

MEMORANDUM

To: ASTS

From: Peggy Tighe, Peter Thomas, Bobby Silverstein, Leif Brierley,
and Jill O'Brien

Date: September 21, 2017

Re: FY 2018 Senate Appropriations Report Language Excerpts

On September 7, the Senate Appropriations Committee reported out the FY 2018 Appropriations [bill](#) for Labor, Health and Human Services (HHS), Education (ED), and Related Agencies. The bill is accompanied by a written [report](#) that includes charts documenting appropriated levels for specific programs. The Committee's action was accompanied by press releases from the [majority](#) staff and the [minority](#) staff. Audio of the Committee markup can be found online [here](#).

The FY 2018 Senate Labor-HHS-ED appropriations bill provides a total of \$164.1 billion in base discretionary funding for the Departments of Labor, Health and Human Services, and Education, and related agencies. In total, the bill funds those departments \$3.0 billion above the FY 2017 omnibus funding level, and \$27.5 billion above the President's budget request. Several programs, most notably the National Institutes of Health (NIH), receive increases in funding over FY 2017. In particular, the NIH receives an increase of \$2.0 billion for a total of \$36.1 billion in funding, \$9.5 billion above the President's budget request. The bill also rejects the President's proposal to eliminate facilities and administrative support.

Compared to the House Appropriations Committee FY 2018 bill, the Senate legislation represents a \$9.2 billion increase over House levels, including an additional \$1 billion more for the NIH than in the House legislation. Within the NIH, the National Cancer Institute (NCI) received a \$468 million dollar increase over FY 2017 enacted levels, almost \$300 million more than the House appropriated to NCI. The bill also included a \$45.797 million increase for The National Institute of Child Health and Human Development (NICHD) over FY 2017 enacted levels, funding the Institute at \$1.426 billion for FY 2018. Within the Senate legislation, many other items were level-funded.

This year's federal budget and appropriations process has been unusual. Typically, the Administration will release the President's budget in the spring, followed by the Congressional budget in the early summer, with appropriations legislation coming thereafter. However, Congress has yet to pass a non-health care related budget resolution, notably because the ongoing health care debate has prevented the House and Senate from pursuing an additional budget resolution per parliamentary procedure. As a result, similar to the House's process, the Senate's appropriations efforts do not correspond to a Senate budget resolution, but rather must

be viewed in light of previous spending amounts, from FY 2017 omnibus legislation, the enacted levels of funding for the current fiscal year passed in May 2017.

Our accompanying chart describes the difference between the Senate FY 2018 Appropriations Committee legislation and previous funding proposals and final amounts. The chart contains columns showing federal appropriations levels across the past several years and the corresponding funding levels at each step of the process each year. The far right column compares the current Senate appropriations legislation with enacted FY 2017 spending levels, showing whether an increase, decrease (red font), or level funding (\$0) was provided for in this current Senate FY 2018 legislation. We have also included the House Appropriations Committee FY 2018 legislation numbers, and a comparison column between the House legislation numbers and FY 2017 enacted levels. To make the document easier to print, we have hidden a few of the historical columns (from 2013-2016), which you can “unhide” to expand and compare across a longer time frame.

Below, we provide verbatim text of important sections of the Senate Report language. “Report language” is non-binding but it instructs the federal agencies how Congress intends to spend the appropriated amounts in the actual bill. We included a number of statements on health care, with a particular focus on policies that may impact people with disabilities. We only included excerpts that specify statements of Congressional intent. We did not include references to committee report language that simply described a particular program. Additionally, within the report, we included page numbers that reference back to the original committee report language via hyperlink. We encourage you to use the accompanying table of contents to quickly access relevant sections. Please see the following Table of Contents to navigate this memorandum.

Table of Contents

I.	TITLE I—DEPARTMENT OF LABOR.....	6
1.	OFFICE OF DISABILITY EMPLOYMENT POLICY	6
II.	TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES	6
1.	HEALTH RESOURCES AND SERVICES ADMINISTRATION	6
A.	BUREAU OF PRIMARY HEALTH CARE.....	6
	Community Health Centers.....	6
B.	BUREAU OF HEALTH PROFESSIONALS	7
	National Health Service Corps.....	7
	Mental and Behavioral Health Education Training Programs	7
	Graduate Psychology Education Program [GPE]	7
	Children’s Hospitals Graduate Medical Education.....	8
C.	MATERNAL AND CHILD HEALTH	8
	Universal Newborn Hearing Screening and Early Intervention	8
D.	HEALTH CARE SYSTEMS.....	8
	Organ Donation and Transplantation.....	8
	Liver Transplant.....	8
	National Cord Blood Inventory	9
	C.W. Bill Young Cell Transplantation Program.....	9
	Office of Pharmacy Affairs.....	9
E.	RURAL HEALTH.....	9
	Telehealth Network Grant Program.....	10
2.	CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC).....	10
A.	CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION	10
	Chronic Pain.....	10
B.	NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES	10
	Disability and Health Officer.....	11
	Combating Opioid Abuse	12
	Concussion Surveillance.....	12
	Opioid Prescribing Guidelines	13
	Pain Reporting	13
3.	NATIONAL INSTITUTES OF HEALTH	13

A.	NATIONAL INSTITUTE ON NEUROLOGICAL DISORDERS AND STROKE ...	14
	Traumatic Brain Injury	14
B.	EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT (NICHD).....	14
	Sports Related Head Impact Research.....	14
C.	NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH).....	14
	Autism Spectrum Disorder [ASD].....	15
D.	OFFICE OF THE DIRECTOR.....	15
	Rehabilitation Research	15
4.	SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION ..	15
A.	MENTAL HEALTH.....	16
	Programs of Regional and National Significance.....	16
	Practice Improvement and Training.....	17
5.	AGENCY FOR HEALTHCARE RESEARCH AND QUALITY	17
A.	HEALTH COSTS, QUALITY, AND, OUTCOMES	18
	Health Services Research.....	18
6.	CENTERS FOR MEDICARE AND MEDICAID SERVICES.....	18
A.	PROGRAM MANAGEMENT.....	18
	Access to Mental Health Care.....	18
	Recovery Audit Contractors [RAC].....	19
	Telehealth.....	19
	Use of Opioid Drugs to Manage Chronic Pain	19
B.	ADMINISTRATION FOR COMMUNITY LIVING.....	19
	Paralysis Resource Center.....	19
	Limb Loss	20
	Traumatic Brain Injury	20
	National Institute on Disability, Independent Living, and Rehabilitation	20
	Chronic Pain.....	21
	Opioid Medical Record Reporting.....	21
C.	OFFICE OF MEDICARE HEARINGS AND APPEALS	21
	Appeals Backlog.....	21
III.	TITLE III—Department of Education	22
A.	SPECIAL EDUCATION.....	22

Technical Assistance and Dissemination.....	22
B. REHABILITATION SERVICES.....	22
Supported Employment State Grants.....	22
Independent Living Services for Older Individuals Who Are Blind	22
Helen Keller National Center.....	22
C. SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES	23
American Printing House for the Blind	23

I. TITLE I—DEPARTMENT OF LABOR (p. 18)

1. OFFICE OF DISABILITY EMPLOYMENT POLICY (p. 36)

Appropriations, 2017	\$38,203,000
Budget estimate, 2018	27,203,000
Committee recommendation	38,203,000

The Committee recommends \$38,203,000, the same as fiscal year 2017, for the Office of Disability Employment Policy to provide leadership, develop policy and initiatives, and award grants furthering the objective of eliminating physical and programmatic barriers to the training and employment of people with disabilities and to design and implement research and technical assistance grants and contracts to develop policy that reduces barriers to competitive, integrated employment for youth and adults with disabilities.

II. TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES (p. 41)

1. HEALTH RESOURCES AND SERVICES ADMINISTRATION (p. 41)

A. BUREAU OF PRIMARY HEALTH CARE (p. 41)

Community Health Centers (p. 41)

The Committee provides \$1,491,522,000 in this bill for Community Health Centers, equal to the amount provided last year. Programs supported by this funding include community health centers, migrant health centers, healthcare for the homeless, school-based, and public housing health service grants. The Committee continues to support the ongoing effort to increase the number of people who have access to medical services at health centers. Health centers play a vital role in ensuring access to primary care in underserved areas of the country, including urban, rural, and frontier areas.

The Committee is supportive of ongoing efforts to expand the capacity of community health centers to offer a comprehensive, integrated range of services, through strategic investment in behavioral health, substance abuse, oral health, and other services and capacity. The Committee also recognizes the need for capital resources at community health centers to meet increased demand and upgrade facilities.

The Committee believes that enhanced funding for the technical assistance and networking functions available for health centers through national and State cooperative agreements and grants is critical to the successful operation and expansion of the health centers program. Funds are available within the amount provided to enhance technical assistance and training activities, further quality improvement initiatives, and continue the development of and support for health center-controlled networks so that new and existing centers can improve patient access to quality health services.

B. BUREAU OF HEALTH PROFESSIONALS ([p. 42](#))

National Health Service Corps ([p. 42](#))

The Committee recommendation does not include discretionary funding for the National Health Service Corps [Corps]. The Committee strongly supports the Corps' long and successful record of supporting qualified healthcare providers that are dedicated to working in underserved areas with limited access to healthcare.

Nearly 3-in-4 Corps members choose to stay in the area in which they serve upon completion of their service, and it is essential to ensure that the Committee is supporting the creation and development of health care professionals in rural areas.

The Committee recognizes that the Corps is an essential tool for recruitment and retention of health professionals at community health centers, especially given recent expansions of the program.

The Committee encourages HRSA to increase the proportion of clinicians serving at health centers to improve alignment between these two programs and to best leverage investments in Corps health professionals. The Committee recognizes that the Secretary retains the authority to include additional disciplines in the Corps. As such, the Committee urges the Secretary to include pharmacists and pediatric subspecialists as eligible recipients of scholarships and loan repayments through the program.

Mental and Behavioral Health Education Training Programs ([p. 45](#))

The Committee provides \$9,916,000 for Mental and Behavioral Health Education Training Programs. The programs provide grants to higher education institutions and accredited training programs to recruit and train professionals and faculty in the fields of social work, psychology, psychiatry, marriage and family therapy, substance abuse prevention and treatment, and other areas of mental and behavioral health.

Graduate Psychology Education Program [GPE] ([p. 46](#))

The Committee recognizes the growing need for highly trained behavioral health professionals to deliver evidence-based services to vulnerable populations, including the elderly, returning military veterans, and those suffering from trauma. The GPE program is the main Federal initiative dedicated to the education and training of psychologists. The Committee urges HRSA to explore evidence-based approaches to leverage workforce capacity through this program, to invest in geropsychology training programs, and to help integrate health service psychology trainees at Federally Qualified Health Centers.

Children’s Hospitals Graduate Medical Education (p. 47)

The Committee provides \$305,000,000, an increase of \$5,000,000, for the Children’s Hospitals Graduate Medical Education [CHGME] program. The Committee strongly supports the CHGME program which provides support for graduate medical education training programs in both ambulatory and in-patient settings within free-standing children’s teaching hospitals. CHGME payments are determined by a per-resident formula that includes an amount for direct training costs added to a payment for indirect costs. Payments support training of resident physicians as defined by Medicare in both ambulatory and inpatient settings.

C. MATERNAL AND CHILD HEALTH (p. 48)

Universal Newborn Hearing Screening and Early Intervention (p. 50)

The Committee provides \$17,818,000 for universal newborn hearing screening and early intervention activities. This program awards grants to 53 States and territories that support Statewide systems of newborn hearing screening, audiologic diagnostic testing before 3 months of age, and enrollment in early intervention programs before the age of 6 months.

D. HEALTH CARE SYSTEMS (p. 52)

The Committee recommendation for the Health Care Systems Bureau is \$101,640,000. The Health Care Systems Bureau protects the public health and improves the health of individuals through efforts to support and enhance the systems by which healthcare is delivered in America.

Organ Donation and Transplantation (p. 52)

The Committee provides \$23,549,000 for organ donation and transplantation activities. Funds support a scientific registry of organ transplant recipients and the National Organ Procurement and Transplantation Network to match donors and potential recipients of organs. A portion of the appropriated funds may be used to educate the public and health professionals about organ donations and transplants and to support clearinghouse and technical assistance functions.

Liver Transplant (p. 52)

The Committee understands that HRSA is considering a new proposal to address liver distribution by the end of the year. The Committee encourages UNOS and HRSA to proceed carefully, taking into consideration all regional concerns and available analyses. The Committee directs HRSA, in consultation with UNOS, to submit a report the Committee no later than 180 days after enactment of this act on the following: costs to transplant programs and to liver recipients, transportation of livers, and health disparities, with a particular focus on its effects among vulnerable populations. The report should examine whether these effects vary due to a donor or patient’s socioeconomic status or rural location.

National Cord Blood Inventory (p. 52)

The Committee provides \$12,266,000 for the National Cord Blood Inventory. The purpose of this program is to provide funds to cord blood banks to build an inventory of the highest quality cord blood units for transplantation.

C.W. Bill Young Cell Transplantation Program (p. 52)

The Committee provides \$22,109,000 for the C.W. Bill Young Cell Transplantation Program. The Committee continues to support cell transplantation through the use of cord blood, bone marrow, peripheral blood stem cells, and other sources of stem cells that may be available in the future. The Committee appreciates HRSA's efforts to increase the diversity of the registry and the program's research efforts to improve the availability, efficiency, safety, and cost of transplants and the effectiveness of program operations.

Office of Pharmacy Affairs (p. 53)

The Committee provides \$10,238,000 for the Office of Pharmacy Affairs [OPA]. OPA administers the 340B drug pricing program, which requires drug manufacturers to provide discounts or rebates to a set of programs and hospitals that serve a disproportionate share of low-income patients.

The Committee is aware that the 340B statute requires HRSA to make 340B ceiling prices available to covered entities through a secure Web site and continues to be concerned that OPA has failed to meet deadlines to complete work on the secure Web site. The Committee urges OPA to complete the development of a transparent system to verify the accuracy of the 340B discount or ceiling prices.

E. RURAL HEALTH (p. 54)

The Committee recommendation for Rural Health programs is \$160,560,000, an increase of \$4,500,000 above the fiscal year 2017 level.

The Office of Rural Health Policy [ORHP] administers HHS rural health programs, coordinates activities related to rural healthcare within HHS, and analyzes the possible effects of policy on the more than 42 million residents of rural communities. ORHP advises the Secretary on the effects of Medicare and Medicaid on rural citizens' access to care, the viability of rural hospitals, and the availability of physicians and other health professionals.

Telehealth Network Grant Program (p. 56)

The Committee remains encouraged by the ability of telehealth services to provide access to vital care for patients in underserved areas. One very promising area for the expansion of telemedicine is in stroke treatment, where patients without access to specialty neurological care can significantly improve their standard of care through telehealth. Stroke is a leading cause of death but remains the major cause of long-term disability, and the speedy access to appropriate care is the key factor in determining patient mortality and recovery. The Committee encourages HRSA to support telestroke initiatives in the Telehealth Network Grant Program.

2. CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) (p.57)

A. CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION (p. 62)

Chronic Pain (p. 64)

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.

B. NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES (p. 68)

Appropriations, 2017	\$137,560,000
Budget estimate, 2018	100,000,000
Committee recommendation	139,560,000

The Committee recommendation for the activities of the National Center on Birth Defects and Developmental Disabilities [NCBDDDD] is \$139,560,000.

This Center improves the health of children and adults by preventing birth defects, developmental disabilities, and complications of heredity blood disorders and by promoting optimal child development and health and wellness among children and adults living with disabilities.

Within the total provided, the following amounts are provided for the following categories of funding (p. 68):

Budget Activity	FY 2018 Committee (In thousands of dollars)
Total Birth Defects	\$139,560
Child Health and Development	65,800
Other Birth Defects	19,000
Fetal Death	900
Fetal Alcohol Syndrome	11,000
Folic Acid	3,150
Infant Health	8,650
Autism	23,100
Health and Development with Disabilities	56,660
Disability & Health	26,000
Tourette Syndrome	2,000
Early Hearing Detection and Intervention	10,760
Muscular Dystrophy	6,000
Attention Deficit Hyperactivity Disorder	1,900
Fragile X	2,000
Spina Bifida	6,000
Congenital Heart Failure	4,000
Public Health Approach to Blood Disorders	4,400
Hemophilia CDC Activities	3,500
Hemophilia Treatment Centers	5,100
Thalassemia	2,100

Disability and Health Officer ([p. 69](#))

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.

C. INJURY PREVENTION AND CONTROL ([p. 73](#))

Appropriations, 2017	\$286,059,000
Budget estimate, 2018	216,165,000
Committee recommendation	291,059,000

The Committee recommendation for the National Center for Injury Prevention and Control is \$291,059,000. CDC is the lead Federal agency for injury prevention and control. Programs are designed to prevent premature death and disability and reduce human suffering and medical costs caused by fires and burns, poisoning, drowning, violence, and traffic accidents. The national injury control program at CDC encompasses non-occupational injury and applied research in acute care and rehabilitation of the injured.

The Committee recommendation includes funding for the following activities ([p. 74](#)):

Budget Activity	FY 2018 Committee (In thousands of dollars)
Intentional Injury	\$102,730
Domestic Violence and Sexual Violence	32,700
Child Maltreatment	7,250
Youth Violence Prevention	15,100
Domestic Violence Community Projects	5,500
Rape Prevention	49,430
National Violent Death Reporting System	16,000
Unintentional Injury	8,800
Traumatic Brain Injury	6,750
Elderly Falls	2,050
Injury Prevention Activities	28,950
Prescription Drug Overdose	112,000
Illicit Opioid Use Risk Factors	13,579
Injury Control Research Centers	9,000

Combating Opioid Abuse ([p.74](#))

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.

Concussion Surveillance ([p. 74](#))

The 2013 NAS study “Sports-Related Concussions in Youth: Improving the Science, Changing the Culture” recommended that CDC establish and oversee a national surveillance system to accurately determine the incidence of sports-related concussions, including youth ages 5 to 21. The Committee is aware of the promising progress CDC has made in creating a comprehensive survey instrument which the agency will be piloting in the coming months to prepare for a national survey in the future. The Committee supports CDC’s work in this area and urges the agency to increase its efforts.

Opioid Prescribing Guidelines ([p. 75](#))

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.

Pain Reporting ([p. 75](#))

The Committee notes that pain is a public health problem that causes tremendous burden on the health care system. The Committee notes CDC's prior reports focusing on pain, but recognizes that more complete and comprehensive epidemiological data is needed. CDC is urged to investigate the collection of data that clarifies the incidence and prevalence of various pain syndromes differentiated by patient age, comorbidities, socio-economic status, profession, race and gender.

3. NATIONAL INSTITUTES OF HEALTH ([p. 79](#))

The National Institutes of Health [NIH] is the global leader in medical research and the Committee provides an increase of \$2,000,000,000 for a third year in a row after a decade of stagnant funding. The Committee provides \$36,084,000,000 for NIH activities within the jurisdiction of this bill, an increase of 5.9 percent above fiscal year 2017. This includes \$1,074,443,000 in transfers available under section 241 of the PHS Act. The Committee continues a reform to section 241 allocations such that no NIH funding will be removed from NIH under this authority. This reform ensures that section 241 transfers are a benefit to NIH rather than a liability. In addition, it improves the transparency of NIH's budget, so that the enacted total is truly the amount the Committee expects to be used for biomedical research.

The Committee continues its commitment to funding research on Alzheimer's disease and increases funding by \$414,000,000 to a total of approximately \$1,828,000,000 in fiscal year 2018; increases funding for the Precision Medicine Initiative by \$10,000,000; increases funding for antibiotic resistance research by \$50,000,000; and increases funding for the BRAIN Initiative by \$140,000,000. In addition, funding is provided to ensure that every Institute and Center receives an increase above fiscal year 2017 to continue investments in innovative research that will advance the fundamental knowledge and speed the development of new therapies, diagnostics, and preventive measures to improve the health of all Americans. Revolutionary discoveries often come from unexpected, untargeted research. The Committee continues to

support these basic advances as well as the clinical and translational research that moves basic discoveries from “bench-to-bedside.”

The Committee rejects the administration’s proposals to: cap Facilities and Administrative costs; eliminate the John E. Fogarty International Center; and create the National Institute for Research on Safety and Quality.

A. NATIONAL INSTITUTE ON NEUROLOGICAL DISORDERS AND STROKE (p. 90)

Traumatic Brain Injury (p. 92)

The Committee understands regenerative medicine research and the use of adult stem cells may play an important role in the treatment of TBI. The Committee strongly encourages NINDS, with other Institutes and Centers, to ensure a robust and coordinated portfolio of TBI research is supported with a focus on how to leverage regenerative medicine research and the use of adult stem cells in the treatment of TBI. The Committee requests an update in the fiscal year 2019 CJ on efforts in these specific areas of TBI research.

B. EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT (NICHD) (p. 95)

Appropriations, 2017	\$1,379,684,000
Budget estimate, 2018	1,032,029,000
Committee recommendation	1,426,092,000

The Committee recommendation includes \$1,426,092,000 for the Eunice Kennedy Shriver National Institute of Child Health and Human Development [NICHD].

Sports Related Head Impact Research (p. 96)

The Committee is concerned about the growing prevalence of head impacts, concussion, and the associated risk of concussive morbidities among participants in youth sports. The Committee strongly encourages NICHD to bolster pediatric sports-related concussion research, including investing in research focused on behavioral interventions and other preventative strategies that can reduce head impacts and concussion among young athletes.

C. NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH) (p. 101)

Appropriations, 2017	\$1,608,212,000
Budget estimate, 2018	1,244,901,000
Committee recommendation	1,724,568,000

The Committee recommendation includes \$1,724,568,000 for the National Institute of Mental Health [NIMH], including \$43,000,000 appropriated from the NIH Innovation Account.

Autism Spectrum Disorder [ASD] ([p. 101](#))

The Committee encourages NIH's continued funding of ASD research. The estimated lifetime cost of supporting an individual with autism and intellectual disability is \$2,400,000, and the cost of supporting an individual with autism without intellectual disability is \$1,400,000. Based on these estimates, the yearly cost of ASD to the United States is \$236,000,000,000. Medicaid covers autism treatments for nearly half of all children with autism and pays for the majority of residential and day programs serving adults with developmental disabilities. NIH-funded research presents an opportunity to mitigate the disabling effects of autism and reduce the Federal costs associated with it in the future for children and adults.

D. OFFICE OF THE DIRECTOR ([p. 105](#))

Rehabilitation Research ([p. 113](#))

The Committee encourages NIH to fully implement Section 2040 of the 21st Century Cures Act to enhance the stature, visibility, and coordination of medical rehabilitation research conducted at NIH. The Committee is encouraged by the release of NIH's new Rehabilitation Research Plan, looks forward to reviewing its first annual progress report, and is encouraged by its ongoing efforts to ensure that reporting of rehabilitation research is consistent with the definition of "rehabilitation research" included in the legislation.

4. SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION ([p.115](#))

The Committee recommends \$3,777,592,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA]. The recommendation includes \$133,667,000 in transfers available under section 241 of the PHS Act and \$12,000,000 in transfers from the PPH Fund.

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

Eligible applicants under SAMHSA's PRNS authorities include States, political subdivisions of States, Indian Tribes or tribal organizations, health facilities, or programs operated by or in accordance with a grant or contract with the Indian Health Service, and other public or private nonprofit entities. The Committee strongly encourages SAMHSA to exercise maximum flexibility allowed when developing funding opportunity announcements to ensure that all eligible applicants are included.

The Committee recommendation continues bill language that instructs the Administrator of SAMHSA and the Secretary to exempt the Mental Health Block Grant [MHBG] and the Substance Abuse Prevention and Treatment [SAPT] Block Grant from being used as a source for the PHS evaluation set-aside in fiscal year 2018.

A. MENTAL HEALTH ([p.115](#))

Appropriations, 2017	\$1,181,037,000
Budget estimate, 2018	912,347,000
Committee recommendation	1,181,037,000

The Committee recommends \$1,181,037,000 for mental health services. The recommendation includes \$21,039,000 in transfers available under section 241 of the PHS Act and \$12,000,000 in transfers from the PPH Fund. Included in the recommendation is funding for programs of regional and national significance [PRNS], the MHBG, children’s mental health services, Projects for Assistance in Transition from Homelessness [PATH], and Protection and Advocacy for Individuals with Mental Illness [PAIMI].

Programs of Regional and National Significance ([p.116](#))

The Committee recommends \$398,659,000 for PRNS within the Center for Mental Health Services [CMHS]. The Committee recommendation includes \$12,000,000 in transfers to PRNS from the PPH Fund. These programs address priority mental health needs by developing and applying evidence-based practices, offering training and technical assistance, providing targeted capacity expansion grants, and changing the delivery system through family, client-oriented, and consumer-run activities.

Within the total provided for PRNS, the Committee recommendation includes funding for the following activities ([p.116](#)):

Budget Activity	FY 2018 Committee (In thousands of dollars)
Capacity	
Seclusion and Restraint	\$1,147
Youth Violence Prevention	0
Project AWARE State Grants	57,001
Mental Health First Aid	14,963
Healthy Transitions	19,951
National Traumatic Stress Network	48,887
Children and Family Programs	7,229
Consumer and Family Network Grants	4,954
Mental Health System Transformation and Health Reform	3,779
Project LAUNCH	23,605
Primary and Behavioral Health Care Integration	49,877
Suicide Prevention:	
National Strategy for Suicide Prevention	11,000
Zero Suicide	7,000

<i>American Indian and Alaska Native Set-Aside</i>	2,000
Suicide Lifeline	7,198
Garrett Lee Smith-Youth Suicide Prevention:	
State Grants	35,427
Campus Grants	6,488
American Indian and Alaska Native Suicide Prevention	2,931
Tribal Behavioral Health Grants	15,000
Homeless Prevention Programs	30,696
Minority AIDS	9,224
Criminal and Juvenile Justice Programs	4,269
Assisted Outpatient Treatment	15,000
Science and Service	
GLS-Suicide Prevention Resource Center	5,908
Practice Improvement and Training	7,828
Primary and Behavioral Health Care Integration TA	1,991
Consumer & Consumer Support TA Centers	1,918
Minority Fellowship Program	8,059
Disaster Response	1,953
Homelessness	2,296
HIV/AIDS Education	0

Practice Improvement and Training ([p.117](#))

The Committee recognizes the critical need for programs such as Rehabilitation Research and Training Centers, which advance the current knowledge base of the mental health delivery system by supporting evaluation, training, technical assistance, and knowledge translation activities that help adults with serious mental health conditions achieve their life goals.

5. AGENCY FOR HEALTHCARE RESEARCH AND QUALITY ([p.124](#))

Appropriations, 2017	\$324,000,000
Budget estimate, 2018
Committee recommendation	324,000,000

The Committee provides \$324,000,000 for the Agency for Healthcare Research and Quality [AHRQ], which is combined with the \$106,500,000 in mandatory funding from the Patient-Centered Outcomes Research Trust Fund. AHRQ was established to enhance the quality, appropriateness, and effectiveness of health services, as well as access to such services. AHRQ conducts, supports, and disseminates scientific and policy-relevant research on topics such as promoting high-quality care, eliminating healthcare disparities, using information technology, and evaluating the effectiveness of clinical services.

A. HEALTH COSTS, QUALITY, AND, OUTCOMES (p.124)

The Committee provides \$187,156,000 for research on health costs, quality, and outcomes [HCQO]. The HCQO research activity is focused upon improving clinical practice, improving the healthcare system’s capacity to deliver quality care, and tracking progress toward health goals through monitoring and evaluation. Within the total provided for HCQO, the Committee recommendation includes funding for the following activities:

The Committee recommends \$300,000,000 in discretionary funds for the Agency for Healthcare Research and Quality (AHRQ), which is \$24,000,000 below the fiscal year 2017 enacted level and \$300,000,000 above the fiscal year 2018 budget request. Within the total for AHRQ, the agreement includes the following amounts (p.124):

Budget Activity	FY 2018 Committee (In thousands of dollars)
Research on Health Costs, Quality, and Outcomes	
Prevention/Care Management	\$11,649
Health Information Technology (IT)	16,500
Patient Safety Research	70,276
Health Services Research, Data and Dissemination	88,731

Health Services Research (p.125)

Health services research provides decision makers critical information to improve health care quality, increase efficiency, and inform personal health care choices. The Committee does not support the administration’s proposal to consolidate AHRQ into the NIH and instead continues to fund the agency as an independent operating division within the Department. However, the Committee is concerned that AHRQ and the other Federal agencies conducting health services research do not sufficiently coordinate their efforts to optimize Federal investments in this science. The recommendation includes \$1,000,000 for AHRQ to contract with an independent entity to study health services research supported by Federal agencies since fiscal year 2012. This study should identify research gaps and areas for consolidation, as well as propose strategies for better coordination of the Federal health services research enterprise. The Committee requests a report on the findings of this study to the Committee not later than 180 days after the enactment of this act.

6. CENTERS FOR MEDICARE AND MEDICAID SERVICES (p.126)

A. PROGRAM MANAGEMENT (p. 127)

Access to Mental Health Care (p. 128)

The Committee strongly urges CMS to pursue initiatives that expand access to quality care and increase parity for mental health services.

Recovery Audit Contractors [RAC] ([p. 130](#))

The Committee directs the Medicare appeals intra-agency working group to provide quarterly updates to the Committees on Appropriations of the House of Representatives and the Senate reflecting the total number of appeals filed, appeals pending, and appeals disposed of for all four levels of the appeals process. The quarterly updates should include a breakout of RAC and non-RAC claims, an update on RAC contracting and how new RAC requirements have affected the rate of appeals.

Telehealth ([p. 131](#))

The Committee directs the Administrator, in consultation with the relevant agencies and stakeholders, to submit a report within 1 year after enactment of this act to the Committees of Appropriations of the House of Representatives and the Senate evaluating the use of telehealth and remote patient monitoring under all programs and pilots under the Medicare program under title XVIII of the Social Security Act and the Medicaid program under title XIX of such Act with a waiver of telehealth restrictions otherwise applicable under such titles of the Social Security Act (42 U.S.C. 1395m(m)). The report shall include an assessment of: (A) the number of providers and payers using telehealth and remote patient monitoring under such programs and pilots; (B) the cost impact among the beneficiaries receiving telehealth and remote patient monitoring under such programs and pilots, including with respect to preventable hospitalizations, hospital readmissions, and emergency room visits, and the total cost of items and services under the Medicare and Medicaid programs; (C) beneficiary and family caregiver satisfaction with the use of telehealth and remote patient monitoring under such programs and pilots; and (D) a comparison of the utilization of, and expenditures for, the same services furnished under the Medicare and Medicaid programs in the usual clinical setting.

Use of Opioid Drugs to Manage Chronic Pain ([p. 132](#))

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.

B. ADMINISTRATION FOR COMMUNITY LIVING ([p. 142](#))

Paralysis Resource Center ([p. 146](#))

The Committee recommendation includes \$6,700,000 for the Paralysis Resource Center, which has long provided essential, comprehensive information and referral services to people living

with paralysis and their families. Since 2002, the program has expanded to include a network of information specialists, a substantial quality of life grant program, a Peer and Family support program, a one of a kind Paralysis Resource Guide, and a NeuroRecovery Rehabilitation Network. These resources and services focus on the promotion of independence and quality of life for the more than 6,000,000 Americans across the country living with paralysis.

Limb Loss ([p. 146](#))

The Committee provides \$2,500,000 for the Limb Loss program, which supports programs and activities to improve the health of people with limb loss and promote their well-being, quality of life, prevent disease, and provide support to their families and caregivers. Maintaining these programs is critical to support independent living within the disability community across their life course.

Traumatic Brain Injury ([p. 146](#))

The Committee provides \$9,321,000 for the Traumatic Brain Injury program. The program supports implementation and planning grants to States for coordination and improvement of services to individuals and families with traumatic brain injuries. Such services can include: pre-hospital care, emergency department care, hospital care, rehabilitation, transitional services, education, employment, long-term support, and protection and advocacy services. The Committee includes not less than the fiscal year 2017 funding level for protection and advocacy services, as authorized under section 1305 of Public Law 106–310.

National Institute on Disability, Independent Living, and Rehabilitation Research ([p. 148](#))

The Committee recommendation includes \$103,970,000 for the National Institute on Disability, Independent Living, and Rehabilitation Research [NIDILRR]. The NIDILRR supports research and activities that help to maximize the full potential of individuals with disabilities in employment, independent living, and social activities.

The Committee recognizes that there is a significant opportunity over the next decade for the Department to simultaneously lower healthcare costs and improve quality of life for the older adult and disabled population by embracing the rapidly growing shift to technology solutions for daily living. These solutions are poised to extend the ability to live independently into advanced age, and “age in place”, helping to bridge the “care gap” so that older and disabled adults might avoid nursing homes and other institutionalized care as long as possible, while also remaining connected to their families and communities.

The Committee encourages NIDILRR to continue to support research and activities that help older or disabled adults to increase, maintain, or improve their functional capabilities and allow for independent living. To that end, the Committee supports increased investment in public university research to harness technological advances, including wireless sensors, smart materials, and body wearables; movers and protective devices; and companion and quality of life

robotics, which have the potential to enable mobility, improve health, protect against falls and injuries, maximize community engagement, encourage productivity, and preserve independence among older individuals and their families. Special emphasis should be given to research projects that seek to address medically underserved areas in rural and frontier regions with high populations of older adults, disabled populations, and tribal communities.

Chronic Pain ([p. 150](#))

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.

Opioid Medical Record Reporting ([p. 151](#))

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.

C. OFFICE OF MEDICARE HEARINGS AND APPEALS ([p. 155](#))

Appropriations, 2017	\$107,381,000
Budget estimate, 2018	117,177,000
Committee recommendation	117,381,000

The Committee provides \$117,381,000 for the Office of Medicare Hearings and Appeals [OMHA], including \$10,000,000 in Recovery Audit contractor recoveries. This Office is responsible for hearing Medicare appeals at the Administrative Law Judge [ALJ] level, which is the third level of Medicare claims appeals. OMHA ensures that Medicare beneficiaries who are dissatisfied with the initial decisions about their benefits or eligibility can appeal and exercise their right to a hearing in front of an ALJ.

Appeals Backlog ([p. 155](#))

The Committee continues to be concerned over the substantial backlog in the number of cases pending before ALJs at OMHA. The Committee directs that \$10,000,000 in Recovery Audit Contractor [RAC] recoveries retained by the Secretary for adjudications related to RACs shall be used as additional funds for the necessary expenses of OMHA and the Departmental Appeals Board to process RAC-related appeals. The Committee directs OMHA to use the additional

funds provided to address the current backlog and requests a spend plan within 30 days after enactment of this Act. This spend plan should include an estimate of total appeals that will be processed in fiscal years 2017–2019 with the resources available. This estimate should include the effect of administrative actions taken to reduce the backlog.

III. TITLE III—Department of Education ([p.162](#))

A. SPECIAL EDUCATION ([p. 175](#))

Technical Assistance and Dissemination ([p. 176](#))

Within the total, the Committee recommendation includes \$15,083,000, an increase of \$2,500,000 above the fiscal year 2017 funding level, to support activities authorized by the Special Olympics Sport and Empowerment Act, including Project UNIFY. This funding supports efforts to expand Special Olympics programs and the design and implementation of Special Olympics education programs that can be integrated into classroom instruction and are consistent with academic content standards.

The Committee strongly encourages the Department to fund a demonstration program, of up to \$2,000,000, to test early screening for dyslexia for students in kindergarten and first grade. This could allow for the screening of students in multiple school districts and in multiple states to test for the potential benefits of providing early screening for students, including helping to ensure that students with dyslexia are identified early and receive the resources and evidence-based interventions needed to help them succeed in school.

B. REHABILITATION SERVICES ([p. 177](#))

Supported Employment State Grants ([p. 178](#))

The Committee recommendation does not include funding for the Supported Employment State Grants Program.

Independent Living Services for Older Individuals Who Are Blind ([p. 178](#))

The Committee recommends \$33,317,000 for Independent Living State Grants. This program supports assistance to individuals over age 55 to help them adjust to their blindness and continue to live independently, including daily living skills training, counseling, community integration information and referral, the provision of low-vision and communication devices, and low-vision screening.

Helen Keller National Center ([p. 178](#))

The Committee recommends \$10,336,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults. The Helen Keller National Center consists of a national headquarters in Sands Point, New York, with a residential training and rehabilitation facility where deaf-blind persons

receive intensive specialized services; a network of 10 regional field offices that provide referral and counseling assistance to deaf-blind persons; and an affiliate network of agencies.

C. SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES (p. 178)

American Printing House for the Blind (p. 178)

Appropriations, 2017	\$25,431,000
Budget estimate, 2018	25,383,000
Committee recommendation	25,431,000

The Committee recommends \$25,431,000 to help support American Printing House for the Blind [APH]. APH provides educational materials to students who are legally blind and enrolled in programs below the college level. The Federal subsidy provides approximately 65 percent of APH’s total sales income. Materials are distributed free of charge to schools and States through per capita allotments based on the total number of students who are blind. Materials provided include textbooks and other educational aids in Braille, large type, recorded form, and computer applications. Appropriated funds may be used for staff salaries and expenses, as well as equipment purchases and other acquisitions consistent with the purpose of the Act to Promote the Education of the Blind.

The Committee continues to commend APH for the significant progress being made through the Resources with Enhanced Accessibility for Learning [REAL] Plan toward developing new technologies to translate educational materials for delivery to students who are blind and visually impaired. The Committee continues to support implementation of the REAL plan, and includes no less than the fiscal year 2017 level for such activities.