NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

FY2016 House Public Health Related Report Language

Report language is excerpted from the House Appropriations Committee reports for the USDA-FDA bill (114-205), the Homeland Security bill (114-215), and the Labor-HHS-Education bill (114-195).

LABOR-HHS-EDUCATION APPROPRIATIONS BILL

SUMMARY OF BUDGET ESTIMATES AND COMMITTEE RECOMMENDATIONS

Protecting Public Health
Given their unique role in protecting public health, the Centers for Disease Control and Prevention (CDC) is also given priority for funding within the bill. CDC is funded at the budget request, reflecting a 1.6 percent increase with a focus on efforts to prevent heart disease, diabetes and stroke, as well as to combat opioid addiction and antibiotic resistance and ensure our country is prepared to defend ourselves from bioterrorism.

HEALTH RESOURCES AND SERVICES ADMINISTRATION

Health Centers
The Committee recommends $1,491,522,000 for the Health Centers program, which is the same as the fiscal year 2015 enacted level and the budget request.

Perinatal transmission of Hepatitis B.—The Committee is pleased that progress is being made to develop and implement a strategic plan to reduce the rate of perinatal transmission of hepatitis B. The Committee has urged HRSA to expand efforts to eliminate perinatal transmission of Hepatitis B for the past three fiscal years and little progress has been made. The Committee expects HRSA to test intervention strategies followed by the adoption of best practices protocols in HRSA funded health care settings as soon as feasible in fiscal year 2016.

Bureau of Health Professions
Public Health Workforce Development
The Committee provides $22,000,000 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. Funds are used to expand and improve residency training programs, and provide financial assistance to trainees enrolled in such programs.

The Committee recommendation includes no less than $6,000,000 for preventive medicine residencies and no less than $4,000,000 for existing programs and residencies related to integrative medicine. The Committee directs HRSA to prioritize programs that support underserved communities and applicants from disadvantaged background in any new grant competition in fiscal year 2015. The Committee is pleased with the new competitive opportunity in fiscal year 2014 to improve the integrative medicine residency program with support for a national center of excellence on integrative primary care.

Maternal and Child Health Bureau
Maternal and Child Health Block Grant

The Committee recommends $638,200,000 for the Maternal and Child Health (MCH) Block Grant, which is $1,200,000 more than the 2015 enacted level and the budget request. States use the MCH block grant to improve access to care for mothers, children, and their families; reduce infant mortality; provide pre- and post-natal care; support screening and health assessments for children; and provide systems of care for children with special health care needs.

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.

HIV/AIDS Bureau
The Committee recommends $2,318,781,000 for Ryan White HIV/AIDS Programs, which is the same as the fiscal year 2015 enacted level and $4,000,000 below the budget request.

The Ryan White HIV/AIDS programs fund activities to address the care and treatment of persons living with HIV/AIDS who are either uninsured or underinsured and need assistance to obtain treatment. The program provides grants to States and eligible metropolitan areas to improve the quality, availability, and coordination of health care and support services to include access to HIV related medications; grants to service providers for early intervention outpatient services; grants to organizations to provide care to HIV infected women, infants, children, and youth; and grants to organizations to support the education and training of health care providers.

Within the total for Ryan White HIV/AIDS Programs, the Committee recommends the following amounts:

Budget Activity	FY 2016
Emergency Assistance	$655,876,000
Comprehensive Care Programs	1,315,005,000
AIDS Drug Assistance Program (ADAP)	(900,313,000)
Early Intervention Program	201,079,000
Children, Youth, Women, and Families	75,008,000
AIDS Dental Services	13,122,000
Education and Training Centers	33,611,000

Family Planning
The Committee does not recommend funding for the Family Planning program, which is $286,479,000 below the fiscal year 2015 enacted level and $300,000,000 below the request.

CENTERS FOR DISEASE CONTROL AND PREVENTION
The Committee recommends a program level of $7,010,103,000 for the Centers for Disease Control and Prevention (CDC), which is $139,685,000 more than the fiscal year 2015 program level and equal to the budget request. The level includes $6,095,803,000 in in transfers from the Prevention and Public Health (PPH) Fund.

The CDC works with state, local and tribal health authorities and other non-governmental health-related organizations to understand, control, and reduce disease and other health problems.

The Committee recommendation increases support to state, local, and tribal public health departments in disease areas like Diabetes, Heart Disease and Stroke prevention activity and furthers efforts to reduce prescription drug overdose. The recommendation expands funding to build state, local, and tribal preparedness and response capacity through increased support for the public health preparedness infrastructure. It also provides support to expand state laboratory capacity to combat antibiotic resistance and other infectious diseases and supports flexible funds for states to address local and tribal public health issues through the preventative health and health services block grant. Globally, the recommendation continues support for the global polio eradication program and global public health activities.

The Committee expects that unless provided for differently in the bill or report, CDC will follow the policy, funding source, and levels described in its budget request.

The Committee expects CDC to communicate more clearly in the fiscal year 2017 budget request on how all its lab capacity upgrades and AMD initiatives are linked to measurable improvements in public health and preparedness. The Committee understands that due to the timing of the release of the budget request, CDC did not include certain information requested in the fiscal year 2015 report. Specifically, the public health and preparedness goals and measures for each CDC report level program line, grant table data, and other similar items were omitted. The Committee expects this information to be transmitted as soon as possible.

The Committee reinforces its expectation for CDC to work with state, local and tribal health officials to move forward with the plan for a single web-based data collection information technology platform for CDC programs to reduce the voluntary reporting burden on states and reduce CDC's total operational costs of its independent program data collection actions.

The Committee remains interested in reducing duplication of effort and overlapping of responsibilities between NIH and CDC. The Committee encourages CDC and NIH to more actively coordinate on cross-cutting initiatives, ensuring that each agencies focuses on its respective core mission. Further the Committee requests an update in the fiscal year 2017 budget request on how each CDC report level program coordinates with the NIH Institutes and Centers (ICs) to share scientific gaps related to activities supported in NIH research portfolios.

Immunization and Respiratory Diseases

The Committee recommends $758,066,000 for Immunization and Respiratory Diseases, which includes $607,781,000 in discretionary appropriations, and $150,285,000 in transfers from the PPH Fund.

The level is $40,339,000 less than the fiscal year 2015 program level and $10,000,000 more than the budget request program level.

Immunization grants are awarded to states and local agencies for planning, developing, and conducting childhood, adolescent, and adult immunization programs including enhancement of the vaccine delivery infrastructure. CDC directly maintains a stockpile of vaccines, supports consolidated purchase of vaccines for State and local health agencies, and conducts surveillance, investigations, and research into the safety and efficacy of new and presently used vaccines. Within the total for Immunization and Respiratory Diseases, the Committee recommends the following amounts:

Budget Activity	FY 16 Committee
Section 317 Immunization Program	$585,508,000
National Immunization Survey	*12,864,000*
Influenza Planning & Response	172,558,000

Childhood Immunizations.—The Committee requests CDC to include an updated Section 317 Immunization Program report in the fiscal year 2017 budget request. The update should include the 2017 cost estimate, an estimate of State, local, and tribal 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.

The Committee includes a $25,000,000 increase specifically to support the essential infrastructure funding for the state, local, and tribal public health departments to deliver the Vaccines for Children program and respond to disease outbreaks. A strong public health immunization infrastructure is critical for ensuring high vaccination coverage levels, the prevention of vaccine-preventable diseases, and for responding to outbreaks.

National Center for HIV, Viral Hepatitis, STD, and TB Prevention

The Committee recommends $1,117,609,000 for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases (STD), and Tuberculosis (TB) prevention in discretionary appropriations, which is equal to the fiscal year 2015 level and $44,138,000 less than the budget request.

The Division of HIV/AIDS Prevention provides national leadership and support for HIV prevention research and the development, implementation, and evaluation of evidence-based HIV prevention programs serving persons affected by, or at risk for, HIV infection. Activities include surveillance, epidemiologic and laboratory studies, and prevention activities. CDC provides funds to state, local and tribal health departments and community-based organizations to develop and implement integrated community prevention plans.

Within the total for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, the Committee recommends the following amounts:

Budget Activity	FY 16 Committee
Domestic HIV/AIDS Prevention and Research	$786,712,000
HIV Prevention by Health Departments	*397,161,000*
HIV Surveillance	*119,861,000*
Activities to Improve Program Effectiveness	*103,208,000*
National, Regional, Local, Community, and Other Orgs	*135,401,000*
School Health-HIV	*31,081,000*
Viral Hepatitis	31,331,000
Sexually Transmitted Diseases	157,310,000
Tuberculosis	142,256,000

Hepatitis C (HCV) Screening.—The Committee commends CDC for working to integrate recommended viral hepatitis screening in primary care provider services. The Committee urges CDC to continue outreach to underserved populations through screening activities in non-clinical and public health settings.

HIV Prevention Activities.—The Committee understands most CDC HIV prevention funding is distributed to the primary implementers of prevention activities. The Committee requests CDC to evaluate its prevention program funding to determine if the current mix successfully reaches the most at-risk individuals to best ensure early detection with targeted interventions. Further, the review should examine methods, with available total HIV funding, to increase the reliance on state, local, and tribal public health departments and efforts to increase the use of burden of disease as a significant criteria factor in making funding allocation decisions and awards. The Committee requests an update on this review in the fiscal year 2017 budget request.

HIV Screening.—The Committee is aware of concerns related to CDC's draft HIV screening algorithms that would limit antibody testing. The Committee commends CDC for leading the early adoption of advancements in HIV prevention technology but cautions CDC to encourage access to a variety of FDA-approved screening options including antibody, antigen, oral fluid, and rapid testing technologies to facilitate screening in all settings. Further, the Committee continues to support HIV status awareness. CDC is encouraged to work with States that scored low on the goals to Increase HIV Testing and Reduce Late State Diagnosis in order to improve the rates of persons with HIV that know their status and are enabled to seek appropriate care and prevent transmission.

Tuberculosis (TB) Elimination.—The Committee notes that in 1987, HHS established an Advisory Committee for the Elimination of TB with a goal of TB elimination by the 2010. The Committee requests CDC to review its resource allocation in preparation for the fiscal year 2017 budget request to ensure it supports appropriate control that can eventually eliminate TB in the United States. Further, the Committee requests an update in the fiscal year 2017 budget request on how CDC's TB program directs resources to state, local, and tribal public health departments to provide for adequate diagnostic, treatment and prevention education tools. The update should outline the plan and how the resources in the request will accomplish the goal.

Emerging and Zoonotic Infectious Diseases

The Committee recommends $512,598,000 for Emerging and Zoonotic Infectious Diseases, which includes $460,598,000 in discretionary appropriations and $52,000,000 that is made available from amounts in the PPH Fund. The level is which is $107,608,000 more than the fiscal year 2015 program level and $186,669,000 less than the budget request program level.

The Emerging and Zoonotic Infectious Disease programs support the prevention and control of infectious diseases through surveillance, outbreak investigation and response, research, and prevention.

Within the total for Emerging and Zoonotic Infectious Diseases, the Committee recommends the following amounts:

Budget Activity	FY 16 Committee
Core Infectious Diseases	$351,598,000
Emerging Infectious Diseases	*136,248,000*
Lab Safety and Quality (non add)	*8,248,000*
Antibiotic Resistance Initiative	*120,000,000*
Emerging and Zoonotic Core Activities	*29,840,000*
Vector-borne Diseases	*26,410,000*
Lyme Disease	*10,700,000*
Prion Disease	*6,000,000*
Chronic Fatigue Syndrome	*5,400,000*
Food Safety	48,000,000
National HealthCare Safety Network	18,000,000
Quarantine	30,000,000
Advanced Molecular Detection (AMD)	30,000,000
Epi and Lab Capacity	40,000,000
Healthcare-Associated Infections	12,000,000

Antimicrobial Resistance.—The Committee expands its support for CDC to enhance the regional lab network to improve tracking of and response to outbreaks. The Committee expects a significant level of support for the state and regional lab capacity and intends for funds to support programs with measurable goals and objectives that will be reported annually in the budget request for this program.

Further, CDC is expected to support states to use evidence based approaches to stop the spread of drug-resistant bacteria and preserve existing antibiotics.

Laboratories.—CDC provides funding for State and Regional laboratories across numerous centers, programs, and initiatives to support, increase, enhance, or modernize laboratory capacity. To streamline the funding and reduce potential duplication, the Committee directs CDC to consolidate all its State and Regional laboratory funding sources into a single funding line in one CDC Center in the fiscal year 2017 budget request and include a CDC-wide consolidated plan with measurable goals and objectives on how CDC leverages State and Regional laboratory support and capacity across all CDC programs, initiatives, and activities.

Laboratory Training.—The Committee includes support to enhance CDC's internal laboratory management and training to improve laboratory safety at CDC laboratories. The Committee requests an update in the fiscal year 2017 budget request on the progress made to create and routinely review standard operating procedures, laboratory safety, and laboratory worker training.

Lyme Disease.—The Committee encourages CDC to consider expanding activities related to developing sensitive and more accurate diagnostic tools and tests for Lyme disease, including evaluating emerging diagnostic methods and

improving the utilization of adequate diagnostic testing; expanding its epidemiological research to determine the frequency and nature of the long-term complications of Lyme disease; improving surveillance and reporting of Lyme disease to produce more accurate data on its incidence; and evaluating the development of a national reporting system.

Valley Fever.—The Committee commends NIH and CDC on the continued joint efforts to combat coccidioidomycosis, also known as Valley Fever. Specifically, the Committee supports ongoing efforts by NIH and CDC to conduct a Randomized Controlled Trial (RCT) to identify an effective treatment for Valley Fever, encourage development of a vaccine, and help increase awareness of this disease among medical professionals and the public. The Committee looks forward to when patients can begin enrolling in the RCT later this year.

Chronic Disease Prevention and Health Promotion

The Committee recommends $1,097,482,000 for Chronic Disease Prevention and Health Promotion, which includes $570,467,000 in discretionary appropriations and $527,015,000 that is made available from amounts in the PPH Fund. The level is $101,738,000 less than the fiscal year 2015 program level and $39,424,000 more than the budget request program level.

The programs funded through this budget activity provide support for State and community programs, surveillance, prevention research, evaluation, and health promotion.

Within the total provided, the Committee recommends the following amounts for Chronic Disease Prevention and Health Promotion activities:

Budget Activity	FY 16 Committee
Tobacco	$105,492,000
Nutrition, Physical Activity, and Obesity	49,920,000
High Obesity Rate Counties	*10,000,000*
School Health	15,400,000
Health Promotion	20,275,000
Prevention Research Centers	24,000,000
Heart Disease and Stroke	170,000,000
Diabetes	180,000,000
National Diabetes Prevention Program	20,000,000
Cancer Prevention and Control	348,895,000
Oral Health	20,000,000
Safe Motherhood/Infant Health	46,000,000
Other Chronic Diseases	24,000,000
Arthritis	*10,000,000*
Racial and Ethnic Approach to Community Health	50,000,000
Million Hearts	4,000,000
Workplace Wellness	7,500,000
National Early Child Care Collaboratives	4,000,000
Hospitals Promoting Breastfeeding	8,000,000

Burden of Disease.—The Committee expects CDC to use the burden of disease (age-adjusted population) as a significant criteria for activities funded through the Chronic Disease programs and to ensure applicants identify the expected level of community burden reductions, tracked, and reported.

Community Prevention Grants.—No funds are provided to support the Community Prevention Grants. The Committee recognizes the program supported chronic disease risk factors funded by other Chronic Disease program lines. To lessen community disruption during program wind down, the Committee encourages fiscal year 2016 continuation costs of

current cities, counties, and tribal grantees shift to the specific Chronic Disease program lines, as long as CDC deems these one-time funding activities within the existing program's goals and scope of activity.

Division of Diabetes Translation (DDT).—The Committee recognizes the work of the DDT to address diabetes. The Committee supports efforts to work with public and private organizations to prevent and reduce the occurrence of diabetes in Americans. The Committee reinforces its desire for CDC to use burden of disease as a significant criteria in awarding funds. The Committee urges significant resources be put toward DDT's efforts to expand state, local, and tribal community diabetes control and prevention activities. The Committee believes these activities must include clear outcomes, ensure transparency and accountability that demonstrate how funding is expected to be used, were used, and tracked to ensure prevention funding reached state, local, and tribal communities with the greatest population adjusted burden.

Division of Oral Health (DOH).—The Committee provides the DOH support for enhancements to the State oral health infrastructure grants, national surveillance activities and community prevention programs. The Committee is aware that 20 States were approved but unfunded in the last State infrastructure grant cycle. The Committee expects DOH to support clinical and public health interventions that target pregnant women and young children at highest risk for dental caries. A recent study demonstrates such approaches can result in cost-savings to State Medicaid programs. We further encourage CDC to work across HHS to improve the coordination of oral health surveillance in a manner that reliably measures and reports health outcomes.

Diabetes.—The Committee understands that Diabetes is now the seventh leading cause of death and overall, the risk for death among people with diabetes is about twice that of people of similar age but without diabetes. Research has shown targeted interventions for modest lifestyle changes in people at highest risk can prevent or delay the onset of type 2 diabetes. For example, lifestyle interventions of losing weight and increasing physical activity reduced the development of type 2 diabetes by 58%, and by 71% among adults aged 60 years or older. Local communities are a catalyst for diabetes evidence-based health education, self-management prevention and awareness. The Committee provided a significant increase for Diabetes prevention and control activities. The Committee expects support to target communities with the highest burden of disease, as adjusted for population, and to use risk factor reduction measures. The Committee requests a report in the fiscal year 2017 budget request on how the amount of funds provided to state, local, and tribal communities with the highest burden.

Heart Disease and Stroke.—The Committee understands heart disease and stroke are the first and fifth leading causes of death in the United States. Each year nearly 800,000 people die in the U.S. from cardiovascular diseases while 795,000 experience a stroke. In addition to the human suffering, the cost on the health care system is excessive: some data indicates that in 2011 the total direct and indirect cost for cardiovascular disease and stroke in the United States was over $320 billion. However, heart disease and stoke are preventable in many cases due to risk factors such as high blood pressure and high LDL cholesterol. Local health departments serve as a catalyst for effective evidence-based approaches in their communities for heart disease and stroke prevention and awareness. The Committee provided a significant increase to support Heart Disease and Stroke prevention at state, local and tribal public health departments. The Committee expects support to target communities with the highest burden of disease, as adjusted for population, and use risk factor reductions measures. The Committee requests a report in the fiscal year 2017 budget request on how the amount of funds provided to state, local, and tribal community with the highest burden.

Tobacco Prevention.—The Committee notes CDC supports tobacco use and prevention activities throughout numerous programs like the Prevention Research Centers and Chronic Disease Prevention activities. The Committee provides funding in the tobacco line to primarily focus on underage smoking. Further, CDC is directed to consolidate and reduce duplication with other tobacco prevention programs and activities. The Committee does not provide support for CDC's tobacco research activity. The NIH has an existing tobacco research portfolio that in fiscal year 2015 is estimated at $322,000,000. The CDC shall coordinate with NIH to identify meritorious tobacco research opportunities for NIH to consider through its peer-reviewed process and its existing portfolio funding level. The Committee requests an analysis

in the fiscal year 2017 budget request identifying all the CDC programs that provide any funding for tobacco control or prevention activities with the name of the program and annual tobacco related funding level.

National Diabetes Prevention Program (NDPP).—The Committee understands the NDPP grantees, such as the YMCA, have leveraged NDPP support to expand the program to other communities. For example, the YMCA was awarded a nearly $12,000,000 grant over three years from the Center for Medicare and Medicaid to expand the program to 17 communities in an effort to reduce Medicare costs. The Committee significantly increased support for the NDPP and expects CDC to continue to encourage awardees to leverage these funds with more collaboration among federal agencies, community-based organizations, employers, insurers, health care professionals, academia, and other stakeholders. The Committee expects CDC to provide all increased funds through competitive process and that funds not be used to support internal CDC functions. The Committee appreciates that CDC has ensured the fidelity of the original Diabetes Prevention Program clinical trial through its NDPP by utilizing the evidence-based curricula and having program providers report on participant attendance and observed and measured weight loss. The Committee directs CDC to continue to ensure accurate results through observed weight measurement. Reliability of this data is critical to ensuring the confidence of various third-party payers. The Committee requests CDC to include long-term public health measures, how this program coordinates with other CDC and HHS programs, and the total amount of federal, public and private sector funds leveraged to support the NDDP annually in the fiscal year 2017 and future budget requests.

Obesity.—The Committee expands support for the rural extension and outreach services program to support additional grants for rural counties with an obesity prevalence of over 40 percent. The Committee expects CDC to support childhood obesity interventions that are supported by scientific evidence and work with state, local and tribal public health departments to support measurable outcomes through evidenced based obesity research, intervention, and prevention programs. The program should include a special focus on areas with the highest population adjusted burden of obesity and with co-morbidities like hypertension, cardiac disease and diabetes.

The Committee supports the CDC in continuing their important work on excessive drinking. However, the Committee notes the work on monitoring of youth exposure to alcohol advertising and the level of risk faced by youth from exposure to alcohol advertising as duplicative with work ongoing in other Federal agencies, specifically, the Federal Trade Commission (FTC) and the National Institutes of Health (NIH), which is currently funding an R01 on alcohol marketing and underage drinking. The FTC's March 2014 Report to Congress titled Self-Regulation in the Alcohol Industry was produced to address concerns about underage exposure to alcohol marketing.

National Center for Environmental Health

The Committee recommends $160,580,000 for Environmental Health program level, which includes $145,580,000 in discretionary appropriations and $15,000,000 that is made available from amounts in the PPH Fund. The level is $18,824,000 less than the fiscal year 2015 level and $17,920,000 less than the budget request program level.

The Environmental Health program focuses on preventing disability, disease, and death caused by environmental factors through laboratory and field research.

Within the total, the Committee recommends the following amounts for Environmental Health activities:

Budget Activity	FY 16 Committee
Environmental Health Laboratory	$56,000,000
Newborn Screening Quality Assurance Program	*8,300,000*
Newborn Screening/Severe Combined Immunodeficiency (SCID) Diseases	*1,200,000*
Environmental Health Activities	35,580,000
Environmental Health Activities	*17,580,000*
Safe Water	*8,000,000*
Amyotrophic Lateral Sclerosis (ALS) Registry	*10,000,000*
Environmental and Health Outcome Tracking Network	24,000,000
Asthma	30,000,000

Childhood Lead Poisoning	15,000,000

Environmental Health Activities.—The Committee does not provide support for CDC's environmental health research. The NIH houses the National Institute of Environmental Health Sciences (NIEHS) whose mission is to discover how the environment affects people in order to promote healthier lives. The CDC shall coordinate with NIEHS to identify meritorious research opportunities for it to consider through its peer-reviewed process and within its existing portfolio funding level. Further, no funds are provided to support the Building Resilience Against Climate Effects, Climate and Health, and Built Environment and Health Initiative program activities, which will allow CDC to focus on more direct public health activities.

Injury Prevention and Control

The Committee recommends $211,300,000 for Injury Prevention and Control program level in discretionary funds, which is $40,853,000 more than the fiscal year 2015 program level and $45,677,000 less than the budget request program level.

The injury prevention and control program supports intramural research, injury control research centers, extramural research grants, and technical assistance to state, local, and tribal health departments to prevent premature death and disability and to reduce human suffering and medical costs caused by injury and violence.

Within the total, the Committee recommends the following amounts for Injury Prevention and Control activities:

Budget Activity	FY 16 Committee
Intentional Injury	$92,300,000
Domestic Violence and Sexual Violence	*32,700,000*
Child Maltreatment	*7,250,000*
Youth Violence Prevention	*15,100,000*
Domestic Violence Community Projects	*5,500,000*
Rape Prevention	*39,000,000*
National Violent Death Reporting System	11,300,000
Unintentional Injury	8,750,000
Traumatic Brain Injury	*6,750,000*
Elderly Falls	*2,000,000*
Injury Prevention Activities	28,950,000
Prescription Drug Overdose Prevention	70,000,000

Asthma.—The Committee increased support for the National Asthma Control Program (NACP) and directs CDC to increase the number of states carrying out programmatic activities and use a population-adjusted burden of disease criteria as a significant factor for new competitive awards.

Gun Research.—The Committee continues the general provision to prevent any funds provided from being spent on gun research, to include collecting data for potential future research, such as was proposed in the budget request for the National Violent Death Reporting System. The Committee notes the budget request for Gun to the prohibition. The Committee reminds CDC that the longstanding general provision's intent is to protect rights granted by the Second Amendment. The restriction is to prevent activity that would undertake activities (to include data collection) for current or future research, including under the title ''gun violence prevention'', that could be used in any manner to result in a future policy, guidelines, or recommendations to limit access to guns, ammunition, or to create a list of gun owners.

Injury Control Research Centers.—The Committee provides support of at least $11,000,000 within the Injury Prevention Activities line to support activities such core operations, evaluation of injury control interventions, and training activities within the injury control research centers.

Prescription Drug Overdose Prevention Activity.—The Committee commends CDC for its leadership to expand the efforts on prescription drug overdose. The Committee directs the CDC Director to implement these activities based on population-adjusted burden of disease criteria of the mortality data (age adjusted rate) as a significant criteria when distributing funds for the state Prescription Drug Overdose Prevention activities and to adhere to all terms and conditions identified in the fiscal year statement of mangers accompanying the 2015 Appropriations Act and accompanying statement for this program.

National Vital Statistics System (NVSS).—The Committee continues support for the NVSS which provides data on births, deaths, and fetal deaths that are essential for understanding our nation's health. The Committee does not provide any funds to support the collection of any gun or firearms data as proposed in the budget request.

Public Health Preparedness and Response

Preparedness and Response in discretionary appropriations, which is $108,285,000 more than the fiscal year 2015 level and $79,018,000 more than the budget request.

CDC distributes grants to state, local, and territorial public health agencies, Centers for Public Health Preparedness, and others to support infrastructure upgrades to respond to all potential hazards, including acts of terrorism, infectious disease outbreaks, or natural disasters. Funds are used for needs assessments, response planning, training, strengthening epidemiology and surveillance, and upgrading laboratory capacity and communications systems. Activities support the establishment of procedures and response systems, and build the infrastructure necessary to respond to a variety of disaster scenarios.

Within the total, the Committee recommends the following amounts for Public Health Preparedness and Response activities:

Budget Activity	FY 16 Committee
State and Local Preparedness and Response Capability	$692,500,000
Public Health Emergency Preparedness Cooperative Agreement	*675,000,000*
Academic Centers for Public Health Preparedness	*8,200,000*
All Other State and Local Capacity	*9,500,000*
CDC Preparedness and Response	158,000,000
BioSense	*23,000,000*
All Other CDC Preparedness and Response	*135,000,000*
Strategic National Stockpile (SNS)	610,136,000

Public Health Emergency Preparedness (PHEP) Cooperative Agreement Program.—The Committee funding level will enable the CDC to restore PHEP capacity in state, local, tribal, and territorial health departments and ensure they have the tools to quickly detect, monitor, and respond to health threats. The Committee seeks to understand how state PHEP funding is supporting capacity building at the state and local levels. The CDC is expected to track PHEP capacity goals via the Public Health Emergency Preparedness Index capabilities tool and work with states to agree on cooperative agreement objectives for each state. The Committee requests an update in the fiscal year 2017 budget request on how CDC is implementing improved public health preparedness capacity measures.

SNS Replenishment of Medical Countermeasures.—The Committee understands certain antivirals in the Strategic National Stockpile will begin to expire soon. The Committee is concerned the 2016 budget request was insufficient to fully support the SNS to replenish all of the necessary medical countermeasures and to meet the government's established countermeasure requirements and contractual obligations with its private sector partners. The Committee directs the Director of CDC to conduct a comprehensive review of the current SNS to ensure an adequate supply of antivirals is stockpiled. The review should include: enumeration of the current stockpile; product expiration and/or extension of dating (including cost); cost of replenishment; contract requirements; manufacturing capability including

capacity and lead production time and methods CDC will employ to distribute a pandemic stockpile. The CDC is directed to provide this report to the Committee no later than 120 days after the date of enactment of this act. Further, the Committee requests CDC to provide additional detail annually in its budget request beginning in fiscal year 2017 that identifies the total projected costs of all expired or expiring SNS assets with the projected allocation of the current year resources and budget funding allocated to replacement of expiring assets. Further, the annual SNS budget section shall annotate the annual amount of current year and requested funds dedicated to the purchase of new assets, replacement of expiring assets, training, and cost of operations separately.

Public Health Scientific Services

The Committee recommends $496,597,000 for the Public Health Scientific Services program level with discretionary funds that includes funds for the National Center for Health Statistics (NCHS).

The level is $15,536,000 more than the fiscal year 2015 program level and $42,212,000 less than the budget request program level. NCHS is responsible for collecting, interpreting, and disseminating data on the health status of the U.S. population and the use of health services. Surveys include the National Health Interview Survey (NHIS), the National Health and Nutrition Examination Survey (NHANES), the National Health Care Survey, and the National Vital Statistics System (NVSS).

Within the total, the Committee recommends the following amounts for Public Health Scientific Services activities:

Budget Activity	FY 16 Committee
Health Statistics	$160,397,000
Surveillance, Epidemiology, and Informatics	284,000,000
Laboratory Training & Oversight	*10,000,000*
Public Health Workforce	52,200,000

Enhance Laboratory Training & Oversight.—The Committee provides $10,000,000 to support enhanced laboratory training and oversight, to include the CDC strengthening the oversight and training of CDC's intramural laboratories. The Committee requests CDC to provide an update in the fiscal year 2017 request on the number and percentage of its laboratory employees provided with annual safety training, standard operating procedures, and other recommendations from CDC's most recent incidents. Further, the update should identify all the lab incidents recommendations and the status of implementing each recommendation.

Surveillance, Epidemiology, and PH Informatics.—The Committee reminds the Center that funds specifically requested through the PPH and not supported with PPH funds or directly specified in the report are not provided. For example, the Committee does not provide support for the Community Guide or the operations of the Community Prevention Services Task Force.

CDC-Wide Activities

The Committee recommends $283,500,000 for Cross-Cutting Activities program activities, which includes $113,500,000 in discretionary funds and $170,000,000 in PPH funds. The level is $9,930,000 more than the fiscal year 2015 comparable program level and $169,930,000 more than the comparable budget request program level. This activity supports several cross-cutting areas within CDC. Included is CDC's leadership and management function, which funds the CDC Office of the Director. Within the total, the Committee recommends the following amounts for Cross-cutting activities:

Budget Activity	FY 16 Committee
Preventive Health/Health Services Block Grant	$170,000,000
Public Health Leadership and Support	113,500,000

Preventive Health and Health Services Block Grant (PHHSBG)

The Committee rejects the Administration's proposed elimination of the PHHSBG. The Committee restores it to a level of

$170,000,000. For over 30 years, the PHHSBG has been a vital source of funding, allowing each State to address its most critical public health needs. States use these flexible dollars to offset funding gaps in programs that address the leading causes of death, disability, and to respond to unanticipated or emerging public health threats. The Committee expects CDC to provide these flexible funds to State public health agencies. Further, States should work with local and tribal public health agencies to use these resources to address the most critical public health needs through measurable evidence-based activities.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Substance Abuse Treatment

Targeted Capacity Expansion.—The Committee recommends $36,303,000 for Targeted Capacity Expansion activities, which is $13,100,000 more than the fiscal year 2015 enacted level and the same as the budget request. Together with the $12,000,000 increase provided in the Consolidated and Further Continuing Appropriations Act of fiscal year 2015, this additional funding is provided to increase the number of States from 11 to 22 that are receiving funding to expand services that address prescription drug abuse and heroin use in high-risk communities. The Committee expects SAMHSA to provide a briefing within 45 days of enactment regarding how it intends to execute these activities and carry out the two mandates described below.

The United States has seen a 500 percent increase in admissions to treatment for prescription drug abuse since 2000. Moreover, according to a recent study, 28 states saw an increase in admissions to treatment for heroin dependence during the past two years. The fiscal year 2015 Consolidated and Further Continuing Appropriations Act provided funding for Targeted Capacity Expansion specifically for prescription drug and heroin treatment. The Center for Substance Abuse Treatment is directed to include as an allowable use medication-assisted treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids and heroin and prioritize treatment regimes that are less susceptible to diversion for illicit purposes.

Since the passage of the Drug Addiction Treatment Act of 2000, SAMHSA has led the nation in educating physicians, patients and treatment systems on the use of medication-assisted treatment. To keep pace with advancements in science and research, SAMHSA is directed to update all of its public-facing information and treatment locators such that all evidence-based innovations in counseling, recovery support, and abstinence-based relapse prevention medication-assisted treatments are fully incorporated.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

General Departmental Management

Dietary Guidelines for Americans.—The Secretary, in coordination with the Secretary of Agriculture, is responsible for issuing the Dietary Guidelines for Americans every five years. This has traditionally been a science-based process that provides diet and nutrition recommendations according to statutory authority. However, the advisory committee selected to provide recommendations for consideration as the final 2015 guidelines has included suggestions beyond the historical scope of the panel, resulting in controversial, agenda-driven recommendations. To preserve the scientific integrity of the dietary guidelines, bill language is included to provide transparency to the process and ensure the final recommendations are based upon strong scientific evidence and within scope. The Committee notes that the advisory committee report is merely a set of recommendations and reminds both USDA and HHS that the final 2015 Dietary Guidelines for Americans are a product of their scientific assessment that must comply with the statute.

Needle Exchange Programs.—The Committee maintains its support for federal, state and local efforts to address the abuse of prescription painkillers and other opioids. The Committee is alarmed by trends in urban and rural communities which indicate a transition to injection drug use, and supports state and local efforts to mitigate the spread of related infections, such as Hepatitis and HIV/AIDS, and associated healthcare costs. The Committee believes the determination about whether to implement needle exchange programs remains a quintessentially local function, and therefore maintains its prohibition on the use of federal funds for the purchase of syringes or sterile needles as a title V general provision. The provision is modified, however, to allow existing programs in hard-hit communities to access federal

funds for other program elements, including substance use counseling and referral to treatment, that support communities in their drive to end the cycle of dependency. Eligible programs must demonstrate a need for federal support based on actual cases of Hepatitis or HIV/AIDS or on conditions posing a significant risk for an outbreak.

Office of the Assistant Secretary for Health

Viral Hepatitis.—The Committee recognizes the tremendous health and financial burden of viral hepatitis. CDC estimates that upwards of 5.3 million nationwide are living with hepatitis B or hepatitis C (HCV) and 65 75 percent are not aware of their infection. Furthermore it is estimated that the medical costs associated with HCV among the 1945 1965 birth cohort many of whom will age into the Medicare system at age 65 will rise to $85 billion annually. With the introduction of new screening guidelines and technology, as well as new treatment options, HHS has an unprecedented opportunity to address this national health problem. The Committee encourages HHS to continue to implement the Action Plan on Viral Hepatitis and to ensure that all appropriate agencies are actively involved and coordinated. The Committee encourages the HHS Assistant Secretary for Health to work with partners to tackle the issue of disease status awareness by leveraging federal with non-federal contributions and organizing partnerships with stakeholders.

Adult Vaccinations.—The Committee is concerned that each year, hundreds of thousands of American adults are hospitalized and tens of thousands die from diseases that could have been prevented by vaccination. It is estimated that the cost of the health burden to society from vaccine preventable diseases is approximately $10 billion annually. In particular, the Committee is concerned that many health care workers do not get regularly recommended vaccinations and that adult vaccination rates are particularly low for minority groups. Therefore the Committee encourages the Secretary of Health and Human Services to develop an adult vaccine strategy that includes assessments of barriers to adult immunizations, and strategies to overcome those barriers, including public outreach about the importance of adult immunization and strategies to increase influenza vaccination rates among health care workers.

Breastfeeding.—The Committee is aware of the Surgeon General's Call to Action to Support Breast Feeding and encourages the Secretary to support and expand efforts to guarantee continuity of skilled support for breastfeeding between hospitals and health care settings in the community. The Committee strongly supports efforts to combat childhood obesity. Research shows that suboptimal breastfeeding rates are a significant contributor to our nation's epidemic of obesity, increasing risks of several acute and chronic diseases and conditions, including diabetes and cardiovascular disease.

HIV/AIDS in Minority Communities.—The Committee recommendation includes $52,224,000 for specific program activities to address the high-priority HIV prevention and treatment needs of minority communities, the same as the fiscal year 2015 level and $1,676,000 below the budget request. These funds are provided to promote an effective, culturally competent and linguistically appropriate public health response to the HIV/AIDS epidemic.

Teen Pregnancy Prevention and Sexual Risk Avoidance.—The Committee provides $20,000,000 in budget authority for Teen Pregnancy Prevention Community Grants. Included in the Committee recommendation is not less than $10,000,000 for sexual risk avoidance programs.

In implementing the $20,000,000 provided for teen pregnancy prevention and sexual risk avoidance, the Committee encourages HHS to provide substantive and practical technical assistance to grantees that emphasizes sexual risk avoidance (SRA) in all educational messaging to teens. The Committee notes that such technical assistance should be provided during national and regional conferences, webinars and one-on-one conversations with funded projects. The Committee further encourages SRA-credentialed experts to directly train grantees and HHS staff with oversight of these programs on methodologies and best practices in SRA for teens. The Committee also encourages HHS to consistently implement a public health model that stresses risk avoidance or a return to a lifestyle without risk.

The Committee notes that adolescents from communities of color are disproportionately affected by teenage pregnancy, and that research also shows teenage dating violence and abuse are associated with higher levels of teenage

pregnancy and unplanned pregnancy. Adolescent girls in physically abusive relationships are three times more likely to become pregnant than non-abused girls. The Committee encourages the Secretary, through the Office of Adolescent Health, to include teen dating violence prevention and healthy relationship strategies within existing adolescent health working groups and better integrate preventing violence and abuse as a strategy to prevent teen and unplanned pregnancy within communities of color. Additionally, the Committee encourages the Secretary to conduct a review of programs chosen by the Teen Pregnancy Prevention Program and issue a report to determine which programs address teen dating violence and healthy relationship strategies as a means to prevent teen pregnancy.

Office of Minority Health

The Committee provides $56,670,000 for the Office of Minority Health (OMH), which is the same as the fiscal year 2015 enacted level and the same as the budget request. The OMH works with U.S. Public Health Service agencies and other agencies of the Department to address the health status and quality of life for racial and ethnic minority populations in the United States. OMH develops and implements new policies; partners with States, tribes, and communities through cooperative agreements; supports research, demonstration, and evaluation projects; and disseminates information.\

Hepatitis B.—The Committee is aware that Hepatitis B and liver cancer, as caused by the Hepatitis B virus, are the single greatest health disparities affecting the Asian and Pacific Islander populations in the United States. Asian Americans, Native Hawaiians, and other Pacific Islanders comprise more than one-half of the 2 million estimated Hepatitis B carriers in the United States and consequently have the highest rate of liver cancer among all ethnic groups. The Committee urges the OMH to expand outreach and preventive Hepatitis B programs specific to Asian and Pacific Islanders and other groups disproportionately affected by Hepatitis B.

Hepatitis C Treatment.—More than three million people in the United States are chronically infected with hepatitis C virus (HCV) and most do not know it. If untreated, or unsuccessfully treated, they are at risk for life-threatening, expensive complications such as liver cancer and liver failure. Standard of care for HCV is evolving rapidly with dozens of new, more effective, oral direct-acting antivirals available. With the opportunity to improve the health outcomes of millions of patients, evidence-based recommendations are needed to help expand the pool of qualified providers and guide medical practice in the United States. The Committee urges HHS to convene an ongoing, multidisciplinary treatment guidelines panel or other mechanism to issue periodically updated recommendations for the treatment of hepatitis C virus (HCV) infection.

Diabetes.—The Committee is concerned by the incidence of diabetes that disproportionately affects minority populations, especially the elderly among these populations. Therefore, the Committee encourages OMH to undertake a coordinated approach across all HHS operating divisions to translate biomedical research, behavioral research and training programs to bring innovative approaches to diabetes prevention to minority communities. The Committee encourages OMH to develop an extramural grant program that specifically focuses on the broad spectrum of diabetes prevention and control, including approaches to predict, prevent, treat and cure diabetes. The Committee is particularly interested in studies to predict those at highest risk for Type 2 diabetes accurately, including those utilizing metabolomics and proteomics.

Office of the National Coordinator for Health Information Technology

The Committee provides $60,367,000 for the Office of the National Coordinator for Health Information Technology (ONC), which is the same as the fiscal year 2015 enacted level. The budget proposed to fund this entire office from the evaluation tap.

Public Health and Social Services Emergency Fund

Office of the Assistant Secretary for Preparedness and Response

The Committee provides $1,044,928,000 for activities administered by the Office of the Assistant Secretary for Preparedness and Response (ASPR). This amount is $652,000 less than the fiscal year 2015 funding level and $498,157,000 less than the budget request. ASPR is responsible for coordinating national policies and plans for medical and public health preparedness and for administering a variety of public health preparedness programs, including the

National Disaster Medical System, the Hospital Preparedness Cooperative Agreement Grants Program, Project BioShield, and the Office of Biomedical Advanced Research and Development Authority.

Biomedical Advanced Research and Development Authority
The Committee provides $415,000,000 for the Office of Biomedical Advanced Research and Development Authority (BARDA), which is equal to the fiscal year 2015 enacted level and $106,732,000 less than the budget request. In addition, the Committee provides $255,000,000 for Project BioShield, which is equal to the fiscal year 2015 level and $391,425,000 less the budget request. The funds support acquisitions of medical countermeasures to address chemical, biological, radiological, and nuclear (CBRN) threats.

The Committee remains committed to ensuring the nation is adequately prepared against CBRN attacks. Public-private partnership to develop MCMs is required to successfully prepare and defend the nation against these threats. The Committee supports the goal of a market development where there is little or no existing commercial market. The funds allow for sustained management and funding of critical priorities, facilitate flexible and rapid response to emerging threats, and prevent the loss of resources.

The Committee maintains its commitment to protecting the U.S. population from pandemic influenza and other new and emerging threats and recognizes a public-private partnership is also required to develop MCMs for these threats. The Committee recommends $72,000,000 for the ASPR's pandemic influenza program. This funding can support research and development of next generation influenza MCMs, preparedness testing and evaluation, and stockpiling.

The Committee remains concerned about potential gaps in preparedness created by conflicting stockpiling priorities of the BARDA and the CDC.

While the Public Health and Emergency Medical Countermeasure Enterprise (PHEMCE) was established as the interagency coordinating body to ensure consensus priorities and smooth transitions, no specific process is in place to prevent gaps in preparedness related to disparate priorities that continue to arise related to countermeasure stockpiling. Therefore, the Committee directs BARDA and CDC to develop a process to coordinate the ongoing stockpiling of medical countermeasures in order to maintain adequate supplies of approved and purchased countermeasures. The coordination is important as products transition from the advanced research and development phase, where procurement is controlled by BARDA, to the approval phase, where procurement responsibility shifts to CDC. The Committee requests an update on this stockpiling coordination process between BARDA and CDC in the fiscal year 2017 budget request. The Committee provided an increase to the CDC SNS program to better enable the hand off of MCM between BARDA and CDC and to better support SNS new acquisition and replenishment activity that is required to protect the American public. The Committee further expects CDC and BARDA leadership to coordinate on the spend plan for the CDC SNS funds as part of the improved process.

The Committee commends the ASPR for delivering the first multiyear budget plan. The Committee requests that the multiyear budget plan be updated annually and include additional details, such as influenza MCM program budgets and life cycle management costs.

Antibiotic Resistance (AbR).—The Committee recognizes the importance of combating AbR, while funding for BARDA remains focused on its statutory mission to develop CBRN countermeasures, BARDA is directed to work closely with CDC and NIAID on the government-wide antibiotic resistance activity. The Committee provided support in NIAID and CDC and directs these organizations to jointly work with BARDA on coordinated goals, measurable objectives, and funding plans to spur research and development on AbR, build AbR laboratory capacity in states, and best leverage the funds provided support for evidence based public health activities in states on the government-wide effort. The Committee requests an update in the fiscal year 2017 budget request on the joint BARDA, NIAID, and CDC goals and measurable objectives to ensure the best leveraging of the funds provided to CDC and NIAID on this effort.

GENERAL PROVISIONS

Prevention and Public Health Fund

The Committee continues a provision that directs the transfer of all available Prevention and Public Health (PPH) fund. In fiscal year 2016 the level appropriated for the fund is $932,000,000 after accounting for sequestration. The Committee includes bill language in section 218 of this Act that requires that funds be transferred within 45 days of enactment of this act to the following accounts, for the following activities, and in the following amounts:

[$ in thousands]

Agency	Account	Program	Committee recommendation
CDC	Immunization and Respiratory Diseases	Section 317 Immunization Grants	$150,285
CDC	Emerging and Zoonotic Infectious Diseases	Epidemiology and Laboratory Capacity Grants	40,000
CDC	Emerging and Zoonotic Infectious Diseases	Healthcare Associated Infections	12,000
CDC	Chronic Disease Prevention and Health Promotion	Breast Feeding Grants (Hospitals Promoting Breastfeeding)	8,000
CDC	Chronic Disease Prevention and Health Promotion	Million Hearts Program	4,000
CDC	Chronic Disease Prevention and Health Promotion	Heart Disease & Stroke Prevention Program	170,000
CDC	Chronic Disease Prevention and Health Promotion	Diabetes	180,000
CDC	Chronic Disease Prevention and Health Promotion	National Diabetes Prevention Program	10,000
CDC	Chronic Disease Prevention and Health Promotion	Breast and Cervical Cancer	104,000
CDC	Chronic Disease Prevention and Health Promotion	Colorectal Cancer	39,515
CDC	Chronic Disease Prevention and Health Promotion	Workplace Wellness	7,500
CDC	Chronic Disease Prevention and Health Promotion	Early Care Collaboratives	4,000
CDC	Environmental Health	Lead Poisoning Prevention	15,000
CDC	CDC-Wide Activities	Preventive Health and Health Services Block Grants	170,000
CDC	Aging and Disability Services Programs	Alzheimer's Disease Prevention Education and Outreach	12,700
CDC	Aging and Disability Services Programs	Falls Prevention	5,000

Sec. 216. None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

Sec. 217. (a) The Secretary shall establish a publicly accessible information regarding the uses of funds made available under section 4002 of the Patient Protection and Affordable Care Act of 2010 (`ACA').

(b) With respect to funds provided under section 4002 of the ACA, the Secretary shall include on the Web site established under subsection (a) at a minimum the following information:

(1) In the case of each transfer of funds under section 4002(c), a statement indicating the program or activity receiving funds, the operating division or office that will administer the funds, and the planned uses of the funds, to be posted not later than the day after the transfer is made.

(2) Identification (along with a link to the full text) of each funding opportunity announcement, request for proposals, or other announcement or solicitation of proposals for grants, cooperative agreements, or contracts intended to be awarded using such funds, to be posted not later than the day after the announcement or solicitation is issued.

(3) Identification of each grant, cooperative agreement, or contract with a value of $25,000 or more awarded using such funds, including the purpose of the award and the identity of the recipient, to be posted not later than 5 days after the award is made.

(4) A report detailing the uses of all funds transferred under section 4002(c) during the fiscal year, to be posted not later than 90 days after the end of the fiscal year.

(c) With respect to awards made in fiscal years 2013 through 2016, the Secretary shall also include on the Web site established under subsection (a), semi-annual reports from each entity awarded a grant, cooperative agreement, or contract from such funds with a value of $25,000 or more, summarizing the activities undertaken

and identifying any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the recipient), to be posted not later than 30 days after the end of each 6-month period.

(d) In carrying out this section, the Secretary shall:

(1) present the information required in subsection (b)(1) on a single webpage or on a single database;

(2) ensure that all information required in this section is directly accessible from the single webpage or database; and

(3) ensure that all information required in this section is able to be organized by program or State.

Sec. 218. (a) Within 45 days of enactment of this Act, the Secretary shall transfer funds appropriated under section 4002 of the Patient Protection and Affordable Care Act of 2010 (`ACA') to the accounts specified, in the amounts specified, and for the activities specified under the heading `Prevention and Public Health Fund' in the Committee report of the Senate accompanying this Act.

(b) Notwithstanding section 4002(c) of the ACA, the Secretary may not further transfer these amounts.

(c) Funds transferred for activities authorized under section 2821 of the PHS Act shall be made available without reference to section 2821(b) of such Act.

Sec. 503. (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy

SEC. 520. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: *Provided*, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.

USDA-FDA APPROPRIATIONS BILL

United States Department of Agriculture

Food Safety and Inspection Service - For the Food Safety and Inspection Service (FSIS), the Committee provides an appropriation of $1,011,557,000.

Food Safety Outreach.—The Committee is aware that for fiscal year 2015, the FDA and USDA are soliciting proposals for the establishment of one national and four regional food safety training centers. The Committee encourages the Secretary to ensure that funds are used efficiently to deliver education and technical training to producers in cooperation with nongovernmental and community-based organizations serving small and mid-sized farmers, producers, and processors, and other federal food safety agencies, as authorized in the FSMA.

Dietary Guidelines for Americans.—The Secretary, in coordination with the Secretary of Health and Human Services (HHS), is responsible for issuing the Dietary Guidelines for Americans every five years. This has traditionally been a science-based process that provides diet and nutrition recommendations according to statutory authority. However, the advisory committee selected to provide recommendations for consideration as the final 2015 guidelines has included suggestions beyond the historical scope of the panel, resulting in controversial, agenda-driven recommendations. The guidelines have a far-reaching impact as they set the standards for many Federal nutrition programs, guide the health and medical community in assisting patients, and provide the foundation for nutrition education information. The guidelines influence consumer purchases and have a ripple effect throughout the economy and on consumer health. It is imperative that the guidelines be unequivocally based upon strong scientific evidence. The Committee appreciates the Secretary acknowledging that the advisory committee had more latitude to consider topics outside of the statutory mandate, and recognizes the Secretary's commitment to follow the law. To preserve the scientific integrity of the dietary guidelines, bill language is included to provide transparency to the process and ensure the final recommendations are based upon strong scientific evidence and within scope. The Committee notes that the advisory committee report is merely a set of recommendations and reminds both USDA and HHS that the final 2015 Dietary Guidelines for Americans are a product of their scientific assessment that must comply with the statute.

Institute of Medicine (IOM) Study.—The Committee strongly urges the Secretary of Agriculture to engage the IOM to conduct a study on the process supporting the recommendations of the eighth edition of the Dietary Guidelines for Americans (DGA). The study should include, but not be limited to, an analysis of the following: how the DGA can ensure a nutritionally sufficient diet for all Americans; how transparency of the committee selection process can be improved; how the Nutrition Evidence Library (NEL) is used and how NEL reviews are conducted; what the evidence base was for the eighth edition recommendations; and how the DGA can ensure proper nutrition advice for a range of individual factors including metabolic, and other disease conditions.

Urban Agriculture.—The Committee acknowledges the need for an expanded USDA role in support of urban agriculture, in American cities. Support from the Department is lacking for urban producers who often have different needs than rural producers. Therefore, the Committee directs USDA to evaluate policies and programs and deliver a report to the Committees on Appropriations of the House and Senate explaining how to further advance urban agriculture.

Human Nutrition Research.—There is strong evidence that nutrition plays a vital role in maintaining health throughout the lifespan and preventing obesity and chronic diseases. The Committee encourages Agricultural Research Service to continue research relating to obesity prevention strategies and the effect of nutrition on aging.

Antimicrobial Resistance.—The Committee provides an increase of $5 million for the Agriculture and Food Research Initiative (AFRI) for research to combat antimicrobial resistance. In addition, the Committee directs NIFA to include an additional $2.3 million of base funding to the program's current level of $3.7 million, for a total investment of $11 million in research on combating antimicrobial resistance.

Child Nutrition Programs

FOOD AND NUTRITION SERVICE
CHILD NUTRITION PROGRAMS
(INCLUDING TRANSFERS OF FUNDS)

2015 appropriation	$21,300,170,000
2016 budget estimate	21,587,277,000
Provided in the bill	21,507,426,000

Comparison:
2015 appropriation ..... +207,256,000
2016 budget estimate ..... -79,851,000

COMMITTEE PROVISIONS
For the Child Nutrition Programs, the Committee provides $21,507,426,000.
Summer EBT.—The Committee includes funding for the summer electronic benefit transfer (EBT) pilot projects and notes that the 2010 agriculture appropriations Act provided the initial funding for demonstration projects to test various methods of providing food for low-income children during the summer months. The pilots have been ongoing for five years. If the pilots have been successful, the Secretary is encouraged to work through the authorization process to establish a summer EBT program rather than continue with pilot projects.

School Equipment.—The Committee provides funding for school meals equipment grants and directs the Department to provide a report that details the type of equipment that has been purchased by schools including but not limited to salad bars and equipment used to prepare foods offered on salad bars. The report should also include whether Federal Acquisition Regulations prevent schools from purchasing needed equipment or disqualify certain equipment purchases utilizing the school meals equipment grant program. If these, or any other regulations or requirements are impediments, the report should provide recommended solutions to ensure schools are able to procure a variety of needed equipment.

School Meals.—The Committee remains concerned about the challenges and costs that local schools face in implementing the various regulations from the Healthy, Hunger-Free Kids Act of 2010. Some schools are continuing to have difficulty complying with the whole grain requirements that went into effect on July 1, 2014, and there continues to be concern with further reductions in the sodium requirements for school meals. The Committee appreciates the Secretary providing guidance to the states so they can establish a process to exempt school food authorities demonstrating a hardship from the current whole grain standards, as required by the fiscal year 2015 appropriations Act. This flexibility is extended for the 2016–2017 school year. The Committee also retains bill language from the fiscal year 2015 appropriations Act requiring that sodium standards cannot be reduced below Target 1 until the latest scientific research establishes the reduction is beneficial for children. As schools seek to implement the school meal standards, the Committee encourages USDA to consider ways to assist schools with technical assistance and training, including the services of not-for-profit culinary institutions, to provide healthy, cost-effective foods that students will eat.

WIC Nutrition Programs
For the Special Supplemental Nutrition Program for Women, Infants, and Children, the Committee provides an appropriation of $6,484,000,000 (-$139 million from FY2015). USDA data shows that WIC participation rates have decreased steadily since fiscal year 2010. The President's budget request includes a projection of an average monthly participation rate of 8.5 million women, infants, and children for fiscal year 2016. However, the average monthly participation rate was 8.3 million for fiscal year 2014, and the current average for fiscal year 2015 is 8.1 million. This data indicates that the actual trajectory of WIC participation continues to decline.

For the Supplemental Nutrition Assistance Program, the Committee provides $81,653,207,000. The total amount includes $3,000,000,000 for a contingency reserve to be used only in the amount necessary. The Committee does not support funding to establish Centers of Excellence or conduct unauthorized activities, which leads to an expectation that future funds will be provided to support activities and centers not authorized by Congress.

The Committee does not provide funding for the Center for Nutrition Policy and Promotion to develop Federal dietary guidance for infants and children from birth to 24 months of age or to promote the Dietary Guidelines for Americans or MyPlate. The nutrition education services provided through WIC, along with other Federal nutrition education programs, are available to assist with the dietary and nutritional needs of infants and children. The Committee also notes that USDA does significant advertising of the Dietary Guidelines, MyPlate, and other resources to promote healthier

lifestyles. These efforts are combined with the ''Let's Move!'' campaign and use of this information by the public and private sectors.

Dietary Guidelines for Americans.—There continues to be concern with the 2015 Dietary Guidelines for Americans advisory committee (DGAC) recommendations. The fiscal year 2015 explanatory statement stated that Congress expected the Secretary to ensure that the DGAC remained focused on nutrient and dietary recommendations based upon sound nutrition science. However, the DGAC report released February 19, 2015, included extraneous factors and policy recommendations that are outside of the statutory requirement, such as agriculture production practices including sustainability, taxes, food labeling and marketing policies. This was the first time environmental factors impacted recommendations traditionally aimed at diet and nutrition. Questions have been raised regarding the scientific evidence and scientific process used to make the recommendations. The Committee considers the scientific integrity of the Dietary Guidelines to be fundamental to Federal nutrition policy that best advances public health. Therefore, bill language is included to ensure both the Secretary of Agriculture and the Secretary of HHS use the most rigorous and objective science through the Nutrition Evidence Library (NEL) and that the final report adheres to the statutory authority of providing diet and nutrition information only. The Committee also expects the Departments to ensure the final guidelines do not conflict with sound scientific, nutritional guidance implemented by other federal agencies outside of USDA and HHS. USDA and HHS received more than 29,000 comments during the public comment period for the DGAC report. Given the unprecedented number of comments and the fact that the DGAC included recommendations beyond its nutritional purview, greater transparency is needed as the Departments finalize the guidelines. The public will have no other opportunity to provide input or understand what the Departments might recommend before they release the final guidelines. Therefore, bill language directs the Departments to revise and publish the preliminary draft of the guidelines. The public notice shall also include a list of the specific scientific studies and evidence that has been rated ''Grade I: Strong'' by the NEL supporting each revised or new recommendation. Finally, the Secretaries shall allow for a minimum 90 day public comment period of the revised recommendations, and finalization shall not occur until at least 60 days after the comment period to allow the Departments time to review the comments.

FOOD AND DRUG ADMINISTRATION

Funding for Food Safety- The Committee includes increases of $41,500,000 for the implementation of the Food Safety Modernization Act (FSMA). These increases consist of: $18,500,000 for Inspection Modernization and Training; $5,000,000 for the National Integrated Food Safety System; $11,500,000 for Education and Technical Assistance for Industry; $2,500,000 for Technical Staffing and Guidance Development; $3,000,000 for Import Safety; and $1,000,000 for Risk Analytics and Evaluation. The increases provided in this bill and the increases provided since fiscal year 2011 should assist the FDA in preparation for the implementation of FSMA prior to the effective dates of the seven foundational proposed rules.

Medical Product Safety Funding.—The Committee provides an increase of $4,216,000 for medical product safety initiatives. Included in this amount is $2,500,000 for combating antibiotic resistant bacteria as part of the National Strategy for Combating Antibiotic Resistant Bacteria (CARB), $1,000,000 for the Precision Medicine initiative, and $716,000 for the evaluation of over the counter sunscreen products. According to the FDA's fiscal year 2016 budget request, the Agency is spending approximately $32.5 million on antimicrobial resistance activities in fiscal year 2015. With this increase, the FDA is expected to spend approximately $35 million on combating antibiotic resistance in fiscal year 2016.

Centers of Excellence—The Committee is aware of the important contribution of CFSAN's Food Safety Centers of Excellence in supporting critical basic research as well as facilitating the implementation of the Food Safety Modernization Act. The Committee encourages the agency to continue to fully utilize the Centers of Excellence to accomplish these goals and to enhance its level of support for Food Safety Modernization Act activities and to increase funding for base work.

Medical Countermeasures- The Committee directs that not less than $24,552,000 shall be available for the FDA's Medical Countermeasures Initiative. This total is in addition to the unobligated funds remaining to support the FDA's emergency response to Ebola and related disease outbreaks.

Menu Labeling.—The Committee is concerned about recent FDA final determination that increased the size and scope of those affected under restaurant menu labeling regulations. Specifically, the final rule attempts to regulate local grocery chains that typically do not qualify as restaurants. These newly regulated entities do not have clear guidance from the FDA as to how they must comply with numerous provisions of the final regulation. The Committee includes bill language that directs the FDA to implement the final rule no earlier than December 1, 2016, and at least one-year following agency publication of related guidance to newly regulated stakeholders.

Partially Hydrogenated Oils.—The Committee is concerned that the FDA's recent final determination that partially hydrogenated oils (PHOs) are no longer Generally Recognized as Safe (GRAS) could cause economic disruption in the marketplace and lead to unnecessary litigation. More importantly, the FDA should clarify that they have not concluded that PHOs are unsafe but that they no longer meet the general recognition element of the GRAS standard. Further, it is disturbing that the FDA would make such a determination without full public documentation of the data and process used to do so. Therefore, the Committee directs the FDA, in carrying out its enforcement of this determination, to: 1) issue a notice that it will delay the effective date of the final determination until acting on a Food Additive Petition following the procedures identified in 21 C.F.R. 170 38(c); 2) provide a reasonable transition period of 3 years for companies to reformulate products that would allow the marketing of current uses of PHOs during this transition period; 3) clarify that the final determination applies prospectively and after the agency issues the food additive regulation; and (4) that the FDA clarify that products containing PHOs prior to and during this transition period be deemed lawful and in compliance with the FDCA, and not seek to enforce any ban on the introduction of PHOs into commerce until after the revised effective date.

Sodium Intake Levels.—The Committee is concerned about the FDA's continued focus on voluntary sodium reductions and recommendations to remove the GRAS status of sodium given the growing body of evidence that suggests low sodium consumption can lead to health problems in healthy individuals. The Committee requires the FDA, in coordination with CDC, to convene a panel at the IOM to determine the blood pressure effect and Cardiovascular Disease (CVD) implications for healthy people consuming sodium at 3000 mg or less per day. Federal funds should not be expended on sodium reduction activities below 3000 mg per day until the science is formally considered surrounding healthy and safe sodium intake, especially for healthy individuals, and the impact of lower sodium on blood pressure (and an extrapolation to health), including direct research suggesting a negative impact of lower sodium on health. Spent Grains.

Tobacco Product Regulation- The Committee includes bill language making a technical change to the FDA's regulation of newly deemed tobacco products and products with nicotine derived from tobacco under the Tobacco Control Act (TCA). Current law allows the agency to regulate these newly deemed products, and this language maintains the FDA's authority to ensure their safety through the regulatory process. Notably, the TCA provides the FDA with the authority to require that manufacturers submit detailed product formulas to the FDA for each of their products; authority to review any modifications to these newly regulated products going forward; and authority to issue product standards and other enforcement tools, including misbranding, adulteration and post market surveillance. The Committee fully supports these efforts to reduce potentially harmful effects associated with tobacco products. The Committee also supports FDA efforts to subject certain tobacco products to additional provisions, including minimum age of purchase restrictions, health warnings for product packages and ads, and a prohibition of certain vending machine sales.

Rather than amending the FDA's regulatory authority, this language relates only to a specific date—the predicate date of February 15, 2007. The current predicate date was established arbitrarily with the passage of TCA: Congress determined that manufacturers would not have to submit a pre-market approval application to the FDA for

tobacco products that already existed on the market at that time. Those products that came onto the marketplace during the transition period after February 15, 2007 but before June 22, 2009 and introduced 21 months after the law was enacted were permitted to stay on the market as long as the manufacturer submitted a substantial equivalence submission to the FDA before the end of this transition period. Products entering the marketplace after this time period are required to submit a premarket tobacco product application. Using the 2007 date means that newly-regulated categories of tobacco products—some of which have the potential to play an important role in harm reduction, and some of which hardly existed in commerce before that date—would face a more onerous approval process than cigarettes.

On April 25, 2014, the FDA released a proposed deeming regulation, which would grant authority for the agency to regulate cigars, vapor products and other products with nicotine derived from tobacco. The Committee hopes that the FDA finalizes that rule as soon as possible and urges the FDA to develop tobacco product safety standards aimed at reducing or eliminating the most harmful constituents for the safety of our public health, with a special focus on protecting young populations. Manufacturers should have to meet these product standards in order to ensure the safe sale of tobacco products in the marketplace. In particular, the Committee urges the FDA to further the extension of the TCA's national minimum purchase age of 18 years to all tobacco products, regardless of when all other aspects of the deeming rule are made final. Further, the Committee urges the FDA to make child-resist-ant packaging and warning labels mandatory for liquids used with electronic-cigarette vaporizers. The Committee believes the FDA has discretion to modify the predicate date for these newly deemed products, but the FDA states that it would maintain February 15, 2007 as the predicate date. The Committee is concerned that this approach will dramatically add to the FDA's substantial backlog of currently pending applications and create a regulatory logjam for the agency—diverting its attention from its core mission to promote public health, ensure the safe use of these products and prevent underage use and abuse.

The Committee has therefore established a new policy that treats newly deemed products in the same way as the TCA treated newly regulated products when the law was enacted. Specifically, the language in this bill would make the predicate date for newly deemed tobacco products the effective date of the final deeming rule and mimic the 21-month transition period provided for cigarettes, smokeless tobacco and roll-your-own tobacco. For those products that enter the marketplace after the new predicate date, it is the Committee's recommendation that the FDA provide education to manufacturers on how to complete Premarket Tobacco Applications and Substantial Equivalence Reports for newly deemed products. This education could take the form of guidance, webinars, and/or individual meetings with companies. Such outreach and educational efforts are especially important for small companies manufacturing products that have not been previously regulated by the FDA. Lastly, the Committee would support the FDA if the agency distinguished between premium cigars and other tobacco products in regulation. Premium cigars have consistently been shown to be less harmful and addictive, and are distinct from other tobacco products in regards to the perception among youth.

HOMELAND SECURITY APPROPRIATIONS BILL

OFFICE OF HEALTH AFFAIRS	
Appropriation, fiscal year 2015	$129,358,000
Budget request, fiscal year 2016	$124,069,000
Recommended in the bill	$125,216,000
Bill compared with: Appropriation, fiscal year 2015	-$4,142,000
Budget request, fiscal year 2016	+$1,147,000

The Office of Health Affairs (OHA) serves as the Department of Homeland Security's principal agent for all medical and public health matters, and has the lead DHS role in chemical and biological defense activities to ensure the health and medical security of the Nation.

The Committee recommends $125,216,000 for OHA, $1,147,000 above the amount requested and $4,142,000 below the amount provided in fiscal year 2015. The recommendation includes a reduction of $153,000 that corresponds to the amount associated with the pay raise assumed in the President's budget. A comparison of the budget estimate to the Committee recommended level by budget activity is as follows:

	Budget Estimate	Recommended
BioWatch	$83,278,000	$82,078,000
National Biosurveillence Integration System	8,000,000	10,500,000
Chemical Defense Program	824,000	824,000
Planning and Coordination	4,957,000	4,957,000
Salaries and Expenses	27,010,000	26,857,000
Total, Office of Health Affairs	$124,069,000	$125,216,000

Biowatch

The Committee recommends $82,078,000 for the BioWatch program, $1,200,000 below the amount requested and $4,813,000 below the amount provided in fiscal year 2015.

In fiscal year 2015, OHA was appropriated an increase of $2,240,000 above the request to begin replacement of aging BioWatch equipment in order to maintain current biodetection capabilities and prevent system failures. The additional amount provided in fiscal year 2015 funded the first-year costs of the refresh plan and reduced the funding requirement for fiscal year 2016. As such, the recommendation includes $1,000,000 to enable the Department to continue the replacement and recapitalization of current generation BioWatch equipment, which is the amount necessary to fund fiscal year 2016 activities.

National Biosurveillance Integration Center- The Committee recommends $10,500,000 for NBIC, $2,500,000 above the amount requested and the same as the amount provided in fiscal year 2015 to fund the operationalization of successful pilot programs.

Anthrax Vaccinations for First Responders- The Committee has long supported the development of an anthrax vaccination program for first responders using vaccines from the Strategic National Stockpile, and is encouraged by OHA's actions to move forward with a pilot to evaluate the feasibility of implementing such a program. OHA is directed to provide regular updates on the planning efforts, including a timeline for implementation of the pilot and the feasibility and costs of expanding the pilot to a full-scale program.

Chemical Defense Program- The Committee recommends $824,000 for the Chemical Defense Program, the same as requested and the amount provided in fiscal year 2015.

Planning and Coordination- The Committee recommends $4,957,000 for Planning and Coordination, the same as requested and the amount provided in fiscal year 2015.