

**AMENDMENT TO LABOR/HHS/EDUCATION
APPROPRIATIONS BILL
OFFERED BY MS. DELAURO OF CONNECTICUT**

In the Bill:

On page 47, line 3, strike “\$67,477,000” and insert “\$56,664,000”.

On page 47, line 5, strike “\$74,941,000” and insert “\$74,376,000”.

On page 85, line 24, strike “2019” and insert “2018”.

On page 86, line 6, strike “\$2,800,000,000” and insert “\$3,000,000,000”.

On page 136, line 25, strike “\$1,378,000,000” and insert “\$1,380,000,000”.

And amend the report accordingly.

In the Report:

On page 17, in the paragraph that begins “The Committee directs the Department to submit a report,”, strike “the current fiscal year and”.

On page 19, in the paragraph that begins “While the national unemployment rate has declined,”, in the second sentence strike “any” and insert “unearned”.

On page 20, in the paragraph that begins “*Foreign Labor Certification.—*”, insert “in proportion to their use of the H–2A and H–2B programs” after “States”.

On page 33, strike the paragraph beginning with “The Committee supports targeted investments in impoverished areas,” and insert the following new paragraph:

“The Committee supports targeted investments in impoverished areas, particularly in persistent poverty counties and in other high-poverty census tracts. To understand how programs funded through the Department are serving these particular areas, the Committee directs the Department to submit a report to the Committees on Appropriations on the percentage of funds allocated by all competitive grant programs and other anti-poverty programs in fiscal years 2017, 2018 and 2019 and estimates for fiscal year 2020 to serve individuals living in persistent poverty counties, as defined as a county that has had 20 percent or more of its population living in poverty over the past 30 years, as measured by the 1990 and 2000 decennial censuses and the most recent Small Area Income and Poverty estimates, and high-poverty

areas, as defined as any census tract with a poverty rate of at least 20 percent as measured by the 2013–2017 5-year data series available from the American Community Survey of the Census Bureau. The Department shall report this information to the Committees within 90 days of such data being available and provide a briefing to the Committees not later than 180 days of enactment of this Act on how the Department is carrying out this directive.”

On page 38, after the paragraph beginning with “*Rural Health Workforce*”, insert the following two paragraphs:

“*Shortage Designation Modernization Project.*—The Committee is concerned that HRSA is implementing the Shortage Designation Management System without a thorough understanding of the potential impact of the revised Health Professional Shortage Area scores on States. The Committee requests a briefing from HRSA within 60 days of enactment of this Act on the revised methodology and implications for addressing health care workforce shortages in States.

Trafficking Awareness for Health Professionals.—The Committee encourages HRSA to identify best practices for accredited schools of medicine or nursing to train stu-

dents in identifying and responding to human trafficking victims and to respond appropriately to such individuals. Best practices should be developed in consultation with law enforcement personnel, social service providers, and other experts in the field of human trafficking.”

On page 40, strike the paragraph beginning with “Within the funds provided” and the paragraph beginning with “*Dental Faculty Loan Repayment*” and replace with the following paragraph:

“The Committee include not less than \$12,000,000 for General Dentistry Programs and not less than \$12,000,000 for Pediatric Dentistry Programs. The Committee directs HRSA to provide continuation funding for predoctoral and postdoctoral training grants initially awarded in fiscal year 2015, and for section 748 Dental Faculty Loan Program (DFLRP) grants initially awarded in fiscal years 2016, 2017, 2018 and 2019. The Committee continues to support DFLRP awards with a preference for pediatric dentistry faculty supervising dental students or residents and providing clinical services in dental clinics located in dental schools, hospitals, and community-based affiliated sites.”

On page 54, insert the following new paragraph after “*HRSA Strategy to Address Intimate Partner Violence 2017–2020 and Project Catalyst*”:

“*Targeted Investments in Persistent Poverty Counties.*—The Committee supports targeted investments in impoverished areas, particularly in persistent poverty counties and in other high-poverty census tracts. To understand how programs funded through the Department are serving these particular areas, the Committee directs the Department to submit a report to the Committees on Appropriations on the percentage of funds allocated by all competitive grant programs and other anti-poverty programs in fiscal years 2017, 2018 and 2019 and estimates for fiscal year 2020 to serve individuals living in persistent poverty counties, as defined as a county that has had 20 percent or more of its population living in poverty over the past 30 years, as measured by the 1990 and 2000 decennial censuses and the most recent Small Area Income and Poverty estimates, and high-poverty areas, as defined as any census tract with a poverty rate of at least 20 percent as measured by the 2013–2017 5-year data series available from the American Community Survey of the Census Bureau. The Department shall report this information to the Committees within 90 days of such data being available and provide a briefing to the

Committees not later than 180 days after enactment of this Act on how the Department is carrying out this directive.”

On page 57, insert the following new paragraph after “*Congenital Syphilis*”:

“*Emphasis on Comprehensive Services.*—In recent fiscal years, the Committee has provided historic resources to combat the opioid epidemic, with a particular focus on expanding access to treatment, and treating and preventing comorbidities that can be associated with injection drug use. At the Committee’s urging, the Department has rightfully prioritized efforts that increase access to treatment and recovery services. For all programs not focused exclusively on prevention of substance abuse, the Committee directs the Department to continue its emphasis on evidence-based medical interventions, and to ensure that all such interventions, including programs that focus on harm reduction, provide referral to treatment and recovery services.”

On page 58, in the “*Viral Hepatitis Vaccine*” paragraph, delete “includes an increase of \$11,000,000 and”.

On page 65, insert the following paragraph after “*Ovarian Cancer*”:

*“Polycystic Ovary Syndrome.—*The Committee recognizes the significant health burden of Polycystic Ovary Syndrome (PCOS), which has metabolic, reproductive, dermatologic, and mental health manifestations. PCOS is a pervasive metabolic health issue that increases the risk of type 2 diabetes, infertility, nonalcoholic fatty liver disease, pregnancy complications, endometrial cancer, depression, cardiovascular disease, and other comorbidities. Studies report inadequate information about PCOS, a delay in diagnosis, and 50 to 70 percent of PCOS patients go undiagnosed or misdiagnosed. There is also a paucity of data in the U.S. on PCOS prevalence, ethnic and genetic differences, and its impacts on long-term health. Therefore, the Committee encourages CDC to raise awareness and increase knowledge about PCOS among the general public, PCOS patients and health care providers.”

On page 66, insert the following at the end of the paragraph beginning with *“Safe Motherhood and Infant Health”*:

“Furthermore, the Committee requests CDC to provide routine updates on the status of implementing programs authorized under the Preventing Maternal Deaths Act of 2018.”

On page 70, in the “*Public Health Data Surveillance/IT Systems Modernization*” following “. . . implementation of its Surveillance Strategy”, insert “and development of its essential Surveillance Data Platform”.

On page 74, on the “*Total Worker Health*” line in the table, delete “\$7,000,000” and insert “\$8,300,000”.

On page 83, insert the following new paragraph after the paragraph beginning with “*Recalcitrant Cancers*”:

“*Specialized Programs of Research Excellence in Cancer*.—The Committee notes that the SPORE program is NCI’s cornerstone effort to promote collaborative, interdisciplinary translational cancer research. The Committee continues support for the SPORE grant program as it works to bring basic research into practical treatments, including multi-center SPORE grants to encourage better understanding of closely related cancers in function and impact on different organ systems to advance science toward more effective treatments, cures, and prevention. The Committee requests an update in the fiscal year 2021 Congressional Budget Justification on a timeline to expand multi-center SPORE grants.”

On page 96, in the paragraph beginning with “*Asthma*”, strike “NHLBI” and insert “NIEHS”.

On page 101, insert the following new paragraph after the paragraph beginning with “*Mission*”:

“*Computational Medicine and RNA Molecules.*—The Committee is encouraged by recent advances in computational medicine that are helping scientists understand what causes disease and how disease progresses. One such example is new evidence about how a person’s sex, race, ethnicity, and geographic origin affect the individual’s regulatory RNA molecules and the proteins that these molecules control. More research on these links could uncover new and important biological discoveries, improve our understanding of disease processes and herald highly personalized approaches to diagnosis, prognosis and therapy. The Committee urges NHGRI to support additional research on RNA molecules and the mechanisms through which they affect biological processes that cause disease.”

On page 119, insert the following two new paragraphs after the “*Criminal Justice Activities*” section:

“*Digital Health.*—The Committee appreciates SAMHSA’s dedication to provide science-based, best-practice guidance to the behavioral health field. In H. Rept. 115–862, the Committee requested that SAMHSA include an update on its efforts to update the January

2015 Federal Guidelines for Opioid Treatment Programs in its fiscal year 2020 Congressional Budget Justification. This information was not included in the fiscal year 2020 Congressional Budget Justification, but prescription digital health technologies are now used to deliver evidence-based therapeutic interventions to patients to prevent, manage or treat a medical disorder or disease. Within one year of enactment of this Act, the Committee directs SAMSHA to provide a report to Congress that includes a discussion on how prescription technologies could be used by the behavioral health field as a tool to combat substance abuse and amplify mental health services.”

*“Emphasis on Comprehensive Services.—*In recent fiscal years, the Committee has provided historic resources to combat the opioid epidemic, with a particular focus on expanding access to treatment, and treating and preventing comorbidities that can be associated with injection drug use. At the Committee’s urging, the Department has rightfully prioritized efforts that increase access to treatment and recovery services. For all programs not focused exclusively on prevention of substance abuse, the Committee directs the Department to continue its emphasis on evidence-based medical interventions, and to ensure that all such interventions, including programs that

focus on harm reduction, provide referral to treatment and recovery services.”

On page 125, insert the following new paragraph prior to the paragraph beginning with “*Adult Vaccinations*”:

“*Medicaid Health Home.*—The Committee urges the Secretary to establish standards for qualification as a Medicaid health home that ensure the requirement to ‘coordinate prompt care for children with medically complex conditions, including access to pediatric emergency services at all times,’ is not limited to facilities with an onsite or affiliated emergency department. The requirement to include access to pediatric emergency services at all times should include facilities that coordinate with another entity that provides emergency services.”

On page 129, insert the following new paragraph after the paragraph beginning with “*Extravasations*”:

“*GAO Report on Anesthesia Services.*—The Committee recognizes the importance of access to timely and accurate data on payment rates for medical services. Recently there have been efforts to examine the difference in Medicare rates and private payment rates, including by the Medicare Payment Advisory Commission. The Committee understands, however, access to necessary

data is limited and, therefore, leads to inclusive and incomplete findings. As such, the Committee, to the extent feasible, encourages the Government Accountability Office to update its July 2007 report entitled, ‘Medicare Physician Payments: Medicare and Private Payment Differences for Anesthesia Services’. In this report, GAO noted the ‘2004 average Medicare payments for a set of seven anesthesia services provided by anesthesiologists alone were 67 percent lower than average private insurance payments in 41 Medicare payment localities.’ In updating this report, GAO should examine, to the extent feasible, if this payment discrepancy remains and how payment rates in Medicare and the private market for anesthesia services have changed since 2004.”

On page 130, insert the following new paragraph after the paragraph beginning with “*Home Visiting Programs*”:

“*Hospital Acquired Conditions*.—The Committee recognizes that HHS research has shown that preventable Hospital-Acquired Conditions (HACs), including pressure ulcers and their associated complications, kill more than 60,000 hospital patients per year. October 2017 data from CMS’s Office of Enterprise Data and Analytics identified an alarming 58 percent increase in pressure ulcer discharges between the first quarter of

2016 and the first quarter of 2017. The Committee believes additional efforts to reduce the prevalence of HAIs and their associated complications through HHS and CMS are necessary to reduce these events. The Committee supports efforts by CMS to conduct an evaluation of agency efforts to: (1) monitor the rising prevalence of HACs; (2) reduce the incidence of HACs and subsequent Hospital Acquired Infections, including pressure ulcers; and (3) develop and enact more effective reduction practices.”

On page 130, in the paragraph beginning with “*Limited Wraparound Coverage*”, insert the following:

“The Committee requests a report within 90 days of enactment of this Act on the status of the program.”

On page 138, after the paragraph “*Hold Harmless*”, insert the following new paragraphs:

“*Information Memorandum.*—The Committee believes there is a need for additional transparency in the statutory formula distribution of LIHEAP funds. Therefore, the Secretary is encouraged to publish on its website an Information Memorandum for LIHEAP Appropriations and Regular Block Grant Allocations for fiscal year 2020. This will help provide grantees with relevant information concerning fiscal year 2020 LIHEAP funding.”

“Technical Assistance.—The Committee strongly encourages ACF to expand its use of contracts with non-profit organizations with the fiscal expertise required for technical assistance, training, and monitoring of LIHEAP program activities, and to report back to the Committee within 90 days of enactment of this Act on efforts towards using nonprofit organizations in the future, in accordance with the authorizing legislation.”

On page 142, insert the following new first sentence after *“Data Reporting.*—”:

“The previous year’s experience between DHS and HHS revealed interoperability gaps and data reporting limitations in HHS’ online case management system.”

On page 148, after the *“Family Violence Prevention and Battered Women’s Shelters”* section, insert the following new section:

“Independent Living Training Vouchers

“The Committee understands that foster and homeless youth experience increased burdens in accessing and completing higher education. The Committee is deeply concerned that access to the Free Application for Federal Student Aid (FAFSA), federal financial aid, and other existing resources and programs, including TRIO and the Chafee Education and Training Voucher program, are

not consistently available and that many children are not aware of these resources. Therefore, the Committee urges the Department of Education and ACF to work together with State and tribal welfare systems and runaway and homeless youth programs to conduct further outreach and disseminate information on financial aid, TRIO, and the Chafee program to these audiences. The Committee also requests that these resources be made available online so that foster youth can also access them.”

On page 157, strike the paragraph under the heading, “*Investments in Impoverished Areas*”.

On page 166, insert the following paragraph before the paragraph beginning with “*Tuberculosis*”:

“*Blood Products*.—The Committee remains concerned over the predicted platelet shortfall and vulnerability of the current blood supply, in the event of an emergency. Advanced blood products, e.g., freeze-dried platelets and plasma are key to insuring a national response capability in order to save lives. Next-generation blood products are needed. The Committee encourages the acceleration of the development of freeze-dried hemostatic products.”

On page 167, insert the following new paragraph after the paragraph beginning with “*Forward Deployment*”:

“*Saline*.—The Committee encourages ASPR to explore ways with industry to surge normal IV saline production capabilities for response efforts.”

On page 180, in the paragraph beginning “The competition is part of,” insert “report” after “National Commission on Social Emotional and Academic Development.”

On page 182, in the paragraph beginning “The Committee is concerned by a recent report,” insert “by the Network for Public Education, which finds” between “report” and “that.” Strike “between 2009 and 2016.”

On page 198, in the paragraph beginning “The Committee recommendation includes”, strike “Extended” and insert “Expanded”.

On page 201 of the Committee Report, after the last paragraph under “STUDENT AID OPIOIDADMINISTRATION”, insert the following new paragraph:

“*State and Nonprofit Subcontracting*.—The Committee believes that State and nonprofit organizations

can assist the current federal student loan servicers in providing important services to struggling borrowers who need access to more specialized support services throughout their postsecondary education to help them understand their financial decisions, and can appropriately act as advocates to help struggling borrowers understand the student loan repayment process and options that may be available to them to help mitigate delinquencies and defaults. The Committee urges the Department of Education to explore incentives for federal student loan servicers to subcontract with qualified State and non-profit organizations as well as small businesses.”

On page 213 of the Committee Report, in the paragraph beginning “*Youth Apprenticeship Programs*”, strike “The Department should” and insert “The report should include a”.

On page 213, strike the paragraph beginning “*Investments in Impoverished Areas.—*” and insert the following new paragraph:

“*Investments in Impoverished Areas.—*The Committee supports targeted investments in impoverished areas, particularly in persistent poverty counties and in other high-poverty census tracts. To understand how programs funded through the Department are serving these

particular areas, the Committee directs the Department to submit a report to the Committees on Appropriations on the percentage of funds allocated by all competitive grant programs and other anti-poverty programs in fiscal years 2017, 2018 and 2019 and estimates for fiscal year 2020 to serve students living in persistent poverty counties, as defined as a county that has had 20 percent or more of its population living in poverty over the past 30 years, as measured by the 1990 and 2000 decennial censuses and the most recent Small Area Income and Poverty estimates, and high-poverty areas, as defined as any census tract with a poverty rate of at least 20 percent as measured by the 2013–2017 5-year data series available from the American Community Survey of the Census Bureau. The Department shall report this information to the Committees within 90 days of such data being available and provide a briefing to the Committees not later than 180 days of enactment of this Act on how the Department is carrying out this directive.”

On page 214, after the paragraph ending “and customer service measures.” insert the following:

*“Resources for Foster and Homeless Youth.—*The Committee understands that foster and homeless youth experience increased burdens in accessing and completing higher education. The Committee is deeply concerned

that access to the Free Application for Federal Student Aid (FAFSA), federal financial aid, and other existing resources and programs, including TRIO and the Chafee Education and Training Voucher program, are not consistently available and that many children are not aware of these resources. Therefore, the Committee urges the Department of Education and the Department of HHS to work together with State and tribal welfare systems and runaway and homeless youth programs to conduct further outreach and disseminate information on financial aid, TRIO, and the Chafee program to these audiences. The Committee also requests that these resources be made available online so that foster youth can also access them.”

On page 221, under the “CORPORATION FOR PUBLIC BROADCASTING” heading, after the last paragraph that begins with “*Continued Access to Public Broadcasting.—*” insert the following new paragraph:

“*Historic Preservation.—*The Committee encourages the Corporation to provide opportunities for documentaries that promote the importance of and educate the public on the historic preservation process.”

On page 229, replace the paragraph “*Beneficiary Education*” with the following:

“Beneficiary Education.—The Committee recommends SSA include more complete information on the basic coverage decision individuals must make when turning age 65 and enrolling in Medicare. Notifications and informational materials shared with individuals as they become Medicare-eligible or re-enroll in Medicare should clearly explain the basic decision that must be made when electing Medicare coverage. This information currently presents information on Medicare Parts A and B (or ‘Original Medicare’) but falls short in explaining the full options available to beneficiaries under Medicare, such as the opportunity to enroll in Part C and D, as well as supplemental coverage options (Medigap) should beneficiaries select Original Medicare. The Committee also recommends SSA include additional language to clarify the basic coverage options available to individuals provided on its website, www.ssa.gov/benefits/medicare and refer beneficiaries to CMS for more information on the benefits and limitations of cover.”

