

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

Page 48, line 15 of the bill—under the heading “PRIMARY HEALTH CARE”—after the number \$1,526,522,000 and before the colon, insert the following:

1 (in addition to the \$4,000,000,000 previously appro-
2 priated to the Community Health Center Fund for fiscal
3 year 2019)

And amend the report accordingly.

Page 55, line 24 of the bill—under the heading “CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION”—Strike “\$902,746,000” and insert “\$910,746,000”.

And amend the report accordingly.

Page 56, line 19 of the bill—under the heading “PUBLIC HEALTH SCIENTIFIC SERVICES”—Strike “\$490,397,000” and insert “\$495,397,000”.

And amend the report accordingly.

Page 56, line 22 of the bill—under the heading “ENVIRONMENTAL HEALTH”—Strike “\$179,350,000” and insert “\$184,350,000”.

And amend the report accordingly.

Page 57, line 13 of the bill—under the heading “NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH”—Strike “\$335,200,000” and insert “\$339,200,000”.

And amend the report accordingly.

Page 59, line 23 of the bill—under the heading “CDC-WIDE ACTIVITIES AND PROGRAM SUPPORT”—Strike “\$413,570,000” and insert “\$438,570,000”.

And amend the report accordingly.

Page 60, line 24 of the bill—Under the heading “NATIONAL CANCER INSTITUTE”—Strike “\$6,136,037,000” and insert “\$5,736,037,000”.

And amend the report accordingly.

Page 61, line 22 of the bill—Under the heading “NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE”—Strike “\$2,228,780,000” and insert “\$2,171,280,000”.

And amend the report accordingly.

Page 64, line 11 of the bill—Under the heading “NATIONAL INSTITUTE OF MENTAL HEALTH”—Strike “\$1,790,231,000” and insert “\$1,732,731,000”.

And amend the report accordingly.

Page 68, line 25 of the bill—Under the heading “MENTAL HEALTH”—Strike “\$1,322,471,000” and insert “\$1,393,471,000”.

And amend the report accordingly.

Page 70, line 11 of the bill—Under the heading “SUBSTANCE ABUSE TREATMENT”—Strike “\$3,768,306,000” and insert “\$3,772,306,000”.

And amend the report accordingly.

Page 78, line 17 of the bill—Under the heading “LOW INCOME HOME ENERGY ASSISTANCE”—Strike “2018” and insert “2019”.

Page 87, line 4 of the bill—Under the heading “AGING AND DISABILITY SERVICES PROGRAMS”—Strike “\$2,132,617,000” and insert “\$2,137,617,000”.

And amend the report accordingly.

Page 105, line 16 of the bill, strike “2020” and insert “2021”.

And amend the report accordingly.

Page 108, line 8 of the bill, strike “\$300,000,000” and insert “\$325,000,000”.

And amend the report accordingly.

Page 110 of the bill, after the final section (before the short title), insert the following:

1 SEC. 230. Effective during the period beginning on
2 the date of the enactment of this Act and ending Decem-
3 ber 31, 2022, for the purposes of any provision of law,
4 the recommendations of the United States Preventive
5 Service Task Force regarding cervical cancer screening
6 with a combination of cytology and human papillomavirus
7 testing for women age 30 to 65 (issued in March 2012)
8 shall be considered the most current recommendations of
9 the United States Preventive Service Task Force for such
10 cervical cancer screening. Any final recommendation re-
11 garding cervical cancer screening described in the pre-
12 ceding sentence issued by the United States Preventive
13 Service Task Force that is based on the draft rec-
14 ommendation for such screening issued by the United
15 States Preventive Service Task Force in 2017 shall have
16 no force or effect under any provision of law.

17 SEC. 231. Section 9(jj)(7) of the Small Business Act
18 (15 U.S.C. 638(jj)(7)) is amended by striking “fiscal year
19 2017” and inserting “fiscal year 2019”.

1 SEC. 232. The Department of Health and Human
2 Services may accept donations from the private sector,
3 nongovernmental organizations, and other groups inde-
4 pendent of the Federal Government for the care of unac-
5 companied alien children (as defined in section 462(g)(2)
6 of the Homeland Security Act of 2002 (6 U.S.C.
7 279(g)(2))) in the care of the Office of Refugee Resettle-
8 ment of the Administration for Children and Families, in-
9 cluding medical goods and services, school supplies, toys,
10 clothing, and any other items intended to promote the
11 wellbeing of such children.

12 SEC. 233. Not later than 30 days after the last day
13 of each calendar quarter (beginning with the first calendar
14 quarter beginning on or after the date of the enactment
15 of this Act), the Secretary shall submit to Congress a re-
16 port on, with respect to children who were separated from
17 their parents or legal guardians by the Department of
18 Homeland Security and subsequently classified as unac-
19 companied alien children and transferred to the custody
20 of the HHS' Office of Refugee Resettlement—

- 21 (1) the number of children so separated;
- 22 (2) the length of any such separation;
- 23 (3) the status of any efforts undertaken by the
24 Secretary to reunify such children with a parent or
25 legal guardian; and

1 (4) the number of any such reunifications.

And amend the report accordingly.

Page 115, line 7 of the bill—Under the heading “IN-
NOVATION AND IMPROVEMENT”—Strike
“\$1,055,441,000” and insert “\$1,058,441,000”.

And amend the report accordingly.

Page 115, line 10 of the bill—Under the heading
“SAFE SCHOOLS AND CITIZENSHIP EDUCATION”—Strike
“\$138,754,000” and insert “\$185,754,000”.

And amend the report accordingly.

Page 115, line 11 of the bill—Under the heading
“SAFE SCHOOLS AND CITIZENSHIP EDUCATION”—Strike
“\$43,000,000” and insert “\$90,000,000”.

And amend the report accordingly.

Page 116, line 7 of the bill—Under the heading
“SPECIAL EDUCATION”—Strike “\$3,909,465,000” and
insert “\$3,709,465,000”.

And amend the report accordingly.

Page 116, line 9 of the bill—Under the heading
“SPECIAL EDUCATION”—Strike “\$9,283,383,000” and
insert “\$9,483,383,000”.

And amend the report accordingly.

Page 122, line 3 of the bill—Under the heading “HIGHER EDUCATION”—Strike “\$2,287,551,000” and insert “\$2,300,551,000”.

And amend the report accordingly.

Page 123, line 21 of the bill—Under the heading “HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING PROGRAM ACCOUNT” before “In addition” insert a new paragraph:

“In addition, \$10,000,000 shall be made available to provide for the deferment of loans made under part D of title III of the HEA to eligible institutions that are private Historically Black Colleges and Universities, which apply for the deferment of such a loan and demonstrate financial need for such deferment by having a score of 2.6 or less on the Department of Education’s financial responsibility test: *Provided*, That during the period of deferment of such a loan, interest on the loan will not accrue or be capitalized, and the period of deferment shall be for at least a period of 3-fiscal years and not more than 6-fiscal years: *Provided further*, That when determining priority for such institutions to receive such a deferment, the Secretary shall give priority to institutions that operated in a financial deficit for at least one of the

previous 5 years according to the audits provided to the Department, or were sanctioned for financial reasons by the agency or association that accredited such institutions.”.

And amend the report accordingly.

Page 127 of the bill, after the final section (before the short title), insert the following:

1 “SEC. 308. From amounts appropriated for the serv-
2 icing of Federal student loans, the Secretary of Education
3 may make payments for student loan servicing to an insti-
4 tution of higher education that services outstanding Fed-
5 eral Perkins Loans.”.

And amend the report accordingly.

Page 174 of the bill, after the final section (before the spending reduction account), insert the following:

6 SEC. _____. None of the funds made available by this
7 Act, or by any other Act, may be used to prevent a Mem-
8 ber of the United States Congress from entering, for the
9 purpose of conducting oversight, any facility in the United
10 States, used for purposes of detaining or otherwise hous-
11 ing foreign national minors.

And amend the report accordingly.

Page 6 of the report—Insert as a new paragraph, to appear before the paragraph that begins with the heading “*Technical Assistance*”, the following:

The Committee is aware of challenges rural and Tribal communities have in applying for YouthBuild grants. The Committee encourages the Department to consider ways more rural and Tribal areas can participate in the YouthBuild program.

Page 9 of the report—Insert as a new paragraph, as the 4th paragraph on the page, to appear before the paragraph that begins with “The Committee is aware . . .” the following:

On June 13, 2017, DOL–OIG issued a report entitled DOL Needs to Do More to Reduce Improper Payments and Improve Reporting (Report Number 03–17–002–13–001). The Committee notes that the rate of improper payments in the UI program exceeds program goals and remains among the highest of any Federal program. The Committee directs ETA to work with DOL–OIG to implement the policies and controls necessary to make significant progress on reducing the rate of improper payments in the UI program. As part of this effort, the Committee encourages ETA to use the Unemployment Insurance Integrity Center of Excellence and

the Reemployment Services and Eligibility Assessments programs to establish better monitoring and controls over UI payments. The Committee also encourages the Department to promote access to data at entities funded through the UI system, including the Unemployment Insurance Integrity Center of Excellence, and the National Directory of New Hires, in order for ETA and DOL–OIG to better conduct their oversight responsibilities.

Page 11 of the report—Under the heading “WAGE AND HOUR DIVISION” in the fourth paragraph, strike the sentence beginning with “The Committee requests WHD . . .” and replace with the following sentence:

The Committee requests that WHD give notice on its website, or in other public communications as appropriate, that living donors who are otherwise qualified under the Family Medical Leave Act are eligible for family medical leave when they donate solid organs, or portions thereof, to another person.

Page 22 of the report, under the heading “*Dental Faculty Loan Repayment*”, add the following sentence as the second sentence in the second paragraph:

The committee strongly supports the work of pediatric dentistry faculty supervising residents at dental training institutions providing clinical services in dental clinics lo-

cated in dental schools, hospitals, and community-based affiliated sites.

Page 26 of the report, within the paragraph beginning with “*Set-aside for Oral Health*”, strike the first sentence and replace with the following:

The Committee includes \$250,000 to continue demonstration projects to increase the implementation of integrating oral health and primary care practice.

Page 40 of the report, in the table, make the following changes:

Next to “Safe Motherhood/Infant Health”, strike “\$44,000,000” and insert “\$50,000,000”.

Next to “*Preterm Birth*”, strike “\$2,000,000” and insert “\$4,000,000”.

Next to “*Arthritis*”, strike “\$11,000,000” and insert “\$13,000,000”.

Page 41 of the report, after the paragraph beginning with “*Chronic Obstructive Pulmonary Disease*”, insert the following new paragraph:

Eating Disorders.—The Committee encourages CDC to assist States in collecting data by reincluding standard questions on unhealthy weight control practices for eating

disorders, including binge-eating, through the Youth Risk Behavioral Surveillance System.

Page 41 of the report, before the paragraph beginning with “*National Lupus Patient Registry*”, insert the following as new paragraphs:

Maternal Health Pilot Project.—The Committee is aware that the U.S. ranks 30th among 33 nations in infant mortality rates, that these statistics disproportionately impact communities of color, and that preventing infant mortality is challenging because data is several years old and not consistently captured or analyzed during pregnancy. Using real-time data from maternity wards can enable public health officials, providers, and communities to provide care and address needs during pregnancy that can reduce and prevent high infant mortality and morbidity rates. The Committee includes \$2,000,000 within the total available for Safe Motherhood/Infant Health, Preterm Birth Perinatal Collaboratives to develop a maternal health pilot project. This pilot should make use of existing State biosurveillance tools to create a real-time database of prenatal and newborn health data, including opioid related concerns, such as neonatal abstinence syndrome, during pregnancy and early motherhood, to forecast individual risk of infant mortality and morbidity and to establish plans to op-

timize care and referrals to promising or proven interventions. CDC should focus this pilot on States with the highest infant mortality rate.

Maternal Mortality Review Committees.—The Committee includes \$2,000,000 within the total available for Safe Motherhood/Infant Health to support States to implement maternal mortality review committees, including promoting best practices and providing technical assistance, training, tools, and resources.

Page 44 of the report, strike the paragraph beginning with “*Newborn Screening Quality Assurance Program*”.

Page 45 of the report, in the table, strike the number “\$279,000,000” that corresponds with the header “Surveillance, Epidemiology, and Informatics” and replace with “\$284,000,000”.

Page 45 of the report, after the table, insert the following paragraph:

National Neurological Conditions Surveillance System.—The Committee provides \$5,000,000 within the total for Surveillance, Epidemiology, and Informatics for the establishment of the National Neurological Conditions Surveillance System (NNCSS), which was authorized in the 21st Century Cures Act (Public Law 114–

255). This funding will support CDC to enhance and expand existing infrastructure and activities to conduct surveillance of neurological conditions. The NNCSS will provide for the collection and storage of key information on incidence and prevalence of a subset of neurological diseases in the US.

Page 46 of the report, in the table:

Next to “Environmental Health Laboratory”, strike “\$63,750,000” and insert “\$68,750,000”.

Next to “*Newborn Screening Quality Assurance Program*”, strike “\$14,000,000” and insert “\$19,000,000”.

Page 46 of the report, after the table, insert the following paragraphs:

Harmful Algal Blooms.—The Committee supports the work that CDC is doing to conduct surveillance for and report health concerns related to harmful algal blooms and urges CDC to continue this work and (1) to provide more outreach to State and local public health officials to use these surveillance and reporting systems, and (2) to work with other agencies, including the Environmental Protection Agency, National Oceanic and Atmospheric Administration, and United States Geological Survey, to integrate disparate sets of data to allow for a broader understanding of the spatial and temporal dy-

namics of the environmental and health impacts of harmful algal blooms.

Newborn Screening Quality Assurance Program.—

The Committee is aware that State laboratories need specialized support to begin screening for additional newborn conditions and recognizes CDC’s expertise in working with laboratories to implement accurate newborn screening tests. The Committee supports the Newborn Screening Quality Assurance Program to support State laboratories as they implement screening for new disorders. The Committee encourages CDC to support evaluation of testing methods for new conditions, expansion of CDC’s quality assurance materials, and funding to States for critical infrastructure and development of tests for rare conditions.

Page 48 of the report, in the table:

Next to “National Occupational Research Agenda”, strike “\$116,000,000” and insert “\$118,000,000”.

Next to “*Agriculture, Forestry, and Fishing*”, strike “\$25,500,000” and insert “\$27,500,000”.

Next to “Education and Research Centers”, strike “\$29,000,000” and insert “\$31,000,000”.

Page 49 of the report, after the paragraph beginning with “*Global Health Security and Global Health Research*”, insert the following new paragraph:

Soil Transmitted Helminth and Related “Diseases of Poverty”.—The Committee provides \$1,500,000, the same as fiscal year 2018, for surveillance, source remediation, and clinical care aimed at reducing Soil Transmitted Helminth infection in areas not being addressed by the current outreach.

Page 50 of the report, before the paragraph beginning with “*Foundation for the CDC*”, insert the following new paragraph:

Biomonitoring.—The Committee directs CDC to examine how to utilize Biomonitoring Equivalents, or similar methods, to interpret and communicate human biomonitoring results from the National Biomonitoring Program in a health risk assessment context, including an estimate of the resources needed, and report their findings to the Committee within 90 days of enactment of this Act.

Page 51 of the report, after the paragraph beginning with “*Infectious Disease Rapid Response Reserve Fund*”, insert the following new paragraph:

Public Health Information.—The Committee notes limited information is available which compares controlled substances transactions reported to the Drug Enforcement Administration (DEA) with available public health information collected by the CDC. The Committee encourages CDC to incorporate on its website addressing opioid overdose, DEA data from the Automated Reports and Consolidated Ordering System Retail Drug Summary Report. The Committee further encourages CDC to include an interactive map to view current data provided by the DEA displaying the amount of grams of fentanyl, hydrocodone, oxycodone and other controlled substances that have been shipped to each State. The website should also include accessible and frequently updated CDC data on overdose death rates and the incidence rates of HIV, Hepatitis A, B, and C for each State in an interactive manner that allows users to compare on the same page, the amounts of drugs distributed with public health morbidities. The Committee requests an update on this effort in the fiscal year 2020 Congressional Justification.

Page 55 of the report, at the end of the paragraph that concludes at the top of the page, insert the following sentence at the end of the paragraph:

The Committee notes the ongoing research and development work in this field by private industry and encour-

ages NIH to work with the private sector to promote a focus on rapidly developing and delivering treatments for rare cancers.

Page 63 of the report, before the paragraph beginning with “*Caregiver Dementia Initiative*”, insert the following as new paragraphs:

Alzheimer’s Disease Research Data.—The Committee is aware that advances in information technology make possible the ability to share research results broadly within the scientific community that seeks to develop a treatment for Alzheimer’s. Therefore, the Committee encourages NIA to develop a strategy to share Alzheimer’s research data across the research community as effectively and expeditiously as possible.

Alzheimer’s Disease Vaccine.—The Committee recognizes recent evidence suggests that the next generation of active or passive vaccines are one of the most promising therapies for efficacious treatment of Alzheimer’s. The Committee encourages NIH to pursue these technologies to accelerate the development and testing of promising vaccine candidates.

Page 70 of the report, after the paragraph beginning with “*Environmental Influences on Child Health Outcomes*”, insert the following new paragraph:

Undiagnosed Diseases Network.—The Committee continues to support the Undiagnosed Diseases Network (UDN) and urges UDN to continue efforts to enhance access to patients, caregivers, and other stakeholders as well as make information obtained through the UDN available to Federal agencies.

Page 73 of the report, after the paragraph beginning with “*Neurofibromatosis*”, insert the following new paragraph:

Office of AIDS Research.—The Committee encourages the Office to strategically focus resources allocated to AIDS research towards the highest quality peer reviewed projects aimed at finding a cure, creating a vaccine, and developing better treatments for the disease.

Page 74 of the report, strike the paragraph with the heading “*Trisomy 21*” and insert the following:

Trisomy 21.—The Committee applauds the NIH for significantly increasing its investment in Down syndrome research and for the NIH Director’s leadership in advancing the trans-NIH initiative the Committee included in the fiscal year 2018 appropriation. The Committee directs NIH to continue to make new investments in Down syndrome research that prioritize funding for both new research grants that will significantly expand the current

pipeline of Down syndrome research, as well as the implementation of the new trans-NIH initiative. In addition, the Committee encourages NIH to prioritize funding for research to improve the health and neurodevelopment of individuals with Down syndrome and typical individuals at risk for immune system dysregulation, Alzheimer’s disease, cancer, cardiovascular disease, and autism.

Page 76 of the report, in the table under the row for “Seclusion and Restraint”, add a new row for “Project AWARE” with the number “71,000,000”.

Page 77 of the report, insert as a new paragraph above the heading “*Suicide Prevention*”, the following:

Project AWARE.—The Committee includes \$71,000,000 for Project AWARE State grants. These grants are awarded to State Education Agencies to promote comprehensive, coordinated, and integrated efforts to make schools safer and increase access to mental health services. Project AWARE supports several strategies for addressing mental health in schools: supports for mental wellness in education settings, building awareness of mental health issues, and early intervention with coordinated supports.

Page 79 of the report, in the table, make the following changes:

In the row with the heading “*Medical Provider Education on Opioid Treatment*”, change the number to “24,000,000”.

In the row with the heading “*Medication-Assisted Treatment*”, change the number to “114,000,000”.

Page 79 of the report, in the paragraph under the heading “*Medical Provider Education on Opioid Treatment*”, replace “\$22,000,000” with “\$24,000,000”.

Page 80 of the report, in the paragraph under the heading “*Targeted Capacity Expansion*”, replace “\$112,000,000” in both places it appears with “\$114,000,000”.

Page 88 of the report, before the paragraph beginning with “*Burden Reduction and Improved Coordination of the Medicare Program*”, insert the following as a new paragraph:

Breast Prosthetics.—Congress enacted the Women’s Health and Cancer Rights Act in 1998. This law requires health plans that provide mastectomy coverage to also provide coverage for surgical breast reconstruction. For some women, reconstructive surgery is not an option. For

women who do not receive reconstructive surgery, CMS provides coverage for a prefabricated breast prosthetic. However, these prosthetics can be difficult for regular and normal use. The Committee supports efforts by CMS to evaluate the coverage determinations concerning custom fabricated prosthesis.

Page 91 of the report, before the paragraph beginning with “*Kidney Dialysis Payment and Transplant Services*”, insert the following as a new paragraph:

Impact of Tobacco Cessation on Medicaid.—The Committee notes that Medicaid coverage of tobacco cessation nonprescription drugs may assist individuals in efforts to limit tobacco usage, which could result in savings to the Medicaid program. The Committee requests an update in the fiscal year 2020 Congressional Justification on the possible impact of such a coverage change, including any associated savings.

Page 91 of the report, within the paragraph beginning with “*Kidney Dialysis Payment and Transplant Services*”, strike the second sentence and replace with the following:

Currently the Medicare program pays for a large share of the medication needed to prevent rejecting a transplanted kidney but coverage of these drugs for non-aged,

non-disabled beneficiaries is limited to three years from the date of the transplant.

Page 94 of the report, before the paragraph beginning with “*Patient Access to Medically Necessary Foods*”, insert the following as a new paragraph:

Out of Network Emergency Care.—The Committee is concerned the Center for Consumer Information and Insurance Oversight (CCIIO) has not provided sufficient clarity on how to determine the “Usual, Customary & Reasonable” (UCR) amount in its final rule for patient protections (80 Fed. Reg. 72191). Therefore, the Committee requests CCIIO publish guidance, which may come in the form of Frequently Asked Questions, clarifying what constitutes the UCR amount using a transparent and fair standard, such as an independent unbiased charge database.

Page 95 of the report, before the paragraph beginning with “*Quality Payment Program*”, insert the following as a new paragraph:

Qualified Clinical Data Registries.—The Committee supports the development and utilization of Qualified Clinical Data Registries as part of the Center for Medicare and Medication Innovation’s purpose of testing innovative payment and service delivery models. The Committee

requests and update in the fiscal year 2020 Congressional Justification regarding compliance with section 105(b) of the Medicare Access and CHIP Reauthorization Act of 2015 (Public Law 114–10) and how CMS will support data that is real-time.

Page 97 of the report, before the paragraph beginning with “*Tribal Sovereignty*”, insert the following as a new paragraph:

Tribal Governance.—The Secretary, in coordination with the Indian Health Service, CMS, and CDC, is urged to facilitate and support partnerships with Tribes and medical colleges and universities as opportunities arise, in order to foster leadership development, build organizations to better deliver and coordinate high-quality care, and to support systems of care and prevention that can have a positive outcome on the health of the community and cost of care.

On page 99 of the report, under the heading “*Refugee and Entrant Assistance*”, insert the following as a new paragraph before the heading “*National Human Trafficking and Assistance Center*”:

Facility Oversight.—The Committee expects the Office of Refugee Resettlement (ORR) to maintain strict oversight of all ORR-funded care provider facilities and

to report and correct violations of Federal, State, or local codes related to standards of childcare or the wellbeing of children. The Committee directs ORR, within 90 days of the enactment of this Act, to submit a report to the Committee detailing the number and nature of facility violations, and the steps it is taking to work with grantees to address and prevent such infractions.

Page 101 of the report, under the heading “*Head Start*”, insert as the third paragraph under the heading, the following:

The Committee notes that HHS is in the process of reviewing public comments on proposed changes to the Designation Renewal System (DRS), which is a key tool in ensuring strong standards. The Committee is also aware of concerns regarding the use of the CLASS lowest 10-percent provision in appropriately identifying grantees subject to re-competition. The Committee encourages HHS to complete this review promptly, and to maintain high standards, strong accountability, and transparency to grantees and the public, while ensuring the integrity of program evaluation measures.

Page 106 of the report, under the heading “*Aging Network Support Activities*”, strike the first sentence and replace with the following:

The Committee recommends \$17,461,000 for the Aging Network Support Activities, which is \$5,000,000 more than the fiscal year 2018 enacted level and \$8,463,000 more than the fiscal year 2018 budget request.

Page 106 of the report, before the paragraph beginning with “*Holocaust Survivor’s Assistance*”, insert the following as a new paragraph:

Care Corps Grants.—The Committee recognizes the growing demand for services and supports to help seniors and individuals with disabilities live independently in their homes, and the need to support family caregivers who facilitate that independence. In addition to existing aging network support activities funded under Section 411 of the Older Americans Act, the Committee includes \$5,000,000 for grants to public agencies or private non-profit agencies for the purpose of placing volunteers in communities to assist family caregivers and/or assist seniors and individuals with disabilities in maintaining independence by providing non-medical care. Such grants shall be consistent with the requirements of the Nationwide Program for National and State Background checks on direct patient access employees of long-term care facilities and providers, and the worker displacement and grievance provisions in the AmeriCorps program.

Page 109 of the report, under the heading “*Independent Living*”, insert the following as a new second paragraph:

The Committee expects ACL to distribute funds as soon as possible. In addition, the Committee strongly supports efforts by ACL to engage the grantee and stakeholder community to assist in planning for the grant cycle.

Page 111 of the report, insert the following new paragraph before the paragraph beginning with “*Cybersecurity*”:

Black Men in the Medical Profession.—The Committee supports the efforts of the National Academies of Sciences, Engineering, and Medicine to explore the factors that contribute to the low participation of Black men in the medical profession. The Committee urges the Secretary, in collaboration with NIH, to review the proceedings of the November 2017 joint workshop on this topic, titled *An American Crisis: The Growing Absence of Black Men in Medicine and Science: Proceedings of Joint Workshop*. The Committee directs the Secretary to submit an action plan to address the increasing underrepresentation of Black men in medical schools and in the medical

profession to the Committee within 180 days of enactment of this Act.

Page 112 of the report, insert the following as the first paragraph on the page, to appear before the heading “*Faith Based Center*”:

Early Detection of Brain Aneurysms.—The Committee recognizes that although one in 50 Americans have a brain aneurysm, there are typically no warning signs or symptoms. Unfortunately, 40 percent of patients will not survive a brain aneurysm hemorrhage. Even when an aneurysm has bled, the symptoms are not widely known among health care professionals, including first responders and emergency room physicians. As a result, individuals who experience a hemorrhage from a brain aneurysm can be easily misdiagnosed, potentially missing an opportunity to institute life-saving treatments. The Committee encourages the Secretary, in consultation with appropriate stakeholders—including neurosurgeons, neurologists, neurointerventional surgeons, emergency physicians, brain aneurysm patient advocacy foundations, brain aneurysm survivors, and caregivers—to facilitate the development of best practices on brain aneurysm detection and diagnosis for first responders, emergency room physicians, primary care physicians, nurses, and advanced practice providers. In doing so, the Committee

encourages the Secretary to consider incorporating topics such as the symptoms of brain aneurysms, evidence-based risk factors for brain aneurysms, appropriate utilization of medical testing and diagnostic equipment, and screening recommendations. The Committee encourages the Secretary to consult appropriate stakeholders to develop a strategy for disseminating information about the best practices and begin implementing this strategy not later than one year after the date of enactment of this Act.

Page 112 of the report, insert the following as a new paragraph, to appear after the heading “*Tribal Access*”:

Tribal Governance.—The Secretary, in coordination with the Indian Health Service, CMS, and CDC, is urged to facilitate and support partnerships with Tribes and medical colleges and universities as opportunities arise, in order to foster leadership development, build organizations to better deliver and coordinate high-quality care, and to support systems of care and prevention that can have a positive outcome on the health of the community and cost of care.

Page 113 of the report, strike the paragraph with the heading “*Breast Milk*” and insert the following as a new paragraph, to appear after the heading “*Embryo Adoption Awareness Campaign*”:

Breast Milk.—The Committee recognizes the importance of breast milk in improving health outcomes for babies and mothers. The Committee encourages HHS to provide a study within 2 years of the date of the enactment of this Act on the impact of recommended breastfeeding rates on health outcomes and healthcare costs. HHS, through CDC or AHRQ, should review the most recent research (published in the last 5 years) and develop a report that could be provided to Congress examining the impact of clinically recommended breastfeeding rates on associated Medicaid expenditures, urgent care costs, and direct and indirect medical costs in order to inform health care and funding decisions. The Committee also encourages the Secretary to ensure that pregnant women have access to nutritional guidance, including through the 2020–2025 edition of the Dietary Guidelines for Americans currently under development, based on the latest scientific research on the health and cost benefits of human milk.

Page 120 of the report—Under the heading “*Pandemic Influenza Preparedness*”, strike the paragraph “*Pandemic Influenza Vaccine*” and insert the following paragraph:

Pandemic Influenza Vaccine.—The Committee remains concerned about our nation’s limited ability to rap-

idly respond to a pandemic influenza outbreak and meet the Federal government’s desired goal of delivering pandemic vaccines within 12 weeks of the declaration of a pandemic. Late-stage pandemic and pre-clinical influenza vaccines are under development that can enhance current rapid response capacity in the US. The Committee encourages ASPR and BARDA to support development of promising pre-clinical as well as development and acquisition of latestage vaccine candidates that can meet the goal of producing a pandemic vaccine within 12 weeks of a declaration.

Page 123 of the report—add the following as new paragraphs to appear before the heading “TITLE III—DEPARTMENT OF EDUCATION”:

SEC. 230. The Committee includes a new provision relating to cervical cancer screening.

SEC. 231. The Committee includes a new provision extending the authorization of Small Business Innovation Research pilot programs.

SEC. 232. The Committee includes a new provision relating to donations for the care of unaccompanied alien children.

SEC. 233. The Committee includes a new provision relating to reporting of children separated from their parents or legal guardians.

Page 128 of the report—After the paragraph beginning “*Non-Cognitive Factors*” insert the following:

School-Based Mental Health Services.—School districts are encouraged to consider using SSAE grants funds for services that promote mental wellness for all students while assessing and addressing students with more complex needs, including those who may be on the pathway to violence. The Committee is aware that access to school mental and behavioral health services contribute to improved student learning, a more positive school climate, and increased school safety. The Committee notes that SSAE permits districts to use portions of their allocations to invest in technology solutions that could assist school-based mental health professionals in identifying, assessing and tracking treatment for students with mental health issues, including monitoring students for signs that they are a potential danger to themselves or others.

School Climate.—The Committee notes that SSAE funds provide opportunities to increase students’ access to STEM, computer science, music, physical education, the arts, college and career counseling, access to Advanced Placement classes, and other well-rounded education programs, which are critical to keeping students engaged in school and thriving academically, ultimately supporting a positive school climate.

Page 131 of the report—Under the heading “*American History and Civics National Activities*”—strike the first sentence and replace it with the following:

The Committee recommends \$4,700,000 for American History and Civics National Activities, which is \$3,000,000 above the fiscal year 2018 enacted level and \$4,700,000 above the fiscal year 2019 budget request.

Page 133 of the report—Under the heading “*School Safety National Activities*”—strike the first sentence and replace it with the following:

The Committee recommends \$90,000,000 for School Safety National Activities, which is the same as the fiscal year 2018 enacted level and \$47,000,000 above the fiscal year 2019 budget request.

Page 134 of the report—Under the heading “ENGLISH LANGUAGE ACQUISITION”—strike the second paragraph and replace it with the following:

This program provides formula grants to States to serve English learner (EL) students. Grants are based on each State’s share of the National EL students and recent immigrant student population. Funds under this account also support professional development to increase the pool of teachers prepared to serve EL students activi-

ties and the National Clearinghouse for English Language Acquisition.

Page 146 of the report—Under the heading “*Federal TRIO Programs*”—add the following paragraph at the end:

The Committee is concerned with the Department’s planned allocation of the \$60,000,000 increase provided in fiscal year 2018 for TRIO, especially given language in the House report which specified the funding should be allocated as it was in fiscal year 2017. The Committee expects funding allocations such as these to be included in the Department’s operating plan in future fiscal years.

Page 147 of the report—Under the heading “*Child Care Access Means Parents in School*”—strike the first sentence and replace it with the following:

The Committee recommends \$50,000,000 for the Child Care Access Means Parents in School program, which is the same as the fiscal year 2018 enacted level and \$34,866,000 above the fiscal year 2019 budget request.

Page 148 of the report—Under the heading “HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING PROGRAM ACCOUNT”—strike the first sentence and replace it with the following:

The Committee recommends \$30,489,000 for the HBCU Capital Financing program, which is \$5,000 above the fiscal year 2018 enacted level and \$10,000,000 above the fiscal year 2019 budget request.

Page 153 of the report before the beginning of TITLE IV, insert the following:

SEC. 308. The Committee adds a provision which Permits the Department of Education to allow universities to service Perkins Loan accounts.

Page 157 of the report, insert the following to replace the paragraph with the heading “*Evaluating Barriers to Care*”:

Evaluating Barriers to Care.—The Committee recognizes HHS’s recent focus on eliminating unnecessary paperwork burdens, which cause barriers to patient care. The Committee notes there are non-physician practitioners, such as nurse practitioners, that provide care for CMS beneficiaries. There may be ways to improve or streamline the process for certification or authorization of CMS reimbursed products or services. Specifically, the Committee encourages MedPAC, in consultation with MACPAC, to prepare a report that examines the relationship between the physician or post-acute care physician and related burdens associated with each provider

involved in authorizing patients for home health care services, certifying patient's needs for diabetic shoes, conducting assessments to admit patients to skilled nursing facilities, and providing the initial certification of patients for hospice care. The Committee further encourages MedPAC to analyze the costs to the Medicare program and burdens for patients associated with the multiple step process for authorizing and/or certifying for these services, for the two most recent years of data available, and to submit a report of its findings to the Committees on Appropriations of the House of Representatives and the Senate and the authorizing committees of jurisdiction with recommendations that can be pursued to improve the collaboration between physicians and non-physician practitioners in order to reduce burdens overall and improve patient care.

Page 160 of the report, insert the following as a new paragraph to be the last paragraph under the Heading "NATIONAL MEDIATION BOARD—SALARIES AND EXPENSES":

The Committee directs the National Mediation Board to report to the Committees on Appropriations of the House of Representatives and the Senate within 60 days of enactment of this Act on any concurrent postponement of a representation election under the jurisdic-

tion of the National Mediation Board and the rationale for the postponement.

Page 163 of the report, insert the following as a new paragraph to appear before the heading “*Implementation of New Capability Determination Instructions*”:

Disability Case Processing System.—The Committee is aware that SSA is undertaking efforts to modernize the Disability Case Processing System (DCPS). The Committee notes recent cost overruns of the project. The Committee continues to encourage SSA to engage with States to explore all possible options for modernization of the case processing system, to align with the needs of each State. The Committee continues to request regular updates on the effort to upgrade DCPS, the cost and anticipated timeline of the project, and efforts by SSA to engage stakeholders, including any barriers to implementation.

Page 184 of the report, in the table, strike the row with the header “Developmental Disabilities: Surveillance and Research Program (Autism)”.

