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Supplemental Appropriations for Zika Response: The FY2016 Conference Agreement in Brief

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Background

The second session of the 114th Congress is considering whether and how to provide funds to control the spread of the Zika virus throughout the Americas. Zika infection, which is spread by *Aedes* mosquitoes, has been linked to birth defects and other health concerns. Local transmission of the virus has occurred in Puerto Rico, American Samoa, and the U.S. Virgin Islands and is expected on the U.S. mainland this summer, in areas where *Aedes* mosquitoes are present.

On February 22, 2016, the Obama Administration requested more than \$1.89 billion in supplemental funding to respond to the Zika outbreak, all of which it requested as emergency discretionary appropriations and therefore effectively exempt from spending limits per the Budget Control Act of 2011 (BCA, P.L. 112-25).¹ The emergency request included \$1.509 billion for the Department of Health and Human Services (HHS), \$335 million for the U.S. Agency for International Development (USAID), and \$41 million for the Department of State. The request also sought authority to transfer some of those supplemental emergency appropriations to other federal agencies such as the Department of Defense, the Environmental Protection Agency, and the U.S. Department of Agriculture, to allow greater flexibility as circumstances change. It also sought to provide HHS, the Department of State, and USAID with authority for direct hiring² and personal services contracting,³ not limited to positions related to Zika response efforts.

On April 6, 2016, the White House Office of Management and Budget (OMB) and the Secretary of HHS announced that they had identified \$589 million—\$510 million of it from “existing Ebola resources within the Department of Health and Human Services and Department of State/USAID”—that could quickly be redirected and spent on immediate efforts to control and respond to the spread of the Zika virus in the Americas.⁴ On April 8, 2016, the Administration notified Congress of the transfer of \$295 million (included in the \$510 million) from FY2015 unobligated USAID Ebola Economic Support Funds (ESF) to be used for the Zika response efforts. Of that amount, USAID would provide \$158 million to CDC, including \$78 million for Zika response and \$80 million for Ebola response. The remaining \$137 million would fund various USAID Zika response activities.⁵

In mid-May 2016, both the House and the Senate passed supplemental appropriations measures for Zika response. The House passed a stand-alone supplemental appropriations bill (H.R. 5243) on May 18. This bill would provide \$622.1 million in Zika funding, which would be available until September 30, 2016, and also rescinded an equal amount of budget authority. The Senate voted to amend the combined FY2017 Military Construction-Veterans Affairs and Transportation-Housing and Urban Development appropriations bills (S.Amdt. 3900 to H.R. 2577, passed on May 19) to provide \$1.1 billion in Zika response funding, which would be available, depending

¹ White House, Office of Management and Budget, “Estimate #1 – FY 2016 Emergency Supplemental: Appropriations Request to Respond to the Zika Virus both Domestically and Internationally,” February 22, 2016, https://www.whitehouse.gov/omb/budget_amendments.

² For more detail, see <https://www.opm.gov/blogs/Director/direct-hire-authority/>.

³ As defined in regulation, “The Government is normally required to obtain its employees by direct hire under competitive appointment or other procedures required by the civil service laws. Obtaining personal services by contract, rather than by direct hire, circumvents those laws unless Congress has specifically authorized acquisition of the services by contract.” (48 C.F.R. 37.104(a)) Under this authority, federal agencies can quickly contract with individual scientists, physicians, and other experts to aid in response efforts.

⁴ OMB, Shaun Donovan, “Taking Every Step Necessary, As Quickly as Possible, to Protect the American People from Zika,” OMB blog, April 6, 2016, <https://www.whitehouse.gov/omb/blog>.

⁵ In the absence of detailed information about these reprogrammings, they are not presented in **Table 1**.

on the account, until September 30, 2017, or until expended. Unlike the House bill, the Senate Zika proposal only rescinded \$10 million.

On June 22, 2016, Harold Rogers, chairman of the House Appropriations Committee, filed a conference agreement. (See the “conference report,” H.Rept. 114-640, to accompany H.R. 2577.) The conference agreement (Division B) would provide \$1.1 billion in Zika response funding. Amounts to HHS and State/USAID accounts are somewhat similar to those in the Senate proposal. However, a provision that specifies the uses of funds provided to the Social Services Block Grant (SSBG) has proven controversial. The conference agreement provides that SSBG funds may only be used for health services “provided by public health departments, hospitals, or reimbursed through public health plans,” which some have argued could prevent these funds from going to other entities that offer family planning and women’s health services.⁶ Also, the agreement (Division D) would rescind \$750 million in budget authority, the majority of it from unspent funds in the Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended) intended to establish health exchanges in the territories.⁷ The Administration has stated its objection to the controversial reproductive health care provision and the ACA offset.⁸

The conference agreement was approved by the House on June 23, 2016. On June 28, the Senate voted (52-48) not to invoke cloture on the conference agreement. Subsequent discussions among Members of Congress and the Administration did not yield an alternative agreement. The Administration sent a letter to congressional leaders on July 12, a few days before a planned seven-week congressional recess, urging them to provide Zika supplemental funding, and citing examples of activities that could be compromised without it.⁹ Some Members were concerned, however, that much of the funds reprogrammed by the Administration in April had not yet been obligated, and urged the Administration to make use of funds already available to it. On July 14, before adjourning for a seven-week recess, the Senate again voted (52-44) not to invoke cloture on the conference agreement.

For More Information

This CRS report presents funding proposals for response to the Zika outbreak, including proposals in Division B of the conference report, and, where applicable, associated proposed rescissions, including those in Division D of the conference report. Division A, Military Construction and Veterans Affairs and Related Agencies Appropriations for FY2017 (MILCON-VA appropriations), is not discussed in this CRS report.¹⁰ Division C of the conference report

⁶ Ali Rogin, “Senate Zika Bill Falls Apart Largely over Planned Parenthood Objections,” *ABC News*, June 28, 2016, <http://abcnews.go.com/Politics/senate-zika-bill-falls-largely-planned-parenthood-objections/story?id=40193006>.

⁷ Section 1323(a) of the ACA provides that each U.S. territory can either elect to establish a health insurance exchange by October 1, 2013 and receive a portion of a \$1 billion appropriation to do so, or increase its Medicaid funding. For more information, see CRS Report R44275, *Puerto Rico and Health Care Finance: Frequently Asked Questions*, coordinated by Annie L. Mach. No U.S. territory elected to establish a health insurance exchange. Section 101 of the conference report would rescind \$543 million from the \$1 billion appropriation.

⁸ White House, Statement by Press Secretary Josh Earnest on the Zika Conference Report, June 22, 2016, <https://www.whitehouse.gov/briefing-room/statements-and-releases>.

⁹ The letter is available from the article by Jennifer Shutt, “Senate Again Rejects Moving to a Vote on Zika, Veterans Funding,” *CQ News*, July 14, 2016.

¹⁰ Division A does not include an earlier MILCON-VA provision on display of the Confederate Flag. For more information, see CRS Insight IN10313, *Display of the Confederate Flag at Federal Cemeteries in the United States*, by Laura B. Comay and Scott D. Szymendera.

addresses the Environmental Protection Agency’s (EPA’s) regulation of water pollution and pesticides, and is beyond the scope of this CRS report.¹¹

For more information about the Zika virus outbreak, see the following CRS reports:

- CRS Report R44460, *Zika Response Funding: Request and Congressional Action*, for more information about the supplemental request for Zika response appropriations, and unobligated funds for the Ebola response. (This report will be updated to include any final action taken by the 114th Congress);
- CRS Insight IN10433, *Zika Virus: Global Health Considerations*, for information about U.S. assistance for international response to the outbreak; and
- CRS Report R44545, *Zika Virus in Latin America and the Caribbean: U.S. Policy Considerations*.

See also the following web pages on the Zika outbreak:

- Centers for Disease Control and Prevention (CDC), <https://www.cdc.gov/zika/>;
- World Health Organization (WHO), <http://www.who.int/topics/zika/en/>; and
- Pan American Health Organization (PAHO), http://www.paho.org/hq/index.php?option=com_content&view=article&id=11585&Itemid=41688&lang=en.

Comparison of Funding Proposals

Table 1 below presents a comparison of amounts for response to the Zika outbreak proposed in the Administration’s supplemental request, by the House and Senate, and in the conference agreement. **Table 2**, below, presents a comparison of selected non-monetary provisions in these measures. The **Appendix** lists acronyms used in the tables.

Table 1. Supplemental FY2016 Funding for Zika Response: Comparison of Administration Request with Senate, House, and Conference Proposals

Budget Authority in \$ Millions

Agency/Program	Request	S.Amdt. 3900	H.R. 5243	Conf. Rept., H.R. 2577, Div. B
HRSA: Community Health Centers	0.0	40.0	0.0	0.0
HRSA: National Health Service Corps	0.0 ^a	6.0	0.0	0.0
HRSA: Maternal and Child Health Block Grant	0.0 ^a	5.0	0.0 ^b	0.0
HRSA Subtotal	0.0	51.0	0.0	0.0
PHSSEF: Social Services Block Grant	0.0	75.0	0.0	95.0
PHSSEF: Primary Care	not specified	0.0	0.0	46.0 ^c
PHSSEF: Community Health Centers	not specified	0.0	0.0	40.0 ^c
PHSSEF: National Health Service Corps	not specified	0.0	0.0	6.0 ^c

¹¹ For more information, see CRS Report RL32884, *Pesticide Use and Water Quality: Are the Laws Complementary or in Conflict?*, by Claudia Copeland.

Agency/Program	Request	S.Amdt. 3900	H.R. 5243	Conf. Rept., H.R. 2577, Div. B
<i>PHSSEF: Maternal and Child Health Block Grant</i>	<i>not specified</i>	0.0	0.0 ^b	0.0
<i>PHSSEF: Medical Countermeasure and Other</i>	<i>not specified</i>	75.0	103.0	85.0
PHSSEF Subtotal	295.0	150.0	103.0	227.0
CDC	828.0	449.0	170.0 ^{db}	476.0
NIH/NIAID	130.0	200.0	230.0	230.0
FDA ^e	10.0	0.0	0.0	0.0
CMS (Medicaid federal matching rate)	246.0	no provision	no provision	no provision
HHS Total	1,509.0	850.0	503.0	933.0
State: Diplomatic and Consular Programs (D&CP)	14.6	14.6	9.1 ^f	14.6
State: Emergencies in the Diplomatic and Consular Service	4.0	4.0	0.0 ^g	4.0
State: Repatriation Loans	1.0	1.0	0.0	1.0
State: Nonproliferation, Anti-Terrorism, Demining and Related Programs (NADR)	8.0	4.0	0.0	0.0
State: International Organizations and Programs (IO&P)	13.5	13.5	0.0	0.0
USAID: Operating Expenses (OE)	10.0	10.0	10.0	10.0
USAID: Global Health Programs (GHP)	325.0	211.0	100.0 ^h	145.0
State/USAID Total	376.1	258.1	119.1	174.6
REQUEST OR BILL TOTAL	1,885.1	1,108.1	622.1	1,107.6
Rescission: USAID, unobligated Ebola OE	0.0	-10.0	0.0	-10.0 ⁱ
Rescission: Other Ebola unobligated balances	0.0	0.0	-352.1	-107.0
Rescission: HHS, Non-recurring Expenses Fund	0.0	0.0	-270.0	-100.0
Rescission: HHS, Affordable Care Act (ACA)	0.0	0.0	0.0	-543.0 ⁱ
Total Rescissions	0.0	-10.0	-622.1	-760.0
NET TOTAL BUDGET AUTHORITY	1,885.1	1,098.1	0.0	347.6

Sources: CRS analysis of text of White House, Office of Management and Budget, “Estimate #1–FY 2016 Emergency Supplemental: Appropriations Request to Respond to the Zika Virus both Domestically and Internationally,” February 22, 2016, https://www.whitehouse.gov/omb/budget_amendments; S.Amdt. 3900; H.R. 5243 IH; and H.Rept. 114-640, to accompany H.R. 2577.

Notes: Requested amounts reflect the initial request of February 2016, and do not reflect reprogramming of funds in April 2016. Details may not add to totals due to rounding. Amounts in italics add to subtotals.

- a. Unspecified amounts from the PHSSEF may be transferred to HRSA for National Health Service Corps activities in the territories, and for the MCH Block Grant.
- b. Up to \$50.0 million of the CDC funds provided may be transferred to HRSA Maternal and Child Health Services (MCH) Block Grant for specified activities.
- c. These funds would be transferred to HRSA for the specified activities.
- d. Of the CDC funds provided, up to \$500,000 each must be transferred to the HHS Office of Inspector General and the Comptroller General for oversight activities.
- e. The House-reported Agriculture and Related Agencies appropriation for FY2017 included \$10 million for FDA activities related to the response to Ebola, Zika, and other emerging threats. H.Rept. 114-531, p. 70.

- f. Up to \$1.35 million of funds for Diplomatic and Consular Services may be used for medical evacuation costs for any U.S. agency.
- g. Up to \$1.0 million of funds for Diplomatic and Consular Services may be transferred to Emergencies in the Diplomatic and Consular Service
- h. Of the Global Health Program funds provided, up to \$500,000 each must be transferred to the USAID Office of Inspector General and the Comptroller General for oversight activities.
- i. Div. B of the conference report would rescind these funds previously appropriated for Ebola activities within Division J of P.L. 113-235.
- j. Section 1323(a) of the ACA provides that each U.S. territory can either elect to establish a health insurance exchange by October 1, 2013 and receive a portion of a \$1 billion appropriation to do so, or increase its Medicaid funding. For more information, see CRS Report R44275, *Puerto Rico and Health Care Finance: Frequently Asked Questions*, coordinated by Annie L. Mach. No U.S. territory elected to establish a health insurance exchange. Section 101 of H.Rept. 114-640 would rescind \$543 million from the \$1 billion appropriation.

Table 2. Selected Provisions for Zika Response in FY2016 Supplemental: Comparison of Administration Request, Senate and House Proposals, and Conference Report

Provision(s)	Administration Request	Senate (S.Amdt. 3900)	House (H.R. 5243 IH)	Conference Report (H.R. 2577)
Period of Availability of Funds				
HHS Funds	Until expended.	Until Sept. 30, 2017.	Until Sept. 30, 2016.	Until Sept. 30, 2017.
State/USAID Funds: D&CP: Nonproliferation, Anti-Terrorism, Demining and Related Programs; International Organizations and Programs; Operating Expenses	Until Sept. 30, 2017.	Until Sept. 30, 2017.	Until Sept. 30, 2016.	Until Sept. 30, 2017.
State/USAID Funds: Emergencies in the Diplomatic and Consular Service; Repatriation Loans; Global Health Programs.	Until expended.	Until expended.	Until Sept. 30, 2016.	Until Sept. 30, 2017.
Oversight funds for HHS and International Affairs	No comparable provision.	Until expended.	Until expended.	Until expended.
Authority to Reimburse Prior Obligations				
HHS and State/USAID Funds	Any funds in this Act may be used to reimburse HHS and/or State/USAID accounts for obligations incurred for Zika virus response prior to enactment	\$88 million may be used to reimburse CDC accounts for obligations incurred for Zika virus response prior to enactment.	No authority to reimburse prior obligations.	\$88 million may be used to reimburse CDC accounts for obligations incurred for Zika virus response prior to enactment.
Scope of Use of Funds				
CDC Funds	To prevent, prepare for, and respond to Zika virus, other vector-borne diseases, or other infectious diseases and related health outcomes,	To prevent, prepare for, and respond to Zika virus, other vector-borne diseases, and related health outcomes, domestically and	To prevent, prepare for, and respond to Zika virus, domestically and internationally.	To prevent, prepare for, and respond to Zika virus, health conditions related to such virus, and other vector-borne diseases,

Provision(s)	Administration Request	Senate (S.Amdt. 3900)	House (H.R. 5243 IH)	Conference Report (H.R. 2577)
	domestically and internationally.	internationally.		domestically and internationally
Use of CDC funds for grants pursuant to PHSA §317S, the Mosquito Abatement for Safety and Health (MASH) Act, which allows direct funding to local jurisdictions.	Permitted, as determined by the CDC Director to be appropriate.	Not permitted.	Permitted, as determined by the CDC Director to be appropriate.	Permitted, as determined by the CDC Director to be appropriate.
HRSA Funds	Scope for PHSSEF funds would apply to any funds transferred to HRSA.	To prevent, prepare for, and respond to Zika virus, other vector-borne diseases, and related health outcomes, domestically and internationally.	Scope for CDC funds would apply to any funds transferred to HRSA.	Scope for PHSSEF funds would apply to any funds transferred to HRSA.
NIH Funds	To prevent, prepare for, and respond to Zika virus, other vector-borne diseases, or other infectious diseases and related health outcomes, domestically and internationally.	To prevent, prepare for, and respond to Zika virus, other vector-borne diseases, and related health outcomes, domestically and internationally.	For development of vaccines for the Zika virus.	For specified research and medical countermeasures development regarding Zika virus and other vector-borne diseases, domestically and internationally.
PHSSEF Funds	To prevent, prepare for, and respond to Zika virus, other vector-borne diseases, or other infectious diseases and related health outcomes, domestically and internationally.	To prevent, prepare for, and respond to Zika virus, other vector-borne diseases, and related health outcomes, domestically and internationally.	To respond to Zika virus, domestically and internationally.	To prevent, prepare for, and respond to Zika virus, health conditions related to such virus, and other vector-borne diseases, domestically and internationally.
State Dept. Diplomatic and Consular Programs (D&CP)	To support response efforts related to the Zika virus and related health outcomes, other vector-borne diseases, or other infectious diseases.	To support response efforts related to the Zika virus and related health outcomes, other vector-borne diseases, or other infectious diseases.	To support cost of medical evacuations and other response efforts related to the Zika virus and health conditions directly associated with the Zika virus.	To support response efforts related to the Zika virus, related health conditions, and other vector-borne diseases.
State Dept. Emergencies in Diplomatic and Consular Service	To support response efforts related to the Zika virus and related health outcomes, other vector-borne diseases.	To support response efforts related to the Zika virus and related health outcomes, other vector-borne diseases.	No comparable provision.	To support response efforts related to the Zika virus, related health conditions, and other vector-borne diseases.
Repatriation Loans Program	For direct loans to support response efforts related to the Zika virus and related health outcomes, other vector-borne diseases, or other infectious diseases.	For direct loans to support response efforts related to the Zika virus and related health outcomes, other vector-borne diseases, or other infectious diseases.	No comparable provision.	For direct loans to support response efforts related to the Zika virus, related health conditions, and other vector-borne diseases.
USAID Operating Expenses	To support response	To support response	Response efforts	To support response

Provision(s)	Administration Request	Senate (S.Amdt. 3900)	House (H.R. 5243 IH)	Conference Report (H.R. 2577)
(OE)	efforts related to the Zika virus and related health outcomes, other vector-borne diseases, or other infectious diseases.	efforts related to the Zika virus and related health outcomes, other vector-borne diseases, or other infectious diseases.	related to the Zika virus and health conditions directly associated with the Zika virus.	efforts related to the Zika virus, related health conditions, and other vector-borne diseases.
Global Health Programs (GHP)	For assistance or research to prevent, treat, or otherwise respond to the Zika virus and related health outcomes, other vector-borne diseases, or other infectious diseases.	For assistance or research to prevent, treat, or otherwise respond to the Zika virus and related health outcomes, other vector-borne diseases, or other infectious diseases.	For vector control activities to prevent, prepare for, and respond to the Zika virus internationally.	For expenses to prevent, prepare for, and respond to the Zika virus, related health conditions, and other vector-borne diseases.
Dept. of State, Nonproliferation, Anti-terrorism, Demining and Related Programs (NADR)	To support response and research efforts related to the Zika virus and related health outcomes, other vector-borne diseases, or other infectious diseases.	To support response and research efforts related to the Zika virus and related health outcomes, other vector-borne diseases, or other infectious diseases.	No comparable provision.	No comparable provision.
International Organizations and Programs (IO&P)	To support response and research efforts related to the Zika virus and related health outcomes, other vector-borne diseases, or other infectious diseases.	To support response and research efforts related to the Zika virus and related health outcomes, other vector-borne diseases, or other infectious diseases.	No comparable provision.	No comparable provision.
Transfer Authority				
HHS Funds	CDC funds may be transferred within CDC. NIH funds may be transferred within NIH. PHSSEF funds may be transferred to two stated HRSA accounts, as specified, to an HHS countermeasures injury compensation fund, and to any other HHS accounts.	Any HHS funds in the amendment may be transferred to accounts in CDC, HRSA, NIH, and PHSSEF. \$75 million in PHSSEF funds must be transferred to the HHS Social Services Block Grant.	CDC funds may be transferred within CDC, and to three stated HRSA accounts, as specified. NIH funds may be transferred within NIH. PHSSEF funds may be transferred to an HHS countermeasures injury compensation fund.	HHS Funds may be transferred and merged with CDC, PHSSEF, and NIH funds for purposes specified in this title following consultation with OMB. PHSSEF funds may be transferred to an HHS countermeasures injury compensation fund.
International Affairs	Funds may be transferred between foreign affairs accounts within the same headings to carry out the purposes of this Act and are in addition to other transfer authority within this proposal.	Funds within certain foreign affairs accounts may be transferred between foreign affairs accounts within the same headings to carry out the purposes of this Act and are in addition to other transfer authority within this proposal.	Specified funds within D&CP may be transferred for medical evacuation, transferred for Emergencies in Diplomatic and Consular Service, and are in addition to any other transfer authority within this	Funds for D&CP, Emergencies in Diplomatic and Consular Service, Repatriation Loans Program, and OE may be transferred to funds under such headings to carry out the purposes of the title, are in addition to other

Provision(s)	Administration Request	Senate (S.Amdt. 3900)	House (H.R. 5243 IH)	Conference Report (H.R. 2577)
			proposal.	transfer authority provided by law, and require 5 day prior notification in writing to the Appropriations Committees.
Notification, Reporting and Oversight				
HHS Notification Requirement for Obligation	No comparable provision.	No comparable provision.	15 days in advance of obligation.	No comparable provision.
International Affairs Notification Requirement for Obligation	No comparable provision.	15 days in advance of obligation.	15 days in advance of obligation.	15 days in advance of obligation.
HHS Reporting Requirement	No comparable provision.	Within 30 days of enactment the HHS Secretary must report to the Appropriations Committees with a spend plan, followed by quarterly reports on obligations until funds have been fully expended.	Within 30 days of enactment the HHS Secretary must report to the Appropriations Committees with a spend plan, which must be updated and resubmitted every 30 days until funds have been fully expended.	Within 30 days after enactment the HHS Secretary must report to the Appropriations Committees with a spend plan, updated every 60 days until September 30, 2017.
International Affairs Reporting Requirement	No comparable provision.	Within 45 days after enactment and prior to obligation of international funds, the USAID Administrator must submit spend plans to the Committees on Appropriations, update and resubmit to those committees every 90 days until September 30, 2017, and every 180 days thereafter until all funds are expended.	Within 30 days after enactment the Secretary of State and USAID Administrator must submit to Appropriations Committees a consolidated report and update and submitted to those committees every 30 days until all funds are expended.	Within 30 days after enactment the Secretary of State and USAID Administrator must submit to the Appropriations Committees a consolidated report, including anticipated uses of funds, on a country and project basis, including estimated personnel and administrative costs, and updated every 60 days until September 30, 2017.
HHS: Oversight of Funded Activities	No comparable provision.	No comparable provision.	\$500,000 of CDC funds must be made available to the HHS Office of the Inspector General. An additional \$500,000 of CDC funds must be made available to the Comptroller General.	\$500,000 of PHSSEF funds must be made available to the HHS Office of the Inspector General. An additional \$500,000 of PHSSEF funds must be made available to the Comptroller General.
International Affairs: Oversight of Funded Activities	No comparable provision.	\$500,000 from the International Affairs Chapter must be made available to the	\$500,000 from GHP funds must be made available to USAID's Office of the	\$500,000 within the international title must be transferred to USAID's Office of the

Provision(s)	Administration Request	Senate (S.Amdt. 3900)	House (H.R. 5243 IH)	Conference Report (H.R. 2577)
		Comptroller General.	Inspector General. An additional \$500,000 from GHP funds must be made available to the Comptroller General.	Inspector General. An additional \$500,000 must be made available to the Comptroller General.

Source: CRS analysis of text of White House, Office of Management and Budget, “Estimate #1–FY 2016 Emergency Supplemental: Appropriations Request to Respond to the Zika Virus both Domestically and Internationally,” February 22, 2016, https://www.whitehouse.gov/omb/budget_amendments; S.Amdt. 3900; H.R. 5243 IH; and Conference Report (H.Rept. 114-640).

Appendix. Glossary

ACA—Patient Protection and Affordable Care Act, P.L. 111-148, as amended

BCA—Budget Control Act of 2011, P.L. 112-25

CDC—Centers for Disease Control and Prevention (HHS)

CMS—Centers for Medicare & Medicaid Services

D&CP—Diplomatic and Consular Programs

FDA—Food and Drug Administration

FAO—Food and Agriculture Organization

GHP—Global Health Programs

HHS—Department of Health and Human Services

HRSA—Health Resources and Services Administration (HHS)

ESF—Economic Support Funds

IAEA—International Atomic Energy Agency

NIAID—National Institute of Allergy and Infectious Diseases (NIH)

NIH—National Institutes of Health (HHS)

OE—Operating Expenses

OIG—Office of Inspector General

PAHO—Pan American Health Organization

PHSSEF—Public Health and Social Services Emergency Fund

PHSA—Public Health Service Act

SSBG—Social Services Block Grant

USAID—U.S. Agency for International Development

UNICEF—United Nations Children’s Fund

WHO—World Health Organization

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