

School Choice (POC: Rob Goad)

- 1 billion dollars to create an education savings account for military families living on bases.
- A state opt-in funding stream that allows states to enhance and supplement existing school choice programs, or create a new program.

Risk-sharing proposal (POC: Rob Goad)

- A risk-sharing proposal that requires institutions to assume a portion of the risk associated with student lending. I have been working with OMB on developing the best path forward – this initiative is a priority for the Higher Ed PCC.

SNAP Reforms (POC: Laura Cunliffe)

- Remove Able-Bodied Adults Without Dependents Exemption: States can exempt 15% (a year) of caseload from work requirements.
- Remove SNAP Employment and Training Program (E & T): SNAP E & T is duplicative with work and training programs run through other agencies. Also, additional funding beyond regular SNAP E & T was provided in 2014 Farm Bill for pilots in 10 states to strengthen SNAP E & T programs.
 - If removing SNAP E & T is too contested, consider removing E & T pilot from 2014 Farm Bill.

Farm Bill (POC: Laura Cunliffe)

Suggest adding a short paragraph on nutrition related to savings to include:

- Combine Commodity Supplemental Food Program with Senior Farmer's Market
- Remove Pulse Crop Product grants
 - Pulse crops can serve as an example of a select commodity receiving special assistance referred to in 2018 budget
- Remove Food Insecurity Nutrition Incentive (FINI) grants: Duplicative with Expanded Food and Nutrition Education Program (EFNEP) grant and SNAP-Ed grants.
 - FINI specifies applicants would increase fruit and vegetable consumption for SNAP recipients but EFNEP and SNAP-Ed grants could direct a portion of its funding to achieve that goal.

Office of Personnel Management (POC: James Sherk)

- Extensive Federal compensation reforms to bring Federal pay in line with the private sector. The attached document outlines these reforms in detail. If enacted, these reforms would save over \$300 billion over a 10-year period and would eliminate most of the Federal compensation premium. To summarize:
 - a. Federal pay freeze for calendar year 2019 (this is the most important – the only one we can do unilaterally)
 - b. Slow the pace of seniority-based pay increases by 50 percent.
 - c. Eliminate FERS defined benefit retirement plan for new hires.
 - d. Enact all the FERS reforms for existing hires included in the FY 2018 budget.
 - e. Eliminate retiree health benefits for new hires.
 - f. Eliminate the mandatory 25 percent employee co-pay for federal health benefits, to encourage greater competition between FEHBP plans and reduce costs.
 - g. Bring Federal paid leave benefits in line with private sector norms.

Department of Labor, Office of Labor-Management Standards (OLMS) (POC: James Sherk)

- The Obama administration starved OLMS of funding, and their FTE count fell from ~340 in 2008 to <200 now. The agency does not have the resources necessary to fulfill its mission of robustly investigating union corruption. Investigators are currently not allowed to audit unions outside commuting distance from their regional office, as the agency can't afford travel expenses. OLMS's budget should be raised from the current \$38 million to \$55 million.

Flexibility for Pell Grants (POC: Kara McKee)

- Enabling some or all Pell recipients to use their Pell Grants on short-term courses and programs that lead to an industry-recognized credential (this could take the form of a modified version of the JOBS Act, co-sponsored by Senators Portman and Kaine)

Overhaul of DOL job training programs (POC: Kara McKee)

- Discussions with OMB are needed to determine exact details, but would include the following components: reducing net spending (by eliminating some programs) and repurposing some programs, particularly WIOA programs, into broader more flexible

funding streams that states can use for a variety of purposes including establishing sector partnerships and supporting the development of apprenticeship programs. This funding stream would be similar to the current WIOA set-aside that states receive.

Deep Space Gateway (POC: Peter White)

- Formalize of the Deep Space Gateway at NASA, and this will likely be part of their budget request.

Increase Funding for FAA's Office of Commercial Space Transportation (POC: Peter White)

- Substantially increase funding at the FAA's Office of Commercial Space Transportation (FAA/AST) which regulates, encourages, facilitates, and promotes the commercial space industry. They do not have adequate resources to carry out its duties currently (including significantly needed regulatory reform). The office is very small compared to other parts of FAA, so finding offsets (from, for example, grants-in-aid for airports, which will probably be plussed-up in Congress) should not be too difficult. This would help support the Administration's position of strong support for the commercial space launch industry. Since I have not seen the budget request from OMB or DOT, I do not know what number is being requested. However, a budget plus-up of several million over FY17's enacted \$19.826 million would allow for dedicated regulatory attorney resources and additional staff hires to accommodate the enormous growth the commercial space industry holds.

Veteran's Affairs (POC: Darin Selnick)

- Electronic Healthcare Record (EHR) – Additional start-up implementation funding through a new and separate appropriation, without requiring off-sets
- Choice/Community Care Funding – fund and set up as one discretionary fund, combining it with the other community care programs fund, without requiring off-sets
- This helps achieve POTUS #10 Commitment to Veterans, getting timely access to top quality care at a VA facility or a private doctor or clinic of their choice.

State/USAID/Function150 (POC: Katy Talento, AlexCampau)

Multilateral stuff needs to be dramatically cut compared to bilateral health programs. Especially: Global Fund should come way down and PEPFAR should not.

- PEPFAR bilateral allocations need to reflect 2003 statutory limitations that were watered down in subsequent reauths in 2008 and 2013: at least half of the money should go to

treatment, and at least half of the prevention money should go to sexual risk avoidance rather than risk reduction.

- WHO funding needs to be cut dramatically and we should directly fund the public health capacity of countries if we want them to have that capacity through the Global Health Security Initiative/Agenda instead. WHO is a corrupt, hostile bureaucracy that achieves no actual capacity in countries.
- UNFPA defund, restart Kemp-Kasten clock.
- UN-Women defund in favor of actual pro-woman bilateral programming.
- USAID – dramatic cuts to E3 bureau, especially the gender and “Let Girls Learn” initiative. Instead, start the Child Rape elimination initiative that we’re going to try to work up through an interagency process.
- USAID – Global Health bureau: Increase funding for TB (last year’s was cut, this was not good policy for global health security), increase funding for antibiotic resistance efforts. Cut family planning and require equal funding for fertility awareness methods (including 100% for kids, no other family planning programming for girls should be provided except fertility awareness methods). We also need to wholesale get out of the surgical sterilization business, there is evidence that we are not informing women well about what we’re doing, and that’s a terrible use of funds generally.

Girls education money at USAID should go to tuitions and teacher salaries and no longer to curriculum development and other touchier-feelier programs – local and provincial govts can find their own curricula. Only exception is in muslim countries, where we need to do a check of the curricula at the schools we’re supporting to weed out jihadism.

Health/Function 550 (POC: Katy Talento, Alex Campau)

- CDC: shift money away from chronic disease (esp playgrounds/nutritional nannying) state grant programs and put it in the HIV/Hep/TB/STI division where data-driven programming is actually happening. Also plus up vector control efforts (mosquitos, ticks, etc) and other communicable diseases – communicable diseases should be CDC’s number one priority and the funding should absolutely reflect that. Would like to see a TB elimination push – with accompanying funding.

Would like to see an adolescent risk reduction initiative at CDC that combines funding for all risks (substance abuse, suicide/MH, sexual risks, etc) and defunds that stuff where it is – it’s duplicative, targeting the same populations with overlapping messaging and we should consolidate.

Other lines that should be cut: environmental health, injury prevention (except opioids work), Occupational Safety.

- SAMSHA: cut the CSAP block grant. Prevention efforts are largely not evidence based. Cut the P&A budget in half at least and limit its grantees only to those who investigate claims of abuse/neglect at institutions (this was the original purpose of this program) and no longer to advocacy groups that work against evidence-based psychiatric treatment. Their effectiveness and payment should be measured on the basis of number of claims investigated and resolved, etc. Divert a lot more money away from block grants and into vital stats reporting and forensic ME to CDC NCHS to give to states for death vital stats improvements. This will help dramatically on getting real time overdose info.
- Condition CSAT money on the adoption of aggressive outpatient treatment, drug courts, encouraging states to condition funds to treatment programs with the lowest relapse numbers, and also incarcerated populations (About to be paroled, including the use of vivitrol), and other true treatment-focused activities.
- Opioids – we’re going to need a plus up here on all 5 pillars of the Secretary’s priority, and also on the demand reduction initiative that the CoS has instigated – they’re going to need a lot of money. Can come from SAMSHA, AHRQ, NIH, and elsewhere.
- Teen Pregnancy – needs to be defunded as it has not worked, there is no positive evidence and some negative evidence. Instead we should work with adolescents on sexual risk avoidance and fertility awareness methods.
- Medicaid: end the IMD exclusion. 1115s that increase work requirements.
- HRSA: serious 340B reform.
- NIH: new investigator initiatives, such as the 2-3 grants and you’re done.
- Childhood obesity: this is a priority of the Secretary for inexplicable reasons. Whatever has been designated to it should probably be reversed. Not a priority of this administration.
- CMMI: end mandatory demos. Start some demos on VBP for drugs and devices.
- PH Prevention slush fund: end.
- FDA: increase overseas inspections to safeguard imported drugs.
- Titles VII/VIII – go to a shortage-based approach where specific provider groups don’t get a set-aside amount, but rather, the key shortage specialties are evaluated periodically and those are funded instead, to beef up that specialty for a few years and plug the hole. Also – all these programs should turn into primarily loan repayment programs as a condition of practicing where there needs are, rather than pre-payment / recruitment (except for the absolute worst shortages where we can’t even get people to enter a field).
- Healthy Start should be CUT, not increased as it was in 2018. The program has been proven not to contribute to improved outcomes for disadvantaged children, and the money should instead go towards high-quality, affordable childcare, since that’s really all this program is supposedly serving as – it’s not an educationally successful program. Perhaps divert to Kara/Ivanka-type programs.
- Title X should be cut in half at least. It could be used to fund childcare programs, or new fertility awareness programs for adolescents.

- OCR: new conscience protection unit plus-up.