



## **FY2016 Consolidated Appropriations Act**

### **Public Health Related Report Language**

Report language is excerpted from the [Explanatory Statement](#) Accompanying H.R. 2909 (PL 114-113)

*In implementing this agreement, the Departments and agencies should be guided by the language and instructions set forth in [House Report 114-195](#) accompanying the House bill, H.R. 3020, and [Senate Report 114-74](#) accompanying the Senate bill, S. 1695.*

*Where the explanatory statement speaks to an issue that was addressed in the House or Senate reports, the explanatory statement should supersede the language in the House or Senate reports. In cases where the House Report and the Senate Report address a particular issue not specifically cited in the explanatory statement, the House Report and the Senate Report should be complied with and carry the same emphasis as the language included in the explanatory statement.*

### **USDA-FDA APPROPRIATIONS BILL**

#### **UNITED STATES DEPARTMENT OF AGRICULTURE**

##### **Child Nutrition Programs**

Child Nutrition Programs. Included in the total is an appropriated amount of \$13,280,101,000 and a transfer from Section 32 of \$8,869,645,000.

Section 741 provides an additional onetime increase of \$5,000,000 for school meals equipment grants and \$7,000,000 for summer EBT demonstration projects, bringing the total program levels for fiscal year 2016 to \$30,000,000 and \$23,000,000, respectively.

Concerns remain about the challenges and costs that local schools face in implementing 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 Secretary provided guidance to States so that exemptions could be offered to 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 2016–17 school year.

The agreement also continues a provision that sodium standards cannot be reduced below Target 1 until the latest scientific research establishes the reduction is beneficial for children.

#### **FOOD AND DRUG ADMINISTRATION**

The agreement includes the following increases in budget authority: \$104,500,000 for food safety related activities; \$5,000,000 for FDASIA implementation; \$8,732,000 for the Combating Antibiotic Resistant Bacteria (CARB) initiative; \$5,000,000 for foreign high risk inspections; \$2,392,000 for the precision medicine initiative; \$2,500,000 for the Orphan Product Development Grants Program, and \$716,000 for sunscreen activities.

The agreement provides an increase of \$10,608,000 for medical product safety initiatives including efforts to combat antibiotic resistant bacteria as part of the National Strategy for CARB, the Precision Medicine initiative, and to evaluate over-the-counter sunscreen products.

There continue to be shortages of critical drugs following the enactment of the Food and Drug Safety and Innovation Act, including national shortages of drugs to test for and treat tuberculosis (TB). The Commissioner is directed to continue to prioritize the public reporting of manufacturing shortages, and to work with industry to prevent conditions that might lead to drug shortages. Additionally, the Commissioner is directed to report on the work of the FDA’s intra-agency Drug Shortages Task Force, including how it works with other government agencies and outside stakeholders to address drug shortages. The report should specify what activities the Task Force has undertaken to prevent drug shortages affecting pediatric patients, including working with outside experts on this issue. The Commissioner is further directed to report on steps the FDA can take to prevent TB drug shortages and help maintain an adequate supply.

The agreement provides \$1,000,000 for the Center for Tobacco Products to enter into a contract with the Institute of Medicine to conduct an in-depth evaluation of available evidence of health effects from e-cigarettes and recommendations for future federally funded research.

SEC. 747. None of the funds made available by this Act may be used to implement, administer, or enforce the final rule entitled “Food Labeling; Nutrition Labeling of Standard Menu Items in Restaurants and Similar Retail Food Establishments” published by the Food and Drug Administration in the Federal Register on December 1, 2014 (79 Fed. Reg. 71156 et seq.) until the later of— (1) December 1, 2016; or (2) the date that is one year after the date on which the Secretary of Health and Human Services publishes Level 1 guidance with respect to nutrition labeling of standard menu items in restaurants and similar retail food establishments in accordance with paragraphs (g)(1)(i), (g)(1)(ii), (g)(1)(iii), and (g)(1)(iv) of section 10.115 of title 21, Code of Federal Regulations.

**LABOR-HHS-EDUCATION APPROPRIATIONS BILL**

**HEALTH RESOURCES AND SERVICES ADMINISTRATION**

**Ryan White HIV/AIDS Program**

Children, Youth, Women, and Families.—The agreement does not consolidate this program with the Early Intervention Services program.

**Health Care Systems**

*340B Drug Program*

HRSA is requested to provide a briefing to update the Committees on Appropriations of the House of Representatives and the Senate on the status of 340B guidance, the secure website, and covered entities in the 340B drug program.

**CENTERS FOR DISEASE CONTROL AND PREVENTION**

The agreement includes a program level of \$7,233,403,000, which includes \$6,326,103,000 in appropriated funds for the Centers for Disease Control and Prevention (CDC). In addition, it provides \$892,300,000 in transfers from the Prevention and Public Health (PPH) Fund and \$15,000,000 in Public Health and Social Services Emergency Fund (PHSSEF) unobligated balances from pandemic influenza supplemental appropriations.

**National Center for Immunization and Respiratory Disease**

The agreement includes a total of \$798,405,000 for Immunization and Respiratory Diseases, which includes \$459,055,000 in discretionary appropriations, \$324,350,000 in transfers from the PPH Fund and \$15,000,000 in transfers from PHSSEF unobligated balances. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2016 Agreement
Section 317 Immunization Program.....	\$610,847,000
Influenza Planning and Response.....	187,558,000

Immunizations.—The agreement reiterates the requests for an updated Section 317 Immunization Program report in the fiscal year 2017 budget request as noted by the House Report 114–195 and Senate Report 114–74. The agreement includes the requested \$8,000,000 to support the capacity of public health departments to bill health insurers for immunization services. Further, the increase above the request is intended to continue providing a comprehensive program to educate and inform the public, monitor vaccine effectiveness, account for the use of Federal and State dollars, decrease ethnic and racial disparities, build strong outbreak investigation capacity, improve tracking systems, provide the necessary support to providers, and support an appropriate level of vaccine purchases.

Influenza.—The agreement directs the Department to use \$15,000,000 in pandemic influenza supplemental balances to support CDC’s global influenza activity. CDC and the Department are expected to clearly identify in budget documents when and how prior year supplemental appropriations are used.

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

The agreement includes \$1,122,278,000 for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases and Tuberculosis Prevention. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2016 Agreement
Domestic HIV/AIDS Prevention and Research.....	\$788,712,000
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 Organizations.....	135,401,000
School Health.....	33,081,000
Viral Hepatitis.....	34,000,000
Sexually Transmitted Infections.....	157,310,000
Tuberculosis.....	142,256,000

**National Center for Emerging and Zoonotic Infectious Diseases**

The agreement includes \$579,885,000 for Emerging and Zoonotic Infectious Diseases, which includes \$527,885,000 in discretionary appropriations and \$52,000,000 made available from amounts in the PPH Fund. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2016 Agreement
Antibiotic Resistance Initiative.....	\$160,000,000
Lab Safety and Quality .....	8,000,000
Emerging and Zoonotic core activities.....	\$29,840,000
Vector-borne Diseases.....	26,410,000
Lyme Disease.....	10,663,000
Prion Disease.....	6,000,000
Chronic Fatigue Syndrome.....	5,400,000
Emerging Infectious Diseases.....	147,000,000
Food Safety.....	52,000,000
National Healthcare Safety Network.....	21,000,000
Quarantine.....	31,572,000
Advanced Molecular Detection.....	30,000,000
Epidemiology and Lab Capacity program.....	40,000,000
Healthcare-Associated Infections.....	12,000,000

Antimicrobial Resistance.—The agreement expects a significant level of support for State and regional lab capacity and intends for the funds provided to support programs with measurable goals and objectives which should be reported annually in the budget request for this program. Further, CDC is directed to support States in the use of evidence-based approaches to stop the spread of drug-resistant bacteria and preserve existing antibiotics. The agreement directs CDC to coordinate with the Biomedical Advanced Research and Development Authority (BARDA), the National Institute for Allergy and Infectious Diseases (NIAID), and other government agencies and support collaborations between entities such as academic medical centers, veterinary schools, schools of public health, State public health departments, and other academic institutions whose activities are in line with the Federal strategy for addressing antibiotic resistant bacteria. CDC shall provide a detailed spend plan to the Committees on Appropriations of the House of Representatives and the Senate within 60 days after enactment of this Act.

**National Center for Chronic Disease Prevention and Health Promotion**

The agreement includes \$1,177,096,000 for Chronic Disease Prevention and Health Promotion, which includes \$838,146,000 in discretionary appropriations, and \$338,950,000 made available from amounts in the PPH Fund. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2016 Agreement
Tobacco.....	\$21,000,000
Nutrition, Physical Activity, and Obesity.....	49,920,000
High Obesity Rate Counties.....	10,000,000
School Health.....	15,400,000
Health Promotion.....	14,025,000
Glaucoma.....	3,300,000
Visual Screening Education.....	525,000
Alzheimer's Disease.....	3,500,000
Inflammatory Bowel Disease.....	750,000
Interstitial Cystitis.....	850,000
Excessive Alcohol Use.....	3,000,000
Chronic Kidney Disease.....	2,100,000
Prevention Research Centers.....	25,461,000
Heart Disease and Stroke.....	160,037,000
Diabetes.....	170,129,000
National Diabetes Prevention Program.....	20,000,000
Cancer Prevention and Control.....	356,174,000
Breast and Cervical Cancer.....	210,000,000
WISEWOMAN.....	21,120,000
Breast Cancer Awareness for Young Women.....	4,960,000
Cancer Registries.....	49,440,000
Colorectal Cancer.....	43,294,000
Comprehensive Cancer.....	19,675,000
Johanna's Law.....	5,500,000
Ovarian Cancer.....	7,500,000
Prostate Cancer.....	13,205,000
Skin Cancer.....	2,121,000
Cancer Survivorship Resource Center.....	475,000
Oral Health.....	18,000,000
Safe Motherhood/Infant Health.....	46,000,000
Preterm Birth.....	2,000,000
Arthritis.....	11,000,000
Epilepsy.....	8,000,000
National Lupus Patient Registry.....	6,000,000
REACH.....	50,950,000
Million Hearts.....	4,000,000
National Early Child Care Collaboratives.....	4,000,000
Hospitals Promoting Breastfeeding.....	8,000,000

**Burden of Disease.**—The agreement directs the CDC Director to implement a population adjusted burden of disease criteria as a significant factor for new competitive awards within the Chronic Disease portfolio for Heart Disease, Stroke, and Diabetes.

**Diabetes, Heart Disease and Stroke.**—The agreement provides a significant increase to support Diabetes, Heart Disease and Stroke prevention. The agreement expects funding to support communities with the highest burden of disease, as adjusted for population, and to use risk factor reduction measures. The agreement requests a report in the fiscal year 2017 budget request on how funds will be provided to address the highest burden.

**Obesity.**—The agreement requests an update in the fiscal year 2017 budget request on the evidence-based practices CDC is undertaking to reduce obesity, which should include education and outreach related to the role of fruit and vegetable consumption in reducing obesity in at-risk populations, including both adult and pediatric populations.

**Partnerships to Improve Community Health (PICH).**—To lessen the disruption during PICH close out, the agreement directs CDC to shift fiscal year 2016 continuation costs to specific chronic disease budget lines for current activities of grantees, such as cities, counties, tribal grantees, and nongovernmental organizations.

**Tobacco Prevention.**—The agreement provides support for CDC’s comprehensive efforts to reduce tobacco use. The agreement requests an update in the fiscal year 2017 budget request identifying all CDC programs that provide support for tobacco control or prevention activities and requests that CDC explore ways to reduce duplication with tobacco prevention programs and activities not funded in the specific tobacco-funding line. The CDC is urged to coordinate with the National Institutes of Health (NIH) to identify meritorious tobacco research opportunities for NIH to consider through its peer-reviewed process and its existing portfolio funding level.

**National Center on Birth Defects, Developmental Disabilities, Disability and Health**

The agreement includes \$135,610,000 for Birth Defects and Developmental Disabilities.

**Public Health Scientific Services**

The agreement includes a total of \$491,597,000 for Public Health Scientific Services in discretionary appropriations. Within the total for Public Health Scientific Services, the agreement includes the following amounts:

Budget Activity	FY 2016 Agreement
Health Statistics.....	\$160,397,000
Surveillance, Epidemiology, and Informatics.....	279,000,000
Lab Training.....	5,000,000
Public Health Workforce.....	52,200,000

**National Center for Environmental Health**

The agreement includes \$182,303,000 for Environmental Health programs, which includes \$165,303,000 in discretionary appropriations, and \$17,000,000 that is made available from amounts in the PPH Fund. The agreement provides support for CDC’s environmental health research, evaluation, and surveillance activities. These activities are intended to be complementary to the biomedical research conducted at the National Institute of Environmental Health Sciences. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2016 Agreement
Environmental Health Laboratory.....	\$56,000,000
Newborn Screening Quality Assurance Program.....	8,300,000

Newborn Screening/Severe Combined Immuno-deficiency Diseases.....	1,200,000
Environmental Health Activities.....	46,303,000
Environmental Health Activities.....	17,703,000
Safe Water.....	8,601,000
Amyotrophic Lateral Sclerosis Registry.....	10,000,000
Climate Change.....	10,000,000
Environmental and Health Outcome Tracking Network....	34,000,000
Asthma.....	29,000,000
Childhood Lead Poisoning.....	17,000,000

**National Center for Injury Prevention and Control**

The agreement includes \$236,059,000 for Injury Prevention and Control activities. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2016 Agreement
Intentional Injury.....	\$97,730,000
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.....	44,430,000
National Violent Death Reporting System.....	16,000,000
Unintentional Injury.....	8,800,000
Traumatic Brain Injury.....	6,750,000
Elderly Falls.....	2,050,000
Injury Prevention Activities.....	28,950,000
Opioid Prescription Drug Overdose.....	70,000,000
Illicit Opioid Use Risk Factors.....	5,579,000
Injury Control Research Centers.....	9,000,000

Opioid Prescription Drug Overdose (PDO) Prevention Activity.—The agreement commends CDC for its leadership in expanding efforts combatting prescription and opioid drug overdoses. The agreement directs the CDC Director to implement these activities based on population-adjusted burden of disease criteria, including mortality data (age adjusted rate), as significant criteria when distributing funds for the State PDO Prevention activities. The CDC is expected to adhere to the conditions identified in the fiscal year 2015 Appropriations Act and explanatory statement as CDC expands beyond prescription drugs and into the broader category of opioids. The agreement assumes these funds will be distributed via a competitive mechanism and not merely a mathematical formula or standard allocation to each State.

Surveillance of Heroin.—The agreement directs CDC to expand surveillance of heroin related deaths beyond CDC’s current work in HHS’s Region 1 and to require applicants for the PDO Prevention for States Programs to collaborate with the State’s substance abuse agency or agency managing the State’s Prescription Drug Monitoring Program.

Violence Data Collection.—The agreement notes that CDC should continue its current National Vital Statistics System and National Violent Death Reporting System (NVDRS) data collections activities and ensure the activities continue to comply with funding restrictions. The agreement provides an increase for NVDRS to support States not previously funded.

**Public Health Preparedness and Response**

The agreement includes \$1,405,000,000 for public health preparedness and response activities. Within the total for Public Health Preparedness and Response, the agreement includes the following amounts:

Budget Activity	FY 2016 Agreement
Public Health Emergency Preparedness Cooperative Agreements.....	\$660,000,000
Academic Centers for Public Health Preparedness.....	8,200,000
CDC Preparedness and Response.....	161,800,000
BioSense.....	23,000,000
Strategic National Stockpile.....	575,000,000

Technical Assistance.—Within the Public Health Emergency Preparedness (PHEP) activity, the agreement provides no less than the fiscal year 2015 level for technical assistance and directs CDC to use the balance of the increase for the PHEP cooperative agreements.

Select Agent Program.—The agreement provides a \$5,000,000 increase for CDC’s Select Agent Program and expects a report within 120 days after enactment of this Act providing an update on these efforts.

Strategic National Stockpile (SNS) Replenishment of Medical Countermeasures.—The agreement notes certain assets in the SNS will begin to expire soon. The agreement directs the CDC Director to conduct a review of the current SNS antivirals supply. The review should include: the current stockpile; product expiration and/or extension of dating; cost of replenishment; contract requirements; manufacturing capability (including capacity and lead production time), and distribution methods. The CDC is to provide the report within 120 days after the date of enactment of this Act to the Committees on Appropriations of the House of Representatives and the Senate. Further, the agreement requests the inclusion of additional detail pertaining to SNS data in its annual budget request beginning in fiscal year 2017, including the total projected costs of expired or expiring SNS assets. Specifically, the request should identify the projected percentage allocation of the current and budget request resources expected to support expiring asset replacement, new asset purchases, and other operational costs.

**CDC-Wide Activities**

The agreement includes \$273,570,000 for CDC-wide activities, which includes \$113,570,000 in discretionary appropriations and \$160,000,000 made available through the PPH Fund. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2016 Agreement
Preventive Health & Health Services Block Grant.....	\$160,000,000
Public Health Leadership and Support.....	113,570,000

Burden of Disease Review.—The agreement urges CDC and Center Directors to explore ways to review its programs and public health activities, where population adjusted burden of disease is not already being used as a significant factor to award funds, in order to determine how the programs can use or increase the use of burden of disease as significant criteria for awarding, tracking, and evaluating CDC supported activities.

CDC Laboratory Safety and Training.—The agreement notes that CDC established a Laboratory Safety Review Board (LSRB) to conduct safety reviews of laboratory protocols for work in biosafety level 3 (BSL–3) and biosafety level 4 (BSL–4) laboratories. CDC is directed to provide an annual report beginning in April 2016 that identifies the total number of CDC laboratories operated or maintained by CDC with a breakout for all labs, BSL–3 labs, and BSL–4 labs. For each category, it should identify the number of employees in each category of laboratory, the number of Standard Operating Procedures (SOPs), the number of employees who attended the new biological risk assessments training in the past

year, and the number of SOPs reviewed annually by the LSRB. In addition, the fiscal year 2017 budget request shall provide a detailed update on activities that enhance and support CDC laboratory safety and training.

Laboratories.—The CDC is directed to provide a specific CDC-wide consolidated laboratory funding table in the fiscal year 2017 budget and future budget requests. The single consolidated table shall (at a minimum) identify for each Center and its specific program activities that fund laboratory activity, funding levels provided to State, Regional, and other laboratory activity requested, for the current, and prior three budget years. It should include a narrative section describing CDC’s process to coordinate the various laboratory funding activities across the Centers to support laboratory capabilities, upgrades, and other related initiatives that are linked to measurable laboratory goals and objectives across CDC. The agreement urges CDC to work with its State and Regional laboratory partners to explore ways to consolidate, streamline, and improve the ability for laboratories to most effectively utilize CDC provided funds.

### **National Institutes of Health**

Antimicrobial Resistance (AMR).—The agreement provides the requested increase of \$100,000,000 for AMR research. The NIAID is directed to work with the Biomedical Advanced Research and Development Authority (BARDA) to develop a joint plan to address the serious threat of antimicrobial resistance. NIAID is also directed to work with the Assistant Secretary for Preparedness and Response on the five-year spending plan for the medical countermeasure (MCM) enterprise, which should provide additional detail on NIAID’s biodefense activities, including priorities for MCM candidates in its portfolio and efforts to transition these projects to advanced research at BARDA. The agreement also directs the Department of Health and Human Services to work with the Departments of Defense, Agriculture, Veterans Affairs, and the Food and Drug Administration to both track and store AMR genes and the mobile genetic elements from AMR bacteria. The Secretary is directed to include an update in the fiscal year 2017 budget request on the Administration’s progress in implementing the National Strategy for Combating Antibiotic Resistant Bacteria.

## **SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION**

### **Mental Health**

Childhood Trauma.—The agreement appreciates SAMHSA’s ongoing support of the National Child Traumatic Stress Network. A recent report, *Childhood Adversity Narratives*, makes clear that childhood trauma is an all-encompassing and costly national public health problem contributing directly to serious mental and medical conditions. The agreement encourages SAMHSA to more broadly disseminate information regarding evidence-based interventions for the prevention and treatment of childhood trauma so more children can benefit from proven practices.

### **Substance Abuse Treatment**

Targeted Capacity Expansion.—The agreement provides \$36,303,000 for Targeted Capacity Expansion activities. The agreement provides \$25,000,000, an increase of \$13,000,000, to expand services that address prescription drug abuse and heroin use in high-risk communities. **The funding provided will increase the number of States that receive funding from 11 to 22, and SAMHSA should target States with the highest rates of admissions and that have demonstrated a dramatic increase in admissions for the treatment of opioid use disorders.** The United States has seen a 500 percent increase in admissions for treatment for prescription drug abuse since 2000. Moreover, according to a recent study, 28 States saw an increase in admissions for treatment for heroin dependence during the past two years. 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 regimens 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, the agreement directs SAMHSA 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.

### **Substance Abuse Prevention**



Combating Opioid Abuse.—The agreement provides \$12,000,000 for discretionary grants to States to prevent opioid overdose-related deaths. This program will help States equip and train first responders with the use of devices that rapidly reverse the effects of opioids. SAMHSA is directed to ensure applicants outline how proposed activities in the grant would work with treatment and recovery communities in addition to first responders. Furthermore, the agreement provides \$10,000,000 for the Strategic Prevention Framework Rx program to increase awareness of opioid abuse and misuse in communities. SAMHSA shall collaborate with CDC to implement the most effective outreach strategy and to reduce duplication of activities.

Overdose Fatality Prevention.—The agreement reflects strong concerns about the increasing number of unintentional overdose deaths attributable to prescription and nonprescription opioids. SAMHSA is urged to take steps to encourage and support the use of Substance Abuse and Prevention Block Grant funds for opioid safety education and training, including initiatives that improve access for licensed healthcare professionals, including paramedics, to emergency devices used to rapidly reverse the effects of opioid overdoses. Such initiatives should incorporate robust evidence-based intervention training, and facilitate linkage to treatment and recovery services.

### **Agency for Healthcare Research and Quality**

Combating Antibiotic-Resistant Bacteria (CARB).—The agreement recognizes the importance of developing scientific based approaches related to CARB. The AHRQ is directed to work closely with BARDA, CDC, and NIAID and coordinate with other government-wide agencies like the Departments of Defense, Agriculture, and Veterans Affairs, to leverage resources toward this end. These activities should have coordinated goals and measurable objectives to best leverage the funds provided. The agreement requests an update in the fiscal year 2017 budget request on the planned activity.

Medication Assisted Treatment (MAT).—The agreement requests an update in the fiscal year 2017 budget request on activity AHRQ supports related to MAT.

### **General Departmental Management**

That of this amount, \$53,900,000 shall be for minority AIDS prevention and treatment activities.

That of the funds made available under this heading, \$101,000,000 shall be for making competitive contracts and grants to public and private entities to fund medically accurate and age appropriate programs that reduce teen pregnancy and for the Federal costs associated with administering and evaluating such contracts and grants, of which not more than 10 percent of the available funds shall be for training and technical assistance, evaluation, outreach, and additional program support activities, and of the remaining amount 75 percent shall be for replicating programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors, and 25 percent shall be available for research and demonstration grants to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy.

That of the amounts provided under this heading from amounts available under section 241 of the PHS Act, \$6,800,000 shall be available to carry out evaluations (including longitudinal evaluations) of teenage pregnancy prevention approaches.

That of the funds made available under this heading, \$10,000,000 shall be for making competitive grants which exclusively implement education in sexual risk avoidance (defined as voluntarily refraining from nonmarital sexual activity).

That funding for such competitive grants for sexual risk avoidance shall use medically accurate information referenced to peer-reviewed publications by educational, scientific, governmental, or health organizations; implement an evidence-based approach integrating research findings with practical implementation that aligns with the needs and desired outcomes for the intended audience; and teach the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors such as underage drinking or illicit drug use without normalizing teen sexual activity.

That no more than 10 percent of the funding for such competitive grants for sexual risk avoidance shall be available for technical assistance and administrative costs of such programs.

**Public Health and Social Services Emergency Fund**

The agreement provides \$1,532,958,000 for the Public Health and Social Services Emergency Fund to support a comprehensive program to prepare for and respond to the health and medical consequences of all public health emergencies, including bioterrorism, and support the cybersecurity efforts of HHS.

Biomedical Advanced Research and Development Authority (BARDA).—The agreement increases funding for BARDA to support its work on combatting antibiotic resistance (CARB) and other priorities that address chemical, biological, radiological, and nuclear threats. BARDA is directed to work closely with CDC, AHRQ, and NIAID on CARB and coordinate with other government agencies such as the Departments of Defense, Agriculture, and Veterans Affairs, to leverage resources to develop therapeutics. The agreement provides increased support to NIAID and CDC and directs these organizations to jointly work with BARDA on coordinated goals, measurable objectives, and funding plans that will spur research and development on CARB and build laboratory capacity in States. The agreement 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.

Centers for Innovation in Advanced Development and Manufacturing (ADM).—The agreement notes BARDA has partnered with private sector entities in recent years to develop centers to improve access to ADM capabilities. To further enhance the Nation’s preparedness and response capabilities, BARDA is encouraged to review the ADM network’s current access to advanced technological platforms. The review should determine if the existing network includes the necessary mix of technological capabilities to address potential gaps in the medical countermeasure enterprise and to ensure rapid deployment of medical countermeasures.

Drug Delivery Devices.—The agreement commends the Department’s efforts to develop and procure additional medical countermeasures (MCM) on top of the twelve MCMs procured since 2004. However, these MCM’s require readily available drug delivery devices. The Department is urged, as practicable, to secure enough injection devices necessary to ensure that these MCMs that require such devices can be delivered to patients in real time.

Pandemic Influenza Response Activities.— The agreement directs the Department to use available no-year carry over funding along with the resources provided to support the fiscal year 2016 budget request level of requirements to support pandemic influenza activity.

Treatment Capacity.—There is concern about the sustainability of the highly-pathogenic infectious disease treatment capacity supported by the FY 2015 Ebola emergency appropriations. Without affecting funding set aside for Project BioShield, the Assistant Secretary for Preparedness and Response should allocate a portion of the unobligated emergency funds to partially reimburse facilities for renovation and alteration undertaken in preparation for, or in response to, the need to improve preparedness and response capability at the State and local level—as authorized by the FY 2015 Ebola emergency appropriations—to help ensure that such treatment capacity is maintained.

**GENERAL PROVISIONS**

***Prevention and Public Health Transfer Table***

The agreement includes a provision that directs the transfer of the 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 agreement includes bill language in section 221 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:

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Agency	Budget Activity	FY 2016 Agreement
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ACL.....	Alzheimer's Disease Prevention Education and Outreach.....	\$14,700,000
ACL.....	Chronic Disease Self-Management.....	8,000,000
ACL.....	Falls Prevention.....	5,000,000
CDC.....	Breast Feeding Grants (Hospitals Promoting Breastfeeding).....	8,000,000
CDC.....	Diabetes.....	73,000,000
CDC.....	Epidemiology and Laboratory Capacity Grants.....	40,000,000
CDC.....	Healthcare Associated Infections.....	12,000,000
CDC.....	Heart Disease & Stroke Prevention Program... ..	73,000,000
CDC.....	Million Hearts Program.....	4,000,000
CDC.....	Office of Smoking and Health.....	126,000,000
CDC.....	Preventative Health and Health Services Block Grants.....	160,000,000
CDC.....	REACH.....	50,950,000
CDC.....	Section 317 Immunization Grants.....	324,350,000
CDC.....	Lead Poisoning Prevention.....	17,000,000
CDC.....	Early Care Collaboratives.....	4,000,000
SAMHSA.....	Suicide Prevention (Garrett Lee Smith).....	12,000,000

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Sec. 210. None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

Sec. 219. (a) The Biomedical Advanced Research and Development Authority ('BARDA') may enter into a contract, for more than one but no more than 10 program years, for purchase of research services or of security countermeasures, as that term is defined in section 319F-2(c)(1)(B) of the PHS Act (42 U.S.C. 247d-6b(c)(1)(B)), if--

(1) funds are available and obligated--

- (A) for the full period of the contract or for the first fiscal year in which the contract is in effect; and
- (B) for the estimated costs associated with a necessary termination of the contract; and

(2) the Secretary determines that a multi-year contract will serve the best interests of the Federal

Government by encouraging full and open competition or promoting economy in administration, performance, and operation of BARDA's programs.

(b) A contract entered into under this section:

(1) shall include a termination clause as described by subsection (c) of section 3903 of title 41, United States Code; and

(2) shall be subject to the congressional notice requirement stated in subsection (d) of such section.

Sec. 220. (a) The Secretary shall establish a publicly accessible Web site to provide 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 and 2015, 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. 221. (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. 228. The Secretary shall include in the fiscal year 2017 budget justification an analysis of how section 2713 of the PHS Act will impact eligibility for discretionary HHS programs.

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 or promotion of gun control.

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.