development systems’ early care and education settings, and health initiatives. The Committee also encourages the program to serve a mix of rural, suburban and urban areas, including areas with high childhood obesity rates.

Electronic Cigarettes.—The Committee notes a rise in usage of electronic cigarettes, or e-cigarettes, among U.S. middle and high school students. The Committee is aware of an ongoing NAM study on the health effects from e-cigarettes that is due out at the end of 2017, which will include recommendations for future federally funded research. The Committee encourages CDC to examine the recommendations from the NAM study and report to the Committee on opportunities that may exist for further research.

Heart Disease and Stroke Prevention.—While largely preventable, cardiovascular disease, including heart disease and stroke, continues to inflict the highest burden on our Nation’s long-term health and economic stability. The Committee continues funding to support, strengthen, and expand heart disease and stroke prevention and control activities within State, local, and tribal public health departments and to enhance surveillance and research to target high burden populations and guide public health strategies. The Committee encourages CDC to prioritize these funds to communities with the highest disease burden of heart disease and stroke to identify and disseminate novel and innovative evidence-based strategies, including scientifically valid risk factor reduction measures, through competitive awards.

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. Preference should be given to States where at least 10 percent of counties meet the requirements of this program. In addition, CDC shall 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 support only activities that are supported by scientific evidence.

Million Hearts 2022.—The Committee continues to support Million Hearts 2022 to capitalize on the solid foundation, best practices, evidence, shared tools, and progress made on this public-private initiative to prevent heart attacks and strokes. Funding will allow for mobilization of communities and the healthcare sector to implement evidence-based interventions to prevent heart disease and stroke in areas with the highest burden by implementing the ABCS: Aspirin when appropriate, Blood pressure control, Cholesterol management, and Smoking cessation; supporting innovative strategies to increase physical activity; using cardiac rehabilitation; and developing innovative, scalable approaches to improve cardiovascular health.

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.

Safe Motherhood and Infant Health.—The Committee continues to support activities within this line related to maternal and infant health, such as State-Based Perinatal Collaboratives and the Pregnancy Risk Assessment Monitoring System, at the fiscal year 2017 enacted level. The Committee recommendation does not include funding for the teen pregnancy prevention cooperative agreement.

Stroke Prevention.—States in the Stroke Belt have age-adjusted stroke mortality rates that are significantly higher than the national average. The Committee encourages the Division to further focus its resources in the Stroke Belt, including the development of a comprehensive strategy to address stroke mortality and morbidity in the region. CDC shall provide an update on these efforts in the fiscal year 2019 CJ.

Birth Defects and Developmental Disabilities

Disability and Health Officer.—The Committee encourages CDC to re-appoint a Chief Disability and Health Officer and re-establish the Disability and Health Work Group to provide leadership, coordination, and collaboration among Centers in order to expand and improve efforts to enhance the health of individuals with disabilities.

Public Health Scientific Services

Digital Bridge.—The Committee remains interested in an integrated public health surveillance strategy to improve real-time surveillance and situational awareness. The Committee is encouraged by efforts underway at CDC and by public-private partnerships such as the Digital Bridge initiative that connect the health care system, electronic health record vendors, and public health authorities at all levels to reduce reporting burden and scientific, administrative, and fiscal inefficiencies.

Modernizing Vital Statistics Collection.—While most States have 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

Asthma.—The Committee continues to support the work of the National Asthma Control Program, recognizing that asthma is one of the most common and costly health conditions in the United States. The Committee understands that better coordination of public health and health systems interventions are necessary to reduce the burden caused by asthma and encourages CDC to continue its collaboration with payers and health systems.

Environmental Health Activities.—The Committee is concerned about the increasing health effects on people with asthma, cardiovascular disease, and other chronic diseases caused by increased spread of vector-borne disease, air pollution, extreme weather events, and longer allergy seasons. The Committee directs CDC to continue to help state and local health departments plan for these public health threats and to focus on protecting the most vulnerable individuals and communities.

Lead Poisoning.—The Committee notes that the fiscal year 2017 Omnibus provided an additional \$35,000,000 in multi-year lead poisoning prevention efforts for a lead exposure registry and an advisory committee. CDC is directed to provide a status update on these activities in the fiscal year 2019 CJ.

Newborn Screening.—The Committee requests CDC provide an update in the fiscal year 2019 CJ on actions planned and on-going to work with States on ways to ensure screening of infants for diseases for which there is a preventable and/or effective treatment. Further, the update should note what steps can be taken to encourage States to adopt and implement new Recommended Uniform Screening Panel conditions within one year of their addition.

Injury Prevention and Control

Biosurveillance Program.—The Committee continues to be very concerned about the high rate of opioid abuse and understands data can facilitate forecasting of overdose risk by geographic region. Therefore, the Committee instructs CDC to begin using data from the Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality program to provide such forecasts that public health officials can use to intervene and prevent overdoses. CDC should focus on States experiencing the highest rates of opioid related overdosing then expand into a national system.

Combating Opioid Abuse.—CDC Prescription Drug Overdose Prevention [PDO] activities fund critical work in all 50 States and Washington, DC. Activities support rigorous monitoring, evaluation, and improvements in data quality at a national level, including data collection and analysis on heroin-related overdose deaths. These funds provide States with the greatest burden of opioid abuse the ability to implement prevention activities and improve interventions that monitor prescribing and dispensing practices. This includes maximizing the use of State-based Prescription Drug Monitoring Programs [PDMPs] as a public health tool to assist in clinical decision-making and in conducting surveillance. The Committee expects CDC to continue to expand and evaluate an innovative model to coordinate care for high-risk opioid patients to ensure safer, more effective care. Further the Committee strongly encourages CDC to support local prevention activity to determine the effectiveness of naltrexone in treating heroin and prescription drug abuse and reducing diversion of buprenorphine for illicit purposes

Opioid Prescribing Guidelines.—The Committee commends CDC for building awareness about responsible opioid prescribing practices by publishing the Guideline for Prescribing Opioids for Chronic

Pain. The Committee notes that opioid prescribing for acute pain remains a significant driver of initial opioid prescriptions, especially for youth. The Committee encourages CDC to continue its leadership in prevention of the opioid epidemic by developing prescribing guidelines for acute pain, including those which are applicable to emergency physicians, surgeons, and dentists. CDC is encouraged 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.

Rape Prevention.—The Committee recognizes that 25 percent of rape prevention programs currently have a wait time of over a month. The Committee therefore has provided an increase of \$5,000,000 for CDC’s rape prevention and education program and directs that at least 75 percent of the program’s funds go to States for State and local prevention activities.

Trauma Surveillance.—The Committee commends CDC for providing funding to States to conduct surveillance on youth and adult behavioral risk factors. The Committee encourages CDC to prioritize collection and reporting of data on adverse childhood experiences, including exposure to violence. The Committee also encourages CDC to report on the prevalence of adverse childhood experiences across geography, race and ethnicity, and socioeconomic status and to examine ways to target such areas or populations with high rates of measured adverse childhood experiences.

Public Health Preparedness and Response

Emergency Preparedness.—The Committee recognizes the importance of the Public Health Emergency Preparedness program [PHEP] in helping States and territories strengthen their public health system capacity. In doing so, the Committee does not include the proposed cut to the program and instead provides the same level of funding as fiscal year 2017. The Committee continues to request detailed information on how PHEP funding is distributed at the local level by States. CDC is encouraged to provide in the fiscal year 2019 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.

Strategic National Stockpile.—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. Further, the Committee encourages BARDA and CDC to better coordinate the handoff of new countermeasures being purchased for the Strategic National Stockpile and, as appropriate, maintain BARDA involvement to negotiate technical details of future procurement. The Committee requests a report within 90 days of enactment of this act detailing the number of potential FDA-approved MCMs that will be needed in the SNS over the next 3 fiscal years (including new products or products currently in the SNS that will require replenishment), and the anticipated costs to purchase these products while maintaining current SNS products.

CDC-Wide Activities and Program Support

Preventive Health and Health Services Block Grant.— The Committee continues to oppose this administration’s and the previous administration’s proposal to eliminate this program. The Committee provides \$160,000,000, the same level as in fiscal year 2017. 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.

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

National Institutes of Health

Combating Antibiotic Resistant Bacteria [CARB].—The Committee remains deeply concerned about the threat posed by the increasing prevalence of antibiotic resistant bacteria. In fiscal years 2016 and 2017, NIAID used funding appropriated by the Committee to expand its support for basic, translational, and applied research on antibiotic-resistant pathogens and the molecular mechanisms of antimicrobial resistance. The Committee strongly supports NIAID’s efforts to continue these efforts, and includes \$513,000,000, an increase of \$50,000,000, to fund clinical trials of new antibiotics and novel uses of licensed antibiotics meant to limit the development of antibiotic resistance, as well as the development of diagnostics to quickly identify bacterial pathogens to inform antibacterial stewardship. These funds will also make it possible for NIAID to partner with Federal, academic, and industry researchers to develop diagnostics, immunoprophylactics, therapeutics, and vaccines that target multiple antibiotic-resistant bacteria. The Committee encourages NIH to continue to expand its collaboration with USDA and CDC to increase our understanding of antibiotic resistance and improve the responsible use of antibiotics in agriculture. The Committee requests an update on these activities in the fiscal year 2019 CJ.

Hepatitis B [HBV].—The Committee notes that infection with HBV is a serious public health threat and is associated with approximately 887,000 deaths each year worldwide, making it a leading cause of death in the world. In the United States, 1 in 20 Americans has been infected with HBV and up to 2,200,000 are chronically infected. Left undiagnosed and untreated, 1 in 4 of those with chronic HBV infection will die prematurely from cirrhosis, liver failure, and/or liver cancer. In light of this public health threat, the Committee is concerned that NIH research spending on HBV research was only \$49,000,000 in 2016 and has declined by almost 16 percent since fiscal year 2011. With Hepatitis C now curable and study of the entire HBV life cycle now possible, NIAID is urged to intensify its current efforts to find a cure for HBV. To meet this goal, the Committee urges NIAID to issue targeted calls for HBV research proposals in fiscal year 2018 focused upon therapeutic development and the many research opportunities identified by the scientific community.

Sexually Transmitted Diseases [STDs].—The Committee is aware of the most recent STD Surveillance Report that found that the total combined reported cases of chlamydia, gonorrhea, and syphilis reached a record high and that the CDC estimates 20,000,000 new STDs occur every year. The Committee encourages NIAID to work in collaboration with CDC to develop effective strategies for prevention and treatment approaches, including vaccine development, to combat STDs, and to increase research to understand the evolution and structure of STDs and the inter-relationship with HIV/AIDS to better control for these diseases.

Vector-borne Disease.—The Committee continues to support NIAID’s ongoing research on a variety of vector-borne diseases including Zika, chikungunya, and dengue, and the Institute’s development of effective countermeasures and strategies. The Committee supports NIAID developing new and expanded research efforts to enhance the array of innovative vector control technologies to counter transmission of Zika and other vector-borne infectious disease threats.

Zika-Related Conditions.—The Committee encourages NIAID, along with other Institutes and Centers, to establish cross-cutting research activities to combat Zika-related conditions, including Guillain-Barre’ syndrome.

Barriers to Research.—The Committee is concerned that restrictions associated with Schedule 1 of the Controlled Substance Act effectively limit the amount and type of research that can be conducted on certain schedule 1 drugs, especially marijuana or its component chemicals and certain synthetic drugs. At a time when we need as much information as possible about these drugs, we need to review lowering regulatory and other barriers to conducting this research. The Committee directs NIDA to provide an update in the fiscal year 2019 CJ on the barriers to research that result from the classification of drugs and compounds as Schedule 1 substances.

Drug Treatment in Justice System Settings.—The Committee understands that providing evidence-based treatment for substance use disorders offers the best alternative for interrupting the drug use/criminal justice cycle for offenders with drug problems. Untreated substance-using offenders are more likely to relapse into drug use and criminal behavior, jeopardizing public health and safety and taxing criminal justice system resources. Treatment has consistently been shown to reduce the costs associated with lost productivity, crime, and incarceration caused by drug use. The Committee applauds NIDA’s focus on adult and juvenile justice populations in its research, supports this important work, and asks for a progress report in the fiscal year 2019 CJ.

Opioid Misuse and Addiction.—The Committee continues to be extremely concerned about the epidemic of prescription opioids, heroin, and synthetic opioid use, addiction, and overdose in the United States. Approximately 144 people die each day in this country from opioid overdose, making it one of the most common causes of non-disease-related deaths for adolescents and young adults. This crisis has been exacerbated by the availability of fentanyl and its analogs in many communities. The Committee appreciates the important role that research can and should play in the various Federal initiatives aimed at this crisis. Although NIDA has studied the effectiveness and risks associated with long-term opioid use for chronic pain, little research has been done to investigate new and alternative treatment options. The Committee urges NIDA to expand scientific activities related to research on medications used to treat and reduce chronic pain. The Committee encourages NIDA to coordinate with the agencies of the NIH Pain Consortium, the pharmaceutical industry, experts in the field of pain research and addiction, and the medical research community at large to identify gaps in scientific research related to opioid abuse and addiction, and the treatment of chronic pain, especially the development of medications with reduced abuse liability. NIDA is encouraged, as appropriate, to work with private companies to fund innovative research into such medications and 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 abuse and addiction. Finally, the Committee also requests an update for the NIH’s plan of action to implement Section 108 of the Comprehensive Addiction and Recovery Act, directing the NIH to consider recommendations made by the Interagency Pain Research Coordinating Committee in concert with the Pain Management Best Practices Inter-Agency Task Force, and in accordance with the National Pain Strategy, the Federal Pain Research Strategy, and the NIHWide Strategic Plan for Fiscal Years 2016–2020, the latter of which calls for the relative burdens of individual diseases and medical disorders to be regarded as crucial considerations in balancing the priorities of the Federal research portfolio.

Hepatitis B [HBV].—The Committee recognizes that HBV infection is a serious public health threat. Though infection rates are less than one percent in the United States, Asian Americans and Pacific Islanders experience about 60 percent of the chronic HBV burden. Left undiagnosed and untreated, one in four of those with chronic HBV infection will die prematurely from cirrhosis, liver failure, and/or liver cancer. The Committee also notes that the link

between HBV infection and primary liver cancer is well established, with up to 60 percent of global liver cancer cases caused by HBV. The Committee requests that OD ensure that NCI, NIAID, NIMHD, and NIDDK coordinate their strategic research agendas to work toward finding a cure for HBV. The Committee further requests an update on these efforts be included in the fiscal year 2019 CJ.

Population Health Training.—The Committee acknowledges the growing understanding that the living systems that produce health and disease encompass health determinants “from cells to society.” The Office of Behavioral and Social Science Research should continue to work with NIH Institutes and Centers to encourage interdisciplinary population health science training to enhance our understanding of how social, cultural, genetic, biological, and environmental factors combine to influence outcomes in health and human development.

Substance Abuse and Mental Health Services Administration

Mental Health

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

Substance Abuse Treatment

Combating Opioid Abuse.—Of the amount provided for Targeted Capacity Expansion, the Committee includes \$55,800,000 for discretionary grants to States for the purpose of expanding treatment services to those with heroin or opioid dependence. The Committee continues to direct 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.

School-based Opioid Prevention.—When awarding opioid research and response grants, the Committee encourages SAMHSA, in coordination with CDC, to include school-based intervention programs that provide parents and teachers with the knowledge to monitor students and provide an opportunity for early intervention. Further, SAMHSA is encouraged to include screening and referral to treatment for primary, middle and high school students and young adults at universities and to put in place support systems to help prevent influence from drug-using peers.

State Targeted Response to the Opioid Abuse Crisis Grants.—The Committee continues to provide \$500,000,000 for State Targeted Response Grants [STR], for a total of \$1,000,000,000 in the past two fiscal years. The Committee encourages HHS to ensure that these grants are focused on activities that can continue to provide opioid related treatment and abuse prevention services after Federal funding has ended. It is critical that the Federal and state response to this epidemic continues to prioritize local efforts to support communities facing unmet opioid treatment, prevention, and recovery needs. The Committee strongly encourages HHS and SAMHSA to refrain from any action that would require States and Territories to resubmit a grant proposal for the second year of State grant funding. By doing so, States could reduce administrative burdens and the Department could focus on promoting and implementing already approved plans. The Committee directs the agency to ensure States provide funds directly to local communities and counties to address the opioid crisis in areas of unmet need, and to report the Committee on such plans 1 year after enactment. SAMHSA is also directed to provide State agencies with technical assistance concerning how to enhance outreach and direct support to rural and

underserved communities and providers in addressing this crisis. Further, the Committee is concerned that SAMHSA has restricted State flexibility for addressing the opioid crisis by limiting the amount of funding that can be used for opioid prevention activities.

Treatment Facility Expansion.—The Committee is deeply concerned about the devastating impact that the opioid epidemic is having on families and communities throughout the country and recognizes the need to increase access to treatment facilities. The Committee requests that SAMHSA explore ways that grantees could access Federal funding for the capital costs of new treatment facilities, including planning, construction, repair, preventive maintenance, environmental support, improvement, extension, alteration, purchase of fixed equipment or facilities, as well as the acquisition of land. SAMHSA shall provide an update on these efforts, including any recommendations, in the fiscal year 2019 CJ.

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

Alternatives to Opioids.—The Committee is aware of programs that provide innovative approaches to preventing opioid addiction and dependency by using evidenced-based treatment options and alternatives to the uses of opioids. The Committee is encouraged that these programs can help reduce dependence on opioids and encourages SAMHSA to develop and disseminate best practices in preventing opioid abuse.

Combating Opioid Abuse.—The Committee provides \$12,000,000 for grants to prevent opioid overdose related deaths. As 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. The agreement also provides \$12,000,000 for First Responder Training grants. Of this amount, \$6,000,000 is set aside for rural communities with high rates of substance abuse. SAMHSA is directed 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.

Opioid Prevention Grants.—The Committee understands that efforts to address the opioid crisis must include community-based strategies to prevent opioid abuse. Therefore, the bill provides \$15,000,000 for a new opioid prevention program. SAMHSA shall award opioid prevention grants to communities and community coalitions based on the current state of evidence-based and promising practices. Of the amounts provided, the Committee directs that no more than \$1,000,000 be used to conduct an evaluation of these grants to determine effectiveness. Further, the Committee directs SAMHSA to continue providing technical assistance to communities and coalitions by developing and distributing a list of best practices to prevent opioid abuse. SAMHSA is directed to work with NIDA, other Federal agencies, appropriate stakeholder groups, and States, in implementing these grants and developing best practices. Furthermore, SAMHSA should update this list based on new research findings, including the evaluation of the opioid prevention program grants.

Agency for Healthcare Research and Quality

Healthcare-Associated Infections.—Within the Patient Safety portfolio, the Committee provides \$36,000,000, the same level as in fiscal year 2017, 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.

U.S. Preventative Services Task Force [USPSTF].—The Committee notes the USPSTF’s inclusion of additional stakeholders and physician experts during its recent process for drafting the updated prostate cancer screening recommendation. However, the Committee remains concerned about the lack of transparency in the process and directs the USPSTF to include a description of comments received on the draft recommendation statement and relevant recommendations of other Federal agencies and organizations in any final recommendation.

Centers for Medicare and Medicaid Services

Diabetes Prevention and Telehealth.—The Committee commends CMS’s 2017 announcement that the Center for Medicare and Medicaid Innovation will test virtual care for the Medicare Diabetes Prevention Program. The Committee encourages CMS to consider additional ways in which Medicare will cover remote patient monitoring and urges CMS to evaluate how telehealth can be an effective way to prevent and manage diabetes and other chronic diseases, specifically for beneficiaries in rural settings and for those without access to specialized chronic disease care.

Immunization Information System Interoperability.—The Committee is aware that HHS has made HITECH funding available to support connectivity and interoperability between Medicaid providers and Immunization Information Systems [IIS]. The Committee encourages the Secretary to work with the Office of Management and Budget to evaluate how waiving match requirements, as applicable, may encourage many State and local health departments to take advantage of this funding opportunity. The Committee requests data from CMS on State and local health departments’ expenditures on IIS interoperability within 18 months after enactment of this act.

Rural Health.—While nearly a quarter of the U.S. population lives in rural areas, access to CAHs continues to be a challenge for many residents as these hospitals face significant financial challenges. The majority of rural residents are older, poorer, and less likely to have employer sponsored health plans. As a result, if a rural hospital closes, many patients end up driving long distances to see a doctor, forgo seeking medical care, or even worse, wait until it is too late to seek proper medical attention. These patients spend more money out of pocket to travel and miss routine preventative care which will end up increasing healthcare costs in the long run. The Committee appreciates the ongoing work of CMS and HRSA to analyze the impact of proposed regulations on rural hospitals and other providers and is pleased with the recent establishment of the Rural Health Council to address the unique needs of rural communities. The Committee continues to direct CMS to work with HRSA’s Office of Rural Health and provide an update in the fiscal year 2019 CJ on actions taken to alleviate the disproportionate impact of regulations, reimbursement cuts, and workforce issues on rural hospitals.

Use of Opioid Drugs to Manage Chronic Pain.—The Committee understands that opioid pain medications are used and are often essential in the appropriate management of acute and chronic pain. Given the national problem of misuse and abuse of prescription opioid pain medications, the Committee encourages CMS to increase awareness of alternative pain management strategies to opioids to reduce opioid monotherapy in appropriate cases.

Vaccine Utilization.—The Committee is concerned about the underutilization of vaccinations, particularly pneumococcal vaccines and encourages CMS to continue to require that electronic health records communicate with immunization registries, so that clinicians accessing the registries have the most complete immunization history available and to continue efforts to remind beneficiaries and their providers to adhere to the recommendations.

Administration for Community Living

Chronic Disease Self-Management Program

This program assists those with chronic disease to 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 General Departmental Management

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 encourages 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 2019 CJ a detailed update on the progress being made to implement the CARB national strategy.

Chronic Pain.—The Committee remains concerned about the public health epidemic of chronic pain. The Committee is pleased with the Department's release of the National Pain Strategy and encourages the Secretary to implement efforts across all relevant HHS agencies and in coordination with the DOD and VA. Given the seriousness of this public health epidemic and its relationship to the opioid crisis, the Committee requests an update on implementation efforts within 180 days of enactment of this Act.

Diabetes.—The Committee urges the Secretary to convene a commission comprised of healthcare providers, patient advocates and Federal agencies that operate programs that impact the care of people with pre-diabetes and diabetes. The goal of such a commission would be to make recommendations about developing improved clinical resources and tools, innovative care models, quality measures and registries, diabetes screening programs and other prevention activities.

Drug Resistant 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 encourages the Secretary to prioritize implementation of the plan in coordination with the Federal TB Task Force, CDC and NIH.

Opioid Medical Record Reporting.—The Committee is deeply concerned about the devastating impact that the opioid epidemic is having on families throughout the country, and recognizes that medical providers must have access to information about their patients’ past opioid addiction if that information is provided by the patient. The Committee encourages the Secretary to develop and disseminate standards that would allow hospitals and physicians to access the history of opioid addiction in medical records (including electronic health records) of any patient who has provided information about such addiction to a healthcare provider.

Opioid Response.—The Committee believes that the Federal response to the opioid epidemic will be most effective if resources made available through the Comprehensive Addiction and Recovery Act [CARA] and related programs are directed to strategies that are backed by strong evidence or to innovative and promising approaches that will be rigorously evaluated to learn their impact. In implementing new and existing programs that address the opioid epidemic, the Department is encouraged to utilize evidence-based policymaking principles, tools, and program designs such as those disseminated by the Evidence-Based Policymaking Collaborative. The Committee encourages HHS to collaborate with outside researchers and philanthropic organizations that focus on improving the use of rigorous research to inform policy.

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 requests an update on these activities in the fiscal year 2019 CJ.

Public Health in Indian Country.—The Committee supports the Secretary’s current initiatives to address public health crises such as viral hepatitis, HIV/AIDS and opioids, that disproportionately impact Indian Country. The Committee requests that HHS provide an update on these efforts in the fiscal year 2019 CJ.

Sexual Risk Avoidance—The Committee recommends \$25,000,000 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.

United States/Mexico Border.—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. The Department 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.

Vector Control.—The Committee continues to support HHS’s preparedness and response efforts to control outbreaks of Zika virus infection and the Committee supports continued collaboration amongst the CDC, NIH, FDA, BARDA, DOD, USAID, USDA, DHS, and VA. The Committee notes recent reports showing some infants born without microcephaly develop it later in life or develop other neurological problems. HHS should continue to research and monitor these infants and work closely with the vector control units across the country to limit the spread of infected *Aedes aegypti* mosquitoes. In an effort to foster greater coordination, collaboration and transparency across agency lines, the Committee urges the Secretary to establish a coordinating office to facilitate and expedite the Government’s response to vector-borne disease threats, including combating the spread of disease through innovative vector control technologies.

Zika.—The Committee remains concerned about the multiple threats posed by the Zika virus, including health threats to infants exposed to the virus. The Committee encourages the Secretary to continue surveillance of the disease along with efforts to further develop diagnostics and a vaccine.

Office of Minority Health

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 encourages 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.

Office of the Assistant Secretary for Preparedness and Response

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 vital importance of this program in helping communities respond to tragic events, for this reason the Committee includes the same funding level as fiscal year 2017. While the Committee acknowledges the need to incorporate risk, the Committee rejects the administration proposal to change the allocation formula that would leave 26 States and territories without HPP funding. The Committee 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.

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.

Office of the National Coordinator for Health Information Technology

Electronic Health Records [EHR].—The Secretary is encouraged to study approaches to improve person-centered healthcare through patient access to health information. This work should examine accurate and timely record matching so that all EHR systems are collecting the information necessary for a fully interoperable system that protects patients from identity mismatch errors, but also considers patient privacy and security.

Public Health and Social Services Emergency Fund

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.

Infectious Diseases.—The Committee commends BARDA for supporting advanced development efforts to develop vaccines, diagnostics, drugs, and therapeutics to minimize serious threats of infectious diseases. BARDA is encouraged to continue to proactively prepare for emerging infectious disease outbreaks, including investing in rapid screening technology.

Tuberculosis.—The National Strategy for CARB identified drug resistant TB as a serious threat level pathogen and new diagnostic, treatment and prevention tools are urgently needed to address this global health threat. The Committee encourages BARDA to support the development of new TB diagnostic tests, drugs and vaccines through the CARB initiative, and the Emerging Infectious Disease program.

Vector-Borne Disease Control.—The Committee is aware that since the enactment of the Pandemic and All-Hazards Preparedness Act, BARDA has led efforts to define, develop, and acquire medical countermeasures to reduce the threats of public health emergencies such as Zika. The Committee encourages BARDA to explore innovative vector control technologies that provide immediate opportunities for countermeasure development to address the non-native Zika-carrying *Aedes aegypti* mosquito population in ways that are environmentally friendly and that may reach places where many pesticides cannot.

Department of Agriculture

Office of the Secretary -

Zoonotic Disease Collaboration.—The Committee believes that complex problems affecting the health of humans, animals, and the environment are best solved through important communication, cooperation, and collaboration across disciplines, sectors, between agencies, and between other appropriate domestic and international actors. The Committee requests a report detailing existing collaborative efforts between FDA, USDA, and other agencies to prevent and respond to zoonotic disease outbreaks in animals and humans; a proposed framework to improve these efforts; and specific activities requested to achieve the proposed framework.

Antimicrobial Research and Development.—The Committee strongly supports enhanced research efforts to advance the development of alternatives to antibiotics used in animal production. The Committee encourages ARS to examine the role of nutritional alternatives/feed additives containing bioactives and prebiotics that may lead to reduced antibiotic use and boost immune responses in livestock. The Committee requests that ARS provide an update on this effort in its fiscal year 2019 budget request.

Breastfeeding Study.—The Committee recognizes the important role of the Special Supplemental Nutrition Program for Women, Infants, and Children [WIC] in encouraging breastfeeding. Breastfeeding can be an important preventive measure in infant and maternal health, and WIC offers multiple services and supports to mothers to help achieve optimal breastfeeding. As Congress looks for ways to reduce Federal healthcare spending, it is important to understand the preventive impact of breastfeeding and WIC’s initiatives within broader healthcare spending. The Committee requests within 12 months an updated study from the ERS on the economic benefits of breastfeeding, including its potential cost-savings for Medicaid and the WIC program.

School Meals.—The Committee is concerned with practices in some school districts that unintentionally shame students with unpaid school meal fees. The Committee encourages the Food and Nutrition Service to work with stakeholders, including parents, guardians, and school food service professionals to move towards a solution to avoid embarrassment and shaming of school children for unpaid school meal fees.

National Institute of Food and Agriculture

Food Safety.—The Committee recommends that NIFA prioritize research on funding for new food safety technologies relating to the Nation’s meat supply that helps researchers, producers, and manufacturers.

Food Safety and Defense Technology.—The Committee is concerned that insufficient progress is being made in the development of detection technology in the food safety sector. The ability to rapidly, accurately, and cost effectively detect pathogens or contaminants throughout the food supply chain is critical to protecting the United States from food-borne illnesses and malicious acts. As such, the Committee encourages NIFA to increase research of novel biodetection technologies and the implementation of mobile biodetection platforms in real-world conditions. The Department should consider technologies currently in use or under development in other fields, such as medicine or homeland security, to determine whether the technology can meet the needs in either high volume food production or mobile food defense monitoring.

Special Supplemental Nutrition Program for Women, Infants, and Children

WIC Food Package.—The Committee appreciates the work of the National Academies of Science to review and make recommendations for updating the WIC food packages to reflect current science and cultural factors. The Committee notes, however, that while all revised packages now allow some fish, the amounts remain low compared to the recommendations of authoritative agencies such as the World Health Organization and in some cases, sporadic. The Committee strongly encourages the Department to prioritize the health and cultural benefits of fish consumption as regulations are revised to implement the NAS recommendations and to increase the amount of healthful fish above the amounts recommended by the NAS. The Committee also strongly encourages the Department to allow States to prioritize fish over legumes and peanut butter to respond to the cultural preferences of WIC participants in States like Alaska.

WIC Food Package Recommendation.—The Committee supports the important public health role WIC plays in assuring healthy pregnancies and birth outcomes, and growing healthy young children ready to learn when they enter school through quality nutrition education and prescribed foods. The Committee encourages the Secretary to review and implement the recommendations, where appropriate, established in the January 2017 National Academies

of Sciences, Engineering, and Medicine report, Review of WIC Food Packages: Improving Balance and Choice: Final Report. The recommendations are in accordance with the regular review of the Food Packages provided for under the Healthy, Hunger Free Kids Act of 2010.

Food and Drug Administration

Added Sugar Labeling.—The Committee is concerned about potential consumer confusion over the new FDA nutritional labeling requirements for added sugar for single ingredient products like maple syrup and honey, where sugar is naturally occurring in the product rather than added to the product. The Committee is aware that the FDA has had discussions with maple and honey producers regarding their concerns that the labeling requirement as currently drafted could mislead consumers to think that sugar has been added to a pure single-ingredient maple or honey product. The Committee directs the FDA to report to the Committee on its efforts

to implement regulations and provide clarity to the maple syrup and honey industries on the labeling of the sugar content of their packaged products and avoiding consumer confusion.

Center for Safety and Nutrition Centers of Excellence.—The Committee is aware of the important contribution of the FDA Center for Food Safety and Applied Nutrition's Centers of Excellence [COEs] program in supporting critical basic research as well as facilitating the implementation of the FDA Food Safety Modernization Act. The Committee encourages the Agency to continue to fully utilize the COEs to accomplish these goals, and instructs that it enhance its level of support for FDA Food Safety Modernization Act activities.

Food Safety Modernization Act.—The Committee is aware that some states that have entered into cooperative agreements under the State Produce Implementation Cooperative Agreement Program to provide education, outreach, and technical assistance are considering changing the state agency responsible for implementing these agreements. The Food and Drug Administration is directed to work with any state that designates a new implementing agency to ensure it can continue to receive funding under existing cooperative agreements without delay or loss of funding.

FSMA & Strategic Partnerships.—The Committee notes FDA's public hearing regarding reliance on "Strategic Partnerships to Enhance the Safety of Imported Foods." In particular, the Committee recommends that FDA give serious consideration to suggestions made during the hearing to place greater reliance on private-sector third party auditors to help FDA implement FSMA. The Committee supports the FDA's recognition that strategic partnerships with existing government food safety programs and accredited private-sector third party auditing/certification organizations can help achieve cost efficiencies for Agency programs and encourages the Agency to continue its dialogue with such organizations.

Opioids.—The Committee is deeply concerned about the opioid abuse epidemic that took the lives of more than 33,000 Americans in 2015. As the agency that oversees the approval of these drugs, the FDA has a responsibility to consider the public health impact of opioid misuse, abuse, diversion and overdose death. The Committee supports FDA's commitment to addressing this crisis through all available authorities, and encourages them to work with other Federal Agencies in their efforts. The Committee continues its directive for FDA 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 is not in the interest of protecting and promoting the public health.

Opioid Policy Steering Committee.—The Committee strongly supports the Commissioner’s efforts to establish the Opioid Policy Steering Committee to establish methods to curb our opioid crisis in part by adequately considering the potential risk of abuse and misuse as part of the FDA’s drug approval process of prescription opioids. The Committee encourages the FDA to work with private stakeholders and researchers in this process. The Committee requests for an update on the Steering Committee’s progress within 90 days, including any legislative action necessary to achieve the Steering Committee’s goals.