$250,910,000 over the fiscal year 2019 enacted level and $377,845,000 over the fiscal year 2020 budget request. This funding will help support institutions, such as Historically Black Colleges and Universities, Hispanic-Serving Institutions and Tribally Controlled Colleges and Universities.

NIH RESEARCH

The Committee includes $41,084,000,000 for the National Institutes of Health, an increase of $2,219,000,000 within this bill, which is a larger increase than the Committee has provided in three of the previous four fiscal years. This bill ensures a net increase of at least $2,000,000,000 over the previous year for NIH research, despite the loss of $219,000,000 due to reductions in funding made available through the CURES Act.

The Committee continues its ongoing support for NIH initiatives, including the Cancer Moonshot; the BRAIN Initiative; the “All of Us” Precision Medicine Initiative; Alzheimer’s research; and research to develop a universal flu vaccine.

In addition, the bill includes sufficient funding to provide an across-the-board increase of approximately five percent for all Institutes and Centers (IC). The Committee is concerned that Congress has moved too far in the direction of targeted funding for specific initiatives, which has resulted in less funding being available for foundational research that may lead to unforeseeable scientific breakthroughs. This bill maximizes the across-the-board increase for all ICs, thereby ensuring a significant boost for the best peer-reviewed research across all scientific disciplines.

PUBLIC HEALTH SYSTEMS

The Committee makes a significant investment to improve the long-term capacity of Federal, State, and local public health systems. The bill includes $8,275,363,000 for the Centers for Disease Control and Prevention (CDC), an increase of $937,622,000 over the fiscal year 2019 enacted level.

The bill begins a multi-year initiative to modernize public health capacity at CDC and its public health partners at the state and local levels. A new investment of $100,000,000 will start to move our public health system away from antiquated data reporting to a common data platform that will enable the public health workforce to use real-time data to predict and prevent public health threats in the future.

The Committee also invests in existing programs to address some of the country’s most costly chronic diseases. These conditions are costly in reduced quality of life as well as high medical costs. The bill includes a total increase of $44,700,000 to prevent Diabetes and Heart Disease; an increase of $37,500,000 to promote early detection and prevention of cancer; and an increase of $16,000,000 to expand targeted activities to reach underserved minority populations. The bill also includes an increase of $40,000,000 to expand efforts to reduce tobacco use, with an emphasis on the troubling increase in e-cigarette use among youth.
search Support Building 108 and campus infrastructure improvements. These one-time projects will result in enhanced research collaboration and long-term lease cost avoidance.

**CDC-WIDE ACTIVITIES AND PROGRAM SUPPORT**

<table>
<thead>
<tr>
<th>Budget Activity</th>
<th>FY 2020 Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Health and Health Services Block Grant</td>
<td>$160,000,000</td>
</tr>
<tr>
<td>Public Health Leadership and Support</td>
<td>$113,570,000</td>
</tr>
<tr>
<td>Infectious Disease Rapid Response Reserve Fund</td>
<td>$50,000,000</td>
</tr>
</tbody>
</table>

**Infectious Disease Rapid Response Reserve Fund.**—The Committee includes $50,000,000 for the Infectious Diseases Rapid Response Reserve Fund. The Reserve Fund will provide an immediate source of funding to quickly respond to a future, imminent infectious disease crisis that endangers lives. Funds are available until expended.

**Preventive Health and Health Services Block Grant.**—The Committee continues to support the Preventive Health and Health Services Block grant, of which at least $7,000,000 is to support direct services to victims of sexual assault and to prevent rape.

**NATIONAL INSTITUTES OF HEALTH**

<table>
<thead>
<tr>
<th>Budget Activity</th>
<th>FY 2020 Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriation, fiscal year 2019</td>
<td>$39,084,000,000</td>
</tr>
<tr>
<td>Budget request, fiscal year 2020</td>
<td>$34,151,068,000</td>
</tr>
<tr>
<td>Committee Recommendation</td>
<td>$41,084,000,000</td>
</tr>
<tr>
<td>Change from enacted level</td>
<td>$+2,000,000,000</td>
</tr>
<tr>
<td>Change from budget request</td>
<td>$+8,932,932,000</td>
</tr>
</tbody>
</table>

The Committee recommendation for the National Institutes of Health (NIH) program level includes $39,937,179,000 in discretionary appropriations and $1,146,821,000 in Public Health Service Act section 241 evaluation set-aside transfers. Within the total appropriation, the Committee recommendation includes $492,000,000 in budget authority authorized in the 21st Century Cures Act (P.L. 114–255). The bill includes an increase in discretionary budget authority of $2,219,000,000 above the fiscal year 2019 enacted level, which is necessary to maintain an overall increase of $2,000,000,000 while compensating for a reduction of $219,000,000 in funding made available by the Cures Act.

The mission of NIH is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. NIH conducts and supports research to understand the basic biology of human health and disease; apply this under-
standing towards designing new approaches for preventing, diagnosing, and treating disease and disability; and ensure that these approaches are widely available.

The recommendation includes funding for initiatives established in the 21st Century Cures Act, including a total of $195,000,000 for the Cancer Moonshot Initiative; $500,000,000 for the “All of Us” precision medicine initiative (including $149,000,000 from the Cures Act); $411,000,000 for the Brain Research through Application of Innovative Neurotechnologies (BRAIN) Initiative (including $140,000,000 from the Cures Act); and $8,000,000 for regenerative medicine.

The Committee includes specific funding allocations for a number of initiatives and activities detailed in the Institute- and Center-specific sections below. The funding level also allows for an increase of 5 percent outside of these designated activities to support other efforts, including an increase in the number of new and competing Research Project Grants, with a focus on early-stage investigators and investigators seeking first-time renewals. The Committee expects NIH to provide a stipend level increase to training grantees that is consistent with any fiscal year 2020 Federal employee pay raise.

**NATIONAL CANCER INSTITUTE (NCI)**

<table>
<thead>
<tr>
<th>Appropriation, fiscal year 2019</th>
<th>$6,143,892,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget request, fiscal year 2020</td>
<td>5,246,737,000</td>
</tr>
<tr>
<td>Committee Recommendation</td>
<td>6,444,165,000</td>
</tr>
<tr>
<td>Change from enacted level</td>
<td>+300,273,000</td>
</tr>
<tr>
<td>Change from budget request</td>
<td>+1,197,428,000</td>
</tr>
</tbody>
</table>

**Mission.**—NCI leads, conducts, and supports cancer research across the nation to advance scientific knowledge and help all people live longer, healthier lives.

**Cancer Moonshot.**—The Committee directs NIH to transfer $195,000,000 from the NIH Innovation Account to NCI to support the Cancer Moonshot initiative. These funds were authorized in the 21st Century Cures Act (P.L. 114–255).

**Childhood Cancer Data Initiative.**—The Committee includes $50,000,000 for the first year of the Childhood Cancer Data Initiative, as proposed in the fiscal year 2020 budget request. The development of new therapies is important to finding a cure for childhood cancers, many of which have not seen new therapies in decades.

**Brain Cancer in Children.**—The Committee recognizes that brain cancer remains the most fatal of all pediatric cancers. Despite progress in other diseases, pediatric brain cancer survival rates have not improved for decades and have lagged behind the strides made in other cancers. The majority of children who survive may experience lifelong impairments and disabilities that result from high levels of toxicity associated with treatment. The committee strongly encourages NIH to support additional research on pediatric brain cancer, including but not limited to drug delivery methods and new therapies with reduced levels of toxicity and long-term complications.

**Cancer Immunotherapy.**—The Committee continues to be encouraged by new breakthroughs in cancer immunotherapy, which are revolutionizing treatments for a growing number of cancers. The
Committee urges NCI to prioritize research and trials for innovative immunotherapeutic approaches. In some cases, however, the side effects of such treatments are far different than those associated with chemotherapy. Early recognition and management of cancer immunotherapy-related side effects can result in resolution of these side effects before permanent damage is done, and allows for continued cancer treatment. The Committee urges NCI to prioritize research and education on the underlying mechanisms of cancer immunotherapy.

**Children’s Oncology Group.**—The Committee continues to support the important work of the Children’s Oncology Group and encourages NCI to continue their important role in drug development. The majority of childhood cancer patients are enrolled in trials conducted by the Children’s Oncology Group and advances in treatment are dependent on their ability to conduct trials quickly and enroll as many pediatric patients as possible.

**Clinical Trials for Primary Prevention of Breast and Ovarian Cancers.**—The Committee urges NCI to support phase I, phase II, phase II/III, and phase III clinical trials focused on primary immunoprevention of breast cancer and primary immunoprevention of ovarian cancer. The Committee encourages NCI to include costs related to GMP and GLP expenses, direct subject/patient expense reimbursement associated with enrollment, participation, retention, long-term patient outcomes, and long-term research outcomes. These trials should involve relevant underrepresented and minority communities. The Committee encourages NCI to work consultation with NCI-designated Cancer Centers, the National Clinical Trials Network, the NCI Community Research Program, and nonprofit foundations currently working in this area.

**Collaboration Between Agencies Regarding Pediatric Investigation of Appropriate New Drugs.**—The Committee recognizes that Title V of Food and Drug Administration Reauthorization Act (FDARA) amended the Pediatric Research Equity Act (PREA) to support the early evaluation of potentially effective drugs by requiring evaluation of new molecularly targeted drugs and biologics intended for adults with cancer if the drug is directed at a molecular target substantially relevant to the growth or progress of a pediatric cancer. The law directs the FDA, in collaboration with the NCI, to establish, publish, and regularly update a list of molecular targets considered based on data the Agency determines to be adequate, to be substantially relevant to the growth or progression of pediatric cancers, and that may trigger the requirement for pediatric investigations. The Committee encourages NCI and FDA to continue to collaborate with the patient community, providers, and manufacturers, and continue to conduct a transparent and inclusive process to implement FDARA.

**Deadliest Cancers.**—The Committee notes that while more effective screening methods and treatments have lowered overall cancer incidence and death rates, several cancer types with particularly low survival rates have limited screening methods, and effective treatments for these cancers are also limited. The Recalcitrant Cancers Research Act of 2012 defined “recalcitrant cancers” as those with a five-year survival rate below 50 percent. These cancers account for nearly half of all cancer deaths in the U.S. and include cancers of the brain, esophagus, liver, lung, ovary, pancreas,
and stomach. The Committee notes that in fiscal year 2020, NCI will report on the effectiveness of the scientific framework process NCI undertook to carry out implementation of the Recalcitrant Cancers Research Act.

**Early Onset Colorectal Cancer.**—The Committee notes that while overall colorectal cancer incidence rates decreased over the last 20 years, there has been an increase among adults ages 20–54. The Committee urges NCI to support research on the causes for the increased rate of colorectal cancer in this population. The Committee encourages NCI to expand its knowledge of the natural history of the disease to help advance the development of improved screening modalities and treatment.

**Electronic Cigarettes.**—The Committee recognizes that the increased use of electronic cigarettes and similar devices pose possible threats to public health, particularly for teenagers and young adults. While these devices are often promoted as safe alternatives to tobacco, studies suggest they may still contain chemicals that pose health risks to the user. The Committee urges NIH to expand research on the oral health consequences of e-cigarettes, and to consider interdisciplinary collaboration between schools of dentistry and traditional cancer researchers.

**Kidney Cancer.**—The Committee is concerned with the growing number of kidney cancer diagnoses and lack of early detection of the disease. The Committee encourages NCI to continue to prioritize meritorious research that could assist in developing diagnostic tests and early detection techniques.

**Liver Cancer.**—The Committee commends NCI for supporting research on liver cancer and for its inter-institute work to encourage more research focused on liver cancer, but urges greater priority to address the threat of liver cancer, the second deadliest cancer with a five-year survival rate of 20 percent. The Committee also notes that the link between hepatitis B infection and primary liver cancer is well established with up to 60 percent of global liver cancer cases caused by the hepatitis B virus (HBV) and, therefore, encourages continued close collaboration with National Institute of Allergy and Infectious Diseases (NIAID) and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and active participation in the Director's newly-established Trans-NIH Hepatitis B working group. The Committee requests an update on NCI's activities in these areas in the fiscal year 2021 Congressional Justification.

**Melanoma.**—The Committee encourages NCI to support research from development of experimental models to identify mechanisms and associated biomarkers of risk for development of melanoma, new technologies for early detection as well as trials that develop population-based evidence for screening, including ophthalmologic, and sun protection practices. The Committee also encourages collaboration with the FDA to develop scientific review pathways that more efficiently evaluate new sunscreen ingredients.

Discovery of biomarkers of response and resistance is critical at this point in melanoma research. The Committee urges NCI to support mechanistic research into response and resistance to therapy, and to develop a strategic plan across the public and private sector to systematically focus on biomarker research with the most advanced technologies (genetic, gene expression, or protein-based), so
that physicians have the diagnostic tools to deliver personalized medicine to each patient. The Committee also urges NCI to continue the advances in adjuvant therapy by extending research to earlier stage disease and testing shorter, less toxic and more economical regimens. The Committee further encourages research to understand mechanisms that underlie clinical dormancy to provide an effective means of preventing tumor recurrence and improving quality of life and longevity of survivors.

The Committee is aware symptomatic brain (CNS) and leptomeningeal (LMD) metastases remain difficult to treat and may become the last frontier in systemic therapy in melanoma and other cancers. The Committee urges expanding research to identify treatments for CNS and LMD melanoma, which may pave the way for advances in other cancers.

Melanoma is a heterogeneous cancer and includes rare subtypes such as uveal melanoma, the most common cancer of the eye, as well as mucosal and pediatric melanoma. States have difficulty capturing and defining cases due to the complex nature of arriving at the true diagnosis. The Committee encourages NCI to support research through national registries to better understand natural history, epidemiology, as well as patient reported and clinical outcomes in these rare melanoma subtypes.

The Committee requests an update on these requests in the fiscal year 2021 Congressional Justification.

Metastatic Cancer in the Surveillance, Epidemiology, and End Results Registry.—The Committee notes recent discussions about modernizing the Surveillance, Epidemiology, and End Results (SEER) Registry and filling in key data gaps, such as metastatic recurrence. The Committee encourages NCI to advance this effort in a systematic and meaningful way that ultimately improves SEER Registry infrastructure and capabilities.

Office of Cancer Survivorship.—The Committee recognizes that the Office of Cancer Survivorship (OCS) provides leadership in research on a wide range of cancer survivorship topics. However, the Committee recognizes that the needs of childhood cancer survivors are unique. By 2020, there will be at least 500,000 childhood cancer survivors in the U.S. Two-thirds of childhood cancer survivors suffer from at least one health problem late effect caused from their treatment. The Committee urges the OCS to provide a special focus on childhood cancer survivorship, including analyzing secondary prevention strategies that go beyond the standard and routine therapies of diet, exercise and tobacco avoidance and focus on specific needs for childhood cancer survivors, such as psycho-social treatments.

Pancreatic Cancer.—Pancreatic cancer is the third leading cause of cancer-related death in the U.S. More than 56,700 Americans will be diagnosed with the disease in 2019, representing a two percent increase over last year, and pancreatic cancer remains the only major cancer with a five-year survival rate in the single digits at just nine percent. The Committee appreciates NCI’s recent submissions of the five-year updates to the reports required by the Recalcitrant Cancer Research Act of 2012. The Committee encourages NCI to continue to support research efforts to advance progress for patients diagnosed with pancreatic cancer and other cancers with low five-year survival rates.
Pediatric Immunotherapy Trials.—The Committee encourages NCI to collaborate with pediatric immunotherapy trials that are combining novel immunotherapy with the standard-of-care chemotherapy and radiation treatments. The Committee recognizes the need for the expansion of scope in ongoing trials to include more types of pediatric cancers and encourages NCI to use data produced from the trials when creating larger comprehensive data sets.

Prostate Cancer.—The Committee is aware of NCI's efforts in prostate cancer research and encourages additional investment into understanding why certain populations, including African-American men and men with a strong family history of prostate cancer, have the highest incidence rate of this disease. The Committee urges NCI to consider how diagnostic and genetic testing and screening may reduce the rate of mortality among high-risk populations.

Rare Cancer Therapeutic Research and Development Program.—More than 500,000 Americans are diagnosed with a rare form of cancer every year. Rare cancers account for 374 of 396 distinct forms of cancer, and include all pediatric cancers. Each of these forms of cancer would benefit from targeted therapies that frequently work more effectively and with fewer side effects than traditional chemotherapy and radiation. The NCATS novel scientific model has proven successful in addressing other rare diseases and would benefit rare cancer therapeutic development. Therefore, the Committee urges NCI to collaborate with NCATS as appropriate on a rare cancer translational medicine initiative to accelerate the study of commonalities across rare cancers and the development of platform treatments for rare cancers to help patients who often have no other options.

Recalcitrant Cancers.—The Committee encourages NCI to incorporate the deadliest forms of childhood cancers into the recalcitrant cancers category, and to prioritize research on such cancers, which include anaplastic astrocytoma, diffuse intrinsic pontine glioma, glioblastoma, Juvenile myelomonocytic leukemia, high risk neuroblastoma, recurrent osteosarcoma, rhabdomyosarcoma, and diffuse anaplastic Wilms tumors. The Committee urges NCI to utilize available resources to aid in the discovery of better treatments and cures to improve overall childhood cancer survival rates. The Committee requests that NCI include an update on the progress being made to increase childhood cancer research in the Fiscal Year 2021 Congressional Justification.

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

Women and Lung Cancer.—The Committee notes that lung cancer has a disparate impact on women, particularly younger women who have never smoked. Additional research strategies are needed
to explore the differences in women with respect to lung cancer risk factors, incidence, and histology. The Committee urges NCI to accelerate research into treatments and implementation of lung cancer preventive services for women. The Committee requests an update on these activities in the fiscal year 2021 Congressional Justification.

**NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI)**

<table>
<thead>
<tr>
<th>Appropriation, fiscal year 2019</th>
<th>$3,488,335,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget request, fiscal year 2020</td>
<td>3,002,696,000</td>
</tr>
<tr>
<td>Committee Recommendation</td>
<td>3,658,822,000</td>
</tr>
<tr>
<td>Change from enacted level</td>
<td>+170,487,000</td>
</tr>
<tr>
<td>Change from budget request</td>
<td>+656,126,000</td>
</tr>
</tbody>
</table>

**Mission.**—NHLBI provides global leadership for a research, training, and education program to promote the prevention and treatment of heart, lung, and blood disorders and enhance the health of all individuals so that they can live longer and more fulfilling lives.

**Chronic Obstructive Pulmonary Disease.**—The Committee commends NHLBI and HRSA on educating providers and patients, including in rural and low-income communities, on Chronic Obstructive Pulmonary Disease (COPD) awareness, detection and management best practices. The agencies’ efforts in this area are a model for effective collaboration across Federal agencies. The Committee encourages NHLBI to accelerate implementation of the action plan across relevant Federal agencies by supporting research and partnerships with various agencies.

**Alzheimer’s Disease and Vascular Dementia.**—The Committee recognizes the value that well-characterized, longitudinal, population-based cohort studies provide in bringing to light more information about the risk factors related to dementia. By studying participants over time, much can be learned about cognitive decline and early biomarkers that will help us understand the role of environmental and genetic factors in disease development and progression. In time, however, mature cohorts naturally dwindle as participants pass away, requiring that the research mission be adjusted to continue to leverage the previous science and build upon it. Therefore, the Committee urges NHLBI to fund a pilot project on next generation cohorts, with the goal of determining the feasibility of recruiting descendant cohort participants to continue study into the development and progression of risk factors and to detect early signs of cognitive decline.

**Asthma.**—The Committee applauds NHLBI for its efforts to develop new National Asthma Education and Prevention guidelines. According to CDC, 24.6 million U.S. adults and children have asthma. Appropriate asthma management can significantly reduce costly services, including hospitalizations.

**Blood Donor Questionnaire Educational Materials.**—The Committee is concerned that certain FDA guidance in the educational materials provided in the blood donor questionnaire are inappropriate and misguided. The recommendations for deferral should not mention someone’s sexual orientation, and rather focus on risk factors that might expose a potential donor to blood-borne illness. The Committee strongly recommends that NHLBI continue to provide
the FDA with the latest science on the risks of transmission of STIs through blood donation and transfusion.

**Heart Disease.**—Heart disease is the leading cause of death for both men and women in the U.S. Despite significant progress over the last half century, the Committee is concerned that this largely preventable disease continues to place a high burden on our nation’s health and economy. The Committee is discouraged that new evidence shows that previous declines in cardiovascular disease (CVD) have stalled or even reversed for certain demographics. The Committee supports a NIH-wide prioritization of heart research to significantly strengthen the fight against heart disease. We commend NHLBI for its work focused on congenital heart disease, high-risk populations, including rural communities, and on the relationship between high blood pressure and age-related cognitive impairment and dementia. We further support NHLBI for its research on South Asians, who are four times more likely to have heart disease than the general public; experience heart attacks ten years earlier; and have higher mortality rates from heart disease than any other ethnic group.

**Lymphedema and Lymphatic Diseases.**—The Committee commends NHLBI’s efforts to expand research on lymphedema and lymphatic diseases and encourages continued implementation of the research recommendations of the 2015 Trans-NIH Lymphatics Symposium and coordination across relevant Institutes and Centers.

**Reducing Residual Cardiovascular Risk.**—Cardiovascular events account for one of every three deaths in the United States; about 2,300 Americans die of cardiovascular disease each day. Cholesterol therapies, such as statins, have been successful in reducing risk of cardiovascular disease, but substantial residual and untreated risk remains for these individuals beyond cholesterol management. A clinical trial called REDUCE-IT has demonstrated a 25 percent relative risk reduction in major adverse cardiovascular events beyond cholesterol management, from the use of highly purified and stable eicosapentaenoic acid (EPA) in addition to statin therapy. The Committee is concerned that, despite these statistics, many individuals do not regularly access treatments for residual risk beyond statin therapy. The Committee urges NHLBI to support research in this area as well as efforts, particularly through the “Know Your Numbers” campaign, to promote awareness among physicians and patients of the residual cardiovascular risks beyond statin therapy and the importance of taking preventative action to reduce this risk.

**Sickle Cell Disease.**—Sickle cell disease (SCD) is the most common inherited blood disorder in the U.S. Academic medical centers located in states with significant populations of sickle cell patients have made progress in treating the disease through NIH-sponsored clinical trials and through blood and marrow transplantation, which is currently the only therapy that can cure the disease. The Committee urges NHLBI to prioritize and implement robust investment to drastically spur, strengthen, accelerate and coordinate sickle cell disease research. The Committee also encourages NIH to support clinical trials for treatment of SCD, which includes multiple promising approaches to eradicate this disease, save lives, and reduce dramatically the substantial health care costs associated
with SCD for children and adults. Finally, the Committee encourages NIH to consider programs both domestically and globally to evaluate the effectiveness of screening technologies for infants and children with the sickle cell trait and disease.

Sleep and Circadian-Dependent Mechanisms Contributing to Opiate Use Disorder.—The Committee applauds NIDA and NINDS for their work to address the opioid crisis through innovative research directions supported by the Helping to End Addiction Long-Term (HEAL) Initiative. The Committee notes the promise that research on sleep and circadian mechanisms can play in the prevention and treatment of opiate use disorder and encourages NIDA to work collaboratively with NHLBI and other relevant Institutes and Centers to continue the exploration of innovative research pathways.

Sleep Disorders.—The Committee commends the recent expansion and advancement of the sleep and circadian research portfolio under the coordination of the National Center on Sleep Disorders Research (NCSDR). The Committee encourages dedicated research activities on specific sleep disorders, such as narcolepsy and restless legs syndrome, to ensure scientific progress benefits patients impacted by debilitating conditions disordered their sleep and biological rhythms.

The Heart Truth Program.—For over a decade, The Heart Truth program has worked to raise awareness about women’s risk of heart disease. The program’s goals have been to increase awareness that heart disease is the leading cause of death among women and to increase the conversations between women and their healthcare providers. Accordingly, the Committee encourages the NHLBI to continue support for The Heart Truth program, and to continue working closely with its longstanding partners, as well as new, non-traditional partners, to broaden the program’s reach.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH (NIDCR)

<table>
<thead>
<tr>
<th>Appropriation, fiscal year 2019</th>
<th>$461,781,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget request, fiscal year 2020</td>
<td>397,493,000</td>
</tr>
<tr>
<td>Committee Recommendation</td>
<td>484,350,000</td>
</tr>
<tr>
<td>Change from enacted level</td>
<td>+22,569,000</td>
</tr>
<tr>
<td>Change from budget request</td>
<td>+86,857,000</td>
</tr>
</tbody>
</table>

Mission.—The mission of NIDCR is to improve dental, oral, and craniofacial health through research, research training, and the dissemination of health information.

Oral Health.—The Committee recognizes that oral health is integral to overall health and that the oral cavity holds tremendous promise for indicating disease and health issues, targeting therapies, and diagnostic and therapeutic discovery. The Committee encourages NIDCR to continue research on the underlying biologic mechanisms of dental, oral and craniofacial diseases and their potential linkages to other diseases, including cardiovascular disease, Alzheimer’s disease, diabetes mellitus, and others.

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

Appropriation, fiscal year 2019 ......................................................... $2,029,823,000
Budget request, fiscal year 2020 ....................................................... 1,746,493,000
Committee Recommendation ............................................................. 2,129,027,000
Change from enacted level ............................................................. +99,204,000
Change from budget request .......................................................... +382,534,000

Mission.—The NIDDK mission is to conduct and support medical research and research training and disseminate science-based information on diabetes and other endocrine and metabolic diseases; digestive diseases, nutritional disorders, and obesity; and kidney, urologic, and hematologic diseases, to improve people's health and quality of life.

Conditions of the Pancreas.—The Committee encourages NIDDK to further support research activities focused on conditions of the pancreas, particularly pancreatitis and pancreatic cancer, and to consider leveraging collaborative opportunities to advance auxiliary projects for ongoing successful efforts.

End-Stage Renal Disease.—The Committee recognizes the work in supporting critical kidney research that NIDDK has accomplished including end-stage renal disease (ESRD). The Committee continues to encourage NIDDK to work with stakeholders to facilitate new opportunities for research.

Glomerular Diseases.—The Committee recognizes the work that the Cure Glomeruloneuropathy (CureGN) initiative and the Nephrotic Syndrome Study Network (NEPTUNE) are supporting to obtain insights into these diseases that could lead to breakthroughs for critical clinical trials. The Committee encourages NIDDK to continue supporting research that has proven to lead to new therapies.

Hepatitis B.—The Committee notes that hepatitis B virus (HBV) infections are a serious public health threat. The hepatitis B research community convened a virtual consensus conference to prepare a “Roadmap for a Cure” that resulted in identifying the most urgent research questions related to hepatitis B. The Committee urges NIDDK to pursue these research opportunities and to work in coordination with other Institutes and Centers on hepatitis B research planning.

Inflammatory Bowel Diseases.—The Committee continues to encourage NIDDK to incorporate patient centricity in Inflammatory Bowel Diseases (IBD) research, including support for a translational bedside-to-bench research that leverages patient priorities and perspectives with respect to biomedical research, such as personalized medicine approaches, to address a patient-identified clinical need. The Committee recognizes interactions among food, the gut, and the brain/nervous system as an area of high interest to patients and relevant to multiple chronic gastrointestinal diseases that is supported by a growing body of evidence, and identifies it as a potential topic for ongoing research.

Interstitial Cystitis.—The Committee is pleased with the progress of interstitial cystitis research through the MAPP Program. The Committee encourages NIDDK and stakeholders to continue collaboration on a comprehensive state of the science conference to examine mechanisms for scientific opportunity.
Pediatric Kidney Disease.—The Committee is encouraged by the research funded by NIDDK on pediatric kidney disease and continues to urge the Institute to support research toward multicenter clinical and translational research focused on clinical approaches to children with kidney disease. However, the Committee believes that NIDDK could do more to support research toward the development of novel therapeutic strategies that utilize genomics and personalized medicine in this patient population. To this end, the Committee urges NIDDK to fund additional research and support clinical trials in this area. The Committee requests that NIDDK report back in the fiscal year 2021 Congressional Justification on the progress made towards additional pediatric focused clinical trials and novel therapeutic development.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE (NINDS)

Appropriation, fiscal year 2019 ......................................................... $2,274,413,000
Budget request, fiscal year 2020 ....................................................... 2,026,031,000
Committee Recommendation ............................................................. 2,385,571,000
Change from enacted level ............................................................. +111,158,000
Change from budget request .......................................................... +359,540,000

Mission.—The NINDS mission is to seek fundamental knowledge about the brain and nervous system and use that knowledge to reduce the burden of neurological disease.

BRAIN Initiative.—The Committee directs NIH to transfer $70,000,000 from the NIH Innovation Account to NINDS to support the BRAIN Initiative. These funds were authorized in the 21st Century Cures Act (P.L. 114–255). This collaborative effort is revolutionizing the understanding of how neural components and their dynamic interactions result in complex behaviors, cognition, and disease, while accelerating the development of transformative tools to explore the brain in unprecedented ways making information previously beyond reach accessible.

Opioids.—The Committee continues to support the HEAL (Helping to End Addiction Long-Term) Initiative, a trans-NIH effort to speed scientific solutions to stem the national opioid public health crisis. This initiative builds on extensive, well-established NIH research, including basic science of the complex neurological pathways involved in pain and addiction, implement science to develop and test treatment models, and research to integrate behavioral interventions with medication-assisted treatment for opioid use disorder. The Committee includes no less than the fiscal year 2019 enacted level of $250,000,000 within NINDS for this research.

Acute Flaccid Myelitis.—The Committee is aware that there remains no dedicated funding for Acute Flaccid Myelitis (AFM), an inflammatory disease of the spinal cord characterized by acute onset flaccid paralysis that predominantly affects healthy children and young adults. Epidemiological evidence has suggested an association between AFM and circulating viruses which produce respiratory, gastrointestinal and febrile illnesses. AFM falls into the same category of disease as Poliomyelitis. In response to a recent upsurge in cases of AFM in young children, the Committee urges that NIH, including NINDS and NIAID, determine a clinical characterization and disease pathogenesis for AFM.
Advancement of Non-Opioid Chronic Pain Therapies.—Fifty million Americans suffer from chronic pain; living with chronic pain can be life-altering, deeply impacting people on many levels. The current state of chronic pain management is often inadequate for many patients and places an economic burden on the health care system, costing the U.S. $560 billion annually. Management of chronic pain often requires both non-pharmacological treatment as well as medicines. Unfortunately, the current pharmacological options do not meet the needs of all patients, and additional treatments are needed. The Committee requests in the fiscal year 2021 Congressional Justification an update on the progress of the development and advancement of non-opioid chronic pain therapies.

Dystonia.—The Committee commends NINDS for holding a conference on dystonia to revitalize the dystonia research portfolio. The Committee encourages NINDS to follow the recommendations, including identifying new research and therapeutic needs that will lead to a better understanding of dystonia etiology and evaluation of the status of translational research that may lead to more treatment options for those affected by dystonia.

Headache Disorders.—The Committee strongly urges NINDS to fund fundamental, translational, and clinical research on headache disorders, including migraine, post-traumatic headache, the trigeminal autonomic cephalalgias, and intracranial hypo/hyper-tension through the HEAL study.

Parkinson’s Disease.—The Committee commends NINDS for taking critical steps in identifying priority research recommendations to advance research on Parkinson’s disease, which impacts between 500,000 and 1,500,000 Americans and is the second most prevalent neurodegenerative disease in the U.S. The Committee recognizes that NINDS is prioritizing public health concerns with severe gaps in unmet medical needs and supports the research recommendations set forth by the NINDS planning strategy to bring us closer to better treatments and a cure for Parkinson’s disease. The Committee also encourages NINDS to submit an update of its progress on implementing these recommendations in the fiscal year 2021 Congressional Justification.

Peripheral Neuropathies.—The Committee notes the continued progress of ongoing research into Guillain-Barre syndrome (GBS), chronic inflammatory demyelinating polyneuropathy (CIDP), and related conditions. The Committee encourages NINDS to continue its work with NIAID and stakeholders on a state of the science conference on evolving research and scientific mechanisms.

Stroke.—Due in large part to NIH-funded research, the stroke mortality rate has decreased by 71 percent since 1969. Despite this remarkable progress, strokes cost Americans $37 billion annually in health care bills and lost productivity at work. Furthermore, after more than four decades of steep decline, stroke death rates in the U.S. have recently slowed, stalled, or reversed among some groups. The Committee encourages the NINDS to prioritize studies that help develop interventions to reduce health disparities in stroke and to advance promising stroke prevention, treatment, and rehabilitation research, including endovascular therapy and tele-rehabilitation. The Committee also urges continued collaboration with the other Institutes and Centers on research related to vascular contributions to cognitive impairment and dementia.
Traumatic Brain Injury.—The Committee understands that regenerative medicine, including the use of adult stem cells and neuroplasticity may play an important role in developing treatment of Traumatic Brain Injury (TBI). The Committee strongly encourages NINDS to work with all relevant parts of NIH, including NIA, to support a robust and coordinated portfolio of TBI research that explores all promising avenues to facilitate functional repair of damaged circuitry in TBI, including research on regenerative medicine and neuroplasticity. The Committee requests an update in the fiscal year 2020 Congressional Justification on efforts in these specific areas of TBI research.

Valosin-Containing Protein Disease.—The Committee encourages NINDS to support research on the Valosin-Containing Protein (VCP) gene and the related disorders to develop a focused patient natural history study.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID)

Appropriation, fiscal year 2019 ......................................................... $5,523,324,000
Budget request, fiscal year 2020 ....................................................... 4,754,379,000
Committee Recommendation ............................................................. 5,808,268,000
Change from enacted level ............................................................. +284,944,000
Change from budget request .......................................................... +1,053,889,000

Mission.—The NIAID mission is to conduct and support basic and applied research to better understand, treat, and ultimately prevent infectious, immunologic, and allergic diseases.

Universal Influenza Vaccine.—The Committee directs NIAID to allocate at least $200,000,000 to support basic, translational, and clinical research to develop a universal influenza vaccine that provides robust, long-lasting protection against multiple subtypes of flu, rather than a select few. Such a vaccine would eliminate the need to update and administer the seasonal flu vaccine each year and could provide protection against newly emerging flu strains, potentially including those that could cause a flu pandemic. The Committee requests an update on these efforts within 60 days of enactment of this Act.

Combating Antibiotic-Resistant Bacteria.—The Committee includes sufficient funding to maintain NIAID research related to combating antibiotic-resistant bacteria at no less than the fiscal year 2019 enacted level. These funds enable NIAID to support research on antimicrobial (drug) resistance, including basic research on how microbes develop resistance, new and faster diagnostics, and clinical trials designed to find new vaccines and treatments effective against drug-resistant microbes.

2020 AIDS Conference.—The Committee recognizes the United States is hosting the International AIDS Conference for the first time since 2012. The Committee includes $5,100,000 for the U.S. contribution to the AIDS2020 Conference.

Centers for AIDS Research.—As part of the domestic HIV initiative, the Committee includes $51,000,000 for the Centers for AIDS Research, an increase of $6,000,000 above the estimated fiscal year 2019 enacted level and the same as the fiscal year 2020 budget request. These Centers will offer evidence-based practices on prevention and treatment to initiative partners and evaluate the initiative.
**Autoimmune Disease Coordinating Committee.**—The Committee recognizes the devastating impact of autoimmune diseases on the lives of some 50 million Americans and the promise of groundbreaking research underway at NIH to determine underlying causes of autoimmune disease and emerging evidence of connectivity to other conditions, such as cancer. The Committee urges NIH to expand collaborations with internal and external research experts, professional associations, patient groups, and other stakeholders to advance current research priorities, promising areas of inquiry, and opportunities for NIH and the Coordinating Committee to make progress in autoimmune disease research.

**Autoimmune Neuropathies.**—The Committee is pleased at the progress between NIAID and NINDS on a state-of-the-science conference on autoimmune neuropathies research into conditions like Guillain-Barre syndrome (GBS) and chronic inflammatory demyelinating polyneuropathy (CIDP). The Committee continues to encourage both Institutes to continue their work with patient stakeholders on this important conference.

**Celiac Disease.**—The Committee encourages NIH to devote sufficient, focused research to the study of Celiac disease, including the autoimmune causation underpinning the affliction. Today, the only known treatment for this disease is a gluten-free diet; but, recent public and private sector research has revealed that such a “treatment” is insufficient for many who suffer from Celiac disease. Therefore, the Committee urges NIAID to support new research to better coordinate existing research and focus new research efforts toward causation and ultimately, a cure of this disease. NIAID is encouraged to coordinate with other Institutes and Centers as appropriate and to submit its plan for coordination and execution of this research to the Committee on Appropriations no later than 90 days after enactment of this Act.

**Food Allergy Research.**—The Committee recognizes the serious issue of food allergies which affect approximately eight percent of children and ten percent of adults in the U.S. The Committee commends the ongoing work of NIAID in supporting clinical sites for this critical research, including seven sites as part of the Consortium of Food Allergy Research (CoFAR). The Committee urges NIH to support robust investment 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 a proven expertise in food allergy research.

**Gonorrhea.**—The Committee continues to be concerned about the prevalence of gonorrhea, the 75 percent increase in the incidence of this disease over the past nine years, and the drug resistance to multiple classes of antibiotics. The Committee commends NIAID for its efforts in developing new antibiotics to kill the bacterium that causes this disease and encourages NIAID to continue its work in this area for diagnosis, treatments, and cures for this STI.

**Hereditary Angioedema.**—The Committee recognizes NIAID for its ongoing stewardship of the Hereditary Angioedema (HAE) research portfolio, including advancements that have taken HAE from a debilitating and fatal condition to a manageable chronic disease. The Committee notes the potential of gene therapy and other cutting-edge research to further improve health outcomes for HAE.
patients and encourages NIAID to maintain the commitment to HAE research at this critical time.

**HIV Prevention in Women.**—The Committee notes that recent clinical studies have found limited success in the use of PrEP to prevent HIV infection in women. Effective prevention strategies for women are essential to curtailing new HIV infections. The Committee urges NIAID to support research on the most effective strategies for preventing HIV infections.

**Lyme Disease and Other Tick-Borne Diseases.**—The Committee encourages NIAID to intensify research and development on Lyme and other tick-borne diseases, including research that will increase understanding of the full range of processes that cause Lyme disease infection. This should include research on the physiology of *Borrelia burgdorferi* and *Borrelia mayonii*, including the mechanisms of possible persistent infection, potential treatment protocols for extended or long-term symptoms attributed to Lyme and other tick-borne diseases, and development of more sensitive and accurate diagnostic tests for Lyme and tick-borne diseases, including next generation polymerase chain reaction (PCR) and new testing methodologies such as proteomics and metabolomics. The Committee directs NIAID to support research on the heightened incidence of Lyme Disease and vector-borne diseases due to global warming.

**Microbicides.**—The Committee recognizes that with NIH and USAID leadership, research has shown the potential for antiretroviral (ARV) drugs to prevent HIV infection in women. The Committee encourages NIAID to continue coordination with USAID, the State Department, and others to advance ARV-based microbicide development efforts with the goal of enabling regulatory approval of the first safe and effective microbicide for women and supporting an active ARV-based microbicide pipeline to produce additional solutions to prevent HIV and to help end the epidemic.

**Post-Infectious Neuroimmune Disorders.**—The Committee is concerned that children, following streptococcal and other infections, are experiencing the onset of neuropsychiatric and behavioral disorders. These auto-inflammatory encephalopathic conditions, including Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS), are often misdiagnosed. Delays in diagnosis and lack of developed avenues of treatment result in a devastating escalation of mental health symptoms and associated costs. The Committee encourages NIH to prioritize research efforts in this area and report to the Committee on the current understanding of incidence, causes, diagnostic criteria, and treatment of these conditions and to describe the status of research related to this area in the fiscal year 2021 Congressional Justification.

**Syphilis.**—The Committee continues to be concerned about the increased rates in syphilis, the rise in congenital syphilis, and the link between syphilis and transmitting HIV. The Committee commends NIAID for the work in this area and encourages them to continue and accelerate the development of screening tests, vaccines for prevention and new treatment options, for both adults and
newborns, to provide a quicker more efficient way to diagnose and define the stages of this infection.

**Threat of Emerging Infectious Diseases.**—The usage of machine learning, data-driven dynamical modeling, and other big data techniques, to identify early warning signals for outbreaks of rare diseases, is an integral part of scientific research on the ecology and evolution of infectious diseases. The Committee recognizes the threat of Emerging Infectious Diseases (EID) from animals and urges NIH to support further research in disease mapping and forecasting in order to identify early warning signals for outbreaks of emerging diseases. The Committee directs NIH to include a progress report on the use of machine learning and validated mechanistic models to advance critical biomedical research, improve decision support for epidemiological interventions, and enhance human health in the fiscal year 2021 Congressional Justification.

**Tuberculosis.**—Tuberculosis (TB) remains one of the deadliest infectious diseases worldwide. Research has been key to developing the tools currently available to combat TB, such as rapid diagnostic testing, medications, and vaccine for some forms of the disease. However, there is a need for safer and more effective medications, faster diagnostics, and more effective vaccines. The Committee commends NIAID for developing the NIAID Strategic Plan for Tuberculosis Research and urges NIAID to expand research to address the research questions outlined in the Plan and stimulate the development of promising diagnostics, treatments, and vaccines.

**NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES (NIGMS)**

<table>
<thead>
<tr>
<th>Appropriation, fiscal year 2019</th>
<th>$2,872,780,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget request, fiscal year 2020</td>
<td>2,472,838,000</td>
</tr>
<tr>
<td>Committee Recommendation</td>
<td>3,033,183,000</td>
</tr>
<tr>
<td>Change from enacted level</td>
<td>+160,403,000</td>
</tr>
<tr>
<td>Change from budget request</td>
<td>+560,345,000</td>
</tr>
</tbody>
</table>

**Mission.**—NIGMS supports basic research that increases our understanding of biological processes and lays the foundation for advances in disease diagnosis, treatment, and prevention.

**Institutional Development Awards.**—The Committee provides $381,573,000 for the Institutional Development Awards (IDeA) program, an increase of $20,000,000 above the fiscal year 2019 enacted level. IDeA supports high-quality research and investigators throughout the country in States in which the success rate for NIH grants has been historically low.

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

<table>
<thead>
<tr>
<th>Appropriation, fiscal year 2019</th>
<th>$1,506,458,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget request, fiscal year 2020</td>
<td>1,296,732,000</td>
</tr>
<tr>
<td>Committee Recommendation</td>
<td>1,580,084,000</td>
</tr>
<tr>
<td>Change from enacted level</td>
<td>+73,626,000</td>
</tr>
<tr>
<td>Change from budget request</td>
<td>+283,352,000</td>
</tr>
</tbody>
</table>

**Mission.**—NICHD investigates human development throughout the entire life process, with a focus on understanding disabilities and important events that occur during pregnancy.

**Congenital Syphilis.**—The Committee is concerned about the rise of congenital syphilis and the lifelong health effects the disease can have on a child, as well as the link between syphilis, and other
STIs, and the rise in injection drug use. The Committee encourages NICHD to prioritize research in this area and to work with NIAID on new testing, diagnosis, and treatment efforts.

Endometriosis.—The Committee is aware that endometriosis is a serious chronic condition that impacts an estimated one in 10 women in the U.S. between the ages of 18 and 49. Women with this condition can suffer up to 10 years before being properly diagnosed, often due to lack of awareness, invasive methods of diagnosis, and limited treatment options. The Committee directs NICHD to submit a report to the Committee within 180 days of enactment of this Act on the current state of endometriosis, including topics such as disease prevalence, an evaluation of diagnostic standards, treatment options, and outcomes. The report should also identify remaining knowledge gaps in understanding this disease and recommendations for filling these gaps. Further, the Committee encourages NICHD, in collaboration with the CDC, to continue to support education, outreach, and awareness to promote early and accurate diagnosis of endometriosis.

Fertility Issues for Rare Disease Patients.—Patients with rare diseases like thalassemia face a number of issues related to reproductive health due to complications both from their conditions and from their treatments. Because of medical advances, many rare disease patients are now living long enough to contemplate fertility, when it may previously not have been feasible. The Committee requests that NICHD provide an report on current research and future initiatives to address these issues in the fiscal year 2021 Congressional Justification and continue to provide updates to the Committee on advances being made.

Male Reproductive Health.—The Committee encourages NICHD to support research on male mechanisms of infertility. There is a gap in the knowledge of how to diagnose and treat male infertility and abnormal embryo development. The Committee supports research to identify new proteins and sperm structures that are necessary for normal sperm formation and, consequently, for fertility and embryo development.

Maternal Mortality.—The Committee encourages NICHD to continue its support of research into the leading causes of maternal morbidity and mortality. As black women experience maternal mortality at nearly four times the rate of white women, the Committee strongly urges NICHD to support research that investigates factors contributing to this disparity, and tests evidence-based interventions to address this disparity. NICHD should collaborate with NIMHD as appropriate.

Maternal-Fetal Medicine Units Network.—NICHD’s investment in maternal and child health outcomes is essential to understanding rising maternal mortality rates and to optimize maternal and child health. The Committee fully supports the work of the Maternal Fetal Medicine Units network (MFMU) and encourages NICHD to continue to build on its success by ensuring its highly efficient structure of multicenter collaborative research continues. The Committee is particularly concerned that any change in the funding mechanism or structure for the MFMU could compromise the ability of the network to remain nimble and directly address the changing landscape of women’s health, including to reduce health disparities. The Committee directs NICHD to submit a re-
port to the Committee outlining any potential changes being considered to the funding mechanism or structure of the MFMU network within 90 days of enactment of this Act.

Population Research.—Since the Institute’s inception in 1962, NICHD has had a clear mandate to support a robust research portfolio focusing on maternal and child health, the social determinants of health, and human development across the lifespan. NICHD has supported innovative and influential population science initiatives, including numerous scientific research initiatives that have advanced our understanding of specific diseases and conditions, including obesity, autism, and maternal mortality, and, further, how socioeconomic and biological factors jointly determine human health. The Committee urges NICHD to reaffirm its commitment to supporting population research as part of its revised 2020–2024 strategic plan.

Spina Bifida.—The Committee recognizes that Spina Bifida is the most common permanently disabling birth defect in the U.S. While Spina Bifida and related neural tube defects are sometimes preventable through education and adequate daily folic acid consumption, there are an estimated 166,000 individuals, more than half of whom are 18 and older, living with all forms of this complex birth defect. The Committee supports the efforts of the National Spina Bifida Program (NSBP) to continue the Spina Bifida Clinical Care Monitoring and Tracking program, which works with the National Spina Bifida Registry to guide the health care community in best treatment options for people living with Spina Bifida. The Committee encourages NIH to expand the National Spina Bifida Patient Registry to allow for the inclusion of more clinics.

Task Force on Research in Pregnant and Lactating Women.—The Committee is aware that PRGLAC’s report to the Secretary dated September 2018 outlined 15 recommendations to facilitate the inclusion of pregnant women and lactating women in clinical research, and commends the Secretary for extending the task force for two additional years. The Committee believes with this extension, the Task Force should oversee the implementation of the already released recommendations working with other relevant NIH Institutes and Centers as well as the FDA; and should ensure health care professionals and consumers have accurate information on the safety and efficacy of drugs taken by these populations. The Committee looks forward to reviewing future recommendations from the task force and to working with NICHD on this issue. The Committee requests a progress report within 120 days of enactment of this Act.

NATIONAL EYE INSTITUTE (NEI)

Appropriation, fiscal year 2019 ......................................................... $796,536,000
Budget request, fiscal year 2020 ....................................................... 685,644,000
Committee Recommendation ............................................................. 835,465,000
Change from enacted level ............................................................. +38,929,000
Change from budget request .......................................................... +149,821,000

Mission.—NEI conducts and supports basic and clinical research, research training, and other programs with respect to blinding eye diseases, visual disorders, and mechanisms of visual function, preservation of sight, and the special health problems and needs of individuals who are visually-impaired or blind.
Blepharospasm.—The Committee continues to encourage NEI to pursue collaboration with stakeholders on cross-cutting research opportunities that affect all forms of dystonia, including blepharospasm.

Human Ocular Tissue Availability.—The Committee encourages NEI to work with nonprofit eye banks to find solutions to provide high quality, low cost human ocular tissue to universities and other nonprofit research institutions.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES (NIEHS)

Appropriation, fiscal year 2019 ......................................................... $774,707,000
Budget request, fiscal year 2020 ....................................................... 666,854,000
Committee Recommendation ............................................................. 812,570,000
Change from enacted level ............................................................. +37,863,000
Change from budget request .......................................................... +145,716,000

Mission.—NIEHS’s mission is to discover how the environment affects people in order to promote healthier lives.

Asthma.—The Committee notes with concern the evidence suggesting a causal link between air pollution and the development of asthma. The Committee urges NIEHS to explore this potential causal link and any interventions necessary to prevent the development of asthma.

NATIONAL INSTITUTE ON AGING (NIA)

Appropriation, fiscal year 2019 ......................................................... $3,083,410,000
Budget request, fiscal year 2020 ....................................................... 2,654,144,000
Committee Recommendation ............................................................. 3,286,107,000
Change from enacted level ............................................................. +202,697,000
Change from budget request .......................................................... +631,963,000

Mission.—NIA’s mission is to understand the nature of aging and the aging process, and diseases and conditions associated with growing older, in order to extend the healthy, active years of life.

Alzheimer’s Disease.—In recognition that Alzheimer’s disease poses a serious threat to the nation’s long-term health and economic stability, the Committee recommends a total of no less than $2,392,000,000 for Alzheimer’s disease research, as recommended in the NIH Bypass Budget Proposal for Fiscal Year 2020. NIA should continue to address the research goals set forth in the National Plan to Address Alzheimer’s disease, as well as the recommendations from recent research summits on Alzheimer’s disease and related dementias and care and services for individuals living with these conditions.

The Committee commends NIA for its leadership in supporting longitudinal, population-based cohort studies into the causes of dementia. Because rural, poor, and minority populations may be at enhanced risk for dementia, the value and application of these studies is enhanced when they include individuals from various geographic, ethnic, socio-economic and generational backgrounds. The Committee directs NIA to support diversity in its cohort studies, with the specific goal of better understanding disease burden and biomarkers by race and geographic region. The Committee believes this could be accomplished through enhanced partnerships between existing NIA-funded Alzheimer’s Disease Research Centers (ADRC) and non-ADRC dementia centers in high-risk geographic regions or through the creation of new long-term cohorts in under-represented groups/regions.
The Committee also recognizes that as participants in these studies have aged, much has been learned about cognitive decline and the role of mid-life risk factors, but key challenges remain, particularly in the identification of biomarkers and in understanding the role of environmental versus genetic factors. The Committee encourages NIA to support a pilot program to test community-based clinical trials for the prevention of cognitive decline. Such a longitudinal study should include an ethnically representative sample, incorporate genomic and environmental Alzheimer’s disease risk factors, and monitor cognitive and motor function, disability, and morbidity over time.

**Population Research.**—The Committee applauds NIA for supporting an innovative and productive population aging research portfolio. The Committee urges NIA to pursue its plans to renew and expand the Demography and Economics of Aging Centers Program and to reaffirm the Institute’s commitment to supporting population aging research overall as part of its revised strategic directions document, Aging Well in the 21st Century: Strategic Directions for Research on Aging.

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

<table>
<thead>
<tr>
<th>Appropriation, fiscal year 2019</th>
<th>$605,065,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget request, fiscal year 2020</td>
<td>520,829,000</td>
</tr>
<tr>
<td>Committee Recommendation</td>
<td>634,637,000</td>
</tr>
<tr>
<td>Change from enacted level</td>
<td>+29,572,000</td>
</tr>
<tr>
<td>Change from budget request</td>
<td>+113,808,000</td>
</tr>
</tbody>
</table>

**Mission.**—NIAMS’s mission is to support research into the causes, treatment, and prevention of arthritis and musculoskeletal and skin diseases; the training of basic and clinical scientists to carry out this research; and the dissemination of information on research progress in these diseases.

**Alopecia Areata.**—The Committee notes NIAMS leadership is continuing autoimmune research to advance treatment development for alopecia areata and related conditions. The Committee requests an update from NIAMS on developments from cross-cutting autoimmune research projects in the fiscal year 2021 Congressional Justification.

**Epidermolysis Bullosa.**—The Committee continues to recognize promising scientific gains and applauds private partners advancing research in pursuit of treatments for Epidermolysis Bullosa. The Committee encourages NIH to continue supporting research for Epidermolysis Bullosa.

**Scleroderma.**—The Committee notes the work of NIAMS and other stakeholders in the recent discovery of the biomarker CCL2 that can lead to early detection of scleroderma. The Committee continues to encourage NIAMS to support the scleroderma research portfolio and continue collaborative opportunities with other Institutes and community stakeholders to advance critical research.
NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS (NIDCD)

Appropriation, fiscal year 2019 ......................................................... $474,404,000
Budget request, fiscal year 2020 ....................................................... 408,358,000
Committee Recommendation ............................................................. 497,590,000
Change from enacted level ............................................................. +23,186,000
Change from budget request .......................................................... +89,232,000

Mission.—NIDCD conducts and supports biomedical and behavioral research and research training in the normal and disordered processes of hearing, balance, taste, smell, voice, speech, and language. NIDCD also conducts and supports research and research training related to disease prevention and health promotion; addresses special biomedical and behavioral problems associated with people who have communication impairments or disorders; and supports efforts to create devices which substitute for lost and impaired sensory and communication function.

Spasmodic Dysphonia.—The Committee continues to encourage NIDCD to work with stakeholders to advance critical research into spasmodic dysphonia.

NATIONAL INSTITUTE OF NURSING RESEARCH (NINR)

Appropriation, fiscal year 2019 ......................................................... $162,992,000
Budget request, fiscal year 2020 ....................................................... 140,301,000
Committee Recommendation ............................................................. 170,958,000
Change from enacted level ............................................................. +7,966,000
Change from budget request .......................................................... +30,657,000

Mission.—The mission of NINR is to promote and improve the health of individuals, families, and communities. To achieve this mission, NINR supports and conducts clinical and basic research and research training on health and illness, research that spans and integrates the behavioral and biological sciences, and develops the scientific basis for clinical practice.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM (NIAAA)

Appropriation, fiscal year 2019 ......................................................... $525,591,000
Budget request, fiscal year 2020 ....................................................... 452,419,000
Committee Recommendation ............................................................. 551,278,000
Change from enacted level ............................................................. +25,687,000
Change from budget request .......................................................... +98,859,000

Mission.—NIAAA's mission is to generate and disseminate fundamental knowledge about the effects of alcohol on health and well-being, and apply that knowledge to improve diagnosis, prevention, and treatment of alcohol-related problems, including alcohol use disorder, across the lifespan.

NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

Appropriation, fiscal year 2019 ......................................................... $1,419,844,000
Budget request, fiscal year 2020 ....................................................... 1,296,379,000
Committee Recommendation ............................................................. 1,489,237,000
Change from enacted level ............................................................. +69,393,000
Change from budget request .......................................................... +192,858,000

Mission.—NIDA's mission is to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health.

Opioids.—The Committee continues to support the HEAL (Helping to End Addiction Long-Term) Initiative, a trans-NIH effort to
speed scientific solutions to stem the national opioid public health crisis. This Initiative builds on extensive, well-established NIH research, including basic science of the complex neurological pathways involved in pain and addiction, implementation science to develop and test treatment models, and research to integrate behavioral interventions with medication-assisted treatment for opioid use disorder. The Committee includes no less than the fiscal year 2019 enacted level of $250,000,000 within NIDA for this research.

The Committee continues to be extremely concerned about the crisis of prescription opioids, heroin, and illicit synthetic opioid use, addiction and overdose in the U.S. Approximately 192 people die each day in this country from drug overdose (over 130 of those are directly from opioids). This crisis has been exacerbated by the availability of illicit fentanyl and its analogs in many communities. The Committee appreciates the important role that research plays in the various federal initiatives aimed at this crisis. The Committee encourages NIDA to emphasize: the development of safe and effective medications, including new formulations and combinations to treat opioid use disorders and to prevent and reverse overdose; the role of comprehensive care models to prevent opioid misuse, expand treatment capacity, enhance access to overdose reversal medications, and enhance prescriber practice; testing the effectiveness of medications and other treatment interventions within the justice system; and developing evidence-based strategies to integrate screening and treatment for opioid use disorders in emergency department and primary care settings.

**Addressing the Opioid Crisis in Rural Regions.**—The Committee encourages NIDA to continue its partnership with the CDC, SAMHSA, and the Appalachian Regional Commission in support of research to help communities develop comprehensive approaches to prevent and treat consequences of opioid injection, including substance use disorders, overdose, HIV, hepatitis B and C virus infections, and sexually transmitted infections. These projects will serve as models for addressing the consequences associated with opioid injection epidemics that can be implemented by health systems in similar rural communities in the U.S.

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

**Electronic Cigarettes.**—The Committee understands that electronic cigarettes (e-cigarettes) and other vaporizing equipment are increasingly popular among adolescents, and requests that NIDA fund research on the use and consequences of these devices. The Committee also supports the Population Assessment of Tobacco and Health (PATH) Study, a collaboration between NIDA and the FDA Center for Tobacco Products to help scientists learn how and why people start using tobacco products, quit using them, and start
using them again after they have quit, as well as how different tobacco products affect health outcomes over time.

_The HEALthy Brain and Child Development Study._—The Committee recognizes and supports the NIH HEALthy Brain and Child Development (HEALthy BCD) Study, which will establish a large cohort of pregnant women, including those affected by the opioid crisis, and follow them and their children for at least 10 years. This knowledge will be critical to help predict and prevent some of the known impacts of pre- and postnatal exposure to drugs or adverse environments, including risk for future substance use, mental disorders, and other behavioral and developmental problems. The Committee recognizes that the HEALthy BCD Study is supported in part by the HEAL Initiative, and encourages other NIH Institutes, such as NICHD, NIMH, NHLBI, NCI, NIAAA, NIMH, NINR, as well as the Office of the Director, to support this important study.

_Housing Supports and Substance Use Disorder Treatment Outcomes and Costs._—The Committee acknowledges that there is growing anecdotal evidence to suggest a strong correlation between successful substance use disorder treatment outcomes and stable housing arrangements, especially for those facing mental health challenges or of limited economic means. The Committee strongly encourages NIDA to support a multidisciplinary academic research partnership using clinical expertise and cost function analysis (CFA) to assess how affordable housing impacts substance use disorder treatment outcomes and costs in acutely affected regions like New England where, according to the Federal Reserve Bank of Boston, each state in the six-state region spends more per capita on opioid related costs including criminal justice, medical treatment, and medical complications, and where treating opioid use disorder on an emergency and long-term basis comprises the majority of costs.

_Kratom._—The Committee requests that NIH expand research on all health impacts of kratom, including its constituent compounds, mitragynine, and 7-hydroxymitragynine. The Committee is aware of the potential promising results of kratom for acute and chronic pain patients who seek safer alternatives to sometimes dangerously addictive and potentially deadly prescription opioids.

_Marijuana Research._—The Committee is concerned that marijuana public policies in States (medical marijuana, recreational use, etc.) are being changed without the benefit of scientific research to help guide those decisions. The Committee encourages NIH to continue supporting a full range of research on the health effects of marijuana and its components, including research to understand how marijuana policies affect public health.

_Raising Awareness and Engaging the Medical Community in Drug Abuse and Addiction Prevention and Treatment._—The Committee notes that education is a critical component of any effort to curb drug use and addiction, and it must target every segment of society, including healthcare providers (doctors, nurses, dentists, and pharmacists), patients, and families. Medical professionals must be in the forefront of efforts to curb the opioid crisis. The Committee continues to be pleased with the NIDAMED initiative, targeting physicians-in-training, including medical students and resident physicians in primary care specialties (e.g., internal medi-
The Committee encourages NIDA to continue its efforts in this space, providing physicians and other medical professionals with the tools and skills needed to incorporate substance misuse and addiction screening and treatment into their clinical practices. The Committee encourages NIDA and CDC to develop strategies for increasing participation in its online continuing medical education course on safe prescribing for pain and managing patients who misuse prescription opioids. The Committee also encourages NIDA and CDC to develop strategies for increasing participation in its online continuing medical education courses on safe prescribing for pain and managing patients who abuse prescription opioids.

NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

Appropriation, fiscal year 2019 ......................................................... $1,870,296,000
Budget request, fiscal year 2020 ....................................................... 1,630,442,000
Committee Recommendation ............................................................. 1,961,704,000
Change from enacted level ............................................................. +91,408,000
Change from budget request .......................................................... +331,262,000

Mission.—NIMH’s mission is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure.

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

BRAIN Initiative.—The Committee directs NIH to transfer $70,000,000 from the NIH Innovation Account to NIMH to support the BRAIN Initiative. These funds are authorized by the 21st Century Cures Act (P.L. 114–255). This collaborative effort is revolutionizing our understanding of how neural components and their dynamic interactions result in complex behaviors, cognition, and disease, while accelerating the development of transformative tools to explore the brain in unprecedented ways making information previously beyond reach accessible.

Disproportionate Suicides by Youth of Color.—The Committee is pleased with NIMH efforts to prioritize suicide prevention research. The Committee notes that the rate of suicide has increased by 2 percent each year since 2006, and that suicide is the second leading cause of death among children ages 10 to 17. The Committee is especially concerned with recent findings that African-American children ages 5 to 12 are dying by suicide at nearly twice the rate of their white counterparts. Accordingly, the Committee encourages NIMH to continue its support of research to address youth suicide, with a focus on addressing the disparity in youth of color. NIMH should collaborate with other NIH institutes, including NIMHD, as appropriate.
NATIONAL HUMAN GENOME RESEARCH INSTITUTE (NHGRI)

Appropriation, fiscal year 2019 ................................................. $575,579,000
Budget request, fiscal year 2020 ................................................. 495,448,000
Committee Recommendation .................................................... 603,710,000
Change from enacted level .................................................... +28,131,000
Change from budget request ................................................... +108,262,000

Mission.—NHGRI’s mission is to accelerate scientific and medical breakthroughs that improve human health by driving cutting-edge research, developing new technologies, and studying the impact of genomics on society.

Emerging Centers of Excellence in Genomic Sciences.—The Committee includes $10,000,000 for a new competitively awarded center-based award program for “Emerging Centers of Excellence”. The purpose of the awards is to build capacity at institutions that are not prior or present awardees of the Centers for Excellence in Genomic Sciences program. The Committee urges NHGRI to include plans for sustainment of this capacity-building mechanism in its 2020 vision report.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING (NIBIB)

Appropriation, fiscal year 2019 ................................................. $389,464,000
Budget request, fiscal year 2020 ................................................. 335,986,000
Committee Recommendation .................................................... 408,498,000
Change from enacted level .................................................... +19,034,000
Change from budget request ................................................... +72,512,000

Mission.—The NIBIB mission is to improve health by leading the development and accelerating the application of biomedical technologies.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES (NIMHD)

Appropriation, fiscal year 2019 ................................................. $314,679,000
Budget request, fiscal year 2020 ................................................. 270,870,000
Committee Recommendation .................................................... 341,244,000
Change from enacted level .................................................... +26,565,000
Change from budget request ................................................... +70,374,000

Mission.—NIMHD’s mission is to lead scientific research to improve minority health and reduce health disparities.

Research Centers at Minority Institutions.—The Committee recognizes the important role of the RCMI program in developing the infrastructure required to enhance biomedical research conducted at historically minority serving institutions. This infrastructure is critical to supporting the development of new investigators and sustaining an established workforce conducting world-class biomedical research that emphasizes the advancement of minority health and the reduction of health disparities. Therefore, the Committee includes $75,000,000, an increase of $11,186,000, for RCMIs to ensure that critical capacity development in historically minority graduate and health professional schools continues to be enhanced to meet these critical needs. In addition, the Committee recognizes the importance of the RCMI Translational Research Network in ensuring that collectively, institutions can engage in multi-site collaborative research.
Research Endowment Program.—The Committee is concerned by NIMHD’s lack of engagement with stakeholders and the broader community regarding Research Endowment Program (REP) eligibility. The Committee urges NIMHD to move forward with the recommendations made by the Advisory Council workgroup to restore endowment eligibility for REP to the original Congressional intent. The Committee requests that NIMHD report to the Committee on progress made to implement these recommendations prior to NIMHD issuing its next FOA for REP.

Focal Segmental Glomerulosclerosis.—The Committee encourages NIMHD to collaborate with other Institutes and Centers and stakeholders to expand research opportunities on the APOL1 gene that causes African-Americans to be disproportionately affected by focal segmental glomerulosclerosis.

Interdisciplinary Rural African-American Aging Research.—Although racial and rural disparities in health have been well-documented, there remain major gaps in our understanding of how psycho-social stressors, particularly those salient and unique to the experiences of rural African-Americans, contribute to multi-system aging across biological systems. The committee urges NIMHD to work with extramural partners to develop the infrastructure needed for conducting interdisciplinary aging epidemiologic studies in rural contexts despite the above challenges. The committee encourages NIMHD to prioritize efforts focused on establishing partnerships with rural stakeholders and service providers; implementing a multistage probability sampling design for rural populations, and creating a sophisticated recruitment and project management and database system; and conducting research involving collection of biological and physiological aging measures, specifically in rural areas through the application of novel methods to collect biospecimens in participants’ homes.

Maximizing Access to Research Careers.—The Committee recognizes the importance of the Maximizing Access to Research Centers (MARC) program and encourages the continuation and enhancement of efforts underway with our nation’s historically black colleges and universities (HBCUs). The Committee also recognizes the important work of those HBCUs located in rural parts of the U.S., particularly the Black Belt region in educating significant numbers of underserved students in STEM fields, and it encourages the NIH to continue and strengthen its engagement of institutions located in this region.

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH
(NCCIH)

<table>
<thead>
<tr>
<th>Appropriation, fiscal year 2019</th>
<th>$146,473,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget request, fiscal year 2020</td>
<td>126,081,000</td>
</tr>
<tr>
<td>Committee Recommendation</td>
<td>153,632,000</td>
</tr>
<tr>
<td>Change from enacted level</td>
<td>+7,159,000</td>
</tr>
<tr>
<td>Change from budget request</td>
<td>+27,551,000</td>
</tr>
</tbody>
</table>

Mission.—The mission of NCCIH is to define, through rigorous scientific investigation, the usefulness and safety of complementary and integrative health interventions and their roles in improving health and health care.
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES (NCATS)

Appropriation, fiscal year 2019 ......................................................... $806,373,000
Budget request, fiscal year 2020 ....................................................... 694,112,000
Committee Recommendation ............................................................. 845,783,000
Change from enacted level ............................................................. +39,410,000
Change from budget request .......................................................... +151,671,000

Mission.—NCATS was established to transform the translational process so that new treatments and cures for disease can be delivered to patients faster.

Clinical and Translational Science Awards.—The Committee expects NIH to fund Clinical and Translational Science Awards at not less than the level provided in fiscal year 2018.

JOHN E. FOGARTY INTERNATIONAL CENTER (FIC)

Appropriation, fiscal year 2019 ......................................................... $78,109,000
Budget request, fiscal year 2020 ....................................................... 67,235,000
Committee Recommendation ............................................................. 84,926,000
Change from enacted level ............................................................. +6,817,000
Change from budget request .......................................................... +17,691,000

Mission.—FIC’s mission is to support and facilitate global health research conducted by U.S. and international investigators, building partnerships between health research institutions in the U.S. and abroad, and training the next generation of scientists to address global health needs.

NATIONAL LIBRARY OF MEDICINE (NLM)

Appropriation, fiscal year 2019 ......................................................... $441,997,000
Budget request, fiscal year 2020 ....................................................... 380,463,000
Committee Recommendation ............................................................. 463,599,000
Change from enacted level ............................................................. +21,602,000
Change from budget request .......................................................... +83,136,000

Mission.—The NLM collects and organizes information important to biomedicine; serves as a national information resource for medical education, research, and health service activities; enhances access to biomedical literature through electronic services; serves the public by providing electronic access to reliable health information for consumers; supports and directs the national network of libraries of medicine; provides grants for research in biomedical communications, medical library development, and training health information specialists; conducts and supports research in biomedical informatics and computational biology; and creates information resources for genomics, molecular biology, toxicology, medical images, environmental health, emergency preparedness and response, and health services research.

OFFICE OF THE DIRECTOR (OD)

Appropriation, fiscal year 2019 ......................................................... $1,999,075,000
Budget request, fiscal year 2020 ....................................................... 1,756,544,000
Committee Recommendation ............................................................. 2,049,995,000
Change from enacted level ............................................................. +140,917,000
Change from budget request .......................................................... +293,448,000

Mission.—The OD provides leadership to NIH research enterprise and coordinates and directs initiatives that crosscut NIH. OD is responsible for the development and management of intramural and extramural research and research training policy, the review of program quality and effectiveness, the coordination of selected
NIH-wide program activities, and the administration of centralized support activities essential to the operations of NIH.

**All of Us Program.**—The Committee provides a total of $500,000,000 for the All of Us precision medicine initiative, an increase of $124,000,000 above the fiscal year 2019 enacted level.

The Committee recognizes the importance of including populations historically underrepresented in biomedical research in the All of Us research program, a key component of the precision medicine initiative. By ensuring meaningful and broad inclusion, the program ensures more equitable benefit from future medical discoveries using All of Us data, including those in the field of cancer research. The Committee directs NIH to continue its efforts to recruit and retain participants from these historically underrepresented populations so that the All of Us scientific resources reflect the rich diversity of our country.

**Biomedical Research Facilities.**—The Committee includes $25,000,000 for grants or contracts to public and 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.

We also support the Director's efforts to ensure geographic and institutional diversity of the grant program through the Institutions of Emerging Excellence, and direct NIH to allocate no less than 25 percent of funding for this program to these institutions.

**Common Fund.**—The Committee recommends $617,761,000 for the Common Fund (CF), and an additional $12,600,000 provided to support the Gabriella Miller Kids First Research Act for the sixth year of the ten-year Pediatric Research Initiative. NIH is expected to continue the longstanding CF policy for projects to be short-term, high-impact awards, with no projects receiving funding for more than ten years.

**Environmental Influences on Child Health Outcomes.**—The Committee includes no less than the fiscal year 2019 enacted level for the Environmental Influences on Child Health Outcomes (ECHO) Project, which has the potential to greatly increase understanding of these critical determinants of health across the lifespan, through its observational cohorts and the IDEAS States Pediatric Clinical Trials Network. The Committee encourages continued communication about the program's progress toward goals, milestones, and projected funding estimates with both external stakeholders and Congress.

**Regenerative Medicine.**—The Committee provides $8,000,000 for regenerative medicine activities authorized in the 21st Century Cures Act.

Regenerative medicine and tissue engineering are emerging disciplines that aim to revolutionize the treatment of disease by providing cures rather than treating symptoms. Approaches include the use of Induced Pluripotent Stem Cell technology, derived from adult skin cells, to provide limitless supplies of cells for transplant therapy and disease modeling as well as bioengineering and tissue engineering to generate replacement tissues and organs. The Committee encourages NIH to support research into the fields of regenerative medicine and tissue engineering.

**Advisory Committees.**—The Committee is concerned that despite the legal requirement that all NIH advisory councils have at least
two representatives from the fields of public health and the behavioral or social sciences, recent reviews of the membership of advisory councils reveal that not all Institutes and Centers are in compliance with this requirement. The Committee urges compliance with this statute and requests a report on the fields of public health and behavioral and social sciences that are represented on each advisory committee.

**Biorepository Catalog.**—The Committee is encouraged by efforts within the medical research community to better understand chronic diseases through biorepositories which store medical tissues and associated information for scientific research. Increasing awareness and utilization of these biorepositories by the wider medical community would be highly useful to science, medicine, and national security. The Committee directs NIH to partner with one or more research institutions to implement innovative approaches for improving the discoverability of biorepositories for tissues and associated data for cardiovascular diseases, neurodegenerative diseases, and cancer. The Committee expects NIH, along with the sponsoring research institution or institutions, to establish protocols for the release of tissues and associated data from such biorepositories.

**Harassment Policies.**—The Committee recognizes that recent events make clear that harassment occurs in all workplaces, including science and medicine, and that changing the culture that fosters sexual harassment will require sustained commitment and resources. The National Academies of Sciences, Engineering, and Medicine report released last year found that sexual harassment is rampant in the labs and institutions supported by NIH and American taxpayers. The Committee commends NIH for taking steps to remind institutions of the agency's expectation that they implement and enforce policies for reporting sexual harassment and notify NIH when key personnel named on an NIH grant award have been removed because of sexual harassment concerns. However, as the funder of the vast majority of biomedical research conducted in the U.S., the Committee believes NIH must play a more active role in changing the culture that has long perpetuated the problem. The Committee directs NIH to require institutions not just to notify the agency when key personnel named on an NIH grant award are removed because of sexual harassment concerns, but also when they are placed on administrative leave for such concerns, and to submit to the Committee plans to implement measures that attend to harassment in extramural settings with the same level of attention and resources as those devoted to other research misconduct. The Committee also directs NIH to support research in the areas identified in the Report, including the psychology underlying harassment and the experiences and outcomes of diverse groups when subjected to harassment. Additionally, the Committee directs NIH to collaborate with the National Academies to develop best practices for developing more diverse and inclusive cultures in the grantee research environments, including training individuals in institutions that receive NIH funds to recognize and address sexual harassment, and evaluating the efficacy of various sexual harassment training programs.

**Mitochondrial Disease.**—The Committee is aware that medical research continues to identify new mitochondrial disorders and to
confirm the central role that mitochondrial dysfunction plays in a host of major diseases. The Committee urges the Director to support one or more mitochondrial disease centers of excellence. The Committee also encourages the Director to continue supporting and empowering efforts to coordinate this work, including through the trans-NIH Mitochondrial Disorders Working Group. The Committee strongly supports continuing the work of the North American Mitochondrial Disease Consortium (NAMDC) and the Mitochondrial Disease Sequence Data Resource (MSeqDR) Consortium, and applauds the work of NINDS to develop the first set of Common Data Elements (CDEs) for mitochondrial disease to support further research, including through the BRAIN Initiative as well as the All of Us and ECHO research programs.

Needs of Children in NIH-Wide Initiatives.—The Committee requests an update from the NIH Director within 120 days of enactment of this Act on how NIH will focus on the unique needs of children in its NIH-wide initiatives that span multiple institutes and centers, as well as its highest priority initiatives, including but not limited to the All of Us Research Program, the BRAIN Initiative, and the Cancer Moonshot. The Committee asks that this update describe the inclusion of pediatric subjects, research relevant to pediatrics, specific funding allocations, support for pediatric physician scientists, and a strategy to more proportionally target funds within these initiatives to pediatric research. The Committee commends NIH for the establishment of the Trans-NIH Pediatric Research Consortium to help coordinate pediatric research at NIH. The Committee also requests an update on the activities of the Consortium and its plans to better coordinate pediatric research across the institutes, including identifying gaps and opportunities for collaboration.

Office of AIDS Research.—The Committee directs NIH to increase funding for HIV/AIDS research by at least the same percentage as the increase in NIH overall funding. The Committee recognizes that OAR’s AIDS allocation to each IC is based on scientific need and opportunity. Therefore, individual IC AIDS budgets may not each grow at the same rate, but total AIDS and non-AIDS funding will continue to grow at a comparable rate.

Office of Behavioral and Social Sciences Research.—The OBSSR was established to coordinate and promote basic, clinical, and translational research in the behavioral and social sciences in support of the NIH mission. The Committee supports OBSSR’s activities aimed at strengthening these sciences by enhancing trans-NIH investments in longitudinal datasets, technology in support of behavior change, innovative research methodologies, and promoting the inclusion of behavioral and social sciences in initiatives at the NIH Institutes and Centers. In partnership with other Institutes and Centers, OBSSR co-funds highly-rated grants that the ICs cannot fund alone. While the NIH budget has grown in recent years, OBSSR funding has remained stagnant. Therefore, the Committee encourages NIH to provide OBSSR funding commensurate with increases given to the ICs.

Women and Opioid Use Disorder.—Research suggests that gender differences in opioid use have significant implications for preventing opioid misuse and treating pain and opioid use disorder (OUD). For example, women are more likely to be prescribed
opioids for pain, even for chronic conditions such as headache for which there is little evidence that opioids are an effective treatment. Some medications for treatment of addiction are not as effective in women as they are in men, and vice versa. Additionally, OUD treatment approaches that address an individual’s needs as a caregiver, such as child care and domestic counseling, have shown improved engagement of women in treatment. However, much of what is known about substance use interventions is based on the experiences and concerns of men. The Committee urges NIH to support research related to women and OUD, including research that identifies treatment approaches that may be more effective in women.

Women in Research.—Women represent half of the U.S. population. As such, conditions and diseases that are specific to women’s health, or those that present differently in women than men, must be a priority for Federally-funded research. The Committee encourages the NIH, under the leadership of the Office of Research on Women’s Health and the NICHD, to do the following: report on the total dollar amount of research invested in health conditions specific to women over the last ten years, including but not limited to pregnancy, gynecologic oncology, and infertility; provide a list of which Institutes provide the highest amount of funding toward health research on conditions specific to women; and report on how and whether funding for research in this area is coordinated across the NIH. The Committee looks forward to a report from the NIH in the fiscal year 2020 Congressional Justification.

Multi-Institute Research Issues

Firearm Injury and Mortality Prevention Research.—The Committee includes at least $25,000,000 to support research on the prevention of gun violence. Research should focus on biological, behavioral, and environmental mechanisms that underlie aggression, as well as prevention of self-directed violence.

Trisomy 21.—The Committee commends NIH for its support of the Investigation of Co-Occurring Conditions Across the Lifespan to Understand Down Syndrome (INCLUDE) Initiative. The Committee includes no less than $60,000,000 within the Office of the Director for the INCLUDE Initiative, an increase of $22,000,000 above the expected fiscal year 2019 funding level. The Committee expects that this multi-year, trans-NIH research initiative may yield scientific discoveries that could significantly improve the health and quality of life of individuals with Down syndrome as well as millions of typical individuals.

Amyloidosis.—The Committee encourages NIH to continue its expansion of research efforts into amyloidosis, a group of rare diseases characterized by abnormally folded protein deposits in tissues. Amyloidosis is often fatal, and there is no known cure. Left untreated, there is an average survival of 15 months. Current methods of treatment are risky and unsuitable for many patients. The Committee directs NIH to inform the Committee on the steps taken to increase the understanding of the causes of amyloidosis and the measures taken to improve the diagnosis and treatment of this devastating group of diseases in the fiscal year 2021 Congressional Justification.
Amyotrophic Lateral Sclerosis (compromise language proposed by NIH).—The Committee directs the NIH Director to facilitate further efforts involving at a minimum, NINDS and NIA to study ALS disease mechanisms and identified genes to facilitate the expeditious development of targeted therapies. These efforts shall bring together research results that will be available to academic researchers, nonprofit organizations, and industry researchers, and will supplement, not supplant, existing NIH-supported activities for ALS research. The near-term research opportunity to find a cure is real for ALS. Any such breakthroughs will have significant benefits for related neurological conditions including traumatic brain injury (TBI), Parkinson’s, and Alzheimer’s. The Committee directs the NIH to report to the Committee within 180 days of enactment of this act on progress in furthering these research areas.

Brain and Body Health.—The Committee encourages partnership and collaboration with entities able to explore the similarities in the brains and comorbid conditions of those with Alzheimer's disease, dementia, and autism, to facilitate studies related to brain and body health, including studies designed to improve and empirically validate a variety of supports for complex conditions.

Childhood Post-Infectious Neuroimmune Disorders.—The Committee is concerned that children, following streptococcal and other infections, are experiencing the onset of neuropsychiatric and behavioral disorders. These auto-inflammatory encephalopathic conditions, including Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS), are often misdiagnosed. Delays in diagnosis and lack of developed avenues of treatment result in a devastating escalation of mental health symptoms and associated costs. The Committee encourages the NIH to prioritize research efforts in this area and report to the Committee on incidence, causes, diagnostic criteria, and treatment of these conditions, including ways to further understanding and improve clinical care.

Chronic Fatigue Syndrome.—The Committee commends the NIH on its new ME/CFS efforts, including its plans for a 2019 conference on accelerating research into ME/CFS and its formation of the National Advisory Neurological Disorders and Stroke (NANDS) Council Working Group. The Committee encourages NIH to expand ME/CFS efforts such as (1) new ME/CFS disease specific funding announcements, including those with set-aside funds, to deliver needed diagnostics and treatments as quickly as possible; (2) an initiative to reach consensus on the ME/CFS case definition, and (3) mechanisms to incentivize researchers to enter the field.

Coordination with the National Endowment for the Humanities.—The Committee supports interagency collaboration between NIH and the National Endowment for the Humanities (NEH). The Committee strongly encourages NIH to engage with NEH in collaborative funding initiatives that combine research in health and medical fields with scholarship originating in humanities disciplines. The Committee recognizes that integrated research and education should include scientists, health professionals, and humanists to create opportunities for new approaches to both research and practice in health care.
**Dual Diagnosis Addiction and Mental Health Research.**—A Surgeon General report recently showed that over 40 percent of Americans with a substance use disorder suffer a dual diagnosis with co-morbid mental illness. Understanding the relationship between mental illness and addiction is imperative to providing effective treatment. The Committee encourages NIMH, NIDA, and other relevant Institutes and Centers as appropriate to support research on this topic.

**Duchenne Muscular Dystrophy.**—Duchenne muscular dystrophy is a severe type of muscular dystrophy for which there is no cure and for which the average life expectancy is in the second decade. The Committee strongly encourages NIH to significantly expand its support for research on Duchenne muscular dystrophy, particularly accelerating and optimizing the clinical trial process through novel and innovative trial designs, such as platform trials, which might serve as a model for other rare diseases communities. The Committee also urges NIH to support methodological research on challenges, such as redosing, manufacturing supply, and potential immune response, associated with the advent of gene therapies for rare diseases, such as Duchenne.

**Ehlers-Danlos Syndrome.**—The Committee encourages NIH to support research with respect to Ehlers-Danlos Syndrome and related connective tissue disorders.

**Fibrotic Diseases.**—The Committee notes recent discoveries by Institutes concerning fibrotic diseases. The Committee continues to encourage NIH to work to advance critical fibrotic disease research.

**Food is Medicine.**—The Committee recognizes the important role of nutrition in health outcomes and commends work being done across integrated care organizations, as coordinated by NIDDK, to conduct research on Food is Medicine. The Committee further encourages additional collaboration among the Institutes on these topics, included but not limited to: medically-tailored meals, medical nutrition therapy, produce prescription programs, maternal nutrition, and gut microbial changes.

**Fragile X.**—The Committee commends NIH for supporting research to understand the nature of Fragile X (FX) and its association with other conditions such as autism. The Committee encourages NIH to continue to fund at least three FX research centers, supporting interdisciplinary research in important new areas. The Committee urges NIH to assure that the FX research centers program includes clinical and translational research that directly addresses the needs of affected children and their families, and that applicants for new centers may propose clinical trials as part of their research portfolio. Given the inextricable connection between the FX protein and autism, the Committee urges the Director and her counterparts at each institute with Fragile X and autism portfolios to explore ways to create greater efficiency and synergy among these two research tracks to accelerate translational research toward a better understanding of both conditions and to shorten the time to bring effective treatments for both conditions to market including the funding for clinical trials for both disorders.

**Full Spectrum of Medical Research.**—The Committee applauds NIH efforts to support and advance the full spectrum of medical research, which ensures breakthroughs in basic science are trans-
lated into therapies and diagnostic tools that benefit patient care while disseminating cutting-edge information to the professional community. The Committee notes the importance of flagship initiatives, including the Clinical and Translational Science Awards program, to these important efforts.

Gene-Environment Interactions in Neurodegenerative Disorders in the Diverse Populations of African-Americans and Latinos.—In the context of NIH's robust neurological disease research portfolio, the committee commends the leadership of the NIH in advancing the relevant objectives of the 21st Century Cures Act and the BRAIN Initiative. The Committee is concerned and recognizes the need to better understand the interactions between genetics and environmental factors, in particular with elderly and diverse populations of African Americans and Latinos. The Committee encourages NIH to accelerate collaborative research across relevant institutes and the research community to address the goal of determining the role of the interaction between environmental exposures to toxic chemicals and genetics and their impact on neurodegenerative disorders in diverse populations of African Americans and Latinos, to allow for earlier diagnosis and subsequent treatment to arrest the progression of these devastating neurodegenerative disorders.

Headache Disorders.—The Committee recognizes that migraine is the second leading cause of global disability, and that migraine and other headache disorders are poorly responsive to opioids, but that these drugs are often inappropriately prescribed for these diseases. Under the HEAL Initiative, the NIH has recently issued Funding Opportunity Announcements for research relevant to all types of pain, including migraine and headache disorders, and a few specific announcements that focus specifically on increasing research on back pain and hemodialysis-related pain. The Committee strongly urges the Director of NIH to consider a similar focused group of HEAL Initiative Requests for Applications to fund fundamental, translational, and clinical research on headache disorders, including migraine, post-traumatic headache, the trigeminal autonomic cephalalgias, and intracranial hypo/hypertension.

Hepatitis B.—The Committee commends the Director for establishing a trans-NIH Hepatitis B Working group to include representation from NCI, NIAID, NIDDK and NIMHD to coordinate their research agendas to fund the research necessary to find a cure for hepatitis B and improve liver cancer outcomes. The Committee urges the Director to use the Common Fund to support the integrated trans-NIH research needed to fully address these conditions. The Committee requests that the Office of the Director keep the Committee informed on progress of the Trans-Institute Hepatitis B Working Group and requests a status report be sent to the Committee within 90 days of enactment of this bill into law.

Inflammatory Bowel Diseases.—The Committee recognizes that as many as 3.1 million persons in the U.S. are impacted by Crohn's disease and ulcerative colitis and is concerned about the growing prevalence of IBD and other autoimmune diseases and disorders in the country. The Committee also recognizes that IBD is a complex, immune-mediated, chronic disease model relevant to other such disorders, and that multiple research topics must be explored to understand IBD including psychosocial issues; health disparities; triggering environmental factors; the complex interplay between
food, mind-gut, and immune response; and the maternal health of IBD patients as well as their children. The Committee encourages NIH to explore these and other research questions with multiple Institutes and Centers, including NIDDK, NICHD, and NIMHD.

Intramural Non-Human Primate Research.—The Committee has expressed concern since 2015 about the NIH's intramural use of nonhuman primates in biomedical research. The Committee is especially concerned by a nearly 50 percent increase in NIH's use of nonhuman primates in research involving pain and distress since fiscal year 2014. The Committee is encouraged, however, by the NIH's January 2019 letter to Congress expressing support for the retirement of primates no longer needed for research. The Committee urges the NIH to accelerate efforts to reduce and replace the use of nonhuman primates with alternative research models and directs the NIH to provide a report to the Committee no later than 180 days after enactment that includes: (1) an overview of current NIH nonhuman primate use, including a table with summaries of all active projects, USDA pain categories, and their cost; (2) a detailed explanation of current NIH efforts to reduce and replace the use of primates in research with alternative methods; (3) an assessment of existing research technology not already in use by NIH to reduce and replace primate research and the feasibility of employing it to meet current and future research needs; (4) an assessment of areas where alternatives to primate research may not yet be available; (5) a detailed strategy and timeline for the reduction and replacement of NIH primate research with alternative research methods; and (6) standard operating procedures for the retirement of nonhuman primates no longer needed in research to suitable sanctuaries.

Lyme and Other Tick-Borne Diseases.—The Committee encourages NIH to improve early diagnosis and treatment of Lyme and other tick-borne diseases (TBD) to prevent the development of late stage disease and more serious and longer-term disability, but also intensify research on diagnosis and treatment of late stage and chronic disease. In addition to development of highly sensitive and specific diagnostics for all stages of disease, a goal should be to develop diagnostics with appropriate sensitivity and specificity for the detection of infection. Treatments also should be developed for all stages of Lyme and other TBD, determining optimal combinations of new candidate or older drugs and exploring novel combinations.

The Committee strongly encourages NIH to hold a workshop on the numerous molecular and functional mechanisms that Borrelia burgdorferi (Bb) employs to evade and subvert the immune system of the human host and the immune responses and consequences. The Committee supports inclusion of other TBD pathogens to consider shared and unique characteristics of the pathogens as NIH determines practical for the workshop, with participation by researchers who have published peer-reviewed articles describing such mechanisms and immune cell responses, particularly for Bb.

National Commission on Lymphatic Diseases.—The Committee applauds the Office of the Director, NHLBI, NIDDK, and NIAID for facilitating the 2015 Trans-NIH Lymphatics Symposium. The Committee notes the scientific potential that lymphatics research has to treat a wide variety of severe diseases, including heart disease, AIDS, diabetes, rheumatoid arthritis, Alzheimer's, and can-
The Committee recommends continuing and extending the efforts of the trans-NIH Coordinating Committee for Lymphatic Research, with participation from other relevant institutes, to explore scientific directions that might expand and advance research in this field.

National Laboratories.—Collaborative research efforts between the NIH and the Department of Energy (DOE) are pushing the boundaries in health research, including drug discovery, brain research and other biomedical research areas. The Committee encourages NIH to expand its relationships with DOE and the National Laboratories to work together more closely and in more strategic ways to leverage DOE’s research capabilities, including instrumentation, materials, modeling and simulation, and data science, which will support application in many areas of biomedical research. Not later than 180 days after enactment of this Act, NIH shall provide to the Committee a report on successful NIH–DOE collaborations to date.

Neurofibromatosis.—The Committee supports efforts to increase funding and resources for NF research and treatment at multiple Institutes, including NCI, NINDS, NIDCD, NHLBI, NICHD, NIMH, NCATS, and NEI. Children and adults with NF are at significant risk for the development of many forms of cancer, as well as deafness, blindness, developmental delays and autism; the Committee encourages NCI to increase its NF research portfolio in fundamental laboratory science, patient-directed research, and clinical trials focused on NF-associated benign and malignant cancers. The Committee also encourages NCI to support clinical and preclinical trials consortia. Because NF can cause blindness, pain, and hearing loss, the Committee urges NINDS to continue to aggressively fund fundamental basic science research on NF relevant to restoring normal nerve function. Based on emerging findings from numerous researchers worldwide demonstrating that children with NF are at significant risk for autism, learning disabilities, motor delays, and attention deficits, the Committee encourages NINDS, NIMH, and NICHD to increase their investments in laboratory-based and patient-directed research investigations in these areas. Since NF2 accounts for approximately 5 percent of genetic forms of deafness, the Committee encourages NIDCD to expand its investment in NF2-related research. NFl can cause vision loss due to optic gliomas. The Committee encourages NEI to expand its investment in NF1-focused research on optic gliomas and vision restoration.

Pediatric Physician-Scientist Workforce.—The Committee is concerned about the challenges in attracting and retaining researchers, particularly physician-scientists, to careers in pediatrics and the impact these challenges will have on the pace of innovation and discovery. The Committee directs NIH to build upon the formation of the Trans-NIH Pediatric Research Consortium (N–PeRC) to develop a framework for expanded pediatric research training that would supplement and not supplant existing programs, cut across multiple Institutes and Centers, and focus on supporting individual physician-scientists who have not yet achieved a level of research independence so they can be qualified to meet current and future needs in pediatric research.

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

Wound Care Research.—In its fiscal year 2019 Congressional Justification, NIGMS estimates the direct cost of chronic wounds to the healthcare system to exceed $50 billion. Patients with non-healing wounds are likely to be older adults, nonambulatory or paralyzed, unable to provide self-care, and/or suffering from dementia. The committee urges NIH to explore ways to optimize resources for specific chronic and acute wound care research at multiple Institutes. The research may include understanding the development of chronic wounds, including transition from acute wounds, and on development of treatments that simultaneously reduce pain, promote healing, and prevent infection and on methods to diagnose and monitor chronic wounds. The Committee directs NIH to provide a report to the Committee summarizing NIH's investments in wound care funding over the past five years within 90 days of enactment of this Act.

BUILDINGS AND FACILITIES

<table>
<thead>
<tr>
<th>Appropriation, fiscal year 2019</th>
<th>$200,000,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget request, fiscal year 2020</td>
<td>200,000,000</td>
</tr>
<tr>
<td>Committee Recommendation</td>
<td>200,000,000</td>
</tr>
<tr>
<td>Change from enacted level</td>
<td>-</td>
</tr>
<tr>
<td>Change from budget request</td>
<td>-</td>
</tr>
</tbody>
</table>

Mission.—This account provides for the design, construction, improvement, and major repair of clinical, laboratory, and office buildings and supporting facilities essential to the mission of the NIH. The funds in this appropriation support the buildings on the main NIH campus in Bethesda, Maryland; the Animal Center in Poolesville, Maryland; the National Institute of Environmental Health Sciences facility in Research Triangle Park, North Carolina; and other smaller facilities throughout the U.S.

NIH INNOVATION ACCOUNT

This account supports NIH programs authorized in the 21st Century Cures Act (P.L. 114–255).

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

<table>
<thead>
<tr>
<th>Appropriation, fiscal year 2019</th>
<th>$5,742,496,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget request, fiscal year 2020</td>
<td>5,677,600,000</td>
</tr>
<tr>
<td>Committee Recommendation</td>
<td>5,870,996,000</td>
</tr>
<tr>
<td>Change from enacted level</td>
<td>+128,500,000</td>
</tr>
<tr>
<td>Change from budget request</td>
<td>+193,396,000</td>
</tr>
</tbody>
</table>

The Committee recommendation for the Substance Abuse and Mental Health Services Administration (SAMHSA) program level includes $5,725,329,000 in discretionary budget authority, $133,667,000 in PHS Evaluation Tap Funding, and $12,000,000 in transfers from the Prevention and Public Health (PPH) Fund.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.