

# DISABILITY AND REHABILITATION RESEARCH COALITION

1501 M STREET, N.W. SUITE 700 WASHINGTON, D.C. 20005

## MEMORANDUM

**To:** DRRC

**From:** Bobby Silverstein, Peter Thomas and Joe Nahra

**Date:** May 15, 2019

**Subject:** Summary and Excerpts from FY 2020 House Labor, HHS, Education Appropriations Bill

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On May 8, 2019, the House Appropriations Committee reported out the FY 2020 Appropriations [bill](#) for Labor, Health and Human Services (HHS), Education (ED), and related agencies. The bill is accompanied by a written [report](#) that includes statements of congressional intent and charts documenting appropriated levels for specific programs. The Committee's action was accompanied by press releases from the [majority](#) and [minority](#) staff. Video of the Committee markup can be found online [here](#).

The FY 2020 House Labor-HHS-ED appropriations bill provides a total of \$189.9 billion in base discretionary funding for the Departments of Labor, Health and Human Services, and Education, and related agencies. In total, the funding level for those departments is \$11.8 billion over the 2019 enacted level and \$48 billion over the President's 2020 budget request.

Several programs, including the National Institutes of Health (NIH), receive significant increases in funding over FY 2019. In particular, the NIH receives an increase of \$2.2 billion for a total of \$41.1 billion in funding. This represents an increase of \$6.9 billion in funding over the President's FY 2020 budget request. The National Institute of Child Health & Human Development (NICHD), which houses the National Center for Medical Rehabilitation Research (NCMRR), received an increase of \$73 million over FY 2019 enacted levels, with total funding set at \$1.58 billion for FY 2020.

Other significant funding decisions within the House legislation include:

- The Centers for Disease Control & Prevention (CDC) was funded at a total of \$8.26 billion, an increase of \$920 million over the FY 2019 enacted level.
  - The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) received an increase of \$163 million, for a total of \$1.35 billion in funding.
  - The National Center on Birth Defects and Developmental Disabilities (NCBDDD) received an increase of \$6 million, for a total of \$161,560,000 in funding.

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- The National Center for Injury Prevention and Control (NCIPC) received an increase of \$49 million, for a total of \$698 million in funding.
- The National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) received level funding from the FY 2019 enactment, for a total of \$108,970,000.
- The Agency for Healthcare Research and Quality's (AHRQ) funds for research on health costs, quality, and outcomes were also funded at FY 2019 levels, for a total of \$197 million.

Our accompanying chart, included as a separate attachment, describes the difference between the House FY 2020 Appropriations Committee bill and previous years' funding. The far right column compares the current House appropriations legislation with the FY 2019 final conference report spending levels, showing whether an increase or level funding (\$0) was provided for in the current House FY 2020 legislation. As you will notice, none of the selected programs were assigned a decrease in funding from the 2019 bill. We have also included numbers from the President's 2020 budget proposal and the FY 2017 and 2018 omnibus bills.

Additionally, we have included, as an appendix to this document and as a separate attachment, a summary of important sections of the House report language (with verbatim excerpts from the report). "Report language" instructs the federal agencies how Congress intends to spend the appropriated amounts in the actual bill. We included a number of statements for relevant agencies, with a focus on policies that may impact people with disabilities in general and disability, independent living, and rehabilitation research in particular. We only included excerpts that specify statements of Congressional intent, and did not include references to report language that simply described a particular program. Additionally, within the report, we included page numbers that reference back to the original committee report language via hyperlink. We encourage you to use the accompanying table of contents to quickly access relevant sections.

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## **I. TITLE I – DEPARTMENT OF LABOR** ([p. 13](#))

### **1. EMPLOYMENT AND TRAINING ADMINISTRATION** ([p. 13](#))

#### **A. TRAINING AND EMPLOYMENT SERVICES** ([p. 13](#))

*Apprenticeship Grants* ([p. 15](#)) The Committee is deeply concerned that funds are being used to support unregistered apprenticeship programs, an untested, unproven, and duplicative version of registered apprenticeships. The Committee is also concerned that the funding under this program is not being used effectively to support State, regional, and local apprenticeship efforts, as well as efforts by intermediaries to expand registered apprenticeships into new industries and to expand opportunities for underserved or underrepresented populations. Therefore, the bill includes new language clarifying that funds may only be used for registered apprenticeships and requires that funds be used by the Secretary to support State grants and for contracts and cooperative agreements for national and local apprenticeship intermediaries. Furthermore, the Committee is concerned with the persistent gender inequity in apprenticeship programs. While apprenticeships are an important path to the middle-class, women are often underrepresented in apprenticeship programs, and women who do participate often make far less than their male counterparts. The Committee encourages the Department to commit to addressing these inequalities within the apprenticeship programs and directs the Department to include an update on such efforts in its fiscal year 2021 Congressional Budget Justification.

## **II. TITLE II – DEPARTMENT OF HEALTH AND HUMAN SERVICES** ([p. 36](#))

### **1. HEALTH RESOURCES AND SERVICES ADMINISTRATION** ([p. 36](#))

#### **A. PRIMARY HEALTH CARE** ([p. 36](#))

*Health Centers* ([p. 37](#)) The Committee includes bill language providing up to \$120,000,000 for the Federal Tort Claims Act program, which is the same as the fiscal year 2019 enacted level and the fiscal year 2020 budget request.

*Behavioral Interventions for Pain Management* ([p. 37](#)) In addressing the opioid epidemic, the Committee recognizes the growing need for highly trained professionals to deliver evidence-based behavioral interventions for pain management. The Committee encourages HRSA to invest in programs that expand access to treatment for substance use disorders in Federally-Qualified Health Centers (FQHCs) and requests a report within 180 days of enactment of this Act about continued gaps in the behavioral health workforce and whether graduate-level health service psychologists in FQHCs could improve health outcomes.

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## **B. HEALTH WORKFORCE** ([p. 38](#))

*National Health Service Corps* ([p. 38](#)) The Committee directs HRSA to examine the application processes and eligibility requirements for both NHSC recruits and provider locations, including the HPSA qualification and scoring. The Committee requests a report within 120 days of enactment of this Act with recommendations on how the NHSC program, including the HPSA application and scoring process, may be modified to increase recruitment and field strength as well as diversify provider sites.

*Centers of Excellence* ([p. 39](#)) The Committee includes \$25,000,000 for Centers of Excellence (COE), \$1,289,000 above the fiscal year 2019 enacted level and \$25,000,000 above the 2020 budget request. The Committee commends the Bureau of Health Workforce (BHW) on the continued implementation of COE and notes that partnerships with HRSA have allowed minority health professions institutions to address the need for diverse and culturally competent health professionals that contribute to the healthcare needs of underrepresented populations. The Committee asks that HRSA report within 120 days of enactment of this Act on the achievements and challenges of COE and the contribution COE makes to workforce development.

*Health Careers Opportunity Program* ([p. 39](#)) The Committee includes \$20,000,000 for the Health Careers Opportunity Program (HCOP), \$5,811,000 above the fiscal year 2019 enacted level and \$20,000,000 above the fiscal year 2020 budget request. The Committee notes that HCOPs have assisted students from minority and economically disadvantaged backgrounds to enter the health professions for decades by focusing on student development, retention, matriculation, and graduation. The Committee encourages BHW to continue its improvement of the diversity and distribution of needed health care professionals through National Health Career Opportunity Program Academies (NHCOPA) and report back to Congress within 120 days of enactment of this Act on the progress of the NHCOPA pipeline.

*Scholarships for Disadvantaged Students* ([p. 39](#)) The Committee includes \$53,470,000 for Scholarships for Disadvantaged Students, \$4,500,000 above the fiscal year 2019 enacted level and \$53,470,000 above the fiscal year 2020 budget request. These scholarships provide financial stability to disadvantaged and non-traditional students and are an important resource to the influx of eligible students going into the health professions. Within this program, the Committee directs \$2,500,000 to be set aside to educate midwives to address the national shortage of maternity care providers, and specifically the lack of adequate diversity in the maternity care workforce.

*Area Health Education Centers* ([p. 40](#)) The Committee encourages HRSA to support AHEC oral health projects that establish primary points of service and address the need to help patients find treatment outside of hospital emergency rooms. The Committee encourages HRSA to work with programs that have already been initiated by some State dental associations to refer emergency room patients to dental networks.

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## C. MATERNAL AND CHILD HEALTH ([p. 44](#))

### *Maternal and Child Health Programs* ([p. 46](#))

Within the total for Maternal and Child Health Programs, the Committee recommends the following amounts:

Budget Activity	FY 2020 Committee
<b>Sickle Cell Anemia Program</b>	\$7,000,000
<b>Autism and Other Developmental Disorders</b>	53,099,000
<b>Heritable Disorders</b>	22,000,000
<b>Healthy Start</b>	130,500,000
<b>Universal Newborn Hearing</b>	17,818,000
<b>Emergency Medical Services for Children</b>	22,334,000
<b>Screening and Treatment for Maternal Depression</b>	5,000,000
<b>Pediatric Mental Health Access</b>	10,000,000

*Autism and Other Developmental Disorders* ([p. 46](#)) Leadership Education in Neurodevelopmental and Related Disabilities.—The Committee provides not less than \$35,245,000 for the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program, an increase of \$1,745,000 above the fiscal year 2019 enacted level. This funding will support the program’s capacity to train professionals to screen, diagnose, and provide evidence-based interventions to individuals with autism spectrum disorder and other developmental disabilities as authorized by the Autism CARES Act (P.L. 113–157).

*Healthy Start* ([p. 47](#)) Maternal Mortality - The Committee recognizes the rising maternal mortality rate in the U.S. as a pressing public health issue. Analysis of maternal mortality review committee data indicates that over 60 percent of pregnancy-related deaths are preventable. The Committee includes \$15,000,000, an increase of \$3,000,000 above the fiscal year 2019 enacted level, for Healthy Start grantees to support nurse practitioners, certified nurse midwives, physician assistants, and other maternal-child advance practice health professionals within all program sites nationwide.

## D. RYAN WHITE HIV/AIDS PROGRAM ([p. 48](#))

Within the total for the Ryan White HIV/AIDS program, the Committee provides the following amounts:

Budget Activity	FY 2020 Committee
<b>Emergency Assistance</b>	\$677,535,000
<b>Comprehensive Care Programs</b>	1,331,665,000
<i>Aids Drug Assistance Program</i>	912,017,000
<b>Early Intervention Program</b>	207,567,000
<b>Children, Youth, Women, and Families</b>	76,047,000

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<b>AIDS Dental Services</b>	13,296,000
<b>Education and Training Centers</b>	34,047,000
<b>Special Projects of National Significance</b>	25,000,000
<b>Domestic HIV Initiative</b>	70,000,000

*Domestic HIV Initiative* ([p. 48](#)) The Committee includes \$70,000,000 within the Ryan White HIV/AIDS Program for the first year of an initiative to reduce the transmission of HIV by 90 percent over the next ten years. Funds will be distributed to high-need jurisdictions to increase linkage, engagement, and retention in care with the goal of increasing viral suppression among people living with HIV.

## **E. HEALTH CARE SYSTEMS** ([p. 48](#))

*Organ Transplantation* ([p. 49](#)) The Committee supports the new liver allocation policy that was recently passed by the Organ Procurement and Transplantation Network (OPTN) Board of Directors. The policy, called the “Acuity Model”, reduces inequities by ensuring that transplants are prioritized by the medical need of patients wherever they may live (rural or urban), whatever their socioeconomic status, and regardless of the organ procurement infrastructure in their area.

*National Living Donor Assistance Center Program* ([p. 49](#)) The Committee includes \$10,000,000 for the National Living Donor Assistance Center (NLDAC), an increase of \$6,500,000 above the fiscal year 2019 enacted level. The NLDAC currently supports donation and expands access to transplantation through reimbursement of organ donor travel expenses. The Committee strongly supports HRSA’s three-year demonstration project to assess the impact of reimbursement of lost wages on individuals’ willingness to become living organ donors. The Committee urges HRSA to consider the expansion of NLDAC to reimburse a comprehensive range of living donor expenses for the greatest possible number of donors, including lost wages, childcare, eldercare, and similar expenses for donor caretakers and expansion of income eligibility for the program to allow as many donors as possible to qualify.

*C.W. Bill Young Cell Transplantation Program* ([p. 49](#)) The Committee appreciates HRSA’s efforts to increase the diversity of the volunteer registry and encourages HRSA to expand efforts to improve the availability, efficiency, and safety of transplants and improve outcomes for all transplant recipients regardless of socioeconomic status, age, ethnic ancestry, or any other individually defining characteristic.

*Office of Pharmacy Affairs* ([p. 50](#)) The Committee reiterates the request included in H. Rept. 115–862 directing HRSA to conduct additional risk-based audits of covered entities, finalize guidance to clarify parameters of the 340B program, and complete the rulemaking process for areas where HRSA has regulatory authority. The Committee supports HRSA’s continued engagement to provide updated and clearer program guidance to covered entities in the 340B program.

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## **F. RURAL HEALTH** ([p. 50](#))

*Attracting Health Care Providers to Rural Communities* ([p. 50](#)) The Committee requests an update in the fiscal year 2021 Congressional Justification on the best practices and strategies to attract healthcare practitioners to rural clinics and hospitals in areas with healthcare professional shortages.

*Rural Health Outreach Programs* ([p. 51](#)) The Committee includes \$3,000,000 within the total for Rural Health Outreach Programs to support a telementoring training center to train academic medical centers and other centers of excellence in the creation of technology-enabled telementoring learning programs that facilitate the dissemination of best practice specialty care to primary care providers and care teams across the country. The Committee directs HRSA to give preference to models of professional education and support that are adaptable to culturally and regionally diverse populations.

*Telehealth* ([p. 52](#)) The Committee includes \$28,500,000 for Telehealth, an increase of \$4,000,000 above the fiscal year 2019 enacted level and \$18,500,000 above the fiscal year 2020 budget request. Within the funds provided for Telehealth, the Committee provides \$6,000,000 for Telehealth Centers for Excellence, an increase of \$2,000,000 above the fiscal year 2019 enacted level. In addition, the Committee provides \$2,000,000 to support a comprehensive evaluation of telehealth investments to date on rural areas and populations, to include an assessment of access, cost, experience, and effectiveness for patients and providers. The Committee directs HRSA to conduct additional evaluations in conjunction with an academic medical center not previously funded through the Telehealth Centers of Excellence program that has experience providing telemedicine services across the care continuum in medically underserved areas in both rural and urban settings.

*Telehealth Solutions and Virtual Models of Care* ([p. 53](#)) The Committee believes that innovative, scalable, and patient-centric solutions are necessary to address the opioid crisis. The Committee urges HRSA to consider telehealth solutions and virtual models of care, specifically those models that allow for increased access to care professionals while decreasing geographic barriers and cost of care such as remote patient monitoring models. The Committee encourages the Secretary to consider pilot programs on a variety of telehealth solutions with the goal of finding an effective, scalable solution to treating substance use disorder in rural communities where access to care is limited.

## **2. CENTERS FOR DISEASE CONTROL AND PREVENTION** ([p. 55](#))

*Overview* ([p. 7](#)) The Committee makes a significant investment to improve the long-term capacity of Federal, State, and local public health systems. The bill includes \$8,258,363,000 for the Centers for Disease Control and Prevention (CDC), an increase of \$920,622,000 over the fiscal

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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.

## A. CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION ([p. 61](#))

The recommendation for CDPHP maintains the existing program line items as they were funded in fiscal year 2019 and does not provide funding for the America’s Health Block Grant proposed again in the fiscal year 2020 Congressional Budget Justification. The Committee supports evidence-based strategies to address public health priorities through proven State-based grant programs, utilizing related national organizations for technical assistance, and encourages CDC to continue and expand these successful approaches.

## B. BIRTH DEFECTS, DEVELOPMENTAL DISABILITIES, DISABILITIES AND HEALTH ([p. 67](#))

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2020 Committee
<b>Child Health and Development</b>	\$65,800,000
<i>Birth Defects</i>	19,000,000
<i>Fetal Death</i>	900,000
<i>Fetal Alcohol Syndrome</i>	11,000,000
<i>Folic Acid</i>	3,150,000
<i>Infant Health</i>	8,650,000
<i>Autism</i>	23,100,000
<b>Health and Development for People with Disabilities</b>	68,660,000
<i>Disability &amp; Health incl. Child Development</i>	30,000,000
<i>Tourette Syndrome</i>	2,000,000
<i>Early Hearing Detection and Intervention</i>	10,760,000
<i>Muscular Dystrophy</i>	6,000,000
<i>Attention Deficit Hyperactivity Disorder</i>	1,900,000
<i>Fragile X</i>	2,000,000
<i>Spina Bifida</i>	8,000,000
<i>Congenital Heart</i>	8,000,000
<b>Public Health Approaches to Blood Disorders</b>	4,400,000
<b>Hemophilia Activities</b>	3,500,000

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<b>Hemophilia Treatment Centers</b>	5,100,000
<b>Thalassemia</b>	2,100,000
<b>Neonatal Abstinence Syndrome</b>	2,000,000
<b>Surveillance for Emerging Threats to Mothers and Babies</b>	10,000,000

***Duchenne Muscular Dystrophy Surveillance*** ([p. 68](#)) The Committee is encouraged by CDC’s support of efforts to implement the updated ICD 10 code for Duchenne and Becker Muscular Dystrophy (DBMD) and requests an update on the use of MD STARnet to measure how accurately and effectively the code is being applied to known cases of DBMD. The Committee is also aware of CDC’s ongoing efforts to assess healthcare utilization and disease burden in DBMD and requests an update in the fiscal year 2021 Congressional Budget Justification.

***Health Promotion for People with Disabilities*** ([p. 68](#)) The Committee supports the National Center on Birth Defects and Developmental Disabilities in funding the National Center on Health, Physical Activity, and Disability (NCHPAD) and its primary goal of promoting better health, wellness, and quality of life for people with disabilities. The Committee encourages NCHPAD to implement a demonstration project to develop and implement strategies to reduce diabetes and obesity among people who are mobility-impaired.

***Maternal Mortality*** ([p. 68](#)) The Committee remains concerned about the maternal mortality rate in the U.S., which doubled in the last two decades. In light of studies exploring the effect of Cesarean sections on maternal mortality, the Committee urges CDC to provide technical assistance for State databases and data collection of pregnancy-associated and pregnancy-related deaths, to include data on whether a delivery was vaginal, via Cesarean section, or otherwise. Furthermore, the Committee is concerned that implicit bias may be a factor in the disproportionately high mortality rate of black mothers compared to their white counterparts. Accordingly, the Committee encourages the CDC to provide technical assistance to State Maternal Mortality Review Committees that includes evidence-informed interventions to address implicit bias in health care providers and to States establishing Maternal Mortality Review Committees.

***Myotonic Dystrophy*** ([p. 68](#)) The Committee recognizes that myotonic dystrophy is a serious degenerate genetic condition that is often difficult to diagnose. However, early detection can improve health outcomes for individuals living with the condition. The Committee encourages CDC to review how it can advance education, knowledge, and related outreach activities to foster myotonic screening for newborns. The Committee requests an update on these activities in the fiscal year 2021 Congressional Budget Justification.

***Spina Bifida*** ([p. 68](#)) The Committee encourages CDC to use funding provided for the National Spina Bifida Program to support the continuation of 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.

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## C. INJURY PREVENTION AND CONTROL ([p. 72](#))

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2020 Committee
<b>Intentional Injury</b>	\$144,730,000
<i>Domestic Violence and Sexual Violence</i>	34,700,000
<i>Child Maltreatment</i>	7,250,000
<i>Child Sexual Abuse Prevention</i>	2,000,000
<i>Youth Violence Prevention</i>	15,100,000
<i>Domestic Violence Community Projects</i>	5,500,000
<i>Firearm Injury and Mortality Prevention</i>	25,000,000
<b>Research</b>	
<i>Rape Prevention</i>	54,430,000
<i>Suicide</i>	10,000,000
<b>National Violent Death Reporting System</b>	25,500,000
<b>Unintentional Injury</b>	11,800,000
<i>Traumatic Brain Injury</i>	6,750,000
<i>Drowning</i>	2,000,000
<i>Elderly Falls</i>	3,050,000
<b>Injury Prevention Activities</b>	28,950,000
<b>Opioid Overdose Prevention and Surveillance</b>	475,579,000
<b>Injury Control Research Centers</b>	11,000,000

## 3. NATIONAL INSTITUTES OF HEALTH ([p. 78](#))

*General Summary* ([p. 7](#)) 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.

*Overview* ([p. 78](#)) 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

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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 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.

## **A. NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE ([p. 88](#))**

*Traumatic Brain Injury* ([p. 90](#)) 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.

## **B. EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT (NICHD) ([p. 93](#))**

*Spina Bifida* ([p. 95](#)) 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

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encourages NIH to expand the National Spina Bifida Patient Registry to allow for the inclusion of more clinics.

## **C. NATIONAL INSTITUTE ON DRUG ABUSE ([p. 98](#))**

**Opioids** ([p. 98](#)) 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. The Committee includes no less than the fiscal year 2019 enacted level of \$250,000,000 within NIDA for this research.

**Barriers to Research** ([p. 99](#)) 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.

## **D. NATIONAL INSTITUTE OF MENTAL HEALTH ([p. 101](#))**

**BRAIN Initiative** ([p. 101](#)) 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.

## **4. OFFICE OF THE DIRECTOR ([p. 104](#))**

**Amyotrophic Lateral Sclerosis** ([p. 108](#)) 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.

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## **5. SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION** ([p. 114](#))

### **A. MENTAL HEALTH** ([p. 114](#))

*Mental Health Block Grant* ([p. 116](#)) The Committee continues the 10 percent set-aside within the Mental Health Block Grant total for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The Committee expects SAMHSA to continue its collaboration with the National Institute of Mental Health to encourage States to use this block grant funding to support programs that demonstrate strong evidence of effectiveness. Furthermore, the Committee directs a new five percent set-aside of the total for evidence-based crisis care programs addressing the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances. The Committee directs SAMHSA to use the set-aside to fund, at the discretion of eligible States and Territories, some or all of a set of core crisis care elements including: centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or State-wide crisis call centers coordinating in real time. The Committee directs SAMHSA to include in the fiscal year 2021 budget request a detailed table showing at a minimum: State allotments, the name of the program being implemented, and a short description of the program.

## **6. AGENCY FOR HEALTHCARE RESEARCH AND QUALITY** ([p. 123](#))

The Committee includes \$358,217,000 in program level funding for the Agency for Healthcare Research and Quality (AHRQ), including \$339,809,000 in budget authority and \$18,208,000 in transfers available under section 241 of the PHS Act.

### **A. HEALTHCARE RESEARCH AND QUALITY** ([p. 123](#))

Understanding the Impact of Prior Authorization ([p. 124](#)) The Committee is concerned about the potential adverse impacts the prior authorization process has on patient health outcomes. The Committee includes no less than \$500,000 for research that examines whether and to what extent delays in treatment due to prior authorization negatively impact patient outcomes.

## **7. CENTERS FOR MEDICARE AND MEDICAID SERVICES** ([p. 124](#))

This amount does not include \$137,931,797,000, which was provided as advance funding for the first quarter of fiscal year 2020. In addition, the Committee recommends an advance appropriation of \$139,903,075,000 for program costs in the first quarter of fiscal year 2021. The Committee continues bill language providing indefinite budget authority for unanticipated costs in fiscal year 2020.

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## A. PROGRAM MANAGEMENT ([p. 125](#))

***Drug Pricing Report*** ([p. 129](#)) The Committee directs the Secretary of Health and Human Services to submit a report to the Committees on Appropriations not later than 120 days after the date of enactment of this Act regarding price changes of prescription drugs since 2008. The report should include comparative prescription drug prices (net of rebates) paid by the following programs for the 10 most frequently prescribed drugs and the 10 highest-cost drugs for each of the following: (1) The Medicare program under part B of title XVIII of the Social Security Act; (2) The Medicare prescription drug program under part D of title XVIII of the Social Security Act; (3) The Medicaid program under title XIX of the Social Security Act; and (4) The Department of Veterans Affairs. The report should also provide a breakdown of the comparative prices (net of rebates) for each of the 10 most frequently prescribed drugs and the 10 highest-cost drugs between ambulatory settings and retail settings. In addition, the report should include total annual costs due to prescription drugs to the Medicare program under part B of title XVIII of the Social Security Act, the Medicare prescription drug program under part D of title XVIII of such Act, and the Medicaid program under title XIX of such Act. Finally, the report should list the drugs that have been registered for sale by the Food and Drug Administration (FDA) in the past five years that have benefited significantly from government grants or research subsidies in either the pre-clinical or clinical stages of development, as well as the price (net of rebates) and total spending in Medicare and Medicaid for each of those drugs.

***Medicare Promotion*** ([p. 131](#)) The Committee directs CMS to avoid taking any action that actively promotes one form of Medicare coverage over another, particularly with respect to the choice between traditional Medicare and Medicare Advantage (MA). The Committee further directs CMS to design and maintain its online coverage options tool in a manner that provides complete and unbiased information, particularly as CMS works to replace the Medicare Plan Finder with the new Medicare Coverage Tools platform. Furthermore, CMS should remain objective and neutral in its education and outreach materials concerning options that beneficiaries have during the open enrollment period and at any other time.

***Medicare Simulation*** ([p. 131](#)) —The Committee supports efforts by CMS to perform data simulations on the potential impact of more comprehensive payment incentives for efficiency and quality in the Medicare program. This Medicare simulation could test consolidation of Medicare's readmissions, complications, and value-based purchasing programs into one value-based payment program that is focused on a larger set of avoidable outcomes and uses clinically credible categorical risk-adjustment for comparing performance. Such a simulation would increase transparency and give CMS and Congress guidance about how to improve care and reduce health care costs within the programs.

***Nonemergency Medical Transportation*** ([p. 132](#)) The Committee is concerned about the impact of the administration's policy to permit state Medicaid programs to drop Nonemergency Medical Transportation (NEMT) coverage. The committee directs CMS to commission a study by the National Academy of Medicine to examine the impact on Medicaid beneficiaries of the potential

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elimination of NEMT from state Medicaid programs, including impacts to beneficiaries with chronic diseases including End Stage Renal Disease, substance abuse disorders, pregnant mothers, and patients living in remote areas. The Committee strongly urges CMS to delay implementation of any changes to NEMT benefits until the study has been submitted to the Congress.

**Prior Authorization** ([p. 134](#)) —The Committee is aware that Medicare Advantage (MA) plans have increased the use of prior authorization (PA), which requires physicians and other health care providers to obtain advance approval from the plan before services can be delivered to patients. While PA is a valid utilization review tool to ensure appropriate care, health care provider experience and research studies demonstrate that inappropriate use of PA causes significant patient care delays, administrative costs and workflow disruptions. The Committee directs CMS to improve Medicare beneficiary timely access to care, increase transparency, and reduce the burdens on patients and providers by providing guidance to MA plans on their use of PA. Specifically, CMS should require MA plans to selectively apply PA requirements, excluding from PA those services that align with evidence-based guidelines and have historically high PA approval rates. In addition, CMS should increase transparency by requiring MA plans to report annually to the Secretary a list of items and services that are subject to PA, the percentage of PA requests approved, and the average time for approval. Finally, the Committee encourages CMS to work with stakeholders to increase the use of electronic prior authorization.

## **8. ADMINISTRATION FOR COMMUNITY LIVING** ([p. 150](#))

### **A. AGING AND DISABILITY SERVICES PROGRAMS** ([p. 150](#))

**Reorganization** ([p. 150](#)) The Committee is disappointed that the Secretary notified the Committee of an intent to reorganize ACL less than 30 days after the President's budget was submitted to Congress. For the purposes of transparency with the public and in accordance with the spirit of an annual budget justification and review process, the Committee directs ACL to submit future reorganization proposals through Congressional Budget Justifications so that Congress may fully consider any reorganization in the context of the annual budget process and with input from stakeholders. The Committee strongly urges ACL to engage with stakeholders before it implements its current reorganization plan, and expects ACL to engage with union representatives as early as practicable to address any employee concerns.

**Assistive Technology** ([p. 155](#)) The Committee recommends \$37,000,000 for Assistive Technology, which is \$1,000,000 above the fiscal year 2019 enacted level and \$5,061,000 above the fiscal year 2020 budget request. The Committee provides a \$1,000,000 increase for Section 4 of the Assistive Technology Act. The Committee continues to provide \$2,000,000 for competitive grants to support existing and new alternative financing programs that provide for the purchase of AT devices.

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## **9. OFFICE OF THE SECRETARY** ([p. 155](#))

**A. OFFICE OF MEDICARE HEARINGS AND APPEALS** ([p. 155](#)) The Committee remains concerned about the size of the Medicare Appeals Backlog. The Committee continues to provide a significantly elevated funding level for the Office of Medicare Hearings and Appeals—an amount that was initially provided in fiscal year 2018.

## **B. GENERAL DEPARTMENTAL MANAGEMENT** ([p. 156](#))

**HIV Initiative** ([p. 157](#)) The Committee supports the Administration’s HIV Initiative to decrease new HIV diagnosis by 75 percent by 2025 and 90 percent by 2030. The Committee includes the full amount of funding requested for the HIV Initiative under HRSA, CDC, and NIH. Moreover, the Committee provides additional increases—beyond the fiscal year 2020 budget request—of \$46,376,000 for the Ryan White HIV/AIDS program; \$5,000,000 for the Minority AIDS program in SAMHSA; and \$6,100,000 for Minority HIV/AIDS prevention and treatment activities under the Office of the Secretary. The Committee also rejects the Administration’s proposal to cut funding for NIH’s HIV research portfolio; instead, the bill includes an increase of approximately \$149,000,000 for NIH’s HIV research to continue its efforts to develop an HIV vaccine or a cure. The Committee directs the Secretary to submit to the Committees on Appropriations a comprehensive multi-year plan outlining the HIV Initiative, including metrics the Department will use to measure progress on reducing HIV transmission, as well as cost estimates for the initiative for fiscal years 2021 through 2025. The Secretary shall submit an initial plan within 90 days of enactment of this Act and then annually thereafter.

**KidneyX** ([p. 158](#)) The Committee recognizes that more than 40 million Americans are living with kidney diseases, and for more than 700,000 of those individuals, the diseases progress to kidney failure, requiring access to dialysis or kidney transplantation to live. The Committee also notes that kidney failure accounts for approximately \$35,000,000,000 in annual Medicare spending, while kidney disease accounts for a total of approximately \$115,000,000,000 in annual Medicare spending. Given the high cost of kidney disease in both health consequences and federal spending, the Committee includes \$10,000,000 for the Office of the Secretary for prize competitions (as described in section 24 of The Stevenson-Wydler Technology Innovation Act of 1980 (15 U.S.C. 3719)) through a public private partnership to accelerate the development and adoption of novel therapies and technologies that improve the diagnosis and treatment of patients with kidney diseases, including prize competitions to accelerate innovation in dialysis. The Committee urges the Secretary to coordinate across operating divisions—including NIH, FDA, and CMS—to demonstrate a Department-wide commitment to supporting innovative therapies and technologies with the potential to improve quality of life for individuals with kidney diseases while reducing federal costs. The Committee requests that the Secretary include a multi-year plan in the fiscal year 2021 Congressional Budget Justification outlining possible prize competitions in future fiscal years.

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## **10. OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY ([p. 163](#))**

*Patient Data Matching* ([p. 163](#)) The Committee is aware that one of the most significant challenges inhibiting the safe and secure electronic exchange of health information is the lack of a consistent patient data matching strategy. With the passage of the Health Information Technology for Economic and Clinical Health (HITECH) Act, a clear mandate was placed on the Nation's healthcare community to adopt electronic health records and health exchange capability. Although the Committee continues to carry a prohibition against HHS using funds to promulgate or adopt any final standard providing for the assignment of a unique health identifier for an individual until such activity is authorized, the Committee notes that this limitation does not prohibit HHS from examining the issues around patient matching. Accordingly, the Committee continues to encourage the Secretary, acting through the ONC and CMS, to provide technical assistance to private-sector-led initiatives to develop a coordinated national strategy that will promote patient safety by accurately identifying patients to their health information.

## **11. OFFICE FOR CIVIL RIGHTS ([p. 164](#))**

*Expulsions and Suspensions in the Head Start Program* ([p. 164](#)) The Committee is deeply concerned about expulsions and suspensions that occur in preschool settings and K-3 classrooms, particularly given the racial and gender disparities that exist. These outcomes are problematic given the research that indicates these practices can adversely affect development, health, and education outcomes. The Committee strongly urges the Office of Civil Rights to collect data annually from all Head Start grantees on the number and type of suspension and expulsions of children enrolled in Head Start or Early Head Start, disaggregated by race/ethnicity, sex, disability status, and English Language Learner (ELL) status. The Office of Civil Rights should also submit to the Committee on Appropriations of the House of Representatives no later than 180 days after the enactment of this act, and annually thereafter, a report detailing school discipline in all Head Start programs, including disaggregated data and any disparities by subgroup in disciplinary rates. The report should include specific recommendations given to schools on expulsions and suspensions—including evidence-based interventions, consumer education specific to each school, and opportunities to improve school climate. The Committee urges OCR to provide technical assistance to help prevent or severely limit expulsion and suspension practices in Head Start programs; eliminate disparities in the provision of discipline; and ensure the safety and well-being of all young children.

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## **III. TITLE III – DEPARTMENT OF EDUCATION** ([p. 171](#))

### **1. SPECIAL EDUCATION** ([p. 187](#))

#### **A. GRANTS TO STATES** ([p. 187](#))

The Committee recommends \$13,364,392,000 for Part B Grants to States, which is \$1,000,000,000 above the fiscal year 2019 enacted level and the fiscal year 2020 budget request, reflecting the largest increase to the program in more than a decade. The Committee is concerned that the federal share of the excess cost of educating students with disabilities has declined and notes the critical role this increase will play in helping to reverse this trend. In March 2019, the courts ruled that the Department’s delay of the 2016 Significant Disproportionality rule, which requires States to address racial disparities and discrimination in special education programs, was arbitrary and capricious, and thus illegal. The Committee is deeply concerned that the Department has not communicated to stakeholders or Congress how it is enforcing the rule, per the recent court decision. Therefore, within 30 days of enactment of this Act, the Committee directs the Department to submit a report to the Committees on Appropriations, the House Committee on Education and Labor, and the Senate Committee on Health, Education, Labor, and Pensions on how it is implementing the 2016 Significant Disproportionality rule. The report shall include which data the Department is collecting to ensure compliance and all detailed guidance provided by the Department to help States comply with provisions of the regulation. The Committee notes that its SEL initiative, as described in the School Improvement Programs, Innovation and Research, and Safe Schools and Citizenship Education accounts, aims to provide schools, school districts, and States with critical tools so that they can support all students and prevent misidentification. The Committee includes new bill language, as requested in the fiscal year 2020 budget request, that permits States to subgrant funds that they reserve under section 611(e)(2) of the IDEA to more efficiently carry out authorized State-level activities. The Committee continues to include bill language excluding any amount by which a State’s allocation is reduced for failure to meet the maintenance of effort threshold from being used to calculate the State’s allocation under section 611(d) of the (IDEA) in subsequent years. The Committee also continues to include bill language directing the Secretary to distribute any reduction in a State’s allocation under said section to all other States based on the formula established under section 611(d), excluding those States that are penalized.

#### **B. IDEA NATIONAL ACTIVITIES** ([p. 189](#))

*Parent Information Centers* ([p. 189](#)) The Committee acknowledges States with significant rural areas can be harder to engage due to distance barriers and encourages the Department to assist with their efforts to support parents of children with disabilities.

*Personnel Preparation* ([p. 189](#)) The Committee notes the critical role the Personnel Preparation program plays in helping to address the nation’s shortage of teachers for students with disabilities.

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***Technical Assistance and Dissemination*** ([p. 190](#)) The increase over fiscal year 2019 is provided for the Special Olympics education programs, as authorized by the Special Olympics Sport and Empowerment Act of 2004, for which the Committee recommends a funding level of \$21,120,000. The fiscal year 2020 budget request proposes to eliminate Special Olympics. The other programs within Technical Assistance and Dissemination provide funding for technical assistance, demonstration projects, and information dissemination. These funds support efforts by State and local educational agencies, IHEs, and other entities to build State and local capacity to make systemic changes and improve results for children with disabilities. Funds are included to fully support continuation costs for grants made in prior years.

**C. AMERICAN PRINTING HOUSE FOR THE BLIND** ([p. 192](#))

The Committee commends the Printing House for ensuring that students who are blind and visually impaired are able to benefit from the latest educational technologies. The Committee intends the recommended increase to assist in increasing the per-pupil expenditure.