

treatment for mental health services, including services for Down syndrome and autism spectrum disorder, that are not imposed on medical or surgical benefits. These limitations may include parent or caregiver participation requirements, preauthorization processes, location of services exclusions, and fail-first policies. The Committee directs CMS to ensure compliance with MHPAEA by regularly issuing guidance to insurers, covered healthcare plans, and MCOs, that outlines how compliance with MHPAEA is to be achieved. This guidance should include recommendations for appropriate training of personnel responsible for benefit authorizations, adverse benefit determinations, and payments. These agencies should ensure that such informational bulletins also provide appropriate consumer and complaint information that helps patients take action when they encounter MHPAEA violations.

*National Health Expenditure (NHE) Database.*—The Committee is concerned about discrepancies between official CMS estimates and industry surveys suggesting that CMS understates the growth of private health insurance and total health spending at the household level. If private health spending is under reported in NHE, estimates of total health U.S. spending may be too low as well. The Committee requests that CMS include information in its FY 2021 budget justification explaining its methodology for including data in the National Health Expenditure database, as well as an analysis of how CMS-published data compares to other comparable information on health expenditures.

*New Medical Residency Training Programs.*—Given the growing physician workforce shortage, the Committee strongly encourages CMS to utilize its discretion to extend the time period described in section 413.79(e) of title 42, Code of Federal Regulations, for new residency programs in areas facing physician shortages before a full-time equivalent resident cap is applied, as authorized in P.L. 105–33. Moreover, the Committee recommends that the agency meet with physician, hospital, and other industry stakeholders from underserved areas to better understand changes in population health. The agency shall provide an update to the Committees on Appropriations on these efforts within 90 days of enactment of this Act.

*Nonemergency Medical Transportation.*—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 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.

*Non-Opioid Pain Management.*—The Committee believes that providing affordable non-opioid pain management to patients covered by Medicare and Medicaid is critical to combating drug addiction and the opioid crisis. Opioids may be inadvertently incentivized over alternative pain management treatments through CMS packages which provide hospitals with the same payment re-

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{ REPORT  
116-XXX

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS BILL, 2020

XXX, 2019.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Ms. DELAURO, from the Committee on Appropriations, submitted the following

R E P O R T

[To accompany H.R.]

The Committee on Appropriations submits the following report in explanation of the accompanying bill making appropriations for the Departments of Labor, Health and Human Services (except the Food and Drug Administration, the Agency for Toxic Substances and Disease Registry and the Indian Health Service), and Education, and the Committee for Purchase from People Who Are Blind or Severely Disabled, Corporation for National and Community Service, Corporation for Public Broadcasting, Federal Mediation and Conciliation Service, Federal Mine Safety and Health Review Commission, Institute of Museum and Library Services, Medicaid and CHIP Payment and Access Commission, Medicare Payment Advisory Commission, National Council on Disability, National Labor Relations Board, National Mediation Board, Occupational Safety and Health Review Commission, Railroad Retirement Board, and Social Security Administration for the fiscal year ending September 30, 2020, and for other purposes.

INDEX TO BILL AND REPORT

	<i>Page number</i>
	<i>Bill    Report</i>
Summary of Estimates and Appropriation .....	.....
General Summary of the Bill .....	.....
Title I—Department of Labor:	
Employment and Training Administration .....	.....
Employee Benefits Security Administration .....	.....