

**AMENDMENT TO LABOR/HHS/EDUCATION
APPROPRIATIONS BILL
OFFERED BY MR. COLE OF OKLAHOMA**

Page 73, lines 22–25 and Page 74 lines 1–11 of the
bill—CHILDREN AND FAMILIES SERVICES PROGRAMS

Strike provisos 8 through 11 and insert the following:

1 *Provided further*, That \$617,500,000 shall be for making
2 payments under the CSBG Act: *Provided further*, That
3 \$17,850,000 shall be for sections 680 and 678E(b)(2) of
4 the CSBG Act, of which not less than \$10,000,000 shall
5 be for section 680(a)(2) and not less than \$7,500,000
6 shall be for section 680(a)(3)(B) of such Act: *Provided*
7 *further*, That, notwithstanding section 675C(a)(3) of such
8 Act, to the extent Community Services Block Grant funds
9 are distributed as grant funds by a State to an eligible
10 entity as provided under such Act, and have not been ex-
11 pended by such entity, they shall remain with such entity
12 for carryover into the next fiscal year for expenditure by
13 such entity consistent with program purposes: *Provided*
14 *further*, That the Secretary shall establish procedures re-
15 garding the disposition of intangible assets and program

1 income that permit such assets acquired with, and pro-
 2 gram income derived from, grant funds authorized under
 3 section 680 of the CSBG Act to become the sole property
 4 of such grantees after a period of not more than 12 years
 5 after the end of the grant period for any activity consistent
 6 with section 680(a)(2)(A) of the CSBG Act: *Provided fur-*
 7 *ther*, That intangible assets in the form of loans, equity
 8 investments and other debt instruments, and program in-
 9 come may be used by grantees for any eligible purpose
 10 consistent with section 680(a)(2)(A) of the CSBG Act:
 11 *Provided further*, That these procedures shall apply to
 12 such grant funds made available after November 29, 1999:
 13 *Provided further*, That funds appropriated for section
 14 680(a)(2) of the CSBG Act shall be available for financing
 15 construction and rehabilitation and loans or investments
 16 in private business enterprises owned by community devel-
 17 opment corporations:

Page 104 line 2 of the bill—Innovation and Im-
 provement

Insert the following at the end of the line:

18 “, 3”

Page 4 of the report—Insert the following para-
 graph before Title I:

Paper Reduction Efforts.—The Committee urges each agency funded by this Act to work with the Office of Management and Budget (OMB) to reduce printing and reproduction costs and directs each agency to inform the Committee on what steps have been taken to achieve this goal, including identifying how much money each agency expects to save by implementing these measures.

Page 5 of the report—Insert the following as a sixth paragraph

Formal Partnerships and Job-Placement Services.—The United States is experiencing a shortfall of workers with education and training beyond a high school education. At the same time, industry surveys show that a lack of qualified workers is a top concern for many employers. The Committee urges the Secretary of Labor to research and develop strategies for creating formal partnerships and job-placement services with industry employers and the Adult Employment and Training Activities and Dislocated Worker Employment and Training Activities programs authorized by WIOA.

Page 8 of the report—Insert as a seventh paragraph on the page:

Section 106(b) authorizes the Secretary to transfer up to 0.5 percent of discretionary ETA appropriations to

carry out program integrity activities within those programs, the Committee directs the Department to notify the Committees on Appropriations of the House of Representatives and the Senate at least 15 days in advance of any such transfer with respect to funds appropriated to Job Corps.

Page 25 of the report—Strike the paragraph “*Prenatal Screening*” and insert the following:

Prenatal Screening Working Group.—Patient education materials related to non-invasive prenatal screening (NIPS) often lag behind fast-moving NIPS technological advancements and fail to reflect the most current clinical guidance. To ensure patients and providers are educated about evidence-based practices and their applications, as well as the underlying conditions for which a patient may require further diagnostic testing based on screening results, the Committee asks the Maternal and Child Health Bureau within 120 days of enactment of this Act to convene a meeting of Federal and public stakeholders representing health care professionals, industry, and patient voices to discuss the purposes and definitions of NIPS, the status of research regarding the effectiveness of various practices regarding NIPS, other factors that should be considered in implementing NIPS, provider best practices and guidance, and patient and in-

dustry needs related to information dissemination and standards for screenings. The goal of such a meeting is for stakeholders to establish consensus about next steps for provider and patient education. Within 120 days after the meeting, recommended consensus driven activities will be reported from HRSA, along with a plan and timeline for implementation of next steps. The Committee expects a report outlining consensus recommendations for education of women regarding NIPS, and possible methods/timeline for implementing an education initiative related to prenatal screening. In addition, the working group should recommend to the Secretary a process by which materials related to specific conditions are created, disseminated, and updated on a routine basis.

Page 28 of the report—Insert as a second paragraph under the heading “*Healthy Start*”

Within the total for Healthy Start, the Committee directs not less than \$1,000,000 for screening and treatment for maternal depression as authorized in section 10005 of the 21st Century Cures Act (P.L. 114–255).

Page 29 of the report—Strike the paragraph “*Organ Distribution Proposal*” and insert the following:

Organ Distribution Proposal.—The Committee understands that the Organ Procurement and Transplan-

tation Network (OPTN) developed the “Redesigning Liver Distribution” proposal and released the proposal for public comment in 2016. The Committee recognizes that OPTN expects to release for public comment an amended proposal in 2017. The Committee urges HRSA to ensure that any proposals see a robust and transparent public debate on the merits of the proposal. Furthermore, the Committee believes that an extended process will allow the transplant community and its stakeholders to assess fully the use of appropriate supply and demand metrics and the protection of programs serving rural and underserved communities. The Committee encourages HRSA to ensure that liver redistribution proposals go through a transparent process and receive support from the transplant community prior to final action.

Page 31 of the report—Insert as a second paragraph under the heading “RURAL HEALTH”

The Committee requests an update in the fiscal year 2019 Congressional Justification information on the best practices and strategies to attract healthcare practitioners to rural clinics and hospitals in areas with healthcare professional shortages.

Page 34 of the report—EMERGING AND ZOOONOTIC INFECTIOUS DISEASES

In the table, update the funding level for “Prion Disease” to read “\$6,000,000” and for “All Other Infectious Diseases” to read “\$23,840,000”.

Page 39 of the report—Insert as the fourth paragraph, the following:

Outreach to and Study of Obese Populations with Limited English Ability.—The Committee is concerned about specific obese populations that are overrepresented and medically underserved. The Committee encourages CDC to conduct additional outreach to and study of these specific populations. CDC is additionally encouraged to work with Hispanic-Serving Institutions and Historically Black Colleges and Universities in this effort.

Page 47 of the report—CDC-WIDE ACTIVITIES AND PROGRAM SUPPORT

After the table, insert the following two paragraphs:

Cross-Border Disease Control.—The Committee requests that CDC provide a report in the fiscal year 2019 Congressional Justification on how CDC coordinates its various programs with State and local public health departments and international partners to measure, track, control, and manage cross-border infectious disease in high-volume port cities.

Vector-Borne Disease Centers of Excellence.—The Committee encourages CDC to fund an additional university-based vector-borne disease center of excellence in the West. The Committee notes that CDC only awarded centers east of the Rocky Mountains, despite the fact that the West is home to densely populated areas and is at high risk of importation of vectors and vector-borne diseases due to high volumes of travel and trade.

Page 53 of the report—Before the heading “NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE, Insert as the first paragraph on the page, the following paragraph:

Study of Overrepresented and Medically Underserved Populations with Diabetes.—The Committee is concerned about specific diabetic populations that are more likely to be overrepresented and medically underserved. The Committee encourages NIDDK to support research on these specific populations. The Committee also encourages NIDDK to work with Hispanic-Serving Institutions and Historically Black Colleges and Universities in this effort.

Page 57 of the report—Under the heading “*National Breastfeeding Research Consortium*” Strike the last two sentences in the paragraph. Insert the following, after the first sentence:

The Committee urges NICHD to convene the national consortium on breastfeeding research called for by the Surgeon General.

Page 69 of the report—Insert as the third paragraph on the page, the following:

Dietary Reference Intake for Carbohydrates.—The Committee notes keen public interest in various dietary guidance proposals and food labeling initiatives regarding consumption of carbohydrates. Yet, the last Dietary Reference Intake (DRI) review conducted regarding carbohydrates was completed in 2002. The Committee encourages NIH to consider arranging for a DRI review for carbohydrates.

Page 71 of the report—OFFICE OF THE DIRECTOR—
Insert as the third paragraph, the following:

Teacher Stress.—The Committee is aware that high levels of stress are adversely affecting the health of teachers. Elementary school teachers who have greater stress and show more symptoms of depression create classroom environments that are less conducive to learning. Stress is contributing to the high turnover rate among teachers. The Committee encourages NIH to support research on reducing teacher stress and promoting wellbeing by implementing and analyzing evidence-based stress manage-

ment programs that will help reduce the stress of teachers.

Page 73 of the report—Insert as a second paragraph under the heading “MENTAL HEALTH”

The Committee requests an update in the fiscal year 2019 Congressional Justification information on the costs to law enforcement, first responders, judicial systems, and health systems that accrue due to recidivist clients, including potential options for more cost-effective solutions to providing care for such clients.

Page 78 of the report—SUBSTANCE ABUSE PREVENTION

In the table, update the funding level for “Strategic Prevention Framework” to read “\$74,000,000”

Page 80 of the report—Agency for Healthcare Research and Quality:

Insert the following two paragraphs as the second and third paragraphs on the page:

DRI for Sodium.—The Committee notes that the systematic review for updating the DRI for sodium for healthy populations is already underway. The Committee is concerned that the key questions being asked in the AHRQ systematic review ignore the impact of sodium in-

take on healthy populations within the normal (as defined by medical literature) versus low sodium ranges. This question must be answered in order for the DRI committee to be able to determine optimal sodium intakes for healthy populations, including whether the impact to health at normal vs. low intakes is linear or non-linear. The Committee requests that AHRQ answer this question and report back to the Committee before finalizing the systematic review and sending it to the DRI committee.

Investigator-Initiated Research.—The Committee provides support for investigator-initiated research. Investigator-initiated research should not be targeted to any specific area of health services research and should be merit based from the best unsolicited ideas from the research community within the AHRQ patient safety and medical error mission. The Committee is aware that enhanced utilization of independent academic medical centers (non-university-owned centers that retain significant graduate medical education positions) could lead to innovative and pragmatic solutions that improve clinical practices.

Page 85 of the report—Insert as a third paragraph on the page:

Transparency in Hospital Reimbursement.—The Committee requests CMS provide information in the fiscal year 2019 Congressional Justification identifying all pass-through payments reimbursed from the Hospital Insurance Trust Fund. The Committee expects CMS to address pass-through payments for hospital-based nursing programs, as well as the oversight function CMS performs to ensure such programs are fully accredited.

Page 88 of the report—In the table, insert a row under “Community Services Block Grant”

Community Economic Development ... 10,000,000

Page 88 of the report—In the table, update the funding level for “Program Direction” to read “\$194,610,000”

Page 89 of the report—Strike the paragraph “*Community Economic Development Grants*” and insert the following:

Community Economic Development.—The Committee provides \$10,000,000 for Community Economic Development grants, which is \$9,883,000 below the fiscal year 2017 enacted level and \$10,000,000 above the fiscal year 2018 budget request. Community Economic Development is a Federal grant program funding Community Development Corporations that address the economic

needs of individuals and families with low income through the creation of sustainable business development and employment opportunities. CED awards funds to private, non-profit organizations that are community development corporations, including faith-based organizations, and Tribal and Alaskan Native organizations. The Committee directs the Administration for Children and Families to issue a funding opportunity announcement prioritizing applications from rural areas with high rates of poverty, unemployment, and substance abuse.

Page 121 of the report, under *Career and Technical Education*, insert the following:

Maker Education.—The Committee recognizes the need for increased maker education in career and technical education in addition to K–12 curriculum in response to the increasing reliance on tools such as 3D printers, laser cutters, desktop machines, and programs for digital design becoming more affordable. Maker education exposes students to hands on project based learning approaches that build critical skills needed to increase economic growth and encourages students to imagine, create, innovate, and collaborate through the process of manufacturing, testing and demonstrating their ideas. The Committee encourages the expansion of maker-spaces in schools, which are community spaces that pro-

vide access to tools, technology and knowledge for learners and entrepreneurs and result in the prototyping or creation of physical goods, and support the development of educational opportunities for personal growth, workforce training, and early stage business ventures.

Page 92 of the report—Insert as a second paragraph under the heading “*Alzheimer’s Disease Services*”

The Committee accepts the Administration’s proposal to consolidate funding for Alzheimer’s disease programs into one more flexible program authorized under Title IV of the Older Americans Act.

