

**Radiation Exposure in Medical Procedures.**—The agreement requests the report directed in House Report 117–403 to reflect consultation with EPA and FDA.

**Total Worker Health.**—The agreement provides an increase of \$1,000,000 to expand the program.

GLOBAL HEALTH

The agreement provides \$692,843,000 for Global Health activities. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2023 Agreement
Global AIDS Program .....	\$128,921,000
Global Tuberculosis .....	11,722,000
Polio Eradication .....	180,000,000
Measles and Other Vaccine Preventable Diseases .....	50,000,000
Parasitic Diseases and Malaria .....	29,000,000
Global Public Health Protection .....	293,200,000

**Global Public Health Protection.**—The agreement includes an increase and recognizes CDC’s unique role in supporting public health capacity development.

**Parasitic Diseases and Malaria.**—The agreement includes an increase to enhance parasitic diseases and malaria activities.

**Polio Eradication.**—The agreement includes an increase to support CDC activities related to wild poliovirus and vaccine-derived polio surveillance, vaccine procurement, and outbreak response. CDC is urged to continue to provide technical assistance to countries for polio immunization campaigns, conduct environmental surveillance of polio viruses to ensure prompt detection and to prevent potential outbreaks of paralytic polio disease.

**Population-based Surveillance Platforms.**—The agreement includes \$7,000,000, an increase of \$3,000,000 from within the increase for Global Public Health Protection, to support existing longitudinal population-based infectious disease surveillance platforms that enable comparative analysis between urban and rural populations in the developing world.

**Soil Transmitted Helminth (STH) and Related Diseases of Poverty.**—The agreement includes \$1,500,000 to extend the currently funded CDC projects aimed at surveillance, source remediation and clinical care to assess and reduce STH or other parasitic infections related to health disparities.

**Tuberculosis.**—The agreement includes an increase to advance tuberculosis prevention, diagnosis, and treatment efforts.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

The agreement provides \$883,200,000 for public health preparedness and response activities. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2023 Agreement
Public Health Emergency Preparedness Cooperative Agreement .....	\$735,000,000
Academic Centers for Public Health Preparedness... ..	9,200,000
CDC Preparedness and Response .....	139,000,000

**CDC Preparedness and Response.**—The agreement provides \$21,900,000 in the Public Health and Social Services Emergency Fund for HHS Protect for the activities directed in House Report 117–403.

**Public Health Emergency Preparedness Cooperative Agreement.**—The agreement includes an increase for cooperative agreement awards.

BUILDINGS AND FACILITIES

The agreement provides \$40,000,000 in discretionary budget authority.

**Buildings and Facilities.**—The agreement includes funding to make progress on CDC’s backlog of maintenance and repairs, including at its Atlanta campuses. The agreement supports the completion of the Atlanta Masterplan Build Out.

**Mine Safety Research Facility.**—The agreement notes bill language and funding to support the design and construction of a mine safety research facility to replace the Lake Lynn Experimental Mine and Laboratory were provided in fiscal years 2021 and 2022. 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 for total costs until completion of the facility. Further, upon CDC’s completion of the purchase of property for the new mine safety research facility, the agreement directs HHS to fund the design and construction of the facility from the Nonrecurring Expenses Fund.

CDC-WIDE ACTIVITIES

The agreement provides \$723,570,000 for CDC-wide activities, which includes \$563,570,000 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 2023 Agreement
Preventive Health and Health Services Block Grant .....	\$160,000,000
Public Health Leadership and Support .....	128,570,000
Infectious Disease Rapid Response Reserve Fund .....	35,000,000
Public Health Infrastructure and Capacity .....	350,000,000
Center for Forecasting and Outbreak Analytics .....	50,000,000

**Infectious Disease Rapid Response Reserve Fund (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. CDC is directed to provide a spend plan in conjunction with the Congressional notification required 15 days in advance of any transfer or obligation. The spend plan shall include estimates of anticipated uses of funds, including estimated personnel and administrative costs, disaggregated by program, project, or activity. CDC is required to provide quarterly reports, pursuant to P.L. 115–245, and the agreement directs CDC to make every effort to provide such reports on-time. Additionally, CDC is directed to provide information in each quarterly report on all amounts available in the Reserve Fund for the current fiscal year and the preceding two fiscal years, including (1) obligations by object class categories; (2) with respect to such obligations, the notification to which it relates; and (3) the total amount unobligated in the Reserve Fund.

**Local Health Departments.**—The agreement notes that Federal funding intended for both State and local health departments does not consistently reach local health departments beyond those directly funded. The agreement encourages CDC to require States to fund local health departments when programatically appropriate.

**Public Health Infrastructure and Capacity.**—The agreement provides an increase of \$150,000,000 for this disease-agnostic resource. The agreement directs that no less than 70 percent of this funding be awarded to health departments.

**Public Health Leadership and Support.**—The agreement includes an increase to support CDC’s foundational public health activities and to facilitate partnerships. The agreement commends CDC for its commitment to the development of a diverse healthcare and public health workforce. The agreement provides an increase of \$3,500,000 to expand the John R. Lewis CDC Undergraduate Public Health Scholars Program, including the opportunity for more HBCUs to participate, as well as tribal colleges and universities. In addition, the agreement provides \$5,000,000 to establish an Office of Rural Health (ORH). The ORH will enhance the implementation of

CDC’s rural health portfolio, coordinate efforts across CDC programs, and develop a strategic plan for rural health at CDC that maps the way forward both administratively and programmatically. The agreement encourages ORH to accelerate innovation, make scientific and communication resources tailored to current rural public health needs, build and improve public health functions and service delivery and provide leadership in matters of public health infrastructure.

NATIONAL INSTITUTES OF HEALTH (NIH)

The agreement provides \$47,459,000,000 for NIH, including \$1,085,000,000 from the 21st Century Cures Act (P.L.114–255, Cures Act), an increase of \$2,500,000,000, or 5.6 percent, above the fiscal year 2022 enacted level. The agreement provides a funding increase of no less than 3.8 percent above the fiscal year 2022 enacted level to every Institute and Center (IC). Per the Cures Act, \$216,000,000 is transferred to the National Cancer Institute (NCI) for cancer research; \$225,000,000 to the National Institute of Neurological Disorders and Stroke (NINDS) and \$225,000,000 to the National Institute on Mental Health (NIMH) for the BRAIN Initiative; and \$419,000,000 to the Office of the Director (OD) for the *All of Us* precision medicine initiative.

The agreement directs NIH to include updates on the following research, projects, and programs in the fiscal year 2024 Congressional Justification: metastatic breast cancer; NCI’s plans to update the Surveillance, Epidemiology, and End Results Registry; pulmonary fibrosis; cellular immunity; and opportunities to enhance childhood cancer research efforts, including coordinating efforts already underway through the Trans-NIH Pediatric Research Consortium.

NATIONAL CANCER INSTITUTE (NCI)

**Cancer Moonshot.**—The agreement directs NCI to provide a report to the Committees within 180 days of enactment of this Act describing the steps it will take to advance efforts to develop a robust pipeline of new treatments for recalcitrant cancers, defined in the Recalcitrant Cancer Research Act of 2012 (P.L. 112–239) as those with a five-year survival rate below 50 percent.

**Childhood Cancer Data Initiative (CCDI).**—The agreement includes no less than \$50,000,000 for the CCDI, including no less than \$750,000 to continue to support enhancement of the CCDI Molecular Characterization Initiative.

**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 (P.L. 115–180). The agreement directs NIH to provide an update in the fiscal year 2024 Congressional Justification on opportunities to enhance childhood cancer research efforts and the actions NCI has taken to ensure pediatric cancer expertise is included on all panels, as appropriate.

**Colorectal Cancer.**—The agreement directs NCI to include an update in the fiscal year 2024 Congressional Justification on opportunities to advance progress against colorectal cancer with an emphasis on: (1) opportunities to develop more effective therapeutics; (2) rising rates in people under the age of 50, including rapidly increasing rates in the 20 to 39 year old age range; and (3) the persistent health disparities in prevalence, screening, and outcomes. The update should describe how NCI plans to play a role in addressing these challenges and what existing and future innovative research opportunities can be leveraged to advance progress.

**Deadliest Cancers.**—The agreement directs NIH to identify the greatest obstacles and most promising research opportunities to advance progress against each of the deadliest

cancers in the fiscal year 2024 Congressional Justification.

*Native American Cancer Outcomes.*—The agreement continues to be concerned that Native Americans experience overall cancer incidence and mortality rates that are strikingly higher than non-Native populations, and encourages NCI to expand research efforts to reduce American Indian cancer disparities and improve outcomes, specifically by supporting efforts to develop durable capacity for tribally engaged cancer disparities research through an integrated program of research, education, outreach, and clinical access.

*NCI Paylines.*—The agreement provides an increase of \$150,000,000 for NCI to prioritize competing grants and to sustain commitments to continuing grants.

*Pancreatic Cancer.*—The agreement encourages NCI to leverage the investment in NCI's National Clinical Trials Network to accelerate the survival rate for pancreatic cancer patients by maximizing the knowledge gained from every trial and suggests that trials for pancreatic cancer include parallel and concurrent correlative studies, as appropriate, to better understand what treatments work best for which patients. The agreement directs NCI to consider ways to maximize learning from pancreatic cancer trials and provide an update in the fiscal year 2024 Congressional Justification on next steps towards this goal.

*Radiopharmaceutical Development.*—The agreement directs NIH, in conjunction with the Department of Energy, to provide an update in the fiscal year 2024 Congressional Justification on the impact shortages of medical isotopes and radiopharmaceuticals have on the ability to conduct cancer research, including an analysis of infrastructure necessary to do so.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI)

*Cardiovascular Disease (CVD).*—Recognizing that CVD remains the leading cause of death and most expensive condition in the United States, the agreement supports cutting-edge cardiovascular research and drug discovery across the disciplines of medicine, immunology, imaging, chemistry, biomedical engineering, physics, statistics, mathematics, and entrepreneurship to design new therapies and strategies that are more effective. The agreement directs NHLBI to highlight the areas with the greatest potential for transformative progress in CVD research in the fiscal year 2024 Congressional Justification and to prioritize funding that reduces cardiovascular disease among the hardest-hit—African Americans living in the rural South.

*Community Engagement Alliance Against COVID-19 Disparities (CEAL) Initiative.*—The agreement includes \$30,000,000 for the CEAL initiative, \$10,000,000 above the fiscal year 2022 enacted level.

*Congenital Heart Disease (CHD).*—The agreement encourages NHLBI to prioritize CHD activities outlined in its strategic plan and directs NIH to provide an update in the fiscal year 2024 Congressional Justification on steps being taken to close research gaps.

*Health Disparities Research for Methamphetamine-related Cardiovascular Diseases.*—The agreement encourages NHLBI to work with NIDA to examine the cardiovascular effects of methamphetamine misuse and implications for treatment in vulnerable and minority populations.

*Lung Injury.*—The agreement urges NHLBI to strengthen the nation's ability to respond to respiratory health threats with increased support for research into basic science and the mechanisms of lung injury and repair, as well as clinical intervention trials addressing both acute and chronic lung diseases.

*Valvular Heart Disease Research.*—The agreement provides \$20,000,000 for research into the causation of and risk factors for valvular heart disease. Such research should focus on the use of advanced technological imaging and other relevant methods to generate data related to valvular heart disease, and assessing potential risk factors for sudden cardiac arrest or sudden cardiac death from valvular heart disease. Additionally, the agreement supports efforts by NIH to convene a workshop of subject matter experts and stakeholders to identify research needs and opportunities to develop recommendations for the identification and treatment of individuals with mitral valve prolapse, including individuals who may be at risk for sudden cardiac arrest or sudden cardiac death.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH (NIDCR)

*National Dental Practice-Based Research Network.*—The agreement recommends that NIDCR continues funding support of National Dental Practice-Based Research Networks.

*Temporomandibular Disorders (TMD).*—The agreement encourages NIDCR to maintain a patient-centered approach in the implementation of the TMD—IMPACT Concept and to seek collaborators from other government agencies such as the Department of Veterans' Affairs (VA) and the Department of Defense (DOD), as well as from within NIH itself. The agreement directs NIH to provide an update in the fiscal year 2024 Congressional Justification on efforts to implement the next phase of the initiative, including the recruitment of other NIH ICs as partners, the role of the patient perspective, and NIDCR's use of the National Academies of Sciences, Engineering, and Medicine (NASEM) Report on TMDs and the TMJ Patient-led Roundtable.

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

*Diabetes.*—Consistent with the fiscal year 2023 budget request, the agreement includes \$8,550,000 to restore cuts to the mandatory Special Diabetes Program that result from Budget Control Act sequestration. Further, given the growing prevalence of diabetes, the agreement is concerned that additional research is needed to determine how to improve the treatment of a common complication, 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, in racially and ethnically diverse populations.

*Dietary Supplements and Liver Injury.*—The agreement strongly encourages NIDDK to provide safety and quality information on dietary supplements as it relates to drug-induced liver injury.

*Hepatitis B.*—The agreement applauds the NIH for its work to update the Strategic Plan for Trans-NIH Research to Cure Hepatitis B and urges that the update identify what has been learned since the plan was first released and what additional research is needed to find a cure. The agreement supports efforts to create common resource services and materials for the research community and further urges that targeted calls for research, based on the needs as identified in the updated Plan, be issued and funded in fiscal year 2023 and beyond.

*Kidney Disease.*—The agreement applauds recent changes to clinical practice in the diagnosis of kidney disease and concurs with recommendations that additional resources should be devoted to development of new markers for estimating kidney function.

*Pain Management Research.*—The agreement includes an increase of \$5,000,000 for NIDDK to support additional research in this area as described in the fiscal year 2023 budget request.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE (NINDS)

*Alzheimer's Disease and Alzheimer's Disease-Related Dementias (AD/ADRD).*—The agreement includes an increase of \$226,000,000 across NIH for AD/ADRD research, including an increase of \$75,000,000 in NINDS and an increase of \$151,000,000 in NIA.

*Developmental Dyspraxia.*—The agreement commends the work NINDS does to support research on developmental disorders, such as developmental dyspraxia, aimed at learning more about these disorders and finding ways to prevent and treat them.

*Frontotemporal Degeneration (FTD) Research.*—The agreement encourages NIH to continue to support research to identify and validate biomarkers for FTD and other neurodegenerative diseases among diverse cohorts. The agreement also urges NIH to support efforts to better understand the social determinants of health that lead to inequity in access to diagnosis and care for FTD and other dementias so that new treatments and best practices in care will be available to all, regardless of age, racial, ethnic, cultural, socioeconomic, and geographic background. Equally critical is the development of a data biosphere that enhances secure sharing of clinical and research data and biological samples for FTD. The agreement encourages NIH to find ways to support better communication across researchers, and between clinical science and broader society, to ensure that research advances have maximum effect on improving health. The agreement urges NIH to continue to advance regulatory science and develop innovative clinical trial designs that recruit diverse populations so that potential therapies can be effectively tested.

*Opioids, Stimulants, and Pain Management.*—The agreement includes no less than \$280,295,000 in NINDS for the HEAL Initiative, \$10,000,000 above the fiscal year 2022 enacted level. The agreement encourages NINDS to continue its efforts through the HEAL initiative in fiscal year 2023, with a focus on grant opportunities to support research and education to improve outcomes for people with both chronic pain and addiction in diverse settings across the United States, particularly those located in areas with high incidence of people living with chronic pain.

*Undiagnosed Diseases Network (UDN).*—The agreement includes \$18,000,000 to fund the UDN and directs the continuation of the coordinating center, all clinical sites, DNA sequencing core, central biorepository, model organisms screening center, and other necessary testing in the pursuit of diagnoses, including but not limited to: metabolomics, infectious and toxic exposures, and immune abnormalities.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID)

*Centers for Research in Emerging Infectious Diseases (CREID).*—NIAID works with partners in 30 countries to understand how and where viruses and other pathogens can emerge to develop diagnostic tests and treatments. The agreement urges NIAID to ensure the CREID Network is sufficiently supported to coordinate and conduct research on, and active surveillance for, emerging pathogens.

*Consortium of Food Allergy Research (CoFAR).*—The agreement includes \$12,100,000, an increase of \$3,000,000 above the fiscal year 2022 enacted level, 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.

*Multidisciplinary Grants for Vector-borne Disease Research.*—The agreement encourages NIAID to support multi-year awards for multidisciplinary research on vector-borne diseases. As appropriate, such awards may leverage research efforts by other government agencies, including, but not limited to, Department of Agriculture programs on vector-borne diseases, as well as surveillance efforts, such as those supported by CDC. Priority shall be given to grants focused on vector-borne diseases requiring pathogen biosafety levels 2 and 3.

*Regional Biocontainment Laboratories (RBLs).*—The agreement provides \$52,000,000 to ensure the 12 RBLs for biomedical research requiring biosafety level 3 (BSL-3) containment are prepared to assist national, State, and local public health efforts in the event of a bioterrorism or infectious disease emergency. Of this amount, the agreement directs that no less than \$1,000,000 shall be provided to each of the 12 RBLs to support the maintenance of a capable research workforce, facilities, and equipment. The agreement directs that the remaining funding shall go to the 12 RBLs to: (1) support research on biodefense, emerging infectious disease agents, and other infectious disease threats to global public health; (2) train new researchers; (3) maintain a workforce skilled in BSL-3 research; and (4) establish best practices for the safe, effective, and efficient conduct of research in BSL-3 facilities.

*Responding to Infectious Diseases.*—The agreement provides no less than \$565,000,000, an increase of \$25,000,000 above the fiscal year 2022 enacted level, 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 annual briefing described under the section of the explanatory statement dealing with the Office of the Secretary within 30 days of enactment of this Act and every succeeding annual Appropriations Act.

*Universal Flu Vaccine.*—The agreement includes \$270,000,000, an increase of \$25,000,000 above the fiscal year 2022 enacted level. Rather than the narrative summary it provided in May 2022, going forward, the agreement directs NIAID to provide a dashboard cataloging and describing the key trials and programs it is supporting with these funds, including sample sizes, milestones, objectives, and outcomes, with the first such report due within 90 days of enactment of this Act.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES (NIGMS)

*Health Disparities Research.*—The agreement includes an increase of \$5,000,000 for NIGMS to support research related to identifying and reducing health disparities.

*Increasing Diversity in Biomedical Research.*—The agreement provides a targeted increase of \$10,000,000 for programs like the Maximizing Opportunities for Scientific and Academic Independent Careers program and the Minority Access to Research Careers undergraduate programs.

*Institutional Development Awards (IDeA).*—The agreement provides \$425,956,000 for IDeA, \$15,503,000 above the fiscal year 2022 enacted level. The agreement opposes any efforts to change eligibility for the IDeA program to a system that would be based on States' populations.

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

*Angelman Syndrome (AS).*—AS is a rare neurogenetic disorder that affects approximately one in 15,000 people—approximately 500,000 individuals worldwide. Individuals with AS have an average life expectancy but require continuous care and are unable to live independently. The agreement urges NICHD to expand funding for basic, clinical, and translational research into the mechanics of Angelman Syndrome, identify early diagnostic markers, and develop new treatment methods.

*ASXL Syndromes.*—Bohring-Opitz Syndrome (ASXL1 gene), Shashi-Pena Syndrome (ASXL2 gene), and Bainbridge-Ropers Syndrome (ASXL3 gene) are three ultra-rare neurogenetic disorders, with a combined number of individuals diagnosed globally at 500. Those diagnosed, primarily children, experience global delays, gastrointestinal complications, delayed or absent speech, and autism-like symptoms. The agreement urges NICHD to expand funding for basic, clinical, and translational research into the mechanics of the ASXL Syndromes, identify early diagnostic methods, and develop new treatment methods.

*Cerebral Palsy (CP).*—The agreement encourages NIH to continue to prioritize and invest in research on CP and to focus on basic and translational discoveries, as well as implementation, observational, and clinical studies aimed at early detection and intervention, comparative effectiveness, and functional outcomes. The agreement encourages NIH to support greater investment in research focused on the areas in need of growth, as outlined in the Strategic Plan on Cerebral Palsy Research, including research on lifespan issues to address the needs of transition-age youth and adults with CP, and research to support the development and delivery of new and improved screening tools, treatments, and interventions. The agreement also encourages NIH to consider research opportunities focusing on the motor and health benefits of physical activity specifically for individuals with CP across all Gross Motor Functional Classification levels, which is vital to help prevent chronic disease and premature aging.

*Endometriosis.*—The agreement strongly urges NIH to increase funding to expand basic, clinical, and translational research into the mechanics of endometriosis, identify early diagnostic markers, and develop new treatment methods.

*Health Impacts on Children of Technology and Social Media Use.*—The agreement includes no less than \$15,000,000 for this activity, as described in House Report 117-403.

*Impact of COVID-19 on Children.*—The agreement includes an increase of \$2,500,000 for NICHD to support additional research into multisystem inflammatory syndrome in children (MIS-C) and other ways in which COVID-19 affects children.

*Impact of COVID-19 on Pregnant and Lactating Women.*—The agreement includes an increase of \$3,000,000, the same as the fiscal year 2023 budget request, to support research on the effects of COVID-19 on pregnancy, lactation, and postpartum health with a focus on individuals from racial and ethnic minority groups.

*Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone (IMPROVE) Initiative.*—The agreement includes no less than \$43,400,000 for this activity.

*Uterine Fibroids.*—The agreement encourages NICHD to expand research related to uterine fibroids etiology, prevention, diagnosis, disparities, and treatment.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

*Additional Research.*—The agreement includes an increase of \$40,000,000 to support research on a wide range of health conditions, which may include infectious disease, and chronic conditions such as asthma, mental health, and health disparities.

*Environmental Exposures and Cancer in Firefighters.*—The agreement encourages NIH and CDC/NIOSH to continue their efforts to better understand the cancer risks firefighters may experience, including efforts to measure environmental exposures in firefighters and determine the mechanisms that lead to increased cancer incidence, morbidity, and mortality. The agreement also encourages NIH to continue to support research to improve health equity among firefighters to evaluate potential differences in exposures and risk.

NATIONAL INSTITUTE ON AGING (NIA)

*Alzheimer's Disease and Alzheimer's Disease-Related Dementias (AD/ADRD).*—The agreement includes an increase of \$226,000,000 across NIH for AD/ADRD research, including an increase \$151,000,000 in NIA and an increase of \$75,000,000 in NINDS, ensuring it remains the largest single effort of its kind within the agency. The agreement directs NIA, working with NINDS, to enter into an agreement with NASEM within 60 days of enactment of this Act to identify research priorities for preventing and treating AD/ADRD. An ad hoc committee of NASEM will conduct a study and recommend research priorities to advance the prevention and treatment of AD/ADRD. In conducting its study, the committee will: (1) examine and assess the current state of biomedical research aimed at preventing and effectively treating AD/ADRD, along the R&D pipeline from basic to translational to clinical research; (2) assess the evidence on non-pharmacological interventions aimed at preventing and treating AD/ADRD; (3) identify key barriers to advancing AD/ADRD prevention and treatment (e.g., infrastructure challenges that impede large scale precision medicine approaches, inadequate biomarkers for assessing response to treatment, lack of diversity in biobanks and clinical trials), and opportunities to address these key barriers and catalyze advances across the field; and (4) explore the most promising areas of research into preventing and treating AD/ADRD. The committee's study will include dementia caused by Alzheimer's disease as well as related conditions such as frontotemporal disorders, Lewy body dementia, vascular dementias, and multiple etiology dementias. Dementias with a clear etiology (e.g., incident stroke, AIDS, traumatic brain injury) will be excluded from the analysis. Based on its review of the literature, consultations, and other expert input, the committee will develop a report with its findings, conclusions, and specific recommendations on research priorities for preventing and treating AD/ADRD, including identifying specific near and medium-term scientific questions (i.e., in a 3 to 10 year period) that may be addressed through NIH funding. The report will also include strategies for addressing major barriers to progress on these scientific questions. The agreement includes \$1,500,000 within the total funding for NIA for AD/ADRD research to cover the costs of this study.

*Alzheimer's Disease Research Center (ADRC).*—The agreement directs NIA to provide a report to the Committees within 180 days of enactment of this Act detailing the number of individual Alzheimer's disease patients who have gained access to a clinical trial through the outreach of an ADRC, the number of Alzheimer's disease diagnoses

given to patients at an ADRC, and a detailed report on patients' and caregivers' needs that were met through the work of ADRCs that cannot be attained at a provider office.

*Brain Health and Exposome Studies.*—The agreement encourages NIA to address the research gaps and opportunities identified in the 2021 Alzheimer's Disease Research Summit as NIA works to establish Centers on Exposome Studies in ADRC as directed in the Consolidated Appropriations Act, 2022 (P.L. 117-103), especially those gaps and opportunities focused on understanding healthy brain aging and applying this understanding to disease prevention.

*Clinical Trials.*—Although Alzheimer's disease and other dementias disproportionately affect Black Americans, Hispanic Americans, Asian American and Pacific Islanders, and Native Americans, they continue to be underrepresented in AD/ADRC clinical trials. The agreement directs NIA to work with ADRCs and other organizations to promote participation in clinical trials within underrepresented populations and, to the maximum scientifically-feasible extent, reduce the burden of participating. These efforts should include expanding community engagement and outreach to these populations, incentivizing trial locations in areas of unmet need, encouraging the diversity of clinical trial staff, allowing appropriate flexibility in trial design and inclusion and exclusion criteria, and utilizing technology like remote patient monitoring, where appropriate, to facilitate clinical trial participation and retention. Further, the agreement urges NIA to provide an assessment of the data and metrics it collects related to the planning, recruitment, and retention of clinical trial participants from underrepresented communities and, when possible, how those data have been or plan to be used in grant-making decisions. The assessment should also address how NIA plans to provide more timely data to the Committees and greater transparency to the public about the planning, engagement, and recruitment efforts of its extramural grantees, including a focus on addressing barriers to inclusive and representative enrollment such as eligibility criteria, language accessibility, and adequate planning for diverse enrollment among grantees. The agreement requests that NIA provide this assessment within 180 days of enactment of this Act. In addition, with various treatments for Alzheimer's disease in the pipeline, the agreement encourages NIA to support a wide range of trials, including those with a patient-based national registry of regulatory grade, longitudinal evidence for patients receiving any FDA-approved disease modifying therapies for Alzheimer's disease in real-world clinical practice.

*Health Disparities in Aging.*—The agreement encourages NIH to support and develop long-term studies of healthy individuals that seek to identify structural drivers of health inequities. These may complement ongoing longitudinal studies of aging—such as the Health and Retirement Study, the National Health and Aging Trends Study, and others—to guide efforts to maximize health and enhance quality of life at older ages. These studies should integrate biological, behavioral, sociocultural, and environmental perspectives as outlined in the NIA Health Disparities Framework.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES (NIAMS)

*Opioids and Pain Management Research.*—The agreement includes an increase of \$5,000,000 for NIAMS to support additional research in this area as described in the fiscal year 2023 budget request.

NATIONAL INSTITUTE OF NURSING RESEARCH (NINR)

*Health Disparities Research.*—The agreement includes an increase of \$10,000,000 for NINR to support research related to identifying and reducing health disparities.

NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

*Opioids, Stimulants, and Pain Management.*—The agreement includes no less than \$355,295,000 in NIDA for the HEAL Initiative. The agreement encourages NIDA to continue its efforts through the HEAL initiative in fiscal year 2023, with a focus on grant opportunities to support research and education to improve outcomes for people with both chronic pain and addiction in diverse settings across the United States, particularly those located in areas with high incidence of people living with chronic pain. The agreement also includes an additional \$10,000,000 to support related research on pain and pain management, as described in the fiscal year 2023 budget request.

*Reducing Opioid Disparities.*—The agreement supports efforts to address the disproportionate effects of the opioid overdose epidemic on Black/African Americans. NIDA, in coordination with NIMHD, is encouraged to support collaborations between qualified educational institutions and treatment partners with demonstrated excellence in addiction science and community-based research to lead several large multi-year research efforts. Funding calls should highlight the need for research to reduce barriers to care at the levels of State funding bodies, treatment agencies, individual clinicians, and among patients and community members. Specific areas of focus may include research that examines and mitigates stigma toward medications for opioid use disorder, evaluates reimbursement structures to incentivize improved patient outcomes, implements and evaluates effective environmental supports like crisis and respite housing and transportation assistance, and integrates treatment and recovery support services into non-medical, community-based settings (e.g., interventions delivered by peer and community health workers).

NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

*Cost of Serious Mental Illness (SMI).*—Despite increased spending on mental health services, the prevalence of SMI has grown by more than fifty percent since 2008, from 3.7 percent to 5.6 percent of Americans in 2020. While some progress has been made at identifying effective treatments for early SMI, many patients and families struggle to access appropriate services. To better understand what is needed to advance more effective, accessible treatments, the agreement directs NIMH to deliver with the fiscal year 2024 Congressional Justification a "professional judgment" budget. This budget should estimate the additional funding needed to support opportunities to accelerate SMI research during fiscal year 2024, including efforts to expand existing scientific programs focused on improving early identification, accurate diagnosis, biomarker assessment, intervention development, and implementation of effective services, among individuals in the early stages of SMI. In this document, NIMH will include specific scientific questions and areas it would use the funding identified in the professional judgement budget to address. These should be time-limited, goal-driven investments that accelerate emerging science and support high-risk/high-reward research.

*Impact of COVID-19 on Mental Health.*—The agreement includes an increase of \$5,000,000 for NIMH to expand research on the impact of the COVID-19 pandemic on mental health.

*Mental Health Treatment Research.*—The agreement provides an increase of \$5,000,000

to support research to inform mental health treatment approaches, service delivery, and system transformation, consistent with the fiscal year 2023 budget request.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE (NHGRI)

*Community Engagement.*—The agreement recognizes the critical role that community engagement plays in enabling researchers to build authentic partnerships that enhance diversity and inclusion in research cohorts. The CEAL program, created to help address the disparate impacts of the COVID-19 pandemic on communities historically underrepresented in biomedical research, has been successful in building such partnerships. Community engagement is also key when there is public hesitancy to participate in research, such as with human genetics and genomics research. The agreement is encouraged by the success of the CEAL program and urges NHGRI, in consultation with NHLBI and NIMHD, to establish and coordinate a community engagement program modeled after CEAL that will support efforts to increase the participation of individuals historically underrepresented and hesitant to participate in human genetics and genomics research.

*Data Sharing.*—The agreement urges NIH to convene a working group to develop and disseminate best practices on genomic data sharing for use by entities engaged in biomedical research and international collaboration. That working group should review potential risks involved in sharing genomic data between NIH-supported research studies with private, public, and academic institutions that partake in science and technology research and their research partners, with a focus on international partners. The review should also include recommendations regarding areas where Federal agencies can strengthen coordination to increase education to such private and academic research institutions 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.

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH (NCCIH)

*Pain Management.*—The agreement includes an additional \$5,000,000 to support research into non-pharmacological treatments for pain management and urges NCCIH, along with DOD and VA, to continue to support research, including comorbidities such as opioid misuse, abuse, and disorder among military personnel, veterans, and their families. The agreement urges NIH, VA, and DOD to expand research on non-pharmacological treatments for veterans and service members.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES (NIMHD)

*Chronic Disease Centers.*—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 includes an additional \$11,000,000 for NIMHD to provide supplemental grants to the 11 Centers, with a focus on developing and delivering emerging therapeutic interventions addressing the disproportionate burden of disease.

*Health Disparities Research.*—The agreement includes an increase of \$25,000,000 for NIMHD to support research related to identifying and reducing health disparities.

*Research Centers in Minority Institutions.*—The agreement provides \$88,765,000 for this activity.

**Research Endowment Program.**—The agreement notes the recent passage of the John Lewis NIMHD Research Endowment Revitalization Act to reinvigorate the Research Endowment Program. The agreement has provided \$12,000,000 to implement the revitalized program and urges NIMHD to work swiftly on its implementation. The agreement further notes that the statutory goal of the program is to assist eligible institutions in achieving a research endowment that is comparable to the mean endowment of health professions schools in their health professions discipline. The agreement requests a report no later than 60 days after enactment of this Act on implementation plans and engagement with key stakeholders.

**FOGARTY INTERNATIONAL CENTER (FIC)**

**Health Disparities Research.**—The agreement includes an increase of \$5,000,000 for FIC to support research related to identifying and reducing health disparities.

**NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES (NCATS)**

**Clinical and Translational Science Awards (CTSAs).**—The agreement provides \$629,560,000, an increase of \$22,914,000 above the fiscal year 2022 enacted level. The agreement maintains its strong support for the CTSA program and reaffirms previous language preserving the size, scope, and historic mission of the CTSA program, including the direction that no hub shall receive less than 95 percent of the resources that were provided prior to fiscal year 2022. Last year, the agreement expressed concerns with a new Funding Opportunity Announcement and its potential to divert appropriated resources away from CTSA hubs. The agreement is concerned that NCATS continues to push to disaggregate CTSA activities, which makes the application process burdensome on investigators and resulted in nearly all institutions submitting partial applications. No later than 30 days after enactment of this Act, NCATS is directed to brief the Committees on options to reverse disaggregation, preserve historic CTSA activities and institutional support, including training as many young investigators as possible, and ensure that any hub funded receive not less than 95 percent of the resources that were previously provided. 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.

**Collaboration with Business Incubators.**—The agreement urges NCATS to redouble its efforts to leverage its mission by exploring opportunities or potential collaborations with business incubators that host small to midsize science, research and pharmaceutical companies that use service-based approaches to nurture and guide their member companies to success.

**Cures Acceleration Network (CAN).**—The agreement includes up to \$70,000,000 for the CAN to reduce barriers between research discovery and clinical trials. This increase will allow NCATS to address or expand existing CAN cure concepts focused on diagnostic technologies, gene therapy vectors, artificial intelligence/machine learning (AI/ML)-enabled chemistry for drug development, and the next phase of dissemination of tissue chip technology. Further, 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 applauds NIH efforts to support and 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 the CTSA program, to these important efforts.

**OFFICE OF THE DIRECTOR (OD)**

**Administrative Offices.**—For fiscal year 2023, the agreement provides the Budget Office \$4,550,000 and directs it to recruit and hire a new GS15 staff member or higher to serve as the Committees' primary liaison with NIH. The Budget Office is urged to recruit internally from within NIH to fill this position within 120 days of enactment of this Act.

**Adoption of Dogs, Cats, and Rabbits Used in Research.**—The agreement requests NIH to provide a report to the Committees no later than 180 days after enactment of this Act on the feasibility and/or challenges of post-research adoption.

**ALS Research, Treatments, and Expanded Access.**—The agreement recognizes it is critically important that NIH continue to grow its investment in ALS research to capitalize on the momentum to find new treatments for ALS and a cure for the disease. The agreement recognizes that each year, only a small portion of research funds are spent on new research projects. The agreement strongly urges NIH to maintain the ALS drug ecosystem with additional grant funding for extramural research through NINDS. In addition, the agreement urges NIH to continue to increase support and momentum for ALS research that can lead to new treatments and better care as quickly as possible, as well as support expanded access research for ALS investigational drugs.

In addition, the agreement directs NIH to handle funding of expanded access grants as authorized in the ACT for ALS (P.L. 117-79) as separate, not competitive with, funding for other research on ALS and includes \$75,000,000 for this purpose, an increase of \$50,000,000 above the fiscal year 2022 enacted level.

The agreement urges NINDS and OD to strengthen the expanded access grant application process. This should include allowing applicants 60 days from the official publication date of the Funding Opportunity Announcement (FOA) to solicit applications to conduct scientific research utilizing data from expanded access to investigational drugs or biological products to allow potential applicants sufficient time to develop meaningful collaborations and responsive projects. NINDS and OD are also directed to offer technical assistance to interested applicants during the grant process and prior to the submission due date of the FOA. Further, the agreement directs NINDS and OD to host webinars for potential applicants to prepare grant applications and also to offer forums for stakeholder engagement throughout the grant process.

The agreement directs NINDS and OD to brief the Committees prior to any execution of expanded access grants or programmatic funding. Further, once awards are announced, the agreement directs NINDS and OD to provide the Committees with an explanation of the funded grants, including a clear breakdown of what the funding is to be used for. The agreement directs NINDS and OD to fund as many applications as possible and to fund them for one year increments as is common with other NINDS grants.

Furthermore, if after NINDS completes its review of expanded access research grant applications and awards grants to eligible ap-

plications for expanded access programs under Section 2 and there are additional funds, those funds shall be used to fund Section 3 public-private research partnerships under the Act for ALS.

Finally, if sufficient eligible applications are not received, or NINDS and OD have any reason to believe any funding should lapse for any reason, the ICs are directed to notify the Committees prior to the notifications of awards. This notification shall include: (1) a detailed explanation as to why applications cannot be funded; (2) the technical assistance provided to applicants to assist them in submitting eligible grant applications; and (3) a proposed plan to award funding for other ALS research prior to the end of the fiscal year.

**Analyzing Differences in COVID-19 Study Outcomes.**—The agreement recognizes that the COVID-19 pandemic has exposed an array of related health disparities, including a difference in acute disease severity and outcomes between female and male patients. To better understand how sex, race, and other variables impact study outcomes, the agreement directs the ICs, in coordination with OD and the Office of Research on Women's Health, to support research to assess whether sex, race, and other differences play a role in study outcomes.

**Artificial Intelligence/Machine Learning (AI/ML).**—The agreement provides \$135,000,000 to support NIH's efforts to build capacity to leverage machine learning to accelerate the pace of biomedical innovation. This includes \$50,000,000 for AI/ML-focused investments and other ML-focused initiatives and \$85,000,000, an increase of \$15,000,000, for the Office of Data Science Strategy (ODSS). ODSS is encouraged to launch a pilot with the Department of Energy to study the potential for quantum computing for biomedical sciences. The agreement directs ODSS and the Chief Information Officer to provide biannual updates to the Committees on their efforts. In addition, the agreement includes an increase of \$3,000,000 for the Office of Portfolio Analysis

(OPA) under the Division of Program Coordination, Planning, and Strategic Initiatives. The agreement strongly supports NIH's efforts to build AI-based analytical tools to help NIH optimize investments in biomedical research by identifying emerging topics and predicting which ones will produce transformative breakthroughs. These tools—which themselves could be transformative—will also help NIH assess the return on investment of past investments, providing insight that has largely been absent in biomedical research. The agreement expects OPA to use the additional funding to expedite the development and adoption of the tools by NIH. The agreement directs OPA to provide the Committees an update on its efforts within 60 days of enactment of this Act, including the percentage of NIH program staff in each IC that use OPA's tools.

**Autoimmune Diseases.**—Since many autoimmune diseases affect women predominantly, the agreement includes \$10,000,000 to implement the recommendations of a recent NASEM report to establish an Office of Autoimmune Disease Research (OADR) within the Office of Research on Women's Health (ORWH). The agreement directs OADR to: (1) coordinate the development of a multi-IC strategic research plan with concrete, meaningful milestones to set priorities; (2) as part of the internal and external outreach for the strategic plan, identify emerging areas of innovation and research opportunity; (3) coordinate and foster collaborative research across ICs; (4) annually evaluate the autoimmune research portfolio to determine progress made across NIH; (5) provide resources to support planning, collaboration,

and innovation; and (6) develop and oversee a publicly accessible central repository for autoimmune disease research. The agreement directs ORWH and OADR to brief the Committees within 150 days of enactment of this Act on NIH's efforts to stand up OADR and the status of the aforementioned directives.

**Biomedical Research Facilities.**—The agreement provides \$80,000,000 for grants to public and nonprofit entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities as authorized under 42 U.S.C. section 283k. Further, the agreement urges NIH to consider recommendations made by the NIH Working Group on Construction of Research Facilities, including making awards that support a significant number of newly constructed or renovated facilities. Finally, the agreement encourages NIH to prioritize projects focused on specialized imaging capacities.

**Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative.**—The agreement includes \$680,000,000 for the BRAIN Initiative, including \$450,000,000 authorized in the Cures Act. The overall funding level includes \$95,000,000 for the Human Brain Cell Atlas; \$10,000,000 for the Arma-mentarium for Brain Cell Access; and \$30,000,000 for the Brain Connectivity Map. The agreement directs NIH to brief the Committees on the progress and achievements of key projects, as well as mid-term objectives and anticipated/actual outcomes, within 90 days of enactment of this Act.

**Childhood Post-infectious Neuroimmune Disorders/PANDAS.**—The agreement encourages NIH to prioritize research in this area, and include an update in the fiscal year 2024 Congressional Justification on the progress being made on the understanding of the costs, causes, diagnostic criteria, and treatment of these conditions.

**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.

**Chimpanzee Maintenance, Care, and Transportation.**—The agreement directs NIH to provide a report to the Committees quarterly, beginning no later than February 1, 2023, 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.

**Collection and Reporting of Animal Research Numbers and Agency Funding.**—The Joint Explanatory Statement accompanying the Consolidated Appropriations Act, 2022 requested a plan to improve the accuracy and transparency of collected data on the use of animals in NIH-funded research. The agreement further encourages NIH to develop and include a draft form for collecting this information annually and to include details on how the agency will address any incomplete reporting of NIH-funded research with animals and encourage prospective documentation of study design and analysis plans.

**Common Data Elements (CDEs).**—The agreement recognizes the increasing importance

of CDEs that enable standardized and consistent use of data in research, especially translational and clinical research, and that facilitate efforts to replicate and validate findings, for a disease area. The NIH encourages use of CDEs including use of the NIH's CDE repository. To encourage development and use of CDEs in disease areas where they currently do not exist, the agreement directs ODSS to work with ICs to support efforts to develop CDEs, including through collaborations with research stakeholders. The agreement also directs ODSS to provide a list of diseases and disease areas actively under development, such as autoimmune and immune-mediated conditions, to inform further NIH efforts to support development of such elements.

**Common Fund.**—The Common Fund supports cross-cutting, trans-NIH programs that require participation by multiple ICs, strategic planning, coordination, and have the potential for extraordinary impact. The agreement provides a \$65,000,000 increase to the Common Fund with the expectation that it will focus on time limited, goal-driven investments that accelerate emerging science and support high-risk/high-reward research. The agreement directs NIH to brief the Committees about its plans for these funds and other notable Common Fund initiatives within 120 days of enactment. Further, this briefing should include detailed plans on how to support any Common Fund programs within two years of graduation from the program.

**Cybersecurity.**—The agreement provides \$265,000,000, an increase of \$40,000,000 above the fiscal year 2022 enacted level, to strengthen cybersecurity at NIH.

**Developmental Delays.**—The agreement includes an increase of \$10,000,000 for research on developmental delays, including speech and language delays in infants and toddlers, characterizing speech and language development and outcomes in infants and toddlers through early adolescence. Such research shall include studies, including longitudinal studies.

**Diversity in NIH Kidney Disease Research Populations.**—The agreement directs NIH to include an update in the fiscal year 2024 Congressional Justification regarding the NIH kidney disease research program, including research on health disparities in the prevention, diagnosis, and treatment of kidney disease among racial and ethnic minority populations.

**Dual Purpose/Dual Benefit Research.**—The agreement encourages a partnership between NIH, the National Institute of Food and Agriculture, and the other relevant 115 Federal research and development agencies to develop a next generation interagency 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.

**Early-career Pediatric Researchers.**—The agreement encourages NIH, through the Trans-NIH Pediatric Research Consortium, to explore a NIH-wide early career development award that is focused on early-career researchers in the field of pediatrics that includes efforts to recruit researchers from diverse backgrounds, including those that are from groups underrepresented in the biomedical workforce. The agreement requests an update on progress in the fiscal year 2024 Congressional Justification.

**Environmental Influences on Child Health Outcomes (ECHO).**—The agreement includes \$180,000,000, the same level as fiscal year 2022,

for the ECHO program. ECHO currently funds the Navajo Birth Cohort Study. The agreement encourages OD to consider expanding the study to include a larger representation of indigenous children in the national cohort to allow for a better understanding of the impacts of environmental exposure in these unique populations.

**Firearm Injury and Mortality Prevention Research.**—The agreement includes \$12,500,000, the same level as fiscal year 2022, 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 grant compliance reviews, the agreement continues to include \$2,500,000 for this activity within the Office of Extramural Research.

**Harassment Policies.**—The agreement directs NIH to establish a strategic plan and timeline to implement the recommendations of the 2020 NIH Workplace Climate and Harassment Survey, and to continue to regularly conduct similar surveys and make the findings public to facilitate progress tracking and accountability.

**Heritable Genetic Information Study.**—The agreement directs NIH to enter into an agreement with NASEM within 60 days of enactment of this Act to identify the biological basis of health risks relevant to the regulation of heritable genetic information in food animals. NASEM will conduct a study to identify genetic and other molecular mechanisms that could present risks to human health based on heritable genetic information (natural, induced, intended, or designed) in food animal species. In conducting this study, NASEM will: (1) identify biological mechanisms that may present novel hazards associated with animal food species that harbor intended, induced, or designed heritable genetic information that would not be presented by standard breeding or reproductive technologies practiced in animal agriculture; (2) assess the absolute and relative likelihood of animal agricultural presenting such hazards; and (3) identify experimental strategies and methodologies to evaluate the human safety of animals (or the derived agricultural products) that harbor intended, induced, or designed heritable genetic information for agricultural applications. Based on its review of the literature, consultations with the Departments of Health and Human Services and Agriculture, and other expert input, NASEM will report its findings, conclusions, and recommendations, including identification of specific near- and medium-term scientific questions (i.e., in a 3 to 10 year period) that may be addressed through NIH or HHS funding. The report will also include strategies for addressing major scientific or technical barriers to progress on these scientific questions. The agreement provides \$1,300,000 to cover the costs of this study.

**Humane Research Alternatives.**—The agreement recognizes that non-human primate research models make significant contributions to advancing science's understanding

of diseases and disorders afflicting humans and animals, including in the discovery and evaluation of new therapeutics before they go to clinical trials in human and animal patients. However, recognizing that humane, cost-effective, and scientifically suitable non-animal methods are available for certain research models, but underutilized, the agreement directs NIH to report to the Committees no later than 180 days after enactment of this Act on the feasibility of establishing incentives to encourage investigators to utilize non-animal methods whenever appropriate for the research question and how to establish standardized guidelines for peer review evaluation of the justification for research with animals.

**HIV/AIDS Research.**—The agreement includes an increase of \$100,000,000 above the fiscal year 2022 level for research related to HIV/AIDS across NIH.

**Corps.**—The agreement encourages NIH to expand access to healthcare commercialization programs such as I-Corps@NIH and the Concept to Clinic: Commercializing Innovation (C3i) programs for their Small Business Innovation Research and Small Business Technology Transfer Programs recipients.

**INCLUDE Initiative.**—The agreement includes no less than \$90,000,000 for this activity and requests an updated plan as described in House Report 117-403.

**Lyme Disease and Related Tick-Borne Illnesses.**—The agreement urges NIH to develop new tools that can more effectively prevent, diagnose, and treat Lyme disease, including its long-term effects, and other tick-borne diseases. The agreement encourages NIH to evaluate the effectiveness of laboratory tests associated with the detection of *Borrelia burgdorferi* to diagnose the disease early, as well as the promotion and development of potential vaccine candidates for Lyme disease and other tick-borne diseases. The agreement urges NIH to conduct research to better understand modes of transmission for Lyme and other tick-borne diseases, including vertical transmission. The agreement encourages NIH to incentivize new investigators to enter the field of 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.

**National Security.**—The agreement believes that NIH should consider relevant national security issues when developing and executing the NIH-wide Strategic Plan.

**Native Hawaiians (NH).**—The agreement directs NIH to provide the Committees a report within 90 days after enactment of this Act describing how it currently coordinates NH health research-related activities across the agency and with the NH community. The agreement encourages NIMHD to partner with entities with a proven track record of working closely with NH communities and NH-serving organizations to support the development of NH investigators.

**Office of Nutrition Research.**—The agreement continues to fund the Office of Nutrition at the fiscal year 2022 level.

**Office of Research on Women's Health (ORWH).**—The agreement includes \$76,480,000 for ORWH. Within the total for ORWH, the agreement provides \$5,000,000, an increase of \$1,000,000 above the fiscal year 2022 enacted level, for the Building Interdisciplinary Research Careers in Women's Health (BIRCWH) program to fund additional BIRCWH fellows at existing sites. To address the persistent gaps that remain in the knowledge of women's health, the agreement includes \$2,000,000 within ORWH to contract with NASEM to conduct a study on the gaps present in women's health research across all NIH ICs. Specifically, the study should be designed to explore the proportion of research on conditions that are more common or unique to women, establish how these conditions are defined and ensure that it captures conditions across the lifespan, evaluates sex differences and racial health disparities, and determine the appropriate level of funding that is needed to address gaps in women's health research at NIH. The agreement requests NASEM, not later than 18 months after the date on which the agreement is entered, to submit to Congress a report containing the findings of the study and the recommendations to address research gaps in women's health research, including measurable metrics to ensure that this research is accurately tracked to meet the continuing health needs of women. As mentioned above, the agreement also includes \$10,000,000 within ORWH to establish the Office of Auto-immune Disease Research.

**Office of the Chief Officer for Scientific Workforce Diversity.**—The agreement includes no less than \$22,415,000 for this office.

**Palliative Care.**—The agreement reiterates the need for NIH to develop and implement a trans-Institute strategy to expand and intensify national research programs in palliative care. The agreement urges NIH to ensure that palliative care is integrated into all areas of research across NIH and requests an update on plans to realize this coordination in the fiscal year 2024 Congressional Justification.

**Postural Orthostatic Tachycardia Syndrome (POTS).**—POTS is one of the most common forms of dysautonomia, estimated to impact up to 3,000,000 Americans prior to the COVID-19 pandemic. Recent research suggests that 67 percent of individuals experiencing post-acute sequelae of SARS-COV-2 (PASC), also known as Long COVID, are developing moderate to severe dysautonomia, most commonly presenting as POTS. Due to the sudden increase in the patient population affected by this debilitating disorder, the agreement strongly encourages NIH to support new research on POTS, to address the gaps in current knowledge identified during the NIH's July 2019 workshop, Postural Orthostatic Tachycardia Syndrome (POTS): State of the Science, Clinical Care, and Research. The agreement strongly encourages NIH to establish a multi-Institute Notice of Special Interest to spur additional needed research addressing the identified gaps in knowledge.

**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 support research through the ACT NOW and HBCD studies to enhance understanding of the impact of pharmacological and non-pharmacological treatments for NAS 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.

**Sexual Orientation and Gender Identity Research Center.**—The agreement does not provide funding to establish the Center.

**BUILDINGS AND FACILITIES**

The agreement includes \$350,000,000 for Buildings and Facilities. For the third time in as many years, the agreement does not include authority for NIH to transfer up to 1 percent of its research funding to Buildings

and Facilities. This is highly unusual authority for a Federal agency and NIH has once again provided no explanation for why this mechanism would be appropriate for NIH, but not other Federal agencies. Should NIH request this authority in its fiscal year 2024 budget request, it is directed to provide to the Committees an RCDC report at the same time the Congressional Justification is delivered detailing estimated expenditures by disease category before and after the 1 percent authority is used in fiscal year 2024. At the same time, NIH is directed to provide a list of the projects it would fund using this transfer authority.

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 2024 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 inclusion in the budget.

**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) MENTAL HEALTH**

**Certified Community Behavioral Health Clinics (CCBHC).**—The agreement continues to encourage SAMHSA to work with CMS to review and update the Department's approach to CCBHC certification activities. SAMHSA and CMS are directed to provide an update on the review and implementation of the CCBHC expansion included in the Bipartisan Safer Communities Act within 90 days of enactment of this Act. Within the increase, the agreement includes \$3,000,000 for the expansion and operation of the CCBHC-Expansion National Training and Technical Assistance Center to assist stakeholders on the application of certification criteria, data reporting requirements, financing questions, and best practices related to the expansion of the demonstration program included in the Bipartisan Safer Communities Act (P.L. 117-159).

**Children's Mental Health Services.**—The agreement includes an increase to expand efforts, including reaching more children and training more people in mental health activities and practices.

**Mental Health Block Grant.**—The agreement continues to include a five percent set-aside of the total for evidence-based crisis care programs that address the needs of individuals with serious mental illnesses, children with serious emotional disturbances, or individuals experiencing a mental health crisis.

**National Child Traumatic Stress Initiative.**—The agreement includes an increase and directs SAMHSA to ensure the network maintains its focus on collaboration, data collection, and the provision of direct services, and that new grant opportunities should not be limited to training only.

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

Budget Activity	FY 2023 Agreement
Capacity:	
Seclusion and Restraint .....	\$1,147,000
Project AWARE .....	140,001,000
Healthy Transitions .....	30,451,000
Mental Health Awareness Training .....	27,963,000
Infant and Early Childhood Mental Health .....	15,000,000
Children and Family Programs .....	7,229,000
Consumer and Family Network Grants .....	4,954,000
Project LAUNCH .....	25,605,000
Mental Health System Transformation .....	3,779,000
Primary and Behavioral Health Care Integration .....	55,877,000
Mental Health Crisis Response Grants .....	20,000,000
988 Program .....	501,618,000

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2023

(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
<b>NATIONAL INSTITUTES OF HEALTH</b>					
National Cancer Institute (NCI).....	6,718,522	6,497,851	7,104,159	+385,637	+606,308
NIH Innovation Account, CURES Act 2/.....	194,000	216,000	216,000	+22,000	---
Subtotal, NCI.....	6,912,522	6,713,851	7,320,159	+407,637	+606,308
National Heart, Lung, and Blood Institute (NHLBI).....	3,808,494	3,822,961	3,982,345	+173,851	+159,384
National Institute of Dental and Craniofacial Research (NIDCR).....	501,231	513,191	520,163	+18,932	+6,972
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).....	2,203,926	2,206,080	2,300,721	+96,795	+94,641
Juvenile Diabetes (mandatory).....	(150,000)	(141,450)	(141,450)	(-8,550)	---
Subtotal, NIDDK.....	2,353,926	2,347,530	2,442,171	+88,245	+94,641
National Institute of Neurological Disorders and Stroke (NINDS).....	2,535,370	2,543,043	2,588,925	+53,555	+45,882
NIH Innovation Account, CURES Act2/.....	76,000	225,000	225,000	+149,000	---
Subtotal, NINDS.....	2,611,370	2,768,043	2,813,925	+202,555	+45,882
National Institute of Allergy and Infectious Diseases (NIAID).....	6,322,728	6,268,313	6,562,279	+239,551	+293,966
National Institute of General Medical Sciences (NIGMS) Evaluation Tap Funding.....	1,783,060	1,826,052	1,827,197	+44,137	+1,145
	(1,309,313)	(1,271,505)	(1,412,482)	(+103,169)	(+140,977)
Subtotal, NIGMS.....	3,092,373	3,097,557	3,239,679	+147,306	+142,122

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2023

(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD).....	1,683,009	1,674,941	1,749,078	+66,069	+74,137
National Eye Institute (NEI).....	863,918	853,355	896,549	+32,631	+43,194
National Institute of Environmental Health Sciences (NIEHS).....	842,169	932,056	913,979	+71,810	-18,077
National Institute on Aging (NIA).....	4,219,936	4,011,413	4,407,623	+187,687	+396,210
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS).....	655,699	676,254	685,465	+29,766	+9,211
National Institute on Deafness and Other Communication Disorders (NIDCD).....	514,885	508,704	534,333	+19,448	+25,629
National Institute of Nursing Research (NINR).....	180,862	198,670	197,693	+16,831	-977
National Institute on Alcohol Abuse and Alcoholism (NIAAA).....	573,651	566,725	595,318	+21,667	+28,593
National Institute on Drug Abuse (NIDA).....	1,595,474	1,843,326	1,662,695	+67,221	-180,631
National Institute of Mental Health (NIMH).....	2,140,976	1,985,828	2,112,843	-28,133	+127,015
NIH Innovation Account, CURES Act2/.....	76,000	225,000	225,000	+149,000	---
Subtotal, NIMH.....	2,216,976	2,210,828	2,337,843	+120,867	+127,015
National Human Genome Research Institute (NHGRI).....	639,062	629,154	663,200	+24,138	+34,046
National Institute of Biomedical Imaging and Bioengineering (NIBIB).....	424,590	419,493	440,627	+16,037	+21,134
National Center for Complementary and Integrative Health (NCCIH).....	159,365	183,368	170,384	+11,019	-12,984
National Institute on Minority Health and Health Disparities (NIMHD).....	459,056	659,817	524,395	+65,339	-135,422
John E. Fogarty International Center (FIC).....	86,880	95,801	95,162	+8,282	-639

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2023

(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
National Library of Medicine (NLM).....	479,439	471,998	497,548	+18,109	+25,550
National Center for Advancing Translational Sciences (NCATS).....	882,265	873,654	923,323	+41,058	+49,669
Office of the Director.....	2,616,520	2,302,065	2,642,914	+26,394	+340,849
Common Fund (non-add).....	(657,401)	(645,939)	(722,401)	(+65,000)	(+76,462)
Office for Research on Women's Health (non-add)...	(59,480)	(52,600)	(76,480)	(+17,000)	(+23,880)
Gabiella Miller Kids First Research Act (Common Fund add).....	12,600	12,600	12,600	---	---
NIH Innovation Account, CURES Act 2/.....	150,000	419,000	419,000	+269,000	---
Advanced Research Projects Agency for Health (ARPA-H).	---	5,000,000	---	---	-5,000,000
Buildings and Facilities.....	250,000	300,000	350,000	+100,000	+50,000
Total, National Institutes of Health (NIH).....	43,649,687	48,961,713	46,046,518	+2,396,831	-2,915,195
(Evaluation Tap Funding).....	(1,309,313)	(1,271,505)	(1,412,482)	(+103,169)	(+140,977)
Total, NIH Program Level.....	44,959,000	50,233,218	47,459,000	+2,500,000	-2,774,218