

FY2018 House Public Health Related Report Language

Report language is excerpted from the House Appropriations Committee reports for the Labor-Health and Human Services (HHS)-Education bill ([H.Rept. 115-244](#)) and the Department of Agriculture/Food and Drug Administration (FDA) bill ([H.Rept.115-232](#))

LABOR-HHS-EDUCATION APPROPRIATIONS BILL

The Committee has also placed a high priority on combatting opioid addiction by including an additional \$500,000,000 for grants to States, as outlined in the 21st Century Cures Act.

The Committee also continues support for programs addressing opioid addiction as authorized in the Comprehensive Addiction and Recovery Act. To protect public health and the Nation in the event of a bioterrorism or other pandemic crisis, the Committee recommendation also includes increases to the Bioshield and the Biomedical Research and Advanced Development Authority (BARDA) programs as well as a \$178,000,000 increase for detecting and preventing a pandemic flu outbreak. The recommendation also increases the Strategic National Stockpile by \$25,000,000 and includes language allowing the Secretary of Health and Human Services greater flexibility to respond to an imminent public health threat within the public health and social services emergency fund.

HEALTH RESOURCES AND SERVICES ADMINISTRATION

Tuberculosis.—The Committee supports the coordination between health centers and State and local Tuberculosis (TB) control programs to help ensure appropriate identification, treatment, and prevention of TB among target populations. The Committee encourages HRSA to continue to implement the recommendations of the Tuberculosis Action Plan and recommends that the agency include an update of its progress in the fiscal year 2019 Congressional Justification.

Breastfeeding Support and Safe Sleep Promotion.— The Committee is aware that 49 jurisdictions have selected the Title V National Performance Measure 4 on Breastfeeding and encourages HRSA to ensure incorporation and coordination of breastfeeding support within and among the Title V Maternal and Child Health Block Grant, the Healthy Start program, and the Maternal, Infant and Early Childhood Home Visiting Program. The Committee further encourages the integration of breastfeeding support and safe sleep promotion activities within these programs.

Neonatal Abstinence Syndrome Effects on Maternal and Child Health.—The Committee is alarmed by the prevalence of Neonatal Abstinence Syndrome (NAS) and the resulting health and developmental impacts on children. The Committee requests an update in the fiscal year 2019 Congressional Justification on efforts undertaken by HRSA to address NAS.

Fetal Infant Mortality Review.—The Fetal Infant Mortality Review (FIMR) program is an important component of many Healthy Start and local health department initiatives that provide evidence based interventions crucial to improving infant health in high-risk communities. HRSA is encouraged to continue to support the FIMR program with Healthy Start funding while educating Healthy Start Programs on the successes of FIMR.

Telehealth.—The Committee recognizes the growing importance of telehealth in delivering high-quality healthcare to medically underserved communities in both rural and urban areas. The Committee encourages the Secretary to establish a Telehealth Center of Excellence to test the efficacy of telehealth services in both urban and rural geographic locations.

CENTERS FOR DISEASE CONTROL AND PREVENTION

CDC works with State, local, and Tribal health authorities and other non-governmental health related organizations to understand, control, and reduce public health problems.

Hepatitis B.—The Committee is concerned that even though the hepatitis B vaccine is more than 90 percent effective, there are over 50,000 new hepatitis B virus (HBV) infections each year and more than 10 deaths each day due to this disease in the U.S. As a result of the opioid epidemic, infection with HBV has spiked in many parts of the nation with, for example, acute HBV infections increasing 114 percent from 2006 to 2013 in three states that have suffered from widespread opioid overuse (Kentucky, Tennessee, and West Virginia). The Committee notes that the link between HBV infection and primary liver cancer is well-established, with up to 60 percent of global liver cancer cases caused by HBV. Many of these liver cancer cases are preventable with early detection of, treatment of, and vaccination for HBV. An innovative public health effort to reduce HBV-related disease burden would move the U.S. into a global leadership position likely to benefit U.S. relations with countries in Asia, Africa, and other global regions where HBV infection and its severe complications are endemic.

Latent TB Infection.—The Committee notes with concern that there are up to 13 million individuals in the U.S. with latent TB infection. The diagnosis and treatment of individuals with latent TB infection at highest risk of progression to active TB would prevent future cases of this airborne infectious disease. The Committee acknowledges that only by addressing latent TB infection can the U.S. achieve TB elimination. The Committee recognizes the vital role of CDC's Division of TB Elimination to address TB and urges support to ensure that State and local TB programs have adequate resources to effectively identify and treat latent TB infection cases.

Liver Health.—The Committee commends CDC for its efforts to increase national awareness of viral hepatitis B and C, and requests that CDC support liver health and wellness activities in an effort to reduce morbidity and mortality for persons infected with viral hepatitis who develop liver disease, cirrhosis, liver failure, and liver cancer.

Combating Antibiotic-Resistant Bacteria.—The Committee recognizes the importance of addressing antibiotic-resistant bacteria through a “One Health” approach, simultaneously combating antibiotic resistance in human, animal, and environmental settings.

The Committee encourages CDC to develop a national capacity to identify and catalog microbial genome sequences, paying attention to antibiotic-resistant microbes. CDC is encouraged to continue to pursue research opportunities in the area of antimicrobial stewardship in diverse healthcare settings and encourage regional collaborations to study the most effective strategies to improve antibiotic prescribing and stewardship.

Vector Borne Diseases.— Vector-borne diseases, such as Lyme disease, West Nile Virus, and Zika, have high human consequences and are a growing threat to public health. The impacts of these diseases and the effectiveness of programs for surveillance, prevention, and control should be better gauged and understood. Therefore, the Committee directs CDC to include goals and performance indicators for each high-priority vector-borne disease in its annual Congressional Justification. Additionally, within 90 days of enactment, the Committee directs CDC to submit a report to the Committees on Appropriations of the House of Representatives and the Senate, that: (1) Compares funding for high priority vector-borne diseases to the burden of disease as defined by Disability Adjusted Life Years (DALYs), and (2) Includes estimates for the burden of each high-priority vector-borne disease on the U.S. economy, including direct medical costs, indirect medical costs, nonmedical costs, and productivity losses.

Vector Control Guidelines.— The Committee requests that CDC maintain an online guide for use by States and local communities with a full scope of vector control options, tools, and other factors State and local jurisdictions may consider as they develop plans to carry out vector control activities to control Zika and other related diseases carried by insects. The Committee encourages CDC to update the guidelines annually.

Zika.—The Committee continues to support CDC’s preparedness and response efforts to control outbreaks of Zika virus infection. The Committee strongly encourages CDC to invest in innovative vector control technologies to enhance current vector-borne disease control efforts, including those discussed by the World Health Organization’s Vector Control Advisory Group, which outlines new and existing vector control tools for use in response to Zika virus outbreaks. The Committee also notes CDC’s report of research from Brazil showing that some infants exposed to Zika who were born without microcephaly nevertheless did develop it later or developed other neurological problems. Therefore, the Committee expects CDC to continue to work closely with the vector control unit in Puerto Rico and to address not only basic surveillance and research but also the use of new approaches to limit the spread of infected *Aedes Aegypti* mosquitoes through innovative vector control technologies which can be effective in environments and locations not amenable to traditional pesticides.

Chronic Disease Prevention and Health Promotion

The Committee recommendation for CDPHP maintains most of the existing program line items as they were funded in fiscal year 2017 and does not provide funding for the America’s Health Block Grant proposed in the budget request. Chronic diseases, such as Alzheimer’s disease, diabetes, heart disease, and stroke, are the leading causes of death and disability in the U.S. and account for 86 cents of every dollar spent on health care. Many of these conditions are largely preventable through improved nutrition and physical activity. Recent large-scale pilots have shown that as much as \$2,650 per year per senior can be saved by investing in public health programs like the National Diabetes Prevention Program and similar studies have shown hospitalizations can be reduced and save as much as \$945 per year per adult by scaling programs that control arthritis pain through evidence-based physical activity programs. A robust investment in the prevention and control of chronic diseases is essential to curb health spending and improve health and quality of life for millions of Americans, who are at risk of, living with, or have survived a chronic condition.

Chronic Pain.—According to the Institute of Medicine, 100 million Americans are burdened with chronic pain, which costs the U.S. economy more than \$560 billion annually in direct healthcare costs and lost productivity. Longitudinal comparisons of pain data to identify trends, subpopulations at risk, and the health consequences of pain in terms of morbidity, mortality, and disability are critical in order to address this issue. The Committee directs CDC to collect epidemiological data to clarify the incidence and prevalence of various pain syndromes differentiated by patient age, comorbidities, socio-economic status, race, and gender. The Committee directs CDC to collect resource utilization data of medical and social services; on direct healthcare costs of pain treatment, both traditional and alternative; on the effectiveness of evidence-based treatment approaches; and on indirect costs (i.e., missed work, public and private disability, reductions in productivity). Finally, the Committee directs CDC to report these pain statistics to Congress and publish annually.

Epilepsy.—Close to three million individuals in the U.S. have epilepsy and, while new cases are most common among young children, the onset of epilepsy can occur at any age. The Committee encourages CDC to support telehealth and educational training programs for rural and under-served areas that reach school nurses, childcare personnel, first responders, and care providers for seniors, to recognize and respond appropriately to seizures caused by epilepsy or result from trauma and other acute chronic illness.

Good Health and Wellness in Indian Country.—The Committee recommendation includes \$16,000,000 for awards to Tribes and Tribal Organizations to comprehensively address the leading causes of death and associated risk factors while incorporating culturally-driven wellness practices under the Good Health and Wellness in Indian Country program. The Committee also directs CDC to provide funding at not less than the fiscal year 2017 level within CDPHP for the Comprehensive Approach to Good Health and Wellness in Indian Country cooperative agreement.

Heart Disease and Stroke Prevention.—Largely preventable, cardiovascular disease, including heart disease and stroke, continues to inflict the highest burden on our Nation’s health and economy. Yet, effective evidence-based prevention initiatives are not fully implemented and death rates are starting to rise. The Committee increases support for CDC’s heart disease and stroke prevention activities within State, local, and Tribal public health departments, and for enhanced surveillance and research to target high-burden populations and guide public health strategies.

Million Hearts 2022.—The Committee continues to support Million Hearts 2022 to capitalize on the solid foundation, best practices, evidence, shared tools, and progress made on this public-private initiative to prevent heart attacks and strokes. Funding will allow for mobilization of communities and the healthcare sector to implement evidence-based interventions to prevent heart disease and stroke in areas with the highest burden by implementing the ABCS: Aspirin when appropriate, Blood pressure control, Cholesterol management, and Smoking cessation; supporting innovative strategies to increase physical activity; using cardiac rehabilitation; and developing innovative, scalable approaches to improve cardiovascular health.

National Early Child Care Collaboratives Program.—The Committee recognizes the importance of the early years and particularly early child care and education settings in promoting healthy habits. The Committee is aware that the National Early Child Care Collaboratives (NECCC) program has produced statistically significant improvements in adoption of best practices for healthy eating, physical activity, reduced screen time, and breastfeeding support. The Committee encourages CDC to build on the success of the NECCC program to provide training and technical assistance to early care and education providers to improve healthy eating and physical practices, including testing approaches to strengthen family engagement. Funds support technical assistance to integrate healthy eating and physical activity into State and local systems initiatives. The Committee encourages the NECCC to service a mix of rural, suburban, and urban areas, including areas with high childhood obesity rates.

Safe Motherhood and Infant Health.—The Committee continues to support activities within this line related to maternal and infant health, such as State-Based Perinatal Collaboratives and the Pregnancy Risk Assessment Monitoring System, at the fiscal year 2017 enacted level. The Committee recommendation does not include funding for the teen pregnancy prevention cooperative agreement.

Environmental Health

Lead Poisoning Prevention.—The Committee commends CDC for funding nearly 60 childhood lead poisoning prevention programs to develop, implement, and evaluate lead poisoning prevention activities. The Committee encourages CDC to require that States receiving funding for lead prevention report all blood tests in a standardized format through the National Notifiable Diseases Surveillance System.

National Asthma Control Program.—The Committee continues to support the work of the National Asthma Control Program, recognizing that asthma is one of the most common and costly health conditions in the U.S. Twenty-five million Americans have asthma, including six million children. The Committee understands that better coordination of public health and health systems interventions are necessary to reduce the burden caused by asthma, and encourages CDC to continue its collaboration with payers and health systems.

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 continues to support State laboratories through the Newborn Screening Quality Assurance Program as they implement screening for new disorders. This program will also support evaluation of testing methods for new conditions, expansion of CDC’s quality assurance materials, and critical infrastructure and development of tests for rare conditions.

Childhood Lead Poisoning Prevention.—The Committee encourages CDC to collaborate with the Department of Education to improve awareness of educational intervention strategies for children with elevated blood lead levels. The CDC and the Department of Education are expected to implement prioritization initiatives and provide technical assistance that informs educators, parents, and State and local education agencies about the severity and symptoms of lead poisoning and intervention strategies for children with elevated blood lead levels. The Committee requests an update on the CDC’s strategy and its outcomes on this topic in the fiscal year 2019 Congressional Justification.

Gun Research.—The Committee continues a general provision to prevent funds from being used to advocate for or promote gun control.

Rape Prevention.—The Committee directs CDC to allocate at least 75 percent of funds appropriated to the Rape Prevention and Education program to State and territory health departments through formula grants that support State and local rape prevention activities.

Using Data to Prevent Opioid-Related Overdosing.—The Committee continues to be very concerned about the high rate of opioid abuse and overdosing and understands that with data, forecasting of overdosing risk by geographic region can be provided. The Committee encourages CDC to begin using data to provide such forecasts that public health officials can use to intervene and prevent overdoses.

Public Health Preparedness and Response

Procurement of Medical Countermeasures.—The Committee continues to have concerns over the consistency in acquisition and replenishment of vaccines and medical countermeasures (MCMs) that are procured for emergency response under Federal contracts. Because these MCMs, in many cases, have few or no commercial market applications, procurement requires special planning, development, and contract execution so that private industry will continue to invest in their development. The Committee strongly encourages CDC to take steps to ensure that the procurement process for MCMs is efficient, consistent, and aligned with the mission of the Strategic National Stockpile.

CDC Wide Activities and Program Support

Preventive Health and Health Services Block Grant (PHHSBG) – The Committee does not concur with the Administration’s proposed elimination of the Preventive Health and Health Services Block Grant and funds this program at the fiscal year 2017 enacted level of \$160,000,000. The Committee expects CDC to provide these flexible funds to State public health agencies to work with local and Tribal public health agencies to address the most critical public health needs.

NATIONAL INSTITUTES OF HEALTH

Antimicrobial Resistance.— The Committee continues to support research on mechanisms of drug resistance, bacterial pathogenesis, and infection control; developing new or repurposing existing antimicrobials; and exploring approaches to prevention including bacterial vaccines and other strategies. The Committee encourages NIH to coordinate with CDC to determine how data in the CDC resistant pathogens database can be leveraged to improve future research. The

Committee requests an update in the fiscal year 2019 Congressional Justification on how NIAID is working with CDC and other Federal partners in this field of research.

Research on the Long-Term and Developmental Health Effects of Zika.—The Committee recognizes the unique nature of NICHD research into how the Zika virus infection affects pregnancy and the long-term and developmental health effects on children exposed to the Zika virus. The Committee urges NICHD to prioritize investment into long-term and developmental health effects of the Zika virus as the fight against the virus continues.

Barriers to Research.—The Committee is concerned that restrictions associated with Schedule 1 of the Controlled Substance Act effectively limit the amount and type of research that can be conducted on certain schedule 1 drugs, especially marijuana or its component chemicals and certain synthetic drugs. At a time when we need as much information as possible about these drugs, we should be lowering regulatory and other barriers to conducting this research. The Committee directs NIDA to provide a short report on the barriers to research that result from the classification of drugs and compounds as Schedule 1 substances.

Drug Treatment in the Justice System.—The Committee understands that providing evidence-based treatment for substance use disorders offers a valuable opportunity to interrupt the substance use/criminal justice system cycle for people struggling with substance use disorders. Untreated substance use disorder renders prior criminal offenders particularly vulnerable to recidivism and continued health problems, preventing them from being able to find stable employment, jeopardizing public health and safety, and taxing justice and health system resources. When combined with therapy, medication assisted treatment (MAT) has consistently been shown to be more effective in treating substance use disorder than abstinence. The Committee applauds NIDA's focus on adult and juvenile justice populations in its research around substance use disorder treatment. The Committee supports this important work and asks for a progress report on those efforts, including information on the use and success of MAT in the juvenile justice system.

Marijuana Research.—The Committee is concerned that States are changing public policies related to marijuana without the benefit of scientific research to help guide those decisions. NIDA is encouraged to continue supporting a full range of research on the effects of marijuana and its components, including research focused on policy change and implementation across the country.

Neonatal Abstinence Syndrome.—The Committee recognizes the importance of research on prevention, identification, and treatment of prenatal opioid exposure and Neonatal Abstinence Syndrome. The Committee encourages NIDA to ensure that the review process includes appropriate focus on geographic locations where the problem is particularly acute. The Committee encourages NIH, based on appropriate scientific review, to support meritorious research opportunities in Appalachia and at institutions that have unique opportunities to study innovative care models.

Opioid Misuse and Addiction.—The Committee continues to be extremely concerned about the epidemic of prescription opioids, heroin, and synthetic opioid use, addiction, and overdose in the U.S. Approximately 144 people die each day in this country from opioid overdose, making it one of the most common causes of nondisease-related deaths for adolescents and young adults. This crisis has been exacerbated by the availability of fentanyl and its analogs into many communities. The Committee appreciates the important role that research can and should play in the various Federal initiatives aimed at this crisis. The Committee urges NIDA to (1) continue funding research on medication development to alleviate pain, especially the development of medications with reduced abuse liability; (2) as appropriate, work with private companies to fund innovative research into such medications; and (3) report on what is known regarding the transition from opioid analgesics to heroin and synthetic opioid abuse and addiction within affected populations.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

American Indians and Alaska Natives continue to face significant behavioral health problems, and have significantly limited access to behavioral health services. The Committee is aware that State authorities must have meaningful and timely Tribal consultation as they undertake their block grant planning process. The Committee strongly encourages SAMHSA to ensure States engage meaningfully with their Tribal populations. The Committee would also support information from States on how block grant funds have been used to support Indian Tribes and/or Tribal organizations within their borders and to what extent States have consulted with Tribes on the disbursement of block grant funds.

The Committee directs SAMHSA, where statute allows, when issuing new funding opportunity announcements, to include as eligible applicants, States, political subdivisions of States such as local government or communities, Indian Tribes or tribal organizations, health facilities, or programs operated by or in accordance with a contract or grant with the Indian Health Service, or other public or nonprofit private entities. It is important to the Committee that all of these entities have the opportunity to compete for funding. While States play a critical role, in many cases Tribal governments, nonprofit organizations, or local communities are better positioned to target resources to those most in need. The Committee encourages SAMHSA to provide outreach and technical assistance to these entities to ensure they are able to compete for new grant announcements.

Mental Health

Mental Health First Aid.—The Committee is pleased with the progress of the Mental Health First Aid program including training more than 740,000 Americans to recognize the signs and symptoms of common mental disorders. In continuing competitive funding opportunities, SAMHSA is directed to include as eligible grantees local law enforcement agencies, fire departments, and emergency medical units with a special emphasis on training for crisis de-escalation techniques. SAMHSA is also encouraged to allow training for veterans, armed services personnel and their family members. Any qualified community mental health education program should be considered as eligible for funding under the Mental Health First Aid program.

Substance Abuse Treatment

State Targeted Response to the Opioid Crisis.—The Committee includes \$500,000,000 for the second year of continuation funding as authorized under section 1003 of the 21st Century Cures Act. Consistent with the authorization, the Committee recommends States be given flexibility within the existing grant to direct resources in accordance with local needs. SAMHSA should permit States to allocate funds for prevention, training, treatment, recovery, and other public health related activities at levels based on the conditions of each State. The Committee is aware of the significant challenge presented by opioid abuse, and believes that addressing the opioid crisis requires that states coordinate efforts among myriad agencies and organizations. Regional collaborations involving hospital systems, institutions of higher education, local government, and the judiciary can drive best practices and have shown success in identifying solutions for opioid abuse. Therefore, the Committee encourages SAMHSA to utilize such regional collaborative stakeholder teams.

Targeted Capacity Expansion – The Committee recommends \$67,192,000 for Targeted Capacity Expansion activities. Of this amount, \$56,000,000 is for services that address prescription drug abuse and heroin use in high-risk communities. 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 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.

Viral Hepatitis Screening.—The Committee commends SAMHSA for encouraging grantees to screen for viral hepatitis including the use of innovative strategies like rapid testing. The Committee notes the disproportionate impact of viral hepatitis among minority populations and the co-infection rate among individuals with HIV/AIDS. The Committee encourages SAMHSA to continue its work with grantees to incorporate hepatitis screening into programmatic activities and requests a report on the implementation of hepatitis screening activities in the fiscal year 2019 Congressional Justification.

Substance Abuse Prevention

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 must facilitate linkage to treatment and recovery services.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

Adult Immunization Quality Measures.— Adult Immunization Quality Measures.—The Committee is aware that the Centers for Medicare & Medicaid Services (CMS) is working to close gaps in quality measures to improve care delivery and patient outcomes, including reducing racial and ethnic health disparities. Adult immunization quality measures are one area where more work is needed, as noted in a 2014 National Quality Forum (NQF) report entitled Priority Setting for Healthcare Performance Measurement: Addressing Performance Measure Gaps for Adult Immunization. The Committee recommends CMS work with relevant partners, such as NQF, to address the current gaps in adult immunization quality measures and ensure the quality measures reflect current immunization practice standards as well as the Advisory Committee on Immunization Practice recommendations for adult immunization. The Committee requests a report from CMS no later than 12 months following enactment of this Act on the steps the agency has taken to improve quality measures applicable to adult immunization under Medicare and Medicaid, including an action plan to enable widespread adoption across healthcare settings.

Office of the Assistant Secretary for Health

Breastfeeding.—The Committee recognizes the importance of breast milk in improving health outcomes for babies and mothers and requests HHS to report to the Committee on the impact of recommended breastfeeding rates on health outcomes and healthcare costs. The report should examine the impact of clinically recommended breastfeeding rates on associated Medicaid expenditures, urgent care costs, and direct and indirect medical costs, including workplace productivity and employee retention. The Committee also directs the Secretary to ensure that pregnant women have access to guidance on nutritional advice based on the latest scientific research on the health and cost benefits of human milk.

Opioid Response.—The Committee believes that the Federal response to the opioid epidemic will be most effective if resources made available through the Comprehensive Addiction and Recovery Act and related programs are directed to strategies that are backed by strong evidence or to innovative and promising approaches that will be rigorously evaluated to learn their impact. In implementing new and existing programs that address the opioid epidemic, HHS is urged to utilize evidence-based policymaking principles, tools, and program designs such as those disseminated by the Evidence- Based Policymaking Collaborative. The Committee encourages HHS to collaborate with outside researchers and philanthropic organizations that focus on improving the use of rigorous research to inform policy.

Sexual Risk Avoidance.— The Committee provides \$20,000,000 in budget authority for sexual risk avoidance programs, which is \$5,000,00 above the fiscal year 2017 level and the fiscal year 2018 budget request. In implementing these funds, it is the intent of the Committee that HHS provide substantive and practical technical assistance to grantees so they place meaningful emphasis on Sexual Risk Avoidance (SRA) in all educational messaging to teens. The Committee notes that such technical assistance should be provided in the following venues: during National and regional conferences, webinars and one-on-one conversations with funded projects. The Committee further intends that SRA-credentialed experts consult with grantees and HHS staff with oversight of these programs on methodologies and best practices in SRA for teens. The Committee also encourages all operating divisions at HHS that implement or inform youth programs to implement consistently a public health model that stresses risk avoidance or works to return individuals to a lifestyle without risk, particularly as it relates to sexual risk.

Vector-Borne Disease Research.—A number of agencies across the Federal government are engaged in various facets of vector-borne disease research and control. In an effort to foster greater coordination, collaboration and transparency across agency lines, the Committee encourages the Secretary to establish a coordinating office to facilitate and expedite the government's response to vector-borne disease threats, including combating the spread of disease through innovative vector control technologies.

Office of the National Coordinator for Health Information Technology

Patient Data Matching.—The Committee is aware that a challenge inhibiting the safe and secure electronic exchange of health information is the lack of a consistent approach to matching patient data. The Committee encourages ONC to engage with stakeholders on private-sector led initiatives to develop a coordinated strategy that will promote patient safety by accurately identifying patients to their health information.

Prescription Drug Monitoring.—The Committee understands that the spread of the prescription drug epidemic throughout the Nation has made the creation, implementation, and use of State prescription drug monitoring programs (PDMPs) and their ability to operate in concert with electronic health record (EHR) and electronic prescribing (e-prescribing) systems more important than ever. The Committee encourages ONC to continue its support for pilot programs to find usability challenges among PDMP, EHR, and e-prescribing systems; develop and award challenge awards to private entities for health information technology innovation; and offer targeted technical assistance to help medical professionals use PDMP, EHR, and e-prescribing systems. The Committee further encourages ONC to collaborate and coordinate its efforts with partner agencies such as the Centers for Disease Control and Prevention and the Bureau of Justice Assistance in the Department of Justice.

Public Health and Social Services Emergency Fund

The Committee provides \$1,739,258,000 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 the Department of Health and Human Services. This amount is \$221,300,000 above the fiscal year 2017 enacted level and \$76,642,000 above the 2018 budget request. The Committee does not include the authority requested in the budget to create a Federal Emergency Response Fund. However, the Committee recognizes the benefit of allowing some flexibility to allow HHS to move more quickly in the event of a public health emergency. To address this issue, the Committee provides enhanced transfer authority to make it easier for HHS to direct resources where they are needed in the case of a public health emergency, such as an influenza pandemic.

Biomedical Advanced Research and Development Authority (BARDA)

The Committee remains committed to ensuring the nation is adequately prepared against CBRN attacks. Public-private partnerships to develop MCMs are required to successfully prepare and defend the nation against these threats. The Committee supports the goal of market development where there is little or no commercial market. The funds allow for sustained management and funding of critical priorities, facilitate flexible and rapid response to emerging threats, and prevent the loss of resources from year to year, especially when the country is facing such tight budget constraints while threats persist.

Pathogen Reduction Technology.—The Committee commends BARDA for taking the critical steps of supporting FDA-approved pathogen reduction technology in U.S. blood centers to ensure the safety of blood products being provided to patients and specifically for patients at risk for exposure to emerging pathogens. The Committee urges BARDA to continue funding the development of pathogen reduction technology.

The Committee recommends \$250,000,000 for the ASPR's pandemic influenza program, which is \$178,000,000 above the fiscal year 2017 enacted level and \$43,137,000 above the fiscal year 2018 budget request. This funding supports research and development of next-generation influenza MCMs, preparedness testing and evaluation, and stockpiling.

Department of Agriculture

Agroterrorism.—The United States enjoys a safe, plentiful, and inexpensive food supply. The Committee views domestic food production as a priority for national security. The Committee is concerned with the growing threats posed by agroterrorism, which is the deliberate introduction of an animal or plant disease for the purpose of generating fear, causing economic losses, or undermining social stability. The dangers to our food production posed from foreign terrorist organizations are real. The Committee directs the Secretary to explore the Department's laboratory and response capacity to address the reality of agroterrorism, and how national response plans can better incorporate agroterrorism. The Committee encourages the Secretary to coordinate with DHS, HHS, intelligence agencies, Interior, EPA, and other agencies to improve response plans, conduct vulnerability assessments, and expand monitoring and surveillance for agroterrorism. The Committee also encourages the Secretary to focus on bolstering tracking systems for agricultural products, laboratory networks, and border inspection training.

Vector Control.—The Committee encourages USDA to support research, including the work done through the Biotechnology Risk Assessment Research Grants program, to develop innovative vector control technologies targeted to combatting Zika-carrying *Aedes aegypti* mosquitos. The Committee is aware that vaccine development takes time, pesticide use has a variety of limitations, and human health effects and treatment will be a challenge for years to come. Therefore, the Committee urges USDA to utilize pest management programs and partner organizations to conduct research to develop and test effective repellents, create new molecular pesticide technologies that prevent mosquitoes from reproducing, and explore natural product remedies to deter pests.

Breastfeeding.—The Committee recognizes the benefits of human milk in the first year of life as well as the economic impacts of breastfeeding rates on healthcare costs. The Committee directs the Economic Research Service to update its 2001 Jon Weimer study of the economic benefits of breastfeeding and make it publicly accessible within 12 months of enactment of this Act. The updated study should assess the impact of clinically recommended breastfeeding rates on economic outcomes and healthcare systems including, but not be limited to, the impact on direct and indirect costs, including preventable deaths, preventable medical conditions, and lost workplace productivity.

Antimicrobial Resistance.—The Committee continues to support funding to collect additional data that will inform policy related to the appropriate antibiotic use in all settings across agriculture and clinical medicine. The Committee provides funds for on-farm surveillance and data collection to enhance the understanding of onfarm levels of antibiotic use and

the impact on antimicrobial resistance levels. The information collected should clearly delineate between antibiotics used for food-producing and companion animals. Further, to avoid duplication with existing programs like the National Antimicrobial Resistance Monitoring System, the Committee expects surveys regarding on-farm usage to be limited to collecting information about the antibiotics used and should not be utilized for other regulatory purposes. In designing these surveys, the Committee expects the agency to work primarily with end-users of antibiotics and veterinarians providing care to the animals. APHIS will collect this information through its statistical unit under the Confidential Information Protection and Statistical Efficiency Act, which will guarantee that all information collected is protected from distribution in a manner that could identify an individual respondent for the full time the data is in existence. This information is needed for use in the larger National Strategy for Combatting Antibiotic Resistant Bacteria with other federal partners.

Fruit and Vegetable Consumption.—The Committee continues to urge FNS to recognize in relevant agency publications and regulations related to all federal nutrition programs, including nutrition education programs and child nutrition programs, the nutritional benefits provided by all forms of fruits, vegetables, and beans, whether canned, dried, fresh, or frozen.

Afterschool Programs.—The Committee supports the efforts of approved food sites to serve students nutritious meals through the Summer Food Service Program and the Child and Adult Care Food Program. FNS is directed to provide a report on the options and costs for serving at-risk, low income children with snacks or meals beyond the current limit of two meals per day that is established for these programs.

School Meals.—The Committee remains concerned about the challenges and costs that local schools face in implementing the various regulations from the Healthy, Hunger-Free Kids Act of 2010. In order to provide schools with the certainty and flexibility they need for the 2018–2019 school year, the Committee continues to extend the whole grain waiver provision to those school food authorities demonstrating a hardship in implementing the whole grain standards. Schools will not be required to meet the Target 2 levels for sodium and will remain compliant if they meet Target 1. Further, schools will have flexibility in serving low-fat flavored milk. The Secretary is taking positive steps to provide greater flexibility and restore local control in serving healthy meals. The Committee directs USDA to continue to provide flexibilities to implement the requirements under Subsection (p) of section 12 of the Richard B. Russell National School Lunch Act so that local authorities can make decisions on school lunch pricing. The Committee encourages the Department to find additional ways to provide schools with school lunch pricing flexibility and other long-term certainty in implementing the school meals programs.

Training and Technical Assistance.—The Committee is aware of the need for training of school nutrition personnel that focuses on school food service meal preparation and workforce development. Within available funds for Team Nutrition, the Committee encourages the Department to allow non-regulatory allied professional associations to assist in training school food service professionals.

Unpaid School Lunch Fees.—The Committee is concerned with reports that some students with unpaid school lunch fees are treated unfairly and being publicly embarrassed. The Committee directs the Secretary to issue recommended standards schools may adopt to address the issue of shaming school children for unpaid school lunch fees, including standards that protect children from public embarrassment; that strongly encourage all communications about unpaid school lunch fees be directed at the parent or guardian, not the child; and that encourage schools to take additional steps to work with families falling behind in their school lunch fees.

Zika Outreach and Education.—The Committee is supportive of ensuring pregnant women are educated on the various methods for preventing exposure to the Zika virus during pregnancy. The Committee directs the Department, in consultation with the Centers for Disease Control and Prevention, to either continue or expand its education and outreach efforts through the WIC program to provide pregnant women with the information they need to prevent Zika.

Nutrition Education.—The Committee encourages FNS to work with states to fund projects that collaborate with local farmers, farmer’s markets and community based childhood obesity programs in carrying out SNAP nutrition education programs. These nutrition education projects should include fitness and behavioral health.

Food and Drug Administration

Food Safety Modernization Act Funding.—The Committee continues to support the food safety activities related to FSMA. Congress has provided more than \$300,000,000 in FDA’s base appropriation for FSMA since fiscal year 2011. The Committee directs FDA to continue their outreach and education efforts to inform the regulated industries how they come into compliance with the FSMA foundational regulations. As previously noted, it is the intent of Congress for FDA to ensure an even playing field in the application of FSMA regulations as it relates to both domestic and imported producers, processors, and manufacturers of food and animal feed. Also, the Committee believes that FSMA implementation places additional requirements on state governments and private stakeholders, and therefore urges the FDA to provide sufficient resources to state education and inspection programs to address these needs.

Antibiotics.—The Committee urges the FDA to work to foster the development of new antibiotics by supporting greater collaboration between industry and the FDA around adaptive clinical trials and labeling changes. Robust drug development will be needed to ensure patients are protected from bacterial resistance.

FDA Partnerships under FSMA.—The purpose of FSMA is to reform the nation’s food safety laws to ensure a safe public food supply. As FDA continues implementation of FSMA, the Committee encourages FDA to work in partnership with existing government food safety programs through MOUs to verify compliance with FSMA to rules once they are finalized as a way to eliminate duplication of activities under the law. In addition, the Committee continues to provide \$5,000,000 for the Food Safety Outreach Program under NIFA and expects that NIFA will serve as the sole agency providing food safety training, education, outreach, and technical assistance at the farm level.

Harm Reduction.—It is the Committee recommendation that the FDA consider the benefits of harm reduction as part of evaluations under the Deeming regulations for tobacco products.

Menu Labeling.—The FDA extended the compliance date for menu labeling requirements until May 7, 2018, stating that, “This extension allows for further consideration of what opportunities there may be to reduce costs and enhance the flexibility of these requirements beyond those reflected in the final rule.” In providing flexibility, the Committee urges FDA to consider provisions of H.R.772 as well as other proposals that reduce burden and add flexibility for businesses to implement the rule and provide consumers with certain nutrition information. FDA should ensure that businesses are protected from regulatory enforcement from federal, state, municipal or other oversight agencies until after a potential revised rule is promulgated and effective.

New Technologies to Promote Food Safety.—The Committee encourages the National Academies of Sciences, Engineering, and Medicine to conduct a study on new technologies to promote microbiological food safety and prevent foodborne illnesses. The study should review methods that have been developed but not implemented, are in development, or have been proposed but not well developed.

The study also should identify any regulatory, economic, or other barriers to implementing technologies.

Nutrition Facts Label.—On June 13, 2017, the FDA announced that it would extend the compliance date for the final rule entitled “Food Labeling: Revision of the Nutrition and Supplemental Facts Labels” and that details of the extension would be provided through a Federal Register notice at a later time. Food manufacturers are facing different compliance dates with multiple food labeling changes, such as those required under the National Bioengineered Food Disclosure Standard (Pub. L. 114–216). The Committee encourages the Commissioner of FDA and the Secretary of USDA to harmonize the labeling compliance dates to allow food manufacturers to update labels after clear guidance has been provided and in a manner that is cost effective and avoids consumer confusion.

The Committee also notes that the FDA has not issued final guidance regarding the definition of dietary fiber and labeling of added sugars. The Committee encourages the FDA to issue these final guidance documents and provide sufficient time for food manufacturers to comply.

Opioid Abuse.—The abuse, misuse, and diversion of opioid painkillers has precipitated an epidemic in the United States. The CDC indicates that one American loses his or her battle with addiction every twenty minutes. For years, the Committee has encouraged the FDA to utilize the full breadth of its regulatory authority to address this challenge. The Committee is pleased that, with the Opioids Action Plan and Opioid Policy Steering Committee, the FDA has acknowledged that the agency shoulders some responsibility for turning the tide of abuse. The FDA’s recent regulatory changes related to scheduling and labeling of opioids are positive developments, as are efforts to encourage the development of abuse-deterrent formulations (ADF) and new evidence-based medication-assisted therapies (MAT). The use of opioids as first-line therapies for any form of pain has led to over-prescribing, and the CDC has made clear that clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh the risks to the patient. With respect to prescribing patterns, the Committee supports efforts to incentivize ADF use by clinicians and to increase the number of prescribers who receive training on pain management and safe prescribing of opioid drugs in order to decrease inappropriate opioid prescribing. The Committee notes that treatment is not a “one size, fits all” enterprise and that every patient’s treatment regimen should be tailored by his or her doctor to his or her unique needs. The federal government, therefore, should be promoting the full suite of available treatment options, including abstinence-based models and nonopioid medications, rather than picking winners and losers. The Committee supports efforts at the FDA and elsewhere to develop MATs that improve the efficacy of daily administration, are resistant to diversion and misuse, and/or help patients on a path to recovery. Finally, the Committee has been supportive of naloxone distribution among trained licensed healthcare professionals and emergency responders. When considering the appropriateness of providing naloxone over-the-counter, the Committee directs the FDA to ensure that the administration of naloxone serves as a point of intervention to spur an honest conversation between the patient and his doctor about addiction and treatment.

Premium Cigars.—The Committee includes statutory language exempting premium and traditional large cigars, in keeping with FDA’s intent under Option 2 of its proposed rule “Deeming Tobacco Products To Be Subject to the Federal Food, Drug, and Cosmetic Act, as Amended by the Family Smoking Prevention and Tobacco Control Act (TCA); Regulations on the Sale and Distribution of Tobacco Products and Required Warning Statements for Tobacco Products” (Docket No. FDA–2014–N–0189). The Committee notes that premium cigars are shown to be distinct from other tobacco products in their effects on youth initiation, the frequency of their use by youth and young adults, and other such behavioral and economic factors. Lastly, a large number of participants in this unique business are small and very small operations that might not be able to maintain jobs and a physical presence in the United States due to the financial impact of this pending regulatory burden. Given that there is very little mention of cigars throughout the TCA, it is clear Congress did not intend to focus on the unique subset of premium cigars.