The funds provided in the peer-reviewed cancer research program are directed to be used to conduct research in the multiple areas, including endometrial cancer.  

2 The final FY 2023 omnibus formally authorizes ARPA-H, placing it within NIH; funding is in addition to the funds appropriated to NIH.  

3 Includes mandatory funding from the Prevention and Public Health Fund.
## FY 2023 Appropriations Funding Chart

<table>
<thead>
<tr>
<th>Department of Defense (DoD)</th>
<th>Congressionally Directed Medical Research Programs (CDMRP)</th>
<th>Department of Health and Human Services (HHS)</th>
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<td>FY 2023 Omnibus</td>
<td>% Change (FY 22 Omnibus vs. FY 23 Omnibus)</td>
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Office of Research on Women's Health (ORWH). - The agreement includes $76,480,000 for ORWH. Within the total for ORWH agreement provides $5,000,000, an increase of $1,000,000 above the fiscal year 2022 enacted level, for the Building Interdisciplinary Research Careers in Women's Health (BIRCWH) program to fund additional BIRCWH fellows at existing sites. To address the gaps that remain in the knowledge of women's health, the agreement includes $2,000,000 within ORWH to contract with NASEM to conduct a study on the gaps present in women's health research across all NIH ICs. Specifically, the study should be designed to explore the proportion of research on conditions that are more common or unique to women, establish how these conditions are defined and ensure that it captures conditions across the lifespan, evaluates sex differences and racial health disparities, and determine the appropriate level of funding that is needed to address gaps in women's health research at NIH. The agreement requests NASEM, not later than 18 months after the date on which the agreement is entered, to submit to Congress a report containing the findings of the study and the recommendations to address research gaps in women's health research, including measurable metrics to ensure that this research is accurately tracked to meet the continuing health needs of women. As mentioned above, the agreement also includes $10,000,000 within ORWH to establish the Office of Autoimmune Disease Research.

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

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

National Cancer Institute

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

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

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

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

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

Advanced Research Projects Agency for Health (ARPA-H)
The agreement includes $1,500,000,000 for ARPA-H. The agreement strongly encourages HHS to collaborate with the Defense Advanced Research Projects Agency (DARPA) to develop the foundational policies, procedures, and staff training for ARPA-H employees. The agreement believes ARPA-H will require a very different culture and mission than NIH's other 27 Institutes. To foster the development of an entrepreneurial culture, the agreement expects ARPA-H to be physically located away from NIH campus. The agreement directs NIH to brief the Committees no later than 30 days prior to conducting the location search criteria and the Committees should be notified of the decision no less than 5 days prior to a location being announced publicly. The NIH workforce is composed of dedicated, talented, and frequently brilliant scientists, recruitment from the existing NIH workforce should be avoided. Instead, the agreement recommends that ARPA-H consider recruiting from industry, academia, think tanks, as well as from proven advanced research project organizations. The agreement directs ARPA-H to provide quarterly briefings to the Committees on its establishment process, hiring, and scientific priorities and progress. These briefings should specifically address how its activities may advance biomedical research and development and the mission to create breakthrough health technologies, as well as how to balance long-term scientific challenges with short-term research goals.

**Office of the Secretary**

**Office on Women's Health**

Pregnant Women and Lactating Women Advisory Committee.-The agreement includes $200,000 for the creation of an Advisory Committee to monitor and report on the implementation of the recommendations from the Task Force on Research Specific to Pregnant Women and Lactating Women, as described under this heading in House Report 117-403.

Women's Health Research Study.-The agreement directs the Secretary to coordinate with NIH and NASEM in support of research that explores persistent gaps of knowledge of women's health.

**General Departmental Management**

Broadband Deployment Locations Map.-The agreement directs the Department to submit a report to the Committees not less than 120 days after the date of enactment of this Act detailing the steps it has taken to coordinate with the Federal Communications Commission and carry out its responsibilities to implement the Deployment Locations Map pursuant to Section 60105 of the Infrastructure Investment and Jobs Act (P.L. 117-58).

Achieving Equitable Maternal Health Outcomes.-The agreement includes $7,000,000 for awards to community based and eligible organizations located in geographic areas with high rates of adverse maternal health outcomes, particularly among racial/ethnic minority families, as proposed in the fiscal year 2023 Congressional Justification.

**Centers for Disease Control and Prevention**

**Chronic Disease Prevention and Health Promotion**

Cancer.- The agreement supports the Cancer Moonshot by providing an increase for every CDC Cancer Program. In addition to skin cancer discussed separately under this account, the agreement includes an increase for Breast and Cervical Cancer for the activities included in House Report 117-403, as well as increases for Breast Cancer Awareness for Young Women, the National Program on Cancer Registries, colorectal cancer, the National Comprehensive Cancer Control Program, Johanna's Law, ovarian cancer, prostate cancer, and the Cancer Survivorship Resource Center.
Endometrial Cancer. — The Committee remains concerned about the significant racial and ethnic disparities in mortality rate for endometrial cancer that adversely impact Black women. The age-adjusted mortality rate for Black women with endometrial cancer is nearly twice the rate of White women, which is partly attributed to cancer stage at diagnosis. The Committee commends NCI to address these disparities through projects like the Discovery and Evaluation of Testing for Endometrial Cancer in Tampons Study, and encourages NCI to continue supporting research activities that will lead to the development of targeted interven to improve early diagnosis among Black women with endometrial cancer. The Committee also encourages NCI to research innovative community-based outreach methods to improve access to high-quality care, with the goal of increasing enrollment and participation by Black women in clinical trials. The Committee requests an update on NCI’s activities regarding endometrial cancer in the fiscal year 2024 Congressional Justification, including progress made in endometrial cancer early diagnosis, survival rates, and clinical enrollment by race and ethnicity.

Gynecologic Cancers. — The Committee continues to be concerned about the growing racial, socioeconomic, and geographic disparities in gynecologic cancers. In contrast to most other common cancers in the U.S., relative survival for women with diagnosed advanced cervical or endometrial cancer has not significantly improved since the 1970s. Furthermore, historical data demonstrates that Black and Latina women with gynecologic cancers are not as likely to receive standard therapy and/or die frequently. The current COVID–19 pandemic has only exacerbated the health care disparities that were already present in minority and underrepresented communities. For example, in early 2021, CDC published findings that cervical cancer screenings among women aged 21–29 in California decreased by as much as 78 percent during the pandemic. This is concerning because cervical incidence and mortality rates are disproportionately higher in Hispanic women and non-Hispanic Black women. The Committee encourages NCI to expand the number of clinical trials, research grants, and contract opportunities for investigators that focus on discovering discoveries that will positively impact access to prevention, early detection, diagnosis, and treatment for gynecologic cancers and address the well-documented disparities. The Committee requests an update on NCI’s research program for gynecologic cancers in the 2024 Congressional Justification, including specific grants and strategies where the intent is to overcome these racial disparities in gynecologic cancers outcomes and opportunities to increase participation of minority women in gynecologic cancer clinical trials.

HPV Associated Cancers. — The Committee encourages NCI to expand research related to human papillomavirus (HPV) and HPV-associated cancers.

Cancer Survivorship. — As of January 2019, there were an estimated 16.9 million cancer survivors in the U.S. and the number of survivors is projected to increase to 22.2 million by 2030. The Committee encourages NCI to continue to address the unique cancer survivors with resources to support cancer survivors whether through additional research on essential elements of survivorship care, leveraging Federal resources, or improving coordination among providers. An investment in quality of life diagnosis is a critical component of our Nation’s fight against the disease.
Cancer Vaccines.—The Committee recognizes that the success of the COVID 19 vaccines—which became available less than a year from the outset of the pandemic and now deliver up to 95 percent protection rates—is because these vaccines were built on messenger RNA technology, or mRNA, an approach that had been initiated for cancer research. The Committee understands that with further research, mRNA cancer vaccines could potentially be among the most cost-effective methods of preventing recurrences and costs of cancer care. In addition, the fiscal year 2023 budget request explicitly acknowledged that a potential area of translational research within NIH is the preparation of mRNA vaccines against common forms of cancer. The Committee encourages NIH to continue to support research efforts that move the field forward for mRNA vaccines in cancer. Areas of particular scientific opportunity include focus on enhancing immune recognition of solid tumors, overcoming suppression in the tumor microenvironment, and personalization of mRNA vaccines. Together, these strategies have high potential for increasing the effectiveness for cancer immunotherapy treatment and prevention.

Deadliest Cancers.—The Recalcitrant Cancer Research Act (RCRA) of 2012 focuses on cancers with a five-year survival rate below 50 percent, which account for 44 percent of all U.S. cancer deaths. In House Report 117–96, the Committee directed NCI to develop a scientific framework using the process outlined in the RCRA for gastric and esophageal cancers. The Committee also notes that it is an important step by receiving approval for a Program in Origins of Gastroesophageal Cancers from the National Cancer Advisory Board and Board of Scientific Advisors. Given the toll all recalcitrant cancers exact on society and the lack of diagnostic and treatment resources currently available to help patients, the Committee encourages NCI to continue to invest in the most promising research opportunities to advance progress against each of the deadliest cancers (gastric, esophageal, and GE junction; liver, cholangiocarcinoma; lung, including mesothelioma; ovary; pancreas; and brain, including adult and pediatric brain tumors) provide an update on research focused on each of these areas in the fiscal year 2024 Congressional Justification.

NCI Paylines.—Grant applications to NCI have increased by approximately 50 percent since 2013, outpacing available funding, with requests for cancer research ten-fold greater than other Institutes and Centers. With such a high demand for NCI grants, only a fraction of highly meritorious research proposals can be funded. To support more awards and improve success rates, the Committee recommends an increase of $200,000,000 for NCI to prioritize competing grants and to sustain commitments to continuing grants.

Office of the Director

Office of Research on Women’s Health [ORWH].—The Committee recommends $75,000,000 for ORWH. This Office ensures that health research and research on the biological and sociocultural influence of sex and gender are included within the NIH scientific framework. Congress recognizes ORWH’s critical leadership in promoting women’s health research and spearheading research programs like the Building Interdisciplinary Research Careers in Women’s Health, which aims to increase the number and skill of investigators who conduct research on sex and gender influences on health and disease, and the Specialized Centers of Research Excellence, a program designed to expedite the development and application of new knowledge to human diseases that affect women’s health. The Committee recognizes persistent gaps remain in the knowledge of women’s health. To address these gaps and improve women’s health, the Committee includes $2,000,000 within ORWH to contract with NASEM to conduct a study on the gaps present in women’s health research across all institutes and centers at NIH. Specifically, the study should be designed to explore the potential research on conditions that are more common or unique to women, establish how these conditions are defined and ensured to be captured conditions across the lifespan, evaluate sex and gender differences and racial health disparities, and determine the appropriate level of funding that is needed to address gaps in women’s health research at NIH. The Committee requests NASEM to submit to Congress a report containing the findings of the study and the recommendations to address research gaps in women’s health research, including measurable metrics to ensure that this research is accurately tracked to meet the continuing health needs of women. As mentioned earlier in this report, the Committee also includes $10,000,000 within ORWH to establish the Office of Autoimmune Disease Research.
Biomedical Research Workforce Diversity.—The Committee is concerned with the impact of COVID–19 on the diversity of the biomedical research workforce, particularly women and women of color across career stages. The Committee strongly encourages NIH to study the race/ethnicity and sex/gender breakdown of the impact of COVID on participation in the workforce by monitoring the sex/gender and race/ethnicity of principal investigators designated on applications from and awards to institutions for two years. If the data demonstrate that fewer women are designated on applications from institutions for grants, then it is imperative that steps be taken to address this disparity. The Committee requests a status update in the fiscal year 2024 Congressional Justification as a description of the steps being taken to maintain and strengthen the diversity of the biomedical research workforce.

Black Men and Women Pursuing Medicine and Science.—The Committee supports the efforts of the National Academies Roundtable on Black Men and Black Women in Science, Engineering, and Medicine and its efforts to develop specific programs to increase numbers and effectiveness of Black men and women pursuing medicine and science and commends NIH for participating. The Committee directs the Immediate Office of the Director to allocate increased resources from the Common Fund of the diversity program consortium to the National Academies Roundtable on Black Men and Black Women in Science, Engineering, and Medicine to address the increasing underrepresentation of Black men in medical schools and in the biomedical research profession.

Clinical Trial Diversity.—The Committee recognizes NIH’s efforts to increase meaningful participation across the lifespan of racial minority populations and underrepresented communities in clinical trials. The Committee encourages NIH to continue improving clinical research diversity, equity, inclusion, and accessibility by engaging in proactive outreach efforts to people who are underrepresented in the biomedical research profession.

Early-Career Researchers.—The Committee notes that the mean age of a first R01 award has continued to increase over the past 25 years. Accordingly, the Committee directs NIH to examine existing efforts to expand early career research, including the Next Generation Researchers Initiative, and provide an update in the fiscal year 2024 Congressional Justification. The Committee requests that NIH consider additional actions, including larger payline differentials for new or early-stage investigator applications, to prioritize early career research.

Faculty Institutional Recruitment for Sustainable Transformation (FIRST) Program.—The Committee applauds NIH for its continued efforts to diversify the biomedical workforce and is encouraged by the recent FIRST program that was established to create a more inclusive and diverse biomedical research workforce through cluster hiring and institutional culture shifts. To build on these investments, the Committee directs NIH to provide increased and robust funding to the NIH Common Fund for the continuation of the FIRST program.

Maternal Health Research.—Research is critically important to optimizing the health of women and their families in the U.S., identifying the causes behind pregnancy-related deaths and complications. The vast majority of research in pregnancy is supported by NIH. Each Institute and Center supports at least one grant or project related to pregnancy-related research, with consistently providing the greatest support of perinatal research in the U.S. NICHD’s work includes the Maternal-Fetal Medicine Units Network (MFMU), a network of centers across the country that conduct clinical studies to improve maternal, fetal, and neonatal health. NICHD is also working to advance safe and effective therapies for pregnant and lactating women as recommended in the report released in 2018 by the Federal Task Force on Research Specific to Pregnant Women and Lactating Women (authorized under P.L. 114–255) and the implementation plan released in 2020. NICHD funding also supports research to address gaps in our understanding of the best way to support pregnant and postpartum women with a substance use disorder. Strengthened, prioritized support for maternal health research at the NIH is crucial to fully understanding the health inequities and disparities in outcomes that are facing.
Office of Research on Women’s Health.—The Committee recommends $64,480,000 for the Office of Research on Women’s Health, an increase of $5,000,000 above the fiscal year 2022 enacted level. This office ensures women’s health research and research on biological and sociocultural influence of sex and gender are included within the NIH scientific framework. The Committee recognizes ORWH’s critical leadership in promoting women’s health research and spearheading research programs like the Specialized Centers of Research Excellence (SCORE). SCORE is a disease-agnostic research program designed to expedite the development and translation of basic and preclinical knowledge to human diseases that affect women, to learn more about the etiology of these diseases, and improved approaches to treatment and/or prevention. The SCORE program also supports pilot research projects to train the generation of scientists in the study of sex differences.

Building Interdisciplinary Research Careers in Women’s Health.—Within the total for ORWH, the Committee includes $5,000,000, an increase of $1,000,000 above the fiscal year 2022 enacted level, for the ORWH’s Building Interdisciplinary Research Careers in Women’s Health (BIRCWH) program to fund additional BIRCWH fellows at all existing sites with a goal of increasing the diverse scholars, sites, and research areas supported by the program. These funds support additional researchers focused on women and sex differences, which are priority research areas, as well as expand the program’s work in the reproductive sciences. The Committee recognizes the effectiveness of the BIRCWH program, which is a mentored career-development program designed to connect junior faculty and senior faculty with shared interests.

Sexual Orientation and Gender Identity (SOGI) Research Center.—The Committee includes $2,000,000 to establish the SOGI Research Center, which will build upon the success of the NASEM consensus study and the Sexual and Gender Minority Research Office to disseminate best practices in data collection on sexual orientation, gender identity, and sex characteristics on a government-wide basis.

Women’s Health Research Study.—The Committee recognizes persistent gaps remain in the knowledge of women’s health. To address these gaps and improve women’s health, the Committee includes $2,000,000 to contract with NASEM to conduct a study on the present in women’s health research across all NIH Institutes and Centers. Specifically, the study should be designed to explore proportion of research on conditions that are more common or unique to women, establish how these conditions are defined, ensure that it captures conditions across the lifespan, evaluate sex and gender differences and racial health disparities, and determine the appropriate level of funding that is needed to address gaps in women’s health research at NIH. The Committee requests that NASEM, not later than 18 months after enactment of this Act, submit to the Committee a report containing the findings of the study and the recommendations to address research gaps in women’s health research, including measurable metrics to ensure the research is accurately tracked to meet the continuing health needs of women.

Eunice Kennedy Shriver National Institute of Child Health and Human Development

Endometriosis Research.—The Committee urges NICHD to continue to expand basic, clinical, and translational research into the mechanics of endometriosis, identify early diagnostic markers, and develop new treatment methods.

Impact of COVID–19 on Pregnant and Lactating Women.—The Committee includes an increase of $3,000,000, the same as the fiscal year 2023 budget request, to support research on the effects of COVID–19 on pregnancy, lactation, and postpartum health, specifically focusing on individuals from racial and ethnic minority groups.

IMPROVE Maternal Health Initiative.—The Committee includes no less than $30,000,000 for the Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone (IMPROVE) Initiative, the same as the fiscal year 2022 enacted level and the fiscal year 2023 budget request. The IMPROVE Initiative advances research to reduce preventable causes of maternal deaths and improve health of pregnant and postpartum individuals before, during, and after delivery.

Maternal-Fetal Medicine Units Network.—The Committee supports the Maternal-Fetal Medicine Units Network of centers across the country that conduct clinical studies to improve maternal, fetal, and neonatal health that ultimately improves the clinical practice of obstetrics. Many Institutes at the NIH support at least one grant or project related to pregnancy, which further improves maternal and infant health outcomes and addresses maternal mortality.
Research in Pregnant and Lactating Women.—The Committee is pleased with the progress being made by the Task Force on Research Specific to Pregnant Women and Lactating Women in identifying and developing strategies to address gaps in knowledge and on safe and effective therapies for pregnant and lactating women. The Committee encourages NIH to continue implementing recommendations to the extent appropriate and feasible under the legal authorities available to the Secretary.

Office of the Secretary
Office on Women's Health

Pregnant Women and Lactating Women Advisory Committee.—The Committee includes $200,000 for the creation of an Advisory Committee to monitor and report on the implementation of the recommendations from the Task Force on Research Specific to Pregnant Women and Lactating Women (PRGLAC). PRGLAC’s 2020 Implementation Plan called for the creation of an Advisory Committee to monitor and report on implementing recommendations, updating regulations, and guidance, as applicable, to the inclusion of pregnant women and lactating women in clinical trials. Additionally, the Committee directs the Secretary to report to Congress within 180 days of the date of enactment of this Act outlining the Department’s progress on implementing PRGLAC’s 15 recommendations from the Implementation Plan it submitted to the Secretary in August 2020.

Centers for Medicare and Medicaid Services
Program Management

Ovarian Cancer Testing.—The Committee recognizes that ovarian cancer is the only gender-specific cancer with greater than 50 percent mortality rate, and accounts for more deaths than any other cancer of the female reproductive system, especially among women of color. African American women have a 62 percent five-year mortality rate compared to 54 percent for Caucasian women. The most commonly used detection method may miss ovarian cancer 37 to 67 percent of the time in African American women. Asian Pacific Islanders have a higher risk of developing ovarian clear cell cancer, Hispanic women are diagnosed with ovarian cancer at an earlier age than non-Hispanic groups, and there are significant regional differences in the incidence and mortality of ovarian cancer among Native American women in the United States. FDA-cleared medical innovations that use multi-marker testing for ovarian cancer can improve early detection in women, and especially women of color, but are not universally reimbursed. The Committee recommends CMS cover and pay for multi-marker testing related to ovarian cancer for Medicare beneficiaries. In addition, the Committee requests a report not later than 180 days after the date of enactment of this Act with the status and timeline for a national coverage determination for multi-marker tests for ovarian cancer.

Centers for Disease Control and Prevention
Chronic Disease Prevention and Health Promotion

Breast and Cervical Cancer.—The Committee includes an increase of $10,000,000 to increase the provision of critical, lifesaving breast cancer screening and diagnostic services to uninsured and underinsured women, supporting the Cancer Moonshot goal to increase the percentage of women served by the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) who rarely or never been screened. In addition, the Committee is concerned with the public health impact from triple-negative breast cancer, named as such because it tests negative for estrogen receptors, progesterone receptors, and excess HER2 protein and not respond to treatments developed for these subtypes. The Committee supports efforts to increase awareness of triple negative breast cancer and incorporate diagnoses strategies in existing breast cancer screening, diagnosis and linkage to care health programs. Furthermore, the Committee encourages recipients to implement navigator programs to help patients overcome barriers at the resources they need. The Committee requests information in the fiscal year 2024 Congressional Budget Justification on current activities to support navigation services.
Cancer. — The Committee includes a total increase of $32,250,000 for cancer prevention and control activities in this account. The Committee supports the Administration’s inclusion of CDC in the Cancer Moonshot initiative, recognizing the importance of health efforts in cancer prevention, screening, early detection, and reducing disparities in quality of care. In addition to the programs discussed separately under this account, the Committee includes: an increase of $3,000,000 to expand awareness and preventive efforts for Breast Cancer Awareness for Young Women; an increase of $5,000,000 to enhance the work of the National Program of Cancer Registries; an increase of $2,000,000 for colorectal cancer; an increase of $6,000,000 for the National Comprehensive Cancer Control Program; an increase of $2,000,000 for Johanna’s Law that raises awareness of the five main types of gynecological cancer; an increase of $2,000,000 to advance ovarian cancer prevention, early detection, risk assessment, and access to the standard of care; an increase of $1,000,000 for skin cancer; and an increase of $250,000 for the Cancer Survivorship Resource Center.
Endometrial Cancer.—The Committee remains concerned about the significant ethnic/racial disparities in mortality rates for endometrial cancer that adversely impact Black women. The age adjusted mortality rate for Black women with endometrial cancer is nearly twice the rate of White women, which is partly attributed to cancer stage at diagnosis. The Committee commends NCI to address these disparities through projects like the Discovery and Evaluation of Testing for Endometrial Cancer in Tampons (DETECT) Study and encourages NCI to continue research activities that will lead to the development of targeted interventions to improve diagnosis among Black women with endometrial cancer. The Committee also encourages NCI to research innovative community-based outreach methods to improve access to high quality care, with the goal of increasing the enrollment and participation in clinical trials. The Committee requests an update on NCI’s activities regarding endometrial cancer in the fiscal year 2024, including progress made in endometrial cancer early diagnosis, survival rates, and clinical trial enrollment by ethnicity.

Cancer Moonshot.—As part of his call for reigniting the Cancer Moonshot to reduce the death rate from cancer by at least 50% over the next 25 years and end cancer as we know it, President Biden specifically noted that we must “speed progress against the most deadly and rare cancers”. The Committee applauds this objective and directs NCI to provide a report to the Committees 180 days after enactment describing the steps it will take to advance efforts to develop a robust pipeline of new treatments for recalcitrant cancers, defined in the Recalcitrant Cancer Research Act 2012 (Public Law 112–239) as those with a 5-year survival rate below 50%.

Metastatic Breast Cancer [MBC].—The Committee is aware that clinical research is of utmost importance to those living with which is breast cancer that has spread to other organs and become incurable. An estimated 168,000 Americans live with MBC, nearly all of the more than 43,000 deaths from breast cancer are attributed to this late stage of disease. Given the mortality associated with MBC and the lack of treatment options, research offers the best possibility of therapeutic advances and extended life for patients. MBC is also associated with startling health disparities, since breast cancer mortality is about 40% higher for women in the U.S. than Caucasian women and breast cancer is the second most common cause of death by cancer for Black women. The Committee encourages a continued emphasis by NCI on research for MBC, especially in communities of color, to discover new treatments and a cure for MBC and to address health disparities in this population. The Committee requests an update on NCI activities regarding MBC in the fiscal year 2024, including progress made with respect to inclusion of people of color in NCI-funded clinical trials in this area.

Cancer’s Cost.—The Committee recognizes that cancer is a leading cause of death in the U.S., responsible for more than 600,000 deaths in 2021, a large number of whom were in the prime of life. While advances in early detection and treatment mean there are now more than 15.5 million cancer survivors living in the U.S., the continued high death toll resulted in 9,263,000 person-years of life lost in 2019, the highest of any of disease group. With these human and economic costs in mind, the Committee remains determined to raise the low success rate for NCI grant applicants. To support more awards, improve success rates, and accelerate efforts to develop treatments, the Committee provides an increase of $80,000,000 to prioritize competing grants and sustain commitments to continuing grants.

Surveillance, Epidemiology, and End Results [SEER] Registry.—The Committee encourages NCI to continue to advance efforts to modernize the SEER Registry and to better capture key data points, such as metastatic recurrence and cancer migration. The Committee requests an update in the fiscal year 2024 regarding NCI’s plans to update SEER, including anticipated funding for the current SEER contract.
Office of Research on Women’s Health [ORWH].—The Committee recommends $75,000,000 for ORWH. This Office ensures women’s health research and research on the biological and sociocultural influence of sex and gender are included within the NIH scientific framework. Congress recognizes ORWH’s critical leadership in promoting women’s health research and spearheading research programs like the Building Interdisciplinary Research Careers in Women’s Health, which aims to increase the number and skill of investigators who conduct research on sex and gender influences on health and disease, and the Specialized Centers of Research Excellence, a program designed to expedite the development and application of new knowledge to human diseases that affect women’s health, the Committee includes $2,000,000 within ORWH to contract with NASEM to conduct a study on the gaps present in women’s health research across all institutes and centers at NIH. Specifically, the study should be designed to explore the proportion of research on conditions that are more common or unique to women, establish how these conditions are defined and ensure captures conditions across the lifespan, evaluate sex and gender differences and racial health disparities, and determine the appropriate level of funding that is needed to address gaps in women’s health research at NIH. The Committee requests NASEM, not later than 18 months after the date on which the agreement is entered, to submit to Congress a report containing the findings of the study and the recommendations to address research gaps in women’s health research, including measurable metrics to ensure this research is accurately tracked to meet the continuing health needs of women. As mentioned earlier in this report, the Committee also includes $10,000,000 within ORWH to establish the Office of Autoimmune Disease Research.

Analyzing Sex/Gender and Race/Ethnicity Differences in COVID–19 Study Outcomes.—The Committee recognizes that the COVID–19 pandemic has exposed an array of related health disparities, including a difference in acute disease severity and outcomes between female and male patients. Outcomes for individuals who continue to experience long COVID symptoms and/or damage to or varying degrees months after their initial diagnosis may also be impacted by these factors. To better understand how sex/gender and race/ethnicity variables impact study outcomes, the Committee directs the Institutes and Centers in coordination with the Director and Office of Research on Women’s Health to support research to allow for appropriate assessment of whether important sex/gender and race/ethnicity differences play a role in study outcomes regarding the disease.

Faculty Institutional Recruitment for Sustainable Transformation.—The Committee applauds NIH for its continuous efforts to diversify the biomedical workforce. The Committee is encouraged by the recent Faculty Institutional Recruitment for Sustainable Transformation [FIRST] program that was created within the NIH Common Fund, which was established to create a more inclusive and diverse biomedical research workforce through cluster hiring and institutional culture shifts. FIRST not only will increase workforce diversity but will also support the next generation of scientists.

Long COVID Longitudinal Study Research.—The Committee recognizes that many individuals previously infected by SARS–CoV–2 continue to face prolonged health consequences, and that the long-term effects of an acute SARS–CoV–2 infection are unknown. The Committee supports NIH’s ongoing longitudinal Researching COVID to Enhance Recovery [RECOVER] study and encourages NIH to ensure the study is nationwide, includes diversity of enrollees to account for gender, age, race, ethnicity, geography, comorbidities, and underrepresented populations, including pregnant and lactating women, studies individual outcomes: were infected with SARS–CoV–2 and experienced mild, moderate, or severe symptoms, studies the health outcomes and symptoms of individuals who were infected with SARS–CoV–2, or had prenatal exposure to SARS–CoV–2. This could include lung capacity function, immune response, and the history of any pharmaceutical interventions such individuals may have received. NIH is encouraged to study the mental health outcomes of infected individuals, take into account any interventions that affected mental health, and monitor individuals enrolled in the study as scientifically and medically appropriate for a clinical research study. NIH is encouraged to broadly share its findings as soon as is scientifically appropriate. Such summaries may include information about the findings of the study under this section compare with findings from research conducted abroad.
Research Transparency.—The Committee remains committed to funding NIH research and ensuring that our Nation’s research, particularly on early career scientists, have the support to make the scientific breakthroughs that may transform healthcare. However, it is critical that NIH can ensure funds are used for the best possible research that fulfill the core research mission of NIH. NIH is directed to justify, in writing made available on a publicly accessible website, that each grant or agreement promotes efforts to seek fundamental knowledge about the nature and behavior of living systems and/or the application of that knowledge to enhance lengthen life, and reduce illness and disability.

Sexual Orientation and Gender Identity [SOGI] Research Center.—The Committee includes $2,000,000 to establish the SOGI Research Center, which will build upon the success of the NASEM consensus study and the Sexual and Gender Minority Research Office to disseminate best practices in data collection on sexual orientation, gender identity, and sex characteristics on a government-wide basis.

Eunice Kennedy Shriver National Institute of Child Health and Human Development

COVID Pregnancy Research.—The Committee includes $3,000,000, as requested in the fiscal year 2023 budget request, for better understand the effects of COVID–19 on pregnancy.

Endometriosis.—The Committee is aware that endometriosis is a chronic disease of the female reproductive system affecting percent of women of reproductive age worldwide. The Committee strongly urges NIH to allocate at least $26,000,000 to expand basic, clinical, and translational research into the mechanics of endometriosis, identify early diagnostic markers, and new treatment methods.

Population Research.—The Committee congratulates NICHD for leading efforts to promote research regarding the effects of COVID–19 on child development and health disparities. The Committee encourages NICHD to sustain these research priorities through support of the Population Dynamics Research Centers Program and population-representative longitudinal datasets, such as a Fragile Families and Child Wellbeing Study, Baby’s First Years, Panel Study of Income Dynamics Child Supplement Survey, an National Longitudinal Survey of Youth. The Committee urges NICHD to engage the population research field to develop the frameworks for conceptualizing and measuring social determinants of health, including structural racism. The Committee also encourages NICHD to support research exploring the direct and indirect effects of COVID–19 on reproductive health, marriage, divorce and to expand research and data collection on mortality, especially during adolescence and the transition to adulthood. Within 90 days of enactment of this act, the Committee requests a report on the Institute’s efforts to address these priority areas.

Advanced Research Projects Agency for Health (ARPA-H)

The Committee recommendation includes $1,000,000,000 for the Advanced Research Projects Agency for Health [ARPA–H], level as in fiscal year 2022. The Committee strongly encourages HHS to collaborate with DARPA to develop the foundational procedures, and staff training for ARPA–H employees. Following the decision by the Secretary to transfer ARPA–H to NIH in September, funding is provided to ARPA–H as a standalone agency within NIH. However, the Committee believes ARPA–H will require a different culture and mission than NIH’s other 27 Institutes and Centers. To foster the development of an entrepreneurial culture, the Committee expects ARPA–H to be physically located away from the main NIH campus. The Committee expects NIH to conduct a transparent and competitive process for a location site. The Committee directs NIH to brief the Committee no later than 30 days following the location search on its criteria and the Committee should be notified of the decision no less than 5 days prior to a location being announced publicly. While the NIH workforce is composed of dedicated and talented, scientists, recruitment of existing NIH workforce should be avoided. Instead, ARPA–H should consider recruiting from industry, academia, and think tanks as well as from proven advanced research project organizations. Finally, the Committee directs ARPA–H to provide quarterly briefings on the Committee’s establishment process, hiring, and scientific priorities and progress. The Committee requests such briefings to address how ARPA-H’s activities are designed to advance biomedical research and development and the mission to create breakthrough health technologies, as well as how to balance long-term trans-disciplinary scientific challenges with short-term research goals.

Office of the Secretary

General Departmental Management
Ensuring Equity in Telehealth Policies.—The COVID–19 pandemic has exposed an array of related health disparities, including differences in severity and outcomes by race and ethnicity; geographic location; and socioeconomic status. The rapid expansion of telemedicine has been an effective tool in mitigating barriers to care during the pandemic. The Committee recognizes that focusing on health equity when considering telehealth policies is imperative to ensuring the needs of underserved communities are met. Therefore, the Committee directs HHS to prioritize equity as a consideration when making decisions on telehealth policy during and after the COVID–19 public health emergency and to report to Congress within 60 days after the end of the public health emergency on how it is using telehealth to sustain equitable access.

Achieving Equitable Maternal Health Outcomes.—The Committee recommendation provides $7,000,000 for awards to community-based and other eligible organizations located in geographic areas with high rates of adverse maternal health outcomes, particularly among racial/ethnic minority families. The awards will support activities that include but are not limited to identifying evidence-based and evidence-informed practices for: addressing social determinants of health; promoting evidence-based health literacy, pregnancy, childbirth, and parenting education programs; providing support from perinatal health workers; and providing congruent, linguistically appropriate, and trauma-informed training to perinatal health workers.

Addressing Structural Racism in Public Health.—The Committee provides $7,000,000 to establish a pilot program to address structural racism in public health and promote policies and practices that counter the disparate impact on the health and well-being of racial and ethnic minority populations. The program will support coalitions at the community level to identify existing policies, practices and programs that impede equitable access to care and perpetuate health disparities. The initiative will support nonprofit entities that represent a community coalition to address structural racism in public health.

Office on Women's Health

Women's Health Research Study.—To address the persistent gaps of knowledge of women’s health and improve access to care, the Committee directs the Secretary to coordinate with NIH and NASEM in support of research that explores the proportion of research on conditions that are more common or unique to women. This research should establish how these conditions are defined and ensure that it captures conditions across the lifespan, evaluates sex and gender differences and racial health disparities, and the appropriate level of funding that is needed to address gaps in women’s health research at the NIH and submit to Congress containing the findings and recommendations of the study no later than 18 months after enactment of this Act.

Centers for Disease Control and Prevention

Chronic Disease Prevention and Health Promotion

Breast and Cervical Cancer.—The Committee includes an increase of $13,000,000 to increase the provision of critical, lifesaving breast cancer screening and diagnostic services to uninsured and underinsured women, supporting the Cancer Moonshot goal to increase the percentage of women served by the National Breast and Cervical Cancer Early Detection Program who have been screened. The Committee directs CDC to increase efforts to reduce breast and cervical cancer disparities and expand to reach women who may have delayed screening services during the COVID–19 pandemic.

Comprehensive Cancer.—The Committee includes an increase of $10,000,000 to advance the goals of the Cancer Moonshot through CDC’s cancer prevention, early detection and treatment, survivor support, and health equity activities. CDC is urged to use a portion of this increase to expand evidence-based cancer survivorship programs by State health departments in partnership with community-based organizations.
Social Determinants of Health [SDOH].—The Committee recognizes the important impact of SDOH on outcomes and health inequities in communities. The Committee provides $100,000,000 to expand SDOH activities to all States and territories. These activities include expanding and implementing accelerator plans and providing grants for implementation of SDOH activities. CDC should award grants to improve the capacity of governmental and non-governmental public health organizations and community organizations to address SDOH in communities; support and conduct research on best practices; and improve health outcomes and reduce health inequities by coordinating SDOH activities across CDC. The Committee urges CDC to fund and integrate knowledge from behavioral science research as part of the effort to develop new evidence-based interventions to ameliorate social determinants' potential negative effects. The Committee believes that behavioral science research focused on understanding SDOH can increase use of and adherence to healthy behaviors that help prevent chronic conditions such as cancer, heart disease, and diabetes.

Centers for Medicare and Medicaid Services
Program Management

Screening and Diagnostic Testing in Cancer Treatment.—The Committee understands that the use of pre-treatment interventions, such as screening for signs of cancer or testing with a companion diagnostic to determine a specific cancer type, can help healthcare providers select treatment options with a greater probability of success leading to better outcomes for patients. The Committee recognizes that the use of these interventions can reduce unnecessary costs in the current healthcare system by avoiding inequity-treatment and that awareness of genetic risk factors can encourage preventive care and early diagnosis. The Committee urges CMS to identify ways to expand access to screening and testing.