

progress on CDC’s backlog of maintenance and repairs at its Atlanta campuses. In order to protect Americans from health threats and to rapidly respond to public health emergencies, CDC needs a safe, secure, and fully operational infrastructure in the form of its own laboratories, buildings, and facilities. The agreement supports the completion of the Atlanta Masterplan Build Out and recognizes that CDC has over 9,700 employees in Georgia with over 4,000 staff in Atlanta currently working in leased office space. Completion of the Atlanta Masterplan Build Out will enable CDC to vacate leased spaces to owned facilities achieving cost savings through lease avoidance and gain operational efficiencies; improve scientific and laboratory collaboration; and enhance teamwork. Additionally, having CDC staff work in CDC owned facilities will provide enhanced security and resiliency for staff, scientific data and other critical public health resources.

**Mine Safety Research Facility.**—The agreement notes bill language and funding to support the design and construction for a mine safety research facility to replace the Lake Lynn Experimental Mine and Laboratory were provided in fiscal year 2021. The agreement requests the continuation of quarterly updates on progress in the construction of the facility, costs incurred, and unanticipated challenges which may affect timeline or total costs until completion of the facility.

CDC WIDE ACTIVITIES

The agreement provides \$493,570,000 for CDC-wide activities, which includes \$333,570,000 in discretionary appropriations and \$160,000,000 in transfers from the PPH Fund. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2022 Agreement
Preventive Health and Health Services Block Grant .....	\$160,000,000
Public Health Leadership and Support .....	113,570,000
Infectious Disease Rapid Response Reserve Fund .....	20,000,000
Public Health Infrastructure and Capacity .....	200,000,000

**COVID-19 Testing Failure.**—The agreement notes that GAO examined CDC laboratory quality control deficiencies in its July 2021 report COVID-19: Continued Attention Needed to Enhance Federal Preparedness, Response, Service Delivery, and Program Integrity (GAO-21-551) and made recommendations that CDC has agreed to pursue. The lack of clearly defined approval criteria and poor communication of test performance problems within CDC illustrate there is still a need for an assessment of what led to the failure. The agreement includes direction in the Office of the Secretary to establish a Task Force, including participation from outside stakeholders and subject matter experts, to evaluate what contributed to the shortcomings of the first COVID-19 tests, including laboratory irregularities, and what policies, practices and systems should be established to address these issues in the future. The Task Force shall also examine CDC’s processes for the development and deployment of diagnostics and its ongoing operations, including communications and electronic lab reporting with clinical, commercial, and State and local public health laboratories. Based on the conclusions of this effort, CDC shall develop an agency-wide coordination plan for developing and deploying assays during a public health emergency that engages a nationwide system, as appropriate, and leverages the expertise offered by the public and private sectors. In addition, the agreement directs CDC to provide an update to the Committees on the status of the implementation of the recommendations made by GAO-21-551 within 180 days of enactment of this Act.

**Infectious Disease Rapid Response Reserve Fund.**—The agreement includes an increase toward the replenishment of this fund to ensure that CDC is positioned to respond quickly to an imminent public health emergency.

**Local Health Departments.**—The agreement reiterates the language in House Report 117-96 and urges CDC to publicly track and report to the Committees how funds provided to State health departments are passed through to local health departments, including amount, per grant award, by local jurisdiction.

**Public Health Infrastructure and Capacity.**—The agreement establishes a new funding line to provide a stable source of resources that is not segmented by disease, condition, or activity. The agreement recognizes that the nation’s public health partners need to be better equipped and more flexible to coordinate together to save lives. The agreement directs that no less than 70 percent of this funding be awarded to health departments.

**Public Health Scholars Program.**—The agreement commends CDC for its commitment to health equity and workforce development to ensure a future where an increasingly diverse American public benefits from a more diverse and better trained public health workforce. The agreement applauds CDC on the 10th anniversary of the CDC Undergraduate Public Health Scholars (CUPS) Program. The CUPS Program is hereby renamed the John R. Lewis CDC Undergraduate Public Health Scholars Program.

**Rural Health.**—The agreement requests CDC assess and submit a report within 180 days of enactment of this Act on the agency’s rural-focused efforts and how to strengthen such efforts. The report shall include a review of CDC’s recent work to address public health needs in rural America, a catalogue of CDC staff who have been specifically devoted to these activities, and a professional budget justification of what additional activities CDC would undertake in this area, given additional resources.

NATIONAL INSTITUTES OF HEALTH (NIH)

The agreement provides \$44,959,000,000 for NIH, including \$496,000,000 from the 21st Century Cures Act (P.L. 114-255), an increase of \$2,250,000,000, or 5.3 percent, above fiscal year 2021. The agreement provides a funding increase of no less than 3.4 percent above fiscal year 2021 to every Institute and Center (IC).

The agreement appropriates funds authorized in the 21st Century Cures Act. Per the authorization, \$194,000,000 is transferred to the National Cancer Institute (NCI) for cancer research; \$76,000,000 to the National Institute of Neurological Disorders and Stroke (NINDS) and \$76,000,000 to the National Institute on Mental Health (NIMH) for the BRAIN Initiative; and \$150,000,000 will be allocated from the NIH Innovation Fund for the All of Us precision medicine initiative.

The Common Fund is supported as a set-aside within the Office of the Director at \$657,401,000. In addition, \$12,600,000 is provided to support pediatric research as authorized by the Gabriella Miller Kids First Research Act (P.L. 113-94).

The agreement directs NIH to include updates on the following research, projects, and programs in the fiscal year 2023 Congressional Justification: closing congenital heart disease research gaps; efforts to enhance childhood cancer research efforts, including coordination efforts already underway through the Trans-NIH Pediatric Research Consortium; Environmental Influences on Child Health Outcomes (ECHO), including progress made by ECHO-funded research and efforts to include a larger representation of indigenous children into the national cohort;

hearing health screening for older adults; maternal infections; efforts to modernize and improve the Surveillance, Epidemiology and End Results Registry; and multiple sulfatase deficiency.

NATIONAL CANCER INSTITUTE (NCI)

**Cancer Survivorship.**—The agreement urges NCI to address the unique needs of cancer survivors by continuing to allocate robust funding for Cancer Survivor Support Programs.

**Childhood Cancer Data Initiative (CCDI).**—The agreement includes \$50,000,000 for the third year of the CCDI.

**Childhood Cancer STAR Act.**—The agreement includes no less than \$30,000,000 for continued implementation of sections of the Childhood Cancer Survivorship, Treatment, Access, and Research (STAR) Act.

**Deadliest Cancers.**—The agreement directs NIH to provide a status update and timeline for the scientific framework (for gastric, esophageal, and gastroesophageal junction cancers) within 60 days of enactment of this Act.

**Cancer Success Rates.**—The agreement supports NCI’s leading role in advancing cancer research and is encouraged by the scientific breakthroughs in genomics, computational science, immunotherapy, and bioengineering made possible through appropriations over the last decade. The agreement further understands that these scientific advancements have led to a substantial increase in NCI grant applications. To address this ongoing issue, the agreement provides an additional \$150,000,000 to NCI.

**Reducing Native American Cancer Disparities.**—The agreement urges NCI to continue to support and expand research efforts focused on reducing cancer disparities among Native American populations, which experience overall cancer incidence and mortality rates which are much higher than non-Native populations. The agreement encourages NCI to continue to support efforts to develop durable capacity for Tribally-engaged cancer disparities research through an integration of research, education, outreach, and clinical access.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI)

**Cardiovascular Disease Research.**—The agreement remains concerned about the prevalence of cardiovascular disease among Americans and supports research into cutting-edge cardiovascular research and drug discovery. This research should focus across disciplines of medicine, immunology, imaging, chemistry, biomedical engineering, physics, statistics, mathematics, and entrepreneurship to design new therapies and therapy delivery systems and strategies that are safer, more effective, and improve patient compliance.

**Community Engagement Alliance Against COVID-19 Disparities (CEAL) Initiative.**—The agreement includes \$20,000,000 for the CEAL initiative. This initiative will connect researchers with community organizations and leaders to conduct outreach and increase participation of people from underrepresented communities in clinical trials for COVID-19 treatments and vaccines.

**Congenital Heart Disease (CHD).**—The agreement encourages NHLBI to prioritize CHD activities outlined in its strategic plan, including improving understanding of outcomes and co-morbidities, modifying treatment options across the lifespan, and accelerating discovery, analysis, and translation by leveraging CHD registries and networks.

**Hemophilia.**—The agreement encourages NHLBI to pursue the recommended research agenda from the 2018 State of the Science Workshop, such as longitudinal studies to determine the factors that influence inhibitor development.

*Hypertension Prevention Research.*—The agreement recommends that NIH prioritize research funding on the impacts of exercise and aspirin on hypertension.

*Lymphedema (LE).*—The agreement directs NHLBI to increase support for research on LE and to establish a Research Condition Disease Categorization category for research related to lymphedema.

*National Commission on Lymphatic Diseases.*—The agreement directs NIH to establish a National Commission on Lymphatic Diseases and to engage with relevant Institutes, Centers, and external stakeholders in establishing this Commission. The agreement directs NIH to provide an update on progress to establish the Commission within 60 days of the enactment of this Act.

*Pulmonary Fibrosis (PF).*—The agreement recognizes that pulmonary fibrosis encompasses more than 200 different lung diseases that have many similarities despite having a variety of causes. This heterogeneity presents significant challenges for diagnosis and treatment. Accordingly, the agreement is pleased that the Institute-funded PRECISIONS study, which is testing a potential new treatment and aims to identify genetic variants for certain forms of PF, has moved ahead notwithstanding the challenges posed by the COVID-19 pandemic. Given the grim prognosis for most PF patients, the agreement also recognizes the critical need for other areas of research, particularly on common fibrosis pathways, as well as patient-centered clinical research. With additional resources and focus, additional disease mechanisms can be identified, which would allow for enhanced patient-centered care for all of those affected by PF. The agreement requests an update in the fiscal year 2023 Congressional Justification.

*Pulmonary Hypertension.*—The agreement encourages NHLBI to continue supporting research into this devastating condition and work with stakeholders to advance priorities such as better understanding disease progression and the relationship to COVID-19, and improving patient care management and clinical outcomes.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH (NIDCR)

*National Dental Practice-Based Research Network (NDPBRN).*—The agreement recommends that the NIDCR continues funding support of NDPBRN.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES (NIDDK)

*Type 1 Diabetes.*—Given the growing prevalence of diabetes, the agreement is concerned that additional research is needed to determine how to improve the treatment of diabetic foot ulcers to reduce amputations, and urges NIDDK to support such efforts. Further, given the aging population, the agreement urges NIDDK to work with NIA to explore the relationship between diabetes and neurocognitive conditions, such as dementia and Alzheimer's disease.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE (NINDS)

*Frontotemporal Degeneration Research (FTD).*—The agreement encourages NIH to continue to support a multi-site network of clinical centers to study genetic and sporadic cases of FTD and maintain progress toward biomarker discovery and drug development in clinical trials. To maximize the value of public investment in these projects and other research, the agreement encourages NIH to improve the secure sharing of data and biological samples from clinical and research settings in a uniform manner, making sure to include all forms of dementia, as different dementias can have similar root causes and pathologies. Development of

a data biosphere that supports broad sharing of datasets will enable the broader community of researchers to bring their expertise to bear on the challenges currently confronting Alzheimer's disease and related dementia disorders. The agreement also urges NIH to support efforts to ensure that federally funded dementia research will benefit all families impacted by FTD and other neurodegenerative diseases, regardless of age, racial, ethnic, cultural, socioeconomic, and geographic background.

*Opioids, Stimulants, and Pain Management.*—The agreement includes no less than the fiscal year 2021 level for the HEAL Initiative.

*Pain and Addiction Collaborative Research.*—The agreement recommends that NIH encourage collaborative research awards through NINDS and the NIDA for pain and addiction treatment and research.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID)

*Cellular Immunity.*—The agreement supports NIAID advancing efforts to incorporate cell-mediated immunity assessment into the wide range of intramural and extramural COVID-19 studies conducted and supported by NIH, including but not limited to vaccine schedule studies and understanding post-acute sequelae of SARS-CoV-2 infection.

*Centers for AIDS Research.*—The agreement includes \$71,000,000, an increase of \$10,000,000, for this activity as part of the Ending the HIV Epidemic initiative.

*Consortium of Food Allergy Research (CoFAR).*—The agreement includes \$9,100,000, an increase of \$3,000,000, for CoFAR to expand its clinical research network to add new centers of excellence in food allergy clinical care and to select such centers from those with proven expertise in food allergy research.

*Herpes Simplex Virus.*—The agreement is concerned with the correlation between Herpes Simplex Virus and cognitive decline, including a growing body of research indicating HSV as a contributing factor to Alzheimer's disease, Encephalitis, and Bell's Palsy, among other neurodegenerative diseases. The agreement encourages NIAID to prioritize research and development of curative approaches to Herpes Simplex Virus.

*Lyme Disease and Other Tick-Borne Diseases.*—The agreement includes a \$18,000,000 increase for Lyme Disease and other tick-borne illnesses research. The agreement encourages NIAID to use these funds to prioritize the support of meritorious research that informs a better understanding of Lyme disease pathogenesis and encourages the development of improved diagnostics and vaccines. The agreement directs NIH to leverage this understanding to develop new tools that can more effectively prevent, diagnose, and treat Lyme disease, including long-term effects, and other tick-borne diseases. The agreement encourages the promotion and development of potential vaccine candidates for Lyme disease and other tick-borne diseases. The agreement directs NIH to conduct research to better understand modes of transmission for Lyme and other tick-borne diseases, including vertical transmission. The agreement urges NIH to incentivize new investigators to enter the field of Lyme disease and other tick-borne disease research. The agreement directs NIH to coordinate with CDC on publishing reports that assess diagnostic advancements, methods for prevention, the state of treatment, and links between tick-borne disease and psychiatric illnesses.

*Regional Biocontainment Laboratories (RBL).*—The agreement directs \$52,000,000 to be evenly divided among the 12 RBLs to support efforts to prevent, prepare for, and respond to infectious disease outbreaks, in-

cluding, but not limited to: (1) conducting research on developing testing for antiviral compounds, new vaccines, and point of care tests; (2) conducting research on validating methods for identifying suitable convalescent plasma for screening donors and other prophylactic methods to prevent infections; (3) supporting operations costs and facilities upgrades for purchase of equipment to speed drug discovery and testing; and (4) training new researchers in biosafety level 3 practices.

*Responding to Infectious Diseases.*—The agreement provides no less than \$540,000,000, an increase of \$15,000,000, to support NIAID research to combat antimicrobial resistance (AMR) and the training of new investigators to improve AMR research capacity as outlined in the 2020-2025 National Action Plan to Combat Antibiotic-Resistant Bacteria. The agreement directs NIAID to work with other HHS agencies to provide the briefing described under the section of the explanatory statement dealing with the Office of the Secretary. In addition, NIAID should describe the focus of its initiatives to strengthen and diversify the ID/HIV research workforce for fiscal years 2022-2023.

*SARS-CoV-2-Immunity: Understanding Diversity and Addressing Disparity.*—The agreement includes \$5,000,000 to engage with not-for-profit research institutes and/or academic institutions to undertake a series of deep immune profiling studies of individuals who acquired the SARS-CoV-2 virus in these underserved and understudied population communities with the intent of demonstrating a proven pipeline to ascertain immune dysfunction and outcomes applicable to any human condition or population.

*Universal Flu Vaccine.*—The agreement provides not less than \$245,000,000, an increase of \$25,000,000, for research to develop a universal influenza vaccine.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES (NIGMS)

*Increasing Diversity in Biomedical Research.*—The agreement provides an increase of \$6,359,000 for NIGMS for programs, including but not limited to the Maximizing Opportunities for Scientific and Academic Independent Careers, Minority Access to Research Careers, Bridges to the Baccalaureate, Undergraduate Research Training Initiative for Student Enhancement, and the new programs under development, including the Advancing Research Careers diversity program for PhD to postdoctoral transitions and the Diversity Medical Science Training Program, that train the next generation of scientists while enhancing the diversity of the biomedical research workforce and enabling promising scientists to pursue high-risk, high-reward research.

*Institutional Development Awards (IDeA).*—The agreement provides \$410,453,000, an increase of \$13,384,000, for the IDeA program.

EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT (NICHD)

*Impact of COVID-19 on Children.*—The agreement includes an increase of \$7,500,000 for NICHD to support additional research into multisystem inflammatory syndrome in children (MIS-C) and other ways in which COVID-19 affects children.

*Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone (IMPROVE) Initiative.*—The agreement includes \$43,400,000, an increase of \$30,000,000, for the IMPROVE Initiative.

*Physical Activity Promotion and Obesity Prevention for Preschool Children.*—The agreement encourages NIH to support research to identify sustainable physical activity interventions for preschool children.

*Research in Pregnant and Lactating Women.*—The agreement includes \$1,500,000

within NICHD to contract with the National Academies of Science, Education, and Medicine (NASEM) to convene a panel with specific legal, ethical, regulatory, and policy expertise to develop a framework for addressing medicolegal and liability issues when planning or conducting research specific to pregnant people and lactating people. Specifically, this panel should include individuals with ethical and legal expertise in clinical trials and research; regulatory expertise; plaintiffs' attorneys; pharmaceutical representatives with tort liability and research expertise; insurance industry representatives; Federally funded researchers who work with pregnant and lactating women; representatives of institutional review boards; and health policy experts.

NATIONAL INSTITUTE ON AGING (NIA)

*Addressing Participant Diversity in Clinical Trials.*—The agreement encourages NIH to establish an operating efficiency working group to conduct an assessment of NIA's internal infrastructure needs related to research operations, recruitment and engagement—with an emphasis on underrepresented communities—and report back to the Committees within 180 days of enactment of this Act. This review should assess gaps related to the infrastructure needed to ensure its Federally-funded clinical trials are well-designed and accessible to underrepresented communities at greatest risk of Alzheimer's disease and related dementias and outline the resources needed to address identified gaps, including the appropriate staffing levels needed to support research optimization, grant oversight, and compliance.

*Alzheimer's Disease and Related Dementias.*—The agreement provides an increase of \$289,000,000. Within 30 days of release of the fiscal year 2023 budget, NIA is directed to provide the Committees a summary of specific accomplishments it has achieved in ADRD research and its priorities for the coming year. These will focus on specific scientific questions NIA has answered in the past year, expects to answer in the next two years, and would use the funding requested in fiscal year 2023 to answer in its pursuit of treatments and a cure. NIA is directed to provide similar specific details to the Committees within 60 days of enactment of this Act for its fiscal year 2023 Professional Judgement Budget that it released in August 2021, and in future Professional Judgement Budgets. The agreement requests the NASEM to brief the Committees within 60 days of enactment of this Act on the resources it could bring to support efforts to identify and pursue the most promising areas of research into preventing and treating ADRD.

*Center on Exposome Studies in Alzheimer's Disease and Related Dementias (ADRD).*—The agreement directs NIA to establish research infrastructure in the form of a Center(s) on Exposome Studies in ADRD, as described in House Report 117-96, and includes \$15,000,000 to facilitate these efforts.

NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

*E-cigarettes.*—The agreement encourages NIDA to conduct interdisciplinary research on the relationship between the vaping of tobacco and marijuana, with an emphasis on risk perceptions, decision-making and neuroscience. NIDA is also encouraged to support targeted research on the use and consequences of e-cigarettes in pediatric populations.

*Opioids, Stimulants, and Pain Management.*—The agreement includes no less than \$345,295,000 for the HEAL Initiative.

*Medication-assisted Treatment for Methamphetamine.*—While there are currently approved medications for alcohol and opioid addiction, there remains no FDA-ap-

proved medication for methamphetamine addiction. The agreement urges NIDA to continue their ongoing trials to expeditiously find and approve a treatment for methamphetamine.

*Methamphetamine and Other Stimulants.*—The agreement encourages NIDA to examine the cardiovascular effects of methamphetamine misuse and implications for treatment, and to partner with institutions in areas with higher numbers of methamphetamine-related deaths compared to opioid-related deaths and that have demonstrated research expertise in methamphetamine and cardiovascular diseases.

*Overdose Prevention Centers.*—The agreement acknowledges the controversial nature of Overdose Prevention Centers and encourages NIDA to support research on the potential public health impacts of these centers.

*Pain and Addiction Collaborative Research.*—The agreement recommends that the NIH encourage collaborative research awards through NINDS and the NIDA for pain and addiction treatment and research.

NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

*Impact of COVID on Mental Health.*—The agreement includes an increase of \$20,000,000 for NIMH to expand research on the impact of the COVID 19 pandemic on mental health.

*Veteran Suicide Prevention.*—The agreement is aware of NIMH collaborations with the Department of Veterans Affairs (VA) and the Department of Defense (DoD) to strategically plan and coordinate research particularly around the area of suicide. The agreement encourages NIMH to continue to support research related to veteran suicide in the context of the NIMH suicide prevention portfolio, and to work with VA and DoD to identify gaps or opportunities where NIMH research may enhance suicide mitigation efforts for this at-risk population.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE (NHGRI)

*Data-sharing and Privacy.*—The agreement encourages NIH to convene a working group to determine whether there are national security risks associated with potential collaborations where individually identifiable health information of the people of the U.S. is exchanged. This working group should evaluate what types of data sharing could pose a national security risk among private, public, and academic institutions that partake in science and technology research and their research partners, with a focus on international partners. This should include a review of what circumstances would constitute a sharing of data and make recommendations regarding areas where Federal agencies can coordinate to increase education to such private and academic research institutions that partake in science and technology research to ensure the institutions can better protect themselves from national security threats with a strengthened understanding of intellectual property rights, research ethics, data misuse, as well as education on how to recognize and report such threats.

*Emerging Centers of Excellence in Genomic Sciences.*—The agreement includes no less than \$15,000,000 for this activity as described in House Report 117-96.

*Germline RUNX1 Mutations.*—The agreement commends NHGRI for collaborating with NCI to launch and maintain the RUNX1—FPD Clinical Research Study, the only longitudinal natural history study of patients with germline RUNX1 mutations and their families. This study has broad implications for the fields of hematology and oncology because it offers researchers the rare opportunity to monitor the genomic evolution of cancer within a precancerous population in real time. The agreement

urges NHGRI to provide additional resources for the study to allow more patients to participate. In addition, the agreement encourages NHGRI to continue to work towards implementation of an open-source database to share data in real-time for the benefit of the entire research community and the patients and their families searching for answers.

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH (NCCIH)

*Creative Arts Therapy.*—The agreement recognizes the potential of creative art therapies as tools to address disorders of aging. However, clinical studies on these applications either have been limited in scale, not designed within a scientific and statistically significant framework, or produced only anecdotal results. The Trans-NIH Music and Health Work Group is currently developing a toolkit to improve future clinical trials for music-based interventions to treat and prevent disorders of aging. NCCIH is directed to provide the Committees with a report within 180 days of enactment of this Act on the progress of the toolkit's development and any plans for pilot projects to test and refine the toolkit, including future funding needs.

*Pain and Pain Management Research.*—The agreement urges NIH, along with DoD and VA, to continue to support research on non-pharmacological treatments for pain management and comorbidities including opioid abuse and disorders in military personnel, veterans, and their families. The agreement urges the NIH, VA, and DoD to expand research on non-pharmacological treatments to ensure the best quality of care for veterans and service members. The Comprehensive Addiction and Recovery Act (P.L. 114-198) calls for an expansion of research and education on and delivery of complimentary and integrative health to veterans, and the NCCIH can play an important role in coordinating efforts with the VA, DoD, and other relevant agencies.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES (NIMHD)

*Cardiovascular Disease (CVD).*—CVD, including heart disease and stroke, is the leading cause of death in the U.S. and worldwide, disproportionately affecting minority populations, and accounting for approximately 1 in 3 CVD events in U.S. adults. The agreement encourages NIMHD to focus funding on reducing disparities in CVD in African Americans from the rural South and among poor people, where the burden is significant.

*Chronic Diseases and Health Disparities.*—In fiscal year 2021, NIMHD undertook an initiative to support regional comprehensive research and coordinating centers on the prevention, treatment, and management of multiple chronic diseases associated with health disparities. The agreement remains strongly supportive of this effort and includes sufficient funding for NIMHD to continue this effort in fiscal year 2022.

*Health Disparities Research.*—The agreement includes an increase of \$50,000,000 for NIMHD to support research related to identifying and reducing health disparities.

*Research Centers in Minority Institutions.*—The agreement recognizes the importance of the RCMI Research Coordination Network in ensuring that collectively, institutions can engage in multi-site collaborative research, and provides \$5,000,000 for this activity.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES (NCATS)

*Advanced Genomic Technologies.*—The agreement strongly supports NCATS, in collaboration with the NIH All of Us Research Program, continuing to apply and evaluate advanced genomic technologies, specifically long-read genome sequencing. Collaboration with multiple entities including research institutes with expertise in the application of

short-read sequencing in rare genetic disorders and depth of experience with long-read sequencing; academic and clinical institutions with the capability to identify and include family units to participate in this effort; and clinical geneticists with extensive experience in variant identification and analysis is strongly encouraged. Special emphasis should be placed on the inclusion of minority populations.

*Clinical and Translational Science Awards (CTSAs).*—The agreement includes \$606,646,000 for the CTSA program, an increase of \$19,805,000 above the fiscal year 2021 enacted level. The agreement maintains its strong support for the CTSA program and commends the national network for their efforts to modernize the translation of research into health benefits across the full spectrum of medical research, for their contributions to the COVID-19 response, and for addressing health disparities, health equity, and enhancing rural care. The agreement is concerned the recent CTSA Funding Opportunity Announcement (FOA) could alter the CTSA's strategic direction and divert appropriated resources intended for CTSA hubs. Resources provided by the agreement are intended to enhance funding for hubs, thus bolstering the national network. Therefore, NCATS is directed to ensure that any CTSA hub that has successfully recompeted through the new FOA does not receive more than a 5 percent reduction in total annual support for its core hub responsibilities. In addition, the agreement directs that all CTSA hub partner organizations that contribute key resources and expertise to a CTSA hub's translational work should continue to be treated as full partners, including treatment of their entire NIH research enterprises in the calculation of hub budgets. This will support local CTSA hubs and maintain collaborations with community organizations and research and academic partners that expand the full spectrum of research and translation, and foster innovation. Further, the agreement strongly encourages NCATS to fund expanded programs that address the significant disparities and burden of disease disproportionately affecting minority and special populations and to substantively respond. Finally, the agreement reiterates previous direction that NCATS inform the Committees prior to any planned changes to the size of hub awards, scope of the program, or strategic changes to the program, specifically noting that the Committees shall be consulted prior to any new CTSA initiatives being implemented.

*Cures Acceleration Network (CAN).*—The agreement continues its support for CAN to further reduce barriers between research discovery and clinical trials at \$60,000,000, the same as the fiscal year 2021 enacted level. The agreement urges NCATS to consider supporting activities within CAN and other NCATS' offices or divisions that focus on precision medicine—from precision prevention, to precision diagnosis, to precision therapeutics. Activities should also include the ability to generate the data to demonstrate the efficacy and cost effectiveness of precision medicine.

*Full Spectrum of Medical Research.*—The agreement supports NIH's efforts to advance the full spectrum of medical research, which ensures breakthroughs in basic science are translated into therapies and diagnostic tools that benefit patient care while disseminating cutting-edge information to the professional community. The agreement notes the importance of flagship initiatives, including CTSAs, to these important efforts.

OFFICE OF THE DIRECTOR (OD)

*All of Us Research Program/Precision Medicine Initiative.*—The agreement provides a

total of \$541,000,000 for the All of US precision medicine initiative, \$41,000,000 above the fiscal year 2021 enacted level. The agreement directs NIH to continue its efforts to recruit and retain participants from historically underrepresented populations in biomedical research, and to expand its efforts to enroll participants from geographically diverse communities. To achieve this diversity, NIH is encouraged to support additional avenues for enrollment from the Midwest and Great Plains regions that facilitate participation from both rural and urban communities. These efforts will help ensure that All of Us scientific resources reflect the rich diversity of our country and that advances made from this program will benefit the health of all Americans.

*Alternatives to Animals in Research and Testing.*—The agreement directs NIH to submit a report not later than 180 days after enactment of this Act on the programs to support the use of alternatives to animals in research, including: (1) what programs currently exist at NIH for developing, promoting, and funding alternatives to animal research and testing; and (2) a plan for including the reduction, where possible and appropriate, the number of animals used in Federally-funded research and testing.

*Alzheimer's Disease and Dementia Screening Tools.*—The agreement urges NIH to update its analysis of validated screening tools, including digital screening tools that can reliably detect mild cognitive impairment. This review should focus on identifying tools that have been developed in the time since the last assessment was conducted and on providing information to assist healthcare providers in regularly using such tools to assess the cognitive health of their patients.

*Amyotrophic Lateral Sclerosis (ALS).*—The agreement is aware of the significant need to expand scientific understanding of ALS and to translate the science more rapidly into effective treatments that can make ALS a livable disease. To achieve these outcomes as soon as possible, the agreement includes \$25,000,000 to implement the Accelerating Access to Critical Therapies for ALS Act (P.L. 117-79). The agreement directs NIH to organize a trans-agency initiative to develop an ALS research strategic plan, as described in House Report 117-96. The agreement strongly supports the Transformative Research Award program for ALS and directs the Director to continue to fund this critical initiative in fiscal year 2022. Finally, the agreement includes \$1,000,000 to commission a study by NASEM to identify and recommend actions for the public, private, and nonprofit sectors to undertake to make ALS a livable disease within a decade.

*Animal Model Validation.*—The agreement encourages NIH to provide a report to the Committees no later than one year after enactment outlining the progress of its efforts to improve animal model validation, support the development of models to improve translation, and what additional funding may be required.

*Analyzing Sex and Race/Ethnicity Differences and Long-Term Health Effects of COVID-19.*—To better understand how sex differences and race/ethnicity variables are implicated in the severity of the COVID-19 pandemic, the agreement encourages the ICs in coordination with the OD and Office of Research on Women's Health to support research that studies how sex as a biological variable and social element, and race/ethnicity variables impact short and long-term outcomes due to infection with SARS-CoV-2.

*Artificial Intelligence/Big Data.*—The agreement directs NIH to develop best practices to standardize controlled data access processes. Such an effort will streamline access, support the emerging NIH data science infra-

structure, and meet the needs of the research community while preserving the original protections agreed to when the data were collected, taking into account potential cost and burden. It should consider lessons learned from past efforts, review emerging processes and technologies being piloted by ICO repositories, and develop new potential solutions that leverage technological advancements. The agreement directs NIH, within one year after enactment of this Act, to develop and present recommendations for: potential common solutions for streamlining and centralizing controlled access mechanisms through implementation improvements and use of emerging technological advancements; make controlled access data stored in NIH-operated and supported repositories more findable and accessible; and assess the extent to which increased interoperability of controlled access repositories leads inadvertently to gaps in oversight and control, including explicit consideration of increased re-identification risk. The agreement directs ODSS and NLS to continue to provide quarterly updates to the Committees on its efforts.

*Biomedical Research Facilities.*—The agreement provides \$60,000,000 for grants to public and/or not-for-profit entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities as authorized under 42 U.S.C. section 283k.

*BRAIN Initiative.*—Overall, the agreement provides \$620,000,000 for the BRAIN Initiative, including \$152,000,000 authorized in the Cures Act. The overall funding level includes \$70,000,000 for the Human Brain Cell Atlas; \$30,000,000 for the Armamentarium for Brain Cell Access; and \$10,000,000 for the Brain Connectivity Map.

*Building Diversity in Cell Models of Human Disease.*—The agreement encourages NIH to consider funding the development of a specialized suite of ethnically diverse and tissue-specific cell lines with structures labeled for studying disease mechanism and detection. If funded, the originating cells should be collected from volunteers in a culturally sensitive manner who have consented to allow for derivation of cell line(s), distribution, and use. NIH should consider collaborating with experienced research community leaders in building cell line collections that are publicly accessible.

*Cerebral Palsy.*—The agreement strongly encourages NIH to strengthen, accelerate, and coordinate cerebral palsy research across the lifespan, including in areas identified as priorities in the 2017 NINDS/NICHD Strategic Plan for CP Research, such as basic and translational discoveries, including neuroprotective, regenerative medicine and mechanisms of neuroplasticity, as well as studies aimed at early detection and intervention, comparative effectiveness and functional outcomes. The agreement encourages that a follow-up workshop be held in 2022 in conjunction with key stakeholders to provide updates on promising research to refine the specific opportunities that were identified in the 5 to 10 year NIH strategic plan, including early detection and intervention.

*Chimera Research.*—The agreement supports NIH's funding limitation regarding the introduction of human pluripotent cells into non-human vertebrate animal pre-gastrulation stage embryos. The agreement takes seriously the bio-ethical considerations regarding the creation of human-animal chimeras and the continuation of research using these cells.

*Collection and Reporting of Animal Research Numbers and Agency Funding.*—The agreement recognizes that Congress has expressed an interest in reducing the use of nonhuman

animals in NIH-funded research and replacing animals with valid and reliable non-animal alternatives when appropriate for the science. In the National Institutes of Health Revitalization Act of 1993, Congress first requested that the agency create a plan for doing so. The agreement also recognizes the scientific community's stated commitment to the "three Rs" of replacement, reduction, and refinement. Integral to that commitment are the accurate counting of animals used in research and testing and the accurate reporting of NIH funding dedicated to projects involving animals. The agreement recognizes that it has been NIH's policy since 1985 to collect an "average daily inventory" of vertebrate animals housed in research facilities that wish to receive agency funding. The agreement understands that domestic facilities are required to file such documentation every four years as part of an Animal Welfare Assurance and that copies of the documents are available to the public only through Freedom of Information Act requests. The agreement requests a report from NIH within one year of enactment of this Act outlining a plan for collaborating with USDA to increase the accuracy and transparency of the data collected. The plan should also include details on how NIH will address any incomplete reporting of NIH funded research with animals and encourage prospective documentation of study design and analysis plans.

**Communications with the Committees.**—NIH shall consult with the Committees prior to additional changes with the Congressional liaison staff. NIH shall notify the Committees of any limitations to full compliance with directives included in a report or explanatory statement, and such notification shall be provided within 15 days of the public release of any such report or statement. In addition, NIH is directed to provide an Excel spreadsheet with the fiscal year 2022 enacted level and the fiscal year 2023 request level by Institute and Center, including all ongoing or proposed initiatives by Institute or Center, as well as any programs identified with a funding level in the fiscal year 2022 explanatory statement, when the fiscal year 2023 Congressional Justification is published.

**Cybersecurity.**—The agreement includes an increase of \$40,000,000 to strengthen cybersecurity at NIH.

**Diversity of the Biomedical Research Workforce.**—The agreement directs NIH to study, to the extent possible, the race, ethnicity, age, disability status, and career stage breakdown of the impact of COVID-19 on participation in the workforce by monitoring the types of awards received from and awarded to institutions for 2 years beginning 90 days after enactment of this Act. If pre-pandemic data on these demographics are not available, the agreement directs the NIH to collect them going forward. If the data demonstrate that fewer women are applying for grants, then it is imperative that NIH take steps to address this disparity. The agreement requests a status update to the Committees from NIH on this research in the fiscal year 2023 Congressional Justification, as well as the steps being taken to maintain the diversity of the research workforce.

**Dual Purpose/Dual Benefit Research.**—The agreement strongly urges a continued partnership between NIH, National Institute of Food and Agriculture, and the other relevant 115 Federal research and development agencies to develop a next generation inter-agency program using agriculturally important large animal species. The agreement expects NIH to continue this important cooperative partnership program to further strengthen ties between human medicine, veterinary medicine, and animal sciences, with the goal to improve animal and human

health and provide enhanced applicability and return on investment in research.

**Federal Law Enforcement.**—The agreement notes that the explanatory statement accompanying the Commerce, Justice, Science, and Related Agencies Appropriations Act, 2022 directs the Attorney General to ensure implementation of evidence-based training programs on de-escalation and the use-of-force, as well as on police community relations, and the protection of civil rights, that are broadly applicable and scalable to all Federal law enforcement agencies. The agreement further notes that several agencies funded by this Act employ Federal law enforcement officers and are Federal Law Enforcement Training Centers partner organizations. The agreement directs such agencies to consult with the Attorney General regarding the implementation of these programs for their law enforcement officers. The agreement further directs such agencies to submit a report to the Committees on Appropriations on their efforts relating to such implementation no later than 180 days after consultation with the Attorney General. In addition, the agreement directs such agencies, to the extent that they are not already participating, to consult with the Attorney General and the Director of the FBI regarding participation in the National Use-of-Force Data Collection. The agreement further directs such agencies to submit a report to the Committees on Appropriations, no later than 180 days after enactment of this Act, on their efforts to so participate.

**Firearm Injury and Mortality Prevention Research.**—The agreement includes \$12,500,000, the same level as fiscal year 2021, to conduct research on firearm injury and mortality prevention. Given violence and suicide have a number of causes, the agreement recommends NIH take a comprehensive approach to studying these underlying causes and evidence-based methods of prevention of injury, including crime prevention. All grantees under this section will be required to fulfill requirements around open data, open code, pre-registration of research projects, and open access to research articles consistent with the National Science Foundation's open science principles. The Director is to report to the Committees within 30 days of enactment of this Act on implementation schedules and procedures for grant awards, which strive to ensure that such awards support ideologically and politically unbiased research projects.

**Foreign Influence.**—To support NIH's efforts to expeditiously complete foreign influence investigations, the agreement includes \$2,500,000 for this activity within the Office of Extramural Research. The agreement directs NIH to provide biannual briefings on the progress of these investigations.

**Humane Research Alternatives.**—Recognizing that humane, cost-effective, and scientifically suitable non-animal methods are available for certain research models, the agreement directs NIH to appoint a working group to make recommendations for encouraging the use of non-animal models where appropriate in NIH intramural and extramural research, including epidemiological and clinical studies, cell-based methods, computer modeling and simulation, and human tissue studies, with consideration for complexity of the biomedical research area, and the current applicability and translatability of the non-animal model. The panel should also report on effectively moving research away from methods that rely on poorly-defined animal models to methods that rely on validated non-animal alternatives. The working group should review and recommend means of encouraging greater reliance on validated human-relevant non-animal methods/approaches that are appro-

priate for identified research areas. Membership should include individuals with proven knowledge of/experience with non-animal research methods; with proven knowledge of expertise with animal research models; with expertise in evaluating the adequacy of justifications described in research applications and proposals for why the research goals cannot be accomplished using an alternative model; and with knowledge of research animal welfare, and relevant scientific limitations. The Committee asks that NIH provide a report of the working group's findings within 180 days of enactment of this Act.

**Idea States Pediatric Clinical Trials Network.**—The agreement includes no less than the fiscal year 2021 funding level to continue this program.

**INCLUDE Initiative.**—The agreement includes no less than \$75,000,000, an increase of \$10,000,000 above the fiscal year 2021 enacted level, within OD for the INCLUDE Initiative. The agreement is pleased that this multi-year, trans-NIH research initiative has enabled significant advances in understanding immune system dysregulation, new research into the connection with Alzheimer's disease, and the creation of national Data Coordinating Center, all of which may dramatically improve the health and quality of life of individuals with Down syndrome as well as millions of typical individuals. The agreement encourages NIH to pursue some of the most neglected areas of research and care such as health disparities for African Americans with Down syndrome, mosaic Down syndrome, those with the dual diagnosis of Down syndrome and autism, and new studies on metabolic dysregulation. The agreement requests the Director provide an updated plan within 60 days of enactment of this Act that includes a timeline, description of potential grant opportunities and deadlines for all expected funding opportunities so that young investigators and new research institutions may be further encouraged to explore research in this space. This plan should also incorporate and increase pipeline research initiatives specific to Down syndrome.

**Long Haul COVID-19.**—The agreement directs NIH to post on its website a summary of the status of the RECOVER Initiative at least every 6 months and, as appropriate, any findings from the study.

**Chimpanzee Maintenance, Care, and Transportation.**—The agreement directs NIH to provide a report to the Committees quarterly, beginning no later than June 1, 2022, that shall include: (1) the number of chimpanzees transported to the national sanctuary over the last quarter; (2) a census of all government-owned and supported chimpanzees, remaining, if any, at the Alamogordo Primate Facility (APF), the Keeling Center for Comparative Medicine and Research (KCCMR), or the Southwest National Primate Research Center (SNPRC); and (3) a list of any chimpanzee deaths, including details on the cause of death and the specific rationale behind any euthanasia decisions, that have occurred at any time after January 1, 2020, at APF, KCCMR, SNPRC, and the national sanctuary system.

**Mucopolysaccharide (MPS) Diseases.**—The agreement encourages expanded research of treatments for neurological, inflammatory, cardiovascular, and skeletal manifestations of MPS, with an emphasis on gene therapy. The agreement encourages the NIH, NCATS, and NINDS to increase funding to grantees to incentivize MPS research, particularly given the aging and small population of current researchers.

**Office of AIDS Research.**—The agreement includes no less than \$3,194,000,000 across NIH for HIV/AIDS research.

**Office of Behavioral and Social Sciences Research (OBSSR).**—The agreement includes \$38,932,000 for OBSSR.

*Office of Research on Women's Health (ORWH).*—The agreement includes \$59,480,000 for ORWH. Within this amount, the agreement includes \$4,000,000 for the Building Interdisciplinary Research Careers in Women's Health (BIRCWH) program to fund additional BIRCWH fellows at existing sites with a goal of increasing the diversity of the scholars, sites, and research areas supported by the program, and to expand the number of sites to increase the number and skills of investigators who conduct research on sex influences on health and disease.

*Office of the Chief Officer for Scientific Workforce Diversity (COSWD).*—The agreement includes \$16,190,000 to the Office of the COSWD.

*Osteopathic Medical Schools.*—The agreement recognizes that increased access to research funding for the osteopathic profession will significantly bolster NIH's capacity to support robust recovery from the COVID-19 pandemic, address health disparities in rural and medically underserved populations, and advance research in primary care, prevention, and treatment. The agreement requests an update on the current status of NIH funding to colleges of osteopathic medicine and representation of doctors of osteopathic medicine on NIH National Advisory Councils and standing study sections in the fiscal year 2023 Congressional Justification.

*Pediatric Clinical Trials Authorized under Best Pharmaceuticals for Children Act.*—The agreement directs that funding authorized by the Best Pharmaceuticals for Children Act (P.L. 107-109) include research to prepare for and conduct clinical trials.

*Postural Orthostatic Tachycardia Syndrome (POTS).*—Approximately one-third of individuals infected with SARS-CoV-2 are developing long-lasting symptoms referred to as post-acute sequelae of SARS-CoV-2 (PASC). A significant portion of individuals with PASC experience moderate to severe autonomic nervous system dysfunction 6 months after the onset of infection. Reports suggest that the most common type of autonomic nervous system dysfunction in PASC patients is POTS. There are no FDA approved treatments for POTS or PASC associated autonomic nervous system dysfunction at this time, and patients suffer with significant disability and a poor quality-of-life. The agreement encourages NIH to ensure that the \$1,150,000,000 investment Congress has provided to NIH for PASC research is used, in part, to identify how viruses like SARS-CoV-2 result in autonomic nervous system dysfunction, such as POTS, and how we can most effectively treat PASC associated autonomic nervous system dysfunction, including PASC associated POTS. The agreement encourages NIH to leverage the expertise of research centers that have previously studied post-viral POTS in pursuing these important research questions.

*Prenatal Opioid Use Disorders and Neonatal Abstinence Syndrome (NAS).*—The agreement encourages NIH to coordinate with other agencies at HHS to support additional research on prevention, identification, and treatment of prenatal opioid exposure and NAS, including the best methods for screening and treating pregnant women for opioid use disorder and the best methods for screening for NAS. Additionally, the agreement encourages NIH to build on the ACT NOW study to enhance understanding of the impact of pharmacological and non-pharmacological treatment techniques on costs and outcomes in the short-term and longitudinally. The agreement further encourages NIH to coordinate with other agencies at HHS to support research on innovative care models to optimize care and long-term outcomes for families.

*Preventing Chronic Disease in Rural Areas.*—The agreement urges NIH support research

to improve outcomes for rural patients with chronic illnesses and improve abilities of families of these patients to support their treatments.

*Radiopharmaceuticals.*—The agreement encourages NIH to explore the use of new isotopes and novel applications for radiopharmaceuticals and leverage next-generation advanced manufacturing techniques for isotope production being made by DOE-funded research universities and National Laboratories.

*Rare Disease Research.*—The agreement urges NIH to expand research on rare genetic and chromosomal abnormalities, such as 7q11.23 Duplication Syndrome and Hereditary Spastic Paraparesis 49. The agreement requests an update on these activities in the fiscal year 2023 Congressional Justification.

*Research Involving Enhanced Potential Pandemic Pathogens.*—The agreement supports a robust evaluation of whether the HHS Framework for Guiding Funding Decisions about Proposed Research Involving Enhanced Potential Pandemic Pathogen Care and Oversight has achieved its intended purpose and whether the scope of research it covers is sufficient. The agreement directs HHS and NIH to convene the National Science Advisory Board for Biosecurity and conduct such a review.

*State of Bereavement Care.*—The agreement is aware of research indicating that individuals and families suffer severe health, social, and economic declines following the death of a loved one—be it a child, sibling, spouse, or parent. The agreement encourages OMH, ACF, CDC, CMS, HRSA, IHS, NIH, and SAMHSA to examine their activities to advance bereavement care for families, including prevalence of bereavement events and the details of those events (what relationships are impacted, how the loved one died and at what age), risk factors and associated health events or outcomes, biological or physiological changes in wellbeing, and what interventions, or programs could help functional coping or adaptive processing.

*Strategic Plan.*—The agreement recognizes that NIH should carefully consider national security considerations when developing and executing their NIH-wide Strategic Plan.

*Temporomandibular Disorders (TMD).*—The agreement strongly encourages OD to establish a National Collaborative Research Consortium for TMDs to coordinate, fund, and translate basic and clinical research. Research priorities may include improvements to clinical outcomes; facial pain and sex factors; population-based research to further understand the burden and costs of TMDs; comparative effectiveness research on TMD treatments; and artificial intelligence and novel data approaches.

*Trans-NIH Pediatric Research Consortium (N-PeRC).*—The agreement requests a report within 180 days after enactment of this act on how N-PeRC plans to support studies of the physical, mental and behavioral health impacts of COVID-19 on children, including multisystem inflammatory syndrome in children, as well as plans for N-PeRC's focus over the coming 3 years.

*Tribal Health Research Office.*—The agreement recognizes the important work of the Tribal Health Research Office, but is concerned that no such analogous office exists to support Native Hawaiians (NH). The agreement encourages OD, in coordination with NIMHD and other ICs, to prioritize addressing the research needs of NH and to partner with entities with a proven track record of working closely with NH communities and organizations, which will allow for the development of NH researchers.

*Tuberous Sclerosis Complex (TSC).*—The agreement acknowledges NIH's updated 2016 TSC Research Plan and progress advancing

the plan. NIH should encourage research opportunities in the five key areas prioritized by workshop participants. Because TSC impacts multiple organ systems, the agreement encourages the Director to coordinate the participation of ICs on a research strategy aimed at addressing the medical and neuropsychological burdens associated with TSC while deciphering the biology underlying phenotypic heterogeneity. The agreement encourages NICHD to facilitate development of a viable newborn screening assay for TSC. The agreement encourages the Director to apply recommendations from the 2017 Neurodevelopmental Disorders Biomarkers Workshop to take advantage of biomarker expertise and lessons learned across disease groups, the 2018 Accelerating the Development of Therapies for Anti-Epileptogenesis and Disease Modification workshop for which TSC is a model disorder given the ability to diagnose TSC prior to onset of epilepsy, and the 2020 Curing the Epilepsies workshop which highlighted TSC as one of the best opportunities to prevent epilepsy.

BUILDINGS AND FACILITIES

The recommendation includes \$250,000,000 for buildings and facilities. The agreement directs NIH to continue to provide quarterly updates of its efforts to develop best practices and its maintenance and construction plans for projects whose cost exceeds \$3,500,000, including any changes to those plans and the original baseline estimates for individual projects. It also directs NIH to describe in its fiscal year 2023 and future Congressional Justifications how the projects requested in its budgets tie to its capital planning process, including the RFAC's role in determining which projects are selected for including in the budget.

The agreement increases the amount of funding appropriated to Institutes and Centers that may be used for repairs and improvements from \$45,000,000 to \$100,000,000 and raises the per project cap from \$3,500,000 to \$5,000,000.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

MENTAL HEALTH

*Certified Community Behavioral Health Clinics.*—The agreement includes increased funding.

*Mental Health Block Grant.*—The agreement again includes a five percent set-aside of the total for evidence-based crisis care programs as described in House Report 117-96.

*National Child Traumatic Stress Initiative.*—The agreement includes an increase and directs SAMHSA to follow the directives in House Report 117-96.

Within the total provided for Mental Health Programs of Regional and National Significance (PRNS), the agreement includes the following amounts:

Budget Activity	FY 2022 Agreement
Capacity:	
Seclusion and Restraint .....	\$1,147,000
Project AWARE .....	120,001,000
Mental Health Awareness Training .....	24,963,000
Behavioral Health Crisis and 988 Coordinating Office ...	5,000,000
Mental Health Crisis Response Grants .....	10,000,000
Healthy Transitions .....	29,451,000
Infant and Early Childhood Mental Health .....	10,000,000
Interagency Task Force on Trauma Informed Care .....	1,000,000
Children and Family Programs .....	7,229,000
Consumer and Family Network Grants .....	4,954,000
Project LAUNCH .....	23,605,000
Mental Health System Transformation .....	3,779,000
Primary and Behavioral Health Care Integration .....	52,877,000
National Strategy for Suicide Prevention .....	23,200,000
Zero Suicide .....	21,200,000
American Indian and Alaska Native .....	2,400,000
Suicide Lifeline .....	101,621,000
Garrett Lee Smith—Youth Suicide Prevention—States ..	38,806,000
Garrett Lee Smith—Youth Suicide Prevention—Campus ..	6,488,000
American Indian and Alaskan Native Suicide Prevention Initiative .....	2,931,000
Tribal Behavioral Grants .....	20,750,000
Homelessness Prevention Programs .....	30,696,000



DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2022

(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Infectious Diseases Rapid Response Reserve Fund...	10,000	35,000	20,000	+10,000	-15,000
Public Health Infrastructure and Capacity.....	---	400,000	200,000	+200,000	-200,000
Subtotal.....	(283,570)	(708,570)	(493,570)	(+210,000)	(-215,000)
Total, Centers for Disease Control and Prevention.....	7,018,654	8,510,219	7,553,904	+535,250	-956,315
Discretionary.....	6,963,296	8,454,861	7,498,546	+535,250	-956,315
Evaluation Tap Funding (NA).....	---	(139,000)	---	---	(-139,000)
Prevention and Public Health Fund 1/.....	(856,150)	(903,300)	(903,300)	(+47,150)	---
Total, Centers for Disease Control Program Level	(7,874,804)	(9,552,519)	(8,457,204)	(+582,400)	(-1,095,315)
<b>NATIONAL INSTITUTES OF HEALTH</b>					
National Cancer Institute (NCI).....	6,364,852	6,539,302	6,718,522	+353,670	+179,220
NIH Innovation Account, CURES Act 2/.....	195,000	194,000	194,000	-1,000	---
Subtotal, NCI.....	6,559,852	6,733,302	6,912,522	+352,670	+179,220
National Heart, Lung, and Blood Institute (NHLBI).....	3,664,811	3,845,681	3,808,494	+143,683	-37,187
National Institute of Dental and Craniofacial Research (NIDCR).....	484,867	516,197	501,231	+16,364	-14,966
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).....	2,131,975	2,219,298	2,203,926	+71,951	-15,372
Juvenile Diabetes (mandatory).....	(150,000)	(150,000)	(150,000)	---	---

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2022

(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
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Subtotal, NIDDK.....	2,281,975	2,369,298	2,353,926	+71,951	-15,372
National Institute of Neurological Disorders and Stroke (NINDS).....	2,463,393	2,707,300	2,535,370	+71,977	-171,930
NIH Innovation Account, CURES Act2/.....	50,000	76,000	76,000	+26,000	---
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Subtotal, NINDS.....	2,513,393	2,783,300	2,611,370	+97,977	-171,930
National Institute of Allergy and Infectious Diseases (NIAID).....	6,069,619	6,245,926	6,322,728	+253,109	+76,802
National Institute of General Medical Sciences (NIGMS) Evaluation Tap Funding.....	1,719,912 (1,271,505)	1,824,598 (1,271,505)	1,783,060 (1,309,313)	+63,148 (+37,808)	-41,538 (+37,808)
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Subtotal, NIGMS.....	2,991,417	3,096,103	3,092,373	+100,956	-3,730
National Institute of Child Health and Human Development (NICHD).....	1,590,337	1,942,117	1,683,009	+92,672	-259,108
National Eye Institute (NEI).....	835,714	858,535	863,918	+28,204	+5,383
National Institute of Environmental Health Sciences (NIEHS).....	814,675	937,107	842,169	+27,494	-94,938
National Institute on Aging (NIA).....	3,899,227	4,035,591	4,219,936	+320,709	+184,345
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS).....	634,292	680,186	655,699	+21,407	-24,487
National Institute on Deafness and Other Communication Disorders (NIDCD).....	498,076	511,792	514,885	+16,809	+3,093
National Institute of Nursing Research (NINR).....	174,957	199,755	180,862	+5,905	-18,893



DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2022

(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
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National Institute on Alcohol Abuse and Alcoholism (NIAAA).....	554,923	570,165	573,651	+18,728	+3,486
National Institute on Drug Abuse (NIDA).....	1,479,660	1,852,503	1,595,474	+115,814	-257,029
National Institute of Mental Health (NIMH).....	2,053,708	2,137,574	2,140,976	+87,268	+3,402
NIH Innovation Account, CURES Act2/.....	50,000	76,000	76,000	+26,000	---
Subtotal, NIMH.....	2,103,708	2,213,574	2,216,976	+113,268	+3,402
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National Human Genome Research Institute (NHGRI).....	615,780	632,973	639,062	+23,282	+6,089
National Institute of Biomedical Imaging and Bioengineering (NIBIB).....	410,728	422,039	424,590	+13,862	+2,551
National Center for Complementary and Integrative Health (NCCIH).....	154,162	184,323	159,365	+5,203	-24,958
National Institute on Minority Health and Health Disparities (NIMHD).....	390,865	652,244	459,056	+68,191	-193,188
John E. Fogarty International Center (FIC).....	84,044	96,322	86,880	+2,836	-9,442
National Library of Medicine (NLM).....	463,787	474,864	479,439	+15,652	+4,575
National Center for Advancing Translational Sciences (NCATS).....	855,421	878,957	882,265	+26,844	+3,308
Subtotal, NCATS.....	855,421	878,957	882,265	+26,844	+3,308
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Office of the Director.....	2,411,110	2,237,259	2,616,520	+205,410	+379,261
Common Fund (non-add).....	(635,939)	(645,939)	(657,401)	(+21,462)	(+11,462)
Office for Research on Women's Health (non-add)...	(43,925)	(52,303)	(59,480)	(+15,555)	(+7,177)
Gabriella Miller Kids First Research Act (Common Fund add).....	12,600	12,600	12,600	---	---
NIH Innovation Account, CURES Act 2/.....	109,000	150,000	150,000	+41,000	---

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2022

(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Advance Research Projects Agency for Health (ARPA-H) ..	---	6,500,000	---	---	-6,500,000
Buildings and Facilities.....	200,000	250,000	250,000	+50,000	---
Transfer from Nonrecurring Expense Fund.....	(225,000)	---	---	(-225,000)	---
Subtotal, Buildings and Facilities.....	425,000	250,000	250,000	-175,000	---
Total, National Institutes of Health (NIH).....	41,437,495	50,461,208	43,649,687	+2,212,192	-6,811,521
(Evaluation Tap Funding).....	(1,271,505)	(1,271,505)	(1,309,313)	(+37,808)	(+37,808)
Total, NIH Program Level.....	42,709,000	51,732,713	44,959,000	+2,250,000	-6,773,713
Transfers from Nonrecurring Expenses Fund.....	(225,000)	---	---	(-225,000)	---
Total, NIH Program Level (with transfer).....	42,934,000	51,732,713	44,959,000	+2,025,000	-6,773,713