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{ REPORT
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DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 2005

SEPTEMBER 15, 2004.—Ordered to be printed

Mr. SPECTER, from the Committee on Appropriations,
submitted the following

REPORT

[To accompany S. 2810]

The Committee on Appropriations reports the bill (S. 2810) making appropriations for Departments of Labor, Health and Human Services, and Education and related agencies for the fiscal year ending September 30, 2005, and for other purposes, reports favorably thereon and recommends that the bill do pass.

Amount of budget authority

| | |
|---|-------------------|
| Total bill as reported to Senate | \$494,272,611,000 |
| Amount of adjusted appropriations, 2004 | 479,592,665,000 |
| Budget estimates, 2005 | 490,903,284,000 |
| The bill as reported to the Senate: | |
| Over the adjusted appropriations for 2004 | + 14,679,946,000 |
| Over the budget estimates for 2005 | + 3,369,327,000 |

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SUMMARY OF BUDGET ESTIMATES AND COMMITTEE RECOMMENDATIONS

For fiscal year 2005, the Committee recommends total budget authority of \$494,272,611,000 for the Departments of Labor, Health and Human Services, and Education, and Related Agencies. Of this amount, \$142,317,000,000 is current year discretionary funding.

OVERVIEW AND BILL HIGHLIGHTS

The Labor, HHS, and Education and Related Agencies bill constitutes the largest of the non-defense Federal appropriations bills being considered by Congress this year. It is the product of extensive deliberations, driven by the realization that no task before Congress is more important than safeguarding and improving the health and well-being of all Americans. This bill is made up of over 300 programs, spanning three Federal Departments and numerous related agencies. But the bill is more than its component parts. Virtually every element of this bill reflects the traditional ideal of democracy: that every citizen deserves the right to a basic education and job skills training; protection from illness and want; and an equal opportunity to reach one's highest potential.

This bill at the same time provides a safety net of social protections for the needy while stimulating advances in human achievement and the life sciences. At its core, this bill embodies those defining principles by which any free society must be guided: compassion for the less fortunate; respect for family and loved ones; acceptance of personal responsibility for one's actions; character development; and the avoidance of destructive behavior.

HIGHLIGHTS OF THE BILL

Job Training.—The Committee recommendation includes \$5,377,662,000 for job training programs, an increase of \$235,067,000 over the enacted 2004 level. In addition, \$3,636,235,000 is recommended for State unemployment and employment service operations, an increase of \$48,331,000 over the 2004 level.

Worker Protection.—The Committee bill includes \$1,536,800,000 to ensure the health and safety of workers, including \$468,645,000 for the Occupational Safety and Health Administration and \$280,002,000 for the Mine Safety and Health Administration. The recommendation is an increase of \$51,900,000 over the 2004 level.

Child Labor.—The Committee bill includes \$82,000,000 for activities designed to end abusive child labor. This is \$71,000,000 above the budget request, but the same as the 2004 level.

National Institutes of Health.—A total of \$28,900,300,000 is recommended to fund biomedical research at the 27 Institutes and Centers that comprise the NIH. This represents an increase of

\$1,100,252,000 over the fiscal year 2004 level and \$373,429,000 over the budget request.

Centers for Disease Control.—The Committee bill provides \$4,807,692,000 for the Centers for Disease Control and Prevention, an increase of \$228,393,000 over the fiscal 2004 level. Included in this amount is \$862,195,000 for chronic disease prevention and health promotion.

Wellness Initiative.—The Committee recommendation includes a total of \$809,539,000 for programs to increase physical activity, improve nutrition, and reduce obesity and overweight, an increase of \$100,568,000 over the fiscal year 2004 appropriation.

Health Centers.—The recommendation includes \$1,867,381,000 for health centers, \$31,456,000 above the budget request and \$250,000,000 over the fiscal 2004 level.

Substance Abuse.—The Committee bill provides \$3,484,729,000 for substance abuse prevention and treatment programs. Included in this amount is \$2,256,222,000 for substance abuse treatment, \$94,455,000 for substance abuse prevention and \$913,279,000 for mental health programs.

Head Start.—The Committee recommendation includes \$6,935,306,000 for the Head Start Program. This represents an increase of \$168,586,000 over the 2004 level and is the same as the request.

Low-income Home Energy Assistance State Grants.—The Committee recommends \$2,000,500,000 for heating and cooling assistance for low-income individuals and families, the same as the budget request and \$111,710,000 more than the 2004 level.

Persons With Disabilities.—To promote independent living in home and community-based settings, the Committee has included \$5,135,963,000 for services to persons with disabilities. This includes \$47,555,000 for the Office of Disability Policy at the Department of Labor, \$14,912,000 for Disabled Voter Services and \$40,000,000 for Real Choice Systems Change Grants through the Center for Medicaid and Medicare Services.

Education for the Disadvantaged.—The Committee has provided \$15,500,684,000 in grants to enhance educational opportunities for disadvantaged children, an increase of \$1,057,043,000 over the fiscal year 2004.

Educator Professional Development.—The Committee recommends \$2,975,126,000 for State grants to improve teacher quality. This is \$45,000,000 more than the budget request.

English Language Acquisition.—The Committee recommends \$700,000,000 for bilingual education, \$18,785,000 more than the budget request.

Student Financial Aid.—The Committee recommends \$14,859,694,000 for student financial assistance, an increase of \$852,807,000 over the fiscal year 2004 level. The amount provided for the Pell Grant Program will allow for a maximum grant award of \$4,050.

Higher Education Initiatives.—The Committee bill provides \$2,148,458,000 for initiatives to provide greater opportunities for higher education, including \$844,500,000 for Federal TRIO programs and \$302,500,000 for GEAR UP.

Education for Individuals With Disabilities.—The Committee bill provides \$12,063,344,000 to help ensure that all children have access to a free and appropriate education, and that all infants and toddlers with disabilities have access to early intervention services. This represents an increase of \$1,163,176,000 over the 2004 level and \$140,958,000 above the budget request.

Rehabilitation Services.—The bill recommends \$3,077,328,000 for rehabilitation services, an increase of \$66,058,000 above the amount provided in 2004. These funds are essential for families with disabilities seeking employment. The Committee restored funding for several important programs proposed for elimination, such as Supported Employment State Grants, Projects with Industry, Recreational programs and programs for migrant and seasonal farmworkers.

Services for Older Americans.—For programs serving older Americans, the Committee recommendation includes \$3,018,098,000, an increase of \$105,242,000 over the fiscal year 2004 level. This recommendation includes \$218,884,000 for senior volunteer programs, \$440,200,000 for community service employment for older Americans, \$357,000,000 for supportive services and centers, \$157,000,000 for family caregiver support programs and \$718,814,000 for senior nutrition programs. For the medical research activities of the National Institute on Aging, the Committee recommends \$1,094,500,000. The Committee recommendation also includes not less than \$31,700,000 for the Medicare insurance counseling program.

Corporation for Public Broadcasting.—The Committee bill recommends an advance appropriation for fiscal year 2007 of \$400,000,000 for the Corporation for Public Broadcasting. In addition, the Committee bill includes \$49,705,000 for conversion to digital broadcasting and \$50,000,000 for the replacement project of the interconnection system in fiscal year 2005 funding.

REPROGRAMMING AND TRANSFER AUTHORITY

Reprogramming and transfers are the utilization of funds for purposes other than those contemplated at the time of appropriation enactment. These actions do not represent requests for additional funds from the Congress, rather, the reapplication of resources already available. A reprogramming is the shifting of budgetary resources within a Treasury account, whereas a transfer is the shifting of budgetary resources between Treasury accounts.

The Committee has a particular interest in approving transfers and reprogrammings which, although they may not change either the total amount available or any of the purposes for which appropriations are legally available, represent a significant departure from budget plans presented to the Committee in an agency's budget justification.

For the Departments of Labor and HHS, the Committee has included bill language permitting reprogramming or transfers up to 1 percent between discretionary programs, projects, or activities, as long as no such program, project, or activity is increased by more than 3 percent by such reprogramming or transfer; however, the Appropriations Committees of both Houses of Congress must be notified at least 15 days in advance of any such action. For the De-

partment of Health and Human Services, a program, project, or activity may be increased by an additional 2 percent subject to written approval by the House and Senate Committees on Appropriations.

For the Department of Education, the Committee directs that it make a written request to the chairman of the Committee prior to reprogramming or transfer of funds in excess of 10 percent, or \$500,000, whichever is less, between programs, projects, or activities, unless an alternate amount for the agency in question is specified elsewhere in this report. The Committee desires to have the requests for actions which involve less than the above-mentioned amounts if such actions would have the effect of changing an agency's funding requirements in future years, if programs, projects, or activities specifically cited in the Committee's reports are affected or if the action can be considered to be the initiation of a new program or activity.

The Committee directs that it be notified regarding reorganization of offices, agency employees programs, projects, or activities at least 15 days prior to the planned implementation of such reorganizations.

The Committee further directs that each agency under its jurisdiction submit to the Committee statements on the effect of this appropriation act within 45 days of final enactment of this Act.

Prior Committee notification is also required for actions requiring the use of general transfer authority unless otherwise provided for in this Act. Such transfers specifically include taps, or other assessments made between agencies, or between offices within agencies. Funds have been appropriated for each office funded by this Committee; it is not the intention of this Committee to augment those funding levels through the use of special assessments. This directive does not apply to working capital funds or other fee-for-service activities.

For purposes of implementing this provision, the term "program, project, or activity" shall mean the most specific level of budgetary resources referred to in the House or Senate Committee reports or conference report and accompanying statement of the managers associated with the Departments of Labor, Health and Human Services, and Education Appropriations Act for fiscal year 2005. The 1 percent total referred to involves discretionary funds available for obligation in fiscal year 2005, including those available from prior years, user fees, offsetting collections or any other source of discretionary spending.

WELLNESS INITIATIVE

The United States spends more than \$1,500,000,000,000 each year on health care. That figure has doubled over the past 5 years, and if current patterns hold, it is expected to double again within 6 years.

The consequences of future increases are clear: More Americans will be left without access to health care, and more communities will suffer the closure of local hospitals and clinics. As a result, many Americans will forgo basic health maintenance visits, making it more likely that illnesses will go undiagnosed at early stages—a situation that will send health care costs spiraling even further.

Many programs in this appropriations bill, especially those designed to improve the Nation's public health system and increase access to health care for underserved populations, directly confront the problems associated with rising health care costs, and the Committee remains committed to supporting them. But this year, the Committee is also placing an unprecedented emphasis on programs that encourage Americans to avoid getting sick in the first place—programs that promote the idea of “wellness.”

Wellness can take many forms. It means developing healthy habits like exercising regularly and eating right in order to prevent major illness or injury. It also means staying healthy mentally and avoiding tobacco and other harmful substances. All these ideals have the same goal: to change the system of care in America from a “sick care” paradigm, one focused almost exclusively on providing payments and support for the detection and treatment of illness, to a prevention paradigm that will provide incentives and supports to Americans to remain healthy.

This initiative has four major components: physical activity, nutrition, mental health and tobacco cessation.

Physical Activity

The Centers for Disease Control and Prevention recently determined that obesity is now the second leading cause of death in the United States, contributing to at least 400,000 deaths annually. More than two-thirds of Americans are now overweight or obese, and more than 15 percent of our children are overweight. The Surgeon General estimates that direct and indirect costs of obesity in the United States come close to \$120,000,000,000 annually, and research shows that being obese has an effect that is roughly comparable to aging 20 years.

Promoting regular physical activity and creating an environment that supports these behaviors are essential steps to reduce this epidemic of obesity. Regular physical activity helps to control weight and is associated with fewer hospitalizations, physician visits, and medications. Despite the proven benefits of physical activity, more than 50 percent of American adults do not get enough physical activity to provide health benefits.

Nutrition

Research shows that good nutrition lowers people's risk for many chronic diseases, including heart disease, stroke, osteoporosis, diabetes, and certain types of cancer. Yet, a large gap currently remains between recommended dietary patterns and what Americans actually eat. Only about one-fourth of U.S. adults, and only one-fifth of young people, eat the recommended 5 or more servings of fruits and vegetables each day.

Adding to the lack of fruits and vegetables is a reported increase in calorie intake for both American men and women. Survey data collected over the last 30 years by the U.S. Department of Agriculture reports that this caloric increase can be traced to factors including an increase in consumption of food away from home, increased consumption of snacks, and increased portion sizes.

Mental Health

The Surgeon General reports that mental disorders collectively account for 15 percent of the overall burden of disease from all causes—slightly more than the burden associated with all forms of cancer. The Substance Abuse and Mental Health Services Administration estimates that under-treated and untreated mental disorders cost the Nation over \$204,000,000,000 annually. In fact, 30,000 Americans die by suicide each year, with mental disorders a factor in 90 percent of those instances.

Despite the cost and prevalence of depression, Americans still do not act to prevent and treat situational depression. According to the U.S. Surgeon General's report on mental health, nearly half of all Americans with a severe mental illness fail to seek treatment. Many people do not receive treatment for mental health problems due to a lack of awareness of the problem, fear of stigma, or lack of access to appropriate services.

Tobacco Cessation

Tobacco use is the No. 1 killer of Americans, primarily due to its role in various cancers, and is a major contributing factor to heart disease, COPD and asthma. In fact, the latest Surgeon General's report on smoking finds that tobacco use causes diseases in nearly every organ of the body.

Despite the availability of data on lung cancer, 61 million or 1 in 4 Americans smoke cigarettes. Every day in America, more than 4,000 kids try their first cigarette. Another 2,000 children become new daily smokers. One-third of these newly addicted smokers will eventually die from smoking-caused diseases.

The Committee strongly believes a commitment to wellness will encourage Americans to stay healthy, enhance the quality of life in America and reduce the demand on the Nation's healthcare system. For this reason, the Committee has included a total of \$809,539,000 for the following programs designed to encourage healthy lifestyles and nutrition, an increase of \$100,568,000 over the fiscal year 2004 appropriation. The Committee urges agencies receiving funds for this purpose under this bill to take special measures to coordinate their activities.

Carol M. White Physical Education for Progress Program.—Despite the well-publicized benefits of exercise, more than 50 percent of American adults do not get enough physical activity to provide health benefits. This trend is not limited to adults—nearly one-half of Americans ages 12 to 21 are not vigorously active on a regular basis. Physical education classes are important for ensuring that young people have a minimal, regular amount of physical activity and for establishing physical activity patterns that may be carried into adulthood. Yet the Committee notes that daily enrollment in physical education classes dropped from 42 percent to 25 percent among high school students between 1991 and 1995. To help reverse this trend, the Committee recommendation includes \$75,000,000 for the Carol M. White Physical Education for Progress program. This is an increase of \$5,413,000 over the fiscal year 2004 level. This program provides grants to local educational agencies and community-based organizations to initiate, expand, and im-

prove physical education programs for students in kindergarten through 12th grade.

Extramural Prevention Research.—The Committee commends CDC for its efforts to support research in humans that examines factors associated with preventing disease and promoting health. The Committee has included \$36,000,000 for public health research at CDC, an increase of more than \$5,000,000 over the fiscal year 2004 level. Public health research helps to define the best strategies to motivate healthy lifestyles and to communicate that information to communities. The Committee has encouraged CDC to pay particular attention to research that will evaluate the effectiveness of business based wellness programs for employees and to develop and disseminate best practices in this area.

Mental Health Surveillance.—The Committee has included \$2,000,000 for a new initiative designed to measure mental and behavioral health needs in the United States. Despite the significant levels of Federal, State, and local funding for mental health services, there are currently no population-based sources of data on the mental and behavioral health needs in this country. Under this initiative, SAMHSA, in consultation with CDC, will develop ways of monitoring the mental health status of the population, the mental and behavioral health risks facing the Nation, and the immediate and long-term impact of emergencies on population mental health and behavior. The Committee envisions that when these measures are implemented in future years, the resulting data will be enormously useful to policymakers in deciding how to allocate mental health resources and reform the Nation's mental health care system.

Nutrition, Physical Activity, Obesity State Grants.—The Committee has included \$50,702,000 for the CDC State grant program that addresses nutrition, physical activity and obesity. This is an increase of \$6,000,000. Currently, 23 States are utilizing this funding for capacity-building activities including efforts to develop State nutrition and physical activity plans, identify community resources and gaps, implement small-scale interventions, and raise public awareness of system changes needed to help State residents achieve and maintain a healthy weight.

Obesity Research.—Overall, the Committee recommendation includes \$440,000,000 for research into the causes and cures for obesity. This figure is an increase of \$40,000,000 over last year. This increase includes \$22,000,000 for the development of a Strategic Plan for NIH Obesity Research, which will coordinate NIH obesity research across all of the Institutes.

Pioneering Healthy Communities.—The Committee has included \$2,000,000 to support the YMCA of the USA for its work in developing healthier communities through its Pioneering Healthier Communities conference. These funds will be used to support these healthy communities in the implementation of their community action plans. This program will be a proactive response to the surging epidemic of obesity and physical inactivity by supporting community-based solutions to these problems.

Prevention Centers.—The Committee has provided \$31,652,000, an increase of \$5,000,000 for prevention research centers, which are a network of academic centers, public health agencies, and

community partners conducting applied research and practice in chronic disease prevention and control. Centers design, test, and disseminate strategies that help build evidence-based interventions for public health programs. These centers are working with communities to evaluate programs meant to encourage increased physical activity, reduce the prevalence of smoking, and foster better eating habits.

School Mental Health Services.—The Committee has included \$10,548,000 for a new program to support the integration of schools and mental health systems under the Department of Education. This program, which was authorized in the No Child Left Behind Act but has not yet been funded, is designed to promote school-wide mental health strategies, provide training to elementary school and secondary school personnel to recognize early warning signs of mental illness, and increase student access to high-quality mental health services. An estimated 7 million to 10 million adolescents suffer from mental health issues that can lead to academic difficulties and poor life outcomes. Integrating mental health services in schools will increase the likelihood that they will receive the treatment they need.

On a related note, the Committee has for the first time dedicated funding for the study of screening methods that are intended to identify students who are at risk of suicide. Some existing screening techniques show promise, but they require further testing. More must also be learned about ways to link at-risk students with appropriate treatment. The Committee has set aside \$4,500,000 for SAMHSA to award grants for these purposes to school systems or nonprofit groups in conjunction with schools.

STEPS to a Healthier U.S.—The Committee has provided \$43,700,000, an increase of \$5,000,000 over the fiscal year 2004 level, to target obesity, diabetes, asthma, heart disease, stroke, and cancer. Programs should develop and implement comprehensive wellness programs that motivate and support responsible health choices, reduce the risk factors and complications of chronic disease, and encourage cooperation between agencies, policy makers, and the public to prevent diseases before they occur. Grants will be awarded to local and State health agencies, and tribal entities that develop community action plans which focus on community and school interventions for both the specific diseases and the related risk factors.

Tobacco Cessation Activities at CDC.—The Committee has included \$114,437,000 for tobacco control activities at CDC, an increase of \$15,000,000. Tobacco use is the single most preventable cause of death and disease in our society. It causes more than 400,000 deaths in the U.S. each year, and costs the Nation \$50,000,000,000 in medical expenses alone. Children are especially hard hit by tobacco—90 percent of adult smokers begin their habit as children. These funds are intended to expand the capacity of all State and local health departments, education agencies, and national organizations to build comprehensive tobacco control programs and to develop and begin implementation of a national public education campaign to reduce access to and the appeal of tobacco products among young people.

TITLE I—DEPARTMENT OF LABOR
 EMPLOYMENT AND TRAINING ADMINISTRATION
 TRAINING AND EMPLOYMENT SERVICES

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$5,142,595,000 |
| Budget estimate, 2005 | 5,323,203,000 |
| Committee recommendation | 5,377,662,000 |

The Committee recommends \$5,377,662,000 for this account in 2005 which provides funding primarily for activities under the Workforce Investment Act [WIA]. This is \$235,067,000 more than the 2004 level, and \$54,459,000 over the administration request.

Training and employment services is comprised of programs designed to enhance the employment and earnings of economically disadvantaged and dislocated workers, operated through a decentralized system of skill training and related services. This appropriation is generally forward-funded on a July-to-June cycle. Funds provided for fiscal year 2005 will support the program from July 1, 2005 through June 30, 2006.

Beginning with the fiscal year 2000 appropriation, budget constraints required that a portion of this account's funding be advance appropriated, with obligations for a portion of Adult and Dislocated Worker Employment and Training Activities and Job Corps delayed until the following fiscal year. This practice will continue in this year's appropriation.

Fiscal year 2000 was the first full year of operations under the Workforce Investment Act, for the program year July 1, 2000 through June 30, 2001. This legislation significantly enhanced employment and training services, consolidating, coordinating, and improving programs utilizing a local level one-stop delivery system.

The legislation is due for reauthorization for fiscal year 2005, and therefore, the Committee is acting on a current law request, deferring without prejudice proposed legislative language that should be addressed by the authorizing committees. The Committee is deferring consideration of a proposed program initiative for personal re-employment accounts.

The Committee directs that Department take no action in fiscal year 2005 to amend, through regulatory or other administrative action, the definition established in 20 CFR 677.220 for functions and activities under title I of the Workforce Investment Act until such time as legislation reauthorizing the Act is enacted.

Adult Employment and Training.—For Adult Employment and Training Activities, the Committee recommends \$898,107,000, the same as the fiscal year 2004 level. This program is formula-funded to States and further distributed to local workforce investment boards. Services for adults will be provided through the One-Stop system and most customers receiving training will use their individual training accounts to determine which programs and pro-

viders fit their needs. The Act authorizes core services, which will be available to all adults with no eligibility requirements, and intensive services, for unemployed individuals who are not able to find jobs through core services alone.

Dislocated Worker Assistance.—For Dislocated Worker Assistance, the Committee recommends \$1,479,419,000, an increase of \$26,268,000 over the fiscal year 2004 level. Of the total, \$1,196,048,000 is designated for State formula grants. This program is a State-operated effort which provides core services, intensive services, training, and supportive services to help permanently separated workers return to productive, unsubsidized employment. In addition, States use these funds for rapid response assistance to help workers affected by mass layoffs and plant closures. The recommendation includes \$283,371,000 available to the Secretary for activities such as responding to mass layoffs, plant and/or military base closings, and natural disasters across the country, which cannot be otherwise anticipated, as well as technical assistance and training and demonstration projects, including community college initiatives.

The Committee bill continues language authorizing the use of funds under the dislocated workers program for projects that provide assistance to new entrants in the workforce and incumbent workers, as well as to provide assistance where there have been dislocations across multiple sectors or local areas of a State.

The Committee recommendation includes, as it has in past years, funding for dislocated worker projects aimed at assisting the long-term unemployed.

Due to economic reasons and family dysfunction, elderly caregivers care for thousands of preschool Hawaiian and part-Hawaiian children with little or no preparation. The Committee urges the Department to expand funding to programs which work to train and assist these caregivers and the children they serve. The Committee was pleased to learn from the Secretary that the administration has established an interagency effort to address our Nation's nursing shortage. The shortage is especially critical in rural America and within various ethnic minority populations, such as native Hawaiians. The Department is accordingly strongly urged to work with nursing programs serving such populations, and in particular, to ensure that summer employment opportunities exist for nursing students.

The Committee is aware of the ever changing agricultural worker training needs in Hawaii and recommends continued funding for a collaborative and adaptive effort involving the Hawaiian Department of Labor and Industrial Relations and the Hawaiian Cooperative Extension Service to provide multiculturally-sensitive on-farm food safety training, agribusiness training, and production training in support of a rapidly expanding landscaping and grounds keeping industry.

The Committee continues to be troubled by the length of time it takes for the Department to approve applications for National Emergency Grants. The purpose of this program is to provide emergency help to workers who have recently lost their jobs get training to quickly find a new job. However, it routinely takes the Department several months to respond to emergency requests. The Com-

mittee requests that the Government Accountability Office examine the administration of this program, and make recommendations for improvement.

The Committee recommendation includes \$250,000,000 requested by the administration to carry out the Community College/Community-Based Job Training Grant initiative. Of this amount, \$125,000,000 is to be allocated from National Emergency Grant funds available under section 132(a)(2)(A) of the Workforce Investment Act. The Secretary is directed to initially use resources from the National Emergency Grants account for these awards that are designated for non-emergencies under sections 171(d) and 170(b) of the Workforce Investment Act. Community-Based Job Training Grant awards will also be subject to the limitations of sections 171(c)(4)(A) through 171(c)(4)(C) of the Workforce Investment Act to ensure that these grants are awarded competitively. Funds used for this initiative should strengthen partnerships between workforce investment boards, community colleges, and employers, to train workers for high growth, high demand industries in the new economy.

Youth Training.—For Youth Training, the Committee recommends \$994,242,000, the same as the fiscal year 2004 level. The Committee recommendation does not address the administration's legislative proposals for these activities. The purpose of Youth Training is to provide eligible youth with assistance in achieving academic and employment success through improving educational and skill competencies and providing connections to employers. Other activities include providing mentoring opportunities, opportunities for training, supportive services, summer employment opportunities that are directly linked to academic and occupational learning, incentives for recognition and achievement, and activities related to leadership development, citizenship, and community service.

Job Corps.—For Job Corps, now entering its 40th year, the Committee recommends \$1,577,287,000. This is \$20,000,000 more than the budget request, and \$36,135,000 more than the 2004 comparable level. The Committee applauds Job Corps for establishing partnerships with national employers, and encourages Job Corps to continue to work with both large employers and small businesses to ensure that student training meets current labor market needs. Job Corps is a nationwide network of residential facilities chartered by Federal law to provide a comprehensive and intensive array of training, job placement and support services to at-risk young adults. The mission of Job Corps is to attract eligible young adults, teach them the skills they need to become employable and independent, and place them in meaningful jobs or further education. Participation in the program is voluntary and is open to economically disadvantaged young people in the 16–24 age range who are unemployed and out of school. Most Job Corps students come from disruptive or debilitating environments, and it is important that they be relocated to residential facilities where they can benefit from the highly structured and carefully integrated services provided by the Job Corps program. A limited number of opportunities are also available for non-residential participation.

The Committee recommendation includes additional funds to begin the process of establishing up to four additional Job Corps centers, following up on directions contained in the conference report accompanying Public Law 108–199. In addition, consideration should be given to designating two of the proposed new Job Corps centers as “High Growth Job Corps Centers,” with emphasis placed on training students for industries facing labor shortages such as health care.

The Committee recommendation includes funding to support a demonstration partnership with the Transportation Security Administration [TSA] at multiple Job Corps sites so that the Job Corps can help to fill unmet needs by providing TSA access to an expanded pool of job applicants. This funding will pay costs of both parties. The Department of Labor and the Department of Homeland Security are encouraged to develop a cooperative agreement that would help to leverage Federal resources, to provide TSA with an expanded pool of potential job applications and to utilize Job Corps facilities as appropriate to support the needs of TSA, including those of qualified private screening companies under contract to TSA.

The Committee recognizes Project CRAFT (Community, Restitution, and Apprenticeship-Focused Training), a program of the Home Builders Institute, the workforce development arm of the National Association of Home Builders, as a modern intervention technique in the rehabilitation and reduced recidivism of adjudicated youth. The Committee also acknowledges the importance of housing to our Nation’s economy and the role Project CRAFT plays in preparing young people to join the residential construction industry’s workforce. The Committee therefore encourages the Department to replicate Project CRAFT to bring its outcomes-oriented approach to adjudicated juveniles throughout the country in order to help them become members of this industry’s workforce and spur the Nation’s economy.

The Committee encourages Job Corps to strengthen working relationships with workforce development entities, including employers, that will enhance services to students and increase students’ career opportunities. The Department is encouraged to continue its efforts to meet industry standards in its occupational offerings through a multi-year process to review, upgrade, and modernize its vocational curricula, equipment, and programs in order to create career opportunities for students in appropriate growth industries. The Committee also continues to urge the Employment and Training Administration to encourage Job Corps centers to coordinate with community-based organizations, such as substance abuse treatment centers, in innovative ways.

Responsible Reintegration of Youthful Offenders.—The Committee recommendation includes \$50,000,000, the same as the budget request, to continue funding for the current Reintegration of Youthful Offenders Program. The Reintegration of Youthful Offenders Program targets critical funding to help prepare and assist young offenders to return to their communities. The program also provides support, opportunities, education and training to youth who are court-involved and on probation, in aftercare, on parole, or who would benefit from alternatives to incarceration or diversion

from formal judicial proceedings. The recommendation also includes the \$40,000,000 budget request for the prisoner re-entry initiative, to extend assistance to a broader population of ex-offenders.

Native Americans.—For Native Americans, the Committee recommends \$55,000,000. This is the same as the budget request level. This program is designed to improve the economic well-being of Native Americans (Indians, Eskimos, Aleuts, and Native Hawaiians) through the provision of training, work experience, and other employment-related services and opportunities that are intended to aid the participants to secure permanent, unsubsidized jobs.

Migrant and Seasonal Farmworkers.—For Migrant and Seasonal Farmworkers, the Committee recommends \$76,874,000. This is the same as the 2004 comparable level. This program, authorized by WIA, is designed to serve members of economically disadvantaged families whose principal livelihood is derived from migratory and other forms of seasonal farmwork, or fishing, or logging activities. Enrollees and their families are provided with employment training and related services intended to prepare them for stable, year-round employment within and outside of the agriculture industry.

There are at least 3 million hard-working migrant and seasonal farmworkers in America whose annual incomes are below \$10,000. At a time when most State budgets are shrinking and many of the basic services provided by State and local governments are being cut back, the Committee recognizes the importance of sustaining a national commitment, dating from 1964, to help alleviate the chronic seasonal unemployment and underemployment that traps many farmworker families in a cycle of poverty across generations and that deprives many farmworker children of educational opportunities and real prospects for better jobs at higher wages. The Committee also recognizes that many State and local government officials will be reluctant to fund this training and related assistance for this vulnerable portion of our Nation's workforce who migrate through many States every year, even though the work they perform is essential to the economic well-being of our Nation's farmers, growers, and small businesses.

The Committee recommendation of \$76,874,000 for program year 2005 activities authorized under Section 167 of the Workforce Investment Act is reflected in two separate line items on the table accompanying the Committee Report: "Migrant and Seasonal Farmworkers" and "National Activities/Other." Under the Migrant and Seasonal Farmworkers line item, the Committee recommends \$76,370,000. The Committee recommendation includes bill language directing that \$4,583,000 of this amount be used for migrant and seasonal farmworker housing grants, of which not less than 70 percent shall be for permanent housing. The principal purpose of these funds is to continue the network of local farmworker housing organizations working on permanent housing solutions for migrant and seasonal farmworkers. The recommendation also provides that the remaining amount of \$71,787,000 be used for State service area grants, including funding grantees in those States impacted by formula reductions at no less than 85 percent of the comparable 1998 levels for such States. Within the National Activities/Other line item, the Committee recommendation includes \$504,000 to be used for Section 167 training, technical assistance and related activities,

including funds for migrant rest center activities. The Committee urges the Department to continue valuable technical assistance services provided by the Association of Farmworker Opportunity Programs. Finally, the Committee wishes to again advise the Department regarding the requirements of the Workforce Investment Act in selecting an eligible entity to receive a State service area grant under Section 167. Such an entity must have already demonstrated a capacity to administer effectively a diversified program of workforce training and related assistance for eligible migrant and seasonal farmworkers.

National Programs.—This activity includes WIA-authorized programs in support of the workforce system including technical assistance and incentive grants, evaluations, pilots, demonstrations and research, and the Women in Apprenticeship Program.

Technical Assistance.—The Committee recommends \$3,486,000 for the provision of technical assistance and staff development, an increase of \$1,486,000 over the budget request. This includes \$996,000 for technical assistance to employers and unions to assist them in training, placing, and retraining women in nontraditional jobs and occupations. As described in the Migrant and Seasonal Farmworker section of this report, it also includes \$504,000 for WIA Section 167 activities.

Pilots, Demonstrations, and Research.—The Committee recommends \$62,751,000, an increase of \$32,751,000 over the budget request, for grants or contracts to conduct research, pilots or demonstrations that improve techniques or demonstrate the effectiveness of programs.

In addition, the Committee recommends \$8,000,000, compared to the current level of \$4,970,000, for the Denali Commission for job training in connection with infrastructure building projects it funds in rural Alaska. Funding will allow unemployed and underemployed rural Alaskans to train for high paying jobs in their villages.

The Committee is deeply concerned about the ability of the 28 million Americans who are deaf or hard-of-hearing to be informed of critical news and information in the post-9/11/01 environment. The Committee is aware that court reporting schools may not be able to meet the “unfunded mandate” set by the Telecommunications Act of 1996 to provide closed captioning of 100 percent of broadcast programming by January 2006. These compelling concerns justify continued Federal support to those schools to increase their capability to attract and train more real time writers and to work closely with the broadcasting industry to significantly increase the amount of programming that is closed captioned, that 100 million Americans utilize closed captioning in some form and the shortage of providers need to be addressed immediately.

Evaluation.—The Committee recommends \$8,000,000 to provide for the continuing evaluation of programs conducted under the Workforce Investment Act, as well as of federally-funded employment-related activities under other provisions of law.

Rescission.—This bill includes the cancellation of \$100,100,000, that remains unobligated for the H-1B Technical Skills Grant program. This compares to the \$100,000,000 rescission proposed in the President’s budget. The authority to impose fees that funded the

program lapsed on September 30, 2003, and therefore the program is ending. The Committee has utilized these savings to restore other job training programs that the administration has recommended for reduction or elimination.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$438,650,000 |
| Budget estimate, 2005 | 440,200,000 |
| Committee recommendation | 440,200,000 |

The Committee recommends \$440,200,000, the same as the budget request and \$1,550,000 over the program year 2004 comparable level for community service employment for older Americans. This program, authorized by title V of the Older Americans Act, provides part-time employment in community service activities for unemployed, low-income persons aged 55 and over. It is forward-funded from July to June, and the 2005 appropriation will support the program from July 1, 2004, through June 30, 2005. The Committee believes that within the title V community service employment for older Americans, special attention should be paid to providing community service jobs for older Americans with poor employment prospects, including individuals with a long-term detachment from the labor force, older displaced homemakers, aged minorities, limited English-speaking persons, and legal immigrants.

The program provides a direct, efficient, and quick means to assist economically disadvantaged older workers because it has a proven effective network in every State and in practically every county. Administrative costs for the program are low, and the vast majority of the money goes directly to low-income seniors as wages and fringe benefits.

The program provides a wide range of vital community services that would not otherwise be available, particularly in low-income areas and in minority neighborhoods. Senior enrollees provide necessary and valuable services at Head Start centers, schools, hospitals, libraries, elderly nutrition sites, senior center, and elsewhere in the community. These services would not be available without the program.

A large proportion of senior enrollees use their work experience and training to obtain employment in the private sector. This not only increases our Nation's tax base, but it also enables more low-income seniors to participate in the program.

The Committee believes that the program should pay special attention to providing community service jobs for older Americans with poor employment prospects, including individuals with a long-term detachment from the labor force, older displaced homemakers, aged minorities, limited English-speaking persons, and legal immigrants.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$1,338,200,000 |
| Budget estimate, 2005 | 1,057,300,000 |
| Committee recommendation | 1,057,300,000 |

The Committee recommends \$1,057,300,000, the same as the budget estimate for fiscal year 2005, a decrease of \$280,900,000 below the fiscal year 2004 appropriation for Federal Unemployment

Benefits and Allowances. However, new obligations in fiscal year 2005 are estimated to be \$1,097,000,000, compared to \$836,000,000 in fiscal year 2004 due to an estimated unobligated balances of \$549,200,000 in 2004. Trade Readjustment Allowance [TRA] weekly benefits are estimated to increase from \$2,500,000 in fiscal year 2004 to \$4,200,000 in fiscal year 2005. Fiscal year 2005 will continue the implementation and operation of the Trade Adjustment Assistance program with an emphasis on melding the TAA program into the workforce investment system. The Committee expects the Department to provide funds to the State of Alaska to mitigate negative effects on Alaskan fishermen and other Alaskan displaced workers stemming from passage of Trade and Adjustment Assistance Act legislation in 2002. Funds should be provided on a flexible basis to cover costs of job training and placement programs, among other uses.

The Trade Adjustment Assistance Reform Act of 2002 that amended the Trade Act of 1974 was signed into law on August 6, 2002 (Public Law 107-210). This Act consolidated the previous Trade Adjustment Assistance [TAA] and NAFTA Transitional Adjustment Assistance [NAFTA-TAA] programs, into a single, enhanced TAA program with expanded eligibility, services, and benefits. While the amendments generally apply to workers covered on or after November 4, 2002, the Act includes provisions to continue eligibility for workers certified prior to November 4 until their eligibility under the previous legislation is exhausted. Therefore, the amounts appropriated to the FUBA account are to provide for services and benefits to workers certified under the amended program as well as the predecessor programs. Additionally, the Act provides a program of Alternative Trade Adjustment Assistance for Older Workers.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE
OPERATIONS

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$3,587,904,000 |
| Budget estimate, 2005 | 3,593,434,000 |
| Committee recommendation | 3,636,235,000 |

The Committee recommends \$3,636,235,000 for this account. This is \$42,801,000 above the budget request and \$48,331,000 above the 2004 comparable level. Included in the total availability is \$3,494,438,000 authorized to be drawn from the "Employment Security Administration" account of the unemployment trust fund, and \$141,797,000 to be provided from the general fund of the Treasury.

The funds in this account are used to provide administrative grants and assistance to State agencies which administer Federal and State unemployment compensation laws and operate the public employment service.

For unemployment insurance [UI] services, the bill provides \$2,665,214,000. This includes \$2,654,714,000 for State Operations, and \$10,500,000 for UI national activities, which is directed to activities that benefit the State/Federal unemployment insurance program. The bill provides for a contingency reserve amount should the unemployment workload exceed an average weekly insured claims volume of 3,227,000, instead of 3,327,000 in the request.

This contingency amount would fund the administrative costs of unemployment insurance workload over the level of 3,227,000 insured unemployed per week at a rate of \$28,600,000 per 100,000 insured unemployed, with a pro rata amount granted for amounts of less than 100,000 insured unemployed.

For the Employment Service grants to States, the Committee recommends \$852,387,000 which includes \$23,163,000 in general funds together with an authorization to spend \$829,224,000 from the "Employment Security Administration" account of the unemployment trust fund. These funds are available for the program year of July 1, 2005 through June 30, 2006.

The recommendation includes \$65,500,000 for national activities, an increase of \$1,529,000 over the fiscal year 2004 level. This recommendation provides increased funding of the foreign labor certification program, but not the full amount requested by the administration. The recommendation includes \$18,000,000, the budget request level, for the work opportunity tax credit program.

The recommendation also includes \$98,764,000, the 2004 level, for One-Stop Career Centers. The Committee recommendation includes funding for America's Labor Market Information System, including core employment statistics, universal access for customers, improving efficiency in labor market transactions, and measuring and displaying WIA performance information.

The recommendation includes the budget request level of \$19,870,000 for the Work Incentives Grants program, to help persons with disabilities find and retain jobs through the One-Stop Career Center system mandated by the Workforce Investment Act. Funding will support systems building grants intended to ensure that One-Stop systems integrate and coordinate mainstream employment and training programs with essential employment-related services for persons with disabilities.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$467,000,000 |
| Budget estimate, 2005 | 517,000,000 |
| Committee recommendation | 517,000,000 |

The Committee recommends \$517,000,000, the same as the budget estimate for fiscal year 2005, an increase of \$50,000,000 over 2004. The appropriation is available to provide advances to several accounts for purposes authorized under various Federal and State unemployment compensation laws and the Black Lung Disability Trust Fund, whenever balances in such accounts prove insufficient. The bill anticipates that fiscal year 2004 advances will be made to the Black Lung Disability Trust Fund. The requested amount is required to provide for loan interest payments on Black Lung Trust Fund borrowed amounts.

The separate appropriations provided by the Committee for all other accounts eligible to borrow from this account in fiscal year 2005 are expected to be sufficient. Should the need arise, due to unanticipated changes in the economic situation, laws, or for other legitimate reasons, advances will be made to the appropriate accounts to the extent funds are available. Funds advanced to the Black Lung Disability Trust Fund are now repayable with interest to the general fund of the Treasury.

PROGRAM ADMINISTRATION

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$172,349,000 |
| Budget estimate, 2005 | 181,018,000 |
| Committee recommendation | 177,615,000 |

The Committee recommendation includes \$117,576,000 in general funds for this account, as well as authority to expend \$60,039,000 from the "Employment Security Administration" account of the unemployment trust fund, for a total of \$177,615,000. This level provides sufficient resources to cover built-in cost increases.

General funds in this account provide the Federal staff to administer employment and training programs under the Workforce Investment Act, the Older Americans Act, the Trade Act of 1974, and the National Apprenticeship Act. Trust funds provide for the Federal administration of employment security functions under title III of the Social Security Act and the Immigration and Nationality Act, as amended. Federal staff costs related to the Wagner-Peyser Act in this account are split 97 percent to 3 percent between unemployment trust funds and general revenue, respectively.

The Committee believes that the public workforce system is strengthened by the effective participation of all of the stakeholders in the system and urges that the Department use a portion of its discretionary funds to support that participation through grants to intergovernmental, business, labor, and community-based organizations dedicated to training and technical assistance in support of Workforce Investment Boards and their members. Specifically, the Committee intends that the Employment and Training Administration renew grant funding for the Working for America Institute, at no less than the cost of the latest grant. In a hearing held July 22, 2004, the Committee heard testimony strongly supporting the work of the Institute, which has successfully administered Labor Department awards for more than 35 years.

It has come to the attention of the Committee that the Department of Labor has recently chosen not to renew a contract with the Appalachian Council serving participants in the Job Corps program. It is of concern to the Committee that the Department has discontinued this important effort. In a hearing held July 22, 2004, the Committee heard witnesses describe the unique character of this organization that justifies its continued eligibility for a sole-source contract award at the national level. It is the Committee's intent that the Employment and Training Administration renew funding for the Appalachian Council to continue its nearly 40 years of service to the employment needs of our Nation.

The Committee is concerned that there are limited opportunities for Native Hawaiian administrators in health care organizations and encourages effective training programs to prepare Native Hawaiians with the expertise to excel in these areas.

The Committee is aware that a study is urgently needed to obtain a comprehensive and accurate understanding of the costs of replacing workers who leave the Federal work force and to evaluate the changes needed to attract and retain skilled older workers and the costs of implementing such a program. The Committee urges the Department of Labor to obtain such a study.

The Committee urges the Department of Labor to work with leading national aging organizations with specialized expertise concerning older workers to conduct a Conference on the Aging Workforce. This Conference can be an appropriate forum to assess how our Nation can continue to progress economically when there will quite likely be a shortage of workers in a variety of present and future occupations. It can also evaluate the appropriate role that older workers can play in meeting future national skill needs.

The Committee instructs that, for the purposes of the temporary visa programs, the Department of Labor shall treat loggers as agricultural workers and not as non-agricultural workers. Presently, the Department classifies loggers as non-agricultural; however, since June 1987, it has imposed upon them the same worker protections and labor standards as H-2A agricultural workers. Employers wishing to hire logger aliens must already provide transportation, housing, and meals, and must make the same benefits available to U.S. workers based on Department policy that predates the 1986 immigration reforms. The provision applies strictly to loggers, and shall not affect any other H-2B workers.

EMPLOYEE BENEFIT SECURITY ADMINISTRATION
SALARIES AND EXPENSES

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$124,040,000 |
| Budget estimate, 2005 | 132,345,000 |
| Committee recommendation | 132,345,000 |

The Committee recommendation provides \$132,345,000 for this account which is \$8,305,000 above the 2004 comparable level. This includes funding of a requested program increase to enhance regional office enforcement activities.

The Employee Benefit Security Administration [EBSA] is responsible for the enforcement of title I of the Employee Retirement Income Security Act of 1974 [ERISA] in both civil and criminal areas. ESBA is also responsible for enforcement of sections 8477 and 8478 of the Federal Employees' Retirement Security Act of 1986 [FERSA]. In accordance with the requirements of FERSA, the Secretary of Labor has promulgated regulations and prohibited transactions class exemptions under the fiduciary responsibility and fiduciary bonding provisions of the law governing the Thrift Savings Plan for Federal employees. In addition, the Secretary of Labor has, pursuant to the requirement of section 8477(g)(1) of FERSA, established a program to carry out audits to determine the level of compliance with the fiduciary responsibility provisions of FERSA applicable to Thrift Savings Plan fiduciaries. ESBA provides funding for the enforcement and compliance; policy, regulation, and public services; and program oversight activities.

PENSION BENEFIT GUARANTY CORPORATION

The Corporation's estimated obligations for fiscal year 2005 include single employer benefit payments of \$3,295,000,000, multiemployer financial assistance of \$39,000,000 and administrative expenses of \$266,330,000. Administrative expenses are comprised of three activities: (1) pension insurance activities, \$12,211,000; (2) operational support, \$84,380,000; and (3) pension plan termi-

nations expenses, \$169,739,000. Such expenditures will be financed by permanent authority.

The Pension Benefit Guaranty Corporation is a wholly owned Government corporation established by the Employee Retirement Income Security Act of 1974. The law places it within the Department of Labor and makes the Secretary of Labor the Chair of its Board of Directors. The Corporation receives its income primarily from insurance premiums collected from covered pension plans, assets of terminated pension plans, collection of employer liabilities imposed by the act, and investment earnings. It is also authorized to borrow up to \$100,000,000 from the Treasury. The primary purpose of the Corporation is to guarantee the payment of pension plan benefits to participants if covered defined benefit plans fail or go out of existence.

The 2005 budget does not recommend a discretionary limit on administrative expenditures [LAE] for PBGC. The PBGC's budget will reflect—in a way that is more accountable to the Committee—the level of administrative expenditures that the Committee believes is appropriate to PBGC's changing responsibilities to protect the pensions it insures. PBGC's dollar benefit levels and workload change from year to year as specific pension plans fail. Most of its workload involves terminating failed pension plans, so that pension benefits can be paid. The workload of plan termination especially fluctuates from year to year as large plans (or a spate of small ones) terminate, and then as the terminations are completed. The language provides the PBGC the flexibility to respond when dictated by increased workload and increased benefit payments, while increasing accountability to the Committee by requiring approval by the Office of Management and Budget and the Committees on Appropriations.

The single-employer program protects about 34.5 million participants in about 29,500 defined benefit pension plans. The multi-employer insurance program protects about 9.7 million participants in more than 1,600 plans.

EMPLOYMENT STANDARDS ADMINISTRATION

SALARIES AND EXPENSES

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$392,016,000 |
| Budget estimate, 2005 | 409,294,000 |
| Committee recommendation | 405,870,000 |

The Committee recommendation includes \$405,870,000 for this account. The bill contains authority to expend \$2,058,000 from the special fund established by the Longshore and Harbor Workers' Compensation Act; the remainder of \$403,812,000 are general funds. In addition, an amount of \$32,646,000 is available by transfer from the black lung disability trust fund.

This recommendation provides sufficient funding to offset the impact of inflation, and includes resources for a portion of requested program increases.

The Employment Standards Administration is involved in the administration of numerous laws, including the Fair Labor Standards Act, the Immigration and Nationality Act, the Migrant and Seasonal Agricultural Workers' Protection Act, the Davis-Bacon Act,

the Family and Medical Leave Act, the Federal Employees' Compensation Act [FECA], the Longshore and Harbor Workers' Compensation Act, and the Federal Mine Safety and Health Act (black lung).

SPECIAL BENEFITS

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$163,000,000 |
| Budget estimate, 2005 | 233,000,000 |
| Committee recommendation | 233,000,000 |

The Committee recommends \$233,000,000, the same as the budget estimate for fiscal year 2005, and \$70,000,000 more than fiscal year 2004. This appropriation primarily provides benefits under the Federal Employees' Compensation Act [FECA]. The payments are prescribed by law. In fiscal year 2005, an estimated 170,000 injured Federal workers or their survivors will file claims; 7,000 will receive long-term wage replacement benefits for job-related injuries, diseases, or deaths.

The Committee recommends continuation of appropriation language to provide authority to require disclosure of Social Security account numbers by individuals filing claims under the Federal Employees' Compensation Act or the Longshore and Harbor Workers' Compensation Act and its extensions.

The Committee recommends continuation of appropriation language that provides authority to use the FECA fund to reimburse a new employer for a portion of the salary of a newly reemployed injured Federal worker. The FECA funds will be used to reimburse new employers during the first 3 years of employment not to exceed 75 percent of salary in the worker's first year, declining thereafter.

The Committee again includes appropriation language that retains the drawdown date of August 15. The drawdown authority enables the agency to meet any immediate shortage of funds without requesting supplemental appropriations. The August 15 drawdown date allows flexibility for continuation of benefit payments without interruption.

The Committee recommends continuation of appropriation language to provide authority to deposit into the special benefits account of the employees' compensation fund those funds that the Postal Service, the Tennessee Valley Authority, and other entities are required to pay to cover their fair share of the costs of administering the claims filed by their employees under FECA. The Committee concurs with requested bill language to allow use of fair share collections to fund capital investment projects and specific initiatives to strengthen compensation fund control and oversight.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

| | |
|---|---------------|
| Appropriations, 2004 | \$299,991,000 |
| Appropriations, Advanced 2005 | 88,000,000 |
| Budget estimate, 2005 | 276,000,000 |
| Budget estimate, Advance 2006 | 81,000,000 |
| Committee recommendation, 2005 | 276,000,000 |
| Committee recommendation, Advanced 2006 | 81,000,000 |

The Black Lung Consolidation of Administrative Responsibility Act was enacted on November 2, 2002. The Act amends the Black

Lung Benefits Act to transfer part B black lung benefits responsibility from the Commissioner of Social Security to the Secretary of Labor, thus consolidating all black lung benefit responsibility under the Secretary. Part B benefits are based on claims filed on or before December 31, 1973. The Secretary of Labor is already responsible for the part C claims filed after December 31, 1973. In fiscal year 2005, an estimated 46,100 beneficiaries (5,100 miners and 41,000 survivors) will receive benefits.

The Committee recommends an appropriation of \$276,000,000 in fiscal year 2005 for special benefits for disabled coal miners. This is in addition to the \$88,000,000 appropriated last year as an advance for the first quarter of fiscal year 2005. The recommendation is the same as the administration request. These funds are used to provide monthly benefits to coal miners disabled by black lung disease and to their widows and certain other dependents, as well as to pay related administrative costs.

By law, increases in black lung benefit payments are tied directly to Federal pay increases. The year-to-year decrease in this account reflects a declining beneficiary population.

The Committee recommends an advance appropriation of \$81,000,000 for the first quarter of fiscal year 2006, the same as the administration request. These funds will ensure uninterrupted benefit payments to coal miners, their widows, and dependents.

ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM

| | |
|--------------------------------|--------------|
| Appropriations, 2004 | \$51,651,000 |
| Budget estimate, 2005 | 40,821,000 |
| Committee recommendation | 40,821,000 |

The Committee recommends \$40,821,000, the same as the budget estimate for fiscal year 2005, and \$10,830,000 below 2004.

The mission of the Energy Employees Occupational Illness Compensation Program is to deliver benefits to eligible employees and former employees of the Department of Energy, its contractors and subcontractors or to certain survivors of such individuals, as provided in the Energy Employees Occupational Illness Compensation Program Act. The mission also includes delivering benefits to certain beneficiaries of the Radiation Exposure Compensation Act. Benefit costs of \$221,000,000 are anticipated in fiscal year 2005.

The Department of Labor's Office of Workers' Compensation Programs within the Employment Standards Administration is responsible for adjudicating and administering claims filed by employees or former employees (or their survivors) under the Act. The program went into effect on July 31, 2001.

BLACK LUNG DISABILITY TRUST FUND

| | |
|---|---------------|
| Appropriations, 2004 (Definite) | \$56,099,000 |
| Appropriations, 2004 (Indefinite) | 998,901,000 |
| Budget estimate, 2005 (Definite) | 57,049,000 |
| Budget estimate, 2005 (Indefinite) | 1,001,951,000 |
| Committee recommendation (Definite) | 57,049,000 |
| Committee recommendation (Indefinite) | 1,001,951,000 |

The Committee recommends \$1,059,000,000 for this account in 2005, of which \$57,049,000 is definite authority and \$1,001,951,000

is indefinite authority. The appropriation language changed beginning in fiscal year 2003 for the Black Lung Disability Trust Fund to provide such sums as may be necessary to pay for benefits. This change eliminated the need for drawdowns from the subsequent year appropriation in order to meet current year compensation, interest, and other benefit payments. The appropriation language will continue to provide definite budget authority for the payment of administrative expenses for the operation and administration of the trust fund.

The total amount available for fiscal year 2005 will provide \$1,001,951,000 for benefits payments, and \$56,693,000 for administrative expenses for the Department of Labor. Also, included is \$356,000 for interest payments on advances.

The trust fund pays all black lung compensation/medical and survivor benefit expenses when no responsible mine operation can be assigned liability for such benefits, or when coal mine employment ceased prior to 1970, as well as all administrative costs which are incurred in administering the benefits program and operating the trust fund.

It is estimated that 41,400 people will be receiving black lung benefits financed through the end of the fiscal year 2005, compared to an estimated 44,500 receiving benefits in fiscal year 2004.

The basic financing for the trust fund comes from a coal excise tax for underground and surface-mined coal. Additional funds come from reimbursement from the Advances to the Unemployment Trust Fund and Other Funds as well as payments from mine operators for benefit payments made by the trust fund before the mine operator is found liable. The advances to the fund assure availability of necessary funds when liabilities may exceed other income. The Omnibus Budget Reconciliation Act of 1987 continues the current tax structure until 2014.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
SALARIES AND EXPENSES

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$457,541,000 |
| Budget estimate, 2005 | 461,599,000 |
| Committee recommendation | 468,645,000 |

The Committee recommendation includes \$468,645,000 for this account. This is an increase of \$7,046,000 over the budget request and an increase of \$11,104,000 above the 2004 comparable level. This agency is responsible for enforcing the Occupational Safety and Health Act of 1970 in the Nation's workplaces.

This recommendation provides sufficient funding to offset the impact of inflation, as well as additional resources to expand outreach to non-English speaking workers and small businesses.

In addition, the Committee has included language to allow OSHA to retain up to \$750,000 per fiscal year of training institute course tuition fees to be utilized for occupational safety and health training and education grants in the private sector.

The Committee retains language carried in last year's bill effectively exempting farms employing 10 or fewer people from the provisions of the act except those farms having a temporary labor camp. The Committee also retains language exempting small firms

in industry classifications having a lost workday injury rate less than the national average from general schedule safety inspections. These provisions have been in the bill for many years.

The Committee believes that OSHA’s worker safety and health training and education programs, including the grant program that supports such training, are a critical part of a comprehensive approach to worker protection. The Committee is concerned that OSHA has again cut funding to help establish ongoing worker safety and health training programs and has provided \$6,510,000 in additional funds to restore the Susan Harwood training grant program to \$10,510,000. Bill language specifies that no less than \$3,200,000 shall be used to maintain the existing institutional competency building training grants, provided that grantees demonstrate satisfactory performance.

The Committee has provided \$53,792,000, the budget request level, for the State consultation grant program and expects that this program will continue to be targeted to provide compliance assistance to small businesses.

The Committee continues to be pleased with OSHA’s efforts in placing high priority on the voluntary protection programs [VPP] and other voluntary cooperative programs. The Committee expects OSHA to continue to place high priority on the VPP. Cooperative voluntary programs, especially the VPP, are an important part of OSHA’s ability to assure worker safety and health and should be administered in conjunction with an effective strong enforcement program.

The Committee also intends that the Office of Regulatory Analysis continue to be funded as close as possible to its present level.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$268,857,000 |
| Budget estimate, 2005 | 275,567,000 |
| Committee recommendation | 280,002,000 |

The Committee recommendation includes \$280,002,000 for this account, an increase of \$4,435,000 over the budget request.

This recommendation provides sufficient funding to offset the impact of inflation, as well as additional resources for enforcement, compliance assistance, and the new office providing technical assistance to small mine organizations. It further includes funding to continue the Miner’s Choice X-ray Program.

The Committee recommendation also increases the requested bill language amount for mine rescue and recovery activities from up to \$1,000,000 to up to \$2,000,000, the same as the fiscal year 2004 comparable level. It also retains the provision allowing the Secretary of Labor to use any funds available to the Department to provide for the costs of mine rescue and survival operations in the event of a major disaster.

This agency insures the safety and health of the Nation’s miners by conducting inspections and special investigations of mine operations, promulgating mandatory safety and health standards, cooperating with the States in developing effective State programs,

and improving training in conjunction with States and the mining industry.

In addition, bill language is included to allow the National Mine Health and Safety Academy to collect not to exceed \$750,000 for room, board, tuition, and the sale of training materials to be available for mine safety and health education and training activities. Bill language also allows MSHA to retain up to \$1,000,000 from fees collected for the approval and certification of equipment, materials, and explosives for use in mines, and may utilize such sums for such activities.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$518,496,000 |
| Budget estimate, 2005 | 533,518,000 |
| Committee recommendation | 533,518,000 |

The Committee includes \$533,518,000 for this account, \$15,022,000 more than the 2004 comparable level. This includes \$78,473,000 from the "Employment Security Administration" account of the unemployment trust fund, and \$455,045,000 in Federal funds. This funding level will cover the agency's built-in increases, and includes \$5,000,000 to continue the Mass Layoff Statistics Program.

The Bureau of Labor Statistics is the principal fact finding agency in the Federal Government in the broad field of labor economics.

OFFICE OF DISABILITY EMPLOYMENT POLICY

| | |
|--------------------------------|--------------|
| Appropriations, 2004 | \$47,024,000 |
| Budget estimate, 2005 | 47,555,000 |
| Committee recommendation | 47,555,000 |

The Committee recommends \$47,555,000 for this account in 2005. This is the same as the President's request and \$531,000 above 2004.

Congress created the Office of Disability Employment Policy [ODEP] in the Department of Labor's fiscal year 2001 appropriation. Programs and staff of the former President's Committee on Employment of People with Disabilities [PCEPD] have been integrated into this office.

The ODEP mission, under the leadership of an Assistant Secretary, is to bring a heightened and permanent long-term focus to the goal of increasing employment of persons with disabilities. This will be achieved through policy analysis, technical assistance, and development of best practices, as well as outreach, education, constituent services, and promoting ODEP's mission among employers.

Within the funds provided for the Office of Disability Employment Policy, the Committee has included \$2,500,000 for the telework feasibility program. These funds are to be used to enable Government agencies to explore the feasibility of employing home-based workers with significant disabilities.

The Committee recommends that the Office of Disability Employment Policy continue the existing, structured, internship program for undergraduate college students with disabilities, at no less than current appropriation levels. The Committee continues to believe

that this innovative, structured internship program will provide important opportunities for undergraduate students with disabilities to pursue academic and career development opportunities within the Department of Labor and other Federal agencies.

DEPARTMENTAL MANAGEMENT
SALARIES AND EXPENSES

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$350,319,000 |
| Budget estimate, 2005 | 287,168,000 |
| Committee recommendation | 357,050,000 |

The Committee recommendation includes \$357,050,000 for this account, which is \$69,882,000 more than the budget request and \$6,731,000 more than the 2004 comparable level. In addition, an amount of \$23,705,000 is available by transfer from the black lung disability trust fund, which is the same as the budget request.

The primary goal of the Department of Labor is to protect and promote the interests of American workers. The departmental management appropriation finances staff responsible for formulating and overseeing the implementation of departmental policy and management activities in support of that goal. In addition, this appropriation includes a variety of operating programs and activities that are not involved in departmental management functions, but for which other salaries and expenses appropriations are not suitable.

The Committee recommendation includes \$27,084,000 for Executive Direction, the same as the fiscal year 2004 comparable level. Within this amount, which includes cost savings in excess of \$4,000,000, the Committee concurs with the budget request of up to \$5,000,000 to encourage greater use of flex time and telework options to help ease the pressures faced by workers and their families.

The Committee recommendation includes \$9,554,000 for the Women’s Bureau. The Committee encourages the Women’s Bureau to support effective programs such as “Women Work!”, to provide technical assistance and training on programming for women in transition to reenter the workforce.

The Committee is pleased with efforts to investigate the impact of the nursing shortage on the overall health care labor market across the country, particularly in rural areas, such as Hawaii. The Committee urges the Department to work with HRSA in creating solutions to remedy the ongoing shortage and report on these efforts.

The University of Hawaii Center on the Family is dedicated to understanding and promoting the factors that foster resiliency in families facing personal, social, and financial crises. The uniqueness of this program is the emphasis on the psychological and behavioral processes, family resilience and vulnerability, and includes Asians, Pacific Islanders and Caucasians families. The State’s diverse multicultural population adds to the reliability of the research conclusions.

The Committee is disappointed that the Department of Labor has once again put forward a budget for the coming year that drastically reduces funding for the initiatives within the International

Labor Affairs Bureau [ILAB] working with the International Labor Organization to combat abusive and exploitative child labor.

Last December, a report on the economic impact of child labor programs commissioned by the Department of Labor was released. "Investing In Every Child" found that the average economic benefit of eliminating child labor around the world exceeds the cost of those efforts by a ratio of 6.7 to 1. Even in the region of the world whose economic benefit is the lowest, sub-Saharan Africa, the benefit is more than 5 to 1. The study also found that each year of additional education beyond the age of 14 yields an 11 percent increase in that individual's earning power resulting in just over \$5,000,000,000,000 in global benefits.

The Committee is pleased to have definitive economic analysis proving that eradicating child labor and investing in education will contribute to increased economic prosperity for developing nations. The Committee views the investment made by the United States and the programs run by the Department of Labor to eliminate child labor as a proven method for improving the economic infrastructure of developing nations and providing a market for U.S. goods. In addition, the Committee is pleased to note that its investment in programs to eliminate child labor has inspired matching funds from countries like India, Cambodia, Lebanon, and Yemen, thus exponentially increasing the reach of these valuable programs.

Given this new Department of Labor data on the value of these programs in reducing the need for foreign economic assistance, the amount needed to service debt for developing countries and the clear impact of these programs for advancing the ability of nations to form sound trade agreements, the Committee is mystified by the Department's annual effort to eliminate these programs, this year proposing an astounding 87 percent reduction.

Therefore, the Committee recommendation includes \$110,500,000 for the Bureau of International Labor Affairs. Of this amount, the Committee's recommendation includes \$82,000,000 for international child labor prevention activities including \$45,000,000 for the U.S. contribution to sustain and to extend to more countries in waiting the successful efforts of the ILO's International Program for the Elimination of Child Labor [IPEC]. The remaining \$37,000,000 is for bilateral assistance to expand upon the program initiated by the Department in fiscal year 2001 to help ensure access to basic education for the growing number of children removed from the worst forms of child labor in impoverished nations where abusive and exploitative child labor is most acute. The Committee expects the Department of Labor to work with the governments of host countries to eliminate school fees that cause additional burdens to former exploited child laborers.

The Committee notes that in the fiscal year 2003, ILAB contracted with two international aid organizations for \$8,000,000 to create employment centers in Iraq. During this same fiscal year, Congress was presented with a request of \$87,000,000,000 for the general reconstruction of Iraq and Afghanistan. Congress acted on this request and \$87,000,000,000 in aid was approved on November 6, 2003. The Committee is concerned that ILAB went outside the scope of congressional approval by diverting funds from the multi-lateral and bi-lateral technical assistance programs to gain addi-

tional funding for the reconstruction of these two countries. The Committee expects a detailed report by March 31, 2005 on the use of the \$8,000,000, including a timeline of when the funds were requested, by whom, the process by which the two aid organizations were selected, when the contracts were issued, and what such contracts entailed. The Committee understands that the contracts have changed drastically due to unforeseen events in Iraq and expect that the report will also detail the decision making process between the contractors, the CPA and ILAB on the changes and a detailed table explaining how the funds were eventually spent by the contractors.

The Committee deems it very important that ILAB deepen and improve its permanent capacity to compile and report to the Congress annually on the extent to which each foreign country that has trade and investment agreements with the United States enforces internationally-recognized worker rights. This report is required under multiple U.S. laws and promotes core labor standards as embodied in the ILO Declaration on Fundamental Principles and Rights at Work as adopted and reaffirmed in 1998. The Committee is aware that currently this report only tracks the progress of countries that are designated as beneficiaries under the U.S. Generalized System of Preferences [GSP]. The GSP program grants duty-free treatment to specified products imported from developing countries and territories. As the United States' negotiates separate Free Trade Agreements with GSP beneficiaries, the DOL stops tracking their progress in the elimination of abusive and exploitative child labor. Therefore, the Committee directs the Secretary to include in the 2005 report, all former GSP recipients that have negotiated Free Trade Agreements with the United States over the last 2 years. The Committee has provided \$5,000,000 for the compilation of this report. The Committee further includes \$2,500,000 for bilateral and multilateral assistance, to be used to promote the International Labor Organization's Declaration of Fundamental Principles and Rights at Work.

The Committee recommends \$10,000,000 for HIV/AIDS workplace education, for the purpose of providing the ILO with assistance to conduct global education and prevention programs. For other ILAB programs, including 125 FTE for Federal Administration, the Committee recommends \$11,000,000.

The Committee expects that the administration's fiscal year 2006 Departmental Management budget justification material will include detailed information on past year, current year, and budget year spending and estimate for international travel taken by Department of Labor employees and officials related to ILAB activities, including amounts by appropriation account throughout the Labor Department.

Acknowledging the need to upgrade the information technology capability in the Department of Labor, the Committee provides \$33,565,000 for the information technology fund, and \$4,965,000 for management cross cut activities. The total provided includes support for cross-cutting investments such as common office automation suite implementation, architecture requirements, equipment, software, and related needs, as well as human resource management. In addition, \$15,000,000 of the requested \$25,000,000 is

recommended for a separate Working Capital Fund appropriation, for implementation of a new core accounting system for the Department of Labor.

The Committee retains bill language intended to ensure that decisions on appeals of Longshore and Harborworker Compensation Act claims are reached in a timely manner.

The Committee notes with approval the increased attention being paid to the coordination of human services with transportation. The Committee notes the recent executive order issued by the President calling for a report on transportation coordination within 1 year. The Committee expects the Labor Department, as one of the lead agencies mentioned in the executive order to report its findings to the Committee as soon as the study is complete.

VETERANS EMPLOYMENT AND TRAINING

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$218,646,000 |
| Budget estimate, 2005 | 220,648,000 |
| Committee recommendation | 226,781,000 |

The Committee recommendation includes \$226,781,000 for this account, including \$32,683,000 in general revenue funding and \$194,098,000 to be expended from the “Employment Security Administration” account of the unemployment trust fund. This is \$8,135,000 more than the 2004 comparable level.

For State grants the bill provides \$162,415,000, which includes funding for the Disabled Veterans Outreach Program and the Local Veterans Employment Representative Program.

For Federal administration, the Committee recommends \$29,683,000, the same as the budget request. The Committee supports the concept of the Transition Assistance Program administered jointly with the Department of Defense which assists soon-to-be-discharged service members in transitioning into the civilian work force and includes funding to maintain this effective program.

Individuals leaving the military may be at high risk of homelessness due to a lack of job skills transferable to the civilian sector, disrupted or dissolved family and social support networks, and other risk factors that preceded their military service. The Committee expects the Secretary of Labor to ensure that a module on homelessness prevention is added to the Transition Assistance Program curriculum. The module should include a presentation on risk factors for homelessness, a self-assessment of risk factors, and contact information for preventative assistance associated with homelessness.

The Committee recommendation includes \$2,000,000, the same as the budget request, for the National Veterans Training Institute [NVTI]. This Institute provides training to the Federal and State staff involved in the direct delivery of employment and training related services to veterans.

The Committee recommendation includes \$23,000,000 for the Homeless Veterans Program, an increase of \$4,000,000 over the budget request. Also included is \$9,683,000 for the Veterans Workforce Investment Program, an increase of \$2,133,000 over the budget request.

The Committee is interested in ensuring that qualified job training programs of the Department of Labor fully extend priority of

service for veterans as required by the Jobs for Veterans Act. Toward this effort, the Committee urges the Secretary to develop a guide for veterans in accessing workforce investment planning processes; and a guide to inform workforce systems on the employment services needs of veterans and the responsibility of such systems to prioritize veterans for services and to collaborate with veterans organizations and providers. The Committee urges the Secretary to instruct State workforce agencies to increase their outstationing of disabled veterans outreach program specialists and local veterans employment representatives in locations where homeless veterans congregate, including grantees under the homeless provider grant and per diem program and the homeless veterans reintegration program.

OFFICE OF THE INSPECTOR GENERAL

| | |
|--------------------------------|--------------|
| Appropriations, 2004 | \$65,339,000 |
| Budget estimate, 2005 | 69,590,000 |
| Committee recommendation | 69,590,000 |

The bill includes \$69,590,000 for this account, \$4,251,000 above the 2004 comparable level. The bill includes \$64,029,000 in general funds and authority to transfer \$5,561,000 from the "Employment Security Administration" account of the unemployment trust fund. In addition, an amount of \$342,000 is available by transfer from the black lung disability trust fund. This level provides sufficient resources to cover built-in cost increases, as well as funding of requested program increases.

The Office of the Inspector General [OIG] was created by law to protect the integrity of departmental programs as well as the welfare of beneficiaries served by those programs. Through a comprehensive program of audits, investigations, inspections, and program evaluations, the OIG attempts to reduce the incidence of fraud, waste, abuse, and mismanagement, and to promote economy, efficiency, and effectiveness.

GENERAL PROVISIONS

General provision bill language is included to:

Prohibit the use of Job Corps funding for compensation of an individual at a rate in excess of Executive Level II (sec. 101).

Limits reprogramming and transfers of appropriated funds between programs, projects, and activities, and requires 15 days notification to both the House and Senate Appropriations Committees (sec. 102).

Prohibit funding for the procurement of goods and services utilizing forced or indentured child labor in industries and host countries already identified by the Labor Department (sec. 103 in accordance with Executive Order 13126).

Authorize funds to be appropriated for job training for workers involved in construction projects funded through the Denali Commission (sec. 104).

Require the Secretary of Labor to issue a monthly transit subsidy of not less than the amount each employee of the National Capitol Region is eligible to receive, not to exceed a maximum of \$100 (sec. 105).

Require the Department of Labor to submit its fiscal year 2006 congressional budget justifications in the traditional budget structure rather than in a “performance” budget structure. The Department is directed to develop and present the fiscal year 2006 budget justification delineated by appropriation account, providing detailed information on the prior year, current year, and requested budget year funding and Federal staffing levels for each program, project, or activity funded within each account; a detailed narrative description of each program, project, or activity; and any proposed changes to such program, project, or activity. Additional performance budget and measurement information should be submitted as a separate appendix in the budget justification material. The Department is encouraged to continue using outcome and performance measures as the primary management tool for resource allocation and the evaluation of programs and individuals (sec. 106).

Require that none of the funds provided in this Act may be used by the Department of Labor to implement or administer any changes to regulations regarding overtime compensation in effect on July 14, 2004, except those changes in section 541.600 of the Department’s final regulation specifying the amount of salary required to qualify as an exempt employee. This provision requires the immediate re-instatement and enforcement of the old overtime regulations in effect on July 14, 2004, except for the new section 541.600 salary requirements (secs. 107 and 108).

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HEALTH RESOURCES AND SERVICES

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$6,618,303,000 |
| Budget estimate, 2005 | 6,047,833,000 |
| Committee recommendation | 6,966,280,000 |

The Committee provides a program level of \$6,966,280,000 for the Health Resources and Services Administration [HRSA]. The Committee recommendation includes \$6,941,280,000 in budget authority and an additional \$25,000,000 via transfers available under section 241 of the Public Health Services Act. The fiscal year 2004 comparable program level was \$6,618,303,000 and the administration request program level was \$6,047,833,000. The Committee has also provided \$503,649,000 in the Public Health and Social Services Emergency Fund for programs administered by HRSA. The HRSA portion of the Committee report has been organized in a manner consistent with the organizational structure of HRSA.

Health Resources and Services Administration activities support programs to provide health care services for mothers and infants; the underserved, elderly, homeless; migrant farm workers; and disadvantaged minorities. This appropriation supports cooperative programs in community health, AIDS care, health provider training, and health care delivery systems and facilities.

As emphasized in past years, the Committee strongly supports the establishment of Centers of Excellence for Indigenous Health and Healing at schools that serve native peoples including American Indians, Alaska Natives and Pacific Islanders. The incorporation of traditional medicine and healing practices into the training of medical, nursing, social work, psychology, pharmacy and public health students will not only advance these disciplines but also enhance the health care services delivered to these populations. The Committee encourages HRSA to support these concepts in their awarding of grants wherever native and indigenous people reside.

The Committee urges HRSA to consider waivers for rural or isolated area demonstration projects when calculating requirements such as population density in the State of Hawaii.

BUREAU OF PRIMARY HEALTH CARE

HEALTH CENTERS

The Committee provides \$1,867,381,000 for the consolidated health centers. The fiscal year 2004 comparable program level was \$1,617,381,000 and the administration request program level was \$1,835,925,000. This group of programs includes community health

centers, migrant health centers, health care for the homeless, and public housing health service grants.

Within the amount provided, \$31,000,000 is for base grant adjustments for existing health centers. Funding should be used to offset the rising cost of health care nationwide, and also to resolve specific financial situations beyond the control of the local health center, such as unusual increases in the number of uninsured patients seeking care.

The Committee supports the long-standing HRSA policy of approving specific qualified applications for future funding. This process enables high-quality applicants to take steps to develop and implement care delivery systems in their communities instead of wasting scarce resources to reapply for funding. However, HRSA should limit the use of this mechanism in a manner consistent with expected Presidential requests.

The Committee is concerned that providers serving special populations (including migrant, homeless, school-based and frontier providers) have been largely unable to meet the current funding criteria used to determine health center funding, and encourages HRSA to establish distinct criteria and funding methodologies that recognize the unique needs of these communities and populations.

The Committee has limited the amount of funds available for the payment of claims under the Federal Tort Claims Act to \$45,000,000. This is the same as the amount provided in fiscal year 2004, and the same as the President's request. Bill language has been included to indicate that this funding is available until expended.

The Committee does not provide additional funds for loan guarantee authority under section 330(d) of the Public Health Service Act. The Committee notes that \$121,000,000 in loan guarantee authority from the \$160,000,000 appropriated in fiscal years 1997 and 1998 continues to remain available for guarantees of both loan principal and interest.

Community Health Centers

Community health centers improve the health of Americans by providing comprehensive primary and preventive health care services to underserved populations in rural and urban areas, regardless of ability to pay. Of the clients served by community health centers, over 39 percent had no insurance, 64 percent were minorities, 47 percent lived in rural areas, and 28 percent were children under 12 years of age.

The Committee is concerned that Federal community health center funds are often not available to small, remote communities in Alaska, Hawaii and other similar States because the population base is too small. Many of these communities have no health service providers and residents are forced to travel long distances by boat or plane even in emergency situations. The Committee continues to support the administration's effort to double community health center funding to address the growing number of uninsured persons in this country, but, without new approaches to providing health services, many will not benefit from the proposed increases in funding. The Committee recommends that HRSA examine its regulations and applications procedures to ensure they are not un-

duly burdensome and are appropriately flexible to meet the needs of these communities. The Committee applauds the agency for its initiatives such as the "Alaska Frontier Health Plan" and encourages the agency to continue and expand its efforts with this program.

The Committee continues to believe that community health centers are a critical source of care for the underserved in remote rural areas. The Committee commends HRSA for its continued efforts to visit and evaluate many rural and underserved areas across the country. New and expanded health centers in remote communities are critically needed. The Committee understands that nurse practitioners could be instrumental in expanding the services offered by new and existing centers. The Committee understands that opportunities exist for the increased use of nurses in rural community health centers through collaboration with the National Institute of Nursing Research. The Committee strongly urges such collaborations. In addition, the Committee understands that telemedicine technology is often used to maximize resources and collaborative communication, and encourages increased use of these technologies. The Committee applauds HRSA for the continued work that has been done to reexamine regulations and to create an on-line grant application process.

The Committee recognizes that Nurse-Managed Health Centers [NMHCs] serve a dual function in strengthening the health care safety net by providing health care to populations in underserved areas and by providing the clinical experiences to nursing students that are mandatory for professional development. Recognizing that NMHCs are frequently the only source of health care to their patients and that a lack of clinical education sites for nurses is a contributing factor to the nationwide nursing shortage, the Committee encourages HRSA to provide alternative means to secure cost-based reimbursement for NMHCs, by providing that reimbursement or by granting university-based CHCs. In addition, the Committee urges HRSA to research the effectiveness of nurse-managed health centers as a national model to reduce health disparities.

The Committee appreciates the attention paid by the HRSA Administrator to the special health care needs of Native Hawaiians and the medically underserved, especially to those living on the "neighbor islands" of Hawaii. The diverse, rural and underserved Native Hawaiian populations of the island of Molokai face challenges in obtaining comprehensive primary care and prevention interventions. Drug abuse prevention among youth is particularly difficult to obtain. The Committee urges HRSA to provide technical assistance in the preparation and submission of grants for new community health centers to the community health leaders of Molokai, Lanai, and all other underserved areas of the country. The Committee believes that linking new centers to existing health care programs and facilities is an efficient use of resources.

The Committee is pleased with efforts at our Nation's community health centers to address the health disparities of American Samoans.

Congress recognized the need to provide mental and behavioral health services to the underserved through the Federal Community Health Centers in the Safety Net Legislation of 2001. The Com-

mittee encourages HRSA to expand its efforts to provide mental and behavioral health services by increasing the number of psychologists in Community Health Centers nationwide.

An estimated 80 million people have a potentially blinding eye disease, 3 million have low vision, 1.1 million are legally blind, and 200,000 are more severely visually impaired. While it is believed that half of all blindness can be prevented, the number of Americans who suffer vision loss continues to increase. To address this growing problem, the Committee urges the Administrator to strengthen the vision health services at community health centers by establishing partnerships with voluntary health organizations to improve the overall quality of eye care, including comprehensive vision screenings and appropriate follow up care.

The Committee recognizes that prenatal alcohol exposure is the leading known cause of mental retardation in the United States. It is associated with lifelong difficulties with learning, memory, attention, and problem solving as well as problems with mental health and social interactions. Each year, approximately 40,000 children are born with Fetal Alcohol Spectrum Disorders [FASD]. This amounts to almost 1 out of 100 live births, with a disproportionate impact on underserved American Indian and African American populations. The Committee has provided sufficient funding to coordinate, develop, and begin implementation of a program in collaboration with a national voluntary organization that incorporates sustainable systems in community health center delivery sites around the Nation focusing on the prevention, identification, and support of individuals with FASD.

The Committee is concerned by the increasing disparity in the amount of applications received and grants awarded to States under section 330, in particular the Health Center grants. Because of this disparity, many high need States and local communities are not being benefited by a program specifically designed to serve their needs. The Committee acknowledges that this is a competitive grant program and not all grant applications submitted are of the quality necessary to receive funding. However, recent trends indicate that there may be other factors contributing to this problem. Therefore, the Committee requests that HRSA study this issue further and within 90 days of enactment of this Act, prepare and submit a report to the Committee that includes factors contributing to the disparity and ways that HRSA hopes to remedy these factors.

School-Based Health Centers

This program provides grants for comprehensive primary and preventive health care services and health education to at-risk and medically underserved children and youth. Grants are awarded to public or private, nonprofit, community-based health care providers. Through agreements with a local school or school system, the health care entity provides the services in the school building or on school grounds.

The Committee is pleased with the success of the school-based health center initiative, however is concerned that in the last fiscal year only 3 of 43 applications were funded. The Committee expects HRSA to continue to target funds for school-based health centers operated by fully qualified organizations and expresses concern

that school-based health centers often experience difficulty completing the complex application process for community health center funding. The Committee requests that HRSA establish a separate application process for school-based health centers that recognizes the distinct patient volume, productivity, scope of service, and staffing requirements that are more appropriate to school-based delivery systems.

Migrant Health Program

The program helps provide culturally sensitive comprehensive primary care services to migrant and seasonal farm workers and their families. Over 80 percent of the centers also receive funds from the community health centers program.

Health Care for the Homeless

The program provides project grants for the delivery of primary health care services, substance abuse services, and mental health services to homeless adults and children. About one-half of the projects are administered by community health centers. The other one-half are administered by nonprofit coalitions, inner-city hospitals, and local public health departments.

Public Housing Health Service Grants

The program awards grants to community-based organizations to provide case-managed ambulatory primary health and social services in clinics at or in proximity to public housing. More than 60 percent of the programs are operated by community health centers.

Native Hawaiian Health Care

The Committee again includes the legal citation in the bill for the Native Hawaiian Health Care Program. The Committee has included sufficient funding so that health care activities funded under the Native Hawaiian Health Care Program can be supported under the broader community health centers line. The Committee expects that not less than \$15,000,000 be provided for these activities in fiscal year 2005.

Free Clinics Medical Malpractice Coverage

The Committee provides \$4,821,000 in funding for payments of claims under the Federal Tort Claims Act to be made available for free clinic health professionals as authorized by U.S.C. Title 42, Section 233(o) of the Public Health Service Act.

This appropriation continues to extend Federal Tort Claims Act coverage to medical volunteers in free clinics in order to expand access to health care services to low-income individuals in medically underserved areas. According to Title 42, Section 233(o), a free clinic must apply, consistent with the provisions applicable to community health centers, to have each health care professional "deemed" an employee of the Public Health Service Act, and therefore eligible for coverage under the Federal Tort Claims Act. The Committee urges HRSA to create a deeming process as quickly as possible to ensure that health professionals treating patients at free clinics have access to this coverage in a timely manner. HRSA should make every effort to make the deeming process as efficient as pos-

sible and to prevent the process from becoming a barrier to use of the program.

Radiation and Exposure Screening and Education Program

The Committee provides \$1,974,000 for the Radiation Exposure Compensation Act. The fiscal year 2004 comparable level was \$1,974,000 and the administration request was \$1,974,000. This program provides grants for the education, prevention, and early detection of radiogenic cancers and diseases resulting from exposure to uranium during its mining and milling at nuclear test sites.

Health Care Access for the Uninsured/Community Access Program

The Committee provides \$88,674,000 for the Community Access Program. The fiscal year 2004 comparable level was \$83,674,000 and the administration requested \$9,998,000 for a new version of this program in fiscal year 2005. The Committee has provided these funds to continue the Community Access Program in its current form, which is designed to increase the capacity and effectiveness of community health care institutions and providers who serve patients, regardless of their ability to pay. The Committee does not approve the new use of these funds to create Health Center Networks. The Committee does approve the use of up to \$4,900,000 for additional Chronic Disease Management activities provided by grantees of this program.

Community Health Centers have the potential to serve as a valuable resource in biomedical and behavioral research aimed at reducing health status disparities among minority and medically underserved populations. The Committee continues to encourage HRSA, through the Community Access Program, to prioritize the establishment of demonstration projects between Community Health Centers and minority health professions schools for the purpose of health status disparities research and data collection. Such demonstration projects were authorized in the "Health Care Safety Net Amendments of 2002."

National Hansen's Disease Program

The Committee has included \$17,413,000 for the National Hansen's Disease Program. The fiscal year 2004 comparable level was \$17,413,000 and the administration request was \$17,413,000 in fiscal year 2005. This program offers Hansen's Disease treatment in Baton Rouge at the Center, at other contract supported locations in Baton Rouge, and in grant supported outpatient regional clinics. These programs provide treatment to about 3,000 of the 6,000 Hansen's disease sufferers in the United States.

National Hansen's Disease Program Buildings and Facilities

The Committee provides \$249,000 for buildings and facilities. The fiscal year 2004 comparable level was \$249,000 and the administration request was \$249,000. This funding provides for the repair and maintenance of buildings at the Gillis W. Long Hansen's Disease Center.

Payment to Hawaii for Hansen's Disease Treatment

The Committee provides \$2,033,000 for Hansen's disease services. The fiscal year 2004 comparable level was \$2,033,000 and the administration requested \$2,033,000.

Black Lung Clinics

The Committee provides \$6,000,000 for black lung clinics. The fiscal year 2004 comparable level was \$5,963,000 and the administration requested \$5,963,000. This program funds clinics that treat respiratory and pulmonary diseases of active and retired coal miners. These clinics reduce the incidence of high-cost inpatient treatment for these conditions.

BUREAU OF HEALTH PROFESSIONS

National Health Service Corps: Field Placements

The Committee provides \$45,735,000 for field placement activities. The fiscal year 2004 comparable level was \$45,506,000 and the administration request was \$45,735,000. The funds provided for this program are used to support the activities of National Health Service Corps obligors and volunteers in the field, including travel and transportation costs of assignees, training and education, recruitment of volunteers, and retention activities. Salary costs of most new assignees are paid by the employing entity.

The Committee is pleased by the increasing percentage of placements of NHSC assignees at Community, Migrant, Homeless, and Public Housing Health Centers. The Committee encourages HRSA to further expand this effort to ensure that the health center expansion effort is sustainable and has access to a sufficient level of health professionals.

The Committee is concerned by reports that the current HPSA scoring process used by HRSA may be disadvantaging many health centers located in medically underserved areas of the country. The Committee urges HRSA to look into these reports and reconsider requirements that might eliminate health centers from eligibility for the placement of NHSC scholars, Ready Responders, and HHS' J-1 Visa waiver program.

National Health Service Corps: Recruitment

The Committee provides \$127,397,000 for recruitment activities. The fiscal year 2004 comparable level was \$124,397,000 and the administration request was \$159,132,000. This program provides major benefits to students (full-cost scholarships or sizable loan repayment) in exchange for an agreement to serve as a primary care provider in a high priority federally designated health professional shortage area. These funds should support multi-year, rather than single-year, commitments. The Committee has not included bill language requested by the administration that would have established a Commissioned Corps reserve within the National Health Service Corps and the Committee does not intend for funds to be used for this purpose.

Of this amount, \$3,000,000 is designated for the demonstration program which allows chiropractors to participate in the National Health Service Corps student loan forgiveness program, as author-

ized under section 338L of the Public Health Service Act. The Committee is concerned that funding provided for this demonstration in fiscal year 2003 resulted in only eight chiropractic demonstrations nationwide. The purpose of the demonstration program was to collect data on comprehensive patient outcomes associated with community health centers that provided chiropractic services. While the Committee is comfortable with conclusions drawn from the data collected on the 24 pharmacists in the demonstration program and looks forward to that information in the coming year, the Committee believes that eight chiropractors is not a statistically significant figure and conclusions cannot safely be drawn from this part of the demonstration. Therefore, the Committee expects HRSA to use these funds to conduct another demonstration on a cohort of exclusively chiropractors and report to the Committee on the findings.

The Committee commends the National Health Service Corps for its focus on ensuring a workforce for integrated, comprehensive health care for the underserved that includes mental and behavioral health services. The Committee urges the NHSC to continue its efforts, increase the number of psychologists in the Loan Repayment Program and begin, for the first time, to support psychology students in the Scholarship Program.

The national nursing shortage is pervasive throughout all of the varied practice, educational and research settings. The United States Public Health Commissioned Corps is a critical aspect of our Nation's public health infrastructure and will be relied upon to respond to a terrorist or bioterrorist event. With the passage of the Nurse Reinvestment Act in 2002, a National Nurse Corps grant program was established. Coupled with the National Health Service Corps, the new National Nurse Corps program may serve as a nurse recruiting pool for the Commissioned Corps. The Committee urges HRSA to establish mechanisms to encourage National Nurse Corps grant recipients to enter the Public Health Service Commissioned Corps.

HEALTH PROFESSIONS

The Committee provides \$465,357,000 for all HRSA health professions programs. The fiscal year 2004 comparable level was \$436,080,000 and the administration requested \$157,783,000 in fiscal year 2005.

The Committee commends HRSA for its continuing efforts to address the growing gap between the size of the Nation's aging baby boom population and the number of pulmonary/critical care physicians. The committee understands that HRSA is still developing a report on the healthcare workforce shortage issue, and that the portion of the report that will attempt to identify the causes of, and potential responses to, the critical care workforce shortage will be informed, in part, by The Critical Care Medicine Crisis: A Call For Federal Action prepared by the American College of Chest Physicians [ACCP] and the members of the Critical Care Workforce Partnership. The Committee continues to encourage HRSA to address the critical care workforce shortage issue and use the pulmonary/critical care specialty as a model for developing and testing policy approaches to address workforce shortage issues.

The Committee previously asked HRSA to complete a national study on the status of pediatric rheumatology in the United States. The Committee urges HRSA to conclude its research in this area in partnership with the Arthritis Foundation. As provided in the Children's Health Act of 2000, this study assesses the current pediatric services shortage and identifies strategies for addressing this significant shortage for children with arthritis.

Training for Diversity

Centers of Excellence

The Committee provides \$33,882,000 for the Centers of Excellence program. The fiscal year 2004 comparable level was \$33,882,000 and the administration did not request any funds for this program in fiscal year 2005. This program was established to fund institutions that train a significant portion of the Nation's minority health professionals. Funds are used for the recruitment and retention of students, faculty training, and the development of plans to achieve institutional improvements. The institutions that are designated as centers of excellence are private institutions whose mission is to train disadvantaged minority students for service in underserved areas. Located in poor communities and usually with little State funding, they serve the health care needs of their patients often without remuneration.

The Committee is pleased that HRSA has re-focused the Minority Centers of Excellence program on providing support to historically minority health professions institutions. The Committee recognizes the important role of this program in supporting faculty and other academic programs at minority institutions. The Committee continues to encourage the Centers of Excellence program to consider applications that are responsive to allied health professions which are experiencing shortages and high vacancy rates, such as laboratory personnel.

Health Careers Opportunity Program

The Committee provides \$35,935,000 for the Health Careers Opportunity Program. The fiscal year 2004 comparable level was \$35,935,000 and the administration did not request any funds for this program in fiscal year 2005. This program provides funds to medical and other health professions schools for recruitment of disadvantaged students and pre-professional school preparations. The Committee continues to encourage the H-COP program to consider applications that are responsive to allied health professions which are experiencing shortages and high vacancy rates, such as laboratory personnel.

The Committee is concerned about the reduced level of support provided to minority health professions schools through the H-COP program in fiscal year 2004. For fiscal year 2005, the Committee encourages HRSA to give priority consideration to awarding grants to those institutions with a historic mission of training minorities in the health professions.

Faculty Loan Repayment

The Committee provides \$1,313,000 for the Faculty Loan Repayment program. The fiscal year 2004 comparable level was \$1,313,000 and the administration did not request any funds for this program in fiscal year 2005. This program provides for the repayment of education loans for individuals from disadvantaged backgrounds who are health professions students or graduates, and who have agreed to serve for not less than 2 years as a faculty member of a health professions school.

Scholarships for Disadvantaged Students

The Committee provides \$47,510,000 for the Scholarships for Disadvantaged Students program. The fiscal year 2004 comparable level was \$47,510,000 and the administration requested \$9,897,000 for this program in fiscal year 2005. This program provides grants to health professions schools for student scholarships to individuals who are from disadvantaged backgrounds and are enrolled as full-time students in such schools. The Committee continues to intend that all health professions disciplines made eligible by statute be able to participate in the scholarships program.

Training in Primary Care Medicine and Dentistry

The Committee provides \$90,742,000 for Training in Primary Care Medicine and Dentistry programs. The fiscal year 2004 comparable level was \$81,742,000 and the administration did not request funding for this program in fiscal year 2005.

Family Medicine Training

Family medicine activities support grants for graduate training in family medicine, grants for pre-doctoral training in family medicine, grants for faculty development in family medicine, and grants for the establishment of departments of family medicine. The Committee reiterates its support for this program and recognizes its importance in increasing the number of primary care physicians in underserved areas.

General Internal Medicine and Pediatrics Training

This program provides funds to public and private nonprofit hospitals and schools of medicine and osteopathic medicine to support residencies in internal medicine and pediatrics. Grants may also include support for faculty.

Physician Assistants

This program supports planning, development, and operation of physician assistant training programs.

General Dentistry and Pediatric Dental Residencies

This program assists dental schools and postgraduate dental training institutions to meet the costs of planning, developing, and operating residency training and advanced education programs in general practice of dentistry and funds innovative models for postdoctoral general dentistry and pediatric dentistry.

The Committee recognizes that these programs play a critical role in meeting the oral health care needs of Americans; especially

those who require specialized or complex care and represent vulnerable populations in underserved areas. Additionally, rural States are disproportionately underserved by pediatric dentists. The Committee notes that several States have fewer than 10 pediatric dentists. This clearly is not enough to address American children's needs. The Committee intends that the Pediatric Dental Program be continued with at least the fiscal year 2004 funding level.

Interdisciplinary, Community-based Linkages

Area Health Education Centers

The Committee provides \$29,206,000 for the Area Health Education Centers program. The fiscal year 2004 comparable level was \$29,206,000 and the administration did not request any funds for this program in fiscal year 2005. This program links university health science centers with community health service delivery systems to provide training sites for students, faculty, and practitioners. The program supports three types of projects: Core grants to plan and implement programs; special initiative funding for schools that have previously received Area Health Education Centers [AHEC] grants; and model programs to extend AHEC programs with 50 percent Federal funding.

Health Education and Training Centers

The Committee provides \$3,851,000 for the Health Education and Training Centers program. The fiscal year 2004 comparable level was \$3,851,000 and the administration did not request any funds for this program in fiscal year 2005. These centers provide training to improve the supply, distribution, and quality of personnel providing health services in the State of Florida or along the border between the United States and Mexico and in other urban and rural areas with populations with serious unmet health care needs.

Allied Health and Other Disciplines

The Committee provides \$11,849,000 for the Allied Health and Other Disciplines programs. The fiscal year 2004 comparable level was \$11,849,000 and the administration did not request any funds for this program in fiscal year 2005. These programs seek to improve access, diversity, and distribution of allied health practitioners to areas of need. The program improves access to comprehensive and culturally competent health care services for underserved populations.

The Committee continues to encourage HRSA to give priority consideration to projects for schools training allied health professionals experiencing shortages, such as medical technologists and cytotechnologists. The Committee is concerned about high vacancy rates for these critical laboratory personnel and urges HRSA to redouble efforts to address these shortages.

The Committee understands the Graduate Psychology Education Program is the only federally funded psychology training program, and for this reason, considers its continuation a priority. This competitive program will continue to provide grant awards for work with underserved populations, particularly in rural communities,

including elderly, children, the chronically ill, and victims of abuse or terror.

Geriatric Education Centers and Training

The Committee provides \$31,805,000 for the Geriatrics Education Centers and Training programs. The fiscal year 2004 comparable level was \$31,805,000 and the administration did not request any funds for this program in fiscal year 2005. This program supports grants to health professions schools to establish geriatric education centers and to support geriatric training projects. These centers and geriatric training programs play a vital role in enhancing the skill-base of health care professionals to care for our Nation's growing elderly population. The Committee is concerned about the shortage of trained geriatricians and urges the agency to give priority to building the workforce necessary to care for the Nation's elderly.

Quentin N. Burdick Program for Rural Health Interdisciplinary Training

The Committee provides \$6,126,000 for these programs. The fiscal year 2004 comparable level was \$6,126,000 and the administration did not request any funds for this program in fiscal year 2005. This program addresses shortages of health professionals in rural areas through interdisciplinary training projects that prepare students from various disciplines to practice together, and offers clinical training experiences in rural health and mental health care settings to expose students to rural practice.

This program continues to be an important mechanism for addressing the shortages of health professionals in rural areas. Particularly commendable is the focus on rural health training projects that stimulate interdisciplinary practice and expose students to the unique needs of rural populations. The Committee encourages an emphasis on telemedicine technology to maximize accessibility to resources. The Committee remains concerned about the critical shortage of nurses and this should continue to be addressed at every opportunity.

Podiatric Primary Care Training

This program provides grants to hospitals and schools of podiatric medicine for residency training in primary care. In addition to providing grants to hospitals and schools of podiatric medicine for residency training in primary care, the program also permits HRSA to study and explore ways to more effectively administer postdoctoral training in an ever changing health care environment.

Chiropractic Demonstration Grants

This program provides grants to colleges and universities of chiropractic to carry out demonstration projects in which chiropractors and physicians collaborate to identify and provide effective treatment of spinal and lower back conditions. The Committee continues to support the chiropractic research and demonstration grant program, originally authorized under Section 782 of Public Law 102-408, and funded by the Committee in previous years. The

Committee recommends that the chiropractic-medical school demonstration grant program be continued.

The Committee is aware that the initial authorization for this program indicated that the funds were to go to colleges and universities for the purpose of encouraging collaboration between chiropractors and physicians on identifying and providing effective treatment of spinal and lower back conditions. It is the contention of this Committee that interdisciplinary training programs are an integral component of expanding the identification and treatment of these conditions. The Committee is aware that a requirement of the program is the participation of a school of medicine or a school of osteopathic medicine. Given that the very purpose of these entities is to train healthcare professionals, the Committee concludes that training programs are well within the eligible activities of this program.

Workforce Information and Analysis

The Committee provides \$993,000 for these programs. The fiscal year 2004 comparable level was \$722,000 and the administration requested \$993,000.

Health Professions Data and Analysis

This program supports the collection and analysis of data on the labor supply in various health professions and on future workforce configurations.

Research on Certain Health Professions Issues

This program supports research on the extent to which debt has a detrimental effect on students entering primary care specialties; the effects of federally funded education programs for minorities attending and completing health professions schools; and the effectiveness of State investigations in protecting the health of the public.

Public Health Workforce Development

With the continued need for public health training throughout the country, the Committee believes these programs serve an important role in maintaining the country's public health infrastructure.

Public Health, Preventive Medicine, and Dental Public Health Programs

The Committee provides \$9,170,000 for these programs. The fiscal year 2004 comparable level was \$9,170,000 and the administration did not request any funds for this program in fiscal year 2005. This program supports awards to schools of medicine, osteopathic medicine, public health, and dentistry for support of residency training programs in preventive medicine and dental public health; and for financial assistance to trainees enrolled in such programs.

Health Administration Programs

The Committee provides \$1,079,000 for the Health Administration programs. The fiscal year 2004 comparable level was \$1,079,000 and the administration did not request any funds for

this program in fiscal year 2005. These programs provide grants to public or nonprofit private educational entities, including schools of social work, but not schools of public health, to expand and improve graduate programs in health administration, hospital administration, and health policy analysis and planning; and assists educational institutions to prepare students for employment with public or nonprofit private agencies.

Nursing Workforce Development Programs

The Committee provides \$161,890,000 for the Nursing Workforce Development programs. The fiscal year 2004 comparable level was \$141,890,000 and the administration requested \$146,887,000 for this program in fiscal year 2005. The Committee recognizes that the current nursing shortage has reached a crisis state across America. The situation only promises to worsen due to a lack of young nurses in the profession, an aging existing workforce, and inadequate availability of nursing faculty to prepare future nurses. The Committee urges HRSA to support programs aimed at increasing nursing faculty and encouraging a diverse population's entry into nursing.

The Committee is aware of the Labor Department's partnership with the Council for Adult and Experimental Learning [CAEL] to address the Nation's shortage of nurses. The Committee encourages HRSA to consider extending and expanding these, and other, successful nurse training partnerships.

Advanced Education Nursing

The Committee provides \$58,636,000 for the Advanced Education Nursing programs. The fiscal year 2004 comparable level was \$58,636,000 and the administration requested \$43,637,000 for this program in fiscal year 2005. This program funds nursing schools to prepare nurses at the master's degree or higher level for teaching, administration, or service in other professional nursing specialties.

With spiraling health care costs and the shortage of professionals, the need to prepare quality, cost effective providers such as nurse practitioners and nurse mid-wives continues to be acute. The Committee understands that Nurse Practitioners have been shown to provide high quality, cost effective care in whatever geographic environment they practice. The Committee believes that it is important to prepare enough of these providers to meet health needs within the current national shortages. The Committee urges HRSA to maximize advanced education traineeships for these two proven critical specialties.

Nurse Education, Practice, and Retention

The Committee provides \$41,765,000 for the Nurse Education, Practice, and Retention Programs. The fiscal year 2004 comparable level was \$31,768,000 and the administration requested \$41,765,000 for this program in fiscal year 2005. The goal of this program is to improve the quality of nursing practice. Activities under this program will initiate new projects that will change the educational mix of the nursing workforce and empower the workforce to meet the demands of the current health care system.

Nursing Workforce Diversity

The Committee provides \$21,399,000 for the Nursing Workforce Diversity program. The fiscal year 2004 comparable level was \$16,402,000 and the administration requested \$21,399,000 for this program in fiscal year 2005. The goal of this program is to improve the diversity of the nursing workforce through increased educational opportunities for individuals from disadvantaged backgrounds. The Committee urges the Division of Nursing to develop and increase cultural competence in nursing and to increase the number of underrepresented racial and ethnic minorities in all areas of nursing education and practice to enhance nurses' ability to provide quality health care services to the increasingly diverse community it serves.

Racial/ethnic minorities comprise about 12.3 percent of the current Registered Nurse population, compared to about 28 percent in the U.S. population. While efforts to deliver culturally competent care with our current nursing population are considerable and somewhat successful, there remains a unique and critical need for more minority registered nurses. The Committee recognizes that recent layoffs have disproportionately impacted minority workers, and that nursing recruitment efforts may naturally find emphasis among this population. The Committee believes that increasing the ethnic and cultural competence of nursing and other health professions groups is critical to decreasing the health disparities of this Nation. The Committee encourages HRSA to partner with professional nursing organizations to create diversity leadership programming and training as well as recruiting, retaining and mentoring minority nurses in both the nursing profession and in leadership positions within the profession. These partnerships should focus on the goal of providing more culturally relevant health care so as to decrease the national infant mortality rate.

Nurse Loan Repayment and Scholarship Program

The Committee provides \$31,742,000 for the Nurse Loan Repayment and Scholarship programs. The fiscal year 2004 comparable level was \$26,736,000 and the administration requested \$31,738,000 for this program in fiscal year 2005. This program offers student loan repayment to nurses in exchange for an agreement to serve not less than 2 years in an Indian Health Service health center, native Hawaiian health center, public hospital, community or migrant health center, or rural health clinic.

Nurse Faculty Loan Program

The Committee provides \$4,870,000 for the Nursing Faculty Loan program. The fiscal year 2004 comparable level was \$4,870,000 and the administration requested \$4,870,000 for this program in fiscal year 2005. This program supports the development of a student loan fund in schools of nursing to increase the number of qualified nursing faculty.

The Committee recognizes that a shortage of faculty in schools of nursing is contributing to the nationwide shortage of Registered Nurses [RNs]. The Committee understands that in 2003, nursing programs turned away more than 16,000 potential students due to a lack of faculty, clinical sites, and classroom space. The Committee

cites the Bureau of Labor Statistics projected need for 1.1 million new and replacement RNs by the year 2012. With the growing demand for health services and the care provided by an essential nursing workforce, the Committee urges HRSA to focus funding and efforts on resolving the growing shortage of faculty necessary to educate the future nursing workforce.

Comprehensive Geriatric Education

The Committee provides \$3,478,000 for Comprehensive Geriatric Education grants. The fiscal year 2004 comparable level was \$3,478,000 and the administration requested \$3,478,000 for this program in fiscal year 2005. These grants prepare nursing personnel to care for the aging population.

Children's Hospitals Graduate Medical Education Program

The Committee has provided \$303,258,000 for the Children's Hospitals Graduate Medical Education [GME] program. The fiscal year 2004 comparable level was \$303,170,000 and the administration requested \$303,258,000 for this program in fiscal year 2005.

The program provides support for health professions training in children's teaching hospitals that have a separate Medicare provider number ("free-standing" children's hospitals). Children's hospitals are statutorily defined under Medicare as those whose inpatients are predominantly under the age of 18. The funds in this program are intended to make the level of Federal Graduate Medical Education support more consistent with other teaching hospitals, including children's hospitals, which share provider numbers with other teaching hospitals. Payments are determined by formula, based on a national per-resident amount. Payments support training of resident physicians as defined by Medicare in both ambulatory and inpatient settings.

National Practitioner Data Bank

The Committee provides \$15,700,000 for the national practitioner data bank. The fiscal year 2004 comparable level was \$16,000,000 and the administration request was \$15,700,000. The Committee and the administration assume that full funding will be provided entirely through the collection of user fees and will cover the full cost of operating the data bank. Bill language is included to ensure that user fees are collected to cover all costs of processing requests and providing such information to data bank users.

Health Care Integrity and Protection Data Bank

The Committee provides \$4,000,000 for the health care integrity and protection data bank. The fiscal year 2004 comparable level was \$4,000,000 and the administration request was \$4,000,000. The Committee and the administration assume that full funding will be provided entirely through the collection of user fees and will cover the full cost of operating the data bank. The data bank is intended to collect, maintain, and report on certain actions taken against health care providers, suppliers, and practitioners.

MATERNAL AND CHILD HEALTH BUREAU

Maternal and Child Health Block Grant

The Committee provides \$734,817,000 for the maternal and child health [MCH] block grant. The fiscal year 2004 comparable level was \$729,817,000 and the administration request was \$729,817,000.

The Maternal and Child Health Block Grant program provides a flexible source of funding that allows States to target their most urgent maternal and child health needs through development of community-based networks of preventive and primary care that coordinate and integrate public and private sector resources and programs for pregnant women, mothers, infants, children, and adolescents. The program supports a broad range of activities including prenatal care, well child services and immunizations, reducing infant mortality, preventing injury and violence, expanding access to oral health care, addressing racial and ethnic disparities and providing comprehensive care for children, adolescents, and families through clinics, home visits and school-based health programs.

The MCH block grant funds are provided to States to support health care for mothers and children. According to statute, 85 percent of appropriated funds up to \$600,000,000 are distributed to States and 15 percent are set aside for special projects of regional and national significance [SPRANS]. Also according to statute, 12.75 percent of funds over \$600,000,000 are to be used for community-integrated service systems [CISS] programs. The remaining funds over \$600,000,000 are distributed on the same 85/15 percent split as the basic block grant. The Committee has provided \$122,530,000 for SPRANS activities. This is \$17,000,000 more than would otherwise have been available under the statutory formula.

The Committee intends that \$4,000,000 of the SPRANS amount will be used to continue the sickle cell newborn screening program and its locally based outreach and counseling efforts. In addition, \$5,000,000 of the SPRANS amount is intended to continue the oral health demonstration programs and activities in the States. The Committee also intends that \$3,000,000 of the SPRANS amount will be used for mental health programs and activities in the States, \$3,000,000 of the SPRANS amount will be used for epilepsy demonstration projects, and \$2,000,000 of the SPRANS amount will be used for newborn and child screening for heritable disorders as authorized in title XXVI of the Children's Health Act of 2000.

The Committee has again provided \$5,000,000 more for SPRANS activities than would otherwise be the case under the statutory formula for the continuation of oral health programs in the States. Through grants, cooperative agreements or contracts, these funds may be used to increase access to dental care for the most vulnerable low-income children, such as Medicaid, SCHIP, and Head Start eligible children and to implement State identified objectives for improving oral health. Anticipated activities include those targeting the reduction of early childhood caries, and strengthening school-linked dental sealant programs.

The Committee also provides an additional \$3,000,000 more for SPRANS activities than would otherwise be the case under the statutory formula for mental health programs and activities in the

States. The Committee expects that the programs will include mental health grants for prevention and early intervention services for children and youth ages 0 to 24 years and for women's mental health as it relates to their role in the family, particularly for women diagnosed with postpartum depression [PPD]. One out of every ten new mothers suffers from PPD, a treatable condition that presents a range of emotional and physical changes. Unfortunately, half of these women never get help. The Committee encourages the Bureau to utilize this funding to focus on low-income women and mothers of children with low birth weight. The Committee recommends that funding be used on science-based programs or models such as the Starting Early Starting Smart Program that was funded by the Substance Abuse and Mental Health Service Administration [SAMHSA] and the Casey Family Programs to specifically target early intervention and prevention.

Newborn screening is a public health activity used for early identification of infants affected by certain genetic, metabolic, hormonal and or functional conditions for which there are effective treatments or interventions. Screening detects disorders in newborns that, left untreated, can cause death, disability, mental retardation and other serious illnesses. Biliary atresia, a pediatric liver disease which affects 1 in 10,000 infants, is such a condition. If identified and treated before the infant reaches the age of 60 days, biliary atresia has a high cure rate. If left untreated, it will result in liver failure.

The Committee again provides \$2,000,000 within the SPRANS amount for the heritable disorders program authorized in title XXVI of the Children's Health Act. This program is designed to strengthen States' newborn screening programs and improve States' ability to develop, evaluate, and acquire innovative testing technologies, and establish and improve programs to provide screening, counseling, testing and special services for newborns and children at risk for heritable disorders. The Committee urges HRSA to include additional conditions, such as biliary atresia, Fragile X, and abnormally elevated levels of bilirubin, in this evaluation of testing programs with the goal of implementing cost-effective public health screening programs for these and other disorders. The Committee requests a report by March 15, 2005 on the steps taken to validate a screening tool for biliary atresia and to launch a screening program across the country. Given the potential of Fragile X screening as a viable prototype for newborn and infant screening, the Committee encourages HRSA to allocate funding from the heritable disorders screening program toward screening and epidemiological research activities related to Fragile X.

The Committee is aware of the extreme disparities that exist among State newborn screening programs for metabolic and genetic disorders. Parents and healthcare providers responsible for the care of newborns should be able to provide the best chance at a healthy start on life. For this reason, the Committee strongly urges HRSA to include as a requirement for funding a provision that parents be informed in writing of the availability of additional tests that may not be required under State law.

The Committee continues to support the Maternal and Child Health Bureau's support of comprehensive treatment centers for

thalassemia patients under the SPRANS program and notes that the current funding is due to expire in fiscal year 2005. The Committee strongly encourages HRSA to continue this program, expand it to include additional centers around the country, and to continue to coordinate its activities with those of the Cooley's Anemia Foundation.

The Committee recognizes epilepsy, a chronic neurological condition, as a significant public health concern affecting over 2,500,000 persons in the United States. As 125,000 new cases of epilepsy are diagnosed annually, delayed diagnosis, along with inadequate seizure treatment, greatly increases the risk of subsequent seizures, brain damage, disability, and death. Therefore, timely, effective treatment is essential. The Committee is supportive of the epilepsy public health program as described by the Children's Health Act of 2000 and of the current model demonstration programs and public awareness campaigns funded last year that would improve access to health and other services to encourage early detection and treatment for children and others residing in rural, urban and otherwise medically underserved areas. The Committee supports the implementation of recommendations addressing access to specialty care for underserved and minority populations made in Living Well With Epilepsy II. The Committee is pleased that HRSA has partnered with a national voluntary epilepsy organization to carry out these activities and encourages HRSA to continue this partnership, the public awareness campaigns, and the demonstration programs.

The Committee recognizes that numerous and challenging problems exist for native Hawaiian children and adolescent populations. The Committee urges children and adolescent focused initiatives be pursued to provide integrated services to this high risk population.

The Committee commends the work of the Sudden Infant Death Syndrome Program Support Center, and encourages the Maternal and Child Health Bureau to continue its support of this important center. The Committee is pleased with the collaboration between the NIH and the SIDS and Other Infant Death Program Support Center to address the disproportionately high incidence of SIDS among African Americans.

The Committee recognizes the critical role of the national network of hemophilia treatment centers in providing needed comprehensive care for bleeding disorders. The Committee urges HRSA to provide additional resources to ensure continued access to this model disease management network.

Chronic Fatigue Syndrome [CFS] patients' most crucial need is for effective, compassionate medical care. Through its demonstration grants program, HRSA has experience in piloting new, efficient ways of delivering health care services to those with emerging illnesses. The Committee encourages HRSA to develop model CFS clinical centers with the goal of delivering effective, multidisciplinary clinical care to persons with CFS.

The Committee recognizes the critical role that Maternal and Child Health Centers for Leadership in Pediatric Dentistry Education provide in preparing dentists with dual training in pediatric dentistry and dental public health. Dentists in the three currently

funded programs concentrate on working with Federal, State and local programs that provide services for vulnerable populations including low-income children and women and children with special health care needs. Dentists trained through these centers provide State and community leadership in maternal and child oral health programs, and become future faculty specializing in pediatric dentistry and maternal and child health. The Committee encourages the Maternal and Child Health Bureau to extend this program to all regions.

Traumatic Brain Injury Program

The Committee provides \$9,375,000 for the traumatic brain injury program. The fiscal year 2004 comparable level was \$9,375,000 and the administration requested \$9,375,000. The program supports implementation and planning grants to States for coordination and improvement of services to individuals and families with traumatic brain injuries as well as protection and advocacy. Such services can include: pre-hospital care, emergency department care, hospital care, rehabilitation, transitional services, education, employment, and long-term support. The Committee includes \$3,000,000 for protection and advocacy services, as authorized under section 1305 of Public Law 106-310.

Healthy Start Initiative

The Committee provides \$105,000,000 for the healthy start infant mortality initiative. The fiscal year 2004 comparable level was \$97,751,000 and the administration request was \$97,751,000.

The healthy start initiative was developed to respond to persistently high rates of infant mortality in this Nation. The initiative was expanded in fiscal year 1994 by a special projects program, which supported an additional seven urban and rural communities to implement infant mortality reduction strategies and interventions. The Children's Health Act of 2000 fully authorized this initiative as an independent program.

The Committee urges HRSA to give preference to current and former grantees with expiring or recently expired project periods. This should include grantees whose grant applications were approved but not funded during fiscal year 2004.

Universal Newborn Hearing Screening and Early Intervention

The Committee provides \$9,872,000 for universal newborn hearing screening and early intervention activities. The fiscal year 2004 comparable level was \$9,872,000 and the administration did not request funds for this program in fiscal year 2005. The Committee again rejects the administration proposal to consolidate this program into the Maternal and Child Health Block Grant program.

The Committee expects HRSA to coordinate projects funded with this appropriation with projects related to early hearing detection and intervention by the National Center on Birth Defects and Developmental Disabilities, the National Institute on Deafness and Other Communication Disorders, the National Institute on Disability and Rehabilitation Research, and the Office of Special Education and Rehabilitative Services.

Emergency Medical Services for Children

The Committee provides \$20,360,000 for emergency medical services for children. The fiscal year 2004 comparable level was \$19,860,000 and the administration requested \$19,860,000 for this program in fiscal year 2005. The program supports demonstration grants for the delivery of emergency medical services to acutely ill and seriously injured children.

The Committee continues to be pleased with the efforts made for the emergency medical services for children program. The 10 year Institute of Medicine [IOM] report and study was extremely helpful. The Committee is pleased and encouraged with the progress being made toward a 20 year update to the IOM report.

Poison Control Centers

The Committee provides \$24,000,000 for poison control center activities. The fiscal year 2004 comparable level was \$23,696,000 and the administration requested \$23,696,000 for this program in fiscal year 2005. The funds provided support activities authorized in the Poison Control Center Enforcement and Enhancement Act as well as the development and assessment of uniform patient management guidelines.

The Committee recognizes that poison control centers may serve as the entry point for sickened individuals into the public health system. Early detection of public health threats is critical to limiting the consequences of a threat. Therefore, the Committee strongly urges HRSA to work with the CDC to find innovative ways to further incorporate the poison control centers into the public health infrastructure, including the new BioSense initiative. HRSA and CDC should cooperate to improve real-time data collection and analysis from the poison control centers to identify the presence of a potential health threat, including chemical or biological attack, as early as possible.

HIV/AIDS BUREAU

ACQUIRED IMMUNE DEFICIENCY SYNDROME

Ryan White AIDS Programs

The Committee provides \$2,079,861,000 for Ryan White AIDS programs. The recommendation includes \$25,000,000 in transfers available under section 241 of the Public Health Service Act. The fiscal year 2004 comparable level was \$2,044,861,000 and the administration request was \$2,079,861,000.

Next to the Medicaid program, the Ryan White CARE Act (the CARE Act) is the largest Federal investment in the care and treatment of people living with HIV/AIDS in the United States. The CARE Act provides a wide range of community based services, including primary and home health care, case management, substance abuse treatment, mental health services, and nutritional services.

Within the total provided, the Committee intends that Ryan White AIDS activities that are targeted to address the growing HIV/AIDS epidemic and its disproportionate impact upon communities of color, including African Americans, Latinos, Native Ameri-

cans, Asian Americans, Native Hawaiians, and Pacific Islanders continue with at least the level of funding provided in fiscal year 2004.

Advances in diagnosis, treatment, and medical management of HIV/AIDS has resulted in dramatic improvements in individual health, lower death rates and transmission of HIV from mother to infant. The Committee recognizes, however, that not all HIV-infected persons have benefited from these medical advances and expects that the Ryan White CARE Act programs provide social and other support services with the specific intent of obtaining and maintaining HIV-infected individuals in comprehensive clinical care.

The Department is encouraged to identify obstacles confronting people with HIV/AIDS in receiving medical care funded through the Ryan White programs and to develop strategies to address these problems in light of the changing medical needs of a patient population that is living longer with current therapies.

The Committee recognizes the recent advances in the treatment and medical care of persons with HIV disease and the need for early access to these interventions and services. Furthermore, the Committee understands that disparities exist in accessing and maintaining the benefits of these recent advances among communities highly impacted by HIV and AIDS.

Emergency Assistance—Title I

The Committee provides \$615,023,000 for emergency assistance grants to eligible metropolitan areas disproportionately affected by the HIV/AIDS epidemic. These funds are provided to metropolitan areas meeting certain criteria. Half of the funds are awarded by formula and the other half are awarded through supplemental competitive grants.

Comprehensive Care Programs—Title II

The Committee provides \$1,120,900,000 for HIV health care and support services. These funds are awarded to States to support HIV service delivery consortia, the provision of home and community-based care services for individuals with HIV disease, continuation of health insurance coverage for low-income persons with HIV disease and support for State AIDS drug assistance programs [ADAP].

The Committee continues to be encouraged by the progress of anti-retroviral therapy in reducing the mortality rates associated with HIV infection and in enhancing the quality of life of patients on medication. The Committee has approved bill language for \$783,872,000 for AIDS medications.

Early Intervention Program—Title III-B

The Committee provides \$197,170,000 for early intervention grants. These funds are awarded competitively to primary health care providers to enhance health care services available to people at risk of HIV and AIDS. Funds are used for comprehensive primary care, including counseling, testing, diagnostic, and therapeutic services.

Women, Infants, Children, and Youth—Title IV

The Committee provides \$73,108,000 for title IV pediatric AIDS. Funds are awarded to community health centers, family planning agencies, comprehensive hemophilia diagnostic and treatment centers, federally qualified health centers under section 1905(1)(2)(B) of the Social Security Act, county and municipal health departments and other nonprofit community-based programs that provide comprehensive primary health care services to populations with or at risk for HIV disease.

Title IV of the CARE Act provides a program of grants for coordinated services and access to research for women, infants, children and youth. Title IV grantees may engage in a broad range of activities to reduce mother-to-child transmission, including voluntary testing of pregnant women and treatment to reduce mother-to-child transmission. In addition, title IV grantees are required to provide individuals with information and education on opportunities to participate in HIV/AIDS clinical research.

The Committee expects HRSA to maximize available funds under this part to existing grantees. The Committee is concerned that instructions to HRSA regarding the analysis of data pertaining to administrative costs in title IV have not been followed. The Committee strongly urges HRSA to collaborate with grantees under this title to produce necessary tools for the accurate collection of expense data. Unless HRSA can produce data regarding administrative expenses with a precise definition to ensure accuracy and comparability, the agency will be unable to impose a limitation on such expenses without harming the ability of grantees to provide services for women, children, youth and families infected with HIV.

The Committee is aware of the efforts of title IV grantees to care for youth infected with HIV and urges HRSA to disseminate the effective practices and models of care developed by title IV grantees across all Ryan White CARE Act providers.

Technical assistance may be provided to title IV grantees using up to 2 percent of the funds appropriated under this section. Within this amount sufficient funds exist to maintain the current activities of the national title IV grantee membership organization and its ability to provide technical assistance to title IV grantees and to conduct policy analysis and research.

AIDS Education and Training Centers

The Committee provides \$35,335,000 for the AIDS education and training centers [AETC's]. AIDS education and training centers train health care practitioners, faculty, and students who care for AIDS patients outside of the traditional health professions education venues, and support curriculum development on diagnosis and treatment of HIV infection for health professions schools and training organizations. The targeted education efforts by AETC's are needed to ensure the cost-effective use of the significant expenditures in Ryan White programs and the AIDS drugs assistance program. The agency is urged to fully utilize the AETC's to ensure the quality of medical care and to ensure, as much as possible, that no individual with HIV receives suboptimal therapy due to the lack of health care provider information.

AIDS Dental Services

The Committee provides \$13,325,000 for AIDS Dental Services. This program provides grants to dental schools, dental hygiene schools, and postdoctoral dental education programs to assist with the cost of providing unreimbursed oral health care to patients with HIV disease.

The Committee recognizes the importance of oral health care providers in the diagnosis of HIV and in treating the painful and debilitating oral manifestations of this disease. The Committee supports this program as it improves access to oral health services for low-income and uninsured people living with HIV and AIDS by providing partial reimbursement to dental education institutions for delivering care. The Committee recognizes that these dental services are vital because they are often the only services available to AIDS patients since many State Medicaid programs do not cover adult dental services.

Telehealth

The Committee provides \$5,000,000 for telehealth activities. The fiscal year 2004 comparable level was \$3,949,000 and the administration request was \$3,949,000. The telehealth program funded through the Office for the Advancement of Telehealth promotes the effective use of technologies to improve access to health services for people who are isolated from healthcare and distance education for health professionals.

Physician licensure is frequently identified as one of the most critical barriers to the increased use of telemedicine. There is a need to stimulate cooperation and communication among licensing authorities to address these issues and to facilitate multi-State practice, ensure public safety and create an environment for advancing telehealth services. The Committee has provided \$1,000,000 above the fiscal year 2004 level to support incentive grants that would be used as authorized in the Health Care Safety Net Act of 2002 to develop and implement policies to reduce barriers to telehealth services.

SPECIAL PROGRAMS BUREAU

Organ Donation and Transplantation

The Committee provides \$24,632,000 for organ transplant activities. The fiscal year 2004 comparable level was \$24,632,000 and the administration request was \$24,632,000. These funds support a scientific registry of organ transplant recipients and the National Organ Procurement and Transplantation Network to match donors and potential recipients of organs. A portion of the appropriated funds may be used for education of the public and health professionals about organ donations and transplants, and to support agency staff providing clearinghouse and technical assistance functions.

The Committee is encouraged by the initial success of Organ Donation Collaborative project and has included funds for its continuation. This project is focused on the nation's largest hospitals and has adopted the goal of assisting these hospitals achieve organ donation rates of 75 percent or higher, which will result in at least

6,000 additional organs available for transplantation. The Committee also urges the agency to facilitate the adoption of a national system of simultaneous referrals of available organs as opposed to the current system of sequential or serial referrals, as this will further guarantee that all available organs are utilized.

The Committee also urges an increase in grants or contracts to public and non-profit private entities for the purpose of carrying out studies and demonstration projects to increase and maximize organ donation and recovery rates, including living donation.

The Committee commends HRSA for its leadership in promoting increased organ and tissue donations across the nation and encourages the Division of Transplantation to continue its partnership with the pulmonary hypertension community in this important area. Moreover, the Committee is aware that the Organ Procurement and Transplantation Network/United Network for Organ Sharing has issued a proposed rule governing the allocation of lungs for transplantation. The Committee encourages OPTN/UNOS to work with the pulmonary hypertension community to address its concerns regarding the methodology used to determine transplantation eligibility for pulmonary hypertension patients.

National Cord Blood Stem Cell Bank Program

The Committee has provided \$9,941,000 for the National Cord Blood Stem Cell Bank Network. The fiscal year 2004 comparable level was \$9,941,000 and the administration request was \$9,941,000.

The Committee continues to be supportive of the effort to build the Nation's supply of cord blood stem cells available for therapy and research. The Committee is awaiting the conclusions of the Institute of Medicine study required by House Report 108-401 and expects fiscal year 2005 funds to be used as described in that report.

National Bone Marrow Donor Program

The Committee provides \$22,662,000 for the National Bone Marrow Donor Registry. The fiscal year 2004 comparable level was \$22,662,000 and the administration request was \$22,662,000. The National Bone Marrow Donor Registry is a network, operated under contract, which helps patients suffering from leukemia or other blood diseases find matching volunteer unrelated bone marrow donors for transplants. The program also conducts research on the effectiveness of unrelated marrow transplants and related treatments.

Trauma Care

The Committee provides \$4,000,000 for trauma/emergency medical services. The fiscal year 2004 comparable level was \$3,449,000 and the administration did not request funds for this program in fiscal year 2005. This program is intended to improve the Nation's overall emergency medical systems, which are constantly activated to respond to a wide range of natural and man-made disasters.

State Planning Grants for Health Care Access

The Committee provides \$8,000,000 for State Planning Grants for Health Care Access. The fiscal year 2004 comparable level was \$14,810,000 and the administration did not request funding for this activity in fiscal year 2005.

RURAL HEALTH PROGRAMS

Rural Health Policy Development Program

The Committee provides \$8,902,000 for the Rural Health Policy Development Program. The fiscal year 2004 comparable level was \$8,902,000 and the administration request was \$8,902,000. The funds provide support for the Office of Rural Health Policy to be the focal point for the Department's efforts to improve the delivery of health services to rural communities and populations. Funds are used for rural health research centers, the National Advisory Committee on Rural Health, and a reference and information service.

Rural Health Care Services Outreach Grants

The Committee provides \$39,601,000 for health outreach grants. The fiscal year 2004 comparable level was \$39,601,000 and the administration request was \$11,098,000. This program supports projects that demonstrate new and innovative models of outreach in rural areas such as integration and coordination of health services.

The Committee understands that many primary care clinics in isolated, remote locations are providing extended stay services and are not staffed or eligible to receive reimbursement for this service. The Committee encourages the agency to continue its support for a demonstration project authorized in the Medicare Modernization Act to evaluate the effectiveness of a new type of provider, the "Frontier Extended Stay Clinic," to provide expanded services in remote and isolated primary care clinics to meet the needs of seriously ill or injured patients who cannot be transferred quickly to acute care referral centers, and patients who require monitoring and observation for a limited time without requiring costly medivacs.

Mississippi's Delta is a community in which residents disproportionately experience disease risk factors and children are significantly mentally and physically developmentally behind. The Committee recognizes that communities such as this show positive behavioral change when community based programs and infrastructure are in place. The Committee believes that collaborative programs offering health education, coordination of health services and health-related research offer the best hope for breaking the cycle of poor health in underprivileged areas such as the Mississippi Delta. Therefore, the Committee recommends the continued funding of these activities as already initiated and undertaken by the coordinated efforts of the Mississippi Delta Health Alliance, which is a collaboration involving Delta State University, Mississippi State University, the University of Mississippi Medical Center, and the Mississippi State Department of Health.

Rural and Community Access to Emergency Devices

The Committee provides \$10,933,000 for rural and community access to emergency devices. The fiscal year 2004 comparable level was \$10,933,000 and the administration request was \$2,015,000. This includes \$9,933,000 for the rural program under section 413 of the Public Health Service Act and \$1,000,000 for the community access demonstration under section 313. These programs provide grants to expand placement of automatic external defibrillators [AEDs] and to ensure that first responders and emergency medical personnel are appropriately trained.

Rural Hospital Flexibility Grants

The Committee provides \$39,499,000 for rural hospital flexibility grants. The fiscal year 2004 comparable level was \$39,499,000 and the administration request did not request funds for this program.

Under this program, eligible rural hospitals may convert themselves into limited service facilities termed Critical Care Hospitals. Such entities are then eligible to receive cost-based payments from Medicare. The grant component of the program assists States with the development and implementation of State rural health plans, conversion assistance, and associated activities.

Of the amount provided, the Committee includes \$15,000,000 to continue the Small Rural Hospital Improvement Grant Program, as authorized by Section 1820(g)(3) of the Social Security Act and Public Law 107–116 and outlined in House Report 107–342.

State Offices of Rural Health

The Committee provides \$8,390,000 for the State Offices of Rural Health. The fiscal year 2004 comparable level was \$8,390,000 and the administration request was \$8,390,000. The State Office of Rural Health program helps the States strengthen rural health care delivery systems by allowing them to better coordinate care and improve support and outreach in rural areas. The Committee believes that continued funds for this purpose are critical to improving access and quality health care services throughout rural communities.

Rural Emergency Medical Services

The Committee has provided \$997,000 for the Rural EMS Training and Assistance Grants program. The comparable fiscal year 2004 level was \$497,000 and the administration did not request funding for this program in fiscal year 2005.

Native and Rural Alaskan Health Care

The Committee provides \$41,794,000 for the Denali Commission. The fiscal year 2004 comparable level was \$34,793,000 and the administration requested \$22,000,000 for this program in fiscal year 2005. These funds support construction and renovation of health clinics, hospitals and social service facilities in rural Alaska as authorized by Public Law 106–113. Provision of the funding will help remote communities in Alaska develop critically needed health and social service infrastructure for which no other funding sources are available. The Committee expects the Denali Commission to con-

tinue its support of joint venture projects to replace the aging hospitals in Nome and Barrow.

Family Planning

The Committee provides \$308,283,000 for the title X family planning program. The fiscal year 2004 comparable level was \$278,283,000 and the administration request was \$278,283,000.

Title X grants support primary health care services at more than 4,600 clinics nationwide. About 85 percent of family planning clients are women at or below 150 percent of poverty level. Title X of the Public Health Service Act, which established the family planning program, authorizes the provision of a broad range of acceptable and effective family planning methods and preventive health services. This includes FDA-approved methods of contraception.

The Committee has increased funding for clinics receiving title X funds to address increasing financial pressures in their effort to provide high-quality, subsidized family planning services and preventive health care to 5 million women each year, many of whom are low-income and uninsured. These pressures include rising medical costs of newer and longer lasting contraceptive methods, pharmaceuticals, and screening and diagnostic technologies (as well as a rising uninsured population). Due to these financial pressures, it will be difficult for title X clinics to serve the current number of patients, up 10 percent since 2000, without a significant funding increase. The Committee also recognizes that the increased availability of new contraceptive methods and screening technologies will improve women's health and result in a decrease in unintended pregnancies nationwide.

The Committee remains concerned that programs receiving title X funds ought to have access to these resources as quickly as possible. The Committee, therefore, again instructs the Department to distribute to the regional offices all of the funds available for family planning services no later than 60 days following enactment of this bill.

The Committee intends that at least 90 percent of funds appropriated for title X activities be for clinical services authorized under section 1001 of the Act. All such funds for section 1001 activities are to be provided to the regional offices to be awarded to grantees to provide family planning methods and services as specified by the title X statute. The Committee further expects the Office of Family Planning to spend any remaining year-end funds in section 1001 activities. Any increases in funding in fiscal year 2005 are intended to address rising medical costs and must be spent on medical services and supplies.

Community Based Abstinence Education Program

The Committee has provided funding for the Community Based Abstinence Education and related programs in the Administration for Children and Families and the Office of the Secretary as proposed in the administration request.

Health Care-related Facilities and Activities

The Committee provides \$371,536,000 for the construction and renovation (including equipment) of health care-related facilities

and other health care-related activities. The fiscal year 2004 comparable level was \$371,536,000 and the administration did not request funds for this program in fiscal year 2005. This account makes funds available to public and private entities for the construction and renovation of health care-related facilities and other health care-related activities.

Program Management

The Committee provides \$148,533,000 for program management activities for fiscal year 2005. The fiscal year 2004 comparable level was \$148,533,000 and the administration request was \$151,317,000.

The Committee is pleased with the successful distribution of compassionate payments through the Ricky Ray Hemophilia Relief Fund to the many hemophilia victims who were infected with HIV/AIDS through contaminated anti-hemophilia factor concentrates. The Ricky Ray Hemophilia Relief Fund terminated by law on November 12, 2003. The Committee has been advised of cases in which only one-half of the compassionate payment has been issued to the surviving parent. The Committee understands that HRSA has made budgetary arrangements in anticipation of potential additional payments. The Committee urges HRSA to work with members of the hemophilia patient community to complete this effort.

Section 340B of the Public Health Service Act created the 340B Drug Discount Program to lower drug prices for over 10,000 public health grantees including community health centers and public hospitals. The Committee was disappointed to learn that participating entities were being overcharged for drugs purchased under the program. The Inspector General of Health and Human Services found that entities participating in the 340B Program did not receive the correct discount for 31 percent of sampled drug purchases made by the Inspector General in September of 2002 and estimated that grantees were overcharged over \$41,000,000 during that one month period. The problem appears to be systemic. The Committee is concerned that HRSA does not have the technology or personnel to properly administer the program. In addition, HRSA does not supply entities with accurate pricing information to verify the charges made by the pharmaceutical industry.

The Committee urges HRSA to allocate the necessary information technology and personnel resources needed to properly oversee this program. The Committee requests a report from HRSA no later than March 31, 2005 on how it plans to respond to the problems detailed by the Inspector General in its oversight of the 340(b) program.

MEDICAL FACILITIES GUARANTEE AND LOAN FUND

The Committee has not included funding for the Medical Facilities and Guarantee and Loan Fund. This fund was established in 1972 under the Medical Facilities Construction Program in order to make funds available for construction of medical facilities. The fund is established in the Treasury without fiscal year limitation to pay interest subsidies, make payments of principal and interest in the event of default on a guaranteed loan, and repurchase, if necessary loans sold and guaranteed. There are sufficient carryover

funds from prior years' appropriations to pay defaults and interest subsidy payments; therefore, no appropriation is required to cover these payments.

HEALTH EDUCATION ASSISTANCE LOANS

The Committee provides \$4,000,000 to liquidate obligations from loans guaranteed before 1992. The fiscal year 2004 comparable level was \$25,000,000 and the administration request was \$4,000,000. For administration of the HEAL Program including the Office of Default Reduction, the Committee provides \$3,270,000. The fiscal year 2004 comparable level was \$3,353,000 and the administration request was \$3,270,000.

The HEAL Program insures loans to students in the health professions. The Budget Enforcement Act of 1990, changed the accounting of the HEAL Program. One account is used to pay obligations arising from loans guaranteed prior to 1992. A second account was created to pay obligations and collect premiums on loans guaranteed in 1992 and after. Administration of the HEAL Program is separate from administration of other HRSA programs.

VACCINE INJURY COMPENSATION TRUST FUND

| | |
|--------------------------------|--------------|
| Appropriations, 2004 | \$69,190,000 |
| Budget estimate, 2005 | 69,176,000 |
| Committee recommendation | 69,176,000 |

The Committee provides that \$69,176,000 be released from the vaccine injury compensation trust fund in fiscal year 2005, of which \$3,176,000 is for administrative costs. The total fiscal year 2004 comparable level was \$69,190,000 and the total administration request was \$69,176,000.

The National Vaccine Injury Compensation Program provides compensation for individuals with vaccine-associated injuries or deaths. Funds are awarded to reimburse medical expenses, lost earnings, pain and suffering, legal expenses, and a death benefit. The vaccine injury compensation trust fund is funded by excise taxes on certain childhood vaccines.

CENTERS FOR DISEASE CONTROL AND PREVENTION

DISEASE CONTROL, RESEARCH, AND TRAINING

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$4,579,299,000 |
| Budget estimate, 2005 | 4,462,654,000 |
| Committee recommendation | 4,807,692,000 |

The Committee provides a program level of \$4,807,692,000 for the Centers for Disease Control and Prevention. The Committee recommendation includes \$4,538,592,000 in budget authority and an additional \$269,100,000 via transfers available under section 241 of the Public Health Services Act. The fiscal year 2004 comparable program level was \$4,579,299,000 and the administration request program level was \$4,462,654,000. The Committee has also provided \$1,239,571,000 in the Public Health and Social Services Emergency Fund for programs administered by CDC.

The activities of the CDC focus on several major priorities: provide core public health functions; respond to urgent health threats;

monitor the Nation's health using sound scientific methods; build the Nation's health infrastructure to insure our national security against bioterrorist threats; promote women's health; and provide leadership in the implementation of nationwide prevention strategies to encourage responsible behavior and adoption of lifestyles that are conducive to good health.

The CDC portion of the Committee report has been organized in a manner that is broadly consistent with the new structure of CDC. To separate actual program costs from the administration of those programs, the Committee has reallocated all management and administrative costs (except those of the National Institute for Occupational Safety and Health) to two new accounts: Public Health Improvement and Leadership and Business Services Support. This will enable CDC to more easily interpret Congress' intent with funding increases meant for either programs or administration of those programs. All comparisons to fiscal year 2004 levels and the budget request have been adjusted to reflect this reallocation.

INFECTIOUS DISEASES

The Committee recommends \$1,688,594,000 for infectious disease related programs at the CDC. The fiscal year 2004 comparable level was \$1,654,394,000 and the administration requested a comparable level of \$1,656,393,000 for fiscal year 2005. The Committee recommendation includes \$12,794,000 in transfers available under section 241 of the Public Health Services Act.

The Coordinating Center for Infectious Diseases includes the National Center for Infectious Diseases, the National Center for STD, TB, and HIV Prevention, and the National Immunization Program.

Infectious Disease Control

Within the total provided, the following amounts are provided for the specified activities above the comparable amount for fiscal year 2004: \$4,000,000 to expand west nile virus control activities; \$6,000,000 to expand all other emerging infectious disease activities; and \$1,000,000 to expand prion disease surveillance activities. All other activities are funded at the level of the administration's request.

These activities focus on: national surveillance of infectious disease; applied research to develop new or improved diagnoses; prevention and control strategies; working with State and local departments and private health care providers to transfer application of infectious disease prevention technologies; and strengthening the capability to respond to outbreaks of new or reemerging disease.

Disease outbreaks endanger U.S. citizens at home and abroad, threaten U.S. Armed Forces overseas, and exacerbate social and political instability. Outbreaks can interfere with the global marketplace, affecting tourism, trade, and foreign investment. CDC's strategies to combat infectious diseases invest in and build upon both the public health system that was established over a century ago to increase the preparedness to address the emergence of dangerous new threats.

Chronic Fatigue Syndrome.—The Committee commends the CDC for building the leading CFS program in the Nation, supporting crucial population studies, clinical and laboratory research and

education. The Committee directs CDC to provide sufficient resources to maintain the high caliber of this program. The Committee is very interested in CDC efforts to document the economic impact of the illness, to identify biomarkers using genomic and proteomics technology and to address health care providers' inability to appropriately diagnose and treat CFS. Further, the Committee encourages CDC to better inform the public about this condition, its severity and magnitude and to use heightened awareness to create a registry of CFS patients to aid research in this field.

Hepatitis.—The Committee has included sufficient funding for the National Hepatitis C Prevention Strategy, and urges that this funding be focused on expanding the capability of State health departments and national voluntary health organizations to provide hepatitis C testing and counseling as well as more aggressive outreach and medical referrals. The Committee is concerned that the CDC has reduced the number of hepatitis C prevention demonstration project sites from 15 sites to only 5 sites in fiscal year 2005. The Committee urges CDC to reconsider the closing of these 10 sites, and encourages CDC to begin implementation of a National Hepatitis C Prevention and Control program.

The Committee is concerned that more than 75 percent of the 4 million HCV positive individuals are unaware of their condition and therefore urges a campaign of public announcements to urge appropriate screening and medical follow up of target populations. The Committee urges the expansion of cooperative agreement programs with national voluntary health organizations to meet this and other public health goals of CDC's Division of Viral Hepatitis. Finally the Committee is concerned with increasing rates of adult infection with hepatitis A and B, and urges that an expanded vaccination program be launched in response to this health issue.

The Committee continues to be concerned about the prevalence of hepatitis and urges CDC to work with voluntary organizations and professional societies to promote liver wellness with increased attention toward education and prevention. In addition, the CDC is urged to continue to support the activities of the National Viral Hepatitis Roundtable.

Patient Safety.—The Committee encourages the CDC to continue the National Health Care Safety Network, a national electronic medical error/adverse events monitoring system. This system will encompass a representative sample of U.S. hospitals, managed care organizations, long-term care facilities, and other healthcare venues linked to health departments and CDC. The Committee also encourages the CDC to enhance the capacity for detection and response to medical errors and other adverse healthcare events at State and local levels through active monitoring, improved epidemiologic/root cause investigation, and onsite intervention to promote patient safety and improve patient outcomes. These efforts will enable the CDC to promote research on preventing medical errors and adverse healthcare events through feedback on adverse outcomes.

Prevention Epicenter Program.—The Committee applauds CDC's support for the Prevention Epicenter Program and encourages CDC to continue and expand this program to address patient safety issues.

Sepsis.—The Committee is aware that sepsis, an overwhelming systemic response to infection that leads to organ dysfunction and death, kills more than 215,000 Americans every year. The Committee understands that new treatments have been developed which significantly improve prognosis when sepsis is diagnosed in a timely fashion. In addition, new guidelines have been developed to aid health care professionals in identifying the syndrome. Unfortunately, too few medical personnel know how to properly diagnose sepsis. To improve patient outcomes, the Committee encourages CDC to develop a sepsis education program to train infectious disease physicians, emergency room doctors, and critical care nurses in the proper identification of sepsis.

HIV, STD, and TB Prevention

Recognizing the intersection among these diseases, and the need for a focal point for leadership and accountability, CDC combines HIV, STD, and TB activities to provide leadership in preventing and controlling human immunodeficiency virus infection, other sexually transmitted diseases [STDs], and tuberculosis. CDC works in collaboration with partners at community, State, national, and international levels, applying multi-disciplinary programs of research, surveillance, technical assistance and evaluation. These diseases are not yet vaccine preventable and must be controlled and prevented through identifying, diagnosing, and treating infected persons; through provision of confidential, culturally competent counseling to identify and reach those who have been exposed to infection and who may not know it; and through individual and population level health promotion to reduce high risk behaviors.

HIV/AIDS Prevention.—CDC's HIV/AIDS prevention programs are working in every State and territory to prevent new infections, link people who are already infected to medical care, and translate scientific research findings into practical prevention programs available to every person at risk. CDC will continue to adapt these prevention programs to meet new and different needs.

The Committee is concerned by the high rates of HIV infection among young men who have sex with men in the United States. Data recently reported at the International AIDS Conference in Barcelona indicate that infection rates are nine times higher for gay men than for women and heterosexual men and that African Americans and Latinos are at particularly high risk. The Committee urges the CDC to develop and implement new approaches to reach young men with life-saving HIV prevention services.

Microbicides.—The Committee commends CDC for recognizing the urgent public health need to develop new HIV prevention options by supporting microbicide research and development, and has provided sufficient funding to continue these activities. CDC's role is particularly important in the clinical evaluation of potential new products as set forth in CDC's HIV Prevention Strategic Plan and its topical microbicide 5-year research agenda.

Tuberculosis.—The Committee is pleased with the efforts of the tuberculosis control program, which has reduced the number of new tuberculosis cases for the past 10 years. However, the number of new tuberculosis cases in foreign-born individuals in the United States remains a concern. Although tuberculosis rates have been

falling, the Committee is aware that similar low rates have been achieved in the past only to see a reemergence of the disease due to inadequate control efforts. In the end, any savings achieved during that period were more than used to again gain control of the incidence of the disease. The Committee has provided \$3,200,000 over the fiscal year 2004 level to expand tuberculosis control efforts to prevent a similar reemergence. The Committee urges CDC to work with the U.S. Citizenship and Immigration Services [USCIS] to develop novel tuberculosis screening strategies for individuals emigrating from high tuberculosis incidence countries. The Committee encourages CDC to consider implementing screening programs for high-risk individuals residing in the United States for latent tuberculosis. The Committee also encourages the CDC to expand efforts to reduce racial disparities in tuberculosis incidence in the Southeastern United States. African-Americans in the Southeast bear a disproportionate burden of tuberculosis.

Tuberculosis is an enormous and deadly problem in the developing world, killing millions of people in the prime of their lives every year. Approximately 2 billion people (30 percent) have been infected with *Mycobacterium tuberculosis*, the causative agent of TB. Tuberculosis is a leading cause of death in HIV-infected individuals and in women of childbearing age. Each year, TB takes the lives of 2 million people and there are 8 million new cases; another million die of the combination of HIV and TB. Among infectious diseases, only HIV and diarrheal diseases kill more people. The worldwide pandemic of tuberculosis continues largely unabated in spite of increased attention to the disease globally, the expansion of DOTS (Directly Observed Therapy—Short course) therapeutic regimens, and the widespread use of an existing vaccine against tuberculosis. Clearly a better vaccine against tuberculosis is urgently needed. Modeling studies show that a modestly effective vaccine (50–70 percent efficacious) used in combination with drug therapy could save tens of millions of lives, and a highly effective vaccine could eventually control the disease. The Committee encourages the CDC to continue the TB vaccine research cooperative agreement in partnership with the leading private foundation conducting clinical field site trial work on tuberculosis vaccines. The Committee encourages CDC to provide leadership and technical assistance on field site development and surveillance.

The Committee is aware that the Centers for Disease Control [CDC] has developed a new funding formula for the 2005 CDC Tuberculosis [TB] Prevention and Control. This formula calculation is a major step forward and the Committee recognizes CDC for taking into account the burden of this disease and the complexity of cases. The Committee also notes that CDC intends to make 20 percent of these funds available on a per-case basis in fiscal year 2005 and 35 percent of these funds on a per-case basis by fiscal year 2008. The success of TB control in the United States depends on the ability of States to maintain past gains in TB control and move toward TB elimination. The Committee encourages CDC to use all of the increased funding provided to maximize the percentage of TB control funds available on a per-case basis while ensuring that no State receives less funding than it received in fiscal year 2004. The

Committee further requests that CDC identify the optimal percentage of funding that should be distributed on a per-case basis.

Immunization

The Committee recommends \$488,789,000 for the program authorized under section 317 of the Public Health Service Act. The fiscal year 2004 comparable level was \$468,789,000 and the administration requested \$468,789,000 for fiscal year 2005. The Committee recommendation includes \$12,794,000 in transfers available under section 241 of the Public Health Service Act.

The Omnibus Reconciliation Act [OBRA] of 1993 established a vaccine purchase and distribution system that provides, free of charge, all pediatric vaccines recommended for routine use by the Advisory Committee on Immunization Practices to all Medicaid-eligible children, uninsured children, underinsured, and native Americans through program-registered providers.

Despite great success in lowering disease levels and raising immunization coverage rates, much remains to be done to ensure the protection of children and adults worldwide. Approximately 1 million 2-year-old children in the United States have not received one or more of the more established, recommended vaccines. New vaccines, although greatly beneficial to public health, complicate an already complex immunization schedule and make it increasingly difficult to ensure complete immunization. One of our Nation's greatest challenges is extending our success in childhood immunization to the adult population. The burden due to the occurrence of vaccine-preventable diseases in adults in the United States is staggering. As many as 50,000 U.S. adults die of influenza, pneumococcal infections and hepatitis B. CDC is addressing these obstacles to the greatest extent possible and continues to provide leadership to reduce disability and death resulting from diseases that can be prevented through vaccination.

The Committee encourages CDC to increase section 317 grant support for infrastructure development and purchase of vaccines for the State of Alaska's universal immunization program. It has been brought to the Committee's attention that infrastructure costs of delivering vaccines to children in Alaska are substantially higher than in other areas of the country, because of the many small, remote communities which must be served primarily by air. The Committee encourages the agency to give careful consideration to Alaska's request for sufficient funding for the purchase of vaccines needed for 90 percent of Alaskan children and to provide infrastructure support needed to deliver these vaccines at the community level, including development of a statewide immunization registry to ensure that all children in Alaska are immunized. The Committee notes that failure to immunize children in remote areas of Alaska results in deaths each year from exposure to open sewage lagoons and contaminated water.

Vaccine Stockpiles.—The Committee is concerned that recent interpretations of revenue recognition guidelines of the Securities and Exchange Commission may jeopardize the three-decade history of stockpiles and prevent the establishment and continued maintenance of stockpiles managed by the Department of Health and Human Services containing both childhood vaccines and bio-de-

fense medical countermeasures. The Committee requests that the Secretary of Health and Human Services, after consultation with the Securities and Exchange Commission and other appropriate agencies, submit a report and recommendations within 90 days to the Committee. The report should include what administrative actions are being taken, solutions proposed, or identify what legislative clarification may be necessary to resolve this problem.

Vaccine Tracking.—The Committee is pleased by CDC's development of the Surveillance, Preparedness, Awareness and Response System and has included \$5,000,000 to continue and expand these efforts. In light of vaccine shortages that have occurred over the past several flu seasons, the Committee understands that this system could serve as a valuable surveillance and tracking system for private and public sector inventory levels of vaccine. Increases in funding should be directed toward system expansion to include pharmaceuticals and other products that would be necessary in the medical treatment of disease and injury resulting from natural or manmade disease outbreaks beyond that currently provided by the strategic national stockpile.

HEALTH PROMOTION

The Coordinating Center for Health Promotion includes the National Center for Chronic Disease Prevention and Health Promotion and the National Center for Birth Defects and Developmental Disabilities.

The Committee recommends \$988,090,000 for Health Promotion related activities at the CDC. The fiscal year 2004 comparable level was \$932,067,000 and the administration requested \$989,780,000.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Within the total provided, the following amounts are provided for the specified activities above the comparable amount for fiscal year 2004: \$5,000,000 to expand Heart Disease and Stroke related activities; \$5,000,000 to expand Diabetes related activities; \$24,300,000 to expand Cancer Prevention and Control activities; \$2,000,000 to establish an Alzheimer's Disease component of the Healthy Aging program; \$800,000 to expand Inflammatory Bowel Disease related activities; \$700,000 to initiate activities related to Interstitial Cystitis; \$15,000,000 to expand Tobacco related activities; \$6,000,000 to expand Nutrition, Physical Activity, and Obesity Programs; \$2,000,000 to establish the Pioneering Healthier Communities Activities with the YMCA of the USA; \$1,000,000 to expand the Behavioral Risk Factor Surveillance System; \$200,000 to expand Mind-Body related activities; \$1,000,000 to expand Glaucoma Screening and Visual Screening Education programs; \$600,000 to expand oral health related activities; \$5,000,000 to expand Prevention Center activities; \$5,000,000 to expand the Steps to a Healthier U.S. program. All other activities are funded at the level of the administration's request.

Chronic diseases have had a profound human and economic toll on our Nation. Nearly 125 million Americans today are living with some form of chronic condition, including cancer, cardiovascular disease, diabetes, arthritis, and various neurological conditions such as epilepsy. These and other chronic diseases now account for

nearly 70 percent of all health care costs, as well as 70 percent of all deaths annually. A few modifiable risk factors bring suffering and early death to millions of Americans. Three such factors—tobacco use, poor nutrition, and lack of physical activity—are major contributors to our Nation's leading causes of death.

Behavioral Risk Factor Surveillance System.—The Committee has provided \$1,000,000 above the fiscal year 2004 level for the Behavioral Risk Factor Surveillance System [BRFSS]. The Committee notes that gathering, analyzing, and distributing data on behavioral risk factors is key to addressing a host of health problems, especially chronic diseases. The BRFSS program collects behavior-related data so that scarce resources can be directed efficiently to address chronic diseases, such as heart disease, cancer, diabetes, obesity, and vascular diseases such as stroke. The Committee believes the increase in BRFSS funding should be used to increase infrastructure at the State and CDC levels; improve the rates of response of survey questions; increase the timeliness of data; improve CDC's web site to make data more accessible for analysis; and create State demonstration projects to examine and assess innovative methods in chronic disease health tracking.

Cancer Prevention and Control.—The programs included in the CDC's cancer line item have proven to be highly effective, but are only a starting point if we are to reduce the mortality from cancer. The Committee is strongly supportive of the CDC cancer programs focused on awareness, education and early detection and has included a significant increase for these programs.

The significant growth of cancer prevention and control programs within State health agencies has resulted in the recognition that improved coordination of cancer control activities is essential to maximizing resources and achieving desired cancer prevention and control outcomes. The Committee commends CDC for its work with health agencies to enhance the number and quality of cancer-related programs that are available to the U.S. population and to develop an integrated and coordinated approach to reduce the cancer burden through prevention, early detection, treatment, and rehabilitation.

Within the amounts provided, the following amounts are provided for the specified activities above the comparable amount for fiscal year 2004: \$9,000,000 to expand breast and cervical cancer related activities; \$5,000,000 to expand cancer registries; \$2,000,000 to expand colorectal cancer activities; \$7,000,000 to expand comprehensive cancer activities; \$100,000 to expand ovarian cancer activities; \$100,000 to expand prostate cancer activities; \$100,000 to expand skin cancer activities; and \$1,000,000 to establish the Cancer Survivorship Resource Center. All other activities are funded at the level of the administration's request.

Breast and Cervical Cancer.—CDC's National Breast and Cervical Cancer Early Detection Program has provided more than 3 million potentially life-saving screening tests for women. Despite its success in screening these women, the program is still only able to screen 15–20 percent of the eligible population due to the difficulties in finding these hard to reach women. Therefore, the Committee recommends that 50 percent of funds be used for actual provision of screening and clinical services and the remaining 50 per-

cent of funds be used by States for outreach, effective management, public and professional education, and quality assurance to ensure enhancement of infrastructure development activities that will provide screening and diagnostic services to eligible women. The Committee's recommendation will enable more women to receive these vital screening services.

Cancer Survivorship Resource Center.—The Committee applauds the partnership between CDC and the Lance Armstrong Foundation [LAF] to address the needs of the nearly 10 million cancer survivors by expanding the agency's State-based comprehensive cancer control program to include issues of survivorship, as outlined in the recently released National Action Plan for Cancer Survivorship. The Committee supports the development and expansion of Live Strong to serve as a national resource for cancer patients, survivors, and their family and friends. Therefore, the Committee provides \$1,000,000 to enhance the Live Strong cancer survivorship resource center.

Colorectal Cancer.—Colorectal Cancer is the third most commonly diagnosed cancer in both men and women in the United States, and the second leading cause of cancer related deaths. In 2003, approximately 147,000 new cases were diagnosed and 56,000 people died from the disease. When colorectal cancer is detected and treated early, survival is greatly enhanced. However, despite the availability of proven screening tests, only 37 percent of colorectal cancers are diagnosed while the disease is still in a localized stage. The Committee is pleased with the leadership of CDC's National Colorectal Cancer Roundtable in promoting the availability and advisability of screening to both health care providers and the general public. The Committee encourages the CDC to continue to expand its partnerships with State health departments, professional and patient organizations, and private industry to combat this devastating disease.

Comprehensive Cancer Control.—The significant growth of cancer prevention and control programs within State health agencies has resulted in the recognition that improved coordination of cancer control activities is essential to maximizing resources and achieving desired cancer prevention and control outcomes. The Committee commends CDC for its work with health agencies to enhance the number and quality of cancer-related programs that are available to the U.S. population and to develop an integrated and coordinated approach to reduce the cancer burden through prevention, early detection, treatment, and rehabilitation. CDC is funding States to develop comprehensive cancer control programs that help build the foundation for a nationwide, comprehensive cancer control program. Comprehensive cancer programs integrate the full range of cancer prevention activities including research, evaluation, health education and communication, program development, public policy development, surveillance, and clinical services. The Committee has provided increased funding to expand the number of health agencies funded for comprehensive cancer control and support research and cancer tracking to develop, implement, and evaluate comprehensive approaches to cancer prevention at the State and community level.

Cooley's Anemia.—The Committee is pleased with the progress that CDC has made with regard to the establishment of a blood safety surveillance program for Cooley's anemia patients, who are the largest consumers of red blood cells. The program involves six treatment centers that handle the medical aspects, and the Cooley's Anemia Foundation that provides education and awareness, patient recruitment, and other services, while CDC is creating an archive of tested and analyzed blood samples. As the program moves forward and one time costs are met, the Committee urges the CDC to direct an increasing amount of the funds available to active patient recruitment, education and awareness, and related services.

Delta Health Initiative.—The Mississippi Delta Region experiences some of the Nation's highest rates of chronic diseases, such as diabetes, hypertension, obesity, heart disease and stroke. The Committee recognizes the efforts of the Delta Health Alliance in health education, coordination of health services and health-related research in the Mississippi Delta. The Committee believes that such collaborative, community-based programs offer the best hope for breaking the cycle of poor health in underprivileged areas such as the Mississippi Delta. The Committee recommends that the CDC collaborate with the Delta Health Alliance in addressing the chronic health issues of the Mississippi Delta.

Diabetes.—The Division of Diabetes Translation [DDT] is charged with addressing diabetes public health issues across the country. This is done primarily through funding State Diabetes Prevention and Control Programs. The Committee encourages CDC to fund as many States as possible at the basic implementation level.

Today, approximately 16 million Americans have diabetes, including 5.9 million who do not know they have the disease. Diagnosed diabetes rose 49 percent nationally between 1990 and 2000. Type 2 diabetes, once considered an adult disease, is now found in children. Recently released results from the largest-ever clinical study on diabetes prevention confirmed that diabetes can be prevented in high-risk adults. The NIH-led and CDC-supported Diabetes Prevention Program demonstrated that sustained lifestyle change, including modest weight loss and physical activity, resulted in prevention of diabetes in those diagnosed as "pre-diabetic". Sixteen million Americans are "pre-diabetic". The Committee has provided \$5,000,000 over the fiscal year 2004 funding level for diabetes-related activities at the CDC. The Committee encourages CDC to work with State Diabetes Control Programs to establish pilot projects to test strategies that will become effective public health interventions to prevent or significantly delay the onset of diabetes in high-risk individuals and develop systems to identify and monitor the number of people who are at highest risk for developing diabetes.

Diabetes Education.—The Committee is concerned about the over 18 million Americans currently living with diabetes, a number that is increasing every year and is estimated to reach almost 10 percent of the total U.S. population by the year 2025. In response to this public health crisis, the Committee applauds CDC for its new cooperative agreement, which is intended to ensure early diagnoses of people with diabetes and the best treatment and care of those

trying to manage the disease. The Committee encourages CDC to work in partnership with diabetes educators to identify strategies for evaluating the effectiveness of diabetes education in improving the self-care of people with diabetes and in reducing risk factors for diabetes.

Epilepsy.—The Committee continues to strongly support the CDC epilepsy program to make progress in research, epidemiology and surveillance, early detection, improved treatment, public education and expansion of interventions to support people with epilepsy and their families in their communities. The Committee understands that the “Living Well II” public health agenda conference will take place again this year using these funds.

Food Marketing.—The Committee commends the CDC on the initiation of a food marketing study as requested in the fiscal year 2004 report and has included sufficient funding for the continuation of those efforts.

Geraldine Ferraro Cancer Education Program.—In fiscal year 2004, Congress provided funding to initiate the Geraldine Ferraro Cancer Education Program, as authorized by the Hematological Cancer Research Investment and Education Act of 2002. The Committee is pleased that CDC has established a cooperative agreement program with national health organizations to develop strategies to provide information and education for patients, their family members, friends, and caregivers with respect to hematologic cancers. The Committee expects CDC to increase efforts to address hematologic cancer survivorship issues and improve quality of national hematologic data. The Committee strongly encourages CDC to support activities related to the development of interactive web based education for health care providers on the signs, symptoms and current treatment of blood cancer by comprehensive cancer centers.

Glaucoma and Other Vision Disorders.—Age-related threats to sight, including age-related macular degeneration, glaucoma, cataracts and diabetes retinopathy are expected to nearly double by the year 2030 with the aging of the baby-boomer generation. Recognizing this emerging public health threat, the Committee is aware of the demonstrated success of vision screening programs in preventing blindness and vision impairments among many of the more than 30 million adults that suffer from eye-related disorders.

The Committee is encouraged by the CDC’s exploration of strategies to implement a national initiative to combat the effects of eye-related disorders, especially glaucoma. The Committee has included \$300,000 above the fiscal year 2004 level for CDC to expand vision screening and education programs in partnership with national voluntary health agencies and for CDC to continue to develop a national surveillance system to monitor trends over time and assess the economic costs of vision loss especially related to glaucoma. In addition, the Committee has included \$700,000 above the fiscal year 2004 level to expand a model project that is testing and evaluating the efficacy of glaucoma screening using mobile units.

Healthy Aging and Alzheimer’s Disease.—Recent preliminary studies suggest that some of the same strategies that preserve overall health may also help prevent or delay Alzheimer’s disease and dementia. For example, epidemiological studies have revealed

that individuals taking anti-inflammatory drugs to treat conditions such as arthritis appear to have a lower-than-expected occurrence of Alzheimer's disease. Furthermore, a growing body of evidence appears to link known risk factors for diabetes, heart disease, including high blood pressure and high cholesterol, and risk factors for Alzheimer's disease and dementia. Additionally, evidence supports that maintaining intellectual and physical activity and remaining socially connected may also help stave off dementia. In light of this information, the Committee strongly urges the CDC to work with the Alzheimer's Association to design and launch an Alzheimer's-specific segment of the Healthy Aging Program, to aggressively educate the public and health professionals as to ways to reduce the risks of developing Alzheimer's by maintaining a healthy lifestyle. The Committee has provided \$2,000,000 for this initiative. CDC should also coordinate this effort with the National Institute on Aging and the Administration on Aging.

Heart Disease and Stroke.—The Committee commends the CDC for convening national leaders across Federal and State Governments and voluntary and professional organizations to develop and release A Public Health Action Plan to Prevent Heart Disease and Stroke. The Committee is concerned about the more than 64 million Americans who live with the often disabling consequences of heart disease, stroke and other cardiovascular diseases. The Committee strongly urges the CDC to expand, intensify and coordinate heart disease and stroke prevention activities, such as enhancing both the State Heart Disease and Stroke Prevention Program and the Paul Coverdell National Acute Stroke Registry. The funds provided will allow the CDC to initiate a health communications campaign about heart attack and stroke signs and symptoms, and public and health care provider education, and invest in standardized methodology on lipid and other measurements. Concerned that the CDC lacks a Division to address heart disease and stroke, the Committee encourages the agency to consolidate and elevate its efforts on these diseases by creating a Heart Disease and Stroke Division. The Committee is aware that many States still need a State-based heart disease and stroke prevention program. The Committee strongly believes that each State should receive funding for basic implementation of a State Heart Disease and Stroke Prevention Program and has included additional funding to move toward that goal. The Committee has provided \$5,000,000 above the fiscal year 2004 level for heart disease and stroke-related activities.

Inflammatory Bowel Disease.—It is estimated that up to 1 million people in the United States suffer from Crohn's disease or ulcerative colitis, collectively known as inflammatory bowel disease [IBD]. An epidemiological study of IBD is needed to gain a better understanding of the prevalence of IBD in the United States and the demographic characteristics of the IBD patient population. Over the last 3 years, the Crohn's and Colitis Foundation of America has provided the CDC with a \$750,000 to initiate this epidemiological study. Now that this project has been established through an investment by the patient community, the Committee has provided \$800,000 to continue this study.

Juvenile Diabetes.—The Committee appreciates the CDC's participation and coordination with the National Institute of Diabetes

and Digestive and Kidney Diseases [NIDDK] on the Genetics of Kidneys in Diabetes [GoKinD] Study. The GoKinD Study collection provides a unique opportunity to study the genetics of renal disease in a well-defined population. CDC and NIDDK are charged with ensuring that the collection becomes available to the research community, to accelerate progress in the prevention and treatment of kidney disease in diabetes.

Interstitial Cystitis.—The Committee is aware that it takes an average of 5 to 7 years for patients to obtain an accurate diagnosis of interstitial cystitis [IC]. The Committee has provided \$700,000 to CDC to educate the public and medical communities about interstitial cystitis. To implement this initiative, CDC should partner with a voluntary patient organization dedicated to assisting persons with IC to support activities targeted at disseminating information regarding IC identification, diagnosis and support services for both families and health care providers.

Lung Cancer.—The Committee urges the CDC through its Cancer Registries Program and in coordination with the Comprehensive Cancer Control Program to conduct a study that would analyze the current trends of lung cancer screening and would evaluate the number of people currently screened for lung cancer; how lung cancer screening is being promoted; which screening methods are being promoted; how the benefits and risks of screening are communicated by health professionals to at risk populations; determine if shared decision making taking place; and attempt to measure trends in the number of biopsies being performed following screening exams and trends in the stage of lung cancer diagnosis.

Oral Health.—The Committee recognizes that to effectively reduce disparities in oral disease will require improvements at the State and local levels. The Committee has provided additional funding to States to strengthen their capacities to assess the prevalence of oral diseases, to target interventions, like additional water fluoridation and school-linked sealant programs, and resources to the underserved, and to evaluate changes in policies, programs and disease burden. The Committee also expects the CDC to advance efforts to reduce the disparities and the health burden from oral cancers and oral diseases that are closely linked to chronic diseases like diabetes and heart disease.

Nutrition, Physical Activity and Obesity.—Obesity is rampant in the United States. Between 1980 and 1994, the prevalence of obesity in the United States has increased by 100 percent in children and adolescents. More than 20 percent of the adult population is 30 pounds or more overweight and 10 to 15 percent of children and adolescents are overweight. Risk factors associated with obesity—physical inactivity and unhealthy eating—account for at least 300,000 preventable deaths each year and increase the risk for many chronic diseases like diabetes, heart disease and cancer. The Committee is aware that the CDC's own statistics show that Native Americans, including Native Alaskans and Native Hawaiians suffer higher rates of obesity than other Americans. The Committee has included \$6,000,000 over the fiscal year 2004 level for Nutrition, Physical Activity, and Obesity related activities.

The significance of the rising epidemic of overweight and obesity among our Nation's children has been widely acknowledged. The

current trajectory of its continuing increase indicates grave consequences for our young people, as being overweight in youth sets the stage for a lifetime of being overweight. In the U.S., more than 6 million, or approximately 1 in 12, children are living in households headed by grandparents or other relatives. And, in some locales, the rate is as high as one in five. In many of these households, grandparents and other relatives are the primary caregivers. While some programs focusing on childhood overweight and obesity include a component that involves parents, grandparents and other caregivers often are overlooked. The Committee encourages CDC to develop model programs that assist African American and Hispanic grandparents in encouraging their grandchildren to eat more healthfully and be more physically active.

Pain Management.—Millions of Americans, the vast majority of whom do not receive proper treatment, suffer from chronic pain. The Committee encourages the CDC to develop physician education and training programs related to optimal diagnosis and treatment of chronic pain. CDC should establish a plan to disseminate information to physicians and to educate patients about treatment options available for the management of chronic pain.

Paul Coverdell National Acute Stroke Registry.—Established by Congress during the fiscal year 2001 appropriations process, the Paul Coverdell National Acute Stroke Registry is designed to track and improve the delivery of care to patients with acute stroke. The CDC developed and conducted prototypes for this Registry from 2001–2003 and plans to fund three State Registries in 2004 to enable them to monitor and improve stroke emergency transport response times, delivery of acute care, and use of treatments to prevent recurrent strokes in their communities. The Committee encourages the CDC to fund as many additional State Registries as possible.

Pioneering Healthier Communities.—The Committee commends the YMCA of the USA for its work toward developing healthier communities through its Pioneering Healthier Communities conference. The Committee has included \$2,000,000 to support these communities in the implementation of their community action plans and to support the annual Pioneering Healthier Communities conference to enable additional communities to benefit from this effort.

Prader-Willi Syndrome.—Prader-Willi Syndrome is the most common known genetic cause of life-threatening obesity in children. The Committee encourages the CDC to initiate a study of the incidence rate of Prader-Willi Syndrome and to provide a system for tracking the complications from the syndrome including causes of premature death. Additionally, early diagnosis and treatment is crucial to the proper treatment of Prader-Willi Syndrome and can significantly reduce the long term care costs. The Committee encourages the CDC to develop and disseminate educational materials to clinicians, educators, and parents in collaboration with voluntary organizations.

Pregnancy Risk Assessment Monitoring System.—The Committee encourages CDC to expand the Pregnancy Risk Assessment Monitoring System [PRAMS] to enable CDC to make national estimates on behavioral and demographic risk factors for preterm birth. Data

collected through PRAMS is used to increase understanding of maternal behaviors and experiences and their relationship to adverse pregnancy outcomes, to develop and modify maternal and child health programs, and to help incorporate the latest research findings in standards of practice.

Prevention Research Centers.—The Committee has provided \$5,000,000 over the fiscal year 2004 funding level for prevention research centers [PRCs], which are a network of academic centers, public health agencies, and community partners conducting applied research and practice in chronic disease prevention and control. Partners design, test, and disseminate strategies that help build evidence-based interventions for public health programs. In this capacity, PRCs serve a unique role to address the gaps that exist in putting research findings and the translation of findings into public health practice and policy change. Within the amount provided, the Committee expects that CDC will be able to ensure that all currently funded centers will continue to receive funding.

Prostatitis.—The Committee understands that chronic prostatitis affects 10 percent of the male population and may act as a reservoir for bacterial resistance and contribute to the spread of chronic disease in men and women by various pathogens. The Committee urges the CDC to continue and expand its investigation of the etiology of prostatitis.

Pulmonary Hypertension.—The Committee continues to be interested in pulmonary hypertension [PH], a rare, progressive and fatal disease that predominantly affects women, regardless of age or race. PH causes deadly deterioration of the heart and lungs and is a secondary condition in many other serious disorders such as scleroderma and lupus. Because early detection of PH is critical to a patient's survival and quality of life, the Committee continues to encourage CDC to give priority consideration to supporting a cooperative agreement with the pulmonary hypertension community designed to foster greater awareness of the disease.

School Health.—The Committee applauds CDC for establishing effective coordinated school health programs in States and local education agencies. The Committee has included sufficient funding to continue addressing risk behaviors such as tobacco use, unhealthy diets, and physical inactivity.

Sleep Disorders.—The Committee is concerned about the prevalence of sleep disorders and recognizes the need for enhanced public and professional awareness on sleep and sleep disorders. The Committee urges CDC to work with other agencies and voluntary health organizations to support the development of a sleep education and public awareness initiative. Several agencies have had success with this collaborative model.

Steps to a Healthier United States.—The Committee applauds the Department's continued commitment to tackling the problems of obesity, diabetes, and asthma. The Committee agrees that these are three of the most critical chronic conditions afflicting Americans. The Committee is concerned that existing programs that address these problems have not yet been implemented in all of the States. The Committee has increased funding for this initiative and also increased existing programs within CDC that are aimed at obesity, diabetes, and asthma. The Committee strongly urges CDC

to coordinate the efforts of these programs such that the best possible outcome is achieved using these funds.

Sudden Infant Death Syndrome.—The Committee notes the work of CDC, the National Institute of Child Health and Human Development and the Health Resources and Services Administration in developing model guidelines for death scene protocol for Sudden Infant Death Syndrome. The Committee continues to encourage CDC to implement projects to demonstrate the effectiveness of the death scene protocol in a variety of locales (urban, suburban, and rural) throughout the Nation. The Committee looks forward to reports of progress on this initiative as was requested in the fiscal year 2004 Committee report.

Tobacco Use.—In fiscal year 2004, the Committee approved a reprogramming request by the Secretary to provide \$15,000,000 in competitive grants to States that wanted to upgrade their existing tobacco quitlines or initiate new ones. This reprogramming was financed in fiscal year 2004 by reducing from 12 to 9 months the project period for ongoing tobacco control grants to States. The Committee understood at that time that this would have no impact on ongoing State operations, as CDC would accelerate by 3 months the date that continuation grants are issued in fiscal year 2005. The Committee has provided \$15,000,000 above the fiscal year 2004 level for tobacco-related programs. This will ensure that both the tobacco control grants and the tobacco quitline grants are able to continue with at least the fiscal year 2004 funding levels.

WISEWOMAN Program.—The WISEWOMAN program builds on the CDC's National Breast and Cervical Cancer Early Detection Program to also screen women for heart disease, stroke and other cardiovascular disease risk factors. The CDC also provides lifestyle counseling and education to these women to improve their health and to prevent cardiovascular diseases, the leading cause of death of American women. Heart disease, alone, is the No. 1 killer of American women and stroke is the No. 3 killer. Since its inception in 1995, tens of thousands of low-income and uninsured women ages 40–64 have been screened for high blood pressure and elevated cholesterol and have received lifestyle counseling and education. From 50 percent to 75 percent of these women were found to have either high blood pressure or elevated cholesterol. With more than two-thirds of the women returning for follow-up services, the program has been effective in retaining participants and providing needed services.

Worksite Health Promotion.—The Committee commends CDC for its efforts to evaluate worksite health promotion programs including the impact that such programs have on reducing health risks, health insurance costs, and employee absenteeism. The Committee encourages CDC to develop an employer wellness model program based on the results of these studies and disseminate that information to businesses.

Birth Defects, Developmental Disabilities, Disability and Health

Within the total provided, the following amounts are provided for the specified activities above the comparable amount for fiscal year 2004: \$1,000,000 to expand autism surveillance, awareness, and education activities; \$250,000 to expand activities related to Fetal

Alcohol Syndrome; \$1,000,000 to initiate activities related to Fragile X; \$400,000 to expand the National Spina Bifida Program; \$1,000,000 to expand the craniofacial malformation program; \$1,000,000 to continue the Fetal Death Prevention program; \$600,000 to establish a Diamond Blackfan Anemia public health outreach and surveillance program; \$500,000 to expand activities related to Tourette Syndrome; \$1,500,000 to expand surveillance and epidemiological efforts of Duchenne and Becker muscular dystrophies; \$1,500,000 to expand support for the Special Olympics Healthy Athletes Initiative; \$1,000,000 to expand Rehabilitation Treadmill Therapy activities; and \$250,000 to expand the work of the Attention Deficit Resource Centers. All other activities are funded at the level of the administration's request.

Attention Deficit Hyperactivity Disorder.—The Committee understands that current estimates indicate that as many as 7 percent of school-age children have Attention-Deficit/Hyperactivity-Disorder [AD/HD] and more than two-thirds of these children will continue to experience symptoms through adulthood. Only half of all children with AD/HD receive necessary treatment with lower care rates among girls, minorities and children in foster care. The Surgeon General has reported a severe lack of professions trained to diagnose and treat the condition effectively. The Committee continues to support the National Resource Center on AD/HD and has provided \$250,000 above the fiscal year 2004 level to expand the activities at the Center to respond to the overwhelming demand for information and support services; to better reach special populations in need; to develop on-line educational tools for professionals; and, to enable CDC to expand its population-based research and surveillance.

Autism.—The Committee acknowledges the importance of CDC's work in the area of autism surveillance, research, and awareness, and has provided \$1,000,000 above the fiscal year 2004 level to continue and expand the autism-related programs.

Childhood Obesity Prevention in Children with Special Health Care Needs.—As authorized under Title XXIV of the Children's Health Act of 2000, the Committee encourages the CDC to fund public health research, surveillance and educational activities related to obesity among children with special health care needs, with a special emphasis on children with Prader-Willi Syndrome.

Craniofacial Malformation.—The Committee has included \$1,000,000 over the fiscal year 2004 level to build on its initiative to help families of children with craniofacial malformations. The Committee recommends that these funds be used to work with one or more of CDC's Centers for Birth Defects Research and Prevention to collect data on the prevalence of these malformations, the ability of families to access services, and the long-term outcomes associated with craniofacial malformation. Funds are also available for CDC to work with a national voluntary organization to analyze and disseminate this information.

Diamond Blackfan Anemia.—The Committee has included \$600,000 to establish a public health outreach and surveillance program for Diamond Blackfan anemia. These funds should be used to (a) educate clinicians and blood disorder treatment centers about DBA and how to diagnose it and (b) collaborate with a Clin-

ical Care Center, which already has significant experience in treating DBA patients, to create a critical mass of DBA expertise where DBA patients may be referred.

Disability and Health.—The Committee urges the CDC to significantly expand and strengthen its investment in the public health research, surveillance activities, and dissemination of scientific and programmatic health promotion and wellness information for children and adults with disabilities.

Down Syndrome.—The Committee encourages the CDC to conduct two epidemiological studies on Down syndrome to (1) obtain an accurate estimate of the number of people in the United States living with the disorder and to identify them by age and ethnic group, and (2) to document the onset and course of secondary and related developmental and mental disorders in individuals with Down syndrome. The Committee commends the National Center for Birth Defects and Developmental Disorders for planning and initiating these studies in fiscal year 2004.

Fetal Alcohol Spectrum Disorders.—The Committee recognizes that prenatal alcohol exposure is the leading known cause of mental retardation in the United States. It is associated with lifelong difficulties with learning, memory, attention, and problem solving as well as problems with mental health and social interactions. Each year, approximately 40,000 children are born with Fetal Alcohol Spectrum Disorders [FASD]. This amounts to almost 1 out of 100 live births, with a disproportionate impact on underserved American Indian and African American populations. The Committee has provided \$250,000 over the fiscal year 2004 level for FASD-related programs and recommends that the CDC expand surveillance efforts to document the magnitude of the problem and continue to support the development of an information clearinghouse on FASD and the dangers of drinking while pregnant.

Fetal Deaths.—CDC has reported that fetal deaths at 20 weeks gestation or greater account for nearly as many deaths as those that occur to infants during the first year of life. The Committee understands that prevention strategies must first recognize fetal deaths as a public health problem, improve fetal death surveillance and reporting, and conduct research to understand the causes of fetal death. To that end, the Committee has included \$1,000,000 for a demonstration project with several States to link existing birth defect surveillance systems and fetal death registries and to use that data to help develop strategies to reduce fetal deaths.

Fragile X.—The Committee believes that the CDC's focus on maximizing prevention potential, minimizing impact on families and promoting early intervention through developmental screening should incorporate individuals affected by Fragile X. To support this effort, CDC is encouraged to create a Fragile X public health program to expand surveillance and epidemiological study of Fragile X, as well as provide patient and provider outreach on Fragile X and other developmental disabilities in collaboration with voluntary organizations, such as the National Fragile X Foundation. The Committee has provided \$1,000,000 to support these activities.

Muscular Dystrophies.—The Committee is concerned with the pace of the development of the CDC Birth Defects Surveillance program covering the muscular dystrophies and recommends that the

agency substantially increase the internal staff commitment to the program. The Committee has provided \$1,500,000 above the fiscal year 2004 level to expand these activities. Within the increase, the Committee has provided \$500,000 to initiate a coordinated education and outreach initiative in collaboration with a volunteer organization, such as the Parent Project Muscular Dystrophy.

Paralysis Resource Center.—More than 2 million Americans live with paralysis, including spinal cord injury, stroke, multiple sclerosis, cerebral palsy, spina bifida and, ALS. Those living with paralysis have a desperate need for information and support to improve their health and quality of life. In 2000, Congress established the Christopher and Dana Reeve Paralysis Resource Center to provide information and support to individuals living with paralysis, their caregivers and their families. To keep up with the exploding demand for information and support services, the Committee has provided sufficient funds to continue to support the Paralysis Resource Center at no less than the fiscal year 2004 level.

Regional Centers for Birth Defects Research and Prevention.—The Committee encourages CDC to expand research activities conducted by the 10 regional Centers for Birth Defects Research and Prevention. The centers are located in Arkansas, California, Georgia, Iowa, Massachusetts, New Jersey, New York, North Carolina, Texas, and Utah. These centers are participating in the National Birth Defect Prevention Study, the largest case-control study of birth defects ever conducted. The Committee is deeply concerned that for the first time since 1958, infant mortality rates have increased, and therefore encourages the expansion of studies on the causes of birth defects, the leading cause of infant mortality.

Rehabilitation Treadmill Therapy.—The Committee provides \$1,000,000 over the fiscal year 2004 level to continue and expand programs that translate clinical rehabilitation treadmill therapy research to community based settings and to train health care professionals to appropriately deliver this promising therapy. Within the additional funding provided, \$500,000 is to continue and expand the existing demonstration programs in collaboration with the Christopher Reeve Paralysis Foundation. The remaining \$500,000 is to be used by CDC to evaluate the feasibility of widespread implementation of these rehabilitation programs.

Spina Bifida.—The Committee recognizes that Spina Bifida is the leading permanently disabling birth defect in the United States. While Spina Bifida and related neural tube defects are highly preventable through proper nutrition, including appropriate folic acid consumption, and its secondary effects can be mitigated through appropriate and proactive medical care and management, such efforts have not been adequately supported or coordinated to result in significant reductions in these costly conditions. In an effort to improve the quality-of-life for individuals affected by Spina Bifida and reduce and prevent the occurrence of—and suffering from—this birth defect, the Committee provides \$400,000 above the budget request to expand the the National Spina Bifida Program. Within the total provided, \$200,000 is to partner with a national voluntary organization for the creation of a National Spina Bifida Clearinghouse and Resource Center to meet the current and grow-

ing demand for information and support services for individuals and families affected by Spina Bifida.

Special Olympics Healthy Athletes Initiative.—To address the unmet health needs among its athletes, Special Olympics created the Healthy Athletes Program, which provides Special Olympics athletes access to an array of health assessment, education, preventive health services and supplies, and referral for follow-up care where needed. These services are provided to athletes without cost in conjunction with competitions at local, State, national, and international levels. The Committee has included \$1,500,000 above the fiscal year 2004 level for this program.

State Cooperative Agreements for Birth Defects Surveillance.—The Committee encourages CDC to increase support to States to develop, implement, and/or expand community-based birth defects tracking systems, programs to prevent birth defects, and activities to improve access to health services for children with birth defects.

Thrombophilia.—The Committee understands that at least 1 in 15 Americans has thrombophilia, which increases their risk of developing life threatening thrombosis (blood clots), and 60,000 deaths annually are directly attributable to blood clots. Many more die from blood clot related complications. The Committee is concerned that physicians and the public are poorly informed about the risks of thrombosis and thrombophilia. CDC has funded eight sites to begin gathering information on the dimensions of this disease and related thrombosis. The Committee encourages the CDC to expand the number of sites to address the dimensions of this widespread public health problem.

Tourette Syndrome.—The Committee encourages CDC to establish public health education and research programs in partnership with a national voluntary health association dedicated to assisting parents and families of children with Tourette Syndrome. The programs should be designed to reach parents, educators, pediatricians, physicians, and other health workers in a campaign consistent with the authority and direction of the Children's Health Act of 2000, and to increase scientific knowledge on the prevalence, risk factors and co-morbidities of Tourette Syndrome. The Committee has provided \$500,000 above the fiscal year 2004 level to expand Tourette Syndrome-related activities.

HEALTH INFORMATION AND SERVICE

The Coordinating Center for Health Information and Services.—Includes the National Center for Health Statistics, a new National Center for Health Marketing, and a new National Center for Public Health Informatics.

The Committee recommends a program level of \$235,658,000 for Health Information and Service related activities at the CDC. This recommendation includes \$139,209,000 in transfers available under section 241 of the Public Health Service Act. The fiscal year 2004 comparable program level was \$216,692,000 and the administration requested \$235,658,000.

Health Statistics

CDC's statistics give us context and perspective on which we can base important public health decisions. By aggregating the experi-

ence of individuals, we gain a collective understanding of our health, our collective experience with the health care system, and our problems and public health challenges. NCHS data are used to create a basis for comparisons between population groups or geographic areas, as well as an understanding of how trends in health change and develop over time.

The NCHS is the Nation's preeminent source of health statistics and therefore provides the foundation for assessing National health trends and developing sound programs and policies to protect and enhance the Nation's health. The Committee is concerned with the adequacy and overall coordination of the various Federal programs that collect, analyze, and report the health statistics necessary for policy development and public health interventions. During this period of rapid advance in health and welfare policy, medical practice, and biomedical knowledge, the Committee is committed to ensuring that timely and relevant health statistics are available to guide policy decisions. The Committee has provided additional funds for the NCHS to strengthen its data collection infrastructure.

ENVIRONMENTAL HEALTH AND INJURY PREVENTION

As funded by the Committee, the Coordinating Center for Environmental Health and Injury Prevention includes the National Center for Environmental Health, the Agency for Toxic Substances and Disease Registry, and the National Center for Injury Prevention and Control.

The Committee recommends \$290,126,000 for environmental health and injury prevention related activities at the CDC. The fiscal year 2004 comparable level was \$282,926,000 and the administration requested \$282,926,000 for fiscal year 2005.

Environmental Health

Within the total provided, the following amounts are provided for the specified activities above the comparable amount for fiscal year 2004: \$1,000,000 to expand the Health Tracking Network; \$1,000,000 to expand Primary Immune Deficiency activities; and \$500,000 to expand Asthma related activities. All other activities are funded at the level of the administration's request.

Many of the public health successes that were achieved in the 20th century can be traced to innovations in environmental health practices. However, emerging pathogens and environmental toxins continue to pose risks to our health and significant challenges to public health. The task of protecting people's health from hazards in their environment requires a broad set of tools. First among these tools are surveillance and data collection to determine which substances in the environment are getting into people and to what degree. It also must be determined whether or not these substances are harmful to humans, and at what level of exposure. Many scientists estimate that about two-thirds of all cancers result from environmental exposure, but much better data are needed to improve this estimate and determine which exposures cause cancer and other diseases.

Asthma.—The Committee is pleased with the work that the CDC has done to address the increasing prevalence of asthma. However, the increase in asthma among children remains alarming. The

Committee urges CDC to expand its outreach aimed at increasing public awareness of asthma control and prevention strategies, particularly among at-risk populations in underserved communities. To further facilitate this effort, CDC is urged to partner with voluntary health organizations to support program activity consistent with the CDC's efforts to fund community-based interventions that apply effective approaches demonstrated in research projects within the scientific and public health community.

In addition, the Committee commends CDC's efforts to collect national and local data on the incidence and prevalence of asthma and to implement asthma prevention programs. The Committee encourages CDC to continue with these activities and expand its prevention programs into areas of high pediatric asthma incidence.

Childhood Lead Poisoning Prevention.—The Committee commends the CDC for its commitment to support the enhanced development of a portable, hand-held lead screening device that holds great promise for increasing childhood screening rates in underserved communities. Further development of this device will help ensure its application in community health settings.

Environmental Health Laboratory.—The CDC environmental health laboratory performs assessments for State investigations of diseases (such as cancer and birth defects) and investigations of chemical exposures, such as dioxin, pesticides, mercury and cadmium. CDC is also working with States to improve public health laboratories that assess State level biomonitoring needs. CDC works closely with academic institutions, other Federal agencies, and other partners to measure human exposure to toxic substances and the adverse effects of that exposure.

The CDC's National Report on Human Exposure to Environmental Chemicals is a significant new exposure tool that provides information for setting research priorities and for tracking trends in human exposures over time. However, as CDC has recognized, this information does not by itself provide information on causes for effects in humans. Therefore, communicating these results in context is vitally important. The Committee applauds the CDC's efforts in this regard and encourages the agency to continue to do so.

Environmental Health Workforce.—The Committee encourages the CDC to begin the enhancement and revitalization of environmental health services at the National, State, and local levels. A 1980 Health and Human Services report stated that there were 235,000 individuals in the Nation's environmental health work force and the report forecasted 137,000 additional professionals would be needed over the following decade. In 2000, a Health and Human Services report estimated that the size of our country's environmental health work force had shrunk to 19,431. During this same period, the demand for environmental health services had expanded to include external and internal air quality, drinking water quality, food safety, childhood lead poisoning, asthma control, rodent control, and hazardous chemical control and management. In addition, city and State environmental health personnel are responsible for providing the initial response to acts of chemical and radiological terrorism. In light of this increased demand and our country's reduced capacity, the Committee is concerned about the

need to enhance and revitalize environmental health services at the National, State, and local levels.

Health Tracking Network.—The Committee has provided \$1,000,000 over the fiscal year 2004 level to continue and expand the development of a Health Tracking Network, which seeks to develop a surveillance system that can integrate environmental hazards data with human exposure and health effects data that have possible links to the environment. With health tracking, public health officials can better target preventive services, health care providers can offer better health care, and the public will be able to develop a clear understanding of what is occurring in their communities and how overall health can be improved.

The initial efforts to establish such a Network are now being carried out through a series of State grants to develop pilot initiatives and projects. The Committee understands that a critical component of the nationwide tracking program is assuring that communities are engaged in the process of developing the State-based networks and informed of the results. The Committee urges CDC and the State and local programs to work with the citizens in local communities.

Perchlorate Contamination.—The Committee is concerned about contamination due to perchlorate, which is primarily used as an oxidizer for rocket fuel and munitions. Perchlorate contamination has been discovered in 34 States and is known to have adverse health effects on pregnant women, newborns, and young children. The Committee strongly urges the CDC to conduct surveys on the level of perchlorate in humans, to provide information for assessments on a national level, and to address regional concerns in areas most affected.

Primary Immunodeficiency Diseases.—In each of the last 3 years, Congress has made available funds for CDC to support the national physician education and public awareness campaign developed by the Jeffrey Modell Foundation. The Foundation has leveraged more than \$7 from donors and the media for every Federal dollar appropriated and is a model of public-private cooperation. The campaign has featured physician symposia, publications, public service announcements, and the development of website and educational materials, as well as mailings to physicians, school nurses and others. This very successful physician and public awareness campaign now must expand its reach to underserved communities, including African-American and Hispanic populations, and the Committee has provided sufficient funding to reach that critical goal. In addition, the Committee encourages CDC to expand its programmatic activity on primary immune deficiency diseases to include pilot programs focused on newborn screening and school wellness. The Committee has provided \$1,000,000 over the fiscal year 2004 level for these purposes.

Severe Combined Immune Deficiency Disease.—It has come to the Committee's attention that NIH has developed the technology to screen newborns for severe combined immune deficiency disease [SCID] or "the bubble boy disease." The Committee commends the Newborn Screening Branch at the National Center for Environmental Health at CDC for their commitment to developing a newborn screening program for SCID. The Committee encourages the

CDC to consider support for the development of a newborn screening program for SCID.

Injury Prevention and Control

CDC is the lead Federal agency for injury prevention and control. Programs are designed to prevent premature death and disability and reduce human suffering and medical costs caused by: fires and burns; poisoning; drowning; violence; lack of bicycle helmet use; lack of seatbelt and proper baby seat use; and other injuries. The national injury control program at CDC encompasses non-occupational injury and applied research in acute care and rehabilitation of the injured. Funds are utilized for both intramural and extramural research as well as assisting State and local health agencies in implementing injury prevention programs. The Committee recognizes the vital role CDC serves as a focal point for all Federal injury control activities.

The Committee has provided additional funding to the National Center for Injury Prevention and Control. In part, these funds should be used to strengthen the capacity of State and local health agencies to prevent injuries and support extramural public health research to conduct and translate science into practice. The increase would expand public health support for injury prevention programs in States and ensure provision of necessary tools for developing effective injury prevention programs in our communities.

Sufficient funds have been included to continue support for all existing Injury Control Research Centers.

Fire and Fall Injury Prevention.—CDC funds five States to implement and evaluate Remembering When, a fire and fall injury prevention program directed at older adults. Remembering When was developed by the National Fire Protection Association, with assistance from CDC, the Consumer Product Safety Commission and others. CDC also funds 13 States to install 10-year lithium powered smoke alarms and to provide fire-safety education in homes in high-risk communities. High-risk communities are those with fire death rates higher than State and national averages and median household incomes below the poverty level. Homes with children and older adults are especially targeted for smoke alarm installation and education outreach. The Committee encourages CDC to continue the implementation of this project.

National Violent Death Reporting System.—The Committee provides an increase of \$700,000 over the fiscal year 2004 level for the National Violent Death Reporting System [NVDRS] to allow additional States to be funded to gather and share State-level data about violent deaths. This State-based system collects data from medical examiners, coroners, police, crime labs, and death certificates to understand the circumstances surrounding violent deaths. The information can be used to develop, inform, and evaluate violence prevention programs.

Rape Prevention and Education.—The CDC provides one of the only sources of funding for rape prevention and education. Most other funding sources are focused on services to survivors and the criminal justice system. The Committee urges CDC to ensure that States receiving funds from the grants for assistance to victims of sexual assault, as provided in the Violence Against Women Act,

support State sexual assault coalitions, community-based rape crisis centers, and other non-profit entities whose work is focused on ending sexual violence, operating hotlines for victims of sexual violence and their families, and those which provide crisis intervention, advocacy and support services to victims. The Committee urges the CDC to ensure that States work collaboratively with State sexual assault coalitions in planning and funding activities. The Committee has provided \$2,000,000 over the fiscal year 2004 level for these activities. The Committee recommends that a portion of these additional funds be used to fund awareness activities and materials in conjunction with Sexual Assault Awareness Month.

Through its technical assistance, training and informational materials, the National Resource Center on Sexual Assault has played an increasingly important role in bringing direction, coordination and voice to a movement that was previously dispersed and disconnected. The Committee has provided sufficient resources to fund this Center at the statutory maximum of \$1,000,000.

Suicide Prevention.—The Committee encourages CDC to conduct suicide prevention research and support demonstration projects to identify promising and effective suicide prevention strategies. Research will enhance the knowledge base about risk and protective factors and the consequences of suicidal behavior in order to develop more effective prevention strategies.

Traumatic Brain Injury.—The Committee understands that a National Information Center for Traumatic Brain Injury is expanding as a pilot program providing persons with brain injury, their families, and those who serve them with toll-free information on State-specific resources and linkage to service. The Committee encourages the CDC to be supportive of this National Information Center. The Committee also encourages the CDC to fulfill its duties under the TBI Act as part of the Children’s Health Act, such as monitoring the outcomes and services of people who sustain injuries, including TBI, during mass casualty events such as a terrorist attack; strengthen support for State and local efforts to collect data on TBI; increasing education and awareness efforts; conduct public health research related to TBI and collecting annual incidence and outcome data on “mild” TBI.

Violence Against Women.—The Committee urges the CDC to increase research on the psychological consequences of violence against women and expand research on special populations and their risk for violence including adolescents, older women, ethnic minorities, women with disabilities, and other affected populations.

OCCUPATIONAL SAFETY AND HEALTH

The Committee recommends \$294,587,000 for occupational safety and health programs. The fiscal year 2004 comparable level was \$276,988,000 and the administration requested \$278,587,000 for fiscal year 2005. The Committee recommendation includes \$82,097,000 in transfers available under section 241 of the Public Health Service Act.

The CDC’s National Institute for Occupational Safety and Health [NIOSH] is the only Federal agency responsible for conducting research and making recommendations for the prevention of work-re-

lated illness and injury. The NIOSH mission spans the spectrum of activities necessary for the prevention of work-related illness, injury, disability, and death by gathering information, conducting scientific biomedical research (both applied and basic), and translating the knowledge gained into products and services that impact workers in settings from corporate offices to construction sites to coal mines.

NIOSH has a unique legislative history that is distinct from other components of CDC. NIOSH was created under the Occupational Safety and Health Act of 1970, to be a separate Institute within what is now the Department of Health and Human Services. NIOSH was charged with carrying out the many responsibilities given the Secretary under the authorizing legislation, including conducting research, recommending criteria for standards, providing information on toxic substances and training occupational safety and health professionals. Since that time Congress has significantly expanded NIOSH's role to include carrying out responsibilities given the Secretary of Health and Human Services under the Mine Safety and Health Act and Energy Employees Occupational Illness and Compensation Act. Today, NIOSH is responsible for a wide range of programs and activities to enhance workers safety and health. With its sister agencies, the Occupational Safety and Health Administration [OSHA] and the Mine Safety and Health Administration [MSHA], NIOSH has made significant contributions to the major reduction in workplace injuries over the last three decades.

Congress established NIOSH with the expressed intent "to provide occupational safety and health research with the visibility and status it merits" and "to elevate the status of occupational safety and health research" (Legislative History of the Occupational Safety and Health Act of 1970, S. 2193, Public Law 91-596). The Committee strongly supports these principles. The Committee expects CDC to ensure that the ongoing CDC reorganization does not impede nor diminish NIOSH's ability to meet its statutory responsibilities to protect the safety and health of America's workers. The Committee believes that NIOSH must have the stature necessary to work effectively with OSHA, the Department of Labor, and the Department of Health and Human Services in the manner described by statute. Therefore, the Committee directs the CDC to maintain the status quo with respect to the direct reporting relationship of the NIOSH director to the CDC director. The Committee further directs the CDC to: (1) make no changes to NIOSH's current operating procedures and organizational structure and (2) ensure that no funds or personnel will be transferred from NIOSH to other components of CDC by means other than traditional reprogramming of funds.

Construction Safety and Health.—The Committee once again is very pleased with the progress that NIOSH has made in its program directed at occupational illnesses and injuries in the building and construction industry. However, the Committee is still concerned with the continued high fatality rate in the industry, and encourages NIOSH to continue studying this important issue.

Education and Research Centers.—The Committee recognizes the important role Education and Research Centers [ERCs] play in pre-

ventive health research and the training of occupational safety and health professionals, and includes an increase of \$2,000,000 for ERCs over the amount appropriated for ERCs in fiscal 2004.

Farm Health and Safety.—The Committee has included funding to continue the farm health and safety initiative. This important initiative, begun in fiscal year 1990, has a primary focus of reducing the incidence of fatal and nonfatal injuries and occupational diseases among the millions of agricultural workers and their families in the United States. The Committee is particularly pleased with the research being undertaken by the Agricultural Research Centers.

Miners' Choice Health Screening Program.—The Committee has been advised that NIOSH will begin solely administering the Miners' Choice Health Screening Program in fiscal year 2005, and that funds have been included in the administration's request to support these activities. This program was initiated to encourage all miners to obtain free and confidential chest x-rays to obtain more data on the prevalence of Coal Workers' Pneumonconiosis [CWP] in support of development of new respirable coal dust rules. The Committee is strongly supportive of these efforts and urges NIOSH to work to improve this health screening program thereby helping to protect the health and safety our Nation's miners.

Mining Research Program.—The Committee has provided \$6,000,000 over the fiscal year 2004 level for NIOSH's Mining Research Program. The Committee recommends that \$4,000,000 of the additional funding be used to increase base funding of the NIOSH in-house research programs to offset the effects of inflation. The Committee recommends that \$1,000,000 of the additional funding be used to expand the extramural mining research program, and that the remaining \$1,000,000 be used to respond to emerging issues.

National Occupational Research Agenda.—The Committee recommendation includes an increase of \$5,000,000 over the fiscal year 2004 level for CDC's National Occupational Research Agenda [NORA]. The Committee believes that NORA is a critical scientific research program that protects employees and employers from the high personal and financial costs of work site health and safety losses. Industries such as agriculture, construction, health care, and mining benefit from the scientific research supported by NORA. The program's research agenda focuses on prevention of disease and injury resulting from infectious diseases, cancer, asthma, hearing loss, musculoskeletal disorders, traumatic injuries, and allergic reactions, among others. The Committee continues to strongly support NORA and encourages expansion of its research program to cover additional causes of work place health and safety problems.

National Personal Protective Technologies Laboratory.—The Committee provides \$3,000,000 over the fiscal year 2004 level for the NIOSH National Personal Protective Technologies Laboratory to expedite research and development in, and certification of, protective equipment, such as powered air purifying respirators, and combined self-contained breathing apparatus/escape sets.

Radiation Exposure.—The Committee strongly encourages NIOSH to expedite decisions on petitions filed under the Procedure

for Designating Classes of Employees as Members of the Special Exposure Cohorts (42 CFR Part 83). It was Congress' intent in passing the Energy Employees Compensation Act of 2000 to provide for timely, uniform and adequate compensation for employees made ill from exposure to radiation, beryllium and silica, while employed at Department of Energy nuclear facilities or while employed at beryllium vendors and atomic weapons employer facilities. The Committee encourages the Department to recognize that in situations where records documenting internal or external radiation doses received by workers at the specific facility are of poor quality or do not exist that workers should promptly be placed in a special exposure cohort.

Research to Practice Initiative.—The Committee is supportive of NIOSH's Research to Practice Initiative to develop and expand efforts to put research findings into practice. The Committee encourages NIOSH to use this initiative to translate useful research findings into best practices, products, and technologies and to disseminate this information to employers and employees to improve the health and safety of workers.

GLOBAL HEALTH

The Committee recommends \$305,239,000 for global health related activities at the CDC in fiscal year 2005. The fiscal year 2004 comparable level was \$279,944,000 and the administration requested \$304,444,000 for fiscal year 2005. The Office of Global Health will lead and coordinate CDC's global programs to promote health and prevent disease in the United States and abroad, including ensuring rapid detection and response to emerging health threats.

Global HIV/AIDS.—CDC works with governments in 25 countries in Africa, Asia and Latin America and the Caribbean focusing on primary prevention of HIV/AIDS; care and treatment of tuberculosis and other opportunistic infections, palliative care and appropriate use of antiretroviral medications; and infrastructure and capacity development.

The Committee understands that little attention has been given to the increased risk of HIV infection for individuals with disabilities in some parts of the world, including sub-Saharan Africa. Information, testing, and treatment are often inaccessible and denied to individuals with disabilities. The Committee encourages the CDC to investigate this issue and report on the problem and efforts to address it. The Committee also encourages the CDC to provide technical assistance to grantees on how to develop inclusive and accessible public awareness campaigns, educational materials, testing, treatment, palliative and preventive care to ensure that people with disabilities have equal access to services and supports for HIV/AIDS.

The Committee encourages the CDC to assist African nations in developing systems to ensure that blood supplies are screened for HIV/AIDS and other communicable diseases.

The Committee notes that funding for continuation of the International Mother and Child HIV Prevention Initiative [MTCT] has been requested in the budget for the Department of State under the jurisdiction of the Foreign Operations Appropriations Sub-

committee. Therefore, the Committee does not providing any funding for the program in the CDC, however, the Committee remains supportive of this critical program. The Committee encourages CDC to ensure that funds provided to the MTCT program, the CDC GAP initiative, and the Global Fund for HIV/AIDS, Tuberculosis, and Malaria are used in a coordinated and complementary fashion.

Global Disease Detection.—The Committee commends CDC for its role in strengthening the capacity of the public health community, both at home and abroad, to respond to global threats, such as SARS, monkeypox, West Nile virus, pandemic flu and bioterrorism. CDC's Global Disease Detection System is integral to these efforts. This system is designed to provide worldwide technical support to ensure rapid and accurate diagnoses of emerging infectious disease events, and to provide a secure link between clinicians and laboratories and CDC and the World Health Organization to ensure real-time reporting of emerging threats. The Global Disease Detection System also will support sentinel sites in key regions around the globe to ensure prompt disease detection and referral to a regional laboratory service. These capacities are critical to mitigate the consequences of a catastrophic public health event, whether the cause is an intentional act of terrorism or the natural emergence of a deadly infectious virus, like SARS. The Committee has provided \$24,500,000 over the fiscal year 2004 level for these efforts.

Global Immunization Activities.—The Committee includes \$557,000 above the fiscal year 2004 level for polio vaccine, surveillance, and program operations for the highly successful, yet unfinished polio eradication efforts; and \$238,000 above the fiscal year 2004 level for the purchase of measles vaccine for measles mortality reduction and regional measles elimination initiatives and to expand epidemiologic, laboratory, and programmatic/operational support to WHO and its member countries.

The Committee appreciates CDC's contribution to global immunization efforts to eradicate polio and eliminate measles worldwide. Federal dollars help leverage private dollars in both the Polio Eradication Campaign and the Measles Initiative, partnerships among international agencies, NGOs and CDC. Polio eradication is close to completion; however, polio is still endemic in six countries. Any ground lost in maintaining "immunization days," surveillance and labs is disastrous. Immunization is respected in these developing countries to the point that they cause temporary ceasefires in countries at war.

PUBLIC HEALTH RESEARCH

Public Health Research and Prevention Research.—The Committee has provided \$35,000,000 in transfers available under section 241 of the Public Health Service Act to fund the Public Health Research and Extramural Prevention Research programs. In fiscal year 2004, the combined funding for these programs was \$29,107,000 and the administration requested \$15,000,000 for these programs in fiscal year 2005. The Committee is strongly supportive of public health and prevention research, which bridge the gap between medical research discoveries and behaviors that people adopt by identifying the best strategies for detecting new diseases, assessing the health status of populations, motivating

healthy lifestyles, communicating effective health promotion messages, and acquiring and disseminating information in times of crisis.

The Committee recognizes the need to enhance the recognition and understanding of mind/body medicine's role in the practice of medicine. To foster and expand the uses of mind/body interactions in healthcare and other appropriate settings, the Committee encourages the Public Health Research Program to provide support to research, test, and disseminate the practices related to mind/body techniques. To receive appropriate technical assistance, CDC is strongly encouraged to consult experts in the mind/body field.

PUBLIC HEALTH IMPROVEMENT & LEADERSHIP

The Committee provides \$261,858,000 for public health improvement and leadership activities at the CDC. The fiscal year 2004 comparable level was \$232,687,000 and the administration requested a comparable program level of \$200,537,000 for fiscal year 2005.

Leadership and Management

To more easily identify and quantify administrative, management, and leadership costs at the CDC, the Committee has provided the administrative funds for the agency and its institutes, centers, and offices (except NIOSH) within this account. The Committee provides \$179,977,000 for leadership and management costs at the CDC in fiscal year 2005. The fiscal year 2004 comparable level was \$170,780,000 and the administration requested a comparable level of \$180,444,000 for fiscal year 2005.

Director's Discretionary Fund.—The Committee has provided \$18,000,000 for a Director's Discretionary Fund. This fund will allow the Director to quickly respond to emerging public health issues and threats not contemplated at the time of enactment of the appropriations.

Epidemic Services and Response.—CDC's epidemic services and response program provides resources and scientific expertise for operating and evaluating surveillance systems; developing and refining research methods and strategies to the benefit of public health practice; training public health professionals who are prepared to respond to public health emergencies, outbreaks and other assistance requests; and communicating with multi-faceted audiences accurate public health information and effective messages. The Committee recognizes that CDC maintains a keen appreciation for the fact that local outbreaks of illness can develop rapidly into epidemics, that previously unidentified health problems can appear at any time, that contaminated food or defective products may appear in the community without warning, and that the threat of bioterrorism is present in many areas of the world. When CDC participates in an investigation, all of the resources of the agency are at the disposal of the affected area, including its state-of-the-art laboratories.

Individual Learning Accounts.—The Committee commends CDC for its commitment to workforce development, and supports the use of Individual Learning Accounts to provide CDC employees with flexible opportunities for continuing education. In a recent assess-

ment of the use of such accounts at 13 Federal agencies, the Office of Personnel Management recommended their implementation government-wide so as to enhance workforce development opportunities for all Federal employees. The Committee recommendation includes up to \$30,000,000, within current appropriations, to establish Individual Learning Accounts for full-time equivalent employees at CDC.

Leadership and Management Savings.—The Committee strongly believes that as large a portion as possible of CDC funding should go to programs and initiatives that improve the health and safety of Americans. To facilitate this goal, any savings in leadership and management may be reallocated to the Director's Discretionary Fund upon notification of the Committee.

Transfer Authority.—The Committee has included authority for the Director to transfer up to 1 percent of any CDC program, project, or activity to any other CDC program, project, or activity. No program, project, or activity may be decreased by more than 1 percent and no program, project, or activity may be increased by more than 3 percent.

PREVENTATIVE HEALTH & HEALTH SERVICES BLOCK GRANT

The Committee has provided \$131,814,000 for the Preventative Health & Health Services Block grant. The fiscal year 2004 comparable level was \$131,814,000 and the administration requested a comparable level of \$131,814,000 for fiscal year 2005.

The block grant provides funding for primary prevention activities and health services that address urgent health problems in local communities. This flexible source of funding can be used to target concerns where other funds do not exist or where they are inadequate to address the extent of the health problem. The grants are made to the 50 States, the District of Columbia, two American Indian tribes, and eight U.S. territories.

BUILDINGS AND FACILITIES

The Committee has provided \$294,500,000 for the planning, design, and construction of new facilities, repair and renovation of existing CDC facilities, and data security and storage. The fiscal year 2004 comparable level was \$260,454,000 and the administration requested \$81,500,000 for fiscal year 2005.

The Committee recommendation includes \$250,000,000 for the continuation of CDC's Buildings and Facilities Master Plan in Atlanta, Georgia and \$44,400,000 to complete construction of CDC's Division of Vector Borne Infectious Diseases Laboratory in Fort Collins, Colorado.

The Committee has again provided bill language to allow CDC to enter into a single contract or related contracts for the full scope of development and construction of facilities and instructs CDC to utilize this authority, when necessary, in constructing the Atlanta and Fort Collins facilities.

The Committee is aware that a number of small buildings from the former U.S. Bureau of Mines now comprise the current NIOSH National Personal Protective Technologies Laboratory. A modern laboratory is needed to conduct certification tests and related respiratory protection research. As CDC reviews its CDC-wide Master

Plan, the agency is urged to give priority consideration to modernizing this laboratory space.

BUSINESS SERVICES SUPPORT

The Committee provides \$282,226,000 for business services support functions at the CDC. The fiscal year 2004 comparable level was \$282,226,000 and the administration requested a comparable level of \$286,015,000 for fiscal year 2005. These funds will be used to support CDC-wide support functions.

The Committee strongly believes that as large a portion as possible of CDC funding should go to programs and initiatives that improve the health and safety of Americans. To facilitate this goal, any savings in business services support may be reallocated to the Director's Discretionary Fund upon notification of the Committee.

NIH PREAMBLE

As a Nation, we can take justifiable pride in our achievements in the fields of science and medicine. The fruits of medical research have made possible the drugs, surgical techniques and prevention strategies that have virtually conquered many of the leading killers of past generations of Americans, such as tuberculosis, rheumatic fever, smallpox, pneumonia and many others. Much of what has been accomplished to help save lives and improve the quality of life can be attributed, directly or indirectly, to the world's leading medical research enterprise: the National Institutes of Health. One accomplishment alone—the sequencing of the human genome—has opened the way to heretofore unimagined opportunities to explore human biology in both health and disease. Medical genetics, once a tool for diagnosing a handful of rare diseases, can now be used to predict a healthy person's risk of diseases such as breast cancer and heart disease, provide new tests for diagnosing illness and determine individual responses to drugs and environmental agents. But the conquest of some diseases, by increasing our life span, has made us more vulnerable to others. As the baby boom generation moves past age 50 at the rate of 10,000 per day, a large cohort of Americans are entering the age of high risk for cancer, cardiovascular disease, Alzheimer's, arthritis, diabetes and oral disease. Emerging infectious agents such as SARS, West Nile Virus and hepatitis C kindle new threats to health, while with the menace of bioterrorism poses new challenges for rapid detection, containment and treatment. And despite improvements in the overall health of America, minority populations continue to suffer an unequal burden of disease, disability and death.

This Committee has long recognized the role NIH can and does play in transforming the health status of America. In 1998, the Committee embarked on a 5-year endeavor to double the investment in NIH in an effort to quicken the pace and intensity of this transformation. Although it is impossible to predict what cures or new treatments will emerge as a result, it is certain that the infusion of new funds during the doubling process helped push back the frontiers of scientific knowledge, while attracting the best and brightest minds to careers in medical research. However, the accumulation of fundamental knowledge for its own sake is of little

value unless it finds its way to hospitals and physicians, where it can be put to use in promoting good health or diagnosing, preventing and treating disease. For that to happen requires a robust commitment of resources over a sustained period. The Committee recommends \$28,900,300,000 for the NIH. This amount is \$1,100,252,000 above the fiscal year 2004 appropriation and \$373,429,000 over the budget request.

Biomedical Research and Development Price Index.—The Committee is disappointed that the budget request would require NIH to break its funding commitments to existing grantees, contradicting the principles of the agency's own 1992 Cost Management Plan. Forcing grantees to reduce the scope of research that is already underway would establish an unfortunate precedent and could erode confidence in NIH. Therefore, the Committee has included sufficient funding to enable NIH to fully pay the committed levels on its grants. The Committee is also disappointed that the budget request's proposed average cost assumptions would keep NIH from buying the same amount of research as in fiscal year 2004 with its new research project grants [RPGs], when biomedical inflation, as measured by the Department of Commerce's Biomedical Research and Development Price Index [BRDPI], is taken into account. The funding level recommended by the Committee will permit the average cost of new and competing RPGs to rise by 2 percent instead of the 1 percent increase proposed in the budget request.

Consulting Fees.—The Committee was extremely disappointed to learn the extent to which NIH scientists and administrators have been receiving monetary compensation from pharmaceutical and biotechnology companies. Some NIH employees have received hundreds of thousands of dollars for their outside work, none of which was publicly disclosed. Even more disturbing, some of these employees did not disclose their outside work to agency officials. These arrangements raise questions about potential conflicts of interest, the influence that these monetary compensations could have on the outcome of scientific research, and whether these employees are more interested in procuring lucrative consulting fees than in meeting the responsibilities of their full-time, taxpayer-funded jobs. The Committee finds it difficult to understand how the most prestigious biomedical research institution in the world could allow these questions to be raised. The Committee commends the NIH Director for convening a Blue Ribbon Panel to review and make recommendations regarding existing laws, regulations, policies and procedures governing consulting fees. The Committee was also pleased to learn that the NIH plans to implement new regulations to ensure the integrity of its scientific research. While the Committee strongly supports intramural and extramural research at the NIH, it must be sure of the integrity of that research; therefore, the Committee directs the NIH Director to immediately put in place safeguards that will insure that no conflicts of interest exist between scientists and pharmaceutical and biotechnology companies, or any other entity.

Human Embryonic Stem Cell Research.—The Committee is very concerned that the current administration policy relating to human embryonic stem cell research is extremely limiting and is signifi-

cantly slowing the pace of stem cell research. The Committee strongly believes that embryonic stem cells have the potential to be used to treat or cure the 100 million Americans who are afflicted with diseases such as cancer, heart disease, diabetes, Parkinson's, Alzheimer's, multiple sclerosis, spinal cord injury, and many others. While it originally appeared that 78 embryonic stem cell lines would be available for research under the Federal policy, now, more than 2 years after the President's announcement on August 9, 2001, only 24 are available to researchers. Moreover, scientists have told the Committee that all available stem cell lines were grown with mouse feeder cells, making their therapeutic use for humans uncertain. The Committee strongly urges the administration to modify the current embryonic stem cell policy so that it provides this area of research the greatest opportunity to lead to the treatments and cures for which we are all hoping.

The Committee is also deeply concerned with the slow pace of implementation of the current policy. The Committee was informed by NIH this year that anticipated spending on human embryonic stem cell research is just \$24,800,000.

NATIONAL CANCER INSTITUTE

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$4,739,255,000 |
| Budget estimate, 2005 | 4,870,025,000 |
| Committee recommendation | 4,894,900,000 |

The Committee recommends an appropriation of \$4,894,900,000 for the National Cancer Institute [NCI]. The budget request was \$4,870,025,000. The fiscal year 2004 appropriation was \$4,739,255,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NCI conducts and supports basic and applied cancer research in prevention, early detection, diagnosis, treatment, and rehabilitation. The Institute provides training support for research scientists, clinicians, and educators, and maintains a national network of cancer centers, clinical cooperative groups, community clinical oncology programs, cancer prevention and control initiatives, and outreach programs to rapidly translate basic research findings into clinical practice.

Anticancer compounds.—The Committee encourages the National Cancer Institute to increase research in the area of anticancer compounds. Sources of these compounds include marine invertebrates, terrestrial plants, and microorganisms that may be used to develop small molecule anticancer drugs. The Committee further understands that little research is conducted in this area and therefore urges the Institute to conduct appropriate research in this area.

Behavioral Research.—The Committee recognizes the enormous progress NCI has made in the quality and breadth of cancer related behavioral science ranging from basic bio-behavioral research to health communication research and tobacco control research. Closing the gap between research and program delivery is both a challenge and a necessity if we are to ensure that all populations benefit from new scientific discoveries. Behavioral science can contribute to survival, reduced morbidity and increased quality of life, and the behavioral and cognitive sciences can be highly applicable in answering critical questions regarding patient care. The Com-

mittee sees NCI's behavioral science research program as a model for other institutes.

Bladder and Renal Cancer.—The Committee is concerned about the poor implementation of the 2002 Progress Review Group Report on Bladder and Renal Cancers. The incidence and mortality of renal cancer has been steadily increasing over the past several decades. Renal cancers are silent killers; for many, renal cancers are not recognized until late in the disease, when cancer has already spread beyond the kidney. NCI is urged to expand studies to improve detection and diagnosis of renal cancer. For patients with metastatic renal cancer, survival is only 9 percent with a median survival time of 12 months. There are very few effective treatments. Metastatic bladder cancer also responds poorly to treatment. The Committee urges NCI to develop a novel treatment network to rapidly identify and test for new therapies for renal and bladder cancer in human patients and to expand studies on mechanisms of metastasis in these patients.

Blood Cancers.—The Committee is pleased that important new therapies have been developed for the blood cancers—leukemia, lymphoma, and multiple myeloma. It has been brought to the Committee's attention that the Leukemia, Lymphoma, and Myeloma Progress Review Group, a blue ribbon advisory panel of NCI recommended in May 2001 the establishment of new multi-disciplinary and multi-institutional structures to shorten the timeline for new blood cancer drug development. The Committee encourages the NCI to develop new strategies to accelerate the development of new blood cancer therapies, which might include, among other options, public-private partnerships, multi-disciplinary collaborations, and multi-institutional initiatives. The Committee further urges the NCI to consider flexible uses of current funding mechanisms in order to respond to the key recommendation of the blood cancer Progress Review Group.

Bone Metastasis.—The NCI is encouraged to develop an integrated approach to study bone metastasis, leveraging the expertise of cancer and bone biologists, clinical oncologists and metastasis experts and representatives of the pharmaceutical industry. Key issues to address include the generation of novel models which mimic tumor/bone interaction and which delineate mechanisms to determine why tumor cells prefer bone for metastasis. It is clinically relevant to learn how to use information to change the bone microenvironment so that it is hostile to the invading tumor cells. The Committee also urges NCI to expand research on osteosarcoma to improve survival and quality of life and to prevent metastatic osteosarcoma in children and teenagers who develop this cancer.

Brain Tumors.—The Committee is concerned that insufficient attention is being given by NCI and NINDS to brain tumor research. The Committee encourages NCI to fund at least five Specialized Programs of Research Excellence in Brain Tumors [SPORE] grants in the upcoming fiscal year, with particular emphasis on those proposals which include both basic research and clinical treatment applications.

Cancer Centers and Minorities.—The Committee commends NCI on the success of its cancer centers program. Given that minority populations suffer disproportionately from virtually every form of

cancer, the Committee encourages NCI to support the establishment of a comprehensive center at a minority institution focused on research, treatment, and prevention of cancer in African American and other minority communities.

Cancer Genomics.—The Committee is pleased that the NCI has focused considerable attention on building innovative public/private partnerships to accelerate the development and deployment of new technologies, which will facilitate the Institute's ambitious goal of dramatically altering the understanding and treatment of cancer by 2015. The Committee is also aware of the enormous potential for improved understanding and treatment of cancer presented by the use of microarray technology in both basic research and clinical setting. The Committee understands that the use of this technology can help accelerate the development of effective cancer drugs, the prediction of drug response, and ultimately the early detection and improved treatment of cancer. The Committee recommends that NCI continue to employ these enabling technologies to identify, characterize, and validate the gene pathways that cause cancer and that it continue to work cooperatively with public and private sector entities to do so.

Cancer and Native Hawaiians.—The Committee remains concerned about the high incidence of breast, colon, and lung cancer among the native Hawaiian population. The Committee anticipates an update on the Director's task force to explore the continuing unique needs of the people of Hawaii and the Pacific Basin region.

Chronic Lymphocytic Leukemia [CLL].—This incurable disease is the most common form of adult leukemia in the United States. The Committee once again urges the NCI to increase research into CLL, including improved therapies and their rapid movement from the laboratory to the bedside. The Committee is pleased to learn that the unique multidisciplinary and multi-institutional research consortium funded by the NCI for the past 5 years is proceeding with a competing renewal of its initial grant to permit coordinated continued study of CLL at the cellular and clinical levels. The Committee strongly urges the NCI to give favorable consideration to continuing and expanding the scope of research activities funded through the the CLL Research Consortium as it works to defeat this devastating blood disorder.

Complementary and Alternative Cancer Therapies.—The Committee expects NCI to expand its work and its collaborative efforts with NCCAM to support research on promising complementary and alternative cancer therapies as well as on their integration with traditional therapies.

Diethylstilbestrol [DES].—The Committee continues to strongly support increased efforts to study and educate the public and health professionals about the impact of exposure to the synthetic hormone diethylstilbestrol [DES]. The Committee expects NCI to continue its support of research in this area, and to continue to consult with organizations representing individuals impacted by DES as they carry out DES research and education efforts.

Gynecologic Cancers.—In the last 5 years, approximately 130,000 women in the United States have lost their lives to gynecologic cancer. The Committee commends the NCI for creating a cervical cancer and endometrial cancer SPORC, bringing the total number of

gynecologic cancers SPORES to six, and expects that the NCI will expand the number of centers in the future. Unfortunately, 70 percent of ovarian cancer patients continue to be diagnosed in advanced stages when 5-year survival rates remain less than 25 percent. The Committee encourages continued research by the four ovarian SPORES that will lead to a better understanding of prevention and the development of a screening tool offering women earlier diagnosis when this cancer is more curable. The Committee also supports the expansion of NCI's collaboration with the NICHD for faculty development of gynecologic oncologists.

Health Care Decision-making.—The Committee applauds NCI's investment in staff and resources to help build the science of health care decision-making. Such research will improve understanding of human decision-making processes so that individuals can make more informed choices about their health, and so more useful decision support systems can be constructed. Efforts to integrate basic behavioral and social research in judgment and decision-making, and applied cancer decision making will serve to harness the work of basic researchers, who may not have previously applied their work to health settings.

Imaging Systems Technologies.—The Committee is encouraged by progress made by the NCI following its August 1999 conference on biomedical imaging, and urges the NCI to continue to take a leadership role with the Centers for Medicare and Medicaid Services [CMS] and the Food and Drug Administration to avoid duplicative reviews of new imaging technologies which may prevent their benefits from reaching patients on a timely basis. The Committee is aware of the great potential for improved patient care and disease management represented by molecular imaging technologies, especially positron emission tomography [PET] through its ability to image the biology of many kinds of cancer and other diseases. The Committee continues to support the NCI's increased emphasis on examining the molecular basis of disease through imaging technologies such as PET and MicroPET. The Committee continues to encourage the large-scale testing of women for breast cancer and men for prostate cancer to demonstrate and quantify the increased diagnostic and staging capabilities of PET relative to conventional diagnostic and staging technologies, including mammography.

Liver Cancer.—The Committee notes that in contrast to many other cancers, the number of people who develop and die from liver cancer has increased 24 percent since the year 2000. As the symptoms of liver cancer often do not appear until the disease is advanced, only a small number of liver cancer cases are found in the early stages of the disease, when it can be easily treated. The Committee is aware that the NCI, in collaboration with NIDDK, convened an Experts Conference that will help define the most urgent areas requiring additional research, professional education and public awareness initiatives. The Committee urges NCI to issue a Request for Applications based on the findings of this conference.

Lung Cancer.—Lung cancer remains a major public health issue and is the leading cause of cancer death among women and minority populations. The death rate is expected to escalate as the population ages. Treatment and research now require an interdisciplinary approach and thoracic surgeons play an important role in

both. The Committee encourages the Institute to work with the thoracic surgical community to identify priority areas for new clinical and translational studies and to ensure their participation in any interdisciplinary research efforts. Thoracic surgeons should be included in all relevant review and advisory committees and councils.

Molecular Cancer Diagnostics.—The Committee understands that the NCI is aware of the potential for molecular cancer diagnostics using circulating nucleic acids, including in particular extracellular RNA in plasma. The Committee believes that this technology could have enormous potential for the early detection, monitoring, and selection of more effective treatment of a broad array of cancers and therefore encourages the NCI to explore the use and clinical application of this technology.

Multidisciplinary Research.—NCI is commended for its innovative support of multidisciplinary training programs to enhance the scientific workforce. The Committee encourages NCI to explore new opportunities with the Office of Behavioral and Social Sciences Research to increase the number of scientists who can bridge the realms of behavioral and social science research and public health or biomedical research.

Myelodysplasia and Myeloproliferative Disorders.—The Committee recognizes NCI's support for a new research initiative in Myeloproliferative Disorders [MPDs], which evolved from a recent conference involving the Institute and NHLBI. MPDs and Myelodysplasia [MDS] are chronic diseases of bone marrow cells that can develop into acute leukemia. The Committee encourages NCI and NHLBI to bring together scientific and clinical experts in these fields to explore collaborative and crosscutting research mechanisms to further this research agenda. The Committee also urges NCI to utilize the Surveillance, Epidemiology, and End Results [SEER] Program to collect data on the incidence and distribution of these diseases.

Nanosystems Biology.—The Committee encourages NCI and the Office of the NIH Director to support a collaborative effort to bringing together nanotechnology, systems biology and molecular imaging to examine the molecular basis of cancer. Initial efforts have shown that cancers such as breast cancer are not a single disease, but may encompass many different diseases, when examined at the molecular level. Many clinical trials of new drugs are now considered a failure if only 10 percent of patients benefit, yet the 10 percent may represent a specific type of the disease, where the drug may be 100 percent effective. Bringing these three disciplines together may allow researchers to identify specific sub-types of cancer and to better target new interventions. Successful results of such an effort could lead to a molecular classification of many types of cancer and to targeted molecular treatments for molecular-specific diseases.

Neurofibromatosis.—The Committee commends NCI for conducting phase II clinical trials of NF1 patients with plexiform neurofibromas. The Committee is concerned about recent large drops in funding for NF research, and recognizing NF's connection to many of the most common forms of human cancer, the Committee encourages NCI to substantially increase its NF research portfolio

in such areas as further development of animal models, natural history studies, therapeutic experimentation, and clinical trials. The Committee is mindful of NF's rapid movement toward clinical research and encourages NCI to aggressively pursue clinical/translational research while still maintaining a solid basic research portfolio.

Pancreatic Cancer.—The Committee remains concerned about the lack of scientists researching pancreatic cancer, the Nation's fourth-leading cause of cancer death. The NCI's recent policy of offering a 50 percent extended payline for grants that are 100 percent related to pancreatic cancer was viewed as a critically important effort to encourage both young and experienced investigators to develop careers in this research field. Thus, the Committee is disappointed that the NCI plans to weaken that policy and adopt a new strategy consisting of identifying grants that are 50 percent directed to pancreatic cancer and then bringing them to the attention of the NCI Executive Committee. The Committee notes that this special consideration will not necessarily result in actual funding. Therefore, the Committee urges the NCI to maintain the 50 percent extended payline for 100 percent relevant pancreatic cancer research grants as the best way to attract a critical mass of scientists to this field.

Prostate Cancer.—The Committee commends the NCI for the considerable investment in prostate cancer, the leading cause of non-cutaneous cancer death among men, and encourages NCI to continue to support research to improve the accuracy of screening and early detection of prostate cancer.

Psychoneuroimmunology and Cancer.—The Committee is interested in NCI's initiative to evaluate the complex interrelationships among emotional, behavioral, neural and immunological processes and how they may affect the etiology and progression of cancer. NCI's BiMPED initiative is a good example of leveraging the institute's resources to seed new research across NIH on fundamental mechanisms and processes that may affect multiple diseases and conditions.

Radio Waves.—It has been brought to the Committee's attention that radio waves may prove promising in reducing cancerous tumors. While current radio frequency ablation requires placing electrodes directly into the tumor, this new non-invasive technique would target only the cancer cells while avoiding healthy tissue. The Committee urges the NCI to support research using this non-invasive cancer-targeting technique.

Tuberous Sclerosis Complex.—Tuberous sclerosis complex, or TSC, is a genetic disorder that triggers uncontrollable tumor growth in multiple organs of the body, including the brain, heart, kidneys, lungs, liver, eyes or skin. In light of its similarities to the uncontrolled growth of cancer cells, many scientists believe that determining the cause of tumor growth in TSC could open the way for cures and treatments for cancer as well. To those ends, the Committee strongly encourages NCI to support programs examining the molecular and cellular basis of TSC, and the role of TSC in tumor development.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

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|--------------------------------|-----------------|
| Appropriations, 2004 | \$2,878,691,000 |
| Budget estimate, 2005 | 2,963,953,000 |
| Committee recommendation | 2,985,900,000 |

The Committee recommendation includes \$2,985,900,000 for the National Heart, Lung, and Blood Institute [NHLBI]. The fiscal year 2004 appropriation was \$2,878,691,000 and the budget request was \$2,963,953,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The National Heart, Lung, and Blood Institute provides leadership for a national research program in diseases of the heart, blood vessels, lungs and blood, in transfusion medicine, and in sleep disorders through support of basic, clinical, population-based, and health education research.

Advanced Imaging Technology for Heart Disease and Stroke.—The Committee is aware that heart perfusion PET scans using Rubidium-82 are considered the “gold standard” for determining the extent of muscle damage to the heart following a heart attack. The Committee encourages the NHLBI to expand its research efforts into the role of biological imaging and PET in delivering more accurate information to determine appropriate treatment for heart disease patients.

Allied Health Personnel.—Given the existing and growing shortages of qualified allied health professions who serve as laboratory personnel, NHLBI is encouraged to enhance program activity at research institutions training these individuals, as one step to alleviate this problem. This shortage is of particular concern since laboratory personnel are critical to identifying biological agents and, therefore, to any state or national plan for combating bioterrorism.

American Indians and Alaskan Natives Community-Responsive Interventions to Reduce Cardiovascular Risk.—The Committee is aware that American Indian and Alaska Native communities bear a heavy burden of heart disease, stroke and other cardiovascular diseases. But, few preventive interventions have been tested. Tribal leaders have urged that research in their communities focus on finding solutions for the most serious issues these populations face, including heart disease, stroke and other cardiovascular diseases. To address the concerns of the tribal leaders, the Committee strongly urges the NHLBI to start a planned initiative to evaluate approaches to reducing behavioral cardiovascular disease risk factors such as obesity, diet, smoking, sleep restriction, stress, and sedentary lifestyle in the American Indian and Alaskan Native populations. A central part of this research will be the development of interventions that can be incorporated into community patient care programs or delivered through other public health avenues in native communities.

Behavioral Research on Long-term Exercise Benefits.—The Committee encourages NHLBI to continue its research program on longterm behavior change, particularly as it concerns physical activity. NHLBI-funded research showed that moderate-intensity exercise was as effective in a long-term program as high-intensity exercise in enabling patients to maintain weight loss for over a year. NHLBI is encouraged to continue its focus on the role of exercise

in health, and factors that increase the likelihood that sedentary adults and youth can initiate and maintain programs of physical activity to prevent obesity.

Cardio-thoracic Surgery.—The Committee commends the Institute for its efforts to increase research in the role of cardio-thoracic surgery in the treatment and management of heart and lung diseases. Reestablishing the cardio-thoracic intramural program is an important component of this effort. To support this renewed activity, the Committee encourages the Institute to increase the representation of cardiovascular and thoracic surgeons at all levels, including the advisory council.

Cardiovascular Diseases.—The Committee continues to regard research into the causes, cure, prevention and treatment of heart disease, stroke and other cardiovascular diseases as a major concern for our Nation and urges the NIH and the NHLBI to make these diseases a top priority. Cardiovascular diseases remain the leading cause of death in the United States and a major cause of permanent disability. The Committee continues to strongly support increased efforts to study heart disease, stroke and other cardiovascular diseases. The Committee is very concerned that funding over the years for cardiovascular disease research has not kept pace with the scientific opportunities, the number of Americans afflicted with cardiovascular diseases and the economic toll these diseases impose on our Nation. Concerned that cardiovascular disease research still receives disproportionately low funding, the Committee urges the Institute to aggressively expand its research portfolio and dramatically increase its resources dedicated to cardiovascular disease research through all available mechanisms.

Cardiovascular Health Study.—The Committee is aware that the Cardiovascular Health Study, initiated in 1987 to determine risk factors for development and progression of heart disease, stroke and other cardiovascular diseases in nearly 6,000 Americans age 65 and older, is scheduled to end in 2005. The wide variety and complexity of data and samples collected in the Cardiovascular Health Study represent an unique national research resource. The Committee urges the NHLBI to initiate a planned proposal to stimulate innovative use of Cardiovascular Health Study data and material, provide opportunities for open, efficient use of the information for the entire scientific community, and continue follow-up of study participants.

Chronic Obstructive Pulmonary Disease [COPD] Education and Prevention Program.—The Committee urges the NHLBI to implement an education and prevention program for Chronic Obstructive Pulmonary Disease [COPD]. To enhance the proper diagnosis and early detection of COPD, NHLBI is urged to launch an effort to reach out to the more than 13.3 million Americans living with COPD and the 24 million individuals yet to be diagnosed. In developing such an education and prevention program, the NHLBI is encouraged to work closely with patient and physician organizations and existing coalitions to coordinate with on-going activities in the community.

Early identification of those at-risk for or who have COPD is essential in the effort to stem the growth of this segment of population. The Committee encourages NHLBI to enhance its efforts in

this area, through all available mechanisms, as appropriate, including working with national lung organizations, such as the American Thoracic Society and the American Lung Association to develop epidemiological studies of patients who are at-risk for or who have this disease as well on a national education campaign for providers and the public about COPD.

Cooley's Anemia.—The Committee remains strongly supportive of the focused research effort that is being undertaken by the Thalassemia Clinical Research Network, which is comprised the leading research institutions in the field of thalassemia, or Cooley's anemia. The Committee believes that this network is just beginning to meet its promise and urges the institute to continue its support. In addition, the Committee believes that, where appropriate, consideration should be given to including patients with related hemoglobinopathies whenever such inclusion will enhance the scientific validity of the research being conducted.

Cystic Fibrosis.—The Committee understands that cystic fibrosis researchers are evaluating a number of compounds as possible therapies for CF. This will require the completion of clinical trials enrolling a significant number of participants. The Committee encourages NHLBI, which has a long and successful record in supporting trials on therapies for chronic disease, to expand its involvement in trials to demonstrate the effective use of approved therapies in CF patients and especially trials to examine the use of approved products in pediatric patients with CF.

Diamond-Blackfan Anemia.—The Committee is pleased that NHLBI is working to develop a comprehensive research initiative to investigate the rare bone marrow deficiency disorder, Diamond Blackfan Anemia [DBA]. The Committee understands that breakthroughs in this disorder may lead to important strides in research especially relating to blood cell formation (recovery from cancer chemotherapy), cancer predisposition, gene discovery, and the effectiveness of steroids and blood transfusions as treatment options for all bone marrow failure syndromes and that the detailed evaluation of DBA patients will also serve as an important model for understanding the genetics of birth defects. The Committee commends NHLBI for their attention to this disorder.

Duchenne Muscular Dystrophy.—The Committee encourages NHLBI, in collaboration with the Office of Rare Diseases, to enhance the research and related activities surrounding pulmonary and cardiac complications associated with Duchenne muscular dystrophy. The NHLBI is expected to report to the Committee on its approach to this issue not later than January 15, 2005.

Heart Failure Management.—The Committee is concerned that heart failure is a major cause of hospitalization and readmission. Medicare recipients represent about 65 percent of repeat hospitalizations within 1 year. Yet, perhaps 50 percent of these hospitalizations are avoidable. The Committee urges NHLBI to initiate a planned multi-center, randomized trial to evaluate management strategies for heart failure patients in terms of their ability to prevent death or hospital readmission. Costs, quality of life, physician compliance, and patient adherence to prescribed treatment will also be assessed. This clinical trial will identify and disseminate

useful and effective tools for translation of proven heart failure therapies into patient care.

Hemophilia.—The Committee commends NHLBI for its leadership in advancing research on bleeding disorders and the complications of these disorders. The Committee applauds NHLBI for its efforts, working with the National Hemophilia Foundation, to support research on improved and novel therapies for bleeding disorders.

Marfan Syndrome.—The Committee commends NHLBI for its support of research opportunities to study this life-threatening, degenerative genetic disorder. Marfan syndrome is characterized by cardiovascular, skeletal and ocular manifestations, and its cardiovascular complications result in premature death. Insights gained from research in this area can have implications for the understanding of other connective tissue disorders, other genetically mediated diseases, and the larger population of aging adults with thoracic aneurysms. The Committee urges NHLBI to expand its collaborative efforts with other institutes to support research, awareness of aortic dissection and help reduce the number of premature cardiovascular deaths resulting from undiagnosed genetic conditions.

Minority Health.—The Committee notes lung disease disproportionately affects many minority groups. The Committee urges NHLBI to work with other Institutes and Centers to develop an epidemiologic approach to determine the disproportionate impact of airway disease on minority populations.

Myelodysplasia and Myeloproliferative Disorders.—The Committee commends NHLBI for its new research initiatives in Myelodysplasia [MDS] and Myeloproliferative Disorders [MPDs], which resulted from a recent conference involving the Institute and NCI. MPDs and MDS are chronic diseases of bone marrow cells that can develop into acute leukemia. The Committee encourages NHLBI and NCI to bring together scientific and clinical experts in this field to explore collaborative research and crosscutting mechanisms to further this research agenda.

National Asthma Education and Prevention Program [NAEPP].—The Committee commends the NAEPP for its leadership in helping to educate physicians, asthma patients, their families, and the general public regarding asthma and its management. The Committee urges NAEPP to enhance the role that its advisory committee plays in helping to coordinate asthma education throughout the United States. The Children's Health Act of 2000 included provisions for NAEPP to develop, in conjunction with other Federal agencies and voluntary and professional health organizations, a Federal plan to respond to asthma. This plan will include the roles and responsibilities of several Federal agencies in combating asthma. The Committee would like to be kept apprised on the progress of NAEPP's planning efforts, and urges NHLBI to move forward as early as possible.

Neurofibromatosis.—Significant advances continue to be made in research on NF's implications with heart disease and in particular, its involvement with hypertension and congenital heart disease which together affect over 50 million Americans. The Committee

applauds NHLBI for its involvement with NF research and encourages it to continue to expand its NF research portfolio.

Obstructive Sleep Apnea.—The Committee commends the Institute for its work on obstructive sleep apnea, a disorder that affects approximately 80 percent of the elderly, and which if left untreated significantly increases risk for hypertension, coronary artery disease, heart failure and stroke. The Institute is encouraged to include surgical treatments in its search for useful treatments for this disorder.

Pediatric Asthma Network.—The Committee recognizes that little is known about the optimal treatment for asthma in infants and young children. The Committee urges NHLBI to use the research amassed through the Pediatric Asthma Clinical Research Network to provide clearer choices for childhood asthma therapy, to encourage the development and dissemination of new therapies, and to identify optimum asthma management strategies for children.

Primary Immunodeficiency Diseases.—The Committee understands that NHLBI has begun to work with the Jeffrey Modell Foundation as part of its national physician education and public awareness campaign for primary immunodeficiency diseases, including co-sponsorship of physician conferences at the NIH. The Committee encourages NHLBI to take further action in this regard and to be an active participant in the development of educational materials and future conferences, as appropriate.

Pulmonary Hypertension.—Pulmonary Hypertension [PH] is a rare, progressive and fatal disease that predominantly affects women, regardless of age or race. PH causes deadly deterioration of the heart and lungs and is a secondary condition in many other serious disorders such as scleroderma and lupus. The Committee continues to view research in this area as a high priority and commends NHLBI's efforts to promote PH related research. For fiscal year 2005, the Committee encourages the Institute to increase funding for basic research, gene therapy and clinical trials of promising pharmaceuticals, and to take appropriate measures to ensure the submission of high quality proposals in this area.

Scleroderma.—The Committee is encouraged by NHLBI's growing interest in scleroderma, a chronic and progressive disease that predominantly strikes women. Scleroderma is disfiguring and can be life-threatening, affecting multiple systems including the heart and lungs. More research is critically needed in order to develop safe, effective treatments and to identify the cause or causes of the complications of scleroderma that include pulmonary fibrosis, pulmonary hypertension, myocardial fibrosis, cardiac arrhythmias, pericarditis, and Raynaud's Phenomenon.

Sleep Disorders.—The Committee commends the National Center on Sleep Disorders Research for its progress and is pleased that the Center has sponsored the translational conference *Frontiers of Knowledge in Sleep and Sleep Disorders*. The Committee urges the Center to partner with other Federal agencies, such as the Centers for Disease Control and Prevention, as well as voluntary health organizations such as the National Sleep Foundation, to develop a sleep education and public awareness initiative that will provide a forum for dissemination of the outcomes of the sleep translational conference, and serve as an ongoing, inclusive mechanism for pub-

lic and professional awareness on sleep and sleep disorders. Several institutes and public health service agencies have had success with these collaborative models.

Thrombosis and Thrombophilia.—The Committee is concerned that too little is known about the basic science of thrombosis and thrombophilia, major causes of death and disability in this country. The Committee strongly urges the Institute to expand its support for basic research into their underlying causes in order to improve diagnosis and treatment for these conditions. The Committee also strongly urges the Institute to use all available mechanisms to support this research and urges collaboration with the thrombophilia centers funded by CDC.

Tissue Engineered Blood Vessel Replacement and Repair.—The Committee is aware that a need exists to develop alternatives to natural blood vessels for the adults who endure heart artery bypass surgery and for the children born with complex heart defects who need multiple blood vessel grafts. The Committee encourages the NHLBI to initiate a planned initiative to complement existing tissue engineered research programs to stimulate efforts to “grow” small-diameter, functional blood vessels.

Tuberculosis and AIDS.—The Committee supports the important research on the interaction of tuberculosis and AIDS conducted by the NHLBI AIDS research program and encourages NHLBI to strengthen its research in this important area.

Von Willebrand Disease.—The Committee encourages NHLBI to establish a universal treatment algorithm (after consultation with established medical associations such as the American Society of Hematology) for the treatment of Von Willebrand disease. At present there is no accepted treatment algorithm in the United States for this condition. The Committee also recognizes that Von Willebrand disease is an under-recognized and under-diagnosed disease. The Committee believes that there are instances where women who are suffering from idiopathic menorrhagia are needlessly subjected to invasive procedures such as hysterectomies. The Committee encourages NHLBI to launch a pilot program among obstetricians and gynecologists treating patients, especially young women, with idiopathic menorrhagia to provide a blood test for Von Willebrand Disease. Such a program would act to confirm if a link exists between menorrhagia and Von Willebrand Disease in addition to providing the benefits of early detection and treatment.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

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| Appropriations, 2004 | \$383,282,000 |
| Budget estimate, 2005 | 394,080,000 |
| Committee recommendation | 399,200,000 |

The Committee recommendation includes \$399,200,000 for the National Institute of Dental and Craniofacial Research [NIDCR]. The fiscal year 2004 appropriation was \$383,282,000 and the budget requested \$394,080,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NIDCR supports research and research training to improve the oral health of Americans. The Institute emphasizes ways to prevent disease in high-risk groups, including the elderly,

minority populations, and individuals with medical conditions and medications that compromise oral health. The research agenda includes studies of craniofacial genes and birth defects; bone and joint diseases; AIDS, other infections, and immunity; oral cancer; chronic pain; epidemiology; biomaterials; and diagnostic systems.

Saliva as a Diagnostic Tool.—In recent years dental scientists have learned that the oral fluids in the mouth contain a cornucopia of information about the condition of the various systems of the body. Of particular interest is the potential to develop a diagnostic test for early detection of breast cancer. The Committee recognizes that considerable clinical research must be done before a test can be approved for use by health care professionals so that the women of this country will have a simple non-invasive, inexpensive procedure to alert them to the risk of breast cancer. The Committee urges the Institute to advance the field of salivary diagnostics.

Scleroderma.—The Committee is encouraged by NIDCR's interest in scleroderma, a chronic and progressive disease that predominantly strikes women. Scleroderma is disfiguring and life-threatening; and effective treatments are lacking. Scleroderma is often associated with a number of dental and craniofacial complications. The most major and common problems are xerostomia and microstomia. Additional concerns are increased frequency of caries, periodontal disease, fibrotic changes, fungal infections, telangectasia and bone resorption of the mandible. Additional research is needed to develop safe and effective treatments and to identify the cause or causes of the serious complications of scleroderma.

Skeletal Disorders.—The Committee encourages NIDCR to continue to conduct research into the basic biology of bone cells and bone matrix and their roles in bone turnover and regeneration. The Committee also urges NIDCR to pursue research into the role of genes and other agents in restoring skeletal tissue, and skeletal disorders—including fibrous dysplasia and dental abnormalities in Paget's disease patients.

Systemic Health Risks and Oral Health.—The association between oral health and systemic health has been a topic of NIDCR funded research projects for many years. Early results from several studies indicate that there is a link between oral bacterium and preterm births. Still another report has shown a connection between gum disease and heart attacks, regardless of whether the patient uses tobacco. The Committee encourages further research to identify the connection between oral disease and systemic disorders.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY
DISEASES

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|--------------------------------|-----------------|
| Appropriations, 2004 | \$1,671,803,000 |
| Budget estimate, 2005 | 1,726,196,000 |
| Committee recommendation | 1,739,100,000 |

The Committee recommends an appropriation of \$1,739,100,000 for the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK]. The fiscal year 2004 appropriation was \$1,671,803,000 and the administration's request is \$1,726,196,000.

The comparable amounts for the budget estimates include funds to be transferred from the Office of AIDS Research.

Mission.—The NIDDK provides leadership for a national program in three major disease categories: diabetes, endocrinology, and metabolic diseases; digestive diseases and nutrition; and kidney, urologic, and hematologic diseases. The NIDDK plans, conducts, fosters, and supports a coordinated program of fundamental and clinical research and demonstration projects relating to the causes, prevention, diagnosis, and treatment of diseases within these categories. The Institute also supports efforts to transfer the knowledge gained from its research program to health professionals, patients, and the general public.

Acute Liver Failure.—The Committee is pleased that the NIDDK has funded an Acute Liver Failure Study Group [ALFSG] that will improve medical knowledge necessary to prevent and treat acute liver failure. The Committee is pleased with the progress of the ALFSG, but notes that funding for the pediatric component of this initiative is limited. The Committee therefore urges increased funding for the ALFSG, particularly to permit a focus on pediatric issues.

Auto-Immune Liver Diseases.—These diseases are the primary indication for liver transplantation in adolescents. The Committee urges additional research to improve the prevention and treatment of auto-immune liver diseases in children.

Behavioral Research.—The Committee encourages NIDDK's initiative to expand research on childhood obesity, particularly behavioral research on physical activity in children in various site-specific settings (schools, after-school care, or other community venues). The goal of such research would be to explore methods in pediatric populations for the prevention of inappropriate weight gain among those not overweight; to prevent further weight gain among those already overweight or obese; or treatment of overweight or obesity to prevent the complications of associated comorbidities. The Committee applauds NIDDK's proposed long-term effort to address the relative contributions of the environmental and behavioral factors that lead to excessive weight gain and obesity among children.

Cooley's Anemia.—The Committee continues to support the high quality research being conducted by the NIDDK on such issues as iron chelation, non-invasive iron measurement, fetal hemoglobin, and other topics critical to improving the lives of Cooley's anemia patients. The development of a less burdensome means of iron chelation is urgently needed. In addition, the Committee encourages NIDDK to continue to work closely with NIBIB to develop and perfect non-invasive means of iron measurement.

Cystic Fibrosis.—Over the last three decades, advances in the treatment of cystic fibrosis have resulted in improvements in the life expectancy of individuals with CF. However, much more remains to be done to find new treatments for CF. One promising area of research is proteomics, which is focused on the CF Transmembrane conductance Regulator and its abnormalities, the many proteins that interact with CFTR, and the identification of novel targets for new CF drugs. The Committee encourages NIDDK

to expand its support for basic and clinical CF research and to place a special emphasis on proteomics in CF.

Diabetes in Native Hawaiians.—The Committee recommends investigating the incidence of diabetes in Native American, Hawaiian and Alaskan populations, as well as the Mississippi Band of the Choctaw Indians and the Eastern Band of the Cherokee Indians.

Digestive Diseases.—The Committee commends NIDDK on the success of its Digestive Disease Centers program in addressing a wide range of disorders that result in tremendous human suffering and economic cost. The Committee continues to encourage NIDDK to expand this important program with an increased emphasis on irritable bowel syndrome.

Fatty Liver Disease.—The Committee notes that there is an emerging obesity-related chronic liver disease, nonalcoholic fatty liver disease, which may affect as many as 1 in every 4 adults over the age of 18. This diagnosis encompasses a spectrum of severity with many cases evolving into non-alcoholic steatohepatitis [NASH] and, ultimately, cirrhosis. NASH-related liver disease has already become an important indicator for liver transplantation, and, in the absence of better treatments, the need for NASH-related liver transplantation will increase significantly over time. The Committee appreciates NIDDK's existing programs in this area but urges expanded basic and clinical research focused both on interventions needed to prevent the onset of NASH and improved protocols for treatment of established cases. The Committee also urges the Institute to review opportunities to expand current clinical programs, where appropriate, to permit the enrollment and follow up of larger numbers of patients. Finally, the Committee urges a public awareness campaign with a national voluntary health agency with State and local affiliates to reverse this growing and preventable public health epidemic linked to the broader issue of obesity.

Fragile X.—Fragile X mental retardation is one of the most common single gene disorders, and yet there exists almost no research on its effects outside the central nervous system. Fragile X causes a broad range of symptoms including premature ovarian failure, macroorchidism (large testicles), and malformations in the urogenital track, digestive problems including excessive vomiting and increased motility. The fact that these diverse symptoms arise from one gene mutation offers an invaluable opportunity to understand and develop treatments for these disorders. The Committee urges NIDDK to expand its research activities on Fragile X and to coordinate these efforts with other Institutes working on related activities, including NIMH and NICHD.

Glomerular Injury Research.—The Committee is pleased with NIDDK's glomerular injury research initiatives, including a clinical trial for patients with focal segmental glomerulosclerosis. The Committee understands that in addition to the clinical trial, the NIDDK is collaborating on a joint research program with a voluntary foundation to include basic and genetic studies. Further the Committee is pleased that NIDDK is sponsoring a scientific conference on glomerular injury research, and is hopeful that this important workshop will lead to a broader scope of activities and initiatives on glomerular disease research.

Hepatitis B Conference.—Hepatitis B remains a common cause of acute hepatitis affecting 1,250,000 Americans. Among the Asian and Pacific Island populations the rate of infection rate is even higher, affecting up to 15 percent of individuals. In order to address this health issue, the Committee urges NIDDK to convene an Expert Conference in fiscal year 2005 to reach consensus on the best treatment protocols.

Hepatitis C in Children.—The Committee is pleased that the NIDDK has launched a pediatric hepatitis C trial that will permit long-term follow up of children enrolled in treatment protocols, particularly as these treatment regimens impact the growth and development of the children. The Committee looks forward to being informed on the progress of this trial during the fiscal year 2006 appropriations hearings.

Incontinence.—Fecal incontinence, also called bowel incontinence, affects people of all ages and is associated with a wide variety of causes. The Committee encourages NIDDK to develop a standardization of scales to measure incontinence severity and quality of life, and to develop strategies for primary prevention of fecal incontinence associated with childbirth.

Inflammatory Bowel Disease.—The Committee has been encouraged in recent years by the discoveries related to Crohn's disease and ulcerative colitis, collectively known as inflammatory bowel disease [IBD]. These extremely complex disorders represent the major cause of morbidity from intestinal illness. The Committee commends the NIDDK for its strong leadership in this area and encourages the Institute to increase funding for research focused on: the cellular, molecular, and genetic structure of IBD; identification of the genes that determine susceptibility or resistance to IBD in various patient subgroups; and translation of basic research findings into patient clinical trials as outlined in the research agenda developed by the scientific community titled, "Challenges in Inflammatory Bowel Disease". The Committee also encourages NIDDK to continue to strengthen its partnership with the IBD community and increase funding for its successful digestive disease centers program with an emphasis on IBD.

Interstitial Cystitis.—The Committee is pleased by recent advances in the area of interstitial cystitis research, particularly in the area of urinary markers. The Committee urges the NIDDK to continue to aggressively support IC-specific basic science initiatives, particularly through program announcements. The Committee also encourages the NIDDK to work closely with the IC patient community on developing and funding an IC awareness campaign for both the public and professional communities, and to host a consensus conference on the definition of IC. The absence of a uniform definition that accurately captures the condition and the affected population is negatively impacting patients in terms of diagnosis and treatment as well as researchers in terms of literature review and their research activities. The Committee was very encouraged by the progress reported at the 2003 NIDDK-sponsored scientific symposium on IC, and it urges the NIDDK to further this scientific momentum by hosting the next international symposium on IC in 2005.

Irritable Bowel Syndrome.—The Committee encourages NIDDK to provide adequate funding for irritable bowel syndrome/functional bowel disorders research and to give priority consideration to funding grants that will continue to increase the IBS portfolio. The Committee requests that NIDDK actively pursue the development of a strategic plan for IBS research.

Mucopolysaccharidosis [MPS].—The Committee recognizes the efforts of the NIDDK to enhance research efforts to achieve a greater understanding and pursue development of effective therapies for MPS disorders. In addition to the general overall support of broad based MPS research, the Committee supports studying bone and joint disease in MPS disorders. Research into the underlying pathophysiology of bone and joint lesions, the gene mutations and substrates that are stored and potential therapeutic approaches are of interest to the Committee. The Committee encourages NIDDK's continued efforts to collaborate with NIAMS on bone and joint research in Lysosomal Storage Disorders and commends the NIDDK on its performance in collaborating with NINDS, NICHD, NCRR, and ORD in advancing MPS-related research.

Osteoporosis.—The Committee encourages NIDDK, in concert with other NIH institutes, to increase research into disease-related osteoporosis and/or bone disorders. This research should include studies of the role of genetics, the effects of these diseases on bone turnover and altered bone metabolism, the impact of environmental and lifestyle factors, their effects on bone quality and fracture incidence, the role of bone marrow changes, the use of agents to increase bone mass, and the therapeutic use of new technologies to combat osteoporosis.

Pediatric Kidney Disease.—Chronic kidney disease is the ninth leading cause of death and one of the costliest illnesses in the U.S. Although significant strides have been made in understanding kidney disease in adults, much less is known about its manifestations in children. This breach has taken on greater significance in recent years as the number of children who are overweight and obese has skyrocketed, giving rise to an increased incidence of type 2 diabetes, hypertension and chronic kidney disease in this population. Given the long-term implications of diabetes-related kidney problems initiating in childhood, NIDDK is encouraged to undertake longitudinal studies of the natural history, prevention and treatment of kidney disease in type 2 diabetes and its antecedents in children and adolescents. The Committee is pleased that NIDDK has assigned priority to clinical studies related to the treatment of FSGS, the most common acquired cause of kidney disease in children, and to longitudinal epidemiological studies of children. In both instances, NIDDK is encouraged to support ancillary studies aimed at discovering new prevention and treatment strategies for children.

Pediatric Liver Transplant National Database and Registry.—The Committee is pleased that NIDDK has funded the Studies in Pediatric Liver Transplantation Registry. This database and registry follows the natural history of infants and children who receive liver transplants until they are 18 years of age. This National Database and Registry will permit more hypothesis testing and

outcomes research to determine both the health and financial impact of liver transplants on the child and the child's family.

Pediatric Urology.—The Committee remains concerned with the lack of research dedicated to pediatric urologic conditions. According to the NIDDK Bladder Research Review Group document "Overcoming Bladder Disorders: A Strategic Plan for Research," the gaps and requirements for pediatric disease research remain substantial, particularly for conditions such as vesicoureteral reflux and bladder dysfunction. The Committee urges NIDDK to commit the necessary resources to expand research on pediatric urologic conditions, which may in turn provide additional insight into adult urologic problems.

Polycystic Kidney Disease [PKD].—Recent breakthroughs in PKD research have culminated in the development of therapies to potentially halt disease progression for the 600,000 Americans who suffer from PKD. Key to such therapies is the discovery that an existing drug controlling other abnormal fluid-retention diseases in humans also retards the production of cysts and disease progression in all forms of PKD in the laboratory. Also, the NIDDK-funded CRISP study for PKD proves the value of innovative imaging methods to measure disease progression, thus reducing by forty-fold the number of patients needed to adequately assess clinical research outcomes. Moreover, the possibility that future PKD clinical trials can be conducted simultaneously with other research protocols under the NIDDK-funded Halt-PKD Interventional Trials infrastructure is also encouraging. The Committee urges the NIDDK to pursue clinical trials regarding these recent breakthroughs and to expand its infrastructure for PKD clinical research, while expeditiously implementing the new PKD Strategic Plan it recently developed.

Prostate Diseases.—Prostate diseases are highly prevalent and poorly understood. While progress has been made, the Committee encourages the Institute to develop a comprehensive initiative on basic prostate biology that can lead to improved diagnosis and treatment of diseases such as prostatitis and BPH. In particular, the current efforts to develop biomarkers for benign prostate diseases should be expanded.

Prostatitis.—The Committee encourages the Institute to provide more diverse medical specialties to supplement and build upon the insufficient treatment options and the background of basic information now available. The genetic and molecular epidemiology, the management of pelvic pain, the infectious origins and the symptoms of prostatitis that are identical to symptoms of prostate cancer need special attention.

Scleroderma.—The Committee encourages the NIDDK to support scleroderma relevant research. Scleroderma is a chronic and progressive disease that predominantly strikes women. It is estimated that 90 percent of patients with systemic sclerosis have gastrointestinal [GI] involvement and of that number 50 percent have clinically significant manifestations. GI involvement can manifest as gastroesophageal reflux disease, dysphagia, Barrett's esophagus, gastroparesis, "watermelon stomach", malabsorption, and fibrosis of the small and large intestines. Renal crisis affects 20 percent of those with systemic sclerosis often within the first 5 years after di-

agnosis. More research is urgently needed in order to develop safe and effective treatments and to identify the cause or causes of the complications of scleroderma.

Tuberous Sclerosis Complex.—Tuberous sclerosis complex, or TSC, is a genetic disorder that triggers uncontrollable tumor growth in multiple organs of the body including the kidneys, where patients are at risk for polycystic kidney disease, cancer or, most commonly, benign growths known as angiomyolipoma that can result in kidney failure. The Committee strongly urges NIDDK to support studies examining the molecular and cellular basis of these manifestations of TSC as well as pre-clinical and clinical studies.

Urogynecology Program.—The Committee is pleased that the NIDDK has supported the Urinary Incontinence Treatment Network and urges increased funding and expansion for this important and productive clinical network. While recent studies have yielded gains in understanding these conditions, the Committee is equally concerned that more needs to be done with basic and translational research in order to create better foundations for clinical care. The Committee supports the NIDDK in the creation of a team focused on urogynecology and encourages a dedicated study section in this area.

Urology Research.—The Committee commends NIDDK's release of the first report on the burden of urologic disease through its "Urologic Diseases in America" project, with a final compendium due out in 2006. The Committee urges NIDDK to allocate resources to ensure that updated reports are sustained in the future and to provide a report on the plan for this activity. The Committee is pleased that NIDDK has recognized the interconnection between obesity and diabetes and urologic disorders as shown by the December 2003 NIDDK meeting "Urologic Complications of Diabetes" and the NIDDK Bladder Research Review Group document "Overcoming Bladder Disorders: A Strategic Plan for Research" that dedicated an entire section to the urologic problems associated with diabetes and obesity. The Review Group specifically addressed research goals including programs to assess the effect of obesity on genitourinary tract function and to clarify the biologic mechanisms for bladder and urethral dysfunction in diabetes. The Committee encourages NIDDK to ensure that the NIH Obesity Research Task Force includes adequate resources for research addressing often-overlooked urologic problems associated with diabetes and obesity. In particular, the Committee recommends that the Urinary Incontinence Treatment Network continue observational and interventional trials in the area of incontinence associated with obesity and diabetes.

The Committee urges the NIDDK to provide to the Committee the reports for the urology Interagency Coordinating Committee meetings for the past 5 years and the collaborative initiatives that have resulted from these meetings, and to provide the plan for the next year on collaborative Interagency and Interinstitute urology research. In particular, treatment for prostate cancer is associated with significant incidence of urinary incontinence and erectile dysfunction that severely affect quality of life. NIDDK is urged to cooperate with the National Cancer Institute on studies of the cause, prevention, and treatment of urinary incontinence and erectile dys-

function after treatment for prostate cancers. Incidence of urologic disorders increases with aging; for example, urinary incontinence is one of the leading causes of admission to nursing homes. NIDDK is urged to work with the National Institute on Aging to develop a comprehensive cooperative program to address these costly and pervasive urology health issues related to aging. In this regard, the Committee is pleased to learn that NIDDK leadership has taken steps to enhance integration of urologic diseases in initiatives within NIDDK and between and across the NIH, and urges continuation of these activities. A recently-appointed NIDDK Senior Advisor for Urology is working to coordinate urology research activities across the NIH.

The Committee is impressed with the results produced by the George M. O'Brien urology research centers that bring together a critical mass of scientists who focus on urologic disease. The Committee recommends that NIDDK ensure adequate support to enhance the successes and to provide for collaboration among these centers.

Prostate diseases are highly prevalent and poorly understood. While progress has been made, the Committee encourages the Institute to develop a comprehensive initiative on basic prostate biology that can lead to improved diagnosis and treatment of diseases such as prostatitis and BPH. In particular, the current efforts to develop biomarkers for benign prostate diseases should be expanded.

The Committee is concerned about the continuing world-wide HIV epidemic. HIV is readily transmitted through sexual contact, yet little work is being done to examine the specific role of semen in this transmission. The Committee believes that a better understanding of these fundamental issues will contribute significantly to research for a vaccine and more effective treatments, and is pleased with the NIDDK's recent initiative to encourage basic and clinical research studies that will elucidate the factors that determine HIV release in the male genital tract. The Committee urges the Institute to continue enhancing its grant portfolio on the role of semen in HIV transmission.

The Committee remains concerned with the lack of research dedicated to pediatric urologic conditions. According to the NIDDK Bladder Research Review Group document "Overcoming Bladder Disorders: A Strategic Plan for Research," the gaps and requirements for pediatric disease research remain substantial, particularly for conditions such as vesicoureteral reflux and bladder dysfunction. The Committee urges NIDDK to commit the necessary resources to expand research on pediatric urologic conditions, which may in turn provide additional insight into adult urologic problems.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

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|--------------------------------|-----------------|
| Appropriations, 2004 | \$1,501,207,000 |
| Budget estimate, 2005 | 1,545,623,000 |
| Committee recommendation | 1,569,100,000 |

The Committee recommends an appropriation of \$1,569,100,000 for the National Institute of Neurological Disorders and Stroke [NINDS]. The fiscal year 2004 appropriation was \$1,501,207,000 and the budget request is \$1,545,623,000. The comparable amounts

for the budget estimates include funds to be transferred from the Office of AIDS Research.

Mission.—The NINDS conducts and supports a broad range of research and research training on the normal function of the brain, spinal cord, and peripheral nerves, and on neurological and neuromuscular disorders. Neurological research includes epidemiology studies to identify risk factors for disease; laboratory studies to examine the structure and function of nerve cells; and brain imaging studies to understand how the brain is affected by disease and how it operates to carry out tasks such as learning and memory. New approaches for the diagnosis, treatment, and prevention of brain disorders are evaluated in studies with patients and those at risk for brain disorders.

Alzheimer's Disease.—NINDS continues to play an integral role in widening the scientific base of knowledge about Alzheimer's disease. One emerging theme in the study of Alzheimer's disease and other neurodegenerative diseases such as Parkinson's and Huntington's disease, is the overlap researchers have observed in the pathology underlying these conditions. Scientific reports are showing evidence that these disorders may be caused by similar abnormalities in protein folding and accumulation, making support for Alzheimer's disease research more relevant than ever. On another front, working with NIA in the area of immunotherapy for Alzheimer's disease, NINDS has funded a collaborative group of Alzheimer's disease centers that will investigate the differences which can involve the production of antibodies that reduce the cellular and behavioral effects of the disease. The Committee encourages NINDS to continue to assign a high priority to its Alzheimer's research portfolio, and to work closely with NIA and other institutes. The Committee also encourages NINDS to conduct large scale clinical trials that will identify therapies and treatments capable of slowing or halting the onset and progression of Alzheimer's.

Alzheimer's Disease and Early Diagnosis.—The Committee urges the NINDS, in collaboration with the NIA and NIMH, to expand its research into early diagnosis of Alzheimer's using PET imaging of the brain, and to share its results with the Centers for Medicare and Medicaid Services.

Ataxia Telangiectasia [A-T].—A-T is a genetic disease that attacks in early childhood. It progressively affects coordination and severely compromises the immune system. Children with A-T are highly likely to develop cancer, and rarely live beyond their teens. The Committee encourages the NINDS to work with the NCI and other appropriate Institutes to support research aimed at understanding the underlying causes of A-T with the goal of translating this basic research into treatments for the disease.

Batten Disease.—The Committee is once again disappointed with the pace of research regarding Batten disease. The Committee strongly urges the Institute to increase funding for such research by actively soliciting grant applications for Batten disease and taking aggressive steps to assure that a vigorous research program is established. The Committee expects to be informed of the steps taken to increase research on Batten disease.

Behavioral Research and Measurement of Cognitive Function.—The Committee applauds the efforts of NINDS to understand the

mechanisms of executive function and ways to enhance cognitive rehabilitation for neurological disease. The Committee commends NINDS for its leadership in research to develop and validate neuropsychological test batteries and other instruments needed to measure executive function, including higher level cognitive processes such as working memory, decision-making, anticipation, and planning. Such tests are critical measurement tools for establishing the efficacy of interventions in NINDS clinical trials.

Brain Tumors.—The Committee continues to be concerned that not enough attention and resources are devoted to identifying causes of and treatments for brain tumors and encourages NINDS to continue working with NCI to carry out the recommendations of the Report of the Brain Tumor Progress Review Group.

Charcot-Marie-Tooth Disorder.—Charcot-Marie-Tooth Disorder [CMT] is one of the most common inherited neurological disorders, affecting approximately 1 in 2,500 people in the United States. The Committee is concerned about the prevalence of this disease and its effect on people across the age spectrum and recognizes the value of CMT research for advancing understanding into other neuromuscular disorders. The Committee urges the Institutes to identify new research opportunities on CMT that could lead to a relevant program announcement or request for applications. The Committee requests a report on NIH efforts and research on CMT and CMT-related disorders by April 1, 2005.

Down Syndrome.—Recently Down syndrome research has begun to focus more on understanding the effect the disorder has on gene expression, cell function, neurons and neural systems. The Committee strongly encourages NINDS to expand its research on Down syndrome, particularly as it relates to gene expression in the brain and the development of possible biomedical interventions to improve cognition, memory, speech, behavior, and prevent early dementia. The Committee further encourages NINDS to assume a leadership role in coordinating this research among the Institutes and to work closely with NICHD to address the serious shortage of mice used for Down syndrome research.

Duchenne Muscular Dystrophy.—The Committee urges NINDS, in collaboration with NIAMS and NICHD, to dedicate additional resources to develop a standard of care and improve treatments, accelerate clinical trials and translational research for patients with DMD. The Committee strongly encourages the funding of three additional Centers of Excellence and doubling of the funding for existing Centers of Excellence by the end of fiscal year 2005. In addition, the Committee notes that the NIH Interagency Coordinating Committee for muscular dystrophy has missed its 1-year deadline to submit a plan for conducting and supporting research and education on muscular dystrophy through NIH in accordance with the MD CARE Act of 2001. The Committee strongly urges the Coordinating Committee to finalize and submit this plan, as well as include representation from the Department of Defense on the panel, as soon as possible.

The Committee was disappointed with the July 2004 “Muscular Dystrophy Research and Education Plan for the National Institutes of Health”. The Plan developed by the MD Interagency Coordinating Committee, provides a summary of research goals, but lacks

sufficient detail into baseline research efforts, funding, and technical progress. In compliance with the provision of the Muscular Dystrophy Care Act of 2001 (Public Law 107-84, "MD Care Act"), the report from the Coordinating Committee should be sufficient to support science and research objectives; thus providing an investment strategy and technical roadmap. In addition, the Committee notes that in accordance with the MD Care Act, the Department of Health and Human Services was to establish an Interagency Coordinating Committee whose responsibility was the development a plan on research and education on Muscular Dystrophy. The Committee is also disappointed with the speed at which the Act is being implemented. The Act became law in 2001 and the coordinating Committee did not convene until July 2003. Therefore, the Committee requests that, not later than February 1, 2005, the NIH shall provide an submit an additional report which should contain a plan which establishes research goals; the Institute or Center responsible for that research, the amount of funding spent in fiscal year 2000 through fiscal year 2004 and the amount of funds that NIH will devote to this research in fiscal year 2005 and 2006; key technical risk areas; integration efforts between NIH Institutes and Centers; and all opportunities for transition of technology to industry; translational research; major milestones and clinical trial opportunities.

Duchene Muscular Dystrophy Translational Research.—The Committee commends the Institute for its enhanced efficiency in the grant review cycle to fund translational research for Spinal Muscular Atrophy [SMA]. The Committee strongly endorses this accelerated research approach and urges the Institute to evaluate the merits of this review model to fund translational research for Duchenne Muscular Dystrophy and report back to Congress no later than April 2005. The Committee believes the SMA model enhances the dialogue between reviewers and scientists, facilitating modifications of grant proposals that are in the best interest of the patients. In addition, the Committee strongly urges the Institute to increase funding for basic and translation DMD research by aggressively soliciting grant applications. The Committee encourages the Institute to employ existing mechanisms such as a standing program announcement, websites, publications, workshops and conferences to promote awareness of funding opportunities. In addition, the Committee encourages the NIH to further develop opportunities for upcoming clinical trials and to help make available all ongoing patient care options. The NIH is encouraged to collaborate with other Departments, Federal agencies and Patient Groups to develop formal programs that increase public and professional awareness of the disease. The Committee requests that NIH report back to the Committee, no later than April 2005 with a progress report on all aspects of DMD translational research.

Dystonia.—The Committee continues to support the expansion of research and treatment developments regarding the neurological movement disorder dystonia, given that dystonia is the third most common movement disorder after tremor and Parkinson's disease. The Committee encourages NINDS to support additional research on both focal and generalized dystonia, and commends NINDS for its study of the DYT1 gene and encourages expansion in this area

of research. The Committee also commends NINDS for the release of the joint dystonia research program announcement with other NIH Institutes and requests a comprehensive report on the results of this important mechanism for the fiscal year 2006 hearings. The Committee encourages the Institute to continue its collaboration with the dystonia research community in supporting epidemiological studies on dystonia and in increasing public and professional awareness of this disorder.

Epilepsy.—The Committee strongly encourages the Institute to expand its efforts to find breakthroughs in the prevention, treatment, and eventual cure of epilepsy. The Committee applauds the development of benchmarks for epilepsy research resulting from the “Curing Epilepsy: Focus on the Future” conference held in March 2000. The Committee expects that NINDS will continue to update Congress and the public on progress in reaching these goals. The Committee further encourages the Institute to address critical research issues raised at the Living Well With Epilepsy II conference held in July 2003. These investments in our Nation’s health examine how epilepsy begins, ways of identifying people at risk and how to develop treatments that will prevent epilepsy in those people, as well as continuing the search for new therapies, free of side effects, to prevent seizures. In addition, the Committee urges the NINDS to focus on the critical research issues relating to the over 30 percent of patients with intractable epilepsy, to the life-long impact of seizures on young children, and to the growing incidence of epilepsy in the elderly. The Committee encourages the Institute to continue its anti-epileptic drug development program to discover therapies that may provide answers for the large number of people who do not respond to current treatments. The Institute is expected to update the Committee on its plans to advance these critical areas of research at the fiscal year 2006 appropriations hearing.

Fragile X.—Fragile X is a single-gene disorder, but both its symptoms and its cellular mechanisms suggest involvement of multiple genes and specific brain pathways which are associated with other neurological disorders, such as autism and seizures. Furthermore, recent research offers clear evidence for disruption of fundamental brain circuitry in Fragile X. Research on Fragile X has the potential to contribute to understanding of multiple disorders. The Committee urges NINDS to expand its research activities on Fragile X and to coordinate these efforts with other Institutes working on related activities, including NIMH and NICHD.

FXTAS.—Fragile X-associated tremor/ataxia syndrome, or FXTAS, is a newly discovered, progressive neurological disorder that affects older men who are carriers of a premutation in the same gene that causes Fragile X syndrome, the most common cause of inherited mental retardation. Nearly 1 in 800 men in the general population carries this premutation in the Fragile X gene, and as many as 30 percent of these carriers—roughly 1 in 3,000 men—may develop FXTAS later in life. NINDS, in collaboration with the National Institute on Aging, is urged to commit additional resources and expand research into FXTAS, as identification of older male carriers will lead to a better understanding of the true

incidence of Fragile X syndrome and afford at-risk families of child-bearing age the opportunity to pursue genetic counseling.

Interdisciplinary Research.—The Committee encourages NINDS to continue exploring novel pathways by which cognitive neuroscientists and rehabilitation clinicians can apply new findings of central nervous system plasticity towards optimal treatment outcomes for patients with disorders of the brain affecting higher thought processes. The Committee applauds NINDS for promoting the establishment of multidisciplinary teams of scientists including neurologists, cognitive functional imaging experts and computational modelers in order to accelerate progress in the field of cognitive rehabilitation. By focusing on the limited set of neurological conditions (stroke, traumatic brain injury, and brain tumor) where these partnerships are likely to produce realistic gains in higher level functioning, NINDS may provide a model for interdisciplinary approaches to a range of conditions in which residual capacity is more difficult to measure.

Juvenile Diabetes.—The Committee commends the NINDS for its efforts to prevent and treat hypoglycemia and neuropathy, both of which are serious complications of juvenile diabetes. The Committee encourages the NINDS to continue to expand its research into neuropathy and hypoglycemia unawareness and to consider establishing centers focused specifically on diabetic neuropathy. The Committee requests an update during the fiscal year 2006 hearings on the current status of diabetes-related research programs being carried out by the Institute and also urges NINDS to organize a workshop focusing on diabetic neuropathy. Such a workshop would provide the research community with an opportunity to identify common goals toward the development of novel clinical treatments for diabetic peripheral and autonomic neuropathies.

Mucopolysaccharidosis [MPS].—The Committee is gratified at the release of the August 2003 PAS titled “Neuroprotective CNS Barriers in Neurological Diseases” and the stated interest in Lysosomal Storage Disorders [LSD] research in this initiative. The Committee is pleased to learn NINDS has chosen to work with the National MPS Society and other LSD groups in implementation of a new PAS initiative focused on therapeutic Central Nervous System research in Lysosomal Storage Disorders. The Committee continues to encourage NINDS to collaborate with all appropriate Institutes and Centers to support current MPS research, study the blood brain barrier as an impediment to treatment, and use all available mechanisms to further stimulate and enhance efforts to better understand and treat MPS disorders.

Multiple Sclerosis [MS].—The Committee recognizes that more than 350,000 people in the United States currently suffer from multiple sclerosis and that approximately 200 new cases are diagnosed each week. The cause of MS remains unknown and no cure exists. The Committee urges NINDS to coordinate with private organizations that are working to discover effective treatment targets for MS.

Neurofibromatosis.—Advances in NF research have linked NF to cancer, brain tumors, learning disabilities and heart disease affecting over 150 million Americans. Because NF plays a pivotal role both in disorders of the brain and in cancer and the enormous

promise of NF research is now reaching fruition in the testing of potential therapies, the Committee encourages NINDS to aggressively expand its NF clinical and basic research portfolios. The Committee commends NINDS for its leadership role in NF research and in coordinating efforts with other Institutes engaged in NF research. The Committee applauds NINDS and the Office of Rare Diseases for convening a major conference on NF in December 2003. The Committee also applauds NINDS on issuing major program announcements in fiscal year 2004, pursuing the creation of NF research centers and NF translational research. The Committee encourages NINDS to follow through with the creation of these centers.

Neuroprosthetics.—The Committee urges the Institute to expand research on neuroprosthetics, such as the Brain Machine Interface (or Human Assisted Neurological Device) project. This research offers great promise in restoring movement in individuals suffering from a variety of neurological disorders including paralysis, stroke and wound-related trauma.

Parkinson's Disease.—The Committee urges NINDS, in addition to pursuing all promising therapeutic avenues, such as gene therapy, stem cells, surgical approaches, non-human models, and biomarkers, to continue to identify and study neuroprotectant compounds, such as Coenzyme Q10, creatine, and minocycline.

Furthermore, the Committee encourages NINDS to work with NIBIB to discover a biomarker (particularly a molecular one) for Parkinson's. Investment by NIBIB in clinical trials could greatly enhance the value of these trials, as imaging technology facilitates a better understanding of the physical effects of tested drugs.

Finally, the Committee commends NINDS for committing to set aside funds within its budget to fund the Udall Centers. The Morris K. Udall Parkinson's Disease Research Centers of Excellence support additional research opportunities and discoveries that will lead to improved diagnosis and treatment of patients with Parkinson's disease. The Centers vary in their basic and clinical objectives, but together they foster an environment that enhances research effectiveness in a multidisciplinary setting.

Pick's Disease.—The Committee requests the NINDS, in conjunction with NIA and NIMH, to provide a report to the Committee by March 31, 2005, on grant funding and research expenditures for Pick's disease and other frontotemporal dementias. The Committee further requests that the NINDS conduct an epidemiology study of frontotemporal dementias and hold a workshop for researchers, clinicians, and advocates to assess the current state of frontotemporal dementia research, treatment, and needs.

Peripheral Neuropathy.—The Committee is aware that an estimated 20 million Americans suffer from peripheral neuropathy, a neurological disorder that causes debilitating pain, weakness in the arms and legs, and difficulty walking. Peripheral neuropathy affects approximately one-third of diabetics, or about 5.1 million persons. Other forms of neuropathy are inherited; associated with cancer, kidney disease or infections like hepatitis, HIV/AIDS or Lyme disease; or caused by autoimmunity, traumatic injuries, poor nutrition, toxins and certain medications. For most of its victims, the only recourse is pain medication, physical therapy or assistive de-

vices to help maintain strength and improve mobility. In light of the large number of individuals affected, and the attendant costs of this disease to society, the Committee is concerned that insufficient resources are being devoted to finding ways to cure, prevent and more effectively treat peripheral neuropathy. To that end, the Committee strongly urges NINDS to (1) determine how much NIH is devoting to research in this area, and (2) develop a research agenda that is coordinated with work being done through other institutes. The Committee expects to receive a report on this effort at next year's hearings.

Spina Bifida.—The Committee strongly encourages NINDS to enhance research to address issues relating to the outcomes of the conference and urges significant expansion of prevention and treatment of Spina Bifida and associated secondary conditions. The Director should be prepared to testify on efforts to advance these areas of research at the fiscal year 2006 appropriations hearing.

Spinal Muscular Atrophy.—SMA is the leading genetic killer of infants and toddlers. The Committee understands that the severity of the disease, its relatively high incidence, and the possibility of imminent treatments have led NINDS to initiate the SMA Therapeutics Development Program. The Committee is pleased that initial work has begun on the program and strongly urges NIH/NINDS to commit the resources required to ensure a timely completion of the project mission—a treatment for SMA ready for clinical trials for current and future therapies. To maximize program efficiency, it is also critical that NINDS integrate Therapeutics Development efforts with the biotech and pharmaceuticals industry, academic medical centers and collaborations with voluntary health organizations. The Committee encourages NINDS to aggressively expand its SMA basic, translational and clinical research portfolio. The Committee understands that the strategy for developing a treatment for SMA will guide therapeutics development for other diseases including: Duchenne Muscular Dystrophy, ALS, Huntington's and Alzheimer's. The Committee strongly urges NINDS to successfully and expeditiously execute the SMA Therapeutics Development Program for the benefit of patients of SMA and countless other diseases. The Committee requests that NIH report back to the committee, no later than April 2005 with a progress report on all aspects of SMA research.

Stroke.—The Committee continues to regard research into the causes, cure, prevention, treatment and rehabilitation of stroke as a major concern for our Nation and urges the NIH and the NINDS to make stroke a top priority. Stroke remains America's third most common killer, a major contributor to late-life dementia, and a major cause of permanent disability. The Committee continues to strongly support increased efforts on stroke research. The Committee is very concerned that funding for stroke research over the years has not kept pace with the scientific opportunities, the number of Americans afflicted with stroke, and the economic toll this disease imposes on our Nation. The Committee urges the NINDS to aggressively expand its research portfolio and dramatically increase resources dedicated to stroke research through all available mechanisms. The Institute is urged to expand its stroke education program, to continue to implement the long-range strategic plan for

stroke research and to continue and expand innovative approaches to improve stroke diagnosis, treatment, rehabilitation, and prevention.

Stroke Professional Judgment Budget.—The Committee commends the NINDS for convening a Stroke Progress Review Group which subsequently developed and released a 2002 report identifying critical gaps in stroke knowledge and outlining research priorities and resource priorities. The Committee is concerned that the report did not include a professional judgment budget and therefore requests that the NINDS submit to the Committee by April 2005 a professional judgment budget for each year of the plan. The Committee encourages the Institute to continue to implement and fully fund the priorities in the Report and requests an implementation report by April 2005.

Tuberous Sclerosis Complex.—Tuberous sclerosis complex, or TSC, is a genetic disorder that triggers uncontrollable tumor growth in multiple organs of the body, including the brain, heart, kidneys, lungs, liver, eyes or skin. Its victims—many of whom are infants and young children—face a lifetime of suffering with kidney failure, seizures, behavioral disorders, autism and mental retardation. Because of the effects of TSC on multiple organ systems, the Committee last year called upon the NIH Director to formulate an NIH-wide research agenda. The Committee understands that NINDS is assigned to implement and coordinate that effort, and looks forward to a yearly report on that effort. In the meantime, NINDS is strongly urged to support research examining the molecular and cellular basis of central nervous system manifestations in TSC, including studies examining TSC-associated epilepsy and brain tumor formation, and the effect of tubers and seizures on cognition and behavior. The Committee also looks forward to a report on NINDS's coordinating activities and progress towards implementing the research agenda prior to the fiscal year 2006 hearings.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$4,155,447,000 |
| Budget estimate, 2005 | 4,325,507,000 |
| Committee recommendation | 4,307,185,000 |

The Committee recommends an appropriation of \$4,307,185,000 for the National Institute of Allergy and Infectious Diseases [NIAID]. The budget request was \$4,325,507,000. The fiscal year 2004 appropriation was \$4,155,447,000. Included in these funds is \$149,115,000 to be transferred to the Global Fund to Fight HIV/AIDS, Malaria, and Tuberculosis. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NIAID is the lead NIH Institute charged with developing vaccines and supporting research on allergies, acquired immunodeficiency syndrome [AIDS], sexually transmitted diseases, tuberculosis, tropical diseases, and other infectious diseases—including those likely to be used as agents of bioterrorism. To accomplish this mission, the NIAID supports and conducts basic and clinical research and research training programs in infectious diseases, whether they are naturally occurring or the result of a bioterrorist

attack, and in diseases caused by, or associated with, disorders of the immune system.

Arthritis.—The Committee encourages the NIAID to coordinate its research efforts with other NIH institutes to find a cure for arthritis and related diseases.

Asthma.—The Committee is pleased with NIAID's leadership regarding asthma research and management. The Committee urges NIAID to continue to improve its focus and effort on asthma management, especially as it relates to children. The Committee also urges the NIAID to collaborate more aggressively with voluntary health organizations to support asthma prevention, treatment, and research activities. Additionally, recent studies suggest that a variety of viral and bacterial agents, including agents used for immunization may play a role in the development of asthma. The Committee urges the Institute to expand research into the role that infections and vaccines play in the development of asthma.

Atopic Dermatitis.—Atopic dermatitis [AD] is one of the most common skin disorders experienced by infants and children. Patients with AD suffer with chronic skin inflammation and itching that disrupt sleep and reduce quality of life. Of additional concern, individuals who have active or dormant AD are at high risk for serious adverse reaction to the smallpox vaccine. The Committee encourages NIAID to work with NIAMS to spearhead a multidisciplinary, multi-institute initiative to encourage investigator-initiated research on AD as it relates to smallpox vaccination as well as the progression to asthma and other allergic diseases.

Genomics.—The Committee is pleased that the NIAID has focused its attention on research efforts associated with multiple categories of pathogens. The Committee understands that commercially available research tools, such as microarray technology, can enhance the progress of pathogen-related research. The Committee urges the NIAID to utilize this technology to further support an aggressive agenda of pathogen research activities.

Hemophilia.—The Committee appreciates NIAID's efforts to improve HIV and hepatitis C virus [HCV] treatment for persons with hemophilia or other bleeding disorders. The Committee encourages NIAID to work with the National Hemophilia Foundation in strengthening its support for research on liver disease progression to improve HIV and HCV treatment among persons with bleeding disorders.

Hepatitis.—The Committee continues to be concerned about the prevalence of hepatitis and urges NIAID to work with public health organizations to promote liver wellness, education, and prevention of hepatitis.

Hepatitis C Vaccine.—The Committee is encouraged to learn that a small hepatitis C vaccine human trial has been launched and urges the consideration of other creative approaches and new paradigms including the development of DNA vaccines.

Inflammatory Bowel Disease.—Recent research identifies strong linkages between Crohn's disease and ulcerative colitis (collectively known as inflammatory bowel disease) and the functions of the immune system. The Committee encourages the Institute to expand its research partnerships with the IBD community, and to increase funding for research focused on the immunology of IBD and the

interaction of genetics and environmental factors in the development of the disease.

Juvenile Diabetes.—The Committee is encouraged by the Institute's efforts regarding the Autoimmune Prevention Centers, and it encourages the Institute to develop pilot projects, initiated with the support of the Prevention Centers of Autoimmunity, into full research proposals with special emphasis on pre-clinical studies related to juvenile diabetes.

Nontuberculous Mycobacteria [NTM].—Mycobacteria are environmental organisms found in both water and soil that can cause significant respiratory damage. The Committee is aware of the increasing incidence of nontuberculous mycobacteria [NTM] pulmonary infections in women, particularly involving rapidly growing mycobacteria, an inherently resistant subspecies. The Committee encourages NIAID to advance diagnostic and treatment protocols for patients suffering from NTM diseases.

Primary Immunodeficiency Diseases.—The Committee notes that more than 150 primary immune deficiency diseases have been identified to date. These diseases, which impair the body's immune system, strike more severely in children, many of whom do not survive beyond their teens or early twenties. Primary immune deficiencies afflict more than 50,000 Americans, regardless of age, race, or gender. The Committee believes that NIAID should play a significant role in addressing this seriously under-diagnosed class of diseases. Research is being funded at many institutions, including several of the twelve Jeffrey Modell Diagnostic and Research Centers, as part of a consortium created to expand and enhance the research in this group of diseases. However, that research only helps people if physicians know to look for the disease; the public is aware of it; and, patients are diagnosed early and accurately. For this reason, the Committee encourages NIAID to increase its support for the public outreach campaign principally funded by the CDC, while maintaining its research portfolio. The Committee commends NIAID for the establishment of its primary immunodeficiency disease research consortium (USIDNet) in partnership with the Immune Deficiency Foundation and encourages continued support for this program.

Psoriasis.—Psoriasis is a chronic, immune-mediated disease that affects more than 5 million Americans. A 1999 NIMH-supported study found that patients with psoriasis reported reduction in physical and mental functioning comparable to that seen in cancer, arthritis, hypertension, heart disease, diabetes, and depression. The Committee considers research on psoriasis and psoriatic arthritis very important, and is pleased that NIAMS helped create a psoriasis tissue bank from which the first several psoriasis genes have been identified. The Committee urges NIAMS to support additional research into the identification of other genes expected to play a role in psoriasis pathogenesis, and also to support additional clinical research on current and potential therapies for psoriasis and psoriatic arthritis.

Scleroderma.—The Committee encourages NIAID to undertake research to study the cause and treatment of scleroderma, a chronic progressive disease that predominantly strikes women. Scleroderma is disfiguring and can be life-threatening, affecting

multiple systems. More research is critically needed in order to develop safe, effective treatments and to identify the cause or causes of scleroderma and its complications. Therefore, the Committee urges NIAID to include scleroderma research in the portfolio of the Autoimmune Centers of Excellence.

Transplantation Research.—The Committee urges NIAID to convene an expert conference during fiscal year 2005 to develop a Transplantation Research Action Plan identifying the most urgently needed research to facilitate an increase in the success of organ transplantation. The Committee requests a report on the results of this conference including a breakdown of resources committed to this category of research.

Tuberculosis.—The World Health Organization estimates that nearly 1 billion people will become infected with tuberculosis [TB], 200 million will become sick, and 70 million will die worldwide between now and 2020. The Committee is pleased with NIAID's efforts to develop an effective TB vaccine and encourages the Institute to continue its TB vaccine development work and to expand efforts to develop new drugs to treat TB.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

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|--------------------------------|-----------------|
| Appropriations, 2004 | \$1,904,838,000 |
| Budget estimate, 2005 | 1,959,810,000 |
| Committee recommendation | 1,975,500,000 |

The Committee recommendation includes \$1,975,500,000 for the National Institute of General Medical Sciences [NIGMS]. The fiscal year 2004 appropriation was \$1,904,838,000 and the administration's request is \$1,959,810,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—NIGMS supports research and research training in the basic biomedical sciences. Institute grantees, working in such fields as cell biology, biophysics, genetics, developmental biology, pharmacology, physiology, biological chemistry, bioinformatics, and computational biology, study normal biological processes to better understand what goes wrong when disease occurs. In this way, NIGMS supplies the new knowledge, theories, and technologies that can then be applied to the disease-targeted studies supported by other NIH components. NIGMS-supported basic research advances also regularly find applications in the biotechnology and pharmaceutical industries. The Institute's training programs help provide the scientists needed by industry and academia to maintain United States leadership in biomedical science.

Basic Behavioral Science.—The legislative mandate for NIGMS specifically includes behavioral science research, although NIGMS does not now support behavioral science research or training. Given the wide range of fundamental behavioral topics with relevance to a variety of diseases and health conditions, the Committee encourages NIGMS to incorporate basic behavioral research as part of its portfolio, especially in the areas of cognition, behavioral neuroscience, behavioral genetics, psychophysiology, methodology and evaluation, and experimental psychology

Basic Research on Pre-Disease Pathways.—As the NIH institute most concerned with basic research, NIGMS has provided leader-

ship in research on physiological and biological structures and functions that may play roles in numerous health conditions. The Committee encourages NIGMS to collaborate with other institutes including NCI, NIMH and the Office of Behavioral and Social Sciences Research to fund research to integrate physiological knowledge of pre-disease pathways with behavioral studies.

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$1,242,361,000 |
| Budget estimate, 2005 | 1,280,915,000 |
| Committee recommendation | 1,288,900,000 |

The Committee recommends an appropriation of \$1,288,900,000 for the National Institute of Child Health and Human Development [NICHD]. The fiscal year 2004 appropriation was \$1,242,361,000 and the administration’s request is \$1,280,915,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NICHD is that component of the NIH responsible for conducting and supporting research on maternal and child health, the population sciences, and medical rehabilitation. Research encompassed by these areas targets infant mortality; genetic diseases, including birth defects; mental retardation; gynecological health and contraceptive development and evaluation; pediatric, maternal, and adolescent AIDS; developmental biology; vaccine development; demographic and behavioral research; and restoration or enhancement of function in individuals experiencing physical disability due to injury, disease, or birth defect.

Behavioral Science.—The Committee emphasizes its strong support for the broad portfolio of behavioral research at NICHD, and supports NICHD’s efforts to determine the biological, behavioral, and social factors that affect cognitive, social, and personality development of children in a variety of settings. The Committee encourages research on effective ways to promote and sustain healthy family formations for low-income families, including families of color. The Committee is particularly concerned about rising rates of childhood obesity and supports continued initiatives to promote healthy behaviors in children and adolescents and research to prevent health risk behaviors.

Demographic Research.—The Committee commends NICHD for its strong support of demographic research. This research has consistently provided critical scientific knowledge on issues of greatest consequence for American families: work-family conflicts, family formation and structure, childcare, adolescent health and wellness, and family and household behavior. Recent findings have provided invaluable insights into timely issues such as the role of maternal employment and parental involvement on child development. The Committee applauds NICHD for its ongoing support of the Fragile Families, Three Cities Study of Welfare, and National Longitudinal Study of Adolescent Health studies in particular. The Committee encourages the Institute to ensure adequate funding for the large databases such as these that make advances in population research possible. Further, the Committee urges NICHD to maintain stable funding for the Population Research Infrastructure program. The recent retooling of this program has enhanced its ability to support

vital interdisciplinary collaboration and innovation in population research at academic and research institutions nationwide. The diverse exceptional research supported by this program has yielded key findings in areas such as fertility, health disparities, immigration and migration trends, and family dynamics. Given the importance of these issues to policymakers and the public, demographic research at the NICHD must continue to thrive.

Down Syndrome.—The Committee encourages NICHD to increase funding for Down syndrome research as relates to gene expression of chromosome 21, the effects on cell function and cognition, and possible medical treatments to eliminate or reduce the cognitive abnormalities associated with the disorder. The Committee is aware of a serious shortage of mice used in the research of Down Syndrome and strongly encourages NICHD to increase funding for greater production of the Ts65Dn mouse model and for the research and development of other mouse models. The Committee also urges NICHD to work closely with NINDS, NIA, NIMH and NHGRI to establish a new, multi-year research initiative to fund Down syndrome biomedical research on cognition, behavior and early dementia.

Drug Safety for Children.—The Committee recognizes the importance of ensuring that drugs are safe and effective for use by children and are appropriately labeled for pediatric use. The Committee strongly supports continued implementation of the Research Fund within the National Institutes of Health, as established in the Best Pharmaceuticals for Children Act of 2003 (Public Law 107–109) within section 409I of the Public Health Service Act, which supports the pediatric testing of off-patent drugs, as well as on-patent drugs not being studied through existing mechanism. The Committee urges NICHD to act as the coordinating Institute for other Institutes within NIH for which pediatric pharmacological drug research may have therapeutic relevance, and urges consultation with the Food and Drug Administration to ensure that the studies conducted through the Fund are designed to yield improved pediatric labeling. The Committee expects an update prior to the fiscal year 2006 hearings, including information on the number of studies supported through the Research Fund; the estimated cost of each study undertaken; the nature and type of studies undertaken; the number of label changes resulting from completed studies; the patent status of the drugs studied; and the number of drugs remaining on the priority list established through section 409I.

Fragile X.—Title II of the Children’s Health Act of 2000 authorized the establishment of at least three Fragile X research centers. The Committee is pleased that the NICHD has funded three Centers on a first-year basis, and urges the NICHD to issue an RFP with the goal of enhancing the Centers and recruiting new researchers to the Fragile X field. The Committee also encourages the NICHD to coordinate its Fragile X research efforts internally, by partnering with others, and by relating Fragile X research with that in other developmental disorders, and with autism research.

Infertility and Contraceptive Research.—The Committee continues to place high priority on research to combat infertility and speed the development of improved contraceptives. NICHD is urged

to continue aggressive activities in this area, including individual research grants and those of the infertility and contraceptive research centers.

Learning and School Readiness.—The Committee commends NICHD on its commitment to research in reading, learning disabilities, and math and science cognition. NICHD is encouraged to support additional research on developing comprehensive, culturally neutral and developmentally appropriate assessments and instruments to measure cognitive, social and emotional skills for preschool-aged children that are necessary for school readiness.

Maternal Fetal Medicine Units Network [MFMU].—The Committee was extremely encouraged by the research results from NICHD's Maternal Fetal Medicine Units Network on the identification of a therapy, progesterone, that prevents recurrent preterm birth in high-risk women. The Committee understands that this is one of the first advances in this area, despite extensive efforts over decades, and urges the NICHD to build on this finding and to fully support the MFMU Network.

National Children's Study.—The Committee strongly supports full and timely implementation of the National Children's Study. This study aims to quantify the impacts of a broad range of environment influences, including physical, chemical, biological and social influences, on child health and development. The Committee urges the NICHD to coordinate the involvement of the Department, the lead Federal partners—CDC, EPA, and NIEHS—and other interested institutes, agencies, and non-Federal partners conducting research on children's environmental health and development, such that this study is ready for the field no later than 2006.

The Committee is pleased that the National Children's Study Advisory Committee is planning to utilize probability sampling in its design and is undertaking a strategic planning process that emphasizes collaboration between the biomedical and behavioral sciences.

Neurofibromatosis.—Learning disabilities occur with high frequency (30–65 percent) in children with NF and in approximately 5 percent of the entire world's population. Enormous advances have been made in NF research in just the past year, regarding the mysteries of how the NF gene is related to learning disabilities, raising hopes of finding a treatment for learning disabilities not only in children with NF but in the general population as well.

Obesity in Children.—The Committee strongly urges the NICHD, in collaboration with other relevant Institutes, to support the initiation of a study on the metabolic, psychological, and genetic causes of obesity in children. The Committee requests the Institute be prepared to report on the progress being made in the development of such study during the fiscal year 2006 appropriation hearings.

Pediatric AIDS.—The Committee urges the Institute to increase support for AIDS research, especially pediatric HIV/AIDS research. HIV/AIDS affects children differently than it does adults, and it is essential to do specific research for pediatric populations in order to continue making significant strides in treating children with HIV/AIDS.

Pediatric Liver Disease.—The Committee urges the Institute to aggressively pursue and fund ancillary studies associated with the recently awarded NIDDK pediatric hepatitis C clinical trial. This

clinical trial will provide long term follow up for children treated for hepatitis C, permitting growth and development issues to be more fully explored. The Committee also notes that the Institute has provided only limited support for pediatric liver disease research and urges support to expand ongoing efforts to study biliary atresia and to provide expanded support for the Biliary Atresia Clinical Research Consortium.

Prader-Willi Syndrome.—Prader-Willi Syndrome is the most common known genetic cause of life threatening obesity in children. The Committee strongly encourages the NICHD to place a high priority on Prader-Willi Syndrome research to study childhood obesity. Furthermore, the NICHD is urged to incorporate Prader-Willi Syndrome into the planning process for The National Children's Study.

Prematurity.—The Committee encourages NICHD to support a major initiative in the area of prematurity. The rates of premature birth have increased 29 percent since 1981 to over 480,000 babies in 2002. African-American infants are nearly twice as likely as non-Hispanic white infants to be born prematurely. Premature birth is the leading cause of death in the first month of life and most recent data indicate the first rise in infant mortality rates since 1958. Premature birth can occur in any pregnancy; the causes of nearly half of all preterm births are unknown. The Committee commends NICHD for its work on preterm birth and strongly urges the allocation of more funds to reveal the underlying cause of preterm delivery, to identify prevention strategies and improve the treatment of outcomes for infants born preterm.

In addition, the Committee is aware that genomic and proteomic strategies are widely used and have had a major impact on medicine. The Committee believes it is imperative that these techniques also be used to understand prematurity, and strongly encourages NICHD to support an initiative to hasten a better understanding of the pathophysiology of premature birth, discover novel diagnostic biomarkers, and ultimately aid in formulating more effective interventional strategies to prevent premature birth.

Primary Immunodeficiency Diseases.—The Committee continues to be impressed with the dedication of financial and personnel resources by NICHD to address the research and awareness issues that surround this class of more than 100 diseases. The Committee is particularly encouraged by the institute's research commitment to develop newborn screening procedures for PI through microarray technologies and urges the NICHD to press ahead aggressively with this initiative.

Skeletal Development.—The Committee urges NICHD to focus on the effects of a wide variety of drugs on the growing skeleton and how to minimize these effects by working to ensure that the impact on the growing skeleton is investigated for all therapeutic agents in the implementation of the Better Pharmaceuticals for Children Act. The Committee also encourages NICHD to engage in trans-NIH research into other factors—including genetic, diet and exercise—affecting the determination of peak bone mass in children with and without the metabolic bone diseases of osteoporosis and osteogenesis imperfecta. In addition, the Committee urges support for basic research on the pathophysiology, genetics and treatment of osteopetrosis.

Spina Bifida.—The Committee is pleased that the Institute co-sponsored the Spina Bifida Research Conference in May 2003. However the Committee has concerns that without adequate follow-up the conference findings and recommendations will not come to fruition. The Committee strongly encourages NICHD to enhance research to address issues related to the outcome of the conference and urges the Institute to significantly expand its research efforts in the prevention and treatment of Spina Bifida and associated secondary conditions. The Director should be prepared to report on efforts to advance these areas of research at the fiscal year 2006 appropriations hearing.

Spinal Muscular Atrophy [SMA].—SMA is the leading genetic killer of infants and toddlers, and is the most prevalent genetic motor neuron disease. The severity of the disease, its relatively high incidence, and the possibility of imminent treatments have led NINDS to initiate the SMA Project. The Committee believes that the treatment of SMA, and the SMA Project at NINDS, is strategically consistent with the mission the NICHD. The Committee strongly urges the NICHD to work closely with NINDS to develop collaborations and programs which will support and expand the SMA Project. The Committee strongly urges NICHD to expand the scope and level of SMA research by aggressively soliciting grant applications on an expedited basis. Lastly, the Committee strongly urges the NICHD to develop formal programs that increase public and professional awareness of SMA. The Committee requests that the NICHD report back to the Committee during the fiscal year 2006 appropriations hearings.

Stillbirth.—The Committee applauds NICHD's efforts in addressing stillbirth, a major public health issue with morbidity equal to that of all infant deaths. The Committee understands that NICHD has established a cooperative network of clinical centers and a data center to address this issue with a standard protocol, and strongly encourages the NICHD to fully fund this effort.

Sudden Infant Death Syndrome.—The Committee is pleased with NICHD's continued efforts to extend the reach of its extremely successful "Back to Sleep" campaign to underserved populations and daycare providers. Now that NICHD is focusing more globally on infant mortality, the Committee urges the Institute to transition from its successful SIDS 5-year research plan to a more comprehensive plan focusing on SIDS, stillbirth, and miscarriage. The Committee requests that NICHD determine an appropriate means of including research on these causes of infant mortality into one inclusive plan.

Urinary Incontinence.—Urinary incontinence is one of the most prevalent chronic diseases in women affecting 30 percent of females; these and other pelvic floor disorders serve as obstructions to healthy living and contribute to depression and obesity. The Committee commends the NICHD for establishing the Pelvic Floor Disorder Network [PFDN] and expects additional resources will enable the network to expand the quality and integrity of clinical and basic scientific research in the field of urogynecology. The Committee is pleased that the NICHD continues to collaborate with the NIDDK in developing research in urinary incontinence. Recent studies have yielded gains in understanding these conditions but

the Committee is equally concerned that more needs to be done with basic, clinical and translational research in order to create better foundations for clinical care. The Committee encourages the Institute to provide expanded research for investigator-initiated applications to ensure a self-sustaining base of ongoing research and encourages a dedicated study section in this area. The Committee also encourages the NICHD to include the effects of pregnancy on a woman’s chance for incontinence and pelvic floor disorders in the future National Children’s Study.

Vulvodynia.—Millions of American women suffer from vulvodynia, a painful and often debilitating disorder of the female reproductive system. Despite its prevalence, inadequate attention has been paid to the disorder by health professionals or researchers. Since fiscal year 1998, the Committee has called on the NICHD to support research on the prevalence, causes and treatment of vulvodynia. While some initial steps have been taken, more must be done. The Committee urges the Institute to fund a collaborative research network to expedite the collection of data on the efficacy of current and future treatments. In addition, the Committee notes that, on average, women with vulvodynia consult five physicians before receiving a correct diagnosis. Therefore, the Committee urges the NICHD to work with the National Vulvodynia Association to implement a national education program for primary care health professionals, patients and the general public to reduce this delay.

NATIONAL EYE INSTITUTE

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|--------------------------------|---------------|
| Appropriations, 2004 | \$653,052,000 |
| Budget estimate, 2005 | 671,578,000 |
| Committee recommendation | 680,300,000 |

The Committee recommends an appropriation of \$680,300,000 for the National Eye Institute [NEI]. The budget request was \$671,578,000 and the fiscal year 2004 appropriation was \$653,052,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NEI is the Nation’s Federal resource for the conduct and support of laboratory and clinical research, research training, and other programs with respect to blinding eye diseases, visual disorders, mechanisms of visual function, preservation of sight, and the special health problems and needs of individuals who are visually impaired or blind. In addition, the NEI is responsible for the dissemination of information, specifically public and professional education programs aimed at the prevention of blindness.

Diabetic Retinopathy.—The Committee commends NEI for establishing the Diabetic Retinopathy Clinical Research Network, which serves to expedite the evaluation of new approaches to address vision-related complications of diabetes. The Committee encourages NEI to continue to expand upon its efforts to detect, prevent and treat diabetic retinopathy by collaborating with NIBIB on the development and application of scanning technologies that will be highly affordable and widely accessible to allow for early detection.

Gene Therapy.—The Committee is aware of progress made in demonstrating the effectiveness of gene therapy to reverse and cure

several retinal diseases, including diabetic retinopathy, macular degeneration, and retinopathy of prematurity. Diabetic retinopathy and macular degeneration are leading causes of blindness and visual disability in the United States, with an additional 165,000 people losing their vision each year due to these disorders. Additionally, each year more than 500 infants are blinded by retinopathy of prematurity. Since gene therapy intervention has been successfully demonstrated in laboratory animals, the Committee urges the Institute to facilitate clinical trials in primates and humans to further validate gene therapy interventions to reverse and cure retinal diseases.

Juvenile Diabetes.—The Committee is aware of the serious problem of retinopathy in individuals with juvenile diabetes, and it encourages the NEI to continue to collaborate with other institutes on efforts to identify the genes for diabetic retinopathy by collecting and analyzing human samples and by developing animal models of diabetic retinopathy.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

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|--------------------------------|---------------|
| Appropriations, 2004 | \$632,392,000 |
| Budget estimate, 2005 | 650,027,000 |
| Committee recommendation | 655,100,000 |

The Committee recommends an appropriation of \$655,100,000 for the National Institute of Environmental Health Sciences [NIEHS]. The budget request was \$650,027,000 and the fiscal year 2004 appropriation was \$632,392,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The mission of the NIEHS is to define how environmental exposures affect health; how individuals differ in their susceptibility to these effects; and how these susceptibilities change with time. This knowledge, coupled with prevention and communication programs, can lead to a reduction in environmentally associated diseases and dysfunctions.

Breastfeeding and Toxins.—Recent reports on the presence of flame retardants and other environmental toxins in human breastmilk have given rise to concerns about the safety of breastfeeding. Recognizing that these reports may offer mixed messages about this public health concern, the Committee reaffirms the goal of Healthy People 2010 of “[I]ncreasing the proportion of mothers who breastfeed their babies.” The Committee also strongly urges the National Institute of Children’s Health and Human Development, the National Institute of Nursing Research, the National Institute of Environmental Health Sciences, the Centers for Disease Control and Prevention, Department of Health and Human Services’ Office of Women’s Health to hold a consensus meeting with health professionals, to include nursing and breastfeeding and lactation professionals. The consensus meeting should focus on environmental toxins and breastfeeding and appropriate public risk communication.

Environmental Health and Nursing.—According to the final report of the Nursing and Environmental Health Roundtable, held in the fall of 2002, there is a significant need to build a cadre of registered nurse researchers specializing in environmental health.

During the last decade, increased emphasis has been placed on the impact of environment on human health and the need for nurses to engage in research to advance knowledge in this field. Several nurse researchers received funding for environmental health projects focused on prevention of lead exposures, environmental factors and asthma, pesticide exposures among workers and their families, environmental awareness, and occupational health. Despite these efforts, significant needs still exist. Environmental health nurse researchers bring knowledge in nursing research methods as well as more traditional areas of environmental health research, such as human disease manifestation, risk assessment, and risk management. Many of the priority areas of environmental health nursing research rely on methods of exposure assessment, risk assessment, and risk communication. This Committee urges the National Institute of Environmental Health Sciences to create specific nurse research fellowships with the goal of increasing the number of registered nurse researchers specializing in the area of environmental health.

Pacific Center for Environmental Health.—The Committee encourages NIEHS to establish a Pacific Center for Environmental Health to further study the short-term and long-term health effects of volcanic emissions as well as other environmental issues. Such environmental concerns should include food and waterborne illness, fish contamination by pesticides and heavy metals, and pesticide residue in food and water.

Parkinson’s Disease.—The Committee urges NIEHS in collaboration with NINDS to gain a greater understanding of the environmental underpinnings of Parkinson’s disease. The Committee also strongly urges NIEHS to intensify its efforts in the Collaborative Centers for Parkinson’s Disease Research Program—as this initiative facilitates significant collaboration among genetics, clinical medicine, epidemiology, and basic science so that the most promising leads may be investigated more quickly in pursuit of a cure or to reduce the incidence of harmful toxins.

NATIONAL INSTITUTE ON AGING

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$1,024,754,000 |
| Budget estimate, 2005 | 1,055,666,000 |
| Committee recommendation | 1,094,500,000 |

The Committee recommendation includes \$1,094,500,000 for the National Institute on Aging [NIA]. The budget request was \$1,055,666,000 and the fiscal year 2004 appropriation was \$1,024,754,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NIA conducts biomedical, behavioral, and social research related to the aging process to prevent disease and other problems of the aged, and to maintain the health and independence of older Americans. Research in aging over the last two decades demonstrates that aging should not be equated with inevitable decline and disease.

Alzheimer’s Disease.—The number of Americans with Alzheimer’s—4.5 million today—will increase to between 11.2 million and 16 million by 2050. Within a decade, total annual Medicare costs for people with Alzheimer’s will increase by almost 55 percent

to nearly \$50,000,000,000. Medicaid health and long-term care expenditures will rise by 80 percent, to \$33,000,000,000 annually. Alzheimer's is also having a corrosive effect in the private sector, costing U.S. businesses \$61,000,000,000 in 2002, an amount equivalent to the net profits of the top 10 Fortune 500 companies. The Committee notes, however, that rapid advances in basic science are helping to identify multiple targets for therapies that may help slow or halt the progression of Alzheimer's disease. Before these promising advances can be put to use preventing or treating the disease, they must be tested and validated in controlled clinical trials. Given the tremendous toll Alzheimer's disease exacts in human suffering, health care costs and economic loss, the Committee strongly urges NIA to launch simultaneous clinical trials on therapies it determines to be most promising. The Committee also encourages NIA to work collaboratively with other institutes and the CDC to educate Americans about the ways they can maintain their brain as they age.

Alzheimer's Research Caregiver, Education, and Training.—The Committee recommends that the NIA establish cooperative working relationships with non-profit organizations dedicated to new approaches to care-giving for patients with Alzheimer's disease, and to expand the level of resources made available for Alzheimer's disease caregiver education, research, and training.

Behavioral Research and Older Workers.—The Committee encourages NIA to expand research on the needs of older workers. Since more baby boomers will be working well beyond the traditional age of retirement, more information is needed about the ways in which workplaces and workplace technology can be better designed to accommodate the needs of older workers.

Bone Diseases.—The Committee encourages NIA to increase research into the pathophysiology of osteoporosis, Paget's disease and osteogenesis imperfecta. This research should include: genetics, the role of cell aging and altered metabolism, environmental and lifestyle factors, bone responsiveness to weight bearing, bone quality and fracture incidence, bone marrow changes, new agents to increase bone mass, the therapeutic use of new technology, and the comorbidity of metabolic bone diseases with chronic diseases of aging.

Claude D. Pepper Older American Independence Centers.—The Committee continues to strongly support these successful centers, which focus on developing innovative and cost-effective ways to enhance the independence of older Americans. The centers also play a critical role in developing top-level experts in geriatrics. The Committee again urges NIA to make all possible efforts to expand these centers to include a school of nursing.

Cognitive Research.—The Committee has noted the results of the NIA-funded clinical trial, ACTIV, in which interventions to improve various aspects of cognition in older people were found to be effective, but did not generalize to improved cognitive performance overall. Understanding that changes in memory and cognition are troubling to older people and threaten their independence, the Committee encourages NIA to consider next steps in research to develop cognition-enhancing interventions and report back on additional efforts.

Demographic and Economic Research.—The Committee once again commends the NIA for supporting demographic and economic research and, in particular, the NIA Demography of Aging Centers program. Since its inception 10 years ago, the program has supported invaluable research to enhance knowledge about the well being of older Americans—especially information about their health and socioeconomic status, including their income, savings, work, and retirement decisions. Researchers at these Centers have initiated critical surveys, such as the Health and Retirement Survey and the National Long-Term Care Survey, which have, for example, identified social and economic consequences of retirement and the decline in disability among older Americans, respectively. After a decade, the Centers are poised to make significant contributions on numerous policy issues confronting an aging society. The Demography Centers are also now in a unique position to collaborate with several of the NIA Roybal Centers program to help translate findings into interventions and improve quality of life for older people. Therefore, the Committee urges NIA to continue its strong support of the demography centers program.

Down Syndrome.—Research has shown that all persons with Down syndrome develop the neuropathological findings of Alzheimer's disease, and that many go on in later life to show cognitive decline. The Committee strongly urges NIA to increase funding to study the connection between Alzheimer's disease and Down syndrome and to work closely with NINDS, NICHD, NIMH and NHGRI to establish a new, multi-year research initiative to fund Down syndrome research on improving cognition and preventing early dementia through biomedical treatments.

Hematology Research.—The Committee remains interested in advancing research opportunities into blood disorders in the elderly population. The Committee is particularly concerned that the incidence and prevalence of anemia increases with age; after age 85, one quarter of the population is anemic. Research is needed to better understand the basic biology and adverse quality of life complications of anemia and other blood diseases in the elderly. The Committee is supportive of the ongoing collaboration between the American Society of Hematology and NIA, with the participation of NHLBI, NCI, and NIDDK, to develop a research agenda in this field.

Parkinson's Disease.—The Committee encourages NIA to collaborate with NINDS to determine the overlap in benefits that current research could provide to understanding both Alzheimer's and Parkinson's disease. The Committee congratulates the significant investment by NIA in understanding the role of genes, including alpha-synuclein, in the causation and manifestation of Parkinson's. Work of this nature is critical for better comprehension of the disease process, identification of potential pharmaceutical agents, improved diagnostic ability—especially during the early stages of the disease, and the development of accurate animal models.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN
DISEASES

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$501,066,000 |
| Budget estimate, 2005 | 515,378,000 |
| Committee recommendation | 520,900,000 |

The Committee recommends an appropriation of \$520,900,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS]. The budget requested \$515,378,000 and the fiscal year 2004 appropriation was \$501,066,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—NIAMS conducts and supports basic and clinical research and research training, and the dissemination of health information on the more than 100 forms of arthritis; osteoporosis and other bone diseases; muscle biology and muscle diseases; orthopedic disorders, such as back pain and sports injuries; and numerous skin diseases. The research agenda of NIAMS addresses many devastating and debilitating diseases that afflict millions of Americans. These diseases of the joints, muscles, bones, connective tissues, and skin, in the aggregate, will affect nearly every American at some point in their lives, causing tremendous human suffering and costing the Nation billions of dollars in both health care expenditures and lost productivity. The research activities of this Institute serve the concerns of many different special populations, including women, minorities, children, and the elderly.

Arthritis.—Arthritis is the leading cause of disability in the United States, with 70 million Americans living with some form of the disease of chronic joint symptoms. The NIAMS is a leader in the field of arthritis research. The committee urges NIAMS to collaborate with other NIH Institutes toward a cure for arthritis and related diseases.

Bone and Cartilage Diseases.—The Committee urges NIAMS to explore new avenues for cell and gene-based therapies for the treatment of bone and cartilage diseases, such as osteoporosis, Paget's disease, and osteogenesis imperfecta. Identifying new targets for enhancing bone formation and blocking bone destruction should be a major focus, with studies that integrate basic and clinical approaches regarding bone forming cell development.

Duchenne Muscular Dystrophy [DMD].—The Committee urges NIAMS, in collaboration with NINDS, to dedicate additional resources to improve treatments for patients with DMD.

Juvenile Arthritis.—The Committee urges the NIAMS, in collaboration with NICHD and NIAID, to strengthen its investment in, and commit additional resources to, basic, clinical, and translational research efforts and related activities specific to juvenile arthritis, as authorized by the Children's Health Act. The Committee expects the NIH to provide Congress with a report on efforts underway and progress made in achieving this goal by February 2005.

Lupus.—The Committee is aware of the importance of lupus susceptibility genes. Voluntary health organizations have established a collaboration among many individual research teams throughout the country to accelerate the search for these genes. The Com-

mittee urges the Institute to pursue this collaboration and to provide increased funding so that sufficiently large patient cohorts can be developed that will facilitate research in this area. Because lupus is disorder that disproportionately affects women of African American, Hispanic and Asian ancestry, appropriate numbers of samples from these populations should be included in these cohorts. The Committee also urges the Institute to consider the importance of creating repositories that might aid research into the genetic aspects of lupus.

Marfan Syndrome.—The Committee commends NIAMS and its collaborative efforts with other institutes to provide vital support for research on Marfan syndrome, a life-threatening, progressive and degenerative genetic disorder. The Committee urges NIAMS to focus on research opportunities that have the potential to advance non-surgical treatment options, through all available mechanisms, as appropriate.

Metabolic Bone Diseases.—The Committee urges NIAMS to support trans-NIH research into all aspects of genetics and gene therapies for the treatment of metabolic bone diseases, the role of environmental and lifestyle factors in bone disease, the effects of depression and cardiovascular disease on bone disease, the impact of mechanical loading of bone, translational research to bring the recent exciting basic discoveries about bone in to clinical practice, and research on bone health and osteoporosis in special groups, such as non-Caucasian ethnic groups.

Mucopolysaccharidosis [MPS].—The Committee is aware of recent efforts with NIDDK to facilitate communication between MPS and Lysosomal Storage Disorder investigators with bone pathology and connective tissue scientists to examine problematic issues in this area of study. Research in the underlying pathophysiology of bone and joint lesions, the gene mutations and substrates that are stored and potential therapeutic approaches are of interest to the Committee. The Committee encourages NIAMS to enhance its efforts to directly support and collaborate with NIDDK on bone and joint diseases in MPS disorders.

Scleroderma.—The Committee is encouraged by NIAMS's growing interest in scleroderma, a chronic and progressive disease that predominantly strikes women. Scleroderma is disfiguring and can be life-threatening and effective treatments are lacking. The Committee encourages NIAMS to collaborate with other institutes, including NHLBI, NIDDK, NIAID, and NIDCR to generate additional research opportunities for scleroderma to identify genetic risk factors and safe and effective treatments.

Tuberous Sclerosis Complex.—Tuberous sclerosis complex, or TSC, is a genetic disorder that triggers uncontrollable tumor growth in multiple organs of the body, including the skin. The Committee strongly encourages NIAMS to support programs examining the molecular and cellular basis of dermatological lesions in TSC as well as the development of non-surgical treatments for skin manifestations.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION
DISORDERS

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$382,053,000 |
| Budget estimate, 2005 | 393,507,000 |
| Committee recommendation | 399,000,000 |

The Committee recommends an appropriation of \$399,000,000 for the National Institute on Deafness and Other Communication Disorders [NIDCD]. The budget requested \$393,507,000 and the fiscal year 2004 appropriation was \$382,053,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NIDCD funds and conducts research and research training in the normal and disordered processes of human communication, specifically in the areas of hearing, balance, smell, taste, voice, speech, and language. The Institute addresses the special biomedical and behavioral problems of people who have communication impairments or disorders; contributes to health promotion and disease prevention; and supports efforts to create devices that substitute for lost and impaired sensory and communication functions.

Animal Models of Hearing Loss.—It is now clear that peripheral hearing loss leads to profound changes in the central nervous system, including cell death and loss of synapse function. The Committee encourages research to focus on animal models of conductive and sensorineural hearing loss, particularly the induced changes in brain physiology that result from deafness during development. Understanding the brain structure and function of deaf individuals is essential to proper implementation of ameliorative strategies such as hearing aid and cochlear implants.

Behavioral Research.—The Committee recognizes that many behavioral problems afflict those who suffer from communication disorders, and that NIDCD research in behavioral and communication science is key to alleviating these conditions. Unwanted behaviors, as a result of autism or other disorders, can interfere with the development of communication skills, and research has shown that highly structured behavioral programs are effective in some cases. Research in cognitive processing combines behavioral and biological approaches to help understand the normal mechanisms of sensory processing, cognition and perception. This is an excellent example of the interdisciplinary research that should be supported at NIH.

Clinical Evaluation of Hearing Loss.—The Committee encourages NIDCD to partner with other Institutes at NIH to support the development of functional neuroimaging technology with more precise spatial and temporal resolution, as well as better molecular probes to monitor brain activity.

Deafness Research.—The Committee urges the NIDCD to continue to support research in the areas of inner ear protection, rescue, and regeneration, such as noise-induced hearing loss, ototoxicity and hair cell regeneration, as well as research on the central auditory system. In addition, NIDCD should continue research on rehabilitative technologies and strategies, leading to improved prevention, treatment and management of hearing loss, tinnitus and dizziness. The Committee strongly urges the NIDCD

to continue to support the translation of basic research discoveries into better clinical diagnostic techniques and treatments.

Early Detection and Intervention.—It is now clear that early treatment of hearing loss is essential for normal language acquisition. However, the Committee notes that there are many children with late onset and progressive hearing loss who are not identified by Universal Neonatal Hearing Screening [UNHS], so parents and clinicians should be made aware of this in NIDCD newsletters and on the NIDCD website. The Committee supports expanded research on the early detection, diagnosis, and intervention of infants with deafness and other communication disorders. This should include exploring the role of intrauterine exposure to cytomegalovirus [CMV] in progressive hearing impairment. It is also critical to recognize that otitis media, or middle ear infection, is among the most frequent reasons for a sick child to visit the doctor within the first few years of life. The use of antibiotics to treat this disorder is resulting in more strains of bacteria that cause otitis media to be resistant to first and second line antibiotics. The Committee encourages NIDCD to explore alternative ways to either treat or prevent otitis media, which exacts an estimated public health burden of about \$5,000,000,000 a year in the United States.

Environmentally-induced Hearing Loss.—The Committee continues to be concerned by the number of Americans who suffer from chemical-and noise-induced hearing loss. The NIDCD's Wise Ears Campaign is making significant inroads towards educating Americans of all ages, and the Committee strongly supports its expansion to school-age children. The Committee also supports expanded research on prosthetic and pharmacological therapies for hearing loss from noise stress, ototoxic drugs and other environmental traumas.

Hair Cell Regeneration.—The Committee urges NIDCD to continue to assign a high priority to new and important directions for inner ear hair cell regeneration in mammals, specifically in the use of gene therapy to restore hair cells in the cochlea with adenovirus vectors, and in the development of stem cells to re-grow hair cells of the inner ear.

Hearing Devices.—The Committee encourages the NIDCD to expand research that would improve the benefits of cochlear prostheses and improve remediation of less-than-profound hearing loss through hearing aids and/or new prostheses and drug-delivery systems. Building on the successful clinical implementation of the cochlear implant, the Committee encourages NIDCD to explore the feasibility of electrical stimulation applied to the vestibular system to treat balance disorders.

Hereditary Hearing Loss.—The Committee applauds the remarkable progress towards understanding the molecular basis for hereditary hearing impairment. The Committee encourages a sustained effort to screen for the single and multigenetic bases of hearing loss through contemporary techniques, including the development of diagnostic gene chips for auditory dysfunction. The Committee also encourages the development of animal models to better assess at the level of structure and function how gene mutation results in impaired central auditory function.

Language Acquisition.—The Committee encourages the NIDCD to explore the biological bases of infant speech perception and language acquisition. This should include studies on the impact of partial or profound hearing loss.

Neurofibromatosis.—NF2 accounts for approximately 5 percent of genetic forms of deafness. Unlike other genetic forms of deafness, NF2-associated deafness is potentially preventable or curable if tumor growth is halted before damage has been done to the adjacent nerve. Research is now being conducted to cure deafness in NF2 mice through gene therapy, with enormous implications for gene therapy in general and for patients suffering from meningiomas and other tumors in particular. The Committee therefore encourages NIDCD to expand its NF2 research portfolio through all suitable mechanisms including RFAs and clinical trials.

Presbycusis.—Presbycusis, the gradual loss of hearing from aging, is the third leading chronic disease, following hypertension and arthritis, in individuals over age 65. It will become more common as the Nation’s population grows older. The Committee encourages research on the central and peripheral mechanisms leading to presbycusic hearing loss and on strategies that would prevent hearing loss in our senior population. NIDCD is urged to undertake research on the mechanism underlying the premature cell death that results in many forms of presbycusis so as to develop prevention and cure strategies.

Stuttering.—The Committee received testimony concerning stuttering which affects approximately 3 million people in this country. It was learned that healthy individuals who stutter are often labeled as unintelligent, eccentric, mentally ill and/or emotionally disturbed. NIDCD is encouraged to conduct a workshop in fiscal year 2005 on stuttering, which will examine the current state of the science as well as to identify future research opportunities in the field of stuttering and to report to the Committee on the plans for the workshop at next year’s hearings.

Tinnitus.—The Committee encourages the Institute to expand its research into mechanisms underlying peripheral and central tinnitus.

Translational Research.—The Committee encourages NIDCD to support research activities aimed at accelerating the translations of new findings from the laboratory bench to the bedside. With the exciting new insights and findings of our molecular and basic sciences in understanding the mechanisms of cell death and disease processes, it is important to provide support for those activities that will translate these findings into new interventions and technologies to better prevent and treat deafness and other communication disorders.

NATIONAL INSTITUTE OF NURSING RESEARCH

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|--------------------------------|---------------|
| Appropriations, 2004 | \$134,724,000 |
| Budget estimate, 2005 | 139,198,000 |
| Committee recommendation | 140,200,000 |

The Committee recommends an appropriation of \$140,200,000 for the National Institute of Nursing Research [NINR]. The budget request was \$139,198,000 and the fiscal year 2004 appropriation was

\$134,724,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The National Institute of Nursing Research [NINR] supports clinical and basic research on biological and behavioral aspects of critical national health problems. The Institute's programs have established a scientific basis for research that seeks to reduce the burden of acute and chronic illness and disability for individuals of all ages; improve the quality of life by preventing and delaying the onset of disease or slowing its progression; and establishing better approaches to promoting health and preventing disease. The NINR supports programs essential to improving clinical environments by testing interventions which influence patient health outcomes and reduce costs and demands for care.

Alzheimer's Disease.—The Committee is pleased that NINR has stepped up its research both on Alzheimer's patients and those who care for them. For example, a nursing research study is now underway comparing four interventions designed for families coping with the effects of Alzheimer's disease and related disorders. Two home-based and two community-based interventions are being assessed according to the physical and psychological well-being of the caregiver and the cognitive/behavioral functioning and well-being of the person receiving the care. Future findings promise valuable information for nursing, social work and other health disciplines about each intervention's usefulness for particular situations.

Adolescent Risk Behavior.—The Committee commends NINR's research in risk behavior. Increased understanding of factors that facilitate healthy lifestyle behaviors, as well as the modification of risky behaviors, will reduce the consequences associated with these risks. Recognizing that many adolescent risk behaviors are intertwined, the focus of NINR's initiative is on developing interventions that target several risk behaviors simultaneously. The Committee hopes this research will continue to bear positive results.

End of Life Research.—The Committee continues to strongly support NINR's leadership in coordinating end-of-life research at NIH. Expansion of the NINR research portfolio to include children at the end-of-life is a groundbreaking research initiative in an area that has not received the attention that it should. By focusing on such behavioral issues as stress and decision-making, as well as end-of-life care for children, the institute will continue to make strides that will alleviate the burdens involved with caring for those with terminal conditions.

Genetics.—The Committee is pleased with NINR's efforts in genetics and emphasis on the integration of genetics into nursing research, practice, and education. The NINR Summer Genetics Institute, which provides an 8-week intensive genetics research training program each year, is a key component of the effort to increase genetics expertise within the nursing knowledge base and healthcare practice.

Minority Health and Disparities.—The Committee commends NINR for its support of research to reduce disparities in the health of minority populations and is pleased that this will receive continued emphasis. It is important to reduce low birth-weight rates for minority women, which can be 50 percent higher than for white women. NINR's focus on early identification of risk factors and

chronic diseases during pregnancy and on health promotion for pregnant minority women will be important to lower the unacceptably high number of low birth-weight babies in the country. NINR is also urged to continue its successful research in promoting the health of minority men who have a reduced life expectancy compared to women. Research of effective health promotion strategies such as smoking cessation, nutrition, physical activity, and increased management of stress are critical to improving and extending the life cycle of minority men.

Nurse-managed Health Centers.—The Committee urges the NINR to increase funding for nurse-managed health centers and advanced practice nurses in research and demonstration projects.

Nursing Shortage.—NINR is to be commended for its forward-thinking investment in research training as a way to address the nursing shortage. Training support for fast-track baccalaureate-to-doctoral program participants is one important initiative. The 17 recently funded Nursing Partnership Centers to Reduce Health Disparities is another initiative that helps produce an adequate number of nurse researchers. Not only will these partnerships between research-intensive schools of nursing and minority serving university schools of nursing train more minority nurses, but they also expand health disparities research.

Self-Management.—Increasingly, self-management is becoming a significant approach to living with illness because it enhances the ability to retain the highest quality of life possible. The Committee is pleased that NINR is taking new approaches in its research on self-management of chronic illnesses that tailors interventions to diverse and vulnerable populations. Results from studies of technological advances that aid self-management, such as technologies that allow monitoring indices of illness at home, are an important adjunct to self-management strategies.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$428,669,000 |
| Budget estimate, 2005 | 441,911,000 |
| Committee recommendation | 444,900,000 |

The Committee recommends an appropriation of \$444,900,000 for the National Institute on Alcohol Abuse and Alcoholism [NIAAA]. The budget request was \$441,911,000 and the fiscal year 2004 appropriation was \$428,669,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NIAAA conducts biomedical and behavioral research for improving prevention and treatment and reducing or eliminating the associated health, economic, and social consequences of alcohol abuse and alcoholism. NIAAA provides leadership in the country’s effort to combat these problems by developing new knowledge that will decrease the incidence and prevalence of alcohol abuse and alcoholism and associated morbidity and mortality. NIAAA addresses these questions through an integrated program of biomedical, behavioral, and epidemiologic research on alcoholism, alcohol abuse, and related problems. This broad-based program includes various areas of special emphasis such as medica-

tions development, fetal alcohol syndrome, genetics, neuroscience, and moderate drinking.

Alcohol Policy Information System.—The Committee supports the Alcohol Policy Information System [APIS]. This clearinghouse provides users with access to the latest and most comprehensive information to develop and implement effective policies and practices to combat underage drinking and other alcohol problems. The Committee strongly encourages the NIAAA to increase funding in this area and to report on its efforts to maintain the APIS, and to develop a plan to increase public awareness and use of this information clearinghouse.

Alaska Alcohol and Substance Abuse.—The Committee is aware of serious problems with alcohol and substance abuse in Alaska, especially among its Alaska Native population and of the need for translating research into clinical applications for this population. The Committee urges NIAAA to sponsor a Research to Practice Forum with the Substance Abuse and Mental Health Services Administration to focus on bridging the gap between researchers and practitioners and translating scientific research into clinical applications, and encourages NIAAA to support the implementation of any recommendations developed at the forum.

Co-occurring Substance Abuse Disorders.—The Committee notes that the Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Health Disorders found that a “significant lack of prevalence data on co-occurring disorders exist.” The Committee encourages NIMH, NIAAA and NIDA to collaborate with States to develop more recent and accurate data on persons with co-occurring mental health and substance use disorders—with an emphasis on individuals with mild to moderate mental health disorders.

Drinking as a Development Disorder.—The Committee understand that new NIAAA research has shown serious drinking problems previously associated with middle adulthood often begin to emerge during adolescence and young adulthood. The Committee encourages NIAAA to continue researching alcohol-related problems in a developmental context and recognizes that alcohol abuse and dependence are best characterized as developmental disorders that become manifest throughout the lifespan.

Knowledge Transfer.—The Committee urges NIAAA to redouble its efforts to transfer new knowledge to communities and to primary care health providers who can apply it to prevention and treatment. Recognizing the developmental nature of alcohol-related problems, NIAAA should continue to focus intensively on the transition from childhood into adolescence, adolescence itself, and the transition from adolescence into young adulthood. The Committee looks forward to research findings that will reduce the risk to future generations of Americans and will spare countless additional parents from suffering the consequences of problem drinking in their children.

Nonalcoholic Steatohepatitis [NASH].—The Committee notes that the mechanisms that cause NASH and the treatment protocols that are effective with regard to NASH also offer promise for treating alcoholic liver disease [ALD]. The Committee urges additional research focused on NASH and ALD to address both these diseases

as well as to further test the hypothesis that the mechanisms causing these diseases are similar and new research findings may address both diseases.

Underage Drinking.—The Committee acknowledges that alcohol is, by far, the psychoactive substance most often used by youth, leading to numerous problems for themselves such as lower grades or school failure, social problems, physical problems, such as hangovers or medical illnesses, unwanted or unintended sexual activity, physical and sexual assault, memory problems, increased risk for suicide and homicide, alcohol-related car crashes and death from alcohol poisoning. The Committee recognizes that alcohol consumption represents one of the most important public health problems among youth today.

Using an Integrative Approach.—The Committee encourages NIAAA to continued directing substantial effort and resources toward the achievement of a more fully integrated and comprehensive scientific understanding of the environmental, behavioral, biological, and genetic factors that promote the initiation, maintenance, and acceleration of alcohol use, and that influence the transition into harmful alcohol use, including abuse and dependence.

NATIONAL INSTITUTE ON DRUG ABUSE

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|--------------------------------|---------------|
| Appropriations, 2004 | \$990,953,000 |
| Budget estimate, 2005 | 1,019,060,000 |
| Committee recommendation | 1,026,200,000 |

The Committee recommends an appropriation of \$1,026,200,000 for the National Institute on Drug Abuse [NIDA]. The budget request was \$1,019,060,000. The fiscal year 2004 appropriation was \$990,953,000. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—Created in 1974, NIDA supports about 85 percent of the world’s biomedical research in the area of drug abuse and addiction. The Committee commends NIDA for demonstrating through research that drug use is a preventable behavior and that addiction is a treatable disease. NIDA’s basic research plays a fundamental role in furthering knowledge about the ways in which drugs act on the brain to produce dependence, and contributes to understanding how the brain works. In addition, NIDA research identifies the most effective pharmacological and behavioral drug abuse treatments. NIDA conducts research on the nature and extent of drug abuse in the United States and monitors drug abuse trends nationwide to provide information for planning both prevention and treatment services. An important component of NIDA’s mission is also to study the outcomes, effectiveness, and cost benefits of drug abuse services delivered in a variety of settings and to assure dissemination of information with respect to prevention of drug abuse and treatment of drug abusers.

Adolescent Drug Use.—The Committee is pleased with the Institute’s focus on adolescents. The Committee notes that if drug use is to be reduced, there must be a better understanding of the adolescent decision-making process so that more effective prevention programs can be developed. NIDA is urged to increase its research to better understand the mechanisms underlying adolescent judgment, decision-making, impulsivity and risk-taking.

Collaboration With SAMHSA.—The Committee commends NIDA for its outreach and work with State substance abuse authorities to reduce the current 15- to 20-year lag between the discovery of an effective treatment of intervention and its availability at the community. In particular, the Committee applauds NIDA for working with SAMHSA on a recent RFA designed to strengthen State agencies' capacity to support and engage in research that will foster statewide adoption of meritorious science-based policies and practices. The Committee also encourages NIDA to continue collaborative work with States to ensure that research findings are relevant and adaptable by State Substance Abuse systems. In addition, the Committee encourages NIDA to work with SAMHSA, NIAAA and NIMH to develop more recent and accurate data on persons with co-occurring mental health and substance use disorders, with an emphasis on individuals with mild to moderate mental health disorders.

Co-morbidity.—Co-morbidity between drug abuse and mental illness is common and may reflect common contributing factors. The Committee urges NIDA to expand research efforts to better understand the neurobiological underpinnings of these co-occurring disorders; to elucidate risk and protective factors for development of mental health and substance abuse problems; and more specifically to explore the impact of stimulant therapies for mental disorders such as ADHD on later drug use disorders. The Committee also encourages NIDA to examine how treatment services can best accommodate the co-morbid nature of these disorders.

Drug Abuse and HIV/AIDS.—The Committee understands HIV/AIDS continues to disproportionately affect vulnerable populations in the United States (e.g. criminal justice populations, pregnant women, minorities and youth) and that drug abuse is often a factor in transmission of HIV/AIDS. Therefore, the Committee urges NIDA to continue its support of research that is focused on the development and testing of drug-abuse related interventions designed to reduce the spread of HIV/AIDS in these populations.

Emerging Drugs.—The Committee is concerned regarding the abuse of over-the-counter medications, including dextromethorphan [DMS] and steroids. Recognizing the significant role that NIDA has played in monitoring drug trends and responding to emerging drug problems like methamphetamine and prescription drugs, the Institute is encouraged to continue to increase its research and dissemination efforts on emerging drug problems.

Long-Term Consequences of Marijuana Use.—The Committee is concerned with the continuing widespread use of marijuana. Research shows that marijuana can be detrimental to educational attainment, work performance, and cognitive function. However, more information is needed in order to assess the full impact of long-term marijuana use. The Committee urges NIDA to support increased efforts to assess the long-term consequences of marijuana use on cognitive abilities, achievement, and mental and physical health.

Medical Consequences.—The Committee recognizes that addiction is a disorder that affects the course of other diseases such as cancer, cardiovascular and infectious diseases. Therefore, the Com-

mittee urges the NIDA to continue to support research on the medical consequences associated with drug abuse and addiction.

Medications Development.—The Committee applauds NIDA for over a decade of leadership in working with private industry to develop anti-addiction medications and is pleased this collaboration has resulted in a new medication for opiate addiction. The Committee encourages NIDA to continue its work with the private sector to develop anti-addiction medications, particularly for cocaine, methamphetamine, and marijuana.

Methamphetamine Abuse.—The Committee continues to be concerned with the rate of methamphetamine abuse across the Nation. The problem is especially acute in Midwestern States. The Committee again urges NIDA to expand its research on improved methods of prevention and treatment of methamphetamine abuse.

Outreach.—The Committee commends NIDA for its outreach and work with State substance abuse authorities to reduce the current 10- to 20-year lag between the discovery of an effective treatment of intervention and its availability at the community level. The Committee is pleased with NIDA’s collaboration with SAMHSA on strengthening State agencies’ capacity to support and engage in research that will foster statewide adoption of science-based policies and practices. The Committee also encourages NIDA to continue collaborative work with States to ensure that research findings are relevant and adaptable by State Substance Abuse systems.

Primary Care Settings and Youth.—Primary care settings, such as offices of pediatricians and general practitioners, are potential key points of access to prevent and treat problem drug use among young people; yet primary care and drug abuse services are commonly delivered through separate systems. The Committee encourages NIDA to expand support for health services research on effective ways to educate primary care providers about drug abuse; develop brief behavioral interventions for preventing and treating drug use and related health problems, particularly among adolescents; and develop methods to integrate drug abuse screening, assessment, prevention and treatment into primary health care settings.

NATIONAL INSTITUTE OF MENTAL HEALTH

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$1,381,774,000 |
| Budget estimate, 2005 | 1,420,609,000 |
| Committee recommendation | 1,436,800,000 |

The Committee recommends an appropriation of \$1,436,800,000 for the National Institute of Mental Health [NIMH]. The budget request was \$1,420,609,000 and the fiscal year 2004 appropriation was \$1,381,774,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The mission of the NIMH is to reduce the burden of mental illness and behavioral disorders through research on mind, brain, and behavior. At the same time, NIMH maintains a clear focus on its ultimate goal: to pursue an understanding that will enable it to prevent mental illness, or to develop rational treatments that will actually cure them once they occur.

As the leading Federal agency involved in research focused on mental disorders, NIMH and the scientists it supports seek to gain an understanding of the fundamental mechanisms underlying thought, emotion, and behavior—and an understanding of what goes wrong in the brain in mental illness. Equally important are the Institute's strong efforts to translate this basic knowledge into clinical research that will lead to better treatments and ultimately be effective in diverse populations and evolving health care systems.

Aging and Mental Health.—The Committee continues to be concerned that NIMH has not provided substantial resources to promote aging research or provide data on existing funds targeted toward geriatric mental health research. Therefore, the Committee encourages NIMH to significantly expand research in this area extramurally through all available mechanisms to advance the geriatric mental health research agenda.

Alzheimer's Disease.—Recently, NIMH launched a five-site trial of antidepressant medications designed to help identify the best medication regimen for treating the behavioral problems that often occur in Alzheimer patients. Initial results should be available in late 2004. In addition, NIMH intramural researchers identified a promising new method for early detection of Alzheimer's disease. Long-term studies now underway will determine whether this biomarker can be used as a predictive and diagnostic tool. The Committee encourages NIMH to continue to place significant priority on studies of Alzheimer's disease.

Behavioral Science.—The Committee is aware that NIMH is reviewing its portfolio in basic behavioral science and encourages NIMH to continue its commitment to strengthen behavioral research that examines the basic psychological functions that promote mental health or become disturbed in mental disorders. The Committee further recognizes the potential contribution of research on cognitive, personality, emotional, and social processes that underlie behavioral functioning and urges their inclusion in interdisciplinary research. The Committee is pleased that the National Mental Health Advisory Council has established a basic science working group and looks forward to receiving a report on the working group's conclusions regarding research opportunities in basic behavioral sciences relating to mental health.

Down Syndrome.—The Committee encourages NIMH to research the mental health symptoms of persons with Down syndrome and to investigate risk factors and possible treatments for autism, obsessive-compulsive disorder, attention deficit disorder, anxiety, and depression. The Committee urges NIMH to include Down syndrome in its studies on related disorders and to coordinate its work with the National Center on Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention. The Committee further urges NIMH to work closely with NINDS, NICHD, NIA and NHGRI to establish a new, multi-year research initiative to fund Down syndrome research relating to cognition and behavior through biomedical interventions.

Fragile X.—Fragile X is the most common single-gene neuropsychiatric disease known. It causes cognitive impairment, mental disorders such as obsessive-compulsive disorder, and ex-

treme anxiety. The Committee commends NIMH for working with FRAXA Research Foundation to spearhead three focused research meetings devoted to identifying critical research needs, in November 2001, January 2003, and a planned meeting in July 2004. The Committee urges NIMH to pursue the most critical needs identified by the meeting panels. These include controlled studies of existing and new pharmacological treatments for Fragile X and identification of the key molecular targets which are likely candidates for designing drug treatments for Fragile X and related disorders such as autism. The Committee also urges NIMH to include Fragile X in its studies of related neuropsychiatric disorders and to work with other Institutes such as NICHD and NINDS to develop cooperative research support mechanisms in this area.

Frontier Mental Health Needs.—The Committee commends NIMH on its outreach efforts to determine the differences in mental health needs which may exist in remote frontier communities. The Committee encourages NIMH to expand its research efforts into these communities, which are often ignored in research projects, but which continue to suffer from high incidences of mental health problems including depression, suicide and co-occurring disorders with substance abuse.

Major Depression and Bipolar Disorder.—The prevalence, economic consequences, and systemic nature of major depression is alarming. Depression is now recognized as a multisystem disorder affecting not only the brain, but the entire body. It has been associated with alterations in endocrine, cardiovascular, and immune systems as well as changes in bone metabolism. Researchers funded by NIMH found that the prevalence for major depression for lifetime was 16.2 percent; in any given year, more than 20 million children and adults in the Nation are affected by major depression or bipolar disorder. Depression has been shown to be a leading cause of disability worldwide. The Committee urges the NIMH to continue its efforts to understand depression, to develop new treatments, to decrease the impact of depression on comorbid illnesses, and—because depression and bipolar disorders are prominently associated with suicide—to reduce suicide. The Committee is pleased with NIMH's leadership in the public education campaign entitled "Real Men. Real Depression" and encourages the Institute to continue these education and information dissemination efforts.

Outreach.—The Committee commends NIMH on its outreach efforts to determine the differences in mental health needs which may exist in remote rural communities. The Committee encourages NIMH to expand its research efforts toward the unique needs of the Native Hawaiian community.

Parkinson's Disease.—The Committee encourages NIMH to increase its research on the role of depression in Parkinson's disease. Particularly, depression may be a very early symptom of Parkinson's, sometimes appearing before other traditional symptoms. NIMH should also continue its ongoing research into the proper treatment of depression and other serious mental disorders that often co-occur with Parkinson's, such as dementia and anxiety.

Portfolio Review.—The Committee is pleased with recent NIMH efforts to set priorities with an eye toward achieving maximum impact against mental disorders. A balanced NIMH research portfolio

ranges from the most basic molecular research to complex clinical and health services research—all of which contributes to the body of knowledge that will enable science to develop targeted and highly effective treatment interventions that can then be implemented through services that reach every individual who is in need. In this regard, the Committee understands that Working Groups of the National Advisory Mental Health Council [NAMHC], convened by the NIMH Director—including NAMHC members and outside scientific experts—have scrutinized the current NIMH portfolio related to clinical trials, to basic neurobiological research, and to basic behavioral research. The Committee favors these efforts at careful portfolio management, and looks forward to seeing the resulting recommendations of the Workgroups as to how the NIMH can best focus its efforts in areas that are relevant to the tremendous public health burden of mental disorders while at the same time promising the greatest opportunity for scientific advancement.

Prader-Willi Syndrome.—The Committee commends the NIMH for its efforts to further the understanding and description of the mental health components of Prader-Willi Syndrome. The Committee recommends that NIMH expand its programs to develop practical treatment protocols, including pharmaceutical options, for the severe anxiety, obsessive-compulsive disorder, oppositional-defiant disorder and psychotic mental illness aspects of Prader-Willi Syndrome.

Prevention Research.—The Committee places a high priority on prevention research, particularly with respect to mental disorders among children and adolescents, in identifying protective factors against the negative impacts of stress among young adults, and in developing strategies to strengthen the family.

Psychological Impacts of Terrorism.—The Committee supports NIMH research related to the psychological impact of both acute and chronic exposure to threats of violence, including terrorism and war, with particular emphasis on vulnerable populations, such as trauma survivors, children and older adults. The Committee encourages NIMH to expand its research portfolio to include research related to factors that promote detection or prediction, prevention, and post-exposure recovery and resilience.

Research Progress.—Research has led to breakthroughs in understanding the brain, how it is affected by environmental conditions, and how this in turn works to influence behavior. The Committee is pleased to see the success of research on the genetics of mental illness supported by NIMH, and progress made in identifying genes that increase one's risk of developing schizophrenia, depression and bipolar disorder, and unraveling how the genes work in the brain to influence vulnerability.

The Committee notes recent findings from the NIMH intramural research program on brain development, particular its study of normal brain development in youth ages 4 to 21. These results have elucidated the processes involved in the development of the normal brain, thus allowing more precise interpretation of what goes awry in neurodevelopmental disorders such as autism and schizophrenia. These developments are a clear illustration of the critically important work that is supported at NIH.

Schizophrenia.—The Committee supports NIMH's recent innovative steps to hasten understanding of schizophrenia, especially the emphasis on its highlight successful intramural program relating to schizophrenia, and on developing medications that will target cognitive symptoms associated with psychotic disorders.

Post Traumatic Stress Disorder.—The Committee supports NIMH's leadership in working to address urgent public health problems. NIMH research has shown that, for some individuals, exposure to violent or traumatic events can result in significant mental health repercussions. For example, in the area of fear, a great deal has been learned about the neurobiology of "extinction," which enables most individuals to recover from a traumatic experience. Those not able to do this develop Post Traumatic Stress Disorder [PTSD]. By studying fear learning and extinction in non-human animals, scientists now know that PTSD must involve a well-defined specific brain circuit. This information can be important given the need to address potential psychological repercussions of terrorism and terrorist acts. The Committee is aware of NIMH's leadership in seeking interagency coordination in addressing this urgent issue.

Selective Serotonin Reuptake Inhibitors.—The Committee urges the NIMH, in collaboration with the NICHD and other appropriate Institutes, to develop and conduct studies to examine the safety and efficacy of selective serotonin reuptake inhibitors [SSRIs] in children and adolescents. SSRIs are prescribed to millions of American children each year, and that number continues to increase dramatically. Yet there is conflicting information about the benefits and possible risks of using SSRIs to treat youth suffering from depression. Therefore, the Committee recommends that studies be designed to conclusively answer questions about the safety and efficacy of SSRIs in youth suffering from depression. The Committee further recommends that these studies focus on original research to the extent that existing data prove insufficient to answer such questions.

Social Work.—The Committee commends the NIH Office of Behavioral and Social Science Research for its leadership in working together with NIH Institutes and centers, especially NCI, NIAAA, NIA, NIDA, NIMH, NICHD, and social work organizations and academics to implement recommendations from the NIH Plan for Social Work Research, including expanded technical assistance and outreach and a summer 2004 training institute, and encourages continued implementation activities including working with appropriate social work practice, education, and research groups to host a trans-NIH conference on social work research.

Suicide.—The Committee supports NIMH efforts to enhance suicide awareness and prevention, and encourages the Institute to continue its collaborative work with other NIH Institutes to address this painful yet all-to-real topic. In 2000, 30,000 persons killed themselves in the United States. Suicide deaths outnumber homicide deaths by 5 to 3, and suicide was the third leading cause of death for 10- to 24-year-olds. The health conditions most consistently associated with suicide are mental illness and addictive disorders, affecting up to 90 percent of all people who die by suicide. The Committee is pleased with the program announcement spon-

sored by NIMH, NIAAA, NIDA, and others asking for grant applications for research that will reduce the burden of suicide. This multi-Institute initiative is meant to intensify investigator-initiated research on suicide and to attract new investigators to the field. This work is critical, and the Committee applauds this trans-NIH approach. Prescriptions for psychotropic medications for children and youth have clearly been increasing. While many children are immeasurably helped by these medications—so that they can lead satisfying social lives, perform well in school—recent reports of a possible link between use of these medications and suicide have alarmed the Committee. NIMH is addressing this important public health issue through its support of the large-scale clinical trial to carefully evaluate safety and effectiveness of treatments for adolescents with depression. The Committee would like a brief report from NIMH after publication of the trial results. The Committee notes NIMH’s web page essay on this topic, and urges NIMH to continue its vital research on the effects of these medication on children and on developing the brain when used long-term.

Translating Behavioral Research.—The Committee recognizes and strongly supports NIMH’s efforts to advance the application of behavioral research and interventions in clinical settings to address the public health burden of mental disorders. The Committee strongly supports translational research in the behavioral and social sciences to address how basic behavioral processes, such as cognition, emotion, motivation, development and social interaction, inform the diagnosis, treatment and delivery of services for mental disorders. Behavioral interventions are especially needed for children and adolescents with mental disorders.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$479,073,000 |
| Budget estimate, 2005 | 492,670,000 |
| Committee recommendation | 496,400,000 |

The Committee recommendation includes \$496,400,000 for the National Human Genome Research Institute [NHGRI]. The budget requested \$492,670,000 and the fiscal year 2004 appropriation was \$479,073,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The Human Genome Project was an effort to determine the location and sequence of the estimated 30,000 genes that constitute the human genome. This historic achievement opens the genomic era of medicine. The Committee commends the NHGRI for developing this vision for the future of genomics.

The NHGRI coordinates extramural and intramural research as well as research training in the area of genomics and genetics. The Division of Extramural Research supports research on genetic sequences of both human and non-human genomes, DNA sequencing technology development, database management and analysis, and studies of the ethical, legal, and social implications of human genome research. The Division of Intramural Research focuses on applying the tools and technologies of the Human Genome Project to understanding the genetic basis of disease and developing DNA-based diagnostics and gene-based therapies. The intramural program has also developed a strong clinical research program in col-

laboration with several other NIH Institutes to study and better understand rare and complex genetic diseases such as diabetes, heart disease, breast cancer, colon cancer, and melanoma.

Behavioral Research.—The Committee acknowledges NHGRI's leadership in establishing a social and behavioral intramural research branch within its intramural program. The new branch will work to translate the discoveries from the recently completed Human Genome Project into interventions for health promotion and disease prevention, and for counseling patients and families dealing with the impact of devastating genetic disorders. The SBRB also will investigate the complex social, ethical and public policy impact of genomic research.

Gene-Environment Interactions.—NHGRI is commended for its partnerships with other Institutes and the Office of Behavioral and Social Sciences Research to push the frontier of genetics research forward by examining gene-environment interactions. Research on the environmental stimuli, such as behaviors, experience of stress, or exposure to certain physical conditions, that lead to the expression of genes is critical if science is to reap the benefits of the mapped genome. NHGRI is encouraged to work with OBSSR on multidisciplinary training programs to increase the number of skilled scientists who can bridge the behavioral and genetic realms.

Targeting Disease Prevention.—The Committee commends NHGRI for creating the Encyclopedia of Data Elements [ENCODE] project, which has a long term goal of identifying and locating all protein-coding genes, non-protein coding genes and other sequence-based functional elements contained in human DNA sequence. However, other important research related to unveiling the secrets of the human genome should also be investigated. These include: the development of a comprehensive catalogue of the functional components encoded in the human and mouse genomes, a study of how microarray technology can play a role in the screening of newborn infants in conjunction with the NICHD, and the completion of the international haplotype mapping [HAPMAP] project. In each of these areas, the Committee recognizes that advances in the use of microarray technology can enhance NHGRI's global leadership in meeting these goals.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$287,129,000 |
| Budget estimate, 2005 | 297,647,000 |
| Committee recommendation | 300,800,000 |

The Committee recommends an appropriation of \$300,800,000 for the National Institute of Biomedical Imaging and Bioengineering [NIBIB]. The budget requested \$297,647,000 and the fiscal year 2004 appropriation was \$287,129,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NIBIB improves health by promoting fundamental discoveries, design and development, and translation and assessment of technological capabilities in biomedical imaging and bioengineering, enabled by relevant areas of information science, physics, chemistry, mathematics, materials science, and computer sciences. The Institute plans, conducts, fosters, and supports an in-

tegrated and coordinated program of research and research training that can be applied to a broad spectrum of biological processes, disorders and diseases and across organ systems. The Institute coordinates with the biomedical imaging and bioengineering programs of other agencies and NIH Institutes to support imaging and engineering research with potential medical applications and facilitates the transfer of such technologies to medical applications.

Artificial Tissues.—The Committee encourages the Institute to focus on improved tissue and organ imaging technologies and on the growth of artificial tissues. Progress in these fields will have multiple benefits including addressing issues such as invasive diagnostics tests now required for liver diseases and the need to address the shortage of livers and other organs available for transplantation.

Cardio-vascular Surgery.—Cardio-vascular surgery depends on the development of new materials and tools that can be used in surgical management of heart and lung disease. The Committee is encouraged that the Institute has recognized the importance of this concept and implemented programs in advanced biomaterials and tissue engineering that have a direct bearing on these surgical fields.

Imaging Techniques.—The Committee urges NIBIB to make new bone imaging techniques a primary focus, speeding the development of new imaging modalities that better capture bone quality, including bone micro- and macro-architecture, quantification of bone mass and crystalline composition. This is necessary to develop diagnostic and treatment therapies for patients with metabolic bone diseases. The Committee urges NIBIB to participate actively in trans-NIH initiatives that address these priorities.

Pet MicroPET Scans.—The Committee continues to encourage this new Institute to devote significant resources to molecular imaging technologies such as positron emission tomography [PET] and microPET to take advantage of the capacities of molecular imaging to detect disease process at the molecular level and to monitor the effectiveness of targeted gene therapies now under development. The Committee also encourages the new Institute to develop its research agenda in close collaboration with other, disease-specific Institutes at NIH, so that new imaging technologies are closely tied to the research projects being undertaken by the various other Institutes of NIH.

NATIONAL CENTER FOR RESEARCH RESOURCES

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$1,179,058,000 |
| Budget estimate, 2005 | 1,094,141,000 |
| Committee recommendation | 1,213,400,000 |

The Committee recommends an appropriation of \$1,213,400,000 for the National Center for Research Resources [NCRR]. The budget request was \$1,094,141,000 and the fiscal year 2004 appropriation was \$1,179,058,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NCRR develops and supports critical research technologies and shared resources that underpin research to maintain and improve the health of our Nation. The NCRR programs

develop a variety of research resources; provide biomaterial and resources for complex biotechnologies, clinical research, and specialized primate research; develop research capacity in minority institutions; and enhance the science education of pre-college students and the general public.

Animal Research.—The Committee encourages NCRF to support research and development focused on improving methods for recognizing, assessing, and alleviating pain and distress in research animals.

Cystic Fibrosis.—The Committee commends NCRF for its support of clinical trials networks, including cystic fibrosis clinical trials networks. A number of research institutions and private organizations are engaged in efforts to initiate or provide ongoing support to biospecimen repositories or specimen banks. The Committee recognizes that NCRF has supported programs to provide biomaterials to researchers and recommends that NCRF continue such efforts, including collaborative efforts with private sector entities. The Committee recommends that NCRF support a cystic fibrosis biospecimen repository, which would serve as an important resource to CF researchers and function as a model for other diseases.

Extramural Construction.—The Committee has included bill language identifying \$119,220,000 for extramural biomedical facility renovation and construction. This amount is the same as the fiscal year 2004 appropriation. The fiscal year 2005 budget proposed to eliminate funding for the program. These funds are to be awarded competitively, consistent with the requirements of section 481A of the Public Health Service Act, which allocates 25 percent of the total funding to institutions of emerging excellence.

Extramural Facilities Construction at Minority Institutions.—The Committee encourages NCRF to give priority consideration to supporting extramural facilities construction projects at historically minority institutions which have developed a comprehensive plan to address the disproportionate impact of cancer in minority communities.

General Clinical Research Centers.—The 79 NCRF-funded General Clinical Research Centers across the country are critical to NIH efforts to translate basic science discoveries into vaccines, treatments, and cures for disease. Approximately 10,000 researchers use GCRCs each year for patient-oriented research focused on a wide variety of diseases. A recent publication by the members of the Institute of Medicine Clinical Research Roundtable described the GCRCs as “an extraordinarily important model for how clinical research can be done” within academic health centers and recommended an expansion of the program. To enhance the capacity of these Centers to support patient-oriented research, the Committee has provided \$300,000,000 for GCRC Grants (M01), an increase of \$14,800,000 over fiscal year 2004. To clarify its intentions, the Committee emphasizes that this funding should be allocated directly to NCRF-funded GCRCs through or as a supplement to the M01 mechanism to support clinical research infrastructure such as inpatient and outpatient beds, laboratory services, research nutrition services, and statistical support for publicly and privately funded clinical investigators. The Committee asks to be informed

in advance of any new initiatives within the GCRC program that entail expenditure or reallocation of funds.

The Committee encourages the NCRR to upgrade GCRC facilities with the sophisticated technologies needed to apply the mapping of the human genome to the study of human disease and respond to the threat of bioterrorism; expand staffing as recently mandated by NCRR to assure patient safety; and support local GCRC pilot projects as approved by the NCRR Advisory Council.

IDeA Grants.—The Committee has provided \$224,000,000 for the Institutional Development Award [IDeA] Program authorized by section 402(g) of the Public Health Service Act. This is a \$10,000,000 increase over fiscal year 2004 and the same as the fiscal year 2005 budget request. Within the total provided, \$81,000,000 is for Idea Networks of Biomedical Research Excellence [INBRE] and \$136,000,000 is for the Centers of Biomedical Research Excellence [COBRE] initiative.

Positron Emission Tomography.—The Committee continues to urge NCRR to support research resource centers for the development and refinement of positron emission tomography [PET] as a unique imaging technology to diagnose and stage diseases of the brain, including Alzheimer’s disease.

Plant-Based Medicinal Products.—The Committee continues its interest in accelerating the development and commercialization of plant-based medicinal products.

Prader-Willi Syndrome.—The Committee recognizes the commitment to establish a Rare Diseases Clinical Research Center as part of the Rare Diseases Clinical Research Network for the study of Prader-Willi Syndrome and other rare disorders. The Committee recommends that the RDCRC program be expanded to increase the level of research being conducted.

Research Resource Centers.—The Committee continues to urge NCRR to support research resource centers for the development and refinement of positron emission tomography [PET] as a unique imaging technology to diagnose and stage diseases of the brain, including Alzheimer’s disease.

NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE
MEDICINE [NCCAM]

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$116,978,000 |
| Budget estimate, 2005 | 121,116,000 |
| Committee recommendation | 121,900,000 |

The Committee has included \$121,900,000 for the National Center for Complementary and Alternative Medicine. The budget request was \$121,116,000 and the fiscal year 2004 appropriation was \$116,978,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

The Committee strongly supports the work of the National Center for Complementary and Alternative Medicine. The Center is charged with assuring that complementary and alternative therapies be rigorously reviewed to provide consumers reliable information.

The Committee expects that funding for existing and new centers supported by NCCAM will be maintained. The Committee further expects NCCAM to undertake field investigations and a program

for the collection and evaluation of outcome data on promising alternative therapies. The Committee expects NCCAM to expand its support of CDC’s field investigations program and of AHRQ’s literature reviews and data-analysis efforts, and to develop and disseminate a comprehensive set of fact sheets on CAM therapies to inform the public and health professionals of the state of scientific knowledge about these therapies.

The Committee once again calls upon NCCAM to increase the number of research grants and centers awarded to CAM institutions. The Committee believes that in order to assure an adequate CAM research infrastructure and to encourage quality research at these institutions, greater support and resources from NCCAM to these institutions are needed.

Ameliorating Liver Disease.—The Committee notes that NIDDK has completed efforts to synthesize and calibrate the production of milk thistle, which will now make possible clinical trials to demonstrate its value in slowing the progression of nonalcoholic steatohepatitis and to reduce the side effects of hepatitis C interferon treatments. The Committee urges NCCAM to pursue research to demonstrate the value of milk thistle to ameliorate liver disease.

Bone Health and Nutrition.—The Committee urges NCCAM to conduct research on women in their 30s and 40s with respect to bone health and nutrition, including the use of supplements and nutraceuticals, in an effort to determine whether such strategies can prevent osteoporosis and fractures later in life. In addition the Committee urges support for research on the effect of complementary and alternative medicine on bones and pain management in people with metabolic bone diseases.

Native Hawaiian Healing.—The Committee encourages the preservation and documentation of Native Hawaiian traditional cultural healing practices.

Parkinson’s Disease.—The Committee encourages NCCAM to continue exploration of the neuroprotective qualities of B vitamins and antioxidant phytochemicals in berries via animal models. Research with animals has shown that diets containing berry fruits, such as blueberries, in addition to B vitamins may forestall and could reverse many of the neurological changes associated with age-related neurodegenerative conditions, such as Parkinson’s and Alzheimer’s disease.

NATIONAL CENTER ON MINORITY HEALTH AND HEALTH DISPARITIES

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$191,471,000 |
| Budget estimate, 2005 | 196,780,000 |
| Committee recommendation | 197,900,000 |

The Committee has included \$197,900,000 for the National Center on Minority Health and Health Disparities. The budget request was \$196,780,000 and the fiscal year 2004 appropriation was \$191,471,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NCMHD advises the NIH Director and Institute and Center [IC] directors on the development of NIH-wide policy issues related to minority health disparities research, research on other health disparities, and related research training. Among

other activities, the NCMHD develops, in consultation with the NIH Director, IC directors, and the advisory council, a comprehensive strategic plan that identifies and establishes objectives, priorities, budgets, and policy statements governing the conduct and support of all NIH minority health disparities research, research on other health disparities, and related research training activities. It also administers funds for the support of minority health disparities research and other health disparities research, by awarding grants and leveraging the programs of the ICs.

Behavioral and Social Sciences Research.—The Committee is pleased with NCMHD's efforts to reach out to and coordinate with the Office of Behavioral and Social Sciences Research. Cooperative efforts to spur research on socioeconomic status and health, experience of racism, and effective health communications are encouraged.

Community-Based Organization Partnership Prevention Centers.—The Committee recommends expansion of community-based partnerships to further respond to the Department's prevention initiatives. Efforts should be concentrated on the development of Community Prevention Partnership Centers whereby CBOs partner with targeted institutions of higher education. These institutions of higher education are HBCUs, HSIs, and API Serving Institutions. In American Indian, Alaska Native and Native Hawaiian communities, Tribal Colleges, Universities and health centers would serve as community prevention centers. All centers would provide cultural competent health promotion and disease prevention services and activities to promote healthy lifestyles and reduce risks for health problems ranging from diabetes, to cardiovascular disease, to substance abuse.

Community Programs to Improve Minority Health Grants.—The Committee recommends funding additional minority community-based grant projects that integrate community-based screening and outreach services, and include linkages for access and treatment to minorities in high risk or low-income communities, and address socio-cultural and linguistic barriers to health. The Committee notes that a number of meritorious grant applications in this important area are going unfunded.

Cultural and Linguistic Best Practices Studies.—The Committee urges studies of best practices and effective approaches implemented by health care providers in addressing cultural and linguistic barriers that impact on diagnosis and treatment regimens, patient health outcomes, patient comprehension and compliance with care and treatment regimens, and patient safety and medical errors reduction.

Hepatitis C.—The Committee notes that hepatitis C is twice as common in African Americans as it is in European Americans and standard hepatitis C treatments do not respond as well in African American populations. The Committee therefore urges the Center to initiate and participate with NIDDK in research focused on the Hepatitis C disparities that exist among minority populations.

Liver Disease.—The Committee remains concerned about the disproportionate burden of liver disease among African Americans, Hispanics, Asians and Native Americans. Among younger Native Americans liver disease is the second major cause of death, and the

sixth leading cause of death among all Native American age groups. Furthermore, among most Asian populations hepatitis B is a major cause of death. The Committee strongly encourages NCMHD, in collaboration with NIDDK, to expand research to improve liver disease treatment effectiveness among minority populations.

Racial and Ethnic Disparities.—The Committee believes that implementation of recommendations stemming from the Institute of Medicine [IOM] “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care”, study offer significant opportunities for improving health across communities of color. NCMHD is urged to support minority organizations and minority community-based efforts to disseminate research based health information that highlights health disparities experienced by different racial and ethnic groups. NCMHD is expected to engage minority national organizations including minority community-based organizations in educating diverse communities about recommendations of the Institute of Medicine report in an effort to improve health.

Scleroderma.—The Committee encourages the Center to support research that furthers the understanding of causes and consequences of scleroderma, a chronic, degenerative disease of collagen production, prevalent among African Americans, Hispanic and Native American men and women as well as other populations. The Center is encouraged to establish epidemiological studies to address the prevalence of scleroderma among these populations, as statistics indicate that African Americans have a slightly higher incidence of scleroderma. This population is also likely to be diagnosed at a younger age and tend to be diagnosed more often with the diffuse form of scleroderma.

JOHN E. FOGARTY INTERNATIONAL CENTER FOR ADVANCED STUDY IN
THE HEALTH SCIENCES

| | |
|--------------------------------|--------------|
| Appropriations, 2004 | \$65,382,000 |
| Budget estimate, 2005 | 67,182,000 |
| Committee recommendation | 67,600,000 |

The Committee recommends an appropriation of \$67,600,000 for the Fogarty International Center [FIC]. The budget request was \$67,182,000 and the fiscal year 2004 appropriation was \$65,382,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—Adapting research advances in biomedicine to populations at home and abroad requires a continuing commitment to basic science as well as rigorous clinical and applied (epidemiological) studies. Examples are vaccines, anti-infective agents, drugs, and more efficient diagnostic tools, combinations of interventions, and health policies to reduce the risk of disease and its associated human, social, and economic consequences. These challenges will benefit from a more coordinated and multi-disciplinary approach to global health needs. It is the mission of the FIC to address these challenges by forging collaborations with a range of domestic and global partners in international research and training to pursue three core objectives: first, to accelerate the pace of discovery and its application by special projects enabling scientists worldwide to share conceptual insights, analytic methods, data sets, patient co-

horts, or special environments; second, to engage and assist young as well as more established U.S. investigators to address scientific challenges related to global health; and third, to help develop a cadre of highly capable young foreign investigators positioned to cooperate with U.S. scientists in areas of the world that, due to geography, genetics, or disease burdens, provide unique opportunities to understand disease pathogenesis, anticipate disease trends, or develop interventions of relevance and priority for both the United States and the collaborating country.

Chronic Obstructive Pulmonary Disease.—The Committee notes that Chronic Obstructive Pulmonary Disease [COPD] is the fourth leading cause of death worldwide, and encourages the Fogarty International Center to expand its COPD research and training activities.

Tuberculosis Training.—The Committee is pleased with the Fogarty International Center's efforts to supplement grants in AIDS International Training and Research Program [AITRP] or International Training and Research Program in Emerging Infectious Diseases [ERID], which trains tuberculosis experts in the developing world. Given the magnitude of global tuberculosis, the Committee encourages FIC to develop a specific free-standing TB training program.

NATIONAL LIBRARY OF MEDICINE

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$317,245,000 |
| Budget estimate, 2005 | 325,147,000 |
| Committee recommendation | 325,100,000 |

The Committee recommends an appropriation of \$325,100,000 for the National Library of Medicine [NLM]. The budget requested \$325,147,000 and the fiscal year 2004 appropriation was \$317,245,000. These amounts include \$8,200,000 made available from program evaluation funds. The recommendation includes \$4,000,000 for improvement of information systems. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The National Library of Medicine is the Federal institution that for more than 150 years has collected, organized, preserved, and disseminated the world's output of biomedical literature in all forms. As a result of this activity NLM is the world's largest library of the health sciences, its holdings numbering more than 5,000,000 items. The NLM has pioneered innovative methods to disseminate bibliographic information. Basic to the mission of the NLM is a wide-ranging research program to improve how medical information is communicated. This responsibility is aided by a grants program and by specialized services in toxicology, environmental health, and biotechnology.

Computational Science.—The Committee recognizes that advances in computer science and technology, and applications of those advances to biomedical research, underpin many of the remarkable advances in the life sciences that have been achieved during the last couple of decades. Biomedical research now involves not only experiment, but also extensive computation. Increasingly, shortcomings in the specific biomedical computing environment limit the rate of progress in biomedical research. Accordingly, the

Committee believes that a major effort must be undertaken to improve the ability of computation to serve biomedical research. The Committee urges that NIH develop a plan for the near, intermediate, and long term, to improve the biomedical computing environment to the point that inefficiencies in the use of computer power and information technology no longer limit the rate of progress in biomedical research. The Committee recognizes that expertise relevant to the development and implementation of such a plan resides in other agencies as well as the NIH, such as the National Science Foundation, the Department of Energy, DARPA, and others, and thus encourages the NIH work with all such agencies in the development and implementation of such a plan.

Home Medical Consultations.—The Committee continues to support an expansion of a model project on the use of state-of-the-art telemedicine technology for home medical consultations. This innovative approach holds great promise for improving the care and lowering health care costs for home-bound individuals who require frequent monitoring.

Native Hawaiian Healing.—The Committee encourages the preservation and documentation of Native Hawaiian traditional cultural healing practices.

NLM Research Facility.—The Committee was pleased to learn that the design for the new research facility at the NLM has been completed and urges the NIH to assign a high priority to this construction project. The National Center for Biotechnology Information is the leveraging resource for much of the science that NIH supports. The information-handling capabilities of the Center are being jeopardized by a lack of adequate facilities, and for the good of biomedical research this expansion of NLM is needed as soon as possible.

Senior Citizen Outreach.—The Committee is very pleased with the excellent work by NLM to expand access to NLM's databases by senior citizens, and it urges the Library to continue this worthwhile effort.

OFFICE OF THE DIRECTOR

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$327,504,000 |
| Budget estimate, 2005 | 359,645,000 |
| Committee recommendation | 364,100,000 |

The Committee recommends an appropriation of \$364,100,000 for the Office of the Director [OD]. The budget request was \$359,645,000 and amount appropriated in fiscal year 2004 was \$327,504,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The Office of the Director provides leadership and direction to the NIH research community, and coordinates and directs initiatives which crosscut the NIH. The Office of the Director is responsible for the development and management of intramural and extramural research and research training policy, the review of program quality and effectiveness, the coordination of selected NIH-wide program activities, and the administration of centralized support activities essential to operation of the NIH.

Amnion-derived Stem Cell [ASC].—The Committee understands that ASC technologies offers the potential to develop and produce

an adequate supply of cells for therapeutic cellular transplantation based upon isolation from placental tissue. The Committee supports all avenues of stem cell research and strongly urges the NIH to explore research in this area and steps necessary for the clinical application of this technology.

Autism Spectrum Disorders.—The Committee is encouraged by the NIH's autism research matrix and urges NIH to devote sufficient resources to this research agenda. The Committee urges the NIH when implementing the autism research matrix to coordinate with autism organizations already funding research initiatives to ensure the most efficient use of its resources. The Committee also notes the promise of particular areas cited in the matrix, including genetic and behavioral characterizations of the disorder and screening and early diagnosis.

Autoimmune Diseases.—The Autoimmune Disease Coordinating Committee, with representation from each NIH Institute, Centers for Disease Control and Prevention, Food and Drug Administration, Veterans Administration, and patient advocacy organizations, has been effective in fostering collaborative, integrated multi-Institute research on issues affecting the entire genetically related family of autoimmune diseases, as recommended in the Autoimmune Diseases Research Plan. This collaboration has been a significant factor in achieving recent advances in the understanding, diagnosis and treatment of autoimmune diseases. Congress supports the committee's continued efforts in implementing the Autoimmune Diseases Research Plan.

Basic Behavioral Research.—The Committee notes with interest that NIH has undertaken a review of basic behavioral and social sciences research funded by the National Institutes of Health. The working group, composed of outside scientists and chaired by a member of the Advisory Council to the NIH Director, is charged in part with reviewing NIH's portfolio and identifying areas of opportunity in basic behavioral and social sciences, consistent with NIH's mission, that NIH should consider supporting. Basic research in these sciences is fundamental to an understanding of the mechanisms of sensation and perception, development, learning and memory, and group dynamics and behavior, among other areas. The Committee reiterates its support for NIH's history of investment in basic behavioral and social sciences research and looks forward to reviewing the report of the working group.

Center for Scientific Review [CSR].—The Committee recognizes that the reorganization of CSR offers the opportunity to enhance the quality of peer review for grant applications in the areas of cardiovascular, congenital and thoracic surgery. The Committee is encouraged by CSR's decision to restructure the peer review of these applications and to ensure that cardio-thoracic surgeons are full participants in the peer review process. The Committee will monitor this activity to ensure that proper support is given to the development of new surgical knowledge. This is especially important as biomedical research evolves into a more integrated model that cuts across existing boundaries to incorporate the expertise of different scientific disciplines including surgery.

Childhood Obesity, Trans-NIH Obesity Research Initiative.—The committee encourages the NIH to further expand the Trans-NIH

obesity research initiative to include a multi-center study of the metabolic, psychological, and genetic precursors of obesity in children.

Chronic Fatigue Syndrome [CFS].—The Committee is disappointed that NIH funding for CFS has basically remained flat in recent years, despite repeated congressional requests for increases. In addition, several grants represented to be for CFS research have limited direct relevance to CFS. The Committee notes that the Office of Research on Women's Health, through the Trans-NIH Working Group for Research on Chronic Fatigue Syndrome, is working on a request for applications [RFA] based on the findings of a June 2003 scientific workshop on CFS. The Committee strongly urges the NIH to fund this RFA as soon as possible. The Committee also urges the NIH to expand the involvement of intramural researchers in the study of CFS.

Clinical Investigators.—The Committee commends the Office of the Director for rapidly launching programs with loan repayment and for training clinical investigators and encourages NIH to maintain and expand these programs. These programs will be crucial for establishing the clinically trained work force that will translate the promising basic discoveries supported by NIH into clinical application to cure and prevent disease in American citizens.

Clinical Practice Networks.—The Director of NIH is commended for his Roadmap efforts to re-engineer clinical research as currently supported by NIH. The Committee recognizes that it is essential that study results be rapidly disseminated into clinical practice. Therefore, the Director is encouraged to work directly with the medical community—including the surgical community—in order to utilize existing networks as a way to accelerate the transfer of information for the treatment of patients. The Committee requests a report on this effort prior to next year's Appropriations hearing.

Clinical Research.—The opportunities for substantial dividends on the Nation's investment in medical research have never been greater. The Human Genome Project is providing remarkable insights into diseases and disorders that have plagued society for centuries. Those insights, together with the infusion of resources during the 5-year doubling of NIH, are opening new pathways to discovery. Commensurately, public expectations are growing with the hope that past investments will hasten the translation of new scientific knowledge into better health and more effective treatment and prevention strategies. But clinical research, the staging ground that deploys the results of research to hospitals and health care providers, is increasingly emerging as a bottleneck in the scientific continuum. At a time when a cohesive and coherent national effort is vital, the academic health centers on whose shoulders this work rests face unfunded regulatory mandates, fragmented clinical research infrastructure, incompatible data bases, and a severe and growing shortage of qualified clinical investigators and willing participants. While the NIH Roadmap initiative is intended to address some of these obstacles, more must be done to help academic health centers defray the costs associated with unfunded mandates; support infrastructure grants to modernize information technology systems and databases; and help modernize clinical research facilities. The Committee requests a report on these and other steps

taken to improve the clinical research enterprise prior to the fiscal year 2006 hearings.

Clinical Research Loan Repayment Program.—The Committee is pleased that NIH has moved forward with the Clinical Research Loan Repayment Program. As the program completes its third year, the Committee would like to assess outcomes to date as well as areas for potential improvement. It is the Committee's understanding that the requirement that applicants have an institutional guarantee of 2 years of research support has proven an insurmountable hurdle for many potential applicants, particularly those at the end of a training grant or career award who have not yet obtained outside support for the next stage of their careers. The Committee requests a report within 60 days after passage of this bill evaluating alternative strategies for assuring that recipients of loan repayment actually pursue careers in clinical research. Second, the Committee requests a report profiling award recipients including their training experience; degrees held; medical/scientific disciplines; academic positions; and the funding support by which they were eligible to apply.

Cystic Fibrosis.—The NIH Roadmap identifies the re-engineering of the clinical research system as a top priority. One of the strategies that the Roadmap recommends to enhance clinical research is establishing clinical trials networks that share informatics and other technologies. These networks also should include a significant number of institutions, in order to facilitate efficient recruitment and rapid enrollment of trial participants. The Committee believes that there are important opportunities for collaboration between NIH and this existing clinical trials network and encourages NIH to pursue this potential collaboration.

Digestive Disease Commission.—The Committee calls on the Director, in collaboration with the Secretary, to establish a national commission on digestive diseases composed of distinguished scientists and physicians who are experts in digestive diseases, digestive disease patient advocates and representatives of Federal departments, agencies or institutes providing support for research related to digestive diseases in order to (1) study the incidence, duration, and mortality rates of digestive diseases, as well as their social and economic impacts; (2) evaluate public and private facilities and resources, including trained personnel and research activities, for the diagnosis, prevention, and treatment of such diseases; (3) identify related disease management programs, including biological, behavioral, nutritional, environmental, and social programs; and (4) develop a long-range plan for the use and organization of national resources to effectively deal with digestive diseases.

Duchenne Muscular Dystrophy.—The Committee strongly encourages the funding of three additional Centers of Excellence and to double the funding for existing centers of excellence by the end of fiscal year 2005. In addition, the Committee notes that the NIH Interagency Coordinating Committee for muscular dystrophy has missed its 1-year deadline to submit a plan for conducting and supporting research and education on muscular dystrophy through NIH in accordance with the MD CARE Act of 2001. The Committee strongly urges the Coordinating Committee to finalize and submit

this plan, as well as include representation from the Department of Defense on the panel, as soon as possible.

In addition, the Committee strongly urges the NIH's to devote additional resources to DMD translational research and clinical trials. This funding is to be separate from the Centers of Excellence program. Based on the severity of this disorder, its high incidence in children, and the prospect of important new treatments, the Committee strongly urges OD, through NIAMS and NINDS, to follow the accelerated model for funding DMD translational research that was used for motor neuron diseases, including ALS and SMA. The Committee strongly endorses that plan and urges the OD to equip the program and the personnel charged with executing the plan with appropriate authoritative and financial resources to maximize the chances of success.

Finally, the Committee encourages the OD to further develop opportunities for upcoming clinical trials and to help make available all existing and emerging patient care options. The Institutes are encouraged to work with other Federal agencies to develop formal programs that increase public and professional awareness of the disease.

Epilepsy.—The Committee recognizes that while the NINDS is the primary Institute for addressing epilepsy, several other Institutes are also involved in related research. They include the NICHD, the NHGRI, the NIMH, and the NIA. The Committee requests the Director to provide a report by April 1, 2005, on the progress made in the coordination of research efforts in epilepsy among these Institutes, and on the progress made in implementing the NINDS research benchmarks resulting from the March 2000 conference “Curing Epilepsy: Focus on the Future.”

Fragile X.—The Committee notes that in fiscal year 2003, 75 grants were provided by 11 separate NIH Institutes, units, and its National Center for Research Resources to fund a treatment and cure for Fragile X. In addition, privately-funded Fragile X research is rapidly expanding, often in partnership with NIH grants. The Committee commends the growing breadth and diversity of this research but strongly urges the Director to establish a coordinating mechanism to direct and coordinate these efforts in regularly-scheduled meetings. The Committee requests that the Director report to the Congress on the progress during the fiscal year 2006 appropriations hearings.

Fragile X Pediatric Training.—The committee encourages the Director to increase the number and size of institutional training grants to institutions supporting pediatric training and the number of grants for career development clinical research.

Gender-Based Biology.—The Institute of Medicine [IOM] has released a study that clearly demonstrates that all biological research—from bench to bedside—must be cognizant of the differences that result from the sex of the patient, tissue or cell. One of the areas where such differences are most pronounced is in the field of neuroscience. For this reason, the Committee believes it is entirely appropriate that the Director assure that the ten institutes involved in the trans-institute initiative on brain research include gender-based biology as an integral part of the research conducted and that research results are analyzed and reported in this man-

ner, when appropriate. The Committee would like a report from the Director on the progress of this effort prior to next year's hearings.

General Clinical Research Centers.—The Committee has supported expansion of the General Clinical Research Centers program within the National Center for Research Resources. Wherever possible, the Committee encourages the Director to utilize the GCRCs as the foundation of NIH Roadmap activities related to clinical research. Rather than establishing programs in isolation, the Committee believes that it will be both synergistic and cost-effective for NIH Roadmap clinical research programs to be sited in the GCRCs as practicable.

Genomics.—The Committee recognizes that while the NHGRI is the primary Institute for addressing the human genome sequence, other Institutes should also identify the role genomics and genetics play in the progression of specific diseases. For example, the Committee urges the Director to encourage the various Institutes, including the NIA, NIMH, and NINDS, to take advantage of advances in microarray technology. Utilization of this technology could lead to improved prevention and therapeutic intervention strategies for Alzheimer's and Parkinson's diseases, as well as autism, obsessive compulsive and bi-polar disorder.

Graduate Training in Clinical Investigation Awards.—In an effort to reverse the shortage of well-trained clinical investigators, Congress authorized the Clinical Research Curriculum Awards and the Graduate Training in Clinical Investigation Awards. The Curriculum Awards were intended to support institutional training programs in clinical research, with the second award intended to provide tuition and stipend support for enrolling students. For 3 consecutive years, this Committee has expressed concern that NIH has not moved forward with implementation of the Graduate Training in Clinical Investigation Awards. The Committee believes that NIH is compromising the effectiveness of the training programs that have been established through the Curriculum Awards by failing to fund the complementary student stipend/tuition awards. The report of the General Accounting Office on NIH implementation of the clinical research legislation substantiated the Committee's concerns. The Committee urges the Director to consider including these awards in the NIH Roadmap activities related to enhancing the clinical research workforce and provide sufficient funds to support 200 students in fiscal year 2005.

Heart Disease, Stroke and Other Cardiovascular Diseases.—The Committee recognizes that the problems associated with heart disease, stroke and other cardiovascular diseases involve many institutes and centers, including NHLBI, NINDS, NIA, NIDCR, and NCRR. The Committee strongly urges the Director to expand its research portfolio and increase its resources and better coordinate cross-cutting research on these diseases in all institutes, centers and divisions, as appropriate, and through all available mechanisms. The Committee requests the Director to be prepared to report on initiatives on these diseases begun in fiscal year 2004 or scheduled to begin in fiscal year 2005 at the fiscal year 2006 appropriations hearings.

Hepatitis B.—The Committee is aware that although there has been tremendous success in the prevention and treatment of hepa-

titis B, this disease remains a serious concern. The large number of immigrants to the United States from countries where hepatitis B is endemic will keep the disease in the forefront of public health for years to come. The Director of NIH is urged to make hepatitis B a priority and to stimulate research to find complements for the current therapies; improvements in prevention, detection and treatment; and develop new vaccines and outreach programs.

High-Risk Research.—As the NIH enters into a period of limited funding resources, the peer review system will naturally tend to reward conservative research proposals rather than bolder ideas that have a higher risk of succeeding. The Committee strongly urges the NIH to beware of this tendency, in terms of both the research grants that it awards and the types of researchers who receive them. Relying solely on tried-and-true approaches to medical research, conducted solely by veteran, established researchers, will not result in quantum leaps in discovery. Despite the current decline in the growth rate of NIH's budget, the NIH must continue to fund high-risk research and young investigators who have innovative ideas.

Hepatitis C Consensus Conference Implementation.—The Committee notes that the Hepatitis C Consensus Development Conference recommended the creation of a Hepatitis Clinical Research Network [HCRN] and commends NIDDK and NIAID for expanding Hepatitis C related clinical research studies. The Committee requests a report by April 2005 to incorporate the advice of NIH and biomedical community leaders to assess the adequacy of this arrangement along with alternative approaches to assure a complete response to the original recommendations of the Hepatitis C Consensus Conference regarding the creation of the Network.

Human Tissue Supply.—The Committee remains interested in matching the increased needs of NIH grantees, intramural, and university-based researchers who rely upon human tissues and organs to study human diseases and search for cures, including for those researchers dedicated to the study and cure of rare diseases. The Committee is aware that one of the leaders in this competitive field, the National Disease Research Interchange [NDRI], is uniquely positioned to obtain this valuable and effective alternative research resource. More than 500 peer-reviewed research advances made by NDRI-dependent researchers have been published during the past 4 years contributing to the research community's fund of knowledge. The Committee is encouraged by NDRI's role in these research advances and applauds the Director's expanded support for NDRI by bringing NEI, NIDDK, NIAID, NIAMS, and the Office of Rare Diseases into the multi-institute initiative. While this is promising, more needs to be done to match the demand for the use of human tissue in research. The Committee, therefore, strongly urges the Director to increase the core support NDRI receives from NCRR, and the Institute Directors to identify and implement program-specific initiatives intended to expand support for NDRI.

Interdisciplinary Research and Training.—The committee notes OBSSR's efforts to develop new mechanisms for training scientists in more than one academic discipline to create a scientific workforce better prepared to research multi-faceted problems. OBSSR is directed to report back to the committee on interdisciplinary re-

search issues such as cross-disciplinary support for the new mechanisms, numbers of applicants, and any barriers encountered in implementing the new program.

Irritable Bowel Syndrome.—The Committee is pleased with the increased focus on irritable bowel syndrome [IBS] at the NIH's Office of Research on Women's Health. It is estimated that over 60,000,000 Americans, disproportionately women, suffer from IBS.

Juvenile Arthritis.—The Committee urges the Director, in collaboration with NIAMS, NICHD and NIAID, to strengthen its investment in, and commit additional resources to, basic, clinical, and translational research efforts and related activities specific to juvenile arthritis as authorized by the Children's Health Act. The Committee requests the NIH to provide Congress with a report on efforts underway and progress made in achieving this goal by April 2005.

Liver Disease and the Veterans Health Administration.—The Committee believes that closer collaboration with the Veterans Health Administration will significantly facilitate, accelerate, and leverage research to develop more effective treatments and cures for liver disease. The Committee notes that the Veterans Health Administration [VHA] has developed a significant database of veterans with hepatitis C that includes demographic, diagnostic, laboratory, drug treatment and co-morbidity population statistics that could be used to support a large number of NIH funded research efforts. The Committee is pleased that NIDDK, as the lead NIH Institute, has begun efforts to develop a cooperative agreement with the Veterans Health Administration as a vehicle for cost-sharing collaborative efforts to facilitate liver disease research on a trans-NIH basis. The Committee requests the Institute be prepared to report at the fiscal year 2006 Appropriation the progress and status of cooperative research efforts with the VHA to address hepatitis C.

Lymphatic System Research.—Despite the central role of the lymphatic system in human health and disease, this focus of research and medical care has, until recently, been relatively neglected. The lack of research has created barriers to effective delivery of health care and limited the interest of biomedical investigators to pursue prospective studies in this area. Therefore, the Committee urges the Trans-NIH Coordinating Committee for the Lymphatic System to work with its member ICs to implement a comprehensive lymphatic research awareness campaign that is designed to target academia, governmental agencies, industry, scientific and medical professional organizations, and the public at large.

The Committee also urges the OD to consider targeted initiatives regarding the lymphatic system, such as: (a) the development of suitable reagents, including monoclonal antibodies, to facilitate lymphatic investigation *in vitro* and *in vivo*; (b) the development of transgenic and knockout animal models; (c) the functional imaging of the lymphatic system; (d) academic career development; and (e) a national patient registry and tissue bank for lymphatic diseases. Finally, the Committee encourages the Coordinating Committee to work with the Center for Scientific Review and ICs to ensure that experts in the lymphatic system are adequately represented on peer review panels.

Microbicides for the Prevention of HIV.—Microbicides, a class of products that would be applied topically to prevent HIV, represent a promising prevention strategy, with the potential to be especially significant in preventing HIV in women, who now account for more than half of the individuals newly infected with HIV globally. Once developed, microbicides and vaccines would serve as complementary HIV prevention technologies.

NIH, principally through NIAID, spends the majority of Federal dollars in this area. The Committee remains concerned that microbicide research at NIH is currently conducted with no single line of administrative accountability or specific funding coordination. The Director of NIH, in consultation with OAR and in coordination with NIAID, NICHD, NIDA, NIMH, and ORWH, is urged to establish a microbicides branch or comparable dedicated unit specifically for microbicides research and development, with appropriate staff and funding.

Minority Health and Racial Disparities.—The Nation has invested greatly in the NIH providing tremendous opportunities for accelerated improvements in health and quality of life. Research advances must be applied more expeditiously to ensure greater improvements in health outcomes across all communities of color and the general public. The Committee strongly urges the NIH to improve, strengthen and expand its systems of information dissemination and outreach to health care providers, minority organizations, and the public. Knowing that one-size does not fit all as it relates to the public, communities, and the Institutes and Centers, the Committee strongly urges the Director of NIH, and the director of each of the Institutes and Centers to report on their respective improved systems across these areas during next year's appropriations hearings.

Nanosystems Biology.—The Committee encourages the director, along with NCI, to support a collaborative effort to bring nanotechnology, systems biology and molecular imaging together to examine the molecular basis of cancer, consistent with the Director's Roadmap Initiative.

Office of Dietary Supplements.—The Committee continues to strongly support the important work of this Office. Use of dietary supplements has increased significantly among Americans who want to improve their health and prevent disease. There is a great need for additional research to better inform consumers of the health benefits of supplements. Accordingly, the Committee has provided additional funds to expand this office's efforts. In particular, the Committee expects the ODS to speed up ongoing collaborative efforts to develop, validate and disseminate analytical methods and reference materials for the most commonly used botanicals and other dietary supplements. The Committee also expects the ODS to contract with industry non-profit associations or foundations which currently have and maintain a database of dietary supplement labels to develop, create, continually update, maintain and make available to Government and research entities a database of all supplement labels sold in the United States. The creation of this database would allow ODS to have access for research purposes of all known supplements manufactured in the United States and to allow access by other Federal agencies for en-

sureing safety to consumers, through the mandatory listing of ingredients in these products on the label, who purchase supplements manufactured and/or sold in the United States.

Office of Science Education.—The Committee is pleased with the work of the Office of Science Education and encourages all of the NIH Institutes to work with the Office to support supplemental curricular and training project for K–12 science education. The support from the NIH Institutes and centers greatly enhance the capacity of this Office to provide the critical investment in science literacy among young people throughout the Nation.

Office of Research on Women's Health.—The Committee recognizes the critical role played by the Specialized Centers of Research on Sex and Gender Factors Affecting Women's Health and encourages the Office to continue programmatic initiatives to further this work. The Committee also supports the development of an intramural women's health program at NIH.

Parkinson's Disease.—The Committee commends the Director for his strong support and facilitation of collaboration with patient advocacy groups, health non-profits, and international organizations.

The Committee is also aware that the Parkinson's Disease Research Agenda [PDRA] developed by NIH in 2000 included professional judgments funding projections that totaled an additional \$1,000,000,000 over 5 years to achieve a cure. The Committee strongly urges NIH to come as close as possible to fulfilling that Agenda while maintaining the standards of peer review. Furthermore, the Committee is also aware that the Director has prepared his own "matrix" for Parkinson's which, while laudable, falls short of the ambitious goal of the Parkinson's Disease Research Agenda to find a cure for Parkinson's by developing a roadmap and projections of the resources needed to achieve that goal.

The Committee strongly urges the NIH to devote additional resources to Parkinson's research, as recommended by the Parkinson's disease Research Agenda, using all available mechanisms, including RFAs.

The Committee expects the NIH to report to Congress by April 2005, not only on the steps it is taking to fulfill the Parkinson's disease Research Agenda, but also its progress towards finding a cure for this devastating disease. Additionally, as 5 years have elapsed since the last NIH conference on Parkinson's disease, the Committee strongly urges the Director to hold another conference, similar to the one held in November 1999, to examine the path to a cure, working with patient advocacy, scientific, and non-profit communities. The results of the conference should produce a strategic plan setting forth the research funding and programs required to secure the earliest possible development of effective therapies, prevention, and a cure for Parkinson's disease.

Pediatric Research Initiative.—The Committee urges the Office of the Director to expand the Pediatric Research Initiative, as authorized by the Children's Health Act of 2000. The Committee strongly supports the growth of support for pediatric research across Institutes and encourages activities which stimulate new and promising areas of pediatric research. Additionally, the Committee urges NIH to collaborate with the CDC and HRSA in research areas related to heritable and genetic disorders affecting children.

Population-Based Prevention Research.—The Committee commends NIH for its efforts to support research in humans that examines factors associated with preventing disease and promoting health. The Committee urges the NIH to seek ways to remove barriers that prevent research findings from being translated into population-wide health improvements and to expand its support for studies that include examination in human populations of biological, behavioral and environmental factors associated with disease and means to ameliorate them. As part of these efforts, the Committee requests the NIH to submit a report by April 1, 2005, that indicates total funding by institute, and where applicable by disease, for prevention research among human populations that reduces disease risk through social, behavioral and environmental change.

Prader-Willi Syndrome.—The Committee commends the NIH for creation of an Obesity Research Task Force and for NIH's recognition of the need to prevent and treat obesity beginning in childhood. However, the committee strongly urges the Task Force to explicitly include, across the six proposed trans-NIH obesity initiatives, investigations into the genetic causes of obesity beginning with study of Prader-Willi Syndrome. Furthermore, the Committee urges the Director of NIH to conduct outreach to the Prader-Willi Syndrome community to participate in research at the proposed "Obesity Clinical Research Center." The NIH should be prepared to report on the progress made by the Obesity Research Task Force, and the trans-NIH research efforts to appropriately incorporate both children and genetics into the overall obesity research agenda during the fiscal year 2006 appropriations hearings.

Public Health Relevance of Research Awards.—The Committee is encouraged by steps the National Institutes of Health [NIH] is taking to improve communications regarding the public health relevance of its research awards. Specifically, the Committee is pleased NIH has proposed a modification to its standard grant application, PHS Form 398, requiring all grantees to include a statement of public health significance. The Committee urges the Department of Health and Human Services and the Office of Management and Budget to approve the proposed revision and support the agency in its efforts to implement this important change in the grant application form.

Rare Liver Diseases.—The Committee is pleased that the Office of Rare Diseases has provided significant co-funding, along with NIDDK, for the Biliary Atresia Research Network. The Committee urges ORD to continue to address rare liver diseases including primary biliary cirrhosis, primary sclerosing cholangitis, and autoimmune hepatitis.

Saliva Research.—The Committee has learned that saliva is gaining value as a diagnostic tool and potential monitor of disease progression in systemic disorders, including Alzheimer's disease, Sjogren's syndrome, cystic fibrosis, and diabetes; moreover, studies have uncovered the presence of a cancer-related protein whose concentration increases in the presence of breast cancer—thus, having the potential as a diagnostic marker for the early detection of breast cancer. The Director of NIH is urged, working with the

NIDCR, to find ways to expand and accelerate research in this area and report back to the Committee prior to next year's hearing.

Sepsis.—The Committee is aware that sepsis kills more than 215,000 Americans each year. To improve health care provider education in correctly diagnosing sepsis, the Committee urges the Director to work with outside organizations to create and implement a program to train infectious disease physicians, emergency room doctors, critical care nurses, and oncologists, especially those serving in rural and underserved areas, in the use of new guidelines to identify sepsis to improve patient outcomes. The Committee further encourages the Director to work with the NIAID, NHLBI and NCI in these provider education efforts.

Spina Bifida.—The Committee recognizes that Spina Bifida is the leading permanently disabling birth defect in the United States and has concerns that the NIH has not prioritized research into primary and secondary prevention of this condition. While Spina Bifida is highly preventable through proper nutrition, including appropriate folic acid consumption, too many pregnancies are still affected each year by this devastating birth defect. The Committee also acknowledges that prevention does not assist the more than 70,000 individuals living with Spina Bifida and therefore urges the NIH/NINDS/NICHHD to allocate adequate and additional resources to prioritize research into primary and secondary prevention for Spina Bifida.

Spinal Muscular Atrophy.—The Committee strongly urges the OD to ensure the success of the SMA Project by providing active and ongoing support from the OD as well as from other related Institute Directors, most notably NICHHD. The OD is urged to take all necessary steps to ensure that the NICHHD is fully engaged by expanding their scope and level of resources dedicated to SMA.

Stroke in Women.—As the second leading cause of death among women worldwide, stroke in women is a major health problem. Stroke kills more than twice as many women as do breast cancer and AIDS combined. Acute care of women stroke victims is often delayed, and 62 percent of all stroke-related deaths occur in women. Recognizing that women are the single largest group at risk for death from stroke, the Committee believes that special attention should be focused on better understanding the gender-related differences in stroke. Some aspects of the disease unique to women include strokes related to pregnancy and the use of oral contraceptives. Stroke is additionally a leading cause of serious disability among women and may contribute to late-life cognitive decline. The Committee supports the funding of new and continuing NIH studies that investigate the impact of postmenopausal hormone replacement therapy on stroke risk. Continued support of clinical and basic research on hormone physiology in women is necessary to understanding the impact of hormones on women's vascular systems. The Committee urges NIH to increase research in stroke among women of all ages, with specific attention to gender-related differences in stroke risk, and to stroke prevention interventions, acute stroke management, post-stroke recovery, long-term outcomes, and quality of care. The Committee further urges NIH to increase research into new therapies for stroke in women as well as into ways of enhancing the vascular health of all Americans.

The Committee also encourages and supports NIH's initiatives toward advancing the organization of stroke care, including post-stroke rehabilitation, and the identification of stroke treatment and research centers that would provide rapid, early, continuous 24-hour treatment to stroke victims, including the use of the clot-buster t-PA, when appropriate. Designated areas in medical facilities equipped with the resources and personnel for treating stroke would also promote the early evaluation of innovative stroke treatments.

Temporomandibular Joint [TMJ] Disorders.—The Committee commends the NIH for holding a scientific meeting in May 2004 on the co-morbidities of TMJ. This meeting highlighted the complexity of TMJ diseases and disorders, the research opportunities available and the importance of inter-institute collaborations to further the understanding, treatment, and prevention of this condition. The Committee is disappointed, however, that the NIH Temporomandibular Disorders Interagency Working Group [TMJDIWG] has not yet developed a trans-NIH research agenda on TMJ disorders, as discussed in the fiscal year 2005 congressional budget justification. The Committee strongly urges the Director to ensure that this plan is completed as soon as possible. The plan should incorporate input from patients and should include listings of the specific research opportunities that have been identified by the TMJDIWG. It should also include summaries from each Institute in the working group regarding which research opportunities it plans to pursue, with approximate timeframes. The Committee requests a report on this plan by April 1, 2005. Finally, the Committee urges the NIH to develop informational materials on TMJ disorders for distribution to patients, the media, health care organizations, and the public.

Tuberous Sclerosis Complex.—In its report accompanying the fiscal year 2004 appropriations, the Committee called upon the Office of the Director to formulate an NIH-wide research agenda on tuberous sclerosis complex, and to report back to the Committee on this effort. While a research agenda was developed, the Committee is disappointed by the failure to act upon it. The report to the Committee cited research studies were carried out several years ago or which only generally relate to TSC, and failed to establish a mechanism to coordinate research activities across several Institutes. The Committee strongly urges the OD to establish such coordinating mechanism as soon as possible, and to undertake TSC-specific research.

Vascular Biology.—The Committee recognizes the importance of advancing research in the field of vascular biology, the study of blood and blood vessels and their interactions. Not only is the maintenance of the blood supply critical to the functioning of all organs of the body, understanding the mechanisms and treatment of diseases that interrupt the blood supply is relevant to all organ systems and their disorders. Research into vascular biology can provide the scientific basis for new therapies to prevent thrombosis; therapies that are important to the prevention and control of heart disease, stroke, recurrent fetal loss, and complications associated with sickle cell anemia and diabetes; and therapies related to the interruption of the blood supply to tumors and cancers. Because of

the cross-cutting aspects of this research, the Committee urges the NIH Director to develop a comprehensive NIH-wide approach to identify and pursue research opportunities in this field.

OFFICE OF AIDS RESEARCH

The Committee recommendation does not include a direct appropriation for the Office of AIDS Research [OAR]. Instead, funding for AIDS research is included within the appropriation for each Institute, Center, and Division of the NIH. The recommendation also includes a general provision which directs that the funding for AIDS research, as determined by the Director of the National Institutes of Health and the OAR, be allocated directly to the OAR for distribution to the Institutes consistent with the AIDS research plan. The recommendation also includes a general provision permitting the Director of the NIH and the OAR to shift up to 3 percent of AIDS research funding among Institutes and Centers throughout the year if needs change or unanticipated opportunities arise. The Committee requests that the Director provide notification to the Committee in the event the Directors exercise the 3 percent transfer authority.

The NIH Office of AIDS Research [OAR] coordinates the scientific, budgetary, legislative, and policy elements of the NIH AIDS research program. Congress provided new authorities to the OAR to fulfill these responsibilities in the NIH Revitalization Act Amendments of 1993. The law mandates the OAR to develop an annual comprehensive plan and budget for all NIH AIDS research and to prepare a Presidential bypass budget.

BUILDINGS AND FACILITIES

| | |
|--------------------------------|--------------|
| Appropriations, 2004 | \$88,972,000 |
| Budget estimate, 2005 | 99,500,000 |
| Committee recommendation | 114,500,000 |

The Committee recommends an appropriation of \$114,500,000 for buildings and facilities [B&F]. The budget requested \$99,500,000 and the fiscal year 2004 appropriation was \$88,972,000.

Mission.—The buildings and facilities appropriation provides for the NIH construction programs including design, construction, and repair and improvement of the clinical and laboratory buildings and supporting facilities necessary to the mission of the NIH. This program maintains physical plants at Bethesda, Poolesville, Baltimore, and Frederick, MD; Research Triangle Park, NC; Hamilton, MT; Perrine, FL; New Iberia, LA; and Sabana Seca, PR.

The Committee has included full-scope bill language within this appropriation to give flexibility to the NIH to continue work on the John E. Porter Neuroscience Research Center for which \$15,000,000 has been included. Funds have also been included for the Animal Research Center, the Rocky Mountain Laboratories Buffer Replacement Facility, asbestos abatement, fire protection and health and safety compliance, air quality improvement programs and to eliminate barriers to persons with disabilities.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$3,350,958,000 |
| Budget estimate, 2005 | 3,550,242,000 |
| Committee recommendation | 3,484,729,000 |

The Committee recommends \$3,484,729,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA] for fiscal year 2005. This amount is \$133,771,000 above the comparable fiscal year 2004 level and \$65,513,000 below the administration request. The recommendation includes \$123,303,000 in transfers available under section 241 of the Public Health Service Act. SAMHSA is responsible for supporting mental health programs and alcohol and other drug abuse prevention and treatment services throughout the country, primarily through categorical grants and block grants to States.

The Committee has provided funding for programs of regional and national significance under each of the three SAMHSA centers: mental health services, substance abuse treatment and substance abuse prevention. Separate funding is available for the children's mental health services program, projects for assistance in transition from homelessness, the protection and advocacy program, data collection activities undertaken by the Office of Applied Studies and the two block grant programs: the community mental health services block grant and the substance abuse prevention and treatment block grant.

The Committee strongly supports SAMHSA's Federal leadership role to improve the quality and availability of empirically-based prevention and treatment services in the areas of mental health and substance abuse. The Committee commends SAMHSA for its ongoing collaboration with the National Institutes of Health, specifically with the National Institute of Mental Health [NIMH], the National Institute on Drug Abuse [NIDA], and the National Institute on Alcohol Abuse and Alcoholism [NIAAA]. As one example of this partnership, the Committee notes that SAMHSA collaborated with NIDA on the recent NIH Request for Applications [RFA] designed to strengthen the capacity of State Alcohol and Drug Abuse Agencies to support and engage in research that will foster adoption of science-based policies and practices. The Committee urges that SAMHSA and NIH continue its collaboration to reduce the current 15 to 20-year lag between the discovery of an effective treatment or intervention and its availability at the community level. The Committee is particularly interested in recent brain imaging research being conducted and supported by NIH. The Committee believes this research will have a significant impact on the development of new science-based treatment and prevention strategies for those suffering from mental illness and substance abuse.

The Committee requests that SAMHSA work with the Centers for Medicare and Medicaid Services to maximize reimbursement of a more complete continuum of treatment and prevention services, including recovery support services, through the Medicaid program. Medicaid is an important but under-utilized funding stream for drug and alcohol treatment and prevention services that complements the funding provided through SAMHSA programs, espe-

cially when evidence shows that when treatment is provided other health care costs can be reduced by as much as 50 percent.

The Committee remains concerned by the disproportionate presence of substance abuse in rural and native communities, particularly for American Indian, Alaska Native and Native Hawaiian communities. The Committee reiterates its belief that funds for prevention and treatment programs should be targeted to those persons and communities most in need of service. Therefore, the Committee has provided sufficient funds to fund projects to increase knowledge about effective ways to deliver services to rural and native communities.

CENTER FOR MENTAL HEALTH SERVICES

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$862,220,000 |
| Budget estimate, 2005 | 912,502,000 |
| Committee recommendation | 935,082,000 |

The Committee recommends \$935,082,000 for mental health services. This amount is \$72,862,000 above the comparable level for fiscal year 2004 and \$22,580,000 above the administration request. The recommendation includes \$21,803,000 in transfers available under section 241 of the Public Health Service Act. Included in the recommendation is funding for programs of regional and national significance, the mental health performance partnership block grant to the States, children's mental health services, projects for assistance in transition from homelessness, and protection and advocacy services for individuals with mental illnesses.

The Committee notes that that SAMHSA's 2002 "Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Health Disorders" found that a "significant lack of prevalence data on co-occurring disorders exist." The Committee encourages SAMHSA to work with NIMH, NIAAA, and NIDA to collaborate with States to develop more recent and accurate data on persons with co-occurring mental health and substance use disorders, with an emphasis on individuals with mild to moderate mental health disorders.

Programs of Regional and National Significance

The Committee recommends \$303,128,000 for programs of regional and national significance. This amount is \$62,332,000 above the comparable level for fiscal year 2004 and \$32,580,000 above the administration request. Programs of regional and national significance address priority mental health needs through developing and applying best practices, offering training and technical assistance, providing targeted capacity expansion grants, and changing the delivery system through family, client-oriented and consumer-run activities.

The Committee is deeply concerned that between 5 percent to 9 percent of all children suffer from a mental, behavioral or emotional disorder which, if undiagnosed and untreated, can substantially interfere with academic achievement, or lead to student dropout, substance abuse, violent behavior, or suicide. Because most youth aged 15 to 19 are in school, the educational system is the best environment to identify those youth at risk for suicide and to facilitate the services that the individual needs. The Committee is

aware that SAMHSA is overseeing a pilot study in one school system, utilizing evidence-based screening techniques and tools to screen and identify teenagers who are at risk. Several promising screening techniques to identify youth at risk exist but they need further testing. There also is a need to develop evidence-based interventions to work with students found to be at risk and their families so as to facilitate treatment. The Committee has included \$4,500,000 for SAMHSA to make grants to local educational systems or non-profit entities in conjunction with local educational systems both to further test the use of the screening mechanisms and to identify evidence-based practices for facilitating treatment for youth at risk.

The Committee has included \$3,000,000 to continue supporting the National Suicide Prevention Resource Center. This important initiative supports technical assistance in developing, implementing and evaluating effective suicide prevention programs. The Resource Center serves as a training and field support and acts as a clearinghouse for all pertinent best practices information regarding suicide prevention, and it promotes evaluation of suicide prevention programs to ensure that effective techniques, strategies, and recommended best practices are made available to users. The Committee also continues funding at last year's level for the Suicide Prevention Hotline program.

The Committee continues to support funding for mental health counselors for school-age children, as part of an effort to reduce the incidence of youth violence. The Committee intends that \$95,000,000 be used for counseling services for school-age youth. Among other things, the Committee believes that mental health counseling for troubled youth can help prevent violent acts, and therefore is providing continued funding to help schools in that effort. It is again expected that SAMHSA will collaborate with the Departments of Education and Justice to continue a coordinated approach.

The Committee appreciates CMHS's commitment to improving the quality, effectiveness and availability of therapeutic services delivered to traumatized children and adolescents; furthering the understanding of the individual, familial, and community impact of child and adolescent traumatic stress and the methods used to prevent its consequences; and reducing the frequency and consequences of traumatic events on children and adolescents. The Committee recommendation includes \$30,000,000 to continue and build on the National Child Traumatic Stress Initiative.

The Committee provides \$2,000,000 to continue the current level of funding for the consumer and consumer-supporter national technical assistance centers. The Committee directs CMHS to support multi-year grants to five such national technical assistance centers.

The Committee recommendation includes \$5,000,000 to continue the elderly treatment and outreach program. The administration did not request funding for this program. The Committee notes that this is the only federally funded services program dedicated specifically to the mental health care of older adults. From 15 to 25 percent of elderly people in the United States suffer from significant symptoms of mental illness. In addition, the highest suicide rate in America is among those aged 65 and older. This grant

program will help local communities establish the infrastructure necessary to better serve the mental health needs of older adults.

The Committee supports \$7,000,000 for the jail diversion grant program. The Department of Justice estimates that 16 percent of all inmates in local and state jails suffer from a mental illness. The Committee recognizes that as many as 700,000 persons suffering from a mental illness are jailed each year. Recognizing these troubling statistics, the President's New Freedom Commission on Mental Health called for the adoption of diversion strategies to avoid unnecessary criminalization and incarceration of non-violent offenders with mental illness. The Committee urges SAMHSA to work with the Department of Justice, the law enforcement community, the court system and other appropriate agencies and associations to ensure that funding is utilized to divert inappropriate incarcerations and link individuals with mental illnesses with the support they need to avoid future contact with the criminal justice system.

The Committee recommendation fully funds the administration request for the new State Incentive Grants for Transformation program. The Committee directs SAMHSA to ensure that State mental health planning and advisory councils play a significant role in the development of comprehensive State plans under this new program. The Committee believes that the councils must play a key role in the development of these new plans because the councils represent the consumer and family voice in States across the country.

The Committee recognizes the urgent need to train increasing numbers of minority mental health professionals, including Native Hawaiians, to provide competent, accessible mental health and substance abuse services for diverse populations. It encourages SAMHSA to provide additional resources for the Minority Fellowship program.

The Committee recognizes the need to support grants to community-based providers operating in traditional and non-traditional settings who provide direct mental health services to racial and ethnic minorities suffering from HIV/AIDS and associated mental health problems. Individuals suffering from HIV/AIDS and co-occurring disorders present unique and unmet treatment needs necessitating specialized training for providers. The Committee encourages SAMHSA to provide additional funding for training mental health professionals to provide integrated mental health and substance abuse services for persons suffering from HIV/AIDS and co-occurring disorders.

Due to lack of authorizing legislation for the Samaritan Initiative, the Committee has included \$10,000,000 in this account for grants to fund services in permanent supportive housing to help end chronic homelessness. The Committee encourages CMHS to award these grants to applicants that operate permanent supportive housing funded by HUD's Homeless Assistance Programs, section 8, or comparable programs administered by States or local governments.

Mental Health Performance Partnership Block Grant

The Committee recommends \$436,070,000 for the mental health performance partnership block grant, which is \$1,380,000 above the comparable fiscal year 2004 amount and the same as the administration's request. The recommendation includes \$21,803,000 in transfers available under section 241 of the Public Health Service Act. States use these funds to support the development and implementation of innovative community-based services and maintain continuity of community programs. Funds are allocated to States and territories by formula.

Children's Mental Health Services

The Committee recommends \$106,013,000 for the children's mental health services program. This amount is \$3,659,000 above the comparable fiscal year 2004 level and the same as the administration's request. This program provides grants and technical assistance to support community-based services for children and adolescents with serious emotional, behavioral or mental disorders. Grantees must provide matching funds, and services must involve the educational, juvenile justice, and health systems.

The Committee encourages SAMHSA to expand this program into new States and localities. Such a financial investment is vital given the increased number of young children diagnosed with mental disorders, the rising teen suicide rate, incidents of school violence, and the psychological consequences of terrorism and war. These factors all indicate that our Nation's children and youth need appropriate, quality mental health services.

Projects for Assistance in Transition From Homelessness [PATH]

The Committee recommends \$55,251,000 for the PATH Program. This amount is \$5,491,000 above the comparable fiscal year 2004 level and is the same as the administration's request.

PATH is a critical program which provides outreach, mental health, and case management services and other community support services to individuals with serious mental illness who are homeless or at risk of becoming homeless. The PATH Program makes a significant difference in the lives of homeless persons with mental illnesses. PATH services eliminate the revolving door of episodic inpatient and outpatient hospital care. Multidisciplinary teams address client needs within a continuum of services, providing needed stabilization so that mental illnesses and co-occurring substance abuse and medical issues can be addressed. Assistance is provided to enhance access to housing, rehabilitation and training, and other needed supports, assisting homeless people in returning to secure and stable lives.

Protection and Advocacy

The Committee recommends \$34,620,000 for the protection and advocacy program, which is the same as the comparable fiscal year 2004 level and the administration request. This program helps ensure that the rights of mentally ill individuals are protected while they are patients in treatment facilities, or while they are living in the community, including their own homes. Funds are allocated to

States according to a formula based on population and relative per capita income.

Samaritan Initiative

The Committee has not included funding for the Samaritan Initiative due to lack of authorizing legislation. The administration requested \$10,000,000 for this new program, which would provide the full range of services needed by chronically homeless people, such as housing, health care, mental health and substance abuse treatment, supportive and other services. The Committee has included \$10,000,000 in funding for homeless programs within the Programs of Regional and National Significance account. The Committee will reconsider the administration’s request for the Samaritan Initiative once authorizing legislation is enacted.

CENTER FOR SUBSTANCE ABUSE TREATMENT

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|--------------------------------|-----------------|
| Appropriations, 2004 | \$2,198,365,000 |
| Budget estimate, 2005 | 2,349,267,000 |
| Committee recommendation | 2,256,252,000 |

The Committee recommends \$2,256,252,000 for substance abuse treatment programs. This amount is \$57,887,000 above the comparable fiscal year 2004 funding level and \$93,015,000 below the administration’s request. The recommendation includes \$83,500,000 in transfers available under section 241 of the Public Health Service Act. This amount funds substance abuse treatment programs of regional and national significance and the substance abuse prevention and treatment block grant to the States.

The Committee remains concerned with the negative impact substance abuse has on our country. The National Survey on Drug Use and Health [NSDUH] estimated that 22 million Americans suffered from substance dependence or abuse due to drugs, alcohol or both in 2002. In contrast, studies conclude that approximately 3 million receive care in any given year. As a result, our Nation continues to face a severe “treatment gap”—those who need treatment but do not receive the services necessary to address their problems. The Committee is concerned that, according to SAMHSA, approximately 40 percent of those not receiving treatment reported cost as the reason why they did not receive appropriate services.

The Committee recognizes that the effectiveness of alcohol and drug treatment programs and the sustained recovery of individuals require an appropriately trained workforce. The Committee encourages SAMHSA to prioritize the development and implementation of a workforce action plan. This plan could include recommendations, survey instruments, studies, training, and technical assistance, and incentive programs that would improve the recruitment, training and retention of the alcohol and drug treatment workforce. The Committee requests that SAMSHA consult closely with drug and alcohol programs, States, drug and alcohol recovery organizations, other experts and stakeholders in the development of its recommendations.

The Committee commends SAMHSA’s recent efforts to develop performance measures and further demonstrate the efficacy of prevention and treatment programs in order to manage for results and further improve the effectiveness of these critical programs. The

Committee requests that SAMHSA continue to consult with States, drug and alcohol programs, drug and alcohol recovery organizations, other stakeholders and experts to develop and implement reasonable and meaningful performance measures that can be applied by SAMHSA and State governments consistently across programs. The Committee also requests that States receiving SAMHSA funds consult with local alcohol and drug programs, recovery organizations, stakeholders and experts in order to improve the implementation of these performance measures at the local level.

Programs of Regional and National Significance

The Committee recommends \$424,017,000 for programs of regional and national significance [PRNS]. The comparable fiscal year 2004 level was \$419,219,000 and the administration's request was \$517,032,000. The recommendation includes \$4,300,000 in transfers available under section 241 of the Public Health Service Act.

Programs of regional and national significance include three primary activities: best practice programs are used to develop more information on how best to serve those most in need; training and technical assistance supports dissemination of information through knowledge development; and targeted capacity expansion programs enable the agency to respond to service needs in local communities.

The Committee recommendation includes \$100,000,000 for the Access to Recovery program.

The Committee commends SAMHSA for including States as eligible applicants for all new Targeted Capacity Expansion [TCE] grants. The Committee believes States must be eligible to apply for all appropriate grants in order to assist States in planning, coordinating, and implementing a comprehensive Statewide service delivery system.

The Committee continues to be concerned about the incidence of drug addiction among pregnant and parenting women. The Committee believes that increased capacity is necessary for treatment programs designed for pregnant and parenting women and their families. Within the funds appropriated for CSAT, the Committee recommends \$10,000,000 for treatment programs for pregnant, postpartum, and residential women and their children. No less than last year's funding shall be used for the Residential Treatment Program for Pregnant and Postpartum Women [PPW], authorized under section 508 of the Public Health Service Act.

Substance Abuse Prevention and Treatment Block Grant

The Committee recommends \$1,832,235,000 for the substance abuse prevention and treatment block grant. The recommendation includes \$79,200,000 in transfers available under section 241 of the Public Health Service Act. The recommendation is \$53,089,000 more than the comparable level for fiscal year 2004 and is the same as the administration request. The block grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated to the States according to formula. State plans must be submitted and approved annually.

The Children's Health Act of 2000 made several changes in SAMHSA, including transforming the current Block Grant to a Performance Partnership Grant [PPG], in which States are granted program flexibility and reduced reporting burden in exchange for implementing a set of common performance measures. The Committee is concerned that SAMHSA failed to issue a report to Congress by the October 2002 deadline set in the Children's Health Act outlining a suggested roadmap for the PPG transition. The Committee once again strongly urges SAMHSA to make the PPG implementation its number one priority for substance abuse programming and to allocate commensurate resources to support the transition to reflect this priority status.

The Committee's recommendation reflects its continued belief that the most effective and efficient way to support substance abuse programs in every State and territory is to direct the bulk of available new resources into the Block Grant and the PPG. The Committee also continues to express its strong support for preserving the current Block Grant and PPG as the foundation of our publicly funded substance abuse system in every State and territory in the United States. The Committee remains very concerned with any effort that could erode the strength of this vital funding stream.

CENTER FOR SUBSTANCE ABUSE PREVENTION

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$198,458,000 |
| Budget estimate, 2005 | 196,018,000 |
| Committee recommendation | 198,940,000 |

The Committee recommends \$198,940,000 for programs to prevent substance abuse. The comparable fiscal year 2004 level was \$198,458,000 and the administration request was \$196,018,000. This amount funds substance abuse prevention programs of regional and national significance.

The Committee notes that effective substance abuse prevention efforts pay economic dividends—every dollar spent on drug use prevention will save communities \$4 to \$5 in costs for drug abuse treatment and counseling. Findings from the Monitoring the Future study showed an 11 percent decrease in illicit teen drug use between 2001 and 2003. Ecstasy use, which soared between 1998 and 2001, fell by more than half among high school students. These findings show that drug prevention efforts are working. With drug use finally dropping among school-aged youth after almost a decade of dramatic increases, the Committee reiterates its support for prevention programs and is pleased that the administration has requested a funding level sufficient to continue CSAP's existing programs. The Committee expects CSAP to focus its efforts on identifying and diffusing comprehensive community-wide strategies to reduce youth drug use, with an emphasis on increasing the age of first use of alcohol and illicit drugs.

Programs of Regional and National Significance

The Committee has provided \$198,940,000 for programs of regional and national significance [PRNS]. The comparable fiscal year 2004 level was \$198,458,000 and the administration request was \$196,018,000. The Center for Substance Abuse Prevention is

the sole Federal organization with responsibility for improving accessibility and quality of substance abuse prevention services. Through the programs of regional and national significance activity, CSAP supports: development of new practice knowledge on substance abuse prevention; identification of proven effective models; dissemination of science-based intervention information; State and community capacity-building for implementation of proven effective substance abuse prevention programs; and programs addressing new needs in the prevention system.

In implementing the Strategic Prevention Framework State Incentive Grant program [SPFSIG], CSAP and the States should give priority in the use of funds to support drug and alcohol prevention community coalition efforts to plan and implement comprehensive local strategies to address specific local needs. The Committee expects States receiving funding under the SPFSIG to give priority in the use of the 20 percent prevention set-aside in the Substance Abuse Prevention and Treatment Block Grant to funding the specific priorities identified in the comprehensive community strategies developed by the communities in their States.

The Committee notes that prenatal alcohol exposure is the leading known cause of mental retardation and birth defects in the United States. It is associated with lifelong difficulties with learning, memory, attention, and problem solving as well as problems with mental health and social interactions. A recent study showed that 15 percent of pregnant women surveyed as they waited in clinics for prenatal care indicated they had drunk alcohol during pregnancy. At least 5,000 infants are born each year with Fetal Alcohol Syndrome [FAS] and another 50,000 children show symptoms of Fetal Alcohol Effect [FAE]. The Committee has provided \$11,000,000 to strengthen system-wide approaches to identify and serve women at risk of delivering FAS/FAE children, with an emphasis on teen mothers.

PROGRAM MANAGEMENT

The Committee recommends \$94,455,000 for program management activities of the agency. The recommendation includes \$18,000,000 in transfers available under section 241 of the Public Health Service Act. The recommendation is \$2,540,000 above the comparable level for fiscal year 2004 and \$2,000,000 above the budget request.

The program management activity includes resources for coordinating, directing, and managing the agency's programs. Program management funds support salaries, benefits, space, supplies, equipment, travel, and departmental overhead required to plan, supervise, and administer SAMHSA's programs.

The Committee has included \$2,000,000 to establish surveillance measures to address the mental and behavioral health needs of the population of the United States. Despite the significant levels of Federal, State, and local funding for mental health services, and a growing consensus that the Nation's mental health care system must be reformed, there are currently no population-based sources of data on the mental and behavioral health needs in this country. The Committee believes that such data would help policymakers implement the recommendations in the President's New Freedom

Commission on Mental Health report “Achieving the Promise: Transforming Mental Health Care in America.” Therefore, the Committee urges SAMHSA, in consultation with the Centers for Disease Control and Prevention, to develop ways of monitoring the mental health status of the population, the mental and behavioral health risks facing the Nation, and the immediate and long-term impact of emergencies on population mental health and behavior. Such measures could include new survey instruments or enhancements to existing public health surveillance systems that do not currently address mental and behavioral health. The Committee envisions that when these measures are implemented in future years, they will allow SAMHSA and CDC to document the health status of the population and of important subgroups; identify disparities in health status and use of health care by race/ethnicity, socio-economic status, region, and other population characteristics; and monitor trends in health status, access, and health care delivery.

The Committee remains concerned that SAMHSA has not yet provided to Congress information detailing the resources each State will need for data infrastructure and other needs relating to the transition from the current Block Grant to the emerging PPG. The Committee directs SAMHSA to work with the States to assess the costs regarding data infrastructure needs and report its findings to the Committee.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$303,695,000 |
| Budget estimate, 2005 | 303,695,000 |
| Committee recommendation | 318,695,000 |

The Committee recommends \$318,695,000 for the Agency for Healthcare Research and Quality [AHRQ]. This amount is \$15,000,000 above the administration request and the comparable funding level for fiscal year 2004. The Committee has funded AHRQ through transfers available under section 241 of the Public Health Service Act.

The Agency for Healthcare Research and Quality was established in 1990 to promote improvements in clinical practice and patient outcomes, promote improvements in the financing, organization, and delivery of health care services, and increase access to quality care. AHRQ is the Federal agency charged to produce and disseminate scientific and policy-relevant information about the cost, quality, access, and medical effectiveness of health care. AHRQ provides policymakers, health care professionals, and the public with the information necessary to improve cost effectiveness and appropriateness of health care and to reduce the costs of health care.

HEALTH COSTS, QUALITY, AND OUTCOMES

The Committee provides \$260,695,000 for research on health costs, quality and outcomes [HCQO]. The comparable amount for fiscal year 2004 was \$245,695,000. HCQO research activity is focused upon improving clinical practice, improving the health care system’s capacity to deliver quality care, and tracking progress toward health goals through monitoring and evaluation.

For fiscal year 2005, the Committee directs AHRQ to devote \$84,000,000 of the total amount provided for HCQO to determining ways to reduce medical errors. This represents an increase of \$4,500,000 over the comparable fiscal year 2004 level.

The Committee also directs AHRQ to devote \$15,000,000 of the total amount provided for HCQO to research on outcomes, comparative clinical effectiveness and appropriateness of prescription drugs and other health care items as authorized in Section 1013 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003.

Autoimmune Disease.—In support of continued HHS-wide implementation of the HHS Autoimmune Diseases Research Plan, the Committee encourages AHRQ to estimate the annual treatment and societal costs of autoimmune diseases in the United States, in order to project their future impact and burden on the healthcare system.

Duchenne Muscular Dystrophy.—The Committee urges AHRQ to study and develop recommendations on the need for standards of care for individuals with Duchenne muscular dystrophy, allowing for input from external entities including parent advocacy programs. In addition, the Committee encourages AHRQ to conduct a workshop on standards of care for the muscular dystrophies and coordinate this activity with national advocacy organizations dedicated to this condition.

Elderly Mental Health.—The Committee is seriously concerned about the prevalence of undiagnosed and untreated mental illness among older Americans. Affective disorders, including depression, anxiety, dementia, and substance abuse and dependence, are often misdiagnosed or not recognized at all by primary and specialty care physicians in their elderly patients. While effective treatments for these conditions are available, there is an urgent need to translate advancements from biomedical and behavioral research to clinical practice. The Committee urges AHRQ to support evidence-based research projects focused on the diagnosis and treatment of mental illnesses in the geriatric population, and to disseminate evidence-based reports to physicians and other health care professionals.

Hospital-Based Patient Initiative.—The Committee encourages AHRQ to work with multi-site academic medical centers to identify and implement programs to improve patient safety in a hospital setting. The Committee is interested in patient safety improvements that are designed for rapid turnaround and for developing practical and replicable projects in the future.

Multiple Sclerosis.—The Committee is aware of an increasing number of non-chemotherapy infused biologicals that are under FDA review or are currently available for the treatment of diseases such as multiple sclerosis. The Committee urges AHRQ to conduct a study examining changes in the market involving infused biologicals. The report should examine changes in market demand for non-chemotherapy infused therapies, whether health care providers have adequate capacity to meet increased demand, the cost to providers for meeting increased demand, as well as geographical and subspecialty variations in access and demand.

Nurse-Managed Health Centers.—The Committee encourages AHRQ to include nurse-managed health centers and advanced

practice nurses in research and demonstration projects conducted by the agency.

Organ Donation.—The Committee recognizes that there is presently no formal mechanism to scientifically evaluate the efficacy of many new medications, devices, surgical techniques, and technical innovations that are being developed to improve organ preservation and maximize organ usage. The Committee encourages AHRQ to study and develop scientific evidence in support of efforts to increase organ donation and improve the recovery, preservation, and transportation of organs.

Provider Level Data.—The Committee understands that policies on databases and data elements are being developed in many State and local jurisdictions. The Committee urges AHRQ to conduct a study on the role and importance of provider level data for patient safety, quality of care, electronic health data interchange, and development of evidence-based practice standards. The Committee believes that such a report could serve as an important benchmark for jurisdictions developing database policies both in the United States and abroad.

Unequal Treatment.—The Committee encourages the Agency to carefully evaluate the analysis, findings, and recommendations of the March 2002 Institute of Medicine report regarding the disparities of medical care delivery to minorities. In particular, the Agency should pursue creative ways to address this serious finding and improve health care delivery for African-Americans, those of Hispanic and Asian origin, Native-Americans, Alaskans and Native Hawaiians.

MEDICAL EXPENDITURES PANEL SURVEYS

The Committee provides \$55,300,000 for health insurance and medical expenditures panel surveys [MEPS], which is the same as the administration request and the comparable fiscal year 2004 level. MEPS is intended to obtain timely national estimates of health care use and expenditures, private and public health insurance coverage, and the availability, costs and scope of private health insurance benefits. It also develops cost and savings estimates of proposed changes in policy and identifies impact of policy changes on payers, providers, and patients.

Program Support

The Committee recommends \$2,700,000 for program support. This amount is the same as the administration request and the comparable fiscal year 2004 level. This activity supports the overall management of the Agency.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

| | |
|--------------------------------|-------------------|
| Appropriations, 2004 | \$130,892,197,000 |
| Budget estimate, 2005 | 119,124,488,000 |
| Committee recommendation | 119,124,488,000 |

The Committee recommends \$119,124,488,000 for Grants to States for Medicaid. This amount is \$11,767,709,000 less than the fiscal year 2004 appropriation and the same as the administration's

request. This amount excludes \$58,416,275,000 in fiscal year 2004 advance appropriations for fiscal year 2005. In addition, \$58,517,290,000 is provided for the first quarter of fiscal year 2006, as requested by the administration.

The Medicaid program provides medical care for eligible low-income individuals and families. It is administered by each of the 50 States, the District of Columbia, Puerto Rico, and the territories. Federal funds for medical assistance are made available to the States according to a formula, which determines the appropriate Federal matching rate for State program costs. This matching rate is based upon the State's average per capita income relative to the national average, and shall be no less than 50 percent and no more than 83 percent.

PAYMENTS TO HEALTH CARE TRUST FUNDS

| | |
|--------------------------------|------------------|
| Appropriations, 2004 | \$95,084,100,000 |
| Budget estimate, 2005 | 114,608,900,000 |
| Committee recommendation | 114,608,900,000 |

The Committee recommends \$114,608,900,000 for Federal payments to health care trust funds. This amount is the same as the administration's request and is an increase of \$19,524,800,000 from the fiscal year 2004 appropriation.

This entitlement account includes the general fund subsidy to the Supplementary Medical Insurance Trust Fund (Medicare Part B), plus other reimbursements to the Hospital Insurance Trust Fund (Medicare Part A), for benefits and related administrative costs that have not been financed by payroll taxes or premium contributions.

The Committee has provided \$114,002,000,000 for the Federal payment to the Supplementary Medical Insurance Trust Fund. This payment provides matching funds for premiums paid by Medicare Part B enrollees. This amount is the same as the administration's request and is \$19,484,000,000 more than the fiscal year 2004 amount. The increase includes \$5,742,000,000 to cover an anticipated shortfall in the amount appropriated in fiscal year 2004.

The recommendation also includes \$87,000,000 for hospital insurance for the uninsured. This amount is the same as the administration's request and is \$110,000,000 less than the 2004 amount.

The Committee also recommends \$199,000,000 for Federal uninsured benefit payment. This payment reimburses the Hospital Insurance Trust Fund for the cost of benefits provided to Federal annuitants who are eligible for Medicare. This amount is the same as the administration's request and an increase of \$31,000,000 over the fiscal year 2004 level, reflecting an increase on the number of covered individuals who are currently enrolled. The recommendation also includes the budget estimate of \$105,900,000 for General Revenue for the Medicare Prescription Drug account, a new funding requirement. This account was established by Public Law 108-173; the Medicare Prescription Drug, Improvement and Modernization Act of 2003. The general fund will finance \$105,900,000 in State low-income determination activities through the Prescription Drug Account. Requested bill language is also included to ensure prompt payments of Medicare prescription drug benefits as pro-

vided under section 1860 D–16 of the Social Security Act, of \$5,216,900,000 for fiscal year 2006.

The Committee recommendation includes \$215,000,000 to be transferred to the Hospital Insurance Trust Fund as the general fund share of CMS’s program management administrative expenses. This amount is the same as the administration’s request and is \$13,900,000 more than the fiscal year 2004 level.

PROGRAM MANAGEMENT

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$2,636,846,000 |
| Budget estimate, 2005 | 2,746,127,000 |
| Committee recommendation | 2,756,644,000 |

The Committee recommends \$2,756,644,000 for CMS program management, which is \$10,517,000 more than the amount requested by the administration and \$119,798,000 more than the fiscal year 2004 enacted level.

Research, Demonstrations, and Evaluations

The Committee recommends \$77,791,000 for research, demonstrations, and evaluation activities. This amount is \$9,517,000 more than the budget request.

CMS research and demonstration activities facilitate informed, rational Medicare and Medicaid policy choices and decision making. These studies and evaluations include projects to measure the impact of Medicare and Medicaid policy analysis and decision making, to measure the impact of Medicare and Medicaid on health care costs, to measure patient outcomes in a variety of treatment settings, and to develop alternative strategies for reimbursement, coverage, and program management.

The Committee has included \$40,000,000 for Real Choice Systems Change Grants to States to fund initiatives that establish specific action steps and timetables to achieve enduring system improvements and to provide long-term services and supports, including community-based attendant care, to eligible individuals in the most integrated setting appropriate.

The Secretary shall report to Congress on measurable outcomes for these grants and shall work in collaboration with the technical assistance provider to do so. The Committee further recommends that the technical assistance funding shall be used solely to fund technical assistance for the systems change grants, including ongoing technical assistance to ensure continuous quality improvement and progress on measurable outcomes. The Committee acknowledges the work of the consumer-controlled consortium and recommends continued funding for technical assistance for the State system change consumer task forces.

The Committee recognizes the critical role of direct service workers in the Nation’s community-based long-term care system and supports the administration’s efforts to improve recruitment, training and retention of direct service workers. The Committee has included \$3,000,000 more than the administration requested for the national demonstration designed to address workforce shortages of community service direct care workers. The Committee is doing so in recognition of the current shortage of direct service workers and the predicted increase in the need for additional direct service

workers over the next 10 years. The Bureau of Labor Statistics predicts a 39 percent growth in the need for direct service workers in the next 10 years.

The funds should be used to improve recruitment, training, supervision by managers and people with disabilities, retention, health insurance and other benefits, career development, education, working environments, and managers' cultural competence. To the extent that funds are used for direct service costs, those funds must be phased out by the end of the grant period and the State must have a plan for maintaining these supports that the grant made possible. CMS should require States to involve people with disabilities and direct service workers in the planning and implementation of the projects funded under this initiative.

Medicare Operations

The Committee recommends \$1,796,879,000 for Medicare operations, which is the amount requested by the administration, adjusted to reflect the \$3,000,000 transfer of BIPA section 522 funding to the Medicare Operations line from the Federal Administration line. Based on current operations, the Committee believes that both national and local coverage determinations are more appropriately funded from the Medicare Operations line. In addition, \$720,000,000 is available for the Medicare Integrity Program within the mandatory budget as part of the health insurance reform legislation.

The Medicare operations line item covers a broad range of activities including claims processing and program safeguard activities performed by Medicare contractors. These contractors also provide information, guidance, and technical support to both providers and beneficiaries. In addition, this line item includes a variety of projects that extend beyond the traditional fee-for-service arena.

The Committee recommends that not less than \$31,700,000 be made available for the State Health Insurance Counseling Program, which has expanded responsibilities related to providing assistance to services concerning prescription drug benefits. Of this amount, at least \$14,100,000 would come from this Program Management account, with additional amounts from Medicare Modernization Act funding.

State Survey and Certification

The Committee recommends \$270,392,000 for Medicare State survey and certification activities, which is \$19,140,000 more than the fiscal year 2004 level.

Survey and certification activities ensure that institutions and agencies providing care to Medicare and Medicaid beneficiaries meet Federal health, safety, and program standards. On-site surveys are conducted by State survey agencies, with a pool of Federal surveyors performing random monitoring surveys.

Federal Administration

The Committee recommends \$587,182,000 for Federal administration costs, which is an increase of \$10,036,000, over the fiscal year 2004 level and reflects the shift of \$3,000,000 requested for BIPA section 522 funding to the Medicare Operations activity. This

funding level allows for fixed cost increases associated with the current staffing level of 4,398 full-time equivalent positions. An additional \$1,000,000 over the request is included for the cost of an Institute of Medicine study and report described under general provision language in section 221, pertaining to the Medicare 75 percent rule.

The Committee recommends continuing the current level of \$13,000,000 for the Healthy Start, Grow Smart program. The Healthy Start, Grow Smart program develops, prints, and disseminates a series of 13 informational brochures in English and Spanish to new Medicaid-eligible mothers. These brochures are distributed at the time of birth, and then monthly over the first year of each child's life. Each publication focuses on activities that stimulate infant brain development and build the skills these children need to be successful in school. In addition to these educational suggestions, each Healthy Start pamphlet includes vital health and safety information for new parents. Content for each brochure is tied to the developmental stage of the child at the time it is sent.

The Committee is pleased with the demonstration project at participating sites licensed by the Program for Reversing Heart Disease and encourages its continuation. The Committee further urges CMS to continue with the demonstration project being conducted at the Mind Body Institute of Boston, Massachusetts.

The Committee is aware of the importance of providing vision rehabilitation services and is interested in ensuring that vision rehabilitation services are available on a nationwide basis, and that they may be provided by vision rehabilitation professionals acting under a physician's general supervision. The Secretary of the Department of Health and Human Services, with funding included in this bill, is urged to continue the nationwide 5-year outpatient vision rehabilitation services demonstration project authorized in the fiscal year 2004 omnibus report, under which vision rehabilitation professionals may deliver services in the home under the general supervision of a qualified physician.

The Committee first addressed the issue of proper coding within the Medicare outpatient Ambulatory Procedure Classification system for cobalt⁶⁰ stereotactic neurosurgery in its fiscal year 2000 report. The Committee is pleased that CMS subsequently separated stereotactic radiosurgery by industry segment. However, in doing so CMS has changed the clinical definition of one segment—cobalt⁶⁰ stereotactic neurosurgery—and its acceptable coding has been divided and positioned with radiation therapy and not neurosurgery. This has resulted in significant reimbursement issues between insurers and the hospitals providing the surgery since early 2002, including development of secondary “in-house” coding systems, and the delay and/or denials of patient treatments. The Committee strongly urges CMS to reinstate one neurosurgical billing code for cobalt⁶⁰ outpatient stereotactic neurosurgery, beginning as soon as possible, to alleviate the hospital burden in this area and to represent the way hospitals are set up and staffed to provide this neurosurgical procedure. The Committee again encourages CMS to work with the International Radiosurgery Association which represents hospitals, professionals and patients, and the neurosurgical community before designating, defining or changing

coding for cobalt⁶⁰ stereotactic neurosurgery. CMS is also urged to consult these groups when making changes or additions to radiosurgery coding in the future.

The Committee understands the CMS Ambulatory Procedure Classification [APC] system is a method to provide proper coding and reimbursement to hospitals for outpatient Medicare treatments. The Committee also understands that at this time, the APC panel is primarily composed of physicians and representatives of physician associations who are not subject to hospital coding. These members may have self interests in coding that is in conflict with and not in the best interests of hospitals. The Committee urges CMS to add hospital and hospital trade association representatives to the APC panel as vacancies arise. The Committee is concerned that CMS work with hospitals and their representatives and that the APC panel be responsive to hospital issues when a hospital industry segment is bringing issues before the panel.

The Committee notes that when hospitals are routinely performing procedures in the outpatient setting, CMS may restrict reimbursement to the inpatient setting. This penalizes hospitals for reducing costs and avoiding overnight hospital stays. The Committee encourages CMS through its APC panel to allow coding in the setting that hospitals are providing the treatment procedures and to use established clinical definitions for the coding.

The Committee recommendation includes funding to study the cost-effectiveness of innovative State dental Medicaid programs for children. The study should focus on those programs that reported improvements in access to care through innovative designs that have attracted adequate numbers of dentists and assured improved access for patients.

The Committee is very pleased with the efforts of CMS to address the extraordinary adverse health status of Native Hawaiians in Waimanalo, Hawaii. The Committee continues to urge additional focus upon American Samoan residents in that geographical area utilizing the expertise of the Waimanalo Health Center.

The Committee urges the Centers for Medicare and Medicaid Services to consider waivers for rural or isolated area demonstration projects when calculating such requirements as population density in the State of Hawaii.

The Committee has been informed about recent CMS data which shows that less than one-third of Medicare beneficiaries eligible for diabetes self-managed training are receiving the care they need. To identify the primary barriers to access in urban and rural settings, the Committee recommends that CMS conduct demonstrations in partnership with an association that has expertise in providing diabetes self-management training to determine the effectiveness of diabetes self-management training and the various obstacles to access.

The Committee is aware of changes being developed by CMS to alter the Medicare coverage policy for power mobility devices including power wheelchairs. The Committee strongly encourages CMS to use its resources toward development of a coverage policy firmly based on a functional standard of nonambulatory. The Committee believes beneficiaries who cannot perform their basic acts of daily living, toileting, food preparation and emergency egress, are

nonambulatory and must have access to this mobility benefit to function independently. The committee supports controlling fraud and abuse through requirements that ensure proper substantiation of medical need for this equipment but does not support narrowing the definition of nonambulatory to exclude the elderly and disabled dependent on these devices to function in the home. The Committee believes that the medically necessary application of this mobility benefit can save Medicare money through cost-avoidance associated with expensive institutional care or hospitalization resulting from falls by the growing elderly population.

The Committee encourages CMS to examine the unintended consequences current reimbursement policies have on restricting access and utilization of oral anticancer therapies through the Part B drug payment policies. CMS is encouraged to evaluate reimbursement policies for such oral therapies.

The Committee is concerned that the current Medicare payment cap for federally-qualified health centers [FQHC] has had a detrimental impact on the financial stability of these safety net providers that jeopardizes access to care in underserved areas. The Committee understands that the payment cap has not been adjusted in more than 10 years, the data used to initially create the cap was not based on FQHC data, increases in health centers costs have not been accounted for, and more than one half of all health centers are now negatively impacted. The Committee urges the Secretary to recalculate the payment cap for FQHCs to take into account these issues.

The Committee urges CMS to provide for reimbursement for services rendered to Native Hawaiians in federally qualified health centers in the same manner that it currently does for American Indians and Alaskan Natives. Further, the Committee requests a report on this matter by next year's budget hearings.

The Committee remains extremely concerned over CMS' continuing failure to articulate clear guidelines and to set expeditious timetables for consideration of new technologies, procedures and products for Medicare coverage. However, the Committee applauds CMS' decision to expand Medicare coverage of Positron Emission Tomography [PET] in cases of suspected Alzheimer's disease, when a specific diagnosis remains uncertain despite a thorough clinical evaluation, and in cases where patients with early dementia or unexpected memory loss are enrolled in clinical trials containing certain patient safeguards. The Committee is also pleased to note that CMS will collaborate with the National Institutes of Health and the Food and Drug Administration to develop needed evidence on the role of PET scans in guiding the diagnosis and treatment of, and predicting the course of, Alzheimer's disease. In choosing panels to develop criteria and evaluate use of PET scans for Alzheimer's disease, the Committee expects the agencies involved to name members familiar with PET technology and its uses. The Committee does not expect that the Agency for Healthcare Research and Quality will direct or be involved in this effort. The Committee firmly believes that these steps will increase Medicare beneficiaries' access to innovative technologies and will ultimately lead to improved health outcomes.

The Committee expects CMS to continue to gather pertinent information relative to model practices of quality chronic care management by implementing Section 721 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. The Committee recommends that CMS support independently financed demonstration projects for serious illnesses and coordinated care.

The Committee is aware of innovative information technology that promises substantial advances such as more fully informing and educating patients and numerous potential applications. The Committee encourages a demonstration of the ways in which this technology may improve the health care system.

The Committee is aware that a recent study by the General Accountability Office has revealed that Medicare Call Centers need to improve responses to policy-oriented questions from providers. According to the study, only 4 percent of the responses received from GAO test calls were correct and complete. The Committee understands that CMS generally agrees with the GAO's findings, and urges that it expedite efforts to implement the recommendations, including: a process to route policy inquiries to staff with appropriate expertise; clear and easily accessible policy-oriented material to assist customer service representatives; and an effective monitoring program for call centers. The Committee expects CMS to provide a report on its actions to improve responses to policy-oriented inquiries from providers as part of its fiscal year 2006 congressional budget justification material.

The Committee believes that in the Medicare continuum of care there is a vital role for long-term acute care hospitals [LTACHs], including hospitals set up in other hospitals to provide that care. On August 2, 2004 CMS promulgated a rule which, over 4 years, establishes a patient quota rule setting limits on the percentage of patients which can go into an LTACH from the host facility. The Committee believes that the decision as to which patients should go into a LTACH should be made by physicians based on well-defined patient and hospital admissions criteria—not on an arbitrary quota and therefore, that this rule should be replaced with a rule developed on clinically-based criteria. The Committee recommends that CMS commission a comprehensive study on what patient and hospital admissibility criteria should be put in place to assure the responsible growth and development of this important part of medical services for the elderly.

The Committee commends CMS for removing barriers to reimbursement for treatment of obesity. CMS is encouraged to work with the Centers for Disease Control and Prevention in reviewing scientific evidence in order to determine coverage of obesity treatment and prevention, and also in establishing a national public health action plan on obesity. The Committee also recommends that CMS work with State health educators and health promotion directors to assure that people receive relevant information to their life-stage on how obesity should be treated and prevented.

Reducing Medicare Mispayments.—The Committee is pleased with recent improvements in the rate of mispayments by the Medicare program. Additional resources and efforts have begun to make a difference. However, the Committee remains very concerned with the amount of money that continues to be lost to fraud, waste, and

abuse in the Medicare program. The Committee has held many hearings and taken other corrective actions over a 15 year period to expose and reduce these losses. The Committee held a hearing on overpayments for certain medical supplies in June of last year. At that time the Administrator of CMS promised to move forward with implementation of enhanced inherent reasonableness authority. Yet, to date no action has been taken. The Committee calls upon the Administrator to promptly utilize the IR authority granted to the Secretary and request a briefing as to his timeline for action by December 1, 2004. By March 1, 2005, the Committee would like to receive a progress report and future work plan for all Departmental efforts to reduce fraud, waste and abuse in Medicare.

Revitalization Plan

The Committee recommends the budget request of \$24,400,000, as the second-year investment in CMS's efforts to make significant improvements to key aspects of managing the agency and the Medicare program. First-year funding in fiscal year 2004 was \$29,619,000. Funding in fiscal year 2005 will target system-related improvements.

HMO Loan and Loan Guarantee Fund

The Committee concurs with requested bill language making receipts of this fund available for payment of obligations, but prohibiting the issuance of additional direct loans or loan guarantees to health maintenance organizations from this fund.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$3,312,970,000 |
| Budget estimate, 2005 | 2,825,802,000 |
| Committee recommendation | 2,873,802,000 |

The Committee recommends \$2,873,802,000 be made available in fiscal year 2005 for payments to States for child support enforcement and family support programs. The comparable funding level for fiscal year 2004 is \$2,825,802,000 and the budget request includes \$2,873,802,000 for this program. The Committee recommendation provides the full amount requested under current law. The budget request includes net savings of \$48,000,000 based on proposed legislation.

These payments support the States' efforts to promote the self-sufficiency and economic security of low-income families. These funds also support efforts to locate non-custodial parents, determine paternity when necessary, and establish and enforce orders of support. The appropriation, when combined with the \$1,200,000,000 in advance funding provided in last year's bill and an estimated \$194,800,000 from offsetting collections, supports a program level of \$4,268,602,000.

The Committee also has provided \$1,200,000,000 in advance funding for the first quarter of fiscal year 2006 for the child support enforcement program, the same as the budget request.

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$1,888,790,000 |
| Budget estimate, 2005 | 2,000,500,000 |
| Committee recommendation | 2,000,500,000 |

The Committee recommends \$2,000,500,000 for fiscal year 2005 for LIHEAP. The comparable funding level for fiscal year 2004 is \$1,888,790,000 and the budget request includes \$2,000,500,000 for this program. LIHEAP is made up of two components: the State grant program and the contingency fund.

The Committee recommendation includes \$1,901,090,000 for fiscal year 2005 for the State grant program. The comparable funding level for fiscal year 2004 is \$1,789,380,000 and the budget request includes \$1,800,500,000 for this program. Within the funds provided, the Committee recommends \$500,000 for evaluation purposes, as requested by the administration. LIHEAP grants are awarded to States, territories, Indian tribes, and tribal organizations to assist low-income households in meeting the costs of home energy. States receive great flexibility in how they provide assistance, including direct payments to individuals and vendors and direct provision of fuel. These resources are distributed by formula to these entities as defined by statute, based in part on each State's share of home energy expenditures by low-income households.

The Committee recommends \$99,410,000 for fiscal year 2005 for the contingency fund. The comparable funding level for fiscal year 2004 is \$99,410,000 and the budget request includes \$200,000,000 designated as non-emergency funding for this program. The contingency fund may be used to provide assistance to one or more States adversely affected by extreme heat or cold, significant price increases, or other causes of energy-related emergencies. The Committee is committed to ensuring that sufficient resources are available in the fund, to provide additional assistance to households with energy burdens not met by the regular program, and to meet the objectives of the authorizing statute. The Committee intends to monitor household energy burdens that might require action in future appropriations bills.

The Committee intends that up to \$27,500,000 of the amount recommended for LIHEAP for fiscal year 2005 be used for the leveraging incentive fund. The fund will provide a percentage match to States for private or non-Federal public resources allocated to low-income home energy benefits.

REFUGEE AND ENTRANT ASSISTANCE

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$447,598,000 |
| Budget estimate, 2005 | 473,239,000 |
| Committee recommendation | 477,239,000 |

The Committee recommends \$477,239,000 for fiscal year 2005 for refugee and entrant assistance. The comparable funding level for fiscal year 2004 is \$447,598,000 and the budget request includes \$473,239,000 for this program.

The Refugee and Entrant Assistance Program is designed to assist States in their efforts to assimilate refugees, asylees, Cuban and Haitian entrants, and adults and minors who are trafficking victims, into American society as quickly and effectively as pos-

sible. The program funds State-administered transitional and medical assistance, the voluntary agency matching grant program, programs for victims of trafficking and torture, employment and social services, targeted assistance, and preventive health.

Based on an estimated refugee admission ceiling of 70,000, this appropriation, together with prior-year funds available for fiscal year 2005 expenses, will enable States to continue to provide at least 8 months of cash and medical assistance to eligible refugees and entrants, a variety of social and educational services, as well as foster care for refugee and entrant unaccompanied minors.

In order to carry out the refugee and entrant assistance program, the Committee recommends \$193,577,000 for transitional and medical assistance, including State administration and the voluntary agency program; \$10,000,000 for victims of trafficking; \$155,121,000 for social services; \$4,835,000 for preventive health; and \$49,477,000 for targeted assistance.

The Committee has included \$19,000,000 within the funds provided for social services for increased support to communities with large concentrations of refugees whose cultural differences make assimilation especially difficult justifying a more intense level and longer duration of Federal assistance.

The Committee is aware that the State Department has made arrangements for 15,000 Hmong refugees to enter the United States starting in 2004 and carrying over into 2005. The Committee is concerned that unlike prior groups of Hmong refugees, which were made up of military and political leaders with the means and education to succeed in America, these immigrants have spent their lives in a refugee camp. Few, if any, speak English. Most are under 18 and have little schooling. Even with the greater level of education and skills possessed by prior refugees, current statistics indicate that about 38 percent of current Hmong-Americans live in poverty. In addition, the Committee has become aware of efforts by the State Department to admit a significant number of Bantu refugees from camps along the Somali-Kenya border. A persecuted minority in Somalia, the Bantus were barred from school and so are largely illiterate. The Committee is concerned that the Bantus only recently began arriving in the United States, thus there is no currently existing Bantu population in the United States to welcome the newcomers. In addition, the Bantus represent the largest cohesive refugee group presented for resettlement screening since the mid-1990s. For these reasons, the Committee has set aside \$8,000,000 within the ORR appropriation for the resettlement of unanticipated arrivals.

The Committee recommends \$54,229,000 for unaccompanied children pursuant to section 462 of the Homeland Security Act of 2002. Funds are provided for the care and placement of unaccompanied alien minors in the Office of Refugee Resettlement. Approximately 5,000 unaccompanied alien children are apprehended each year in the United States by INS/Homeland Security agents, Border Patrol officers, or other law enforcement agencies and taken into care pending resolution of their claims for relief under U.S. immigration law, released to an adult family member, or released to a responsible adult guardian.

The Committee is encouraged by steps taken by the Office of Refugee Resettlement to improve access to legal representation for children served through this program, as called for by Congress in the statement of the managers accompanying the Department of Health and Human Services Appropriations Act, 2004. The Committee encourages the Office to continue efforts in this area, in particular focusing on developing an infrastructure for identifying, assigning, coordinating and tracking competent pro bono counsel in addition to independent guardians ad litem for all such children. Furthermore, the Committee strongly encourages the Office of Refugee Resettlement to give high priority to the location of immigration courts and services when electing ORR contracted facilities. The Committee requests a full discussion of efforts taken in this area to be included in the 2006 congressional justification.

The Committee also recommends \$10,000,000 to treat and assist victims of torture. These funds may also be used to provide training to healthcare providers to enable them to treat the physical and psychological effects of torture. The Committee acknowledges that well-established treatment centers, such as the Center for Victims of Torture, have developed the knowledge base that has fostered growth of treatment facilities around the country and strengthened treatment services generally. This positive trend may continue if leading centers are able to expand their staffs to create more trainers and improve evaluation and research needed to guide and develop new programs. The Committee urges the Office of Refugee Resettlement to place a priority on continued and sufficient grant support for services provided by existing centers before using funds to expand communities served through this program.

Section 412(a)(7) of title IV of the Immigration and Nationality Act authorizes the use of funds appropriated under this account to be used to carry out monitoring, evaluation, and data collection activities to determine the effectiveness of funded programs and to monitor the performance of States and other grantees.

CHILD CARE AND DEVELOPMENT BLOCK GRANT

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$2,087,310,000 |
| Budget estimate, 2005 | 2,099,729,000 |
| Committee recommendation | 2,099,729,000 |

The Committee recommends \$2,099,729,000 for fiscal year 2005 for child care and development block grant. The comparable funding level for fiscal year 2004 is \$2,087,310,000 and the budget request includes \$2,099,729,000 for this program.

The child care and development block grant supports grants to States to provide low-income families with financial assistance for child care; for improving the quality and availability of child care; and for establishing or expanding child development programs. The funds are used to both expand the services provided to individuals who need child care in order to work, or attend job training or education, and to allow States to continue funding the activities previously provided under the consolidated programs.

The Committee recommendation continues specific earmarks in appropriations language, also included in the budget request, that provide targeted resources to specific policy priorities including \$19,120,000 for the purposes of supporting before and afterschool

services, as well as resource and referral programs. This represents the Federal commitment to the activities previously funded under the dependent care block grant. The Committee expects that these funds will not supplant current funding dedicated to resource and referral and school age activities provided by the child care and development block grant. The Committee strongly encourages States to continue to address the matters of before and afterschool care and the establishment of resource and referral programs with the funds provided in this program.

The Committee recommendation includes an additional \$272,672,000 for child care quality activities, and sets aside \$100,000,000 specifically for an infant care quality initiative. These funds are recommended in addition to the 4 percent quality earmark established in the authorizing legislation. The Committee has provided these additional quality funds because of the considerable research that demonstrates the importance of serving children in high quality child care settings which include nurturing providers who are educated in child development and adequately compensated. While considerable progress has been made, the Committee believes States should continue to invest in education and training linked to compensation of the child care workforce in order to improve the overall quality of child care.

The Committee recommendation also provides \$10,000,000 for child care research, demonstration and evaluation activities.

The Committee recommendation for resource and referral activities also includes \$1,000,000 to continue support for the National Association of Child Care Resource and Referral Agencies' information service, Child Care Aware, and the national toll-free information hotline which links families to local child care services and programs.

SOCIAL SERVICES BLOCK GRANT

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$1,700,000,000 |
| Budget estimate, 2005 | 1,700,000,000 |
| Committee recommendation | 1,700,000,000 |

The Committee recommends \$1,700,000,000 for fiscal year 2005 for the social services block grant. The comparable funding level for fiscal year 2004 is \$1,700,000,000 and the budget request includes \$1,700,000,000 for this program. The Committee has included bill language that allows States to transfer up to 10 percent of their TANF allotment to the social services block grant.

CHILDREN AND FAMILIES SERVICES PROGRAMS

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$8,833,371,000 |
| Budget estimate, 2005 | 9,097,897,000 |
| Committee recommendation | 9,094,146,000 |

The Committee recommends \$9,094,146,000 for fiscal year 2005 for children and families services programs. The comparable funding level for fiscal year 2004 is \$8,833,371,000 and the budget request includes \$9,097,897,000 for this program. In addition, \$10,500,000 in transfers are available under section 241 of the Public Health Service Act.

This appropriation provides funding for programs for children, youth, and families, the developmentally disabled, and Native Americans, as well as Federal administrative costs.

Head Start

The Committee recommends \$6,935,452,000 for fiscal year 2005 for Head Start. The comparable funding level for fiscal year 2004 is \$6,774,980,000 and the budget request includes \$6,935,452,000 for this program. The Committee recommendation includes \$1,400,000,000 in advance funding that will become available on October 1, 2005. The Committee recommendation does not include the \$45,000,000 requested in the budget for the grant program for those States that directly administer the Head Start program.

The Committee is aware that studies on early childhood that provide clear evidence that the brain undergoes its most dramatic development during the first 3 years of life, when children acquire the ability to think, speak, learn, and reason. Disparities in children's cognitive and social abilities become evident well before they enter Head Start or pre-kindergarten programs at age 4. Early Head Start minimizes these disparities so that children are ready to enter school and learn. The National Evaluation of Early Head Start concluded that Early Head Start is making a positive difference in areas associated with children's success in school, family self-sufficiency, and parental support of child development. Currently only 3 percent of estimated eligible infants and toddlers are enrolled in Early Head Start. Over the past 5 years, the Committee has significantly increased funding for Early Head Start, to provide more low-income infants and toddlers with the positive experiences they need for later school and life successes. The Committee intends to continue this important investment.

Given the recent changes in the overall Head Start training and technical assistance system and the special training and technical assistance needs of programs working with infants, toddlers, and their families, the Committee is concerned about the maintenance of the Early Head Start Training and Technical Assistance System. In particular, the Committee is concerned that long distance, technology-based technical assistance is taking the place of providing programs with support from qualified on-site people. The Committee believes that in order to sustain the positive outcomes generated by the program, Early Head Start programs and staff need to continue to receive ongoing training opportunities and technical assistance from organizations with specialized expertise relating to infants, toddlers and families and the demonstrated capacity needed to provide direction and support to the Head Start national training and technical assistance system.

Head Start provides comprehensive development services for low-income children and families, emphasizing cognitive and language development, socioemotional development, physical and mental health, and parent involvement to enable each child to develop and function at his or her highest potential. At least 10 percent of enrollment opportunities in each State are made available to children with disabilities.

The Committee understands the serious need for additional and expanded Head Start facilities among Native American populations

and in rural areas. The Committee believes that the Department could help serve these needy communities by providing minor construction funding, as authorized, in remote Native American communities.

Tribal colleges and universities (TCUs) play a central role in strengthening education, economic development, and self-sufficiency to American Indian communities. The Committee recognizes the success of the Head Start-TCU partnership formed in 1999 to foster educational, health, nutritional, and social services for Indian children, and recommends that this program be continued and expanded. The Committee supports the Department's commitment to continue to award 5-year grants to tribal colleges and universities.

While current law requires that 50 percent of Head Start teachers in center-based Head Start programs have not less than an associate degree in early childhood education or a related field, American Indian Head Start programs are generally located in areas that are isolated from mainstream colleges where such degrees can be earned. This program provides accessible, high-quality, and accredited education opportunities to American Indian Head Start agency staff, enabling them to better deliver services that enhances the social and cognitive development of low income American Indian children.

The Committee strongly supports the effort to strengthen the qualifications of Head Start teachers. The Committee encourages Head Start to continue to work toward the goal of having all of their teachers in center-based Head Start programs have an associate, baccalaureate, or advanced degree in early childhood education, or a degree in a related field with experience in teaching preschool children. The Committee expects the Department to focus staff development efforts on increasing the educational level of Head Start teachers in order to meet this goal.

The Committee is aware that the Department's "Descriptive Study of Seasonal Farmworker Families" published in September 2001 revealed that just 19 percent of eligible children of migrant and seasonal farmworkers are served by Migrant Head Start programs. The study also concluded "that Migrant Head Start agencies greatly improve the lives of migrant and seasonal farmworker families, and in doing so, help to strengthen local agricultural economies." The Committee urges the Head Start Bureau to examine this issue and develop a plan to ensure that sufficient funds are provided for Migrant Head Start programs.

The Head Start Bureau shall provide the Committee with the number and cost of buses purchased, by region, in fiscal years 2002, 2003, and the first half of 2004 with Head Start funds no later than March 31, 2005.

The Committee is conscious of efforts currently being undertaken to improve pre-literacy skills in Head Start children and lauds the administration for its commitment to this effort. However, the Committee continues to caution against anything that would detract from the comprehensive nature of the program in delivering early childhood development and family services. While school readiness is front and center in the goals of Head Start, the elements necessary to achieve that readiness range from adequate nu-

trition and health screening, to social and emotional development and family building, as well as the cognitive growth of young children.

The Committee encourages ACF's Head Start Bureau and HRSA's Maternal and Child Health Bureau to continue and expand their successful interagency agreement to jointly address dental disease, a significant unmet health need of Head Start children. This partnership has brought together Head Start and the dental community at the national, State and local levels to seek solutions to improve access to oral health care for these children through the public and private sectors.

The Committee recognizes that assessing the effectiveness of Head Start nationwide is an important goal and that by sponsoring the development of the National Reporting System [NRS] the U.S. Department of Health and Human Services hopes to aggregate and report data nationally. The Committee commends the efforts of the Administration for Children and Families [ACF] to measure the effectiveness of Head Start and to assess progress among Head Start children. In order to ensure that the National Reporting System is effectively meeting its objective, the Committee urges ACF to utilize an independent organization to review the test's validity and its impact on instruction.

The Committee acknowledges Head Start's effort to test both English and Spanish language speakers. Currently, the determining factor for which language version will be administered is the child's repeated failure to comprehend questions posed in English. The Committee urges ACF to review this policy in order to minimize any potential unintended consequences for children and the teacher-child relationship.

The Committee intends that no Head Start agency, Head Start center, or Early Head Start center receiving financial assistance available through this Act shall provide compensation for any of its employees (including program directors) in excess of the salary of the Secretary of the Department of Health and Human Services and that each Head Start agency, Head Start center, or Early Head Start center receiving financial assistance available through this Act shall maintain and annually submit to the Secretary, a complete accounting of its administrative expenses, including expenses for salaries and compensation funded under this subchapter disaggregated by employee.

It has come to the Committee's attention that one Head Start grantee did not adequately obtain parental consent before performing a health screening on Head Start students which included intrusive physical examinations. The Committee believes that Head Start agencies receiving financial assistance available through this Act should obtain written parental consent before administration of, or referral for, any health care service provided or arranged to be provided, including any non-emergency intrusive physical examination of a child in connection with participation in a Head Start program. This should not in any way be interpreted to prohibit agencies from using established methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable Federal, State, or tribal law.

The Committee is interested meeting the goal of this important program through the efficient and effective expenditure of Head Start program funds. With respect to training activities of Head Start agencies and providers, the Committee is concerned that funds provided under this section shall not be used for long-distance travel expenses for training activities that are substantially similar to training activities that are locally or regionally available. The Committee would like to note that this is not intended to automatically prevent attendance in National Conferences within the 50 United States.

Consolidated Runaway and Homeless Youth Program

The Committee recommends \$95,000,000 for fiscal year 2005 for the consolidated runaway and homeless youth program. The comparable funding level for fiscal year 2004 is \$89,431,000 and the budget request includes \$89,447,000 for this program. The Committee recommends \$49,181,000 for basic centers and \$46,819,000 for transitional living programs.

This program addresses the crisis needs of runaway and homeless youth and their families through support to local and State governments and private agencies. Basic centers and transitional living programs help address the needs of some of the estimated 500,000 to 1.5 million and homeless youth, many of whom are running away from unsafe or unhealthy living environments. These programs have been proven effective at supporting positive youth development, securing stable and safe living arrangements and providing the skills required to engage in positive relationships with caring adults and contribute to society.

Under current law the Runaway and Homeless Youth Act requires that not less than 90 percent of the funds be allocated to States for the purpose of establishing and operating community-based runaway and homeless youth centers, as authorized under Parts A and B of the Act. Funds are distributed on the basis of the State youth population under 18 years of age in proportion to the national total. The remaining 10 percent funds networking and research and demonstration activities including the National Toll-Free Communications Center.

Grants are used to develop or strengthen community-based programs which assist homeless youth in making a smooth transition to productive adulthood and social self-sufficiency; and to provide technical assistance to transitional living programs for the acquisition and maintenance of resources and services.

The basic centers program, authorized under Part A of the Act, supports grants to community-based public and private agencies for the provision of outreach, crisis intervention, temporary shelter, counseling, family unification and aftercare services to runaway and homeless youth and their families.

The transitional living program [TLP] provides grants to local public and private organizations to address shelter and service needs of homeless youth, ages 16–21. The program's goals are to have youth safe at home or in appropriate alternative settings and to help them develop into independent, contributing members of society.

A homeless youth accepted into the program is eligible to receive shelter and services continuously for up to 540 days. The services include counseling; life skills training, such as money management and housekeeping; interpersonal skill building, such as decision-making and priority setting; educational advancement; job preparation attainment; and mental and physical health care.

Under the new authorization, the maximum age limit for youth seeking shelter is reduced from 21 to 18, however there is an exception that allows youth in the program who have not reached age 18 to remain in the program after 540 days. Centers are now able to exceed the 20 youth capacity limit if the State requires a higher limit in order to be licensed under the Basic Center program. Finally, the allotment for Transitional Living Programs is increased to 45 percent and, under warranted conditions, to 55 percent.

The Committee recommendation does not include the \$10,000,000 requested in the budget for a separate maternity group homes program. The Committee is aware of the need for and shares the administration's interest in funding residential services for young mothers and their children who are unable to live with their own families because of abuse, neglect, or other circumstances. The Committee notes that pregnant and parenting youth are currently eligible for and served through the TLP.

The Committee also recognizes the need for and value of expanding transitional living opportunities for all homeless youth. Therefore, the Committee seeks to preserve the flexibility afforded in current law to respond to the needs of the young people who are most at-risk and in greatest need of transitional living opportunities in their communities by providing additional resources to the existing portfolio of consolidated Runaway and Homeless Youth Act programs.

It is the Committee's expectation that current and future TLP grantees will continue to provide transitional living opportunities and support to pregnant and parenting homeless youth, as is their current practice. To further ensure that pregnant and parenting homeless youth are able to access transitional living opportunities and support in their communities, the Committee encourages the Secretary, acting through the network of federally-funded runaway and homeless youth training and technical assistance providers, to offer guidance to grantees and others on the programmatic modifications required to address the unique needs of pregnant and parenting youth and on the various sources of funding available for residential services to this population.

Maternity Group Homes

The Committee recommendation does not include the \$10,000,000 requested in the budget for the maternity group homes program. Under this proposed program, the ACF would provide targeted funding for community-based, adult-supervised group homes for young mothers and their children. These homes would provide safe, stable, nurturing environments for mothers who cannot live safely with their own families and assist them in moving forward with their lives by providing support so they can finish school, acquire job skills, and learn to be good parents.

The Committee expects the Family and Youth Services Bureau to continue to provide the technical assistance needed to enable TLP grantees and their community partners to address the unique needs of young mothers and their children, as well as helping interested entities in identifying sources of funding currently available to provide residential services to this population.

Runaway Youth Prevention Program

The Committee recommends \$15,802,000 for fiscal year 2005 for the runaway youth prevention program. The comparable funding level for fiscal year 2004 is \$15,302,000 and the budget request includes \$15,302,000 for this program. This is a discretionary grant program open to private nonprofit agencies for the provision of services to runaway, homeless, and street youth. Funds may be used for street-based outreach and education, including treatment, counseling, provision of information, and referrals for these youths, many of whom have been subjected to, or are at risk of being subjected to, sexual abuse. The goal of this program is to help young people leave the streets.

Child Abuse Prevention Programs

The Committee recommends \$61,886,000 for fiscal year 2005 for child abuse prevention programs. The comparable funding level for fiscal year 2004 is \$56,269,000 and the budget request includes \$68,279,000 for this program. The recommendation includes \$27,500,000 for State grants and \$34,386,000 for discretionary activities.

These programs seek to improve and increase activities at all levels of government which identify, prevent, and treat child abuse and neglect through State grants, technical assistance, research, demonstration, and service improvement.

Abandoned Infants Assistance

The Committee recommends \$12,052,000 for fiscal year 2005 for abandoned infants assistance. The comparable funding level for fiscal year 2004 is \$12,052,000 and the budget request includes \$12,086,000 for this program.

This program provides financial support to public and private entities to develop, implement, and operate demonstration projects that will prevent the abandonment of infants and young children. Grants provide additional services such as identifying and addressing the needs of abandoned infants, especially those who are drug exposed or HIV positive; providing respite care for families and care givers; and assisting abandoned infants and children to reside with their natural families or in foster care.

Child Welfare Services

The Committee recommends \$291,986,000 for fiscal year 2005 for child welfare services. The comparable funding level for fiscal year 2004 is \$289,320,000 and the budget request includes \$291,986,000 for this program.

This program helps State public welfare agencies improve their child welfare services with the goal of keeping families together. State services include: preventive intervention, so that, if possible,

children will not have to be removed from their homes; reunification so that children can return home; and development of alternative placements like foster care or adoption if children cannot remain at home. These services are provided without regard to income.

Child Welfare Training

The Committee recommends \$7,470,000 for fiscal year 2005 for child welfare training. The comparable funding level for fiscal year 2004 is \$7,411,000 and the budget request includes \$7,470,000 for this program.

Under section 426, title IV–B of the Social Security Act, discretionary grants are awarded to public and private nonprofit institutions of higher learning to develop and improve education/training programs and resources for child welfare service providers. These grants upgrade the skills and qualifications of child welfare workers.

Adoption Opportunities

The Committee recommends \$27,343,000 for fiscal year 2005 for adoption opportunities. The comparable funding level for fiscal year 2004 is \$27,103,000 and the budget request includes \$27,343,000 for this program.

This program eliminates barriers to adoption and helps find permanent homes for children who would benefit by adoption, particularly children with special needs.

Adoption Incentives

The Committee recommends \$32,103,000 for fiscal year 2005 for adoption incentives. The comparable funding level for fiscal year 2004 is \$7,456,000 and the budget request includes \$32,103,000 for this program.

The purpose of this program is to provide incentive funds to States to encourage an increase in the number of adoptions of children from the public foster care system. These funds are used to pay States bonuses for increasing their number of adoptions. The appropriation allows incentive payments to be made for adoptions completed prior to September 30, 2005.

Adoption Awareness

The Committee recommends \$12,906,000 for fiscal year 2005 for adoption awareness. The comparable funding level for fiscal year 2004 is \$12,785,000 and the budget request includes \$12,906,000 for this program.

This program was authorized in the Children's Health Act of 2000. The program consists of two activities: the Infant Adoption Awareness Training Program and the Special Needs Awareness Campaign. The Infant Adoption Awareness Training Program provides grants to support adoption organizations in the training of designated health staff, in eligible health centers that provide health services to pregnant women, to inform them about adoption and make referrals on request on an equal basis with all other courses of action. Within the Committee recommendation, \$9,906,000 is available for this purpose.

The Special Needs Adoption Campaign supports grants to carry out a national campaign to inform the public about the adoption of children with special needs. The Committee recommendation includes \$3,000,000 to continue this important activity.

Compassion Capital Fund

The Committee recommends \$47,702,000 for fiscal year 2005 for the compassion capital fund. The comparable funding level for fiscal year 2004 is \$47,702,000 and the budget request includes \$100,000,000 for this program.

The Committee expects funds made available through this program to supplement and not supplant private resources and encourages the Secretary to require private resources to match grant funding provided to public/private partnerships.

Funds available will support grants to charitable organizations to emulate model social service programs and to encourage research on the best practices of social service organizations.

Social Services Research

The Committee recommends \$19,168,000 for fiscal year 2005 for the social services research. The comparable funding level for fiscal year 2004 is \$19,168,000 and the budget request includes \$5,982,000 for this program.

The Committee has funded \$6,000,000 of this program through transfers available under section 241 of the Public Health Service Act. These funds support cutting-edge research and evaluation projects in areas of critical national interest. Research includes determining services that are more cost-effective and alternative ways to increase the economic independence of American families.

The Committee notes ACF's efforts to assist States with meeting the extensive record-keeping, reporting, and tracking requirements of the TANF program. Working through the state information technology consortium, ACF is providing States with the tools necessary to strengthen and improve the complex IT systems required to support TANF. Similarly, on behalf of Child Support Enforcement, the consortium is helping to expand data exchange capabilities between the courts and State child support enforcement agencies as well as increase collection efficiency in States and tribal organizations. The Committee recommends that both collaborative efforts with the state information technology consortium be continued at their current levels.

Community-Based Resource Centers

The Committee recommends \$43,205,000 for fiscal year 2005 for community-based resource centers. The comparable funding level for fiscal year 2004 is \$33,205,000 and the budget request includes \$65,002,000 for this program.

These resources support two purposes: assisting each State in developing, operating, expanding, and enhancing a network of community-based, prevention-focused, family resource and support programs and supporting activities that foster an understanding, appreciation, and knowledge of diverse populations in order to be effective in preventing and treating child abuse and neglect.

Abstinence Education

The Committee recommends \$154,500,000 for fiscal year 2005 for community based abstinence education. The comparable funding level for fiscal year 2004 is \$124,549,000 and the budget request includes \$236,426,000 for this program. Within the funds provided, \$100,000,000 is provided for community-based abstinence education, \$4,500,000 is provided through an evaluation set-aside as requested by the administration, and \$50,000,000 is provided as pre-appropriated mandatory funds.

This program provides support for the development and implementation of abstinence education programs for adolescents, ages 12 through 18. These programs are unique in that their entire focus is to educate young people and create an environment within communities that supports teen decisions to postpone sexual activity until marriage.

Developmental Disabilities

The Committee recommends \$171,438,000 for fiscal year 2005 for programs administered by the Administration on Developmental Disabilities. The comparable funding level for fiscal year 2004 is \$164,772,000 and the budget request includes \$164,854,000 for these programs. Within the funds provided, \$156,526,000 is for carrying out the Developmental Disability Act, and \$14,912,000 is for carrying out the Help America Vote Act of 2002.

The Administration on Developmental Disabilities supports community-based delivery of services which promote the rights of persons of all ages with developmental disabilities. Developmental disability is defined as severe, chronic disability attributed to mental or physical impairments manifested before age 22, which causes substantial limitations in major life activities. The ADD also administers monies for election assistance for individuals with disabilities. This program is for individuals with any type of disability.

Of the funds provided, the Committee recommends \$73,081,000 for State councils. These councils assist each State in promoting the development of a comprehensive, statewide, consumer and family-centered system which provides a coordinated array of culturally-competent services, and other assistance for individuals with development disabilities. State councils undertake a range of activities including demonstration of new approaches, program and policy analysis, interagency collaboration and coordination, outreach and training.

The Committee recommends \$40,000,000 for protection and advocacy grants. This formula grant program provides funds to States to establish protection and advocacy systems to protect the legal and human rights of persons with developmental disabilities who are receiving treatment, services, or rehabilitation within the State.

The Committee recommends \$11,642,000 for projects of national significance to assist persons with developmental disabilities. This program funds grants and contracts providing nationwide impact by developing new technologies and applying and demonstrating innovative methods to support the independence, productivity, and integration into the community of persons with developmental disabilities. The Committee recognizes the potential benefits that as-

sistive technology can have for individuals with developmental disabilities. Of these funds, \$4,000,000 is available to expand activities of the Family Support Program. The Committee's placement of funds for family support within the Projects of National Significance account does not provide ACF with discretion on this definition of family support as defined in Title II of the Developmental Disability Act. The Committee makes a crucial distinction between support services designed for families of children with disabilities and support services designed for an individual with a disability. The Committee intends that these funds be used for the support and assistance of families of children with disabilities, in accordance with the statute.

The Committee recommends \$31,803,000 for university-affiliated programs. This program consists of a network of centers that are interdisciplinary education, research and public service units of a university system, or are public or non-profit entities associated with universities. These centers conduct research, develop evidence based practices and teach thousands of parents, professionals, students, and people with disabilities about critical disability areas such as early intervention, health care, community-based services, inclusive and meaningful education, transition from school to work, employment, housing, assistive technology, aging with a disability and transportation. The centers serve as the major vehicle to translate disability related research into community practice and service systems and to train the next cohort of future professionals who will provide services and supports to an increasingly diverse population of people with disabilities. The increase provided in the bill will allow funding for existing centers to reach the authorized level, support new center grants in five States that currently have unserved or underserved populations, and establish four new centers that specialize in minority health disparities and education issues.

The Committee recommends \$14,912,000 for disabled voter services. Of these funds, \$10,000,000 is to promote disabled voter access, and the remaining \$4,912,000 is for disabled voters protection and advocacy systems. The election assistance for individuals with disabilities program was authorized in the Help America Vote Act of 2002. The program enables an applicant to establish, expand, and improve access to, and participation by, any individual with a disability in the election process.

Native American Programs

The Committee recommends \$45,157,000 for fiscal year 2005 for Native American programs. The comparable funding level for fiscal year 2004 is \$45,157,000 and the budget request includes \$45,155,000 for this program.

The Administration for Native Americans [ANA] assists Indian tribes and Native American organizations in planning and implementing long-term strategies for social and economic development through the funding of direct grants for individual projects, training and technical assistance, and research and demonstration programs.

The Committee continues its significant interest in the revitalization of native languages through education. The Committee encour-

ages ANA to allocate additional resources to support the Native American Languages program and urges the ANA to make schools a part of this effort, consistent with the policy expressed in the Native American Languages Act.

Community Services

The Committee recommends \$727,650,000 for fiscal year 2005 for the community services programs. The comparable funding level for fiscal year 2004 is \$731,284,000 and the budget request includes \$552,350,000 for this program.

Within the funds provided, the Committee recommends \$650,000,000 for the community services block grant [CSBG]. These funds are used to make formula grants to States and Indian tribes to provide a wide range of services and activities to alleviate causes of poverty in communities and to assist low-income individuals in becoming self-sufficient.

The Committee rejects the administration's recommendation to cut the community services block grant funding. Although a restrictive Committee allocation prevented CSBG funding from being substantially increased this year, the Committee continues to recognize the importance of CSBG and the Community Action Agencies it funds in helping meet the extraordinary challenges facing low-income communities.

The Nation's Community Action Agency network relies on CSBG funding to help initiate and administer programs designed to alleviate poverty. The universal characteristic of these CSBG-funded programs is that they provide people with the resources and the tools to become self-sufficient. The Committee understands that the Department of Health and Human Services, and its Office of Community Services in particular, could better use this network in developing future policy initiatives. The Committee notes that in a number of States, including Iowa and Pennsylvania, CAA-initiated family development and self-sufficiency programs are an integral component of welfare reform efforts. The administration is encouraged to look for further nationwide linkages between those individuals seeking to leave the welfare system and become self-sufficient and the many family development and self-sufficiency strategies operated by Community Action Agencies.

The Committee expects the Office of Community Services to release funding to States in the most timely manner. The Committee also expects States to make funds available promptly. The Committee is aware that the Office of Community Services and some States have been extraordinarily delinquent in providing funds to local eligible entities.

In addition, the Committee again expects the Office of Community Services to inform the State CSBG grantees of any policy changes affecting carryover CSBG funds within a reasonable time after the beginning of the Federal fiscal year.

Several discretionary programs are funded from this account. Funding for these programs is recommended at the following levels for fiscal year 2005: community economic development, \$38,000,000, of which \$2,000,000 is for neighborhood innovation projects; individual development accounts, \$24,912,000; rural community facilities, \$7,500,000; and community food and nutrition,

\$7,238,000. The Committee did not provide funds for the national youth sports program.

The Committee continues to support strongly the Community Economic Development program because of the substantial record of achievement that Community Development Corporations have compiled in working in distressed urban and rural communities. The Committee, in particular, notes that Federal funds leverage substantial non-Federal resources in meeting the objectives of this program. Therefore, it is the Committee's intent that appropriated funds should be allocated to the maximum extent possible in the form of grants to qualified Community Development Corporations in order to maximize the leveraging power of the Federal investment and the number and amount of set-asides should be reduced to the most minimal levels.

Community economic development grants are made to private, nonprofit community development corporations, which in turn provide technical and financial assistance to business and economic development projects that target job and business opportunities for low income citizens. The Committee has included bill language clarifying that Federal funds made available through this program may be used for financing for construction and rehabilitation and loans or investments in private business enterprises owned by Community Development Corporations.

The Committee recognizes that manufacturing is an important part of the economic base in urban communities and rural areas. The Committee notes that recent research indicates that very little venture or equity capital makes it into this sector and this is particularly the case for manufacturing businesses located in economically distressed communities. The Committee is aware that a number of community development corporations [CDCs] have provided financing to manufacturing businesses in low income areas.

A principal source of capital for CDCs is Community Economic Development Grants. The Committee recommendation includes an additional \$3,500,000 above the budget request for the purpose of providing technical and financial assistance to manufacturing enterprises. The Committee intends that these funds be made available to experienced CDCs with a record of lending or investing in manufacturing. Further, the Committee intends these funds to be used for providing technical assistance and financial assistance—including loans and investments for plants, equipment and working capital—to manufacturing businesses. Of the total provided, the Committee has included \$5,481,000 for the Job Creation Demonstration authorized under the Family Support Act to target community development activities to create jobs for people on public assistance. This demonstration program provides grants on a competitive basis to non-profit organizations to create new employment and business opportunities for TANF recipients and other low-income individuals. Funding also supports technical and financial assistance for private employers that will result in the creation of full-time permanent jobs for eligible individuals. The Committee recognizes that continued funding of the Job Creation Demonstration program would provide opportunities for more low-income individuals. As in the past, the Committee expects that a priority for

grants under this program go to experienced community development corporations.

Within the funds provided, the Committee has also included \$2,000,000 for neighborhood innovation projects (42 USC 9921(a)(4)) to enable the Office of Community Services to participate with the Department of Housing and Urban Development, foundations, and financial institutions.

Most of the drinking water and wastewater systems in the country that are not in compliance with Federal standards are in communities of 3,000 or fewer. Rural Community Assistance Programs [RCAPs] use funds available from the Rural Community Facilities Program to assist a number of communities in gaining access to adequate community facilities, gaining financing for new or improved water and wastewater systems and in complying with Federal standards.

The Committee has included bill language allocating funding to the Office of Community Services for Rural Community Facilities Technical Assistance as authorized under section 680(3)(B) of the Community Services Block Grant Act. In providing this funding, the Committee expects that it be used solely for the purpose of improving water and wastewater facilities in poor, rural communities. As in the past, these funds should be allocated to regional, rural community assistance programs.

The Committee is concerned that many small and very small community water and wastewater treatment systems might be most vulnerable to terrorist attack, and yet least prepared to deal with the issue. The Committee urges OCS to continue to support RCAP Small Community Infrastructure Safety and Security Training and Technical Assistance project, which provides State, regional and national infrastructure safety and security training workshops and on-site technical assistance targeted to small and very small community water and wastewater treatment systems. The goal of the project is to improve the capacity of small systems to better prepare for emergencies, develop emergency preparedness training manuals for small water systems, identify appropriate technologies to secure such systems, and provide technical assistance to small communities struggling to deal with these issues.

Domestic Violence Hotline

The Committee recommends \$3,500,000 for fiscal year 2005 for the national domestic violence hotline. The comparable funding level for fiscal year 2004 is \$2,982,000 and the budget request includes \$3,000,000 for this program.

This is a cooperative agreement which funds the operation of a national, toll-free, 24-hours-a-day telephone hotline to provide information and assistance to victims of domestic violence.

Battered Women's Shelters

The Committee recommends \$128,000,000 for fiscal year 2005 for battered women's shelters program. The comparable funding level for fiscal year 2004 is \$125,648,000 and the budget request includes \$125,648,000 for this program.

This is a formula grant program to support community-based projects which operate shelters and provide related assistance for

victims of domestic violence and their dependents. Emphasis is given to projects which provide counseling, advocacy, and self-help services to victims and their children.

Early Learning Opportunities Program

The Committee recommends \$36,000,000 for fiscal year 2005 for early learning opportunities program. The comparable funding level for fiscal year 2004 is \$33,580,000 and the budget request did not include funds for this program.

This program supports grants to local community councils comprised of representatives from agencies involved in early learning programs, parent organizations and key community leaders. Funds are used to increase the capacity of local organizations to facilitate development of cognitive skills, language comprehension and learning readiness; enhance childhood literacy; improve the quality of early learning programs through professional development and training; and remove barriers to early learning programs.

Faith-Based Center

The Committee recommends \$1,386,000 for fiscal year 2005 for the operation of the Department's Center for Faith-Based and Community Initiatives. The comparable funding level for fiscal year 2004 is \$1,386,000 and the budget request includes \$1,400,000 for this program.

Mentoring Children of Prisoners

The Committee recommends \$50,000,000 for fiscal year 2005 for mentoring children of prisoners. The comparable funding level for fiscal year 2004 is \$49,701,000 and the budget request includes \$50,000,000 for this program.

The mentoring children of prisoners program was authorized in 2001 under section 439 of the Social Security Act. The purpose of this program is to help children while their parents are imprisoned and includes activities that keep children connected to a parent in prison in order to increase the chances that the family will come together successfully when the parent is released. As a group, children of prisoners are less likely than their peers to succeed in school and more likely to become engaged in delinquent behavior.

Independent Living Training Vouchers

The Committee recommends \$44,734,000 for fiscal year 2005 for independent living training vouchers. The comparable funding level for fiscal year 2004 is \$44,734,000 and the budget request includes \$60,000,000 for this program.

These funds will support vouchers of up to \$5,000 for college tuition, or vocational training for individuals who age out of the foster care system so they can be better prepared to live independently and contribute productively to society. Studies have shown that 25,000 youth leave foster care each year at age 18 and just 50 percent will have graduated high school, 52 percent will be unemployed and 25 percent will be homeless for one or more nights.

Promotion of Responsible Fatherhood and Healthy Marriage

The Committee does not provide funds for fiscal year 2005 for promotion of responsible fatherhood and healthy marriage. The budget request includes \$50,000,000 for this new program designed to promote responsible fatherhood and responsible marriage. The purpose of this proposed program, for which authorizing legislation is pending, is to spur approaches at State and community levels to assist fathers to be more actively and productively involved in the lives of their children.

Program Administration

The Committee recommends \$190,206,000 for fiscal year 2005 for program administration. The comparable funding level for fiscal year 2004 is \$177,894,000 and the budget request includes \$190,206,000 for this program.

The Committee urges ACF to continue to make progress in improving its Annual Performance Plan and Annual Performance Report. The Committee notes that many programs proposed for funding do not have solid data for baselines or performance outcome measures. This lack of objective data makes more difficult the Committee's decisions regarding the allocation of limited resources. The Committee believes that the Agency should work with program grantees and relevant associations to identify the most objective ways in which to evaluate the effectiveness of ACF programs and establish a timeline for producing meaningful data by which programs can be assessed. The Committee urges that steps be taken to improve this situation and expects information regarding such actions to be included in the fiscal year 2006 congressional justification.

The Committee continues its interest in the Department's Child and Family Services reviews. These reviews are an effective method for monitoring the progress States are making in assuring the safety, health, and permanency for children in child welfare and foster care as required in the Adoption and Safe Families Act. The Committee encourages the Department to make available sufficient resources to ensure full implementation of the new collaborative monitoring system.

PROMOTING SAFE AND STABLE FAMILIES

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$404,383,000 |
| Budget estimate, 2005 | 505,000,000 |
| Committee recommendation | 404,383,000 |

The Committee recommends \$404,383,000 for fiscal year 2005 for promoting safe and stable families. The comparable funding level for fiscal year 2004 is \$404,383,000 and the budget request includes \$505,000,000 for this program.

Funding available provides grants to States in support of: (1) family preservation services; (2) time-limited family reunification services; (3) community-based family support services; and, (4) adoption promotion and support services. The Committee notes that most of the Federal funding related to child welfare is provided for the removal and placement of children outside of their own homes. Funds available through the Promoting Safe and Sta-

ble Families program are focused on supporting those activities that can prevent family crises from emerging which might require the temporary or permanent removal of a child from his or her own home.

The Promoting Safe and Stable Families program is comprised of \$305,000,000 in capped entitlement funds authorized by the Social Security Act and \$99,383,000 in discretionary appropriations.

PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION ASSISTANCE

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$5,068,300,000 |
| Budget estimate, 2005 | 5,037,900,000 |
| Committee recommendation | 5,037,900,000 |

The Committee recommends \$5,037,900,000 for fiscal year 2005 for payments to States for foster care and adoption assistance. The comparable funding level for fiscal year 2004 is \$5,068,300,000 and the budget request includes \$5,037,900,000 for this program. In addition, the Committee recommendation concurs with the administration's request of \$1,767,200,000 for an advance appropriation for the first quarter of fiscal year 2006.

The Foster Care Program provides Federal reimbursement to States for: maintenance payments to families and institutions caring for eligible foster children, matched at the Federal medical assistance percentage [FMAP] rate for each State; and administration and training costs to pay for the efficient administration of the Foster Care Program, and for training of foster care workers and parents.

The Adoption Assistance Program provides funds to States for maintenance costs and the nonrecurring costs of adoption for children with special needs. The goal of this program is to facilitate the placement of hard-to-place children in permanent adoptive homes, and thus prevent long, inappropriate stays in foster care. As in the Foster Care Program, State administrative and training costs are reimbursed under this program.

The Independent Living Program provides services to foster children under 18 and foster youth ages 18–21 to help them make the transition to independent living by engaging in a variety of services including educational assistance, life skills training, health services and room and board. States are awarded grants from the annual appropriation proportionate to their share of the number of children in foster care, subject to a matching requirement.

ADMINISTRATION ON AGING

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$1,373,917,000 |
| Budget estimate, 2005 | 1,376,527,000 |
| Committee recommendation | 1,395,117,000 |

The Committee recommends an appropriation of \$1,395,117,000 for aging programs. This amount is \$21,200,000 above the comparable fiscal year 2004 level and \$18,590,000 above the administration request.

Supportive Services and Senior Centers

The Committee recommends an appropriation of \$357,000,000 for supportive services and senior centers, which is \$3,111,000 above

the comparable fiscal year 2004 level and the same as the administration request. This State formula grant program funds a wide range of social services for the elderly, including multipurpose senior centers, adult day care and ombudsman activities. State agencies on aging award funds to designated area agencies on aging who in turn make awards to local services providers. All individuals age 60 and over are eligible for services, although, by law, priority is given to serving those who are in the greatest economic and social need, with particular attention to low-income minority older individuals and those residing in rural areas. Under the basic law, States have the option to transfer up to 30 percent of funds appropriated between the senior centers program and the nutrition programs, which allows the State to determine where the resources are most needed.

Preventive Health Services

The Committee recommends \$21,919,000 for preventive health services, which is the same as the administration request. The comparable fiscal year 2004 level was \$21,790,000. Funds appropriated for this activity are part of the comprehensive and coordinated service systems targeted to those elderly most in need. Preventive health services include nutritional counseling and education, exercise programs, health screening and assessments, and prevention of depression.

The Committee is pleased that the budget request includes \$5,500,000 to expand medication management, screening and education activities, including the use of new medication management devices, to prevent incorrect medication and adverse drug reactions among the elderly.

Protection of Vulnerable Older Americans

The Committee recommends \$20,474,000 for grants to States for protection of vulnerable older Americans. This is \$1,030,000 above the comparable fiscal year 2004 level and \$1,915,000 above the administration request. Within the Committee recommendation, \$15,276,000, an increase of \$1,000,000 over the fiscal year 2004 level, is for the ombudsman services program and \$5,198,000 is for the prevention of elder abuse program. Both programs provide formula grants to States to prevent the abuse, neglect, and exploitation of older individuals. The ombudsman program focuses on the needs of residents of nursing homes and board and care facilities, while elder abuse prevention targets its message to the elderly community at large.

The Committee encourages the Administration on Aging to fund a demonstration grant program in support of the activities authorized under Title VII, Subtitle B of the Older Americans Act for programs directed to preventing abuse, neglect, and exploitation of older individuals in Indian Country. Funds should be used for education programs directed toward increasing awareness of elder abuse in Indian Country and on developing enforceable codes at the tribal level.

National Family Caregiver Support Program

The Committee recommends \$157,000,000 for the national family caregiver support program, which is \$4,262,000 above the comparable fiscal year 2004 level and \$1,488,000 above the administration request. Funds appropriated for this activity established a multifaceted support system in each State for family caregivers. All States are expected to implement the following five components into their program: individualized referral information services; assistance to caregivers in locating services from a variety of private and voluntary agencies; caregiver counseling, training and peer support; respite care provided in the home, an adult day care center or other residential setting located in an assisted living facility; and limited supplemental services that fill remaining service gaps.

Native American Caregiver Support Program

The Committee recommendation includes \$6,355,000 to carry out the Native American Caregiver Support Program, which is the same as the administration request. The comparable fiscal year 2004 level was \$6,318,000. The program will assist tribes in providing multifaceted systems of support services for family caregivers and for grandparents or older individuals who are relative caregivers. In fiscal year 2004, funds were used to provide both discretionary and formula grants to support the goals of this program.

Congregate and Home-delivered Nutrition Services

For congregate nutrition services, the Committee recommends an appropriation of \$388,646,000, which is \$2,293,000 above the comparable fiscal year 2004 level and the same as the administration request. For home-delivered meals, the Committee recommends \$180,985,000, which is \$1,068,000 above the comparable fiscal year 2004 level and the same as the administration request. These programs address the nutritional need of older individuals. Projects funded must make home-delivered and congregate meals available at least once a day, 5 days a week, and each meal must meet one-third of the minimum daily dietary requirements. While States receive separate allotments of funds for congregate and home-delivered nutrition services and support services, they are permitted to transfer up to 40 percent of funds between these programs.

Nutrition Services Incentives Program

The Committee recommendation includes \$149,183,000 for the nutrition services incentives program, the same as the administration request. The comparable fiscal year 2004 funding level was \$148,191,000. This program, which was transferred from the Department of Agriculture in fiscal year 2003, augments funding for congregate and home-delivered meals provided to older adults. Funds provided under this program are dedicated exclusively to the provision of meals. NSIP rewards effective performance by States and Tribal organizations in the efficient delivery of nutritious meals to older individuals through the use of cash or commodities.

Aging Grants to Indian Tribes and Native Hawaiian Organizations

The Committee recommends \$26,612,000 for grants to native Americans, which is \$159,000 above the fiscal year 2004 com-

parable level and the same as the administration request. Under this program awards are made to tribal and Alaskan Native organizations and to public or nonprofit private organizations serving native Hawaiians which represent at least 50 percent Indians or Alaskan Natives 60 years of age or older to provide a broad range of supportive services and assure that nutrition services and information and assistance are available.

The Committee recognizes that this program is the primary vehicle for providing nutrition and other supportive services to Indian, Alaska Native, and Native Hawaiian elders. The Committee urges the Administration on Aging to devote its attention toward this purpose.

Training, Research and Discretionary Projects

The Committee recommends \$37,647,000 for training, research, and discretionary projects. The comparable fiscal year 2004 level was \$33,509,000. These funds support activities designed to expand public understanding of aging and the aging process, apply social research and analysis to improve access to and delivery of services for older individuals, test innovative ideas and programs to serve older individuals, and provide technical assistance to agencies that administer the Older Americans Act. Given the enormous demands on Alzheimer's family caregivers, the Committee has included \$1,000,000 to support an Alzheimer's family contact center for round-the-clock help to Alzheimer's families in crisis.

The Committee continues to support funding at no less than last year's level for national programs scheduled to be refunded in fiscal year 2005 that address a variety of issues, including elder abuse, native American issues and legal services.

The Committee is aware of the high incidence of chronic diseases among elders in Indian Country. The Committee encourages the agency to carry out a demonstration program directed at decreasing health disparities through prevention and wellness outreach. The Committee also recommends that the agency continue and expand programs that focus on improving access to social services by elders in Indian Country.

The Committee encourages the Administration on Aging to facilitate the expansion of demonstration projects gauging the efficiency of nurse-managed Geriatric Wellness Centers.

The Committee is concerned about the prevalence of undiagnosed and untreated mental illness among older Americans. Disorders such as anxiety, depression, and dementia are common in older patients, but often go undetected. The Committee urges the Administration on Aging to study the benefits of integrating mental health treatment for older adults with primary medical treatment, commonly referred to as collaborative care.

The Committee expects the Administration on Aging to continue to fund the national program of statewide senior legal services hotlines (also called legal helplines) at their current levels and ideally to provide an increase in the number of States served by these legal hotlines.

Aging Network Support Activities

The Committee recommends \$13,373,000 for aging network support activities, the same as the administration request. The comparable amount for fiscal year 2004 was \$13,294,000. The Committee recommendation includes \$1,199,000 for the Eldercare Locator and \$1,180,000 for the pension information and counseling projects.

The Eldercare Locator, a toll-free, nationwide directory assistance service for older Americans and their caregivers, is operated by the National Association of Area Agencies on Aging. Since 1991, the service has linked more than 700,000 callers to an extensive network of resources for aging Americans and their caregivers.

Pension counseling projects provide information, advice, and assistance to workers and retirees about pension plans, benefits, and how to pursue claims when pension problems arise. The information dissemination and outreach activities of the pension counseling projects have served over 25,000 people and has helped obtain more than \$50,000,000 in retirement benefits for older individuals.

The Committee has provided funding at the administration request level for the National Long Term Care Ombudsman Resource Center, the National Center on Elder Abuse and the Health Care Anti-Fraud, Waste and Abuse Program.

Alzheimer's Disease Demonstration Grants to States

As a result of the aging of the baby boom generation, the number of individuals affected by Alzheimer's disease will double in the next 20 years. The Committee recommends a funding level of \$12,883,000 for Alzheimer's disease demonstration grants to States. This is \$1,000,000 above the comparable fiscal year 2004 level and \$1,383,000 above the administration request.

Currently, an estimated 70 percent of individuals with Alzheimer's disease live at home, where families provide the preponderance of care. For these families, caregiving comes at enormous physical, emotional and financial sacrifice. The Alzheimer's disease demonstration grant program currently provides matching grants to 37 States to stimulate and better coordinate services for families coping with Alzheimer's. With a relatively small amount of Federal support to provide the stimulus, States have found innovative ways to adapt existing health, long-term care, and community services to reach previously underserved populations, particularly minorities and those living in rural communities.

White House Conference on Aging

The Committee recommends \$4,558,000 for the White House Conference on Aging, which is the same level as the administration request. These funds are available until September 30, 2007. Funds will be used for start up costs for the Conference, which will be held prior to December 31, 2005 and is required by the Older Americans Act Amendments of 2000.

Program Administration

The Committee recommends \$18,482,000 to support Federal staff that administer the programs in the Administration on Aging, which is the same as the administration request. These funds pro-

vide administrative and management support for programs administered by the agency.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$360,069,000 |
| Budget estimate, 2005 | 437,822,000 |
| Committee recommendation | 382,555,000 |

The Committee recommends \$382,555,000 for general departmental management [GDM]. The comparable level for fiscal year 2004 was \$360,069,000 and the administration request was \$437,822,000. The Committee recommendation includes the transfer of \$5,851,000 from Medicare trust funds, which is the same as the administration request.

The Committee directs that specific information requests from the chairman and ranking member of the Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies, on scientific research or any other matter, shall be transmitted to the Committee on Appropriations in a prompt professional manner and within the time frame specified in the request. The Committee further directs that scientific information requested by the Committees on Appropriations and prepared by Government researchers and scientists be transmitted to the Committee on Appropriations, uncensored and without delay.

This appropriation supports those activities that are associated with the Secretary's role as policy officer and general manager of the Department. It supports certain health activities performed by the Office of Public Health and Science, including the Office of the Surgeon General. GDM funds also support the Department's centralized services carried out by several Office of the Secretary staff divisions, including personnel management, administrative and management services, information resources management, inter-governmental relations, legal services, planning and evaluation, finance and accounting, and external affairs.

The Office of the Surgeon General, in addition to its other responsibilities, provides leadership and management oversight for the PHS Commissioned Corps, including the involvement of the Corps in departmental emergency preparedness and response activities.

The Committee has provided \$3,634,000 to support the activities of the United States-Mexico Border Health Commission as authorized by Public Law 103-400. The Commission is authorized to assess and resolve current and potential health problems that affect the general population of the United States-Mexico border area.

The Committee understands that there are nearly 400,000 frozen embryos in fertility clinics in the United States and only approximately 2 percent of these are donated to other couples in order to bear children. The Committee continues to believe that increasing public awareness of embryo donation and adoption remains an important goal and therefore directs the Department to continue its embryo adoption awareness campaign. The Committee has provided \$1,000,000 for this purpose.

The Committee recommendation includes \$3,000,000 for the Secretary to establish a Citizens' Health Care Working Group as authorized in Section 1014 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003.

Childhood Drinking.—The Committee understands that new research from the National Institute on Alcohol Abuse and Alcoholism shows that serious drinking problems previously associated with adulthood actually begin to emerge during childhood and adolescence. In this context, alcohol abuse and dependence are best characterized as developmental disorders that begin during ages that are a critical time for cognitive and physiological growth. These findings underscore the public health challenge of preventing childhood drinking, as well as raising the age of first use of alcohol.

The Committee commends the Secretary for establishing the Interagency Coordinating Committee on the Prevention of Underage Drinking [ICCPUD] and applauds the SAMHSA Administrator for taking a strong leadership role. The ICCPUD's interim report describes the steps involved in developing a coordinated plan for combating underage drinking and lists the related current and planned activities by the numerous Federal agencies involved in this effort. The Committee was disappointed to see that the Surgeon General is not engaged in any activities specifically intended to reduce underage drinking, nor does he plan any such activities in the near future. The Committee notes that the Surgeon General has a unique role that involves advocating for effective disease prevention and health promotion programs, as well as providing a highly recognized symbol of national commitment to combating public health threats. The Surgeon General, as the Nation's top doctor, has issued Reports and Calls to Action in the past to focus National attention on important public health issues such as suicide prevention, youth violence and obesity. The Committee believes that the Surgeon General must be fully engaged in the effort to combat childhood drinking. Therefore, the Committee strongly urges the Surgeon General, in coordination with SAMHSA, to issue a Call to Action on the health crisis of underage drinking.

Diabetes.—The Committee is aware and very supportive of the Secretary's recently announced Diabetes Detection Initiative, but is concerned about meeting the treatment needs of all the newly diagnosed patients with diabetes. The Committee is aware of the valuable services that certified diabetes educators provide to newly diagnosed patients—teaching them the necessary skills they need to self-manage the disease throughout their life including nutrition, exercise, blood sugar monitoring and medication management. The Committee urges the Secretary to dedicate appropriate resources to conduct demonstrations to measure the effectiveness of diabetes self-management training in preventing diabetes and the complications it causes.

HIV1-2 Rapid Testing.—The Committee is aware that wide-scale deployment of new oral fluid testing for AIDS is a significant step towards helping citizens, throughout the United States and around the world, to know their HIV status. The Committee urges the Secretary to significantly increase the use of bulk purchasing and wide-scale deployment of FDA-approved oral fluid HIV1-2 rapid tests for domestic and international programs.

National Children's Study.—The Committee strongly supports full and timely implementation of the National Children's Study, which aims to quantify the impacts of a broad range of environmental influences on child health and development. The Committee urges the Department to coordinate the involvement of the CDC and the NICHD, and to work closely with the EPA and other interested institutes, agencies and non-Federal partners conducting research on children's environmental health and development so that this study is ready for the field by no later than 2006.

Pharmacy Services.—The Committee encourages the Department to begin a study on comprehensive pharmacy services in light of changes in technology, distance and distributive learning models, the aging of the population and the Department's study on the severe pharmacist shortage in order to analyze how they may influence the nature of pharmaceutical education and interventions in healthcare.

Public Health Training.—The Committee is aware that public health physicians play an important role in the Federal, State and local public health infrastructure and are critical for public health preparedness. However, currently there is not a generally agreed upon model for training physicians for public health careers. Therefore, the Committee has included \$500,000 for a study by the Institute of Medicine to determine what knowledge and skills are needed by public health physicians; what type of training program would prepare physicians for public health careers; how many training programs are needed to maintain an adequate public health physician workforce; and how these training programs should be funded.

Transportation Coordination.—The Committee notes with approval the increased attention being paid to the coordination of human services with transportation. The Committee notes the recent executive order issued by the President calling for a report on transportation coordination within 1 year. The Committee expects the Department, as a lead agency mentioned in the executive order, to report its finding to the Committee as soon as the study is finished.

Vision Screening.—The Committee is concerned that many children in the United States have uncorrected vision problems, such as amblyopia, that can lead to difficulty in school and permanent vision loss. Amblyopia, also known as "lazy eye," is the leading cause of vision loss in young Americans, yet many children do not receive timely diagnosis or treatment for the condition. The Committee encourages the Secretary to examine ways to increase the number of children that receive an eye exam from an eye doctor in order to reduce vision loss in children.

Adolescent Family Life

The Committee has provided \$37,500,000 for the Adolescent Family Life Program [AFL], which is \$6,554,000 above the comparable fiscal year 2004 level. The administration request was \$54,349,000.

AFL is the only Federal program focused directly on the issue of adolescent sexuality, pregnancy, and parenting. Through demonstration grants and contracts, AFL focuses on a comprehensive

range of health, educational, and social services needed to improve the health of adolescents, including the complex issues of early adolescent sexuality, pregnancy, and parenting.

Within the total provided, the Committee has included \$2,500,000 for the development of a National Abstinence Education Campaign. This campaign will help parents communicate with their children about the health risks associated with premarital activity.

Minority Health

The Committee recommends \$53,351,000 for the Office of Minority Health. The comparable level for fiscal year 2004 was \$55,190,000 and the administration request was \$47,236,000.

The Office of Minority Health [OMH] focuses on strategies designed to decrease the disparities and to improve the health status of racial and ethnic minority populations in the United States. OMH establishes goals, and coordinates all departmental activity related to improving health outcomes for disadvantaged and minority individuals. OMH supports several demonstration projects, including the Minority Community Health Coalition, the Bilingual/Bicultural Service, the Center for Linguistic and Cultural Competency in Health Care, and the Family and Community Violence Prevention Program.

The Committee continues to support the National Minority Male Health Project and urges the Office of Minority Health to fund a consortium of historically black colleges and universities [HBCUs] to plan for the implementation of this project. The Committee understands that Bowie State University, Lincoln University, Morehouse College, Morgan State University and Wilberforce University will be part of the initial group of demonstration institutions. The Committee urges OMH to dedicate adequate funds to expand support to the existing HBCUs and to add other minority-serving institutions.

The Committee commends the OMH for establishing in 2003 a public and private partnership to address the protective and risk factors identified in the Aberdeen Area Infant Mortality Study. In 2004 the Committee included \$1,000,000 to reduce SIDS disparity rates and provide risk reduction education to African American and American Indian populations in the United States. The Committee was pleased that the Deputy Secretary chose to supplement the Committee's effort, resulting in an \$8,650,000 infant mortality reduction initiative. However the Committee is disappointed to note the lack of any notification about the change in scope and direction of the \$1,000,000 provided by the Committee, nor of the diversion of funds from other maternal and child health programs. In addition, the Committee is concerned that the fiscal year 2005 budget justifications include no information about the future of this initiative. The Committee directs the Secretary to report on the progress of the Deputy Secretary's infant mortality initiative and specifically on the SIDS portion of that initiative no later than July 1, 2005, and to include adequate information pertaining to the initiative in the Department's fiscal year 2006 budget request.

Office on Women's Health

The Committee recommends \$29,103,000 for the Office on Women's Health, the same as the administration request. The comparable level for fiscal year 2004 was \$28,915,000.

The PHS Office on Women's Health [OWH] develops, stimulates, and coordinates women's health research, health care services, and public and health professional education and training across HHS agencies. It advances important crosscutting initiatives and develops public-private partnerships, providing leadership and policy direction, and initiating and synthesizing program activities to redress the disparities in women's health.

The Committee remains strongly supportive of the work done by the Office on Women's Health in the Office of the Secretary. In addition to its own work advancing women's health, it provides critical coordinating services with offices located in NIH, CDC, HRSA, FDA, SAMHSA, AHRQ, and CMS. In totality, these offices assure that issues related to research, treatment, services, training, and education efforts by HHS reflect the distinct needs of women. The Secretary should notify the Committee in advance of any changes planned for the status, location, or reporting structure of this office or any of the offices enumerated above.

HIV/AIDS in Minority Communities

To address high-priority HIV prevention and treatment needs of minority communities heavily impacted by HIV/AIDS, the Committee recommends \$52,838,000. This amount is \$3,294,000 above the comparable fiscal year 2004 level and the same as the administration request. These funds are available to key operating divisions of the Department with capability and expertise in HIV/AIDS services to assist minority communities with education, community linkages, and technical assistance.

OFFICE OF INSPECTOR GENERAL

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|--------------------------------|--------------|
| Appropriations, 2004 | \$39,094,000 |
| Budget estimate, 2005 | 40,323,000 |
| Committee recommendation | 40,323,000 |

The Committee recommends an appropriation of \$40,323,000 for the Office of Inspector General, which is the same as the administration request. The fiscal year 2004 comparable level was \$39,094,000. In addition to discretionary funds, the Health Insurance Portability and Accountability Act of 1996 provides \$160,000,000 in mandatory funds for the Office of Inspector General in fiscal year 2005; the total funds provided to the Office by this bill and the authorizing bill would be \$200,323,000 in fiscal year 2005.

The Office of Inspector General conducts audits, investigations, inspections, and evaluations of the operating divisions within the Department of Health and Human Services. The OIG functions with the goal of reducing the incidence of waste, abuse, and fraud. It also pursues examples of mismanagement toward the goal of promoting economy and efficiency throughout the Department.

OFFICE FOR CIVIL RIGHTS

| | |
|--------------------------------|--------------|
| Appropriations, 2004 | \$33,901,000 |
| Budget estimate, 2005 | 35,357,000 |
| Committee recommendation | 35,357,000 |

The Committee recommends \$35,357,000 for the Office for Civil Rights. This is the same as the administration request. The comparable fiscal year 2004 level was \$33,901,000. The recommendation includes the transfer of \$3,314,000 from the Medicare trust funds.

The Office for Civil Rights is responsible for enforcing civil rights-related statutes in health care and human services programs. To enforce these statutes, OCR investigates complaints of discrimination, conducts program reviews to correct discriminatory practices, and implements programs to generate voluntary compliance among providers and constituency groups of health and human services.

POLICY RESEARCH

| | |
|--------------------------------|--------------|
| Appropriations, 2004 | \$20,750,000 |
| Budget estimate, 2005 | 28,750,000 |
| Committee recommendation | 28,750,000 |

The Committee recommends \$28,750,000 for policy research funded through transfers available under section 241 of the Public Health Service Act. The comparable program level for fiscal year 2004 was \$20,750,000. The increase in funding in fiscal year 2005 will provide support for the National Electronic Health Information Initiative and the Current Population Survey.

Funds appropriated under this title provide resources for research programs that examine broad issues which cut across agency and subject lines, as well as new policy approaches outside the context of existing programs. This research can be categorized into three major areas: health policy, human services policy, and disability, aging and long-term care policy.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$321,763,000 |
| Budget estimate, 2005 | 330,636,000 |
| Committee recommendation | 330,636,000 |

The Committee provides an estimated \$330,636,000 for retirement pay and medical benefits for commissioned officers of the U.S. Public Health Service, the same as the administration request. The comparable level for fiscal year 2004 was \$321,763,000.

This account provides for: retirement payments to U.S. Public Health Service officers who are retired for age, disability, or length of service; payments to survivors of deceased officers; medical care to active duty and retired members and dependents and beneficiaries; and for payments to the Social Security Administration for military service credits.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$2,164,003,000 |
| Budget estimate, 2005 | 2,225,058,000 |
| Committee recommendation | 2,330,058,000 |

The Committee recommends \$2,330,058,000 for the Public Health and Social Services Emergency Fund, which is \$105,000,000 above the administration request and \$166,055,000 above the comparable level for fiscal year 2004.

The Committee provides \$934,454,000 to CDC for upgrading State and local capacity. This amount is \$105,106,000 above the administration request and the same as the comparable level for fiscal year 2004. The Committee continues to recognize that bioterrorism events will occur at the local level and will require local capacity, preparedness and initial response. It is the Committee's intent that significant funding for State and local public health infrastructure be used to improve local public health capacity and meet the needs determined by local public health agencies. The Committee's intent remains firm. Because it is essential to the Nation's public health readiness that bioterrorism funding be made available at the local level, the Committee urges the CDC and the Department to ensure that monies appropriated for State and local capacity building be spent to improve local public health readiness in a manner with which local public health officials concur. It is expected that local public health agencies are and will continue to be full partners in developing State plans.

Within the total for State and local capacity, the Committee has included at least the same amount as last year for the Health Alert Network [HAN]. To ensure that these funds continue to be used to improve local capacity for electronic communications and data exchange, the Committee encourages CDC to provide adequate funding to improve public health capacity for electronic communication and data exchange at the local level in a manner consistent with the Public Health Information Network and with which local public health officials concur. This will enable enhanced local capacity that has resulted from HAN funding to continue.

The Committee intended that one function of HAN was to assure that essential, time-sensitive public health information become available to both State and local public health agencies in a timely manner. The Committee is concerned about reports from localities, including large cities, participating in HAN that they are not receiving all CDC-generated messages promptly because such messages are going only to their State agencies. Recognizing that both timeliness and redundancy in communications are important in addressing urgent public health concerns, the Committee strongly urges CDC to ensure that all local public health agencies receive CDC information on the same timely basis as do States.

Of the total amount provided, the Committee recommends \$400,000,000 for the Strategic National Stockpile, \$157,183,000 for upgrading CDC capacity, \$17,934,000 for anthrax vaccine research, and \$130,000,000 for biosurveillance activities.

The Committee remains concerned about the emergence of new infectious diseases and the increasing zoonotic disease transmission between animals and humans. As noted in last year's report, some

thirty previously unheard of infectious diseases have been discovered in the last 30 years. Increases in human and animal air travel and global commerce provide more opportunities for infectious diseases like SARS, monkey pox and avian flu to spread. The Committee notes that wild animal veterinarians, often located at zoos in populated urban areas, are sometimes the first to see these diseases and can contribute significantly to the detection and understanding of these diseases. The Committee commends the CDC's efforts to merge surveillance systems of State diagnostic labs, veterinary labs, wildlife health agencies and zoos, and urge the CDC to consider the usefulness of including institutions with live animal collections in the new biosurveillance initiative.

The Committee has again included bill language to exempt employees of the CDC or the Public Health Service, detailed as field assignees for purposes related to homeland security, from full-time equivalent [FTE] employment limitations, administrative ceilings, or targets. The effect of the bill language is to furnish States, municipalities, and other organizations with a sufficient number of field assignees to implement important public health programs related to homeland security.

The Committee's recommendation includes \$64,438,000 for the Office of the Secretary and \$75,000,000 for activities to ensure an adequate supply of vaccine in the event of an influenza pandemic.

The Committee provides \$503,649,000 to HRSA for bioterrorism activities. Of this amount, \$27,705,000 is for curriculum development and training, and \$475,944,000 is for hospital preparedness and infrastructure improvements related to bioterrorism. The Committee intends that States use these funds to develop hospital preparedness in a manner that is consistent with State and local bioterrorism preparedness plans. The Committee expects the Department will ensure that hospitals receiving funds have consulted with the local public health agency (or State agency where no local agency exists) and that the hospitals' uses of these funds are fully coordinated with local, regional and State bioterrorism preparedness plans.

The Committee recognizes the role community health centers play in bioterrorism preparedness and response for millions of underserved individuals, and therefore continues to support the inclusion of both health centers and State and regional primary care associations in bioterrorism preparedness and response funding at the Federal, State and local levels.

The Committee's recommendation includes \$47,400,000 for the National Institutes of Health. These funds will be used for research into the development of nuclear and radiological countermeasures.

GENERAL PROVISIONS, DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Committee recommendation includes language placing a \$50,000 ceiling on official representation expenses (sec. 201).

The Committee recommendation includes language carried in fiscal year 2003 which limits the assignment of certain public health personnel (sec. 202).

The Committee recommendation retains language regarding set-asides in the authorizing statute of the National Institutes of Health (sec. 203).

The Committee recommendation retains a provision carried in fiscal year 2003 and 2004 to limit the use of grant funds to pay individuals no more than an annual rate of Executive Level I (sec. 204).

The Committee recommendation retains language carried in fiscal year 2003 restricting the Secretary's use of taps for program evaluation activities unless he submits a report to the Appropriations Committees on the proposed use of funds (sec. 205).

The Committee recommendation includes language authorizing the transfer of up to 2.5 percent of Public Health Service funds for evaluation activities (sec. 206).

The Committee recommendation contains language restricting transfers or reprogramming of appropriated funds between programs, projects, and activities, and requires 15 day notification to both the House and Senate Appropriations Committees (sec. 207).

The Committee recommendation retains language carried in fiscal year 2003 permitting the transfer of up to 3 percent of AIDS funds among Institutes and Centers by the Director of NIH and the Director of the Office of AIDS Research at NIH (sec. 208).

The Committee recommendation retains language which requires that the use of AIDS research funds be determined jointly by the Director of the National Institutes of Health and the Director of the Office of AIDS Research and that those funds be allocated directly to the Office of AIDS Research for distribution to the Institutes and Centers consistent with the AIDS research plan (sec. 209).

The Committee recommendation retains language carried in fiscal year 2003 regarding requirements for family planning applicants (sec. 210).

The Committee recommendation retains language which restricts the use of funds to carry out the MedicareChoice Program if the Secretary denies participation to an otherwise eligible entity (sec. 211).

The Committee recommendation retains language which States that no provider services under Title X of the PHS Act may be exempt from State laws regarding child abuse (sec. 212).

The Committee recommendation retains language carried in fiscal year 2004 extending the refugee status of persecuted religious groups (sec. 213).

The Committee recommendation retains language which prohibits the Secretary from withholding substance abuse treatment funds (sec. 214).

The Committee recommendation includes language carried in fiscal year 2003 which facilitates the expenditure of funds for international AIDS activities (sec. 215).

The Committee recommendation includes a provision allowing the Division of Federal Occupational Health to use personal services contracting to employ professional, administrative, and occupational health professionals (sec. 216).

The Committee recommendation includes bill language allowing use of funds to continue operating the Council on Graduate Medical Education (sec. 217).

The Committee recommendation retains a provision carried in fiscal year 2004 authorizing the Director of the National Institutes of Health to enter into certain transactions to carry out research in support of the NIH Roadmap Initiative of the Director (sec. 218).

The Committee recommendation includes a provision that \$10,000 of the amount provided under the Public Health Services but may be used for official representation expenses under sections 399 and 499 of that Act (sec. 219).

The Committee recommendation rescinds \$199,900,000 of the unobligated balance of funds appropriated by section 1016 of the Medicare Modernization Act for a facilities loan fund. The Committee recommendation includes funding for such activities directly in appropriations accounts, rather than through authorizing Committee action (sec. 220).

The Committee recommendations includes a requirement that none of the funds provided in this Act may be expended to apply the criteria, commonly known as the Medicare "75 percent rule", that are used to determine whether a hospital or unit of a hospital is an inpatient rehabilitation facility. The Committee is concerned that this new rule has severe consequences for access to inpatient services. The Committee directs the Secretary of Health and Human Services to contract with the Institute of Medicine of the National Academy of Sciences to study and make recommendations on a clinical consensus on how to modernize the Medicare criteria used to distinguish an inpatient rehabilitation facility from an acute care hospital and other providers of intensive medical rehabilitation, and the appropriate medical necessity criteria for determining clinical appropriateness of inpatient rehabilitation facility admissions. Under the contract, the Institute is expected to use a panel that includes a multi-disciplinary group of expert researchers and clinicians in the field of medical rehabilitation, and report its recommendations to the Secretary and Congress not later than October 1, 2005 (sec. 221).

The Committee recommendation includes language authorizing the Secretary of Health and Human Services to make demonstration grants to accredited universities and/or community colleges to establish summer health career introductory programs for middle school and high school students (sec. 222).

The Committee recommendation includes a provision transferring \$35,000,000 from the \$1,000,000,000 appropriated to HHS under the Medicare Modernization Act to the Office of the Inspector General for work related to the oversight of that Act (sec. 223).

TITLE III—DEPARTMENT OF EDUCATION

EDUCATION FOR THE DISADVANTAGED

| | |
|--------------------------------|------------------|
| Appropriations, 2004 | \$14,443,641,000 |
| Budget estimate, 2005 | 15,202,466,000 |
| Committee recommendation | 15,500,684,000 |

The Committee recommends an appropriation of \$15,500,684,000 for education for the disadvantaged. The comparable funding level for fiscal year 2004 is \$14,443,641,000 and the budget request includes \$15,202,466,000 for this account.

The programs in the education for the disadvantaged account help ensure that poor and low-achieving children are not left behind in the Nation’s effort to raise the academic performance of all children and youth. That goal is more pressing than ever since the passage of the No Child Left Behind Act, which incorporates numerous accountability measures into Title I programs, especially part A grants to local educational agencies—the largest Federal elementary and secondary education program.

In particular, the new law strengthens Title I accountability by requiring States to implement statewide accountability systems covering all public schools and students. These systems must be based on challenging State standards in reading and mathematics, annual statewide progress objectives ensuring that all groups of students reach proficiency in reading and math by the end of the 2013–14 school year, and annual testing for all students in grades 3–8. State progress objectives and assessment results must be broken out by poverty, race and ethnicity, disability, and limited English proficiency. States, school districts, and schools must report annually on their progress toward statewide proficiency goals. Districts and schools that fail to make adequate yearly progress [AYP] toward these goals will, over time, be subject to increasingly rigorous improvement, corrective action, and restructuring measures aimed at getting them back on course to meet State standards. Students attending schools that fail to meet annual State AYP objectives for 2 consecutive years will be permitted to transfer to a better public school or, if the school continues to fail to meet AYP for 3 years or more, to use Title I funds to obtain educational services from a public-or private-sector provider selected by their parents.

Funds appropriated in this account primarily support activities in the 2005–2006 school year.

Grants to Local Educational Agencies

Title I Grants to Local Educational Agencies [LEAs] provide supplemental education funding, especially in high-poverty areas, for local programs that provide extra academic support to help raise the achievement of eligible students or, in the case of schoolwide

programs, help all students in high-poverty schools to meet challenging State academic standards. The program serves more than 15 million students in nearly all school districts and more than half of all public schools—including two-thirds of the Nation's elementary schools.

Title I schools help students reach challenging State standards through one of two models: “targeted assistance” that supplements the regular education program of individual children deemed most in need of special assistance, or a “schoolwide” approach that allows schools to use Title I funds—in combination with other Federal, State, and local funds—to improve the overall instructional program for all children in a school.

Starting with the fiscal year 2004 appropriation, States are required to reserve 4 percent of their allocation under this program for school improvement activities, double the requirement in fiscal year 2003. States must distribute 95 percent of these reserved funds to local educational agencies for schools identified for improvement, corrective action, or restructuring. At the level of the Committee recommendation, this set-aside will generate more than \$520,000,000 for school improvement activities.

More than any other Federal program, Title I grants to LEAs are critical to the success of the No Child Left Behind Act. The Committee recommends \$13,457,607,000 for this program. The comparable funding level for fiscal year 2004 is \$12,339,607,000 and the budget request includes \$13,339,607,000 for Title I grants to LEAs. The Committee recommendation proposes an increase of 54 percent over the amount provided prior to passage of the No Child Left Behind Act. These Federal resources represent the significant commitment this Committee has made to provide the resources necessary to help all children succeed in school.

The budget request includes bill language that authorizes the use of \$10,000,000 of Title I grants to LEAs by the Secretary to support National Leadership activities, including identifying and disseminating best practices undertaken by school districts for closing the achievement gap and for ensuring and supporting compliance with the No Child Left Behind Act. The Committee bill does not include the requested language.

Title I grants are distributed through four formulas: basic, concentration, targeted, and education finance incentive grant [EFIG].

For Title I basic grants, including the amount transferred to the Census Bureau for poverty updates, the Committee recommends an appropriation of \$7,104,447,000. The comparable funding level for fiscal year 2004 and the budget request are both \$7,034,890,000 for the basic grants funding stream. Basic grants are awarded to school districts with at least 10 poor children who make up more than 2 percent of enrollment.

The Committee bill includes language which provides \$71,557,000 from the amount made available under basic grants to those States scheduled to receive, in aggregate, less funds under the title I grants program for the 2004–2005 school year than they received for the 2003–2004 school year. These funds supplement funds previously appropriated for the 2004–2005 school year. The Committee has taken this action because of the statutorily required change from bi-annual to annual updates for poverty estimates

that occurred this year and the significant shifts that resulted from that statutory change. These additional funds will allow affected States to allocate funds for the 2004–2005 school year to offset partially reduced allocations to many LEAs under Title I formulas.

For concentration grants, the Committee recommends an appropriation of \$1,365,031,000. The comparable funding level for fiscal year 2004 and the budget request are both \$1,365,031,000. Funds under this program are distributed according to the basic grants formula, except that they go only to LEAs where the number of poor children exceeds 6,500 or 15 percent of the total school-aged population.

Last year, Congress provided all of the additional funding for Title I grants to LEAs above the fiscal year 2003 level through the EFIG and targeted formulas. The Committee recommends allocating all of the increase proposed this year in a similar manner. The Committee notes that analysis conducted by the Congressional Research Service has demonstrated that these formulas deliver a larger share of Title I funds to high-poverty school districts than any other Title I formula. In addition, the EFIG formula uses State-level “equity” and “effort” factors to make allocations to States that are intended to encourage States to spend more on education and to improve the equity of State funding systems. Once State allocations are determined, suballocations to the LEA level are based on a modified version of the targeted grants formula, described below.

The targeted grants formula weights child counts to make higher payments to school districts with high numbers or percentages of poor students. For these grants, the Committee recommends an appropriation of \$2,231,954,000. The comparable funding level for fiscal year 2004 is \$1,969,843,000 and the budget request includes \$4,146,187,000 for this funding stream.

The Committee recommends an appropriation of \$2,756,175,000 for education finance incentive grants. The comparable funding level for fiscal year 2004 is \$1,969,843,000 and the budget request includes \$793,499,000 for the EFIG funding stream.

William F. Goodling Even Start Family Literacy Program

The Committee does not recommend any funding in fiscal year 2005 for the Even Start program. The comparable funding level for fiscal year 2004 is \$246,910,000 and the budget request does not include any funds for this program.

The Even Start program provides grants for family literacy programs that serve disadvantaged families with children under 8 years of age and adults eligible for services under the Adult Education and Family Literacy Act. Programs combine early childhood education, adult literacy, and parenting education.

Reading First State Grants

The Committee recommends \$1,062,000,000 for the Reading First State Grants program. The comparable funding level for fiscal year 2004 is \$1,023,923,000 and the budget request includes \$1,125,000,000 for the Reading First State Grants program. The Committee remains very supportive of the President’s goal of providing \$5,000,000,000 over a 5-year period for the Reading First

program. The Committee recommendation, in addition to amounts previously appropriated for this program, brings the 4-year total up to \$3,979,423,000. Since President Bush took office, Federal funding for reading programs has grown by more than 290 percent.

Reading First is a comprehensive effort to provide States and LEAs with funds to implement comprehensive reading instruction for children in grades K–3. The purpose of the program is to help ensure that every child can read by the end of third grade. LEAs and schools that receive funds under this program should use the money to provide professional development in reading instruction for teachers and administrators, adopt and use reading diagnostics for students in grades K–3 to determine where they need help, implement reading curricula that are based on scientific research, and provide reading interventions for children who are not reading at grade level.

Early Reading First

The Committee recommends \$110,000,000 for the Early Reading First program. The comparable funding level for fiscal year 2004 is \$94,439,000 and the budget request includes \$132,000,000 for Early Reading First.

Early Reading First complements Reading First State Grants by providing competitive grants to school districts and nonprofit groups to support activities in existing preschool programs that are designed to enhance the verbal skills, phonological awareness, letter knowledge, pre-reading skills, and early language development of children ages 3 through 5. Funds are targeted to communities with high numbers of low-income families.

Striving Readers

The Committee recommends \$25,000,000 for the Striving Readers initiative. The budget request includes \$100,000,000 for a new program intended to improve the reading skills of secondary school students. This new initiative would help develop, implement, and evaluate reading interventions for middle- or high-school students reading significantly below grade level. To carry out this proposed initiative, awards will be made to partnership including institutions of higher education, eligible nonprofit or for-profit organization and school districts with one or more high or middle schools that include a significant number of students reading below grade level.

Improving Literacy Through School Libraries

The Committee recommends \$22,842,000 for the Improving Literacy Through School Libraries program. The comparable funding level for fiscal year 2004 and the budget request both are \$19,842,000 for the Improving Literacy Through School Libraries program.

This program provides funds for urgently needed, up-to-date school library books and training for school library media specialists in order to support the scientifically based reading programs authorized by the Reading First initiative. LEAs with a child-poverty rate of at least 20 percent are eligible for the competitive awards. Funds may be used to acquire school library media re-

sources, including books and advanced technology; facilitate resource-sharing networks among schools and school libraries; provide professional development for school library media specialists; and provide students with access to school libraries during non-school hours.

Migrant Education Program

The Committee recommends \$393,577,000 for the Migrant Education program. The comparable fiscal year 2004 funding level and the budget request are both \$393,577,000 for the Migrant Education program.

The Title I Migrant Education program authorizes grants to State educational agencies for programs to meet the special educational needs of the children of migrant agricultural workers and fishermen. Funds are allocated to the States through a statutory formula based on each State's average per-pupil expenditure for education and actual counts of migratory children ages 3 through 21 residing within the States in the previous year. Only migratory children who have moved within the last 3 years are generally eligible to be counted and served by the program.

This appropriation also supports activities to improve interstate and intrastate coordination of migrant education programs, as well as identifying and improving services to the migrant student population.

Neglected and Delinquent

The Committee recommends \$52,000,000 for the Title I neglected and delinquent program. The comparable funding level for fiscal year 2004 and the budget request both are \$48,395,000 for the neglected and delinquent program.

This program provides financial assistance to State educational agencies for education services to neglected and delinquent children and youth in State-run institutions and for juveniles in adult correctional institutions. Funds are allocated to individual States through a formula based on the number of children in State-operated institutions and per-pupil education expenditures for the State.

States are authorized to set aside at least 15 percent, but not more than 30 percent, of their neglected and delinquent funds to help students in State-operated institutions make the transition into locally operated programs and to support the successful re-entry of youth offenders, who are age 20 or younger and have received a secondary school diploma or its recognized equivalent. Re-entry activities may include strategies designed to expose the youth to, and prepare the youth for, postsecondary education, or vocational and technical training programs. The Committee urges the Secretary to provide appropriate technical assistance to States in identifying and implementing best practices for effectively utilizing funds available for transition services and other activities.

Under the No Child Left Behind Act, the Congress provided the Secretary with the authority to reserve up to 2.5 percent of the appropriation for national activities. The Committee urges the Secretary to fully utilize this authority to support capacity building in and dissemination of best practices to State agency programs and

to develop a uniform model for evaluating State performance under this program.

Evaluation

The Committee recommends \$9,500,000 for evaluation of Title I programs. The comparable funding level for fiscal year 2004 is \$8,790,000 and the budget request includes \$9,500,000 for such activities.

Evaluation funds are used to support large-scale national surveys that examine how the Title I programs are contributing to student academic achievement. Funds also are used to evaluate State assessment and accountability systems and analyze the effectiveness of educational programs supported with Title I funds.

The Committee bill includes language that provides the Secretary with authority to use funds for technical assistance to State and local educational agencies. The Committee encourages the Secretary to focus these funds on disseminating best practices through school leadership, supporting professional development, and identifying and disseminating exceptional methods used to communicate with parents.

Assistance for Local School Improvement

The Committee recommendation includes \$100,000,000 for the Assistance for Local School Improvement program. This program has not been funded previously and the budget request did not include any funds for this purpose.

The Assistance for Local School Improvement program was authorized by the No Child Left Behind Act. This program authorizes the Secretary to make grants to States for additional assistance to school districts identified for improvement. Funds may be used to support the implementation of school improvement plans, public school choice, supplemental services or other activities related to schools identified for improvement.

Together with more than \$520,000,000 available through the school improvement set aside required from State Title I allocations, these funds will provide a record level of Federal support for assisting schools identified for improvement and supporting public school choice and supplemental services for students in low performing schools.

Comprehensive School Reform Demonstration

The Committee recommends \$233,613,000 for the comprehensive school reform demonstration program. The comparable funding level for fiscal year 2004 is \$233,613,000 and the budget request did not include any funds for the comprehensive school reform program.

This program provides schools with funding to develop or adopt, and implement, comprehensive school reforms that will enable children in participating schools to meet State standards. The Department allocates funds to States based on their relative shares of the previous year's Title I basic grants funds.

High School Equivalency Program

The Committee recommends \$18,888,000 for the high school equivalency program [HEP]. The comparable funding level for fiscal year 2004 and the budget request both are \$18,888,000 for the HEP.

This program provides 5-year grants to institutions of higher education and other nonprofit organizations to recruit migrant students ages 16 and over and provide the academic and support services needed to help them obtain a high school equivalency certificate and subsequently gain employment, win admission to a post-secondary institution or a job-training program, or join the military. Projects provide counseling, health services, stipends, and placement assistance. At the budget request, HEP will serve roughly 5,500 migrants.

College Assistance Migrant Program

For the College Assistance Migrant Program [CAMP], the Committee recommends \$15,657,000. The comparable funding level for fiscal year 2004 and the budget request both are \$15,657,000 for the CAMP.

Funds provide 5-year grants to institutions of higher education and nonprofit organizations for projects that provide tutoring, counseling, and financial assistance to migrant students during their first year of postsecondary education. Projects also may use up to 10 percent of their grants for follow-up services after students have completed their first year of college, including assistance in obtaining student financial aid.

IMPACT AID

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$1,229,527,000 |
| Budget estimate, 2005 | 1,229,527,000 |
| Committee recommendation | 1,229,527,000 |

The Committee recommends an appropriation of \$1,229,527,000 for impact aid for the Department of Education. The comparable funding level for fiscal year 2004 and the budget request both are \$1,229,527,000 for the impact aid account.

Impact aid provides financial assistance to school districts for the costs of educating children when enrollments and the availability of revenues from local sources have been adversely affected by the presence of Federal activities. Children who reside on Federal or Indian lands generally constitute a financial burden on local school systems because these lands do not generate property taxes—a major revenue source for elementary and secondary education in most communities. In addition, realignments of U.S. military forces at bases across the country often lead to influxes of children into school districts without producing the new revenues required to maintain an appropriate level of education.

The Committee notes that the administration is working to develop an “analysis plan” to measure the performance of the Impact Aid program. The Committee is committed to utilizing performance outcome information to assess the effectiveness of Federal programs and to determine their appropriate funding levels. Therefore, the Committee requests a copy of the “analysis plan” as soon

as it is available, and also expects appropriate discussion of activities related to the plan to be included in the fiscal year 2006 Justifications of Appropriation Estimates to the Congress.

Basic Support Payments.—The Committee recommends \$1,063,687,000 for basic support payments. The comparable funding level for fiscal year 2004 and the budget request both are \$1,063,687,000. Under this statutory formula, payments are made on behalf of all categories of federally connected children, with a priority placed on making payments first to heavily impacted school districts and providing any remaining funds for regular Basic Support Payments.

Payments for Children with Disabilities.—Under this program, additional payments are made for certain federally connected children eligible for services under the Individuals with Disabilities Education Act. The Committee bill includes \$50,369,000 for this purpose. The comparable funding level and the budget request both are \$50,369,000.

Facilities Maintenance.—This activity provides funding for emergency repairs and comprehensive capital improvements to certain school facilities owned by the Department of Education and used by local educational agencies to serve federally connected military dependent students. The Committee recommends \$7,901,000. The comparable funding level for fiscal year 2004 and the budget request both are \$7,901,000 for this purpose. Funds appropriated for this purpose are available until expended.

Construction.—Formula and competitive grants are awarded to eligible LEAs for emergency repairs and modernization of school facilities. The Committee recommends \$45,936,000 for this program. Funds appropriated for the construction activity are available for obligation for a period of 2 years. The comparable fiscal year 2004 funding level and the budget request both are \$45,936,000 for construction activities.

Payments for Federal Property.—These payments compensate local educational agencies in part for revenue lost due to the removal of Federal property from local tax rolls. Payments are made to LEAs that have a loss of tax base of at least 10 percent of assessed value due to the acquisition since 1938 of real property by the U.S. Government. The Committee recommends \$61,634,000 for this activity. The comparable funding level for fiscal year 2004 and the budget request both are \$61,634,000 for this program.

SCHOOL IMPROVEMENT PROGRAMS

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$5,872,847,000 |
| Budget estimate, 2005 | 5,955,561,000 |
| Committee recommendation | 5,770,632,000 |

The Committee recommends an appropriation of \$5,770,632,000 for school improvement programs. The comparable funding level in fiscal year 2004 for this account is \$5,872,846,000 and the budget request includes \$5,955,561,000.

State Grants for Improving Teacher Quality

The No Child Left Behind Act requires States to ensure that all teachers teaching in core academic subjects are “highly qualified” by the end of the 2005–2006 school year. The Committee rec-

ommends \$2,975,126,000 for State grants for improving teacher quality. The comparable funding level for fiscal year 2004 and the budget request both are \$2,930,126,000.

Under the Committee recommendation, funding for programs that specifically support high-quality professional development for teachers and school leadership will have increased by 43 percent since passage of the No Child Left Behind Act. The Committee recommendation for fiscal year 2005 includes \$3,640,034,000 for such activities in recognition of the critical role that these individuals occupy in educating the Nation's children and the significant academic benefit that students may derive from the presence of a highly qualified teacher in their classroom. In addition, State and local educational agencies have considerable flexibility to use funds from their Title I grants to LEAs allocations, as well as other State grant program dollars in support of high-quality professional development opportunities.

States and LEAs may use the funds for a range of activities related to the certification, recruitment, professional development, and support of teachers and administrators. Activities may include reforming teacher certification and licensure requirements, addressing alternative routes to State certification of teachers, recruiting teachers and principals, and implementing teacher mentoring systems, teacher testing, merit pay, and merit-based performance systems.

These funds may also be used by districts to hire teachers to reduce class sizes. The Committee recognizes that smaller classes, particularly in the early grades, can have a positive impact on students by improving classroom discipline, providing students with more individualized attention, and allowing parents and teachers to work more closely together. Funds within the teacher quality State grants program may be used to continue this commitment to our Nation's students, parents, and teachers, without taking away from other efforts to invest in professional development.

Early Childhood Educator Professional Development

The Committee recommends \$14,814,000 to support professional development activities for early childhood educators and caregivers in high-poverty communities. The comparable funding level for fiscal year 2004 and the budget request are both \$14,814,000 for this program. From this appropriation, the Secretary makes competitive grants to partnerships of early childhood and family literacy caregivers and educators in order to provide high quality, sustained and intensive professional development for early childhood educators to help them provide developmentally appropriate school-readiness services for preschool-age children.

Mathematics and Science Partnerships

The Committee recommends \$200,000,000 for the mathematics and science partnerships program. The comparable funding level for fiscal year 2004 is \$149,115,000 and the budget request includes \$269,115,000 for this purpose. These funds will be used to improve the performance of students in the areas of math and science by bringing math and science teachers in elementary and secondary schools together with scientists, mathematicians, and en-

gineers to increase the teachers' subject-matter knowledge and improve their teaching skills. When the appropriation for this program is \$100,000,000 or greater, the Secretary is authorized to award grants to States by a formula which includes consideration of the number of children aged 5 to 17 below the poverty line. States then are required to make grants competitively to eligible partnerships to enable the entities to pay the Federal share of the costs of developing or redesigning more rigorous mathematics and science curricula that are aligned with State and local standards; creating opportunities for enhanced professional development that improves the subject-matter knowledge of math and science teachers; recruiting math and science majors; and improving and expanding training of math and science teachers, including the effective integration of technology into curricula and instruction.

The budget request includes a legislative proposal to allow the Secretary to use \$120,000,000 in appropriated funds to make competitive awards to projects designed to improve the mathematics learning of secondary students. The Committee has not provided this requested authority.

Innovative Education Program Strategies State Grants

The Committee does not recommend any funding for innovative education program strategies State grants. The comparable funding level for fiscal year 2004 and the budget request both are \$296,549,000 for this purpose. The Committee recommendation does not provide an appropriation for this source of funding due to the significantly enhanced flexibility authorized under No Child Left Behind, the lack of evidence of effectiveness in contributing to improved student learning and the importance of investments in other areas where a system for measuring program performance is in place.

The innovative education program is a flexible source of Federal funds that provides support to States and LEAs in developing education reform initiatives that will improve the performance of students, schools, and teachers.

The Committee notes that States and LEAs may transfer funds into this State grant program for authorized activities described in Part A of Title V of the Elementary and Secondary Education Act, even though no funding is provided in this fiscal year 2005 appropriations bill. The Committee encourages States and LEAs to transfer funds from one of the eligible State grant programs if they believe Federal funds can be better utilized under this authority to improve the academic achievement of all students.

Educational Technology State Grants

The Committee recommends \$691,841,000 for educational technology State grants. The comparable funding level for fiscal year 2004 and the budget request both are \$691,841,000 for this program.

The educational technology State grants program supports efforts to integrate technology into curricula to improve student learning. Funds flow by formula to States and may be used for the purchase of hardware and software, teacher training on integrating technology into the curriculum, and efforts to use technology to improve

communication with parents, among other related purposes. An LEA must use at least 25 percent of its formula allocation for professional development in the integration of technology into the curricula unless it can demonstrate that it already provides such high-quality professional development.

21st Century Community Learning Centers

The Committee recommends an appropriation of \$1,007,000,000 for the 21st Century Community Learning Centers program. The comparable funding level for fiscal year 2004 and the budget request both are \$999,070,000 for this program.

Funds are allocated to States by formula, which in turn, award at least 95 percent of their allocations to local educational agencies, community-based organizations and other public and private entities. Grantees use these resources to establish or expand community learning centers that provide activities offering significant extended learning opportunities, such as before- and after-school programs, recreational activities, drug and violence prevention and family literacy programs for students and related services to their families. Centers must target their services on students who attend schools that are eligible to operate a schoolwide program under Title I of the Elementary and Secondary Education Act or serve high percentages of students from low-income families.

State Assessments and Enhanced Assessment Instruments

The Committee recommends \$420,000,000 for State assessments. The comparable funding level for fiscal year 2004 is \$390,000,000 and the budget request includes \$410,000,000 for such activities.

A key accountability measure in the No Child Left Behind Act requires annual State assessments in reading and mathematics for all students in grades 3–8 beginning in the 2005–2006 school year. The new assessments will be used to determine whether States, LEAs, and schools are making adequate yearly progress toward the goal of helping all students attain proficiency within 12 years of the 2001–2002 school year.

This program has two components. The first provides formula grants to States to pay the cost of developing standards and assessments required by the new law. The statute includes funding “trigger amounts” for fiscal years 2002–2007; States may defer the new assessments if the appropriation falls below the trigger level. The trigger for fiscal year 2004 is \$390,000,000 and it rises to \$400,000,000 in fiscal year 2005. The Committee recommendation includes \$400,000,000 for this purpose.

Under the second component of State assessments—Grants for Enhanced Assessment Instruments—appropriations in excess of the trigger level are used for a competitive grant program designed to support efforts by States to improve the quality and fairness of their assessment systems. The Committee recommendation for the second component is \$20,000,000. The budget request included \$10,000,000 for enhanced assessment instruments. No funds were appropriated for this purpose in fiscal year 2004.

The Committee is concerned that many schools are unable to properly assess the performance of students with disabilities and students with limited English proficiency. Therefore, the Com-

mittee urges the Department to place a high priority on grant applications that aim to improve the quality of State assessments for these two groups of students and to ensure the most accurate means of measuring their performance on these assessments.

The Committee recommends that grants should be used for such activities as developing alternate assessments for students with disabilities and for students with limited English proficiency; developing appropriate accommodations to ensure the full participation of these two groups of students in State assessments; and developing universally designed assessments that are accessible and valid for the widest possible range of students, including students with disabilities and students with limited English proficiency.

The Committee also recommends that States that receive grants should submit a report to the Secretary regarding the participation of students with disabilities and/or students with limited English proficiency in State assessment programs and changes, if any, in these students' achievement levels as a result of more accurate assessments.

Statewide Data Systems

The Committee recommendation includes \$40,000,000 for Statewide Data Systems. This program was not funded previously and the budget request did not include any funds for this purpose.

The Educational Technical Assistance Act authorized a competitive grant program to State Educational Agencies to enable such agencies to design, develop, and implement statewide, longitudinal data systems to manage, analyze, disaggregate, and use individual student data. The Committee believes these funds are necessary to help States measure individual student performance, particularly as it relates to adequate yearly progress goals, more efficiently and accurately. The Committee urges the Department to establish a priority for those States that currently have the most limited ability to collect, analyze and report student achievement data when considering applications for funds available through this program.

Javits Gifted and Talented Education

The Committee recommends \$12,111,000 for the Javits Gifted and Talented Students Education Program. The comparable fiscal year 2004 funding level is \$11,111,000 and the President's budget proposes to eliminate funding for this program. Funds are used for awards to State and local education agencies, institutions of higher education, and other public and private agencies for research, demonstration, and training activities designed to enhance the capability of elementary and secondary schools to meet the special educational needs of gifted and talented students.

Foreign Language Assistance

The Committee recommends \$19,000,000 for the Foreign Language Assistance program. The comparable funding level for fiscal year 2004 is \$16,546,000 and the budget request proposes eliminating funds for foreign language assistance activities.

Funds from this program support competitive grants to increase the quality and quantity of foreign language instruction. At least 75 percent of the appropriation must be used to expand foreign lan-

guage education in the elementary grades. The Committee intends that none of the Foreign Language Assistance program funds shall be used for the Foreign Language Incentive program. The Committee is concerned that this program, which is the only Federal program designed to help schools meet the need for foreign language instruction, is unavailable to the poorest schools because grant recipients must provide a 50 percent match from non-Federal sources. The Committee, therefore, encourages the Secretary to use his ability to waive the matching requirement for qualifying schools and to increase awareness of this accommodation among the affected school population.

Education for Homeless Children and Youth

For carrying out education activities authorized by Title VII, subtitle B of the Stewart B. McKinney Homeless Assistance Act, the Committee recommends \$62,000,000. The comparable fiscal year 2004 funding level and the budget request both are \$59,646,000.

This program provides assistance to each State to support an office of the coordinator of education for homeless children and youth, to develop and implement State plans for educating homeless children, and to make subgrants to LEAs to support the education of those children. Grants are made to States based on the total that each State receives in Title I grants to LEAs.

Under the McKinney-Vento Homeless Children and Youths Program, State educational agencies [SEAs] must ensure that homeless children and youth have equal access to the same free public education, including a public preschool education, as is provided to other children and youth. States must review and undertake steps to revise any laws, regulations, practices, or policies that may act as barriers to the enrollment, attendance, or success in school of homeless children and youth.

Training and Advisory Services

For training and advisory services authorized by Title IV of the Civil Rights Act, the Committee recommends \$7,243,000. The comparable fiscal year 2004 funding level and the budget request both are \$7,243,000 for these services.

The funds provided will support a new competition for awards to operate the 10 regional equity assistance centers [EACs]. Each EAC provides services to school districts upon request. Activities include disseminating information on successful practices and legal requirements related to nondiscrimination on the basis of race, color, sex, or national origin in education programs.

Education for Native Hawaiians

For programs for the education of Native Hawaiians, the Committee bill includes \$36,000,000. The comparable fiscal year 2004 funding level and the budget request are both \$33,302,000 for these programs.

The Committee bill includes language allowing funds to be used for construction and renovation of Native Hawaiian educational facilities.

The Committee recognizes the important role that the Native Hawaiian Education Council plays in coordinating services, con-

ducting needs assessments, and providing direction and guidance on educational and related services available to Native Hawaiians, including the activities assisted under this program. The Committee urges the Secretary to continue working with the Council to help it meet its congressionally-mandated mission, and, in particular, focus on helping create an appropriate mechanism for prioritizing activities within the Council's jurisdiction.

The Committee encourages opportunities and educational programs be provided to restore cultural pride and stimulate the development of leadership skills by celebrating the Native Hawaiian heritage and seafaring traditions as long distance voyagers and ocean navigators.

Of all the indigenous languages of the United States, the Hawaiian language has the most extensive written resources preserved. It has come to the attention of the Committee that a number of Hawaiian academic, cultural, and educational organizations have joined together to preserve and develop these written resources for contemporary use. Many of these traditional perspectives and practices could have practical application in resolving environmental management, medical and natural resource challenges. The Committee urges attention in this area.

The Committee is interested in the preservation and recording of Hawaiian history through storytelling and encourages support for efforts underway in Hawaii to perpetuate these collections. The Committee also encourages efforts toward the preservation and documentation of Native Hawaiian traditional cultural healing practices.

Fathering Programs.—In 1997, a Department of Education study found that children realize greater educational success when fathers are involved in their child's education. The Committee urges the Secretary devote special attention to this subject through this grant program, as there are no competitive grants for fathering programs. The Committee realizes great value in fathering programs as they seek to improve the lives of children by inspiring and equipping men to be more effectively engaged in the lives of children.

Native Hawaiian Law Center of Excellence.—The Committee is very pleased with the efforts underway to establish a Center of Excellence in Native Hawaiian Law.

Prisoner Education.—Native Hawaiians continue to represent a major, if not the largest, ethnic group in the State's prison system. The Committee recognizes the importance of reintegrating Native Hawaiian youth into school settings or onto a career path and job placement through comprehensive, culturally sensitive individual and family counseling; educational skills training; and employment training/job placement. Significant progress has resulted over the past several years. Efforts should target Native Hawaiian youth in districts with high percentages of school dropouts and youth offenders.

The numbers of Hawaiian language immersion schools and Hawaiian charter schools continue to increase as more families are opting to more closely integrate culture, language and education. The Committee is interested in greater development of curriculum especially at the early education and secondary levels, increasing

the number of teachers certified in Hawaiian language, and disseminating best practices to this growing community of schools from pre-K through 12th grade.

Alaska Native Educational Equity

The Committee recommends \$36,000,000 for the Alaska Native educational equity assistance program. The comparable fiscal year 2004 funding level and the budget request both are \$33,302,000 for this purpose.

These funds address the severe educational handicaps of Alaska Native schoolchildren. Funds are used for the development of supplemental educational programs to benefit Alaska Natives. The Committee bill includes language which allows funding provided by this program to be used for construction. The Committee expects the Department to use some of these funds to address the construction needs of rural schools.

Rural Education

The Committee recommends \$175,000,000 for rural education programs. The comparable fiscal year 2004 funding level and budget request both are \$167,831,000 for these programs.

The Committee strongly supports the continued use of Federal funding specifically for rural education. Rural schools face difficult challenges in meeting the mandates in the No Child Left Behind Act, particularly in the areas of attracting highly qualified teachers and adapting to new assessment requirements and reporting expectations. The rural education programs are intended to help level the playing field for small and high-poverty rural school systems that typically receive less Federal formula funding than their urban and suburban counterparts, and are frequently unable to compete for competitive grants. In addition to providing more total funding for such districts, the program also allows these districts to combine funds from four categorical programs and use the money to address their highest priorities, such as recruiting teachers, purchasing technology, or upgrading curricula.

The Committee expects that rural education funding will be equally divided between the Small, Rural Schools Achievement Program, which provides funds to LEAs that serve a small number of students, and the Low-Income and Rural Schools Program, which provides funds to LEAs that serve concentrations of poor students, regardless of the number of students served.

Comprehensive Centers

The Committee recommends \$57,283,000 for the comprehensive centers program. The comparable fiscal year 2004 funding level and budget request are both \$27,654,000 for such activities.

The budget request would support a new comprehensive centers program, which would be comprised of not less than 20 centers with at least one in each of the 10 regions of the United States. The centers, which would be operated by research organizations, agencies, institutions of higher education or partnerships thereof, would provide training and technical assistance to States, LEAs, and schools as identified through needs assessments undertaken in each region.

The new comprehensive centers program, as authorized by the Educational Technical Assistance Act of 2002, would replace the comprehensive regional assistance centers, the Eisenhower regional mathematics and science consortia, the Eisenhower National Clearinghouse for Mathematics and Science Education, and the regional technology in education consortia which are no longer authorized activities. The comprehensive regional assistance centers provide technical assistance and training through a network of 15 university-based or non-profit centers. The Eisenhower regional mathematics and science consortia program supports 10 regional centers that disseminate information about exemplary mathematics and science instructional materials, provide technical assistance on teaching methods and assessment tools and build networks of mathematics and science resources. The Mathematics and Science Clearinghouse is a resource for mathematics and science educators. The regional technology in education consortia program supports 10 regional centers that disseminate information and resources and provide training to States, school districts, and schools with a large number of disadvantaged students with limited access to technology.

Fiscal year 2005 funds will be used to continue funding for existing grantees and support grants to carry out the new comprehensive centers program. The Committee believes it is important that training and technical assistance continue to be of high-quality and accessible to school districts during this transition year.

Supplemental Education Grants

The Committee recommendation includes \$17,214,000 for the supplemental education grants program. The comparable funding level for fiscal year 2004 and the budget request both are \$15,068,000. This grant program was authorized by the Compact of Free Association Amendments Act of 2003. The Act discontinued the eligibility of Republic of Marshall Islands and the Federated States of Micronesia for funding available from Adult, Dislocated Worker and Youth Workforce Investment Act programs, Head Start, Title I Grants to LEAs, Adult and Vocational Education State Grants, Federal Work-Study and Federal Supplemental Educational Opportunities Grants. In place of funding from these sources, the Act provided a separate supplemental education grant program that provides these entities with a more flexible source of funds that can be tailored to local needs. These funds will be transferred from the Department of Education to the Secretary of Interior for grants to these entities, and up to 10 percent may be used for oversight and technical assistance, which may include reimbursement of the Departments of Labor, Health and Human Services and Education for such services. Of the funds appropriated, \$11,717,000 is for the Federated States of Micronesia and \$5,497,000 is for the Republic of the Marshall Islands.

The Committee also has included bill language to clarify the intent of section 105(f)(1)(B)(ix) of the Compact of Free Association Amendments Act that the government, institutions, and people of Palau shall continue to be eligible, and to receive assistance in fiscal year 2005, as they have up to and including fiscal year 2004.

INDIAN EDUCATION

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$120,856,000 |
| Budget estimate, 2005 | 120,856,000 |
| Committee recommendation | 120,856,000 |

The Committee recommends \$120,856,000 for Indian Education programs. The comparable fiscal year 2004 funding level and the budget request both are \$120,856,000 for such activities.

Grants to Local Education Agencies

For grants to local education agencies, the Committee recommends \$95,933,000. The comparable fiscal year 2004 funding level and the budget both are \$95,933,000.

These funds provide financial support to elementary and secondary school programs that serve Indian students, including pre-school children. Funds are awarded on a formula basis to local educational agencies, schools supported and operated by the Bureau of Indian Affairs and in some cases directly to Indian Tribes.

Special Programs for Indian Children

The Committee recommends \$19,753,000 for special programs for Indian children. The comparable fiscal year 2004 funding level and the budget request both are \$19,753,000.

Funds are used for demonstration grants to improve Indian student achievement through early childhood education and college preparation programs, and for professional development grants for training Indians who are preparing to begin careers in teaching and school administration.

National Activities

The Committee recommends \$5,170,000 for national activities. The comparable fiscal year 2004 amount and the budget request both are \$5,170,000 for authorized activities. Funds will be used to expand efforts to improve research, evaluation, and data collection on the status and effectiveness of Indian education programs.

INNOVATION AND IMPROVEMENT

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$1,102,627,000 |
| Budget estimate, 2005 | 885,181,000 |
| Committee recommendation | 1,144,346,000 |

The Committee recommends an appropriation of \$1,144,346,000 for programs within the innovation and improvement account. The comparable fiscal year 2004 funding level for these programs is \$1,102,627,000 and the budget request includes \$885,181,000 for this account.

Troops-to-Teachers

The Committee recommends an appropriation of \$14,912,000 for the Troops-to-Teachers program. The comparable funding level for fiscal year 2004 and the budget request both are \$14,912,000 for this program.

This program supports the Defense Department's Troops to Teachers program, which helps recruit and prepare retiring and former military personnel to become highly qualified teachers serv-

ing in high-poverty school districts. The Secretary of Education transfers program funds to the Department of Defense for the Defense Activity for Non-Traditional Education Support to provide assistance, including stipends of up to \$5,000 and bonuses of up to \$10,000, to eligible members of the Armed Forces so that they can obtain teacher certification or licensing. In addition, the program helps these individuals find employment in a school.

Transition to Teaching

The Committee recommends \$45,295,000 for the transition to teaching program. The comparable fiscal year 2004 funding level and the budget request both are \$45,295,000 for this program. This program provides grants to help support efforts to recruit, train, and place nontraditional teaching candidates into teaching positions and to support them during their first years in the classroom. In particular, this program is intended to attract mid-career professionals and recent college graduates. Program participants are placed in high-need schools in high-need LEAs.

National Writing Project

The Committee recommends \$24,000,000 for the national writing project. The comparable funding level for fiscal year 2004 is \$17,894,000 and the budget request proposes to eliminate Federal funding for this program.

These funds are awarded to the National Writing Project, a non-profit organization that supports and promotes K–16 teacher training programs in the effective teaching of writing. From the funds provided by the fiscal year 2005 appropriation, the Committee intends that \$500,000 shall be used to continue support for the pilot program on the integration of technology training in the NWP program.

Teaching of Traditional American History

The Committee recommends \$120,000,000 for the teaching of traditional American history program. The comparable fiscal year 2004 funding level and the budget request are both \$119,292,000 for this activity. This program supports competitive grants to LEAs, and funds may be used only to undertake activities that are related to American history, and cannot be used for social studies coursework. Grant awards are designed to augment the quality of American history instruction and to provide professional development activities and teacher education in the area of American history. The Committee directs the Department to continue its current policy of awarding 3-year grants.

School Leadership

The Committee recommends \$16,000,000 for the school leadership program. The comparable fiscal year 2004 funding level is \$12,346,000 and the budget request proposes to eliminate funding for this program. This program provides competitive grants to assist high-need LEAs to recruit and train principals and assistant principals through activities such as professional development and training programs. The Committee continues to recognize the critical role that principals and assistant principals play in creating an

environment that fosters effective teaching and high academic achievement.

Advanced Credentialing

The Committee recommends \$17,000,000 for the advanced credentialing program. The comparable fiscal year 2004 funding level is \$18,391,000 and the budget request includes \$7,000,000 for one component of the authorized program.

The Committee recommendation includes \$10,000,000 for the National Board for Professional Teaching Standards [NBPTS]. The comparable fiscal year 2004 funding level is \$9,941,000 and the budget request proposes to eliminate funding for the National Board. Funds available assist the Board's work in providing financial support to States for teachers applying for certification, increasing the number of minority teachers seeking certification and developing outreach programs about the advanced certification program. The fiscal year 2005 appropriation will support a new grant for the National Board for Professional Teaching Standards.

The Committee notes that a new independent study, in part funded by the U.S. Department of Education and released in March 2004, found that the NBPTS assessment process is effectively identifying those teachers who contribute to relatively larger student learning gains, particularly in the early grades and among the poorest of students. The Committee continues its strong support for the NBPTS due to its proven success in identifying teachers who make significant gains in student learning and achievement, which has been established through a higher standard of research and validation than any other professional board in the United States. Federal funds are a critical supplement to the 50 States and more than 500 school districts across the nation that have implemented policies, regulations and financial incentives to recruit, reward and retain National Board Certified Teachers.

The Committee recommendation also includes \$7,000,000 for the American Board for the Certification of Teacher Excellence [ABCTE] to continue development of its Initial Certification and Master Certification programs. Fiscal year 2005 funding represents the third year of a 5-year grant to the ABCTE. The Committee expects the Department to continue to prepare for an independent evaluation of the activities undertaken by the ABCTE. The Committee expects the Department to include information in the 2006 Congressional Justification about actions taken to evaluate ABCTE's activities.

Charter Schools Grants

The Committee recommends \$218,702,000 for the support of charter schools. The comparable fiscal year 2004 funding level and the budget request both are \$218,702,000 for this program.

This program supports the planning, development, and initial implementation of charter schools, which are public schools that receive exemption from many statutory and regulatory requirements in exchange for promising to meet agreed-upon accountability measures. State educational agencies that have the authority under State law to approve charter schools are eligible to compete for grants. If an eligible SEA does not participate, charter schools

from the State may apply directly to the Secretary. The authorizing statute requires that amounts appropriated in excess of \$200,000,000 and less than \$300,000,000 be used for 5-year competitive grants to States that operate per-pupil facilities aid programs for charter schools. Federal funds are used to match State funded programs in order to provide charter schools with additional resources for charter school facilities financing.

Credit Enhancement for Charter School Facilities

The Committee recommends \$37,279,000 to assist charter schools with their facility needs. The comparable funding level for fiscal year 2004 is \$37,279,000 and the budget request includes \$100,000,000 for this purpose. The Committee notes that the authorization for this program expires during fiscal year 2004.

This program provides assistance to help charter schools meet their facility needs. Funds are provided on a competitive basis to public and non-profit entities, to leverage non-Federal funds that help charter schools obtain school facilities through purchase, lease, renovation and construction.

Voluntary Public School Choice

The Committee recommends \$26,757,000 for the voluntary public school choice program. The comparable funding level for fiscal year 2004 and the budget request both are \$26,757,000 for this purpose.

This program supports efforts by States and school districts to establish or expand State-or district-wide public school choice programs, especially for parents whose children attend low-performing public schools.

Magnet Schools Assistance

The Committee recommends \$108,640,000 for the magnet schools assistance program. The comparable fiscal year 2004 funding level and the budget request are both \$108,640,000 for this purpose.

This program supports grants to local educational agencies to establish and operate magnet schools that are part of a court-ordered or federally approved voluntary desegregation plan. Magnet schools are designed to attract substantial numbers of students from different social, economic, ethnic, and racial backgrounds. Grantees may use funds for planning and promotional materials, teacher salaries, purchase of computers, and other educational materials and equipment.

Choice Incentive Fund

The Committee does not recommend any funding for this proposed program, which is not specifically authorized. The budget request includes \$50,000,000 for this purpose. Through this proposed program, funds would be used to award competitive grants to establish or expand public or private school choice opportunities.

Fund for the Improvement of Education

The Committee recommends an appropriation of \$446,746,000 for the Fund for the Improvement of Education [FIE]. The comparable funding level for fiscal year 2004 is \$430,270,000 and the budget request includes \$120,185,000 for comparable activities.

The Committee recommendation includes \$700,000 for the National Institute of Building Sciences to continue operation of the National Clearinghouse for Educational Facilities, the Nation's sole source for comprehensive information about school planning, design, financing, construction and maintenance. The Committee recommends an additional \$300,000 for this purpose within Safe and Drug-Free Schools and Communities National Programs to address issues related to school safety and healthy school buildings.

The Committee recommends \$27,000,000 to award a contract to Reading Is Fundamental, Inc. [RIF] to provide reading-motivation activities. The comparable funding level for fiscal year 2004 and the budget request both are \$25,185,000 for this purpose. RIF, a private nonprofit organization, helps prepare young children and motivate older children to read, through activities including the distribution of books. Federal funds provide up to 75 percent of the costs of books, except for migrant and seasonal farmworker programs which may receive up to 100 percent of the costs of books.

The administration proposes \$10,000,000 for a military families initiative under the fund for the improvement of education program. Under this new categorical grant program, the Department of Education would make competitive grants to consortia of States, local educational agencies, and other public and non-profit organizations, to address the challenges faced by students from military families and ease their transitions to new schools. Due to budget constraints, the Committee recommendation does not include funds for this purpose.

The administration proposes \$40,000,000 for a new adjunct teacher corps initiative. Through this new categorical grant program, the Department of Education would make competitive grants to partnerships of school districts and public and private institutions to create opportunities for professionals to teach secondary-school courses in the core academic subjects, particularly math and science. Due to budget constraints, the Committee recommendation does not include funds for this purpose.

The administration recommended eliminating funding for activities listed below.

The Committee recommends \$24,000,000 for the Star Schools program. The comparable funding level for fiscal year 2004 is \$20,362,000. The Star Schools program is designed to improve instruction in math, science, foreign languages, and other areas such as vocational education, to underserved populations by means of telecommunications technologies.

The Committee recommends \$14,500,000 for the Ready to Teach program. The comparable funding level for fiscal year 2004 is \$14,321,000. Ready to Teach is the successor to the Public Broadcasting Service's Mathline program, which was one of the first to provide online professional development and continuing education for teachers. Ready to Teach was reauthorized by the No Child Left Behind Act of 2001 and continues to evolve to enhance teacher quality and meet the goals of that Act. Ready to Teach encompasses funding for PBS TeacherLine and one or more nonprofit entities, for the purpose of continuing to develop telecommunications-based programs to improve teacher quality in core areas. It also includes digital educational programming grants, which encourages

community partnerships among local public television stations, State and local educational agencies, and other institutions to develop and distribute digital instructional content based on State and local standards.

The Committee recommendation for FIE includes \$10,000,000 for the Education through Cultural and Historical Organizations [ECHO] Act of 2001, as authorized by Public Law 107-110. Activities authorized under ECHO provide a broad range of educational, cultural and job training opportunities for students from communities across the Nation, including Alaska, Hawaii, and Massachusetts. The comparable funding level for fiscal year 2004 is \$8,450,000.

The Committee has included \$40,500,000 for arts in education. The comparable funding level for fiscal year 2004 is \$35,071,000. Within the total, \$6,420,000 is for the John F. Kennedy Center for the Performing Arts; \$7,500,000 is for VSA arts; \$14,100,000 is for the competitive art education model grant program for the development of model projects that effectively strengthen and integrate arts and cultural partnerships into the core curriculum, of which not less than \$3,500,000 shall be for new awards under a grant competition conducted during fiscal year 2005; \$8,000,000 is for grants for professional development for music, dance, drama, and visual arts educators to be administered by the U.S. Department of Education; \$500,000 is for the evaluation and national dissemination of information regarding model programs and professional development projects funded through the Arts in Education section, including dissemination of information regarding projects which received awards in fiscal year 2001, fiscal year 2002, and subsequent years. Such information should include resources regarding effective self-evaluation methods for model arts programs; and \$3,980,000 is for cultural partnerships for at-risk youth.

The Committee again recommends additional funding for evaluation and national dissemination activities as specified in the previous paragraph. The Committee urges the Department to focus first on dissemination activities related to model programs before using these resources for other purposes. The Committee directs that such information include resources regarding effective self-evaluation methods for model arts programs.

The Committee recommends \$41,975,000 for Parental Information and Resource Centers, which provide training, information, and support to parents, State and local education agencies, and other organizations that carry out parent education and family involvement programs. The comparable funding level for fiscal year 2004 is \$41,975,000. The Committee notes that research overwhelmingly demonstrates that parent involvement in children's learning is positively related to student achievement.

The Committee also notes that the No Child Left Behind Act requires grantees to use at least 30 percent of their awards to establish, expand, or operate Parents as Teachers, Home Instruction Program for Preschool Youngsters, or other early childhood parent education programs.

The Committee includes \$3,000,000 for the women's educational equity program. The comparable funding level for fiscal year 2004

is \$2,962,000. This program supports projects that assist in the local implementation of gender equity policies and practices.

The Committee recommendation also includes resources for the following activities: \$9,517,000 to support teacher quality initiatives; \$74,073,000 for comprehensive school reform demonstration grants; \$10,000,000 requested by the administration to continue support for Reach Out and Read; \$1,500,000 for activities authorized by the Excellence in Economics Education Act; and \$13,260,000 for discretionary grants and associated expenses, including voter participation programs authorized under the Fund for the Improvement of Education.

The Committee strongly believes that parental involvement is a key to the success of No Child Left Behind Act. The Committee urges the Department, in carrying out discretionary parental involvement initiatives, to engage groups that are committed to improving public schools and are experienced in carrying out grassroots efforts with parents in local school districts.

Ready to Learn Television

The Committee recommends an appropriation of \$24,000,000 for the Ready to Learn Television program. The comparable funding level for fiscal year 2004 and the budget request both are \$22,864,000 for this purpose.

Ready to Learn Television supports the development and distribution of educational television programming designed to improve the readiness of preschool children to enter kindergarten and elementary school. The program also supports the development, production, and dissemination of educational materials designed to help parents, children, and caregivers obtain the maximum advantage from educational programming.

The Committee continues to strongly support the educational and outreach objectives of the "Ready to Learn" television program. The Committee is especially pleased that television programs such as "Dragon Tales" and "Between the Lions" developed with funding from Ready to Learn have been recognized with national parent and television production awards. The Committee reiterates the unique mission of Ready to Learn, which is to use the television medium to help prepare pre-school age children for school. The television programs that must fulfill this mission are to be specifically designed for this purpose, with the highest attention to production quality and validity of research-based educational objectives, content, and materials. Therefore, the Committee expects that the grant competition administered for a new award under this program will emphasize the importance of investing Ready to Learn resources in those programs that have proven to fulfill this mission, acquiring new programs with scrutiny, and distinguishing Ready to Learn programs from content easily available on commercial and cable television.

Dropout Prevention

The Committee recommendation includes \$10,000,000 for the dropout prevention program. The comparable funding level for fiscal year 2004 is \$4,970,000 and the budget request did not include any funding for the dropout prevention program. These funds are

used to help schools implement effective school dropout prevention and re-entry programs.

In addition, the Committee notes that in fiscal year 2003, States reserved roughly \$96,000,000 from their Title I, Part A allocations to operate State-administered projects in LEAs with the highest dropout rates and in areas serving a large number of children in local correctional facilities, as is required by law.

Under the No Child Left Behind Act, each State agency and local educational agency that conducts dropout prevent and reentry programs under Part D of Title I is required to submit evaluation results to the State educational agency and the Secretary and use the results of such evaluations to plan and improve subsequent programs for participating children and youth. The Committee strongly urges the Department to utilize required evaluation reports in providing technical assistance and support to State and local educational agencies to ensure that these reserved funds are targeted to and effectively used in preventing school dropout and promoting successful reentry. The Committee requests that the Department provide a letter report to the Committee on actions it has taken and developed for addressing this issue, which also was raised in the fiscal year 2004 Committee report. The Committee expects to receive this report not later than March 1, 2005.

Close Up Fellowships

The Committee recommendation includes \$1,481,000. The comparable funding level for fiscal year 2004 is \$1,481,000 and the budget request did not include any funds for this purpose. The Close Up Fellowships, formerly called Ellender, which is administered by the Close Up Foundation of Washington, DC, provides fellowships to students from low-income families and their teachers to enable them to attend 1 week in Washington attending seminars and meeting with representatives of the three branches of the Federal Government.

In response to congressional interest, the Committee is aware that the Close Up Foundation has undertaken actions to identify and develop non-Federal sources of funding for sustaining its operations. The Committee notes that, according to the Department of Education, the amount of funding allocated for teachers and economically disadvantaged students available from non-Federal sources increased more than 10 percent annually in each year 1999–2002.

The Committee also notes that the Close Up Foundation, in collaboration with the Secretary of Education, is required to develop and implement procedures for measuring the efficacy of the Foundation's authorized programs, including the extent to which the programs are providing young people with an increased understanding of the Federal Government; heightening a sense of civic responsibility among young people; and enhancing the skills of educators in teaching young people about civic responsibility, the Federal Government, and attaining citizenship competencies. The Committee expects to see a more complete discussion of the actions taken to meet this statutory requirement, as well as program performance information, in the fiscal year 2006 congressional justification.

Advanced Placement

The Committee recommends \$33,534,000 for Advanced Placement. The comparable funding level for fiscal year 2004 is \$23,534,000 and the budget request includes \$51,534,000 for the Advanced Placement program.

The first priority of the program is to subsidize test fees for low-income students who are enrolled in an Advanced Placement class and plan to take an Advanced Placement test. The balance of the funds are allocated for Advanced Placement Incentive Program grants, which are used to expand access for low-income individuals to Advanced Placement programs. Eligible activities include teacher training and participation in online Advanced Placement courses, among other related purposes.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$855,775,000 |
| Budget estimate, 2005 | 838,897,000 |
| Committee recommendation | 902,008,000 |

Safe and Drug-Free Schools and Communities

The Committee recommends a total of \$902,008,000 for activities to promote Safe Schools and Citizenship Education. The comparable fiscal year 2004 funding level is \$855,775,000 and the budget request includes \$838,897,000 for these activities.

State Grant Program.—The Committee recommends \$440,908,000 for the safe and drug-free schools and communities State grant program. The comparable fiscal year 2004 funding level and budget request are both \$440,908,000. The State grant program is the backbone of youth drug prevention efforts in the United States. This formula-based State grant program provides resources to Governors, State educational agencies and local educational agencies for developing and implementing activities that help create and maintain safe and drug-free learning environments in and around schools.

National Programs.—The Committee has included \$156,219,000 for the national programs portion of the safe and drug-free schools program. The comparable funding level for fiscal year 2004 is \$153,767,000 and the budget request includes \$175,069,000 for these programs. The Committee does not recommend additional funding for Project SERV (School Emergency Response to Violence), which provides education-related services to LEAs in which the learning environment has been disrupted due to a violent or traumatic crisis. The budget request included \$5,000,000 for Project SERV. However, the Committee notes that the Department currently has roughly \$8,000,000 available for this purpose. These funds are available until expended. The Committee will monitor the availability of funding and consider action in subsequent appropriations bills.

The Committee continues to be concerned about the increasing problem of alcohol and drug abuse on college campuses. The Committee has included bill language requiring the Department to spend \$850,000 on this program under the guidelines in section 120(f) of Public Law 105–244. This program identifies and provides

models of alcohol and drug abuse prevention and education programs in higher education.

The Committee expects that the Department will provide \$300,000 for the continued operation of the National Clearinghouse for Educational Facilities. These funds will be used to address issues related to school safety and healthy school buildings. The Committee has included additional funds for the Clearinghouse through the Fund for the Improvement of Education.

The Committee recommendation includes \$10,000,000 for school-based drug testing programs for students. This amount is \$8,012,000 more than the comparable funding level for fiscal year 2004 and \$15,000,000 less than the budget request. The Committee expects that funding should be awarded only to LEAs or other entities that require the written consent of the student and his or her parent or guardian. In addition, students who do not consent to random drug testing should not be prohibited from participating in school or extracurricular activities. Participating school districts should be prohibited from disclosing drug test results to law enforcement officials, and all results relating to drug testing of a student should be destroyed when the student graduates or otherwise leaves the LEA or private school involved. Finally, the testing agency in programs that receive Federal drug testing funds should be prohibited from disclosing to school officials any information about legal medications that the students may be taking.

The Committee is deeply concerned that between 5 percent to 9 percent of all children suffer from a mental, behavioral or emotional disorder which, if undiagnosed and untreated, can substantially interfere with academic achievement, or lead to student dropout, substance abuse, violent behavior, or suicide. The Committee notes that, in its July 2003 report, the President's New Freedom Commission on Mental Health concluded that greater reliance on early detection, assessment and links with adequate treatment and support systems can help avoid or ameliorate these outcomes. The report concluded that schools are in a unique position to identify mental health problems in their early stages, and to provide a link to appropriate services, citing examples of evidence-based screening techniques and tools already being utilized by some schools. The Committee reiterates language contained in the fiscal year 2004 Committee report with respect to this issue, and calls upon the Office of Safe and Drug-Free Schools to work with the Substance Abuse and Mental Health Services Administration to take concrete steps to promote and help implement early detection and assessment programs in our Nation's schools.

Integration of Schools and Mental Health Systems

The Committee has included \$10,548,000 for the integration of schools and mental health systems, a program that was authorized in the No Child Left Behind Act but has not yet been funded. This is a competitive grant program designed to promote school-wide mental health strategies, provide training to elementary school and secondary school personnel to recognize early warning signs of mental illness, and increase student access to high-quality mental health services. Research has found that early detection, assessment, and linkage with treatment and supports can prevent mental

health problems and encourage high-risk children to develop into good students, workers, and members of their families and communities. Unfortunately, many children and their families do not know where to turn for services. Integrating mental health services in schools would increase the likelihood that they will receive the treatment they need. Schools are encouraged to work with community health systems as well as institutions of higher learning and/or other relevant entities. The Committee urges the Department to give preference to applicants that intend to use evidence-based or promising early interventions.

Alcohol Abuse Reduction

The Committee recommends \$35,000,000 for grants to LEAs to develop and implement programs to reduce underage drinking in secondary schools. The comparable funding level for fiscal year 2004 is \$29,823,000 and the budget request did not include any funds for this purpose. The Committee directs the Department and the Substance Abuse and Mental Health Services Administration [SAMHSA] in the Department of Health and Human Services to work together on this effort.

Mentoring

The Committee recommends \$65,000,000 to support mentoring programs and activities for children who are at risk of failing academically, dropping out of school, getting involved in criminal or delinquent activities, or who lack strong positive role models. The comparable fiscal year 2004 funding level is \$49,705,000 and the budget request includes \$100,000,000 for this purpose.

Character Education

The Committee recommends \$24,691,000 to provide support for the design and implementation of character education programs. The comparable funding level for fiscal year 2004 and the budget request both are \$24,691,000 for this purpose.

Elementary and Secondary School Counseling

The Committee recommends \$36,000,000 to establish or expand counseling programs in elementary schools. The comparable fiscal year 2004 funding level is \$33,799,000 and the President's budget proposes to eliminate funding for this program. As authorized by the No Child Left Behind Act, all amounts appropriated up to \$40,000,000 are used only for elementary school counseling programs.

The No Child Left Behind Act [NCLBA] requires the Secretary to produce a report on school counseling programs "not later than 2 years after assistance is made available to local educational agencies." The Committee is disappointed that this deadline has not been met, and it urges the Secretary to fulfill this requirement as soon as possible. As described in the NCLBA, the report should evaluate the counseling programs that receive funds and contain information from LEAs regarding the ratios of students to school counselors, school social workers, and school psychologists. The Committee also encourages the Department to include questions in the Schools and Staffing Survey that would allow the collection and

publication of accurate and timely data about the ratios of students to each of the following: school counselors, school social workers, and school psychologists.

Carol M. White Physical Education for Progress Program

The Committee recommends \$75,000,000 to help LEAs and community-based organizations initiate, expand and improve physical education programs for students in grades K–12. The comparable funding level for fiscal year 2004 and the budget request both are \$69,587,000 for this program. The Carol M. White Physical Education for Progress Program, authorized by the NCLB Act, established funding for physical education programs for students in grades K–12. Provision of this funding will help schools and communities nationwide improve their structured physical education programs for students and help children develop healthy lifestyles to combat the epidemic of obesity in the Nation.

The budget request also includes bill language earmarking \$2,000,000 to support Special Olympics' mission of promoting access to physical education for mentally disabled persons through sports training and competition, health initiatives, and other services. The Committee supports this request. This funding should be used for the Special Olympics National Summer Games, to be held in 2006. This will be the first event of its kind in the United States, and it represents a unique physical education opportunity for young people with disabilities across the Nation.

The Committee notes that in the past 15 years, obesity has increased by over 50 percent among adults and in the past 20 years, obesity has increased by 100 percent among children and adolescents. A recent analysis by the National Institute of Child Health and Human Development [NICHD] Study of Early Child Care and Youth Development found that third grade children in the study received an average of 25 minutes per week in school of moderate to vigorous activity, while experts in the United States have recommended that young people should participate in physical activity of at least moderate intensity for 30 to 60 minutes each day. While not nationally represented, this information is consistent with the 2002 Youth Risk Behavior Surveillance System which found that only roughly one-half of all students report attending a physical education class one or more time a week. The Committee believes Federal funding is critical to the effort to reducing these trends and helping improve the health of the American public.

Civic Education

The Committee recommends \$30,642,000 for grants to improve the quality of civics and government education, to foster civic competence and responsibility, and to improve the quality of civic and economic education through exchange programs with emerging democracies. The comparable fiscal year 2004 funding level and the budget request both are \$28,642,000 for this purpose.

Civic Education program funds support both the We the People programs and the Cooperative Education Exchange. The Committee recommends \$17,970,000 for the nonprofit Center for Civic Education to support the We the People programs. We the People has two primary components: the Citizen and the Constitution

which provides teacher training, curriculum materials, and classroom instruction for upper elementary, middle and high school students; and Project Citizen, a program for middle school students that focuses on the role of State and local governments in the American Federal system.

Within the amount for the We the People program, the Committee recommends the following: that \$3,170,000 be reserved to continue the comprehensive program to improve public knowledge, understanding, and support of American democratic institutions which is a cooperative project among the Center for Civic Education, the Center on Congress at Indiana University, and the Trust for Representative Democracy at the National Conference of State Legislatures; and that \$1,585,000 be used for continuation and expansion of the school violence prevention demonstration program including the Native American program.

The Committee recommends \$12,672,000 for the Cooperative Education Exchange program. Within this amount, the Committee has included \$4,752,000 for the Center for Civic Education and \$4,752,000 for the National Council on Economic Education. The remaining \$3,168,000 should be used for a competitive grant program for civics and government education, and for economic education.

State Grants for Incarcerated Youth Offenders

The Committee has included \$28,000,000 for education and training for incarcerated youth offenders. The comparable funding level for fiscal year 2004 is \$24,853,000. The administration, once again, proposes to eliminate funding for these activities. This program provides grants to State correctional education agencies to assist and encourage incarcerated youth to acquire functional literacy, life and job skills, through the pursuit of a postsecondary education certificate or an associate of arts or bachelor's degree. Grants also assist correction agencies in providing employment counseling and other related services that start during incarceration and continue through prerelease and while on parole. Each student is eligible for a grant of not more than \$1,500 annually for tuition, books, and essential materials, and not more than \$300 annually for related services such as career development, substance abuse counseling, parenting skills training, and health education. In order to participate in a program, a student must be no more than 25 years of age and be eligible to be released from prison within 5 years. Youth offender grants are for a period not to exceed 5 years, 1 year of which may be devoted to study in remedial or graduate education.

The Committee notes that State performance information derived from annual performance reports indicate that the percentage of students obtaining vocational skill certificates in 2001 was 60 percent and that less than 10 percent of program participants returned to prison within 1 year of release. According to the Bureau of Justice Statistics, most former State prisoners were rearrested shortly after getting out of prison: 30 percent within 6 months, 44 percent within 1 year, 59 percent within 2 years and 67 percent by the end of 3 years. This important program not only helps make the Nation's streets safer for all Americans, but it reduces pressure

on taxpayers as fewer contacts are made with the more expensive criminal justice system and former prisoners become employed, tax-paying and productive members of society.

The Committee encourages the Department to continue to work toward developing a more consistent and reliable system for collecting performance outcome data. The Committee believes that additional training and technical assistance for States would help improve the collection by which the effectiveness of this program can be measured. The Committee is disappointed by the lack of a sufficient response to language included in last year's Committee report regarding the actions planned and taken by the Department to meet this goal. The Committee requests a letter report, not later than March 1, 2005, from the Department which includes a detailed discussion of actions planned and taken by the Department to meet this goal.

Within the appropriation for State grants for incarcerated youth offenders, the Committee includes \$5,000,000 to continue the prisoner literacy initiative. The Committee notes that the extremely high rates of illiteracy or marginal reading skills among inmates is a national problem and therefore encourages the development of a uniform model to evaluate such literacy programs across the country.

ENGLISH LANGUAGE ACQUISITION

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$681,215,000 |
| Budget estimate, 2005 | 681,215,000 |
| Committee recommendation | 700,000,000 |

The Committee recommends an appropriation of \$700,000,000 for English language acquisition. The comparable funding level for fiscal year 2004 and the budget request both are \$681,215,000 for authorized activities. The Department makes formula grants to States based on each State's share of the Nation's limited-English-proficient and recent immigrant student population. The program is designed to increase the capacity of States and school districts to address the needs of these students. The No Child Left Behind Act also requires that 6.5 percent of the appropriation be used to support national activities, which include professional development activities designed to increase the number of highly qualified teachers serving limited English proficient students; a National Clearinghouse for English Language Acquisition and Language Instructional Programs; and evaluation activities.

At the level of the Committee recommendation, the State grant portion of this account will increase by more than \$56,000,000, as funding for expiring projects is redirected to the State grant program. These additional funds will help States improve the educational outcomes for limited English proficient students.

SPECIAL EDUCATION

| | |
|--------------------------------|------------------|
| Appropriations, 2004 | \$11,160,707,000 |
| Budget estimate, 2005 | 12,176,101,000 |
| Committee recommendation | 12,406,516,000 |

The Committee recommends \$12,406,516,000 for special education programs authorized by the Individuals with Disabilities

Education Act [IDEA]. The comparable fiscal year 2004 funding level is \$11,160,707,000 and the budget request includes \$12,176,101,000 for such programs.

The Committee recognizes that Fetal Alcohol Spectrum Disorders [FASD], the most common known cause of mental retardation, result from maternal alcohol consumption during pregnancy. Affected children have a lifelong disability of mental impairments, behavioral problems, and developmental delays that reduce their ability to respond to the educational system. The burden to society is estimated at \$5,400,000,000 from Fetal Alcohol Syndrome, one type of FASD alone, in 2003. The Committee is pleased with the efforts of the Office of Special Education and Rehabilitative Services to collaborate with other Federal agencies represented on the Inter-agency Coordinating Committee on Fetal Alcohol Syndrome, especially with respect to the involvement of educational psychologists and other educational and childcare professionals in developing awareness about FASD. The Committee encourages the Department of Education to expand activities related to FASD, specifically the early identification and care plan development of affected children.

Grants to States

The Committee recommends \$11,228,981,000 for special education grants to States, as authorized under part B of the IDEA. The comparable fiscal year 2004 funding level is \$10,068,106,000 and the budget request includes \$11,068,106,000. This program provides formula grants to assist States in meeting the costs of providing special education and related services for children with disabilities.

The Committee's recommended funding level represents more than 20 percent of the average per-pupil expenditure, compared with almost 19 percent under the fiscal year 2004 appropriation. Since fiscal year 2000, increasing appropriations have raised the Federal share of average per pupil expenditures from 12 percent to an estimated 20 percent in fiscal year 2005—half way to the 40 percent maximum established in the IDEA.

Preschool Grants

The Committee recommends \$390,000,000 for preschool grants. The comparable fiscal year 2004 funding level and the budget request both are \$387,699,000. The preschool grants program provides formula grants to States to make available special education and related services for children with disabilities aged 3 through 5.

Grants for Infants and Families

The Committee recommends \$444,363,000 for grants for the infants and families program under part C of the IDEA. The comparable fiscal year 2004 funding level is \$444,363,000 and the budget request includes \$466,581,000 for this activity. This program provides formula grants to States to implement statewide systems of coordinated, comprehensive, multidisciplinary inter-agency programs to make available early intervention services to all children with disabilities, ages 2 and under, and their families.

State Program Improvement

The Committee recommends \$51,061,000 for State program improvement grants. The comparable fiscal year 2004 funding level and the budget request both are \$51,061,000 for these grants. This program provides competitive grants to State educational agencies to assist them, in partnership with parents, teachers, institutions of higher education, interest groups, and others, to improve results for children with disabilities by reforming and improving their educational systems.

Research and Innovation in Special Education

The Committee recommends \$78,125,000 for research and innovation in special education. The comparable funding level for fiscal year 2004 and the budget request both are \$78,125,000 for this purpose. This program supports competitive awards to produce and advance the use of knowledge to improve services and results for children with disabilities.

Technical Assistance and Dissemination

The Committee recommends \$54,000,000 for technical assistance and dissemination. The comparable fiscal year 2004 funding level and the budget request both are \$52,819,000 for these activities. Awards support institutes, regional resource centers, clearinghouses, and other efforts to build State and local capacity to make systemic changes and improve results for children with disabilities.

Personnel Preparation

The Committee recommends \$93,357,000 for the personnel preparation program. The comparable fiscal year 2004 funding level and the budget request both are \$91,357,000 for this program. Funds support competitive awards to help address State-identified needs for personnel who are qualified to work with children with disabilities, including special education teachers and related services personnel.

The Committee continues to be particularly concerned about the shortages of qualified special education teachers and of higher education faculty to train those teachers. It intends that these funds be used to address both shortages.

Parent Information Centers

The Committee recommends \$27,500,000 for parent information centers. The comparable fiscal year 2004 funding level and the budget request both are \$26,173,000 for authorized activities. This program makes awards to parent organizations to support parent training and information centers, including community parent resource centers. These centers provide training and information to meet the needs of parents of children with disabilities living in the areas served by the centers, particularly underserved parents, and parents of children who may be inappropriately identified.

Technology and Media Services

The Committee recommends \$39,129,000 for technology and media services. The comparable fiscal year 2004 funding level is \$39,129,000 and the budget request includes \$32,305,000 for such

activities. This program makes competitive awards to support the development, demonstration, and use of technology, and educational media activities of value to children with disabilities.

The Committee recommendation includes \$11,400,000 for Recording for the Blind and Dyslexic, Inc. (RFB&D). These funds support the continued production and circulation of recorded textbooks, increased outreach activities to print-disabled students and their teachers, and accelerated use of digital technology. The administration proposed eliminating support of RFB&D for these activities.

The Committee also recommends \$1,500,000 to continue support of the Reading Rockets program. Last year, this program received \$1,491,000. The administration proposed eliminating support for this program.

This activity is authorized by section 687(b)(2)(G) of the Individuals with Disabilities Education Act, as amended. The Committee recognizes the progress of the Reading Rockets program, which is developing a wide range of media resources to disseminate research conducted by the National Institutes of Health, as well as other research concerning effective teaching strategies, early diagnosis of, and intervention for, young children with reading disabilities. These resources include an extensive web site, videos, and programming for television and radio broadcast. The Committee includes funding for the continued development and distribution of media resources to reach the parents and teachers of children with reading disabilities.

REHABILITATION SERVICES AND DISABILITY RESEARCH

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$3,011,270,000 |
| Budget estimate, 2005 | 3,047,197,000 |
| Committee recommendation | 3,077,328,000 |

The Committee recommends \$3,077,328,000 for rehabilitation services and disability research. The comparable fiscal year 2004 funding level is \$3,011,270,000 and the budget request includes \$3,047,197,000 for programs in this account.

Vocational Rehabilitation State Grants

The Committee provides \$2,635,845,000 for vocational rehabilitation grants to States. The Committee recommendation provides the full amount authorized by the Rehabilitation Act of 1973. The comparable funding level for fiscal year 2004 is \$2,584,162,000. The budget request proposes to eliminate separate funding of several categorical programs and redirect these resources to the State grant program. The Committee rejects this approach and believes changes of this nature should be considered during reauthorization of the Act.

Basic State grant funds assist States in providing a range of services to help persons with physical and mental disabilities prepare for and engage in meaningful employment. Authorizing legislation requires States to give priority to persons with significant disabilities. Funds are allotted to States based on a formula that takes into account population and per capita income. States must provide a 21.3 percent match of Federal funds, except the State's share is 50 percent for the cost of construction of a facility for community rehabilitation program purposes.

The Rehabilitation Act requires that no less than 1 percent and not more than 1.5 percent of the appropriation in fiscal year 2004 for vocational rehabilitation State grants be set aside for grants for Indians. Service grants are awarded to Indian tribes on a competitive basis to help tribes develop the capacity to provide vocational rehabilitation services to American Indians with disabilities living on or near reservations.

Client Assistance

The Committee recommends \$13,000,000 for the client assistance program. The comparable fiscal year 2004 funding level and the budget request both are \$11,997,000 for authorized activities.

The client assistance program funds State formula grants to assist vocational rehabilitation clients or client applicants in understanding the benefits available to them and in their relationships with service providers. Funds are distributed to States according to a population-based formula, except that increases in minimum grants are guaranteed to each of the 50 States, the District of Columbia, and Puerto Rico, and guaranteed to each of the outlying areas, by a percentage not to exceed the percentage increase in the appropriation. States must operate client assistance programs in order to receive vocational rehabilitation State grant funds.

Training

The Committee recommends \$39,139,000 for training rehabilitation personnel. The comparable fiscal year 2004 funding level and the budget request both are \$39,139,000 for training activities.

The purpose of this program is to ensure that skilled personnel are available to serve the rehabilitation needs of individuals with disabilities. It supports training, traineeships, and related activities designed to increase the numbers of qualified personnel providing rehabilitation services. The program awards grants and contracts to States and public or nonprofit agencies and organizations, including institutions of higher education, to pay all or part of the cost of conducting training programs. Long-term, in-service, short-term, experimental and innovative, and continuing education programs are funded, as well as special training programs and programs to train interpreters for persons who are deaf, hard of hearing and deaf-blind.

The Committee remains concerned over the reduction in funding for rehabilitation long-term training programs, and in particular those that require orthotic and prosthetic care. Therefore, the Committee urges RSA to utilize available funds to support not less than four university orthotics and prosthetics programs.

Demonstration and Training Programs

The Committee bill includes \$24,286,000 for demonstration and training programs for persons with disabilities. The comparable fiscal year 2004 funding level is \$24,286,000 and the budget request includes \$18,784,000 for authorized activities. This program awards grants to States and nonprofit agencies and organizations to develop innovative methods and comprehensive services to help individuals with disabilities achieve satisfactory vocational outcomes. Demonstration programs support projects for individuals

with a wide array of disabilities. Within the Committee recommendation, \$1,000,000 supports continuation of activities designed to establish an applied research agenda, improve the quality of applied orthotic and prosthetic research and help meet the increasing demand for provider services. Funds are to be used to further develop the orthotic and prosthetic awareness campaign, which includes an educational outreach initiative designed to recruit and retain professionals and develop a series of consensus conferences and disseminate the resulting best practices to the field.

Migrant and Seasonal Farmworkers

The Committee recommends \$2,500,000 for migrant and seasonal farmworkers. The comparable fiscal year 2004 funding level is \$2,321,000. The Department proposes eliminating separate funding for this program.

This program provide grants limited to 90 percent of the costs of the projects providing comprehensive rehabilitation services to migrant and seasonal farm workers with disabilities and their families. Projects also develop innovative methods for reaching and serving this population. The program emphasizes outreach, specialized bilingual rehabilitation counseling, and coordination of vocational rehabilitation services with services from other sources.

Recreational Programs

The Committee provides \$2,750,000 for recreational Programs. The comparable fiscal year 2004 funding level is \$2,564,000 and the budget request does not include funding for this program.

Recreational programs help finance activities such as sports, music, dancing, handicrafts, and art to aid in the employment, mobility, and socialization of individuals with disabilities. Grants are awarded to States, public agencies, and nonprofit private organizations, including institutions of higher education. Grants are awarded for a 3-year period with the Federal share at 100 percent for the first year, 75 percent for the second year, and 50 percent for the third year. Programs must maintain the same level of services over the 3-year period.

Protection and Advocacy of Individual Rights

The Committee recommends \$18,000,000 for protection and advocacy of individual rights. The comparable fiscal year 2004 funding level is \$16,790,000 and the budget request includes \$19,570,000. However, included in the budget request is \$2,780,000 to continue funding for the Protection and Advocacy for Assistive Technology program. This amount is less than the \$4,419,000 for such activities provided in fiscal year 2004.

This program provides grants to agencies to protect and advocate for the legal and human rights of persons with disabilities who are not eligible for protection and advocacy services available through the Developmental Disabilities Assistance and Bill of Rights Act or the Protection and Advocacy for Individuals with Mental Illness Act.

Projects with Industry

The Committee recommends \$22,000,000 for projects with Industry. The comparable fiscal year 2004 funding level is \$21,799,000 and the administration proposes eliminating separate funding for this program.

The projects with industry [PWI] program promotes greater participation of business and industry in the rehabilitation process. PWI provides training and experience in realistic work settings to prepare individuals with disabilities for employment in the competitive job market. Postemployment support services are also provided. The program makes grants to a variety of agencies and organizations, including corporations, community rehabilitation programs, labor and trade associations, and foundations.

Supported Employment State Grants

The Committee's bill includes \$38,000,000 for the supported employment State grant program. The comparable fiscal year 2004 funding level is \$37,680,000 and the administration proposes eliminating separate funding for this program.

This program assists persons who may have been considered too severely disabled to benefit from vocational rehabilitation services by providing the ongoing support needed to obtain competitive employment. Short-term vocational rehabilitation services are augmented with extended services provided by State and local organizations. Federal funds are distributed on the basis of population.

Independent Living State Grants

The Committee recommends \$23,000,000 for independent living State grants. The comparable funding level for fiscal year 2004 and the budget request both are \$22,020,000 for authorized activities.

The independent living State formula grants program provides funding to improve independent living services, support the operation of centers for independent living, conduct studies and analysis, and provide training and outreach.

Independent Living Centers

The Committee recommends \$75,000,000 for independent living centers. The comparable fiscal year 2004 funding level and the budget request both are \$73,563,000 for the centers.

These funds support consumer-controlled, cross-disability, non-residential, community-based centers that are designed and operated within local communities by individuals with disabilities. These centers provide an array of independent living services.

Independent Living Services for Older Blind Individuals

The Committee provides \$31,811,000 for independent living services to older blind individuals. The comparable fiscal year 2004 funding level and the budget request both are \$31,811,000 for these activities. Through this program, assistance is provided to persons aged 55 or older to adjust to their blindness, continue living independently and avoid societal costs associated with dependent care. Services may include the provision of eyeglasses and other visual aids, mobility training, braille instruction and other communication services, community integration, and information and referral.

These services help older individuals age with dignity, continue to live independently and avoid significant societal costs associated with dependent care. The services most commonly provided by this program are daily living skills training, counseling, the provision of low-vision devices community integration, information and referral, communication devices, and low-vision screening.

The Committee notes that there are 5 million Americans in this country age 55 and older who are experiencing vision loss and that the number of Americans in this category is expected to double in the next 30 years. The Committee recognizes the very important and cost-effective work carried out through this program. By allowing older individuals to remain in their homes and communities, substantial savings are achieved.

Program Improvement Activities

The Committee recommends \$850,000 for program improvement activities. The comparable fiscal year 2004 funding level is \$889,000 and the budget request includes \$850,000. In fiscal year 2005, funds for these activities will continue to support technical assistance efforts to improve the efficiency and effectiveness of the vocational rehabilitation program and improve accountability efforts. The funds provided are sufficient to support ongoing program improvement activities and to support ongoing dissemination and performance measurement activities.

Evaluation

The Committee recommends \$1,500,000 for evaluation activities. The comparable fiscal year 2004 funding level is \$988,000 and the budget request includes \$1,500,000 for such activities.

These funds support evaluations of the impact and effectiveness of programs authorized by the Rehabilitation Act. The Committee recommendation provides the requested increase for the initiation of a new longitudinal study of the State Vocational Rehabilitation Services program. The Department awards competitive contracts for studies to be conducted by persons not directly involved with the administration of Rehabilitation Act programs.

Helen Keller National Center

The Committee recommends \$9,000,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults. The comparable fiscal year 2004 funding level and the budget request both are \$8,666,000 for this purpose.

The Helen Keller National Center consists of a national headquarters in Sands Point, NY, with a residential training and rehabilitation facility where deaf-blind persons receive intensive specialized services; a network of 10 regional field offices which provide referral and counseling assistance to deaf-blind persons; and an affiliate network of agencies. At the recommended level, the center would serve more than 110 persons with deaf-blindness at its headquarters facility and provide field services to approximately 2,150 individuals and families and more than 1,000 organizations.

National Institute on Disability and Rehabilitation Research

The Committee recommends \$109,152,000 for the National Institute on Disability and Rehabilitation Research [NIDRR]. The comparable fiscal year 2004 funding level and the budget request both are \$106,652,000 for authorized activities.

NIDRR develops and implements a comprehensive and coordinated approach to the conduct of research, demonstration projects, and related activities that enable persons with disabilities to better function at work and in the community, including the training of persons who provide rehabilitation services or who conduct rehabilitation research. The Institute awards competitive grants to support research in federally designated priority areas, including rehabilitation research and training centers, rehabilitation engineering research centers, research and demonstration projects, and dissemination and utilization projects. NIDRR also supports field-initiated research projects, research training, and fellowships.

The Committee recommendation includes \$2,500,000 above the budget request to support NIDRR's model spinal cord injury centers program. These funds, in addition to the \$7,200,000 available within the budget request, will support \$8,500,000 in new awards in fiscal year 2005. The Committee intends that these funds should be used to support investments that would facilitate multi-center research and encourages NIDRR to continue its collaboration with other Federal agencies in order to leverage Federal investments in this area.

The Committee acknowledges that physical rehabilitation services are essential to the functional status and independence of individuals, particularly those dealing with musculoskeletal conditions. The Committee directs the Interagency Committee on Disability Research to report on the existing, agency-wide research activities relating to physical rehabilitation, opportunities for future physical rehabilitation research, and recommendations on how physical rehabilitation research can be enhanced within the departments and agencies, including suggestions for those areas that need to be addressed through statutory changes.

Assistive Technology

The Committee recommends \$31,495,000 for assistive technology. The comparable fiscal year 2004 funding level is \$25,943,000 and the budget request includes \$15,000,000 for the alternative financing program, but does not request funding for title I State tech act projects or protection and advocacy for assistive technology. However, under the PAIR program, the administration proposes to fund protection and advocacy activities previously funded through this program at \$2,780,000.

The Assistive Technology Program is designed to improve occupational and educational opportunities and the quality of life for people of all ages with disabilities through increased access to assistive technology services and devices. It provides grants to States to develop comprehensive, consumer-responsive statewide programs that increase access to, and the availability of, assistive technology devices and services. The National Institute on Disability and Rehabilitation Research administers the program.

The Committee recommendation includes \$26,000,000 for activities authorized under title I of the Assistive Technology Act [AT Act]. The Committee has included bill language which allows all State projects funded currently under title I of the AT Act to receive not less than the amount they received in fiscal year 2004 and supports continued funding under this program for protection and advocacy for assistive technology. The Committee expects funds to be allocated under title I, consistent with the way in which they were allocated during implementation of the fiscal year 2004 bill.

The Committee recommendation also includes \$5,495,000 for the alternative financing program. The Committee recommendation includes bill language requested by the administration designed to encourage States to support alternative financing programs. These changes allow States to receive less than \$500,000 for an award, requires a match of 25 percent and enables States to receive more than one grant. The Committee urges the Department to ensure that grantees design and operate their programs in a consumer-directed fashion.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

AMERICAN PRINTING HOUSE FOR THE BLIND

| | |
|--------------------------------|--------------|
| Appropriations, 2004 | \$16,403,000 |
| Budget estimate, 2005 | 16,403,000 |
| Committee recommendation | 17,000,000 |

The Committee recommends \$17,000,000 for the American Printing House for the Blind [APH]. The comparable fiscal year 2004 funding level and the budget request both are \$16,403,000 for this purpose.

This appropriation helps support the American Printing House for the Blind, which provides educational materials to students who are legally blind and enrolled in programs below the college level. The Federal subsidy provides almost 60 percent of APH's total sales income. Materials are distributed free of charge to schools and States through per capita allotments based on the total number of students who are blind. Materials provided include textbooks and other educational aids in braille, large type, and recorded form and microcomputer applications. Appropriated funds may be used for staff salaries and expenses, as well as equipment purchase and acquisition consistent with the purpose of the Act to Promote the Education of the Blind.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

| | |
|--------------------------------|--------------|
| Appropriations, 2004 | \$53,483,000 |
| Budget estimate, 2005 | 53,803,000 |
| Committee recommendation | 55,790,000 |

The Committee recommends \$55,790,000 for the National Technical Institute for the Deaf [NTID]. The comparable fiscal year 2004 funding level is \$53,483,000 and the budget request includes \$53,803,000 for this purpose.

The Institute, located on the campus of the Rochester Institute of Technology, was created by Congress in 1965 to provide a residential facility for postsecondary technical training and education

for persons who are deaf. NTID also provides support services for students who are deaf, trains professionals in the field of deafness, and conducts applied research. Within the amount provided, \$1,685,000 is for construction. The Committee recommendation includes \$1,000,000 more than the budget request to provide partial support for the new Student Development Center. The Committee is aware that NTID plans to leverage this Federal support with approximately \$3,000,000 from private sources in order to complete this important construction project. At the discretion of the Institute, funds may be used for the Endowment Grant program.

GALLAUDET UNIVERSITY

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$100,205,000 |
| Budget estimate, 2005 | 100,205,000 |
| Committee recommendation | 105,400,000 |

The Committee recommends \$105,400,000 for Gallaudet University. The comparable fiscal year 2004 funding level and the budget request are both \$100,205,000 for the university.

Gallaudet University is a private, nonprofit institution offering undergraduate, and continuing education programs for students who are deaf, as well as graduate programs in fields related to deafness for students who are hearing-impaired and who are deaf. The university conducts basic and applied research related to hearing impairments and provides public service programs for the deaf community.

The Model Secondary School for the Deaf serves as a laboratory for educational experimentation and development, disseminates models of instruction for students who are deaf, and prepares adolescents who are deaf for postsecondary academic or vocational education. The Kendall Demonstration Elementary School develops and provides instruction for children from infancy through age 15.

The Committee recommendation includes funding to enable Gallaudet University to continue to offer competitive pay increase for faculty and staff, strengthen the training of social workers and other clinical service providers in order to increase the educational achievement of deaf and hard of hearing students in the school setting, provide for expanded training and information dissemination programs and support other program improvements. Funds also are available, at the discretion of the university, for the Endowment Grant program.

VOCATIONAL AND ADULT EDUCATION

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$2,101,027,000 |
| Budget estimate, 2005 | 1,601,273,000 |
| Committee recommendation | 2,102,086,000 |

The Committee recommendation includes a total of \$2,102,086,000 for vocational and adult education, consisting of \$1,326,992,000 for vocational education, \$590,137,000 for adult education and \$184,967,000 for other activities. The comparable funding level in fiscal year 2004 is \$2,101,027,000 and the budget request includes \$1,601,273,000 for this account.

VOCATIONAL EDUCATION

The Committee recommends \$1,326,992,000 for vocational education. The comparable fiscal year 2004 funding level is \$1,326,992,000 and the budget request is \$1,011,146,000 for these activities.

Basic Grants.—The Committee recommends \$1,194,295,000 for basic grants. The comparable fiscal year 2004 funding level is \$1,194,295,000 and the budget request includes \$1,011,146,000 for this purpose.

Funds provided under the State grant program assist States, localities, and outlying areas to expand and improve their programs of vocational education and provide equal access to vocational education for populations with special needs. Persons assisted range from secondary students in prevocational courses through adults who need retraining to adapt to changing technological and labor market conditions. Funds are distributed according to a formula based on State population and State per capita income.

Under the Indian and Hawaiian Natives programs, competitive grants are awarded to federally recognized Indian tribes or tribal organizations and to organizations primarily serving and representing Hawaiian Natives for services that are in addition to services such groups are eligible to receive under other provisions of the Perkins Act.

Tech-Prep Education.—The Committee recommends \$106,665,000 for tech-prep programs. The comparable fiscal year 2004 funding level is \$106,665,000 and the budget request proposes to eliminate funding for this program. This program is designed to link academic and vocational learning and to provide a structured link between secondary schools and postsecondary education institutions. Funds are distributed to the States through the same formula as the basic State grant program. States then make planning and demonstration grants to consortia of local educational agencies and postsecondary institutions to develop and operate model 4-year programs that begin in high school and provide students with the mathematical, science, communication, and technological skills needed to earn a 2-year associate degree or 2-year certificate in a given occupational field.

National Programs, Research.—The Committee recommends \$11,852,000 for national research programs and other national activities. The comparable fiscal year 2004 funding level is \$11,852,000 and the budget request proposes to eliminate separate funding for this program. The National Research Center for Career and Technical Education and the National Dissemination Center for Career and Technical Education are the only federally funded centers charged with the responsibility to conduct research and provide technical assistance to vocational educators. The results of the applied research done by these Centers inform technical assistance to reform and improve vocational education instruction in schools and colleges. Resources made available through this program also are used to support a variety of activities to identify and promote effective research-based programs and practice in vocational education.

Tech-Prep Education Demonstration Program.—The Committee recommendation includes \$4,939,000 for this program. The comparable fiscal year 2004 funding level is \$4,939,000 and the budget request proposes to eliminate funding for this program. Under this demonstration authority, the Secretary awards grants competitively to consortia that involve a business as a member, locate a secondary school on the site of a community college, and seek voluntary participation of secondary school students enrolled such a high school. The purpose of the demonstration program is to support development of the “middle college” model of high school, which promotes higher student achievement and postsecondary enrollment. Funds may be used for curriculum, professional development, equipment, and other start-up and operational costs.

Occupational and Employment Information Program.—The Committee recommends \$9,241,000 to continue activities authorized by section 118 of the Carl Perkins Act. The comparable fiscal year 2004 funding level is \$9,241,000 and the budget request proposes to eliminate this program. The Act requires that at least 85 percent of the amount be provided directly to State entities to develop and deliver occupational and career information to students, job seekers, employers, education, employment and training programs.

ADULT EDUCATION

The Committee recommends \$590,127,000 for adult education. The comparable fiscal year 2004 funding level and the budget request both are \$590,127,000 for this purpose.

Adult Education State Programs.—For adult education State programs, the Committee recommends \$574,266,000. The comparable fiscal year 2004 funding level and the budget request both are \$574,266,000 for authorized activities. These funds are used by States for programs to enable economically disadvantaged adults to acquire basic literacy skills, to enable those who so desire to complete a secondary education, and to make available to adults the means to become more employable, productive, and responsible citizens.

The Committee recommendation continues the English literacy and civics education State grants set aside within the Adult Education State grant appropriation. Within the total, \$69,135,000 is available to help States or localities affected significantly by immigration and large limited-English populations to implement programs that help immigrants acquire English literacy skills, gain knowledge about the rights and responsibilities of citizenship and develop skills that will enable them to navigate key institutions of American life.

National Activities.—The Committee recommends \$9,169,000 for national leadership activities. The comparable funding level for fiscal year 2004 and the budget request both are \$9,169,000 for this purpose. The Department supports applied research, development, dissemination, evaluation and program improvement activities to assist States in their efforts to improve the quality of adult education programs.

National Institute for Literacy.—The Committee recommends \$6,692,000 for the National Institute for Literacy, authorized under section 242 of the Adult Education and Family Literacy Act. The

comparable fiscal year 2004 funding level and the budget request both are \$6,692,000 for this purpose. The Institute provides leadership and coordination for national literacy efforts by conducting research and demonstrations on literacy, establishing and maintaining a national center for adult literacy and learning disabilities, and awarding fellowships to outstanding individuals in the field to conduct research activities under the auspices of the Institute.

Smaller Learning Communities

The Committee recommends \$173,967,000 for smaller learning communities. The comparable fiscal year 2004 funding level is \$173,967,000 and the budget request does not include any funds for this purpose. This program supports competitive grants to local educational agencies to enable them to create smaller learning communities in large schools. Funds may be used to study, research, develop and implement strategies for creating smaller learning communities, as well as professional development for staff. Two types of grants are made under this program: 1-year planning grants, which help LEAs plan smaller learning communities and 3-year implementation grants, which help create or expand such learning environments. The Committee bill includes language which makes these funds available on July 1, 2005, except for up to 5 percent which will become available on October 1, 2004 and may be used for technical assistance, program outreach, evaluation, school networking, and peer review of applications.

Community Technology Centers

The Committee recommends \$11,000,000 for community technology centers. The comparable funding level for fiscal year 2004 is \$9,941,000 and the budget request proposes to eliminate funding for this program. Community technology centers provide disadvantaged residents of economically distressed urban and rural communities with access to information technology and related training. They can provide, among other things, preschool and after-school programs, adult education and literacy, and workforce development and training.

The Committee directs the Secretary to work with the Department of Commerce’s Technology Opportunities Program, the Department of Housing and Urban Development’s Neighborhood Networks programs, and other Federal agencies to share the tools, research, best practices, and other outcomes generated by program grants with community-based organizations that are working to ensure equitable access to information and communications technology tools and the skills and opportunities to use them for all Americans.

STUDENT FINANCIAL ASSISTANCE

| | |
|--------------------------------|------------------|
| Appropriations, 2004 | \$14,006,887,000 |
| Budget estimate, 2005 | 14,698,213,000 |
| Committee recommendation | 14,859,694,000 |

The Committee recommends an appropriation of \$14,859,694,000 for student financial assistance. The comparable fiscal year 2004 funding level is \$14,006,887,000 and the budget request includes \$14,698,213,000 for this purpose.

Federal Pell Grant Program

For Pell grant awards in the 2005–2006 academic year, the Committee recommends \$12,830,000,000 to maintain the record maximum Pell Grant award level of \$4,050.

Pell grants provide need-based financial assistance that helps low-and middle-income undergraduate students and their families pay the costs of postsecondary education and vocational training. Awards are determined according to a statutory need analysis formula that takes into account a student's family income and assets, household size, and the number of family members, excluding parents, attending postsecondary institutions. Pell grants are considered the foundation of Federal postsecondary student aid.

The Committee has made significant gains in supporting increases in funding for the Pell Grant program. Since fiscal year 2000, the maximum Pell grant has been increased from \$3,300 to the current recommendation of \$4,050. Also, the number of students receiving Pell grant awards will have increased by more than one million over the past 4 years.

The Committee has deferred action on the proposed enhanced Pell grants for State scholars program. This program is not currently authorized. The budget request includes \$33,000,000 to provide additional Pell grant support to students completing specific challenging coursework while in secondary school.

Federal Supplemental Educational Opportunity Grants

The Committee recommends \$799,850,000 for Federal supplemental educational opportunity grants [SEOG]. The comparable fiscal year 2004 funding level and the budget request both are \$770,305,000 for this purpose. This program provides funds to postsecondary institutions for need-based grants to undergraduate students. Institutions must contribute 25 percent of SEOG awards, which are subject to a maximum grant level of \$4,000. School financial aid officers have flexibility to determine student awards, though they must give priority to Pell grant recipients.

Federal Work-Study Programs

The Committee bill provides \$998,243,000 for the Federal work-study program. The comparable fiscal year 2004 funding level and the budget request both are \$998,243,000 for authorized activities. This program provides grants to more than 3,300 institutions to help an estimated 1,000,000 undergraduate, graduate, and professional students meet the costs of postsecondary education through part-time employment. Work-study jobs must pay at least the Federal minimum wage and institutions must provide at least 25 percent of student earnings. Institutions also must use at least 7 percent of their grants for community-service jobs.

The Committee strongly supports continued funding for the work colleges program authorized in section 448 of the Higher Education Act of 1965. These funds help support comprehensive work-service learning programs at seven work colleges, and cooperative efforts among the work colleges to expose other institutions of higher education to the work college concept. Of the amount recommended by the Committee, \$6,000,000 is available for this program.

Federal Perkins Loans

The Committee bill includes \$98,764,000 for Federal Perkins loans capital contributions. The comparable fiscal year 2004 funding level is \$98,764,000 and the budget request does not include any funds for this purpose. The amount recommended, when combined with institutional revolving funds, would maintain the 2005 loan volume at the current estimated level of \$1,200,000,000. At this funding level more than 600,000 loans would be made.

The Federal Perkins loan program supports student loan revolving funds built up with capital contributions to about 2,000 participating institutions. Institutions use these revolving funds, which also include Federal capital contributions [FCC], institutional contributions equal to one-third of the FCC, and student repayments, to provide low-interest (5 percent) loans that help financially needy students pay the costs of postsecondary education. The Committee has included the amount necessary to maintain the current loan volume level.

The Committee also recommends \$66,665,000 for loan cancellations. The comparable funding level for fiscal year 2004 and the budget request both are \$66,665,000 for this activity. These funds reimburse institutional revolving funds on behalf of borrowers whose loans are cancelled in exchange for statutorily specified types of public or military service, such as teaching in a qualified low-income school, working in a Head Start Program, serving in the Peace Corps or VISTA, or nurses and medical technicians providing health care services.

Leveraging Educational Assistance Partnership Program

For the leveraging educational assistance partnership [LEAP] program, the Committee recommends \$66,172,000. The comparable funding level for fiscal year 2004 is \$66,172,000 and the budget proposes to eliminate funding for this program.

The leveraging educational assistance partnership program provides a Federal match to States as an incentive for providing need-based grant and work-study assistance to eligible postsecondary students. When the appropriation exceeds \$30,000,000, amounts above this threshold must be matched by States on a 2:1 basis. Federally supported grants and job earnings are limited to \$5,000 per award year for full-time students.

The Committee recognizes the important role that the LEAP program plays in maintaining a Federal-State partnership for ensuring that postsecondary education is available to all academically-qualified Americans. The Committee notes that a recent Advisory Committee on Student Financial Aid report recommended that Federal policy should encourage a far more substantial State and institutional commitment to need-based grant aid. The Committee notes that this important program leverages almost \$1,000,000,000 in State spending for need-based student grant programs. Therefore, it is the Committee's intent to continue this important program.

STUDENT AID ADMINISTRATION

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$116,727,000 |
| Budget estimate, 2005 | 934,639,000 |
| Committee recommendation | 121,000,000 |

The Committee recommends \$121,000,000 in discretionary resources for the Student Aid Administration account. The comparable fiscal year 2004 discretionary funding level is \$116,727,000 and the budget request includes \$934,639,000 in such funding. However, the budget request assumes enactment of the proposal to rescind \$795,000,000 in mandatory budget authority available in Section 458 of the Higher Education Act and to provide these funds through discretionary appropriations.

Funds appropriated for the Student Aid Administration account, in addition to mandatory funding available through Section 458 of the Higher Education Act, will support the Department's student aid management expenses. The Office of Federal Student Aid and Office of Postsecondary Education have primary responsibility for administering Federal student financial assistance programs.

The Committee does not agree with the administration's legislative proposal to fund this new account solely through annual appropriations. The Committee notes the Higher Education Act is up for reauthorization and a change of this magnitude should be considered during that process.

HIGHER EDUCATION

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$2,092,644,000 |
| Budget estimate, 2005 | 1,977,028,000 |
| Committee recommendation | 2,148,458,000 |

The Committee recommends an appropriation of \$2,148,458,000 for higher education programs. The comparable fiscal year 2004 funding level is \$2,092,644,000 and the budget request includes \$1,977,028,000 for such activities.

Aid for Institutional Development

The Committee recommends \$522,000,000 for aid for institutional development authorized by titles III and V of the Higher Education Act. The comparable funding level for fiscal year 2004 is \$485,065,000 and the budget request includes \$505,749,000 for authorized activities.

The Committee encourages the Department to provide technical assistance and conduct research on issues germane to predominately and Historically Black Colleges and Universities [HBCUs] and other institutions of higher education that have large minority student populations, including disseminating best practices information on the most efficient and cost-effective uses of title III funding, reducing student loan default rates, increasing graduation rates, and grant writing training.

Strengthening Institutions.—The Committee bill includes \$85,000,000 for the part A strengthening institutions program. The comparable fiscal year 2004 funding level and the budget request both are \$80,986,000 for this activity. The part A program supports competitive, 1-year planning and 5-year development grants for institutions with a significant percentage of financially needy stu-

dents and low educational and general expenditures per student in comparison with similar institutions. Applicants may use part A funds to develop faculty, strengthen academic programs, improve institutional management, and expand student services. Institutions awarded funding under this program are not eligible to receive grants under other sections of part A or part B.

Hispanic-Serving Institutions [HSI].—The Committee recommends \$100,000,000 for institutions at which Hispanic students make up at least 25 percent of enrollment. The comparable fiscal year 2004 funding level is \$93,993,000 and the budget request includes \$95,873,000 for these institutions. Institutions applying for title V funds must meet the regular part A requirements and show that at least one-half of their Hispanic students are low-income college students. Funds may be used for acquisition, rental or lease of scientific or laboratory equipment, renovation of instructional facilities, development of faculty, support for academic programs, institutional management, and purchase of educational materials. Title V recipients are not eligible for other awards provided under title III, parts A and B.

Strengthening Historically Black Colleges and Universities.—The Committee recommends \$240,500,000 for part B grants. The comparable fiscal year 2004 funding level is \$222,764,000 and the budget request includes \$240,500,000 for authorized activities. The part B strengthening historically black colleges and universities [HBCU] program makes formula grants to HBCUs that may be used to purchase equipment, construct and renovate facilities, develop faculty, support academic programs, strengthen institutional management, enhance fundraising activities, provide tutoring and counseling services to students, and conduct outreach to elementary and secondary school students. The minimum allotment is \$500,000 for each eligible institution. Part B recipients are not eligible for awards under part A.

Strengthening Historically Black Graduate Institutions.—The Committee recommends \$58,500,000 for the part B, section 326 program. The comparable fiscal year 2004 funding level is \$53,100,000 and the budget request includes \$58,500,000 for such activities. The section 326 program provides 5-year grants to strengthen historically black graduate institutions [HBGIs]. The Higher Education Amendments of 1998 increased the number of recipients to 18 named institutions, but reserved the first \$26,600,000 appropriated each year to the 16 institutions included in the previous authorization. Grants may be used for any part B purpose and to establish an endowment.

Strengthening Alaska Native and Native Hawaiian-Serving Institutions.—The Committee recommends \$13,000,000 for this program. The comparable funding level for fiscal year 2004 is \$10,935,000 and the budget request includes \$6,137,000 for authorized activities. The purpose of this program is to improve and expand the capacity of institutions serving Alaska Native and Native Hawaiian students. Funds may be used to plan, develop, and implement activities that encourage: faculty and curriculum development; better fund and administrative management; renovation and improvement of educational facilities; student services; and the purchase of library and other educational materials. As initial

funding cycles expire, the Committee encourages the Department to use simplified application forms to permit participating institutions to obtain continuation funding for successful programs funded under this program.

Strengthening Tribally Controlled Colleges and Universities.—The Committee recommends \$25,000,000 for strengthening tribal colleges and universities [TCUs]. The comparable funding level for fiscal year 2004 is \$23,287,000 and the budget request includes \$23,753,000 for this program. Tribal colleges and universities rely on a portion of the funds provided to address developmental needs, including faculty development, curriculum and student services.

For the past 4 years, the Committee has supported a competitive grant program to assist institutions in addressing long overdue and high-priority infrastructure and facilities requirements. The funds provided are to be used to support continuation of existing basic grants and new planning or implementation grant awards. The remaining funds shall be available for grants for renovation and construction of facilities to continue to address urgently needed facilities repair and expansion.

International Education and Foreign Language Studies

The bill includes a total of \$103,680,000 for international education and foreign language programs. The comparable fiscal year 2004 funding level and the budget request both are \$103,680,000 for such activities.

Domestic Programs.—The Committee recommends \$89,211,000 for domestic program activities related to international education and foreign language studies, including international business education, under title VI of the HEA. The comparable fiscal year 2004 funding level and the budget request both are \$89,211,000 for authorized activities. Domestic programs include national resource centers, undergraduate international studies and foreign language programs, international research and studies projects, international business education projects and centers, American overseas research centers, language resource centers, foreign language and area studies fellowships, and technological innovation and cooperation for foreign information access.

Overseas Programs.—The bill includes \$12,840,000 for overseas programs authorized under the Mutual Educational and Cultural Exchange Act of 1961, popularly known as the Fulbright-Hays Act. The comparable fiscal year 2004 funding level and the budget request both are \$12,840,000 for these programs. Under these overseas programs, grants are provided for group and faculty research projects abroad, doctoral dissertation research abroad, and special bilateral projects. Unlike other programs authorized by the Fulbright-Hays Act and administered by the Department of State, these Department of Education programs focus on training American instructors and students in order to improve foreign language and area studies education in the United States.

Institute for International Public Policy.—The Committee bill recommends \$1,629,000 for the Institute for International Public Policy. The comparable funding level for fiscal year 2004 and the budget request both are \$1,629,000 for authorized activities. This program is designed to increase the number of minority individuals

in foreign service and related careers by providing a grant to a consortium of institutions for undergraduate and graduate level foreign language and international studies. An institutional match of 50 percent is required.

Fund for the Improvement of Postsecondary Education

The Committee recommends \$157,700,000 for the Fund for the Improvement of Postsecondary Education [FIPSE], the same as the comparable fiscal year 2004 funding level. The budget request is \$32,011,000. FIPSE stimulates improvements in education beyond high school by supporting exemplary, locally developed projects that have potential for addressing problems and recommending improvements in postsecondary education. The fund is administered by an independent board that provides small, competitive grants and contracts to a variety of postsecondary institutions and agencies, including 2- and 4-year colleges and universities, State education agencies, community-based organizations, and other non-profit institutions and organizations concerned with education beyond high school.

The Committee recommendation includes \$24,881,000, the full amount requested for the comprehensive program.

Minority Science and Engineering Improvement

The Committee recommends \$8,889,000 for the Minority Science and Engineering Improvement program [MSEIP]. The comparable fiscal year 2004 funding level and the budget request both are \$8,889,000 for this program. Funds are used to provide discretionary grants to institutions with minority enrollments greater than 50 percent to purchase equipment, develop curricula, and support advanced faculty training. Grants are intended to improve science and engineering education programs and increase the number of minority students in the fields of science, mathematics, and engineering.

Interest Subsidy Grants

The Committee recommends \$1,500,000 for interest subsidy grants. The comparable fiscal year 2004 funding level is \$1,988,000 and the budget request includes \$1,500,000 for these grants. This appropriation is required to meet the Federal commitment to pay interest subsidies on 32 loans made in past years for constructing, renovating, and equipping postsecondary academic facilities. No new interest subsidy commitments have been entered into since 1973 but subsidy payments on existing loans are expected to continue until the year 2013.

Tribally Controlled Postsecondary Vocational Institutions

The Committee recommends \$8,000,000 on a current-funded basis for tribally controlled postsecondary vocational institutions. The comparable fiscal year 2004 funding level and the budget request both are \$7,185,000 for this purpose. This program provides grants for the operation and improvement of two tribally controlled postsecondary vocational institutions to ensure continued and expanding opportunities for Indian students: United Tribes Technical

College in Bismarck, North Dakota, and Crownpoint Institute of Technology in Crownpoint, New Mexico.

Federal TRIO Programs

The Committee recommends \$844,500,000 for Federal TRIO Programs. The comparable fiscal year 2004 funding level and the budget request both are \$832,559,000 for authorized activities.

TRIO programs provide a variety of services to improve postsecondary education opportunities for low-income individuals and first-generation college students: Upward Bound offers disadvantaged high school students academic services to develop the skills and motivation needed to continue their education; Student Support Services provides remedial instruction, counseling, summer programs and grant aid to disadvantaged college students to help them complete their postsecondary education; Talent Search identifies and counsels individuals between ages 11 and 27 regarding opportunities for completing high school and enrolling in postsecondary education; Educational Opportunity Centers provide information and counseling on available financial and academic assistance to low-income adults who are first-generation college students; and the Ronald E. McNair Postbaccalaureate Achievement Program supports research internships, seminars, tutoring, and other activities to encourage disadvantaged college students to enroll in graduate programs.

The Committee urges the Department to use a funding allocation strategy in making awards under TRIO that balances the need to fund a larger number of grantees with the need for projects to improve the quality of student services and expand to serve all eligible students.

Gaining Early Awareness and Readiness for Undergraduate Programs [GEARUP]

The Committee recommends \$302,500,000 for GEAR UP. The comparable fiscal year 2004 funding level and the budget request both are \$298,230,000 for this purpose. Under this program funds are used by States and partnerships of colleges, middle and high schools, and community organizations to assist middle and high schools serving a high percentage of low-income students. Services provided help students prepare for and pursue a postsecondary education. Funds will support a sixth and final year award to grantees first funded in 2000, while continuing all other projects.

The Committee has provided funds above the fiscal year 2004 level and the budget request for the Department to fund a new grant competition under the GEAR UP program. The Committee believes that grants should not be fully-funded, but instead should be awarded on an annual basis from the fiscal year 2004 and subsequent appropriations during the period of the grant, contingent upon grantee performance. The Committee notes that grants were awarded using this approach during the first 2 years of the program. The Committee expects the Department to consult with it prior to the announcement of this new grant competition.

Byrd Honors Scholarships

The Committee recommends \$41,000,000 for the Byrd honors scholarship program. The comparable fiscal year 2004 funding level and the budget request both are \$40,758,000 for this program.

The Byrd honors scholarship program is designed to promote student excellence and achievement and to recognize exceptionally able students who show promise of continued excellence. Funds are allocated to State education agencies based on each State's school-aged population. The State education agencies select the recipients of the scholarships in consultation with school administrators, teachers, counselors, and parents. The funds provided will support a new cohort of first-year students in 2005, and continue support for the 2002, 2003, and 2004 cohorts of students in their fourth, third and second years of study, respectively. The amount recommended will provide scholarships of \$1,500 to 27,333 students.

Javits Fellowships

The Committee recommends \$9,876,000 for the Javits Fellowships program. The comparable fiscal year 2004 funding level and the budget request both are \$9,876,000 for this program.

The Javits Fellowships program provides fellowships of up to 4 years to students of superior ability who are pursuing doctoral degrees in the arts, humanities, and social sciences at any institution of their choice. Each fellowship consists of a student stipend to cover living costs, and an institutional payment to cover each fellow's tuition and other expenses. Funds provided in the fiscal year 2005 appropriation support fellowships for the 2006–2007 academic year.

Graduate Assistance in Areas of National Need [GAANN]

The Committee recommends \$30,616,000 for graduate assistance in areas of national need. The comparable fiscal year 2004 funding level and the budget request both are \$30,616,000 for GAANN. This program awards competitive grants to graduate academic departments and programs for fellowship support in areas of national need as determined by the Secretary. In fiscal year 2002, the Secretary designated the following areas of national need: biology, chemistry, computer and information sciences, engineering, geological and related sciences, mathematics and physics. Recipients must demonstrate financial need and academic excellence, and seek the highest degree in their fields.

Teacher Quality Enhancement Grants

The Committee recommends \$88,888,000 for the teacher quality enhancement grants program. The comparable fiscal year 2004 funding level and the budget request both are \$88,888,000. The program was established to support initiatives that best meet specific teacher preparation and recruitment needs. Further, the Act provides and designates funding for the program in three focus areas: 45 percent of resources support a State grant program, 45 percent of funds are used for a partnership program, and 10 percent are designated for a recruitment grant program.

The budget request includes bill language that would allow the Department to fund awards under the three program areas at the

discretion of the Department, instead of as mandated by the Higher Education Act. The Committee has not provided the requested authority.

Under the State grant program, funds may be used for a variety of State-level reforms, including more rigorous teacher certification and licensure requirements; provision of high-quality alternative routes to certification; development of systems to reward high-performing teachers and principals; and development of efforts to reduce the shortage of qualified teachers in high-poverty areas.

Teacher training partnership grants, which are awarded to local partnerships comprised of at least one school of arts and science, one school or program of education, a local education agency, and a K–12 school, may be used for a variety of activities designed to improve teacher preparation and performance, including efforts to provide increased academic study in a proposed teaching specialty area; to prepare teachers to use technology effectively in the classroom; to provide preservice clinical experiences; and to integrate reliable research-based teaching methods into the curriculum. Partnerships may work with other entities, with those involving businesses receiving priority consideration. Partnerships are eligible to receive a one-time-only grant to encourage reform and improvement at the local level.

The recruitment grant program supports efforts to reduce shortages of qualified teachers in high-need school districts as well as provide assistance for high-quality teacher preparation and induction programs to meet the specific educational needs of the local area.

Child Care Access Means Parents in Schools

The Committee recommends an appropriation of \$16,099,000 for the Child Care Access Means Parents in School [CCAMPIS] program. The comparable fiscal year 2004 funding level and the budget request both are \$16,099,000 for this program. CCAMPIS was established in the Higher Education Amendments of 1998 to support the efforts of a growing number of non-traditional students who are struggling to complete their college degrees at the same time that they take care of their children. Discretionary grants of up to 4 years are made to institutions of higher education to support or establish a campus-based childcare program primarily serving the needs of low-income students enrolled at the institution.

Demonstration Projects to Ensure Quality Higher Education for Students With Disabilities

The Committee recommends \$7,000,000 for this program. The comparable fiscal year 2004 funding level is \$6,913,000. The budget proposes no funding for this program. This program's purpose is to ensure that students with disabilities receive a high-quality post-secondary education. Grants are made to support model demonstration projects that provide technical assistance and professional development activities for faculty and administrators in institutions of higher education.

Underground Railroad Program

The Committee recommendation includes \$2,222,000 for the Underground Railroad program. The comparable fiscal year 2004 funding level is \$2,222,000 and the administration proposes to eliminate funding for this activity. The program was authorized by the Higher Education Amendments of 1998 and was funded for the first time in fiscal year 1999. Grants are provided to research, display, interpret, and collect artifacts relating to the history of the underground railroad. Educational organizations receiving funds must demonstrate substantial private support through a public-private partnership, create an endowment fund that provides for ongoing operation of the facility, and establish a network of satellite centers throughout the United States to share information and teach people about the significance of the Underground Railroad in American history.

GPRA/Higher Education Act Program Evaluation

The Committee recommends \$988,000 for data collection associated with the Government Performance and Results Act data collection and to evaluate programs authorized by the Higher Education Act. The comparable fiscal year 2004 funding level and the budget request both are \$988,000 for these activities. These funds are used to comply with the Government Performance and Results Act, which requires the collection of data and evaluation of Higher Education programs and the performance of recipients of Higher Education funds.

B.J. Stupak Olympic Scholarships

The Committee recommendation does not include funding for this program. The comparable fiscal year 2004 funding level is \$988,000 and the budget request did not include funds for this activity. Funds appropriated in fiscal year 2004 will be used to provide financial assistance to athletes who are training at the United States Olympic Education Center or one of the United States Olympic Training Centers and who are pursuing a postsecondary education at an institution of higher education. Unlike most other Federal student aid programs, scholarships are provided without consideration of expected family contributions.

Thurgood Marshall Legal Educational Opportunity Program

The Committee recommendation includes \$3,000,000 for the Thurgood Marshall Legal Educational Opportunity Program. Funding for this program was not available in fiscal year 2004 and the budget request did not include any funds for this purpose. According to the U.S. Department of Education, the Council for Legal Educational Opportunity still has available balances from appropriations provided in fiscal years 2001, 2002 and 2003.

Under this program, funds help low-income, minority or disadvantaged college students with the information, preparation and financial assistance to enter and complete law school study. The Higher Education Act stipulates that the Secretary make an award to or contract with the Council on Legal Education Opportunity to carry out authorized activities.

HOWARD UNIVERSITY

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$238,763,000 |
| Budget estimate, 2005 | 238,763,000 |
| Committee recommendation | 239,763,000 |

The Committee recommends an appropriation of \$239,763,000 for Howard University. The comparable fiscal year 2004 funding level and the budget request both are \$238,763,000 for this purpose. Howard University is located in the District of Columbia and offers undergraduate, graduate, and professional degrees through 12 schools and colleges. The university also administers the Howard University Hospital, which provides both inpatient and outpatient care, as well as training in the health professions. Federal funds from this account support more than 50 percent of the university's projected educational and general expenditures, excluding the hospital. The Committee recommends, within the funds provided, not less than \$3,600,000 shall be for the endowment program.

Howard University Hospital.—Within the funds provided, the Committee recommends \$29,999,000 for the Howard University Hospital. The comparable fiscal year 2004 funding level and the budget request both are \$29,999,000 for this purpose. The hospital serves as a major acute and ambulatory care center for the District of Columbia and functions as a major teaching facility attached to the university. The Federal appropriation provides partial funding for the hospital's operations.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS

| | |
|--------------------------------|-----------|
| Appropriations, 2004 | \$769,000 |
| Budget estimate, 2005 | 578,000 |
| Committee recommendation | 578,000 |

Federal Administration.—The Committee bill includes \$578,000 for Federal administration of the CHAFL program. The comparable fiscal year 2004 funding level is \$769,000 and the budget request includes \$578,000 for such expenses.

These funds will be used to reimburse the Department for expenses incurred in managing the existing CHAFL loan portfolio during fiscal year 2005. These expenses include salaries and benefits, travel, printing, contracts (including contracted loan servicing activities), and other expenses directly related to the administration of the CHAFL Program.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING PROGRAM

| | |
|--------------------------------|-----------|
| Appropriations, 2004 | \$209,000 |
| Budget estimate, 2005 | 212,000 |
| Committee recommendation | 212,000 |

Federal Administration.—The Committee recommends \$212,000 for Federal administration of the Historically Black College and University [HBCU] Capital Financing Program. The comparable fiscal year 2004 funding level is \$209,000 and the budget request includes \$212,000 for this activity.

The HBCU Capital Financing Program makes capital available to HBCUs for construction, renovation, and repair of academic facilities by providing a Federal guarantee for private sector con-

struction bonds. Construction loans will be made from the proceeds of the sale of the bonds.

INSTITUTE OF EDUCATION SCIENCE

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$496,735,000 |
| Budget estimate, 2005 | 449,621,000 |
| Committee recommendation | 418,679,000 |

The bill includes \$418,679,000 for the Institute of Education Sciences. The comparable fiscal year 2004 funding level is \$496,735,000 and the budget request includes \$449,621,000 for comparable activities. This account supports education research, data collection and analysis activities, and the assessment of student progress.

Research, Development and Dissemination

The Committee recommends \$165,518,000 for education research, development and national dissemination activities. The comparable fiscal year 2004 amount is \$165,518,000 and the budget request includes \$185,000,000 for these activities. Funds are available for obligation for 2 fiscal years. These funds support research, development, and dissemination activities that are aimed at expanding fundamental knowledge of education and promoting the use of research and development findings in the design of efforts to improve education.

The Committee strongly supports the premise that developing, identifying and implementing scientifically based research is critical to the success of the No Child Left Behind Act [NCLB] and to the increased effectiveness generally of education programs and interventions. The Committee recognizes the current scarcity of educational interventions that have been proven effective in research that meets the rigorous standards set out in the NCLB. In particular, the Committee believes that a greater focus must be placed on the use of randomized controlled trials, longitudinal studies, and other research that meets the standards set by the National Research Council.

The Committee recognizes the critical role that IES plays in achieving the important goals set by the No Child Left Behind Act and encourages IES to continue its progress in translating scientifically based research findings into classroom practice. The Committee is interested in support for programs that bring advances in cognitive, developmental, educational science and neuroscience into the classroom by informing curriculum development in schools and in graduate schools of education. Research that focuses on the key processes of attention, memory, and reasoning are essential for learning and are likely to produce substantial gains in academic achievement. The Committee also supports the Institute's research investments in reading comprehension, teacher quality, English language learners, and educational interventions in mathematics, science and reading.

The Committee is concerned that the Department plans to underfund the National Research and Development Centers program. The Committee notes that the three existing centers that are slated to receive continuation funding in fiscal year 2005 will each receive at least \$3,600,000. Under the Department's new request

for center proposals, published in February 2004, centers will be funded at just \$1,000,000 to \$2,000,000 per year. The Committee questions whether these funding levels will be of “sufficient size and scope to be effective,” as mandated in section 133(c)(4) of the Education Sciences Reform Act of 2002. The Committee believes that the centers must have sufficient funding to enable them to fulfill their missions to support long-term programs of research that address the topics of critical national interest on which each center is focused. The Committee also believes it is essential that the centers not be restricted to researching limited issues that are not broadly applicable.

The Committee urges the Department to fund each center in the next round of competition at levels that are comparable to those of existing centers. It also urges the Department to reexamine the current level of funding offered for the four centers being competed in 2004 to consider whether they might be more effective if funded at this higher level and with a broader mandate.

Statistics

The Committee recommends \$91,664,000 for data-gathering and statistical-analysis activities of the National Center for Education Statistics [NCES]. The comparable fiscal year 2004 funding level and the budget request both are \$91,664,000 for this purpose.

The NCES collects, analyzes, and reports statistics on education in the United States. Activities are carried out directly and through grants and contracts. The Center collects data on educational institutions at all levels, longitudinal data on student progress, and data relevant to public policy. The NCES also provides technical assistance to State and local education agencies and postsecondary institutions.

Regional Educational Laboratories

The Committee recommends \$66,665,000 to continue support for the regional educational laboratories. The comparable fiscal year 2004 funding level is \$66,665,000 and the budget request proposes to eliminate funding for this purpose. Program funds support a network of 10 laboratories that are responsible for promoting the use of broad-based systemic strategies to improve student achievement.

Assessment

The Committee recommends \$94,832,000 for assessment. The comparable fiscal year 2004 funding level and the budget request both are \$94,832,000 for authorized activities.

These funds provide support for the National Assessment of Educational Progress [NAEP], a congressionally mandated assessment created to measure the educational achievement of American students. The primary goal of NAEP is to determine and report the status and trends over time in educational achievement, subject by subject. Beginning in 2002, the Department will pay for State participation in biennial reading and mathematics assessments in grades 4 and 8.

Within the funds appropriated, the Committee recommends \$5,129,000 for the National Assessment Governing Board [NAGB], which is responsible for formulating policy for NAEP. The com-

parable fiscal year 2004 amount is \$5,060,000 and the budget request includes \$5,129,000 for NAGB.

DEPARTMENTAL MANAGEMENT
PROGRAM ADMINISTRATION

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$420,379,000 |
| Budget estimate, 2005 | 429,778,000 |
| Committee recommendation | 420,379,000 |

The Committee recommends \$420,379,000 for program administration. The comparable fiscal year 2004 funding level is \$420,379,000 and the budget request includes \$429,778,000 for this purpose.

Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services required to award, administer, and monitor approximately 180 Federal education programs. Support for program evaluation and studies and advisory councils is also provided under this activity.

The Committee notes with approval the increased attention being paid to the coordination of human services with transportation. The Committee notes the recent Executive Order issued by the President calling for a report on transportation coordination within 1 year. The Committee expects the Department, as a key agency mentioned in the Executive Order, to report the findings to the Committee as soon as the study is complete. The Committee understands that the Interagency Transportation Coordinating Council on Access and Mobility, housed in the Department of Transportation, will produce the report called for in the executive order.

The Committee acknowledges that although the Committee included language prohibiting the use of updated tax tables in awarding Pell Grants for the 2005–2006 award year, that the issue of the best methodology for Federal need analysis remains in question. Therefore, the Committee looks forward to reviewing the recommendations of the Advisory Committee on Student Financial Assistance regarding the efficiency, effectiveness and fairness of the current procedures for determining a family’s available income and assets. The Committee intends that the needs analysis for Pell Grants accurately represents the relative distribution of eligible students across the Nation.

OFFICE FOR CIVIL RIGHTS

| | |
|--------------------------------|--------------|
| Appropriations, 2004 | \$88,305,000 |
| Budget estimate, 2005 | 92,801,000 |
| Committee recommendation | 92,801,000 |

The Committee bill includes \$92,801,000 for the Office for Civil Rights [OCR]. The comparable fiscal year 2004 amount is \$88,305,000 and the budget request includes \$92,801,000 for this purpose.

The Office for Civil Rights is responsible for the enforcement of laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, and age in all programs and institutions funded by the Department of Education. To carry out this re-

sponsibility, OCR investigates and resolves discrimination complaints, monitors desegregation and equal educational opportunity plans, reviews possible discriminatory practices by recipients of Federal education funds, and provides technical assistance to recipients of funds to help them meet civil rights requirements.

OFFICE OF THE INSPECTOR GENERAL

| | |
|--------------------------------|--------------|
| Appropriations, 2004 | \$46,624,000 |
| Budget estimate, 2005 | 50,576,000 |
| Committee recommendation | 50,576,000 |

The Committee recommends \$50,576,000 for the Office of the Inspector General. The comparable fiscal year 2004 amount is \$46,624,000 and the budget request includes \$50,576,000 for authorized activities.

The Office of the Inspector General has the authority to investigate all departmental programs and administrative activities, including those under contract or grant, to prevent and detect fraud and abuse, and to ensure the quality and integrity of those programs. The Office investigates alleged misuse of Federal funds, and conducts audits to determine compliance with laws and regulations, efficiency of operations, and effectiveness in achieving program goals.

GENERAL PROVISIONS

The Committee bill contains language which has been included in the bill since 1974, prohibiting the use of funds for the transportation of students or teachers in order to overcome racial imbalance (sec. 301).

The Committee bill contains language included in the bill since 1977, prohibiting the transportation of students other than to the school nearest to the student's home (sec. 302).

The Committee bill contains language which has been included in the bill since 1980, prohibiting the use of funds to prevent the implementation of programs of voluntary prayer and meditation in public schools (sec. 303).

The Committee bill includes a provision giving the Secretary of Education authority to transfer up to 1 percent of any discretionary funds between appropriations (sec. 304).

The Committee bill includes a provision, also contained in the fiscal year 2004 Act, that prevents the Secretary from using updated State and other tax information in the Federal needs analysis methodology (sec. 305).

TITLE IV—RELATED AGENCIES

ARMED FORCES RETIREMENT HOME

| | |
|--------------------------------|--------------|
| Appropriations, 2004 | \$64,894,000 |
| Budget estimate, 2005 | 61,195,000 |
| Committee recommendation | 61,195,000 |

The Committee recommends authority to expend \$61,195,000 from the Armed Forces Home Trust Fund to operate and maintain the Armed Forces Retirement Home—Washington, and the Armed Forces Retirement Home—Gulfport. This amount is equal to the budget request. (8=5)

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

DOMESTIC VOLUNTEER SERVICE PROGRAMS

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$354,340,000 |
| Budget estimate, 2005 | 375,335,000 |
| Committee recommendation | 357,814,000 |

The Committee recommends \$357,814,000 for fiscal year 2005 for the domestic volunteer service programs of the Corporation for National and Community Service. The comparable funding level for fiscal year 2004 is \$354,340,000 and the budget request includes \$375,335,000 for this program.

The Committee is concerned by the apparent inconsistencies in the Corporation's budget justification. The Corporation is right to be concerned about unobligated funds, however the Committee notes that the Corporation already possesses the flexibility to redirect unused funds to grantees with additional capacity. For that reason, the Committee has rejected the cuts proposed by the Corporation and directs the CEO to utilize existing flexibility to resolve any volunteer retention issues.

VISTA

The Committee recommends \$96,428,000 for fiscal year 2005 for the Volunteers in Service to America [VISTA] Program. The comparable funding level for fiscal year 2004 is \$93,731,000 and the budget request includes \$96,428,000 for this program.

VISTA, created in 1964 by the Johnson Administration under the Economic Opportunity Act, is a program which provides capacity building for small community-based organizations. VISTA volunteers raise resources for local projects, recruit and organize volunteers, and establish and expand local community-based programs in housing, employment, health, and economic development activities.

The Committee is anxious that the funding provided for training and technical assistance be utilized to support training that can enhance the effectiveness of VISTA members with respect to their

mission to build the capacity of local communities to support the projects that they develop. VISTA members are increasingly called upon to write grant applications and do fundraising as a way of making their service projects self-sufficient, requiring knowledge of grant writing that cannot be gained in the local organization, as well as training in the general field in which they are slated to serve. For that reason, the Committee urges the Corporation to integrate grant writing and issue specific presentations into the training sessions currently given to all new VISTA members. The Committee directs the Corporation to report in the fiscal year 2006 budget justification on the percentage of training funds and percentage of training time spent on each of the following categories: organizational training, grant writing and fundraising training, and issue specific training (i.e. early childhood education, environment, disaster assistance, etc).

Special Volunteer Programs

The Committee recommends \$5,000,000 for fiscal year 2005 for the Special Volunteer programs. The comparable funding level for fiscal year 2004 is \$9,876,000 and the budget request includes \$15,000,000 for this program.

These funds will be used to carry out Part C of Title I of the Domestic Volunteer Service Act of 1973, which authorizes grants to volunteer organizations to encourage and enable persons from all age groups to perform volunteer service in agencies, institutions, and situations of need. Grants are awarded to organizations that strengthen and support volunteer efforts, with a particular emphasis on anti-poverty efforts.

The Committee commends the CNCS for its stated goal of recruiting new Senior Corps volunteers and strongly supports this effort. The Committee is aware that one of the most important factors in the decision to continue volunteering is the quality of the first volunteer experience and the ongoing presence of the volunteer organization. For this reason, the Committee urges the Corporation to coordinate this program with the Senior Corps direct service programs. The budget request did not include funding for the Parent Drug Corps, and the Committee concurred.

National Senior Volunteer Corps

The Committee recommends \$218,886,000 for fiscal year 2005 for the National Senior Volunteer Corps programs. The comparable funding level for fiscal year 2004 is \$214,264,000 and the budget request includes \$224,544,000 for this program.

The Committee recognizes the valuable contributions of seniors participating in the Foster Grandparent [FGP], Retired and Senior Volunteer Program [RSVP], and Senior Companion Programs [SCP]. In accordance with the Domestic Volunteer Service Act [DVSA], the Committee intends that at least one-third of each program's increase over the fiscal year 2001 level shall be used to fund Programs of National Significance [PNS] expansion grants to allow existing FGP, RSVP, and SCP programs to expand the number of volunteers serving in areas of critical need as identified by Congress in the DVSA. Remaining funds should be used to begin new FGP, RSVP, and SCP programs in geographic areas currently un-

derserved. The Committee expects these projects to be awarded via a nationwide competition among potential community-based sponsors. No funds have been included for senior demonstration programs.

Foster Grandparent Program

The Committee recommends \$112,323,000 for fiscal year 2005 for the Foster Grandparent Program. The comparable funding level for fiscal year 2004 is \$110,121,000 and the budget request includes \$106,700,000 for this program.

This program provides volunteer opportunities to seniors age 60 and over who serve at-risk youth. This program not only involves seniors in their communities, but it also provides a host of services to children.

Senior Companion Program

The Committee recommends \$46,563,000 for fiscal year 2005 for the Senior Companion Program. The comparable funding level for fiscal year 2004 is \$45,987,000 and the budget request includes \$46,563,000 for this program.

This program enables senior citizens to provide personal assistance and companionship to adults with physical, mental, or emotional difficulties. Senior companions provide vital in-home services to elderly Americans who would otherwise have to enter nursing homes. The volunteers also provide respite care to relieve care givers.

Retired and Senior Volunteer Program

The Committee recommends \$60,000,000 for fiscal year 2005 for the Retired and Senior Volunteer Program. The comparable funding level for fiscal year 2004 is \$58,156,000 and the budget request includes \$69,884,000 for this program.

This program involves persons age 55 and over in volunteer opportunities in their communities such as tutoring youth, responding to natural disasters, teaching parenting skills to teen parents, and mentoring troubled youth.

Program Administration

The Committee recommends \$37,500,000 for fiscal year 2005 for program support administration. The comparable funding level for fiscal year 2004 is \$36,469,000 and the budget request includes \$39,363,000 for this program.

The Committee is pleased with action the Corporation has taken to reverse the consolidation of State Offices as directed in the fiscal year 2004 Appropriations bill. However, the Committee is troubled that the Corporation did not provide the requested 5-year plan in the fiscal year 2005 budget justification detailing the number, location of State offices, and staffing plans of each. The Committee expects the Corporation to provide this information no later than 6 weeks after enactment of the fiscal year 2005 appropriation.

CORPORATION FOR PUBLIC BROADCASTING

| | |
|--------------------------------|---------------|
| Appropriations, 2005 | \$390,000,000 |
| Appropriations, 2006 | 400,000,000 |
| Budget estimate, 2007 | |
| Committee recommendation | 400,000,000 |

The Committee recommends \$400,000,000 be made available for the Corporation for Public Broadcasting [CPB], an advance appropriation for fiscal year 2007. The comparable funding level provided last year was \$400,000,000 for fiscal year 2004. The budget request does not include advance funds for this program.

In addition, the Committee recommends \$49,705,000 be made available in fiscal year 2005 for the conversion to digital broadcasting. The comparable funding level for fiscal year 2004 is the same amount. The budget request included no funding for this purpose.

In addition, the Committee recommends \$50,000,000 be made available in fiscal year 2005 for the replacement project of the interconnection system. In fiscal year 2004, \$9,941,000 was appropriated for this purpose.

The current interconnection system is entirely satellite based. This satellite is currently nearing the end of its useful life, and while satellite technology is currently the most cost-effective method for distribution in a point-to-multipoint system, terrestrial technology is far more economical when data is distributed between single points. The Next Generation Interconnection System will utilize a combination of satellite and terrestrial technologies for a more flexible system. In addition, a portion of the provided funds will be used to upgrade existing ground station and transmit/receive equipment to be compatible with the new system.

The Committee is disturbed by the recent GAO report detailing the Corporation's use of appropriated funds for the Television Future Fund, which provides funding to project-specific grants that have a system-wide benefit. The Corporation's authorizing statute requires that 75 percent of funds be distributed to local stations through Community Service Grants [CSG] and 25 percent of funds be used to support the creation of national programming. While the Committee is not prepared to evaluate the possible need for such a fund, the Committee feels strongly that the statute does not currently permit the use of appropriated funds for this type of grant program. For that reason, the Committee has included bill language prohibiting funding in fiscal years 2005, 2006, and 2007 from being used for the Television Future Fund or any similar activity until such time as a specific authorization is enacted to allow it.

FEDERAL MEDIATION AND CONCILIATION SERVICE

| | |
|--------------------------------|--------------|
| Appropriations, 2004 | \$43,129,000 |
| Budget estimate, 2005 | 43,964,000 |
| Committee recommendation | 44,464,000 |

The Committee recommends \$44,464,000 for fiscal year 2005 for the Federal Mediation and Conciliation Service [FMCS]. The comparable funding level for fiscal year 2004 is \$43,129,000 and the budget request includes \$43,964,000 for this program.

The FMCS was established by Congress in 1947 to provide mediation, conciliation, and arbitration services to labor and management. FMCS is authorized to provide dispute resolution consultation and training to all Federal agencies.

The Committee continues to support the FMCS program to prevent youth violence and is especially pleased with the initiative to train educators in conflict resolution. The Committee is also impressed with the development of a CD-ROM that will address conflict resolution among preschool and elementary age children. The Committee has included \$500,000 for the continuation of these innovative programs for youth violence prevention.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

| | |
|--------------------------------|-------------|
| Appropriations, 2004 | \$7,728,000 |
| Budget estimate, 2005 | 7,813,000 |
| Committee recommendation | 7,813,000 |

The Committee recommends \$7,813,000 for fiscal year 2005 for the Federal Mine Safety and Health Review Commission. The comparable funding level for fiscal year 2004 is \$7,728,000 and the budget request includes \$7,813,000 for this program.

The Federal Mine Safety and Health Review Commission provides administrative trial and appellate review of legal disputes under the Federal Mine Safety and Health Act of 1977. The five-member Commission provides review of the Commission's administrative law judge decisions.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$262,240,000 |
| Budget estimate, 2005 | 261,743,000 |
| Committee recommendation | 262,240,000 |

The Committee recommends \$262,240,000 for fiscal year 2005 for the Institute of Museum and Library Services. The comparable funding level for fiscal year 2004 is \$262,240,000 and the budget request includes \$261,743,000 for this program.

Office of Museum Services Operations Grants

The Committee recommends \$19,724,000 for operations grants. These funds support grants to museums for building increased public access, expanding educational services, reaching families and children, and using technology more effectively in support of these goals. In addition, non-competitive grants are awarded for technical assistance in four types of assessments: Institutional, Collections Management, Public Dimension, and Governance. In addition to the total recommended, \$1,000,000 has been provided for Native American Museum service grants.

Museum Conservation Programs

The Committee recommends \$3,630,000 for Conservation programs. These funds support grants to allow museums to survey collections, perform training, research, treatment and environmental improvements. In addition, grantees may receive additional funds to develop an education component that relates to their conserva-

tion project. In addition, non-competitive grants are awarded for technical assistance in conservation efforts.

Museum National Leadership Projects

The Committee recommends \$10,000,000 for National Leadership projects. The National Leadership Grants encourage innovation in meeting community needs, widespread and creative use of new technologies, greater public access to museum collections, and an extended impact of Federal dollars through collaborative projects.

Office of Library Services State Grants

The Committee recommends \$172,900,000 for State grants. Funds are provided to States by formula to carry out 5-year State plans. These plans must set goals and priorities for the State consistent with the purpose of the act, describe activities to meet the goals and priorities and describe the methods by which progress toward the goals and priorities and the success of activities will be evaluated. States may apportion their funds between two activities, technology and targeted services. For technology, States may use funds for electronic linkages among libraries, linkages to educational, social and information services, accessing information through electronic networks, or link different types of libraries or share resources among libraries. For targeted services, States may direct library and information services to persons having difficulty using a library, underserved urban and rural communities, and children from low income families. In addition to the total recommended, \$3,800,000 has been provided for library services to Native Americans and Native Hawaiians. The Committee is aware that many traditional healers are aging and the world may soon lose the knowledge that they possess. For that reason, the Committee encourages IMLS to work for the preservation and documentation of Native Hawaiian traditional cultural healing practices. It is essential that these practices be documented in creative media formats due to the variety and complexity of the practices and the healers.

Library National Leadership Projects

The Committee recommends \$20,000,000 for national leadership projects. These funds support activities of national significance to enhance the quality of library services nationwide and to provide coordination between libraries and museums. Activities are carried out through grants and contracts awarded on a competitive basis to libraries, agencies, institutions of higher education and museums. Priority is given to projects that focus on education and training of library personnel, research and development for the improvement of libraries, preservation, digitization of library materials, partnerships between libraries and museums and other activities that enhance the quality of library services nationwide.

The Committee commends the administration for proposing an Initiative to Recruit and Educate Librarians and has included \$20,000,000 for this purpose. The Nation is facing an impending retirement wave of librarians. The Bureau of Labor Statistics reports that 57 percent of current librarians are 45 and older and 50 percent of librarians are expected to leave the profession in the next

10 years. In addition, current librarians are being asked to take on expanded duties as information technology advances and our society experiences an ever-increasing need for the dissemination of public safety and public health data.

Museum and Library Services Administration

The Committee recommends \$11,186,000 for program administration, the same as the budget request. Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services.

MEDICARE PAYMENT ADVISORY COMMISSION

| | |
|--------------------------------|-------------|
| Appropriations, 2004 | \$9,245,000 |
| Budget estimate, 2005 | 9,905,000 |
| Committee recommendation | 9,905,000 |

The Committee recommends \$9,905,000 for fiscal year 2005 for the Medicare Payment Advisory Commission. The comparable funding level for fiscal year 2004 is \$9,245,000 and the budget request includes \$9,905,000 for this program.

The Medicare Payment Advisory Commission [MedPAC] was established by Congress as part of the Balanced Budget Act of 1997 (Public Law 105-33). Congress merged the Physician Payment Review Commission with the Prospective Payment Assessment Commission to create MedPAC.

NATIONAL COMMISSION ON LIBRARIES AND INFORMATION SCIENCE

| | |
|--------------------------------|-----------|
| Appropriations, 2004 | \$994,000 |
| Budget estimate, 2005 | 1,000,000 |
| Committee recommendation | 994,000 |

The Committee recommends \$994,000 for fiscal year 2005 for the National Commission on Libraries and Information Science. The comparable funding level for fiscal year 2004 is \$994,000 and the budget request includes \$1,000,000 for this program.

The Commission determines the need for, and makes recommendations on, library and information services, and advises the President and Congress on the development and implementation of national policy in library and information sciences.

NATIONAL COUNCIL ON DISABILITY

| | |
|--------------------------------|-------------|
| Appropriations, 2004 | \$3,021,000 |
| Budget estimate, 2005 | 2,873,000 |
| Committee recommendation | 3,371,000 |

The Committee recommends \$3,371,000 for fiscal year 2005 for the National Council on Disability. The comparable funding level for fiscal year 2004 is \$3,021,000 and the budget request includes \$2,873,000 for this program.

The Council is mandated to make recommendations to the President, the Congress, the Rehabilitation Services Administration, and the National Institute on Disability and Rehabilitation Research, on the public issues of concern to individuals with disabilities. The Council gathers information on the implementation, effectiveness, and impact of the Americans with Disabilities Act and looks at

emerging policy issues as they affect persons with disabilities and their ability to enter or reenter the Nation's work force and to live independently.

The Committee strongly supports the Americans with Disabilities Act and appreciates the effort that the Council has undertaken to gather input on the ADA from stakeholders across the country. For this reason, the Committee has included additional resources to allow the Council to continue to hold forums, survey stakeholders, develop approaches to address the current state of the Act and to ensure that people with disabilities are adequately protected from discrimination.

NATIONAL LABOR RELATIONS BOARD

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$242,633,000 |
| Budget estimate, 2005 | 248,785,000 |
| Committee recommendation | 250,000,000 |

The Committee recommends \$250,000,000 for fiscal year 2005 for the National Labor Relations Board [NLRB]. The comparable funding level for fiscal year 2004 is \$242,633,000 and the budget request includes \$248,633,000 for this program.

The NLRB is a law enforcement agency which adjudicates disputes under the National Labor Relations Act.

The Committee is disappointed that, for the past 2 years, the administration has repeatedly underestimated the funding necessary to process the increase in case intakes occurring as a result of the economic downturn. The Committee has repeatedly included additional funds to reduce the backlog but progress on that front has been stymied by the increase in cases. The backlog at the end of fiscal year 2002 was 1,046 cases and grew to 1,193 cases by the end of fiscal year 2003. It is estimated that the backlog will be 1,436 cases by the end of fiscal year 2004. The Committee is concerned about the impact this backlog has on workplace conditions. The Committee has again included additional funds to address this serious situation, however, the Committee encourages the administration to develop more accurate estimates on which to base their request.

The Committee is disappointed by the NLRB's plan to restructure its regional offices. Current consolidation proposals will slow the decision making process in some regions and hurt workers access to a fair and timely hearing. The Committee specifically opposes the elimination of Region 30 and the subsequent downgrading of the Region 30 Office to sub-regional status. Downgrading this office will force interested parties to travel long distances while increasing the backlog of cases in Region 18.

NATIONAL MEDIATION BOARD

| | |
|--------------------------------|--------------|
| Appropriations, 2004 | \$11,354,000 |
| Budget estimate, 2005 | 11,635,000 |
| Committee recommendation | 11,635,000 |

The Committee recommends \$11,635,000 for fiscal year 2005 for the National Mediation Board. The comparable funding level for fiscal year 2004 is \$11,354,000 and the budget request includes \$11,635,000 for this program.

The National Mediation Board protects interstate commerce as it mediates labor-management relations in the railroad and airline industries under the Railway Labor Act. The Board mediates collective bargaining disputes, determines the choice of employee bargaining representatives through elections, and administers arbitration of employee grievances.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

| | |
|--------------------------------|-------------|
| Appropriations, 2004 | \$9,805,000 |
| Budget estimate, 2005 | 10,516,000 |
| Committee recommendation | 10,516,000 |

The Committee recommends \$10,516,000 for fiscal year 2005 for the Occupational Safety and Health Review Commission. The comparable funding level for fiscal year 2004 is \$9,805,000 and the budget request includes \$10,516,000 for this program.

The Commission serves as a court to justly and expeditiously resolve disputes between the Occupational Safety and Health Administration [OSHA] and employers charged with violations of health and safety standards enforced by OSHA.

RAILROAD RETIREMENT BOARD

DUAL BENEFITS PAYMENTS ACCOUNT

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$110,345,000 |
| Budget estimate, 2005 | 100,000,000 |
| Committee recommendation | 100,000,000 |

The Committee recommends \$100,000,000 for fiscal year 2005 for the Dual Benefits Payments Account. The comparable funding level for fiscal year 2004 is \$110,345,000 and the budget request includes \$100,000,000 for this program.

This appropriation provides for vested dual benefit payments authorized by the Railroad Retirement Act of 1974, as amended by the Omnibus Reconciliation Act of 1981. This separate account, established for the payment of dual benefits, is funded by general fund appropriations and income tax receipts of vested dual benefits.

FEDERAL PAYMENTS TO THE RAILROAD RETIREMENT ACCOUNT

| | |
|--------------------------------|-----------|
| Appropriations, 2004 | \$150,000 |
| Budget estimate, 2005 | 150,000 |
| Committee recommendation | 150,000 |

The Committee recommends \$150,000 for fiscal year 2005 for interest earned on unnegotiated checks. The comparable funding level for fiscal year 2004 is \$150,000 and the budget request includes \$150,000 for this program.

LIMITATION ON ADMINISTRATION

| | |
|--------------------------------|---------------|
| Appropriations, 2004 | \$100,702,000 |
| Budget estimate, 2005 | 102,600,000 |
| Committee recommendation | 102,600,000 |

The Committee recommends \$102,600,000 for fiscal year 2005 for the administration of railroad retirement/survivor benefit programs. The comparable funding level for fiscal year 2004 is

\$100,702,000 and the budget request includes \$102,600,000 for this program.

The Board administers comprehensive retirement-survivor and unemployment-sickness insurance benefit programs for the Nation's railroad workers and their families. This account limits the amount of funds in the railroad retirement and railroad unemployment insurance trust funds which may be used by the Board for administrative expenses.

The Committee has included language to prohibit funds from the railroad retirement trust fund from being spent on any charges over and above the actual cost of administering the trust fund, including commercial rental rates.

LIMITATION ON THE OFFICE OF THE INSPECTOR GENERAL

| | |
|--------------------------------|-------------|
| Appropriations, 2004 | \$6,561,000 |
| Budget estimate, 2005 | 7,200,000 |
| Committee recommendation | 7,200,000 |

The Committee recommends \$7,200,000 for fiscal year 2005 for the Office of the Inspector General. The comparable funding level for fiscal year 2004 is \$6,561,000 and the budget request includes \$7,200,000 for this program.

The Committee has included bill language to allow the Office of the Inspector General to use funds to conduct audits, investigations, and reviews of the Medicare program. The Committee finds that as long as the RRB has the authority to negotiate and administer the separate Medicare contract, the RRB Inspector General should not be prohibited from using funds to review, audit, or investigate the Railroad Retirement Board's separate Medicare contract.

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

| | |
|--------------------------------|--------------|
| Appropriations, 2004 | \$21,658,000 |
| Budget estimate, 2005 | 20,454,000 |
| Committee recommendation | 20,454,000 |

The Committee recommends an appropriation of \$20,454,000 for payments to Social Security trust funds. The comparable fiscal year 2004 funding level is \$21,658,000 and the budget request includes \$20,454,000 for this purpose. This amount reimburses the old age and survivors and disability insurance trust funds for special payments to certain uninsured persons, costs incurred administering pension reform activities, and the value of the interest for benefit checks issued but not negotiated. This appropriation restores the trust funds to the same financial position they would have been in had they not borne these costs, properly charged to the general funds.

SUPPLEMENTAL SECURITY INCOME

| | |
|--------------------------------|------------------|
| Appropriations, 2004 | \$26,229,300,000 |
| Budget estimate, 2005 | 28,608,929,000 |
| Committee recommendation | 25,327,949,000 |

The Committee recommends an appropriation of \$25,327,949,000 for supplemental security income. This is in addition to the

\$12,590,000,000 appropriated last year as an advance for the first quarter of fiscal year 2005. The comparable fiscal year 2004 funding level is \$26,229,300,000 and the budget request includes \$28,608,929,000. The Committee also recommends an advance appropriation of \$14,130,000,000 for the first quarter of fiscal year 2006 to ensure uninterrupted benefits payments. The program level supported by the Committee recommendation is \$39,457,949,000, compared to the total program level requested in the budget of \$39,538,929,000. The Committee recommendation also includes bill language which adjusts the timing of the October 2005 SSI benefit payment.

These funds are used to pay benefits under the SSI Program, which was established to ensure a Federal minimum monthly benefit for aged, blind, and disabled individuals, enabling them to meet basic needs. It is estimated that approximately 6,900,000 persons will receive SSI benefits each month during fiscal year 2005. In many cases, SSI benefits supplement income from other sources, including Social Security benefits. The funds are also used to reimburse the Social Security trust funds for the administrative costs for the program with a final settlement by the end of the subsequent fiscal year as required by law, to reimburse vocational rehabilitation agencies for costs incurred in successfully rehabilitating SSI recipients and for research and demonstration projects.

Beneficiary Services

The Committee recommendation includes \$45,929,000 for beneficiary services. The comparable funding level in fiscal year 2004 is \$100,000,000 and the budget request includes \$45,929,000 for these services. This amount is available for payments to Employment Networks for successful outcomes or milestone payments under the Ticket to Work program and for reimbursement of State vocational rehabilitation agencies and alternate public or private providers. The decrease in budget authority requested and concurred in by the Committee is due to the availability of resources from prior years.

Research and Demonstration Projects

The Committee recommendation includes \$35,000,000 for research and demonstration projects conducted under sections 1110 and 1115 of the Social Security Act. The comparable fiscal year 2004 funding level is \$38,000,000 and the budget request includes \$27,000,000 for authorized activities.

This amount will support SSA's efforts to strengthen its policy evaluation capability and focus on research of: program issues, the impact of demographic changes on future workloads and effective return-to-work strategies for disabled beneficiaries.

The Committee commends the administration on their stated goal of preventing and ending homelessness for people with disabilities within 10 years. The Committee believes that increasing the Social Security Administration's outreach and application assistance to homeless people as well as others who are economically disadvantaged is an important part of this effort. The Committee is aware that SSA operated an effective outreach program in the early 1990's, where grants were awarded to local non-profits to pro-

vide SSI outreach and application assistance. In light of the ongoing need for SSI outreach and application assistance, the Committee has included an additional \$8,000,000 to continue the demonstration grants demonstration program targeted toward providing outreach and application assistance to homeless persons and other underserved populations.

Administration

The Committee recommendation includes \$2,928,020,000 for payment to the Social Security trust funds for the SSI Program's share of SSA's base administrative expenses. The comparable fiscal year 2004 amount is \$2,973,300,000 and the budget request includes \$3,017,000,000 for such activities.

LIMITATION ON ADMINISTRATIVE EXPENSES

| | |
|--------------------------------|-----------------|
| Appropriations, 2004 | \$8,313,174,000 |
| Budget estimate, 2005 | 8,881,000,000 |
| Committee recommendation | 8,622,818,000 |

The Committee recommends a program funding level of \$8,622,818,000 for the limitation on administrative expenses. The comparable fiscal year 2004 funding level is \$8,313,174,000 and the budget request includes \$8,881,000,000 for this purpose. The budget request also includes \$100,000,000 for a contingency reserve fund to support additional administrative costs associated with the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. Due to the current availability of funds for this purpose, the Committee recommendation does not include the requested contingency reserve.

This account provides resources from the Social Security trust funds to administer the Social Security retirement and survivors and disability insurance programs, and certain Social Security health insurance functions. As authorized by law, it also provides resources from the trust funds for certain nontrust fund administrative costs, which are reimbursed from the general funds. These include administration of the supplemental security income program for the aged, blind and disabled; work associated with the Pension Reform Act of 1984; and the portion of the annual wage reporting work done by the Social Security Administration for the benefit of the Internal Revenue Service. The dollars provided also support automated data processing activities and fund the State disability determination services which make initial and continuing disability determinations on behalf of the Social Security Administration. Additionally, the limitation provides funding for computer support, and other administrative costs.

The Committee recommendation includes \$8,498,818,000 for routine operating expenses of the agency, as well as the resources derived from the user fees which are discussed below.

The budget request includes bill language earmarking not less than \$561,000,000 of funds available within this account for program integrity activities, including continuing disability reviews, SSI non-disability redeterminations of eligibility and overpayment workloads. The Committee bill does not include such an earmark.

The Committee recommendation supports an increase of more than 3.7 percent over the comparable fiscal year 2004 level for the

administrative expenses of the Social Security Administration. However, due to budget constraints, the Committee recommendation does not provide the full budget request for SSA's administrative expenses. The substantial investment in SSA is recommended to continue addressing the significant challenges the agency faces in improving the disability claims process and eliminating the backlog in this workload; efficiently processing increasing claims volumes, including special workloads; enhancing service quality, options and program stewardship; and investing in staff. The Committee commends SSA for its continued progress related to increasing agency productivity and addressing these challenges, even though available resources have been less than amounts requested by the Commissioner.

The Committee continues to encourage SSA officials to educate adjudicators at all levels about the functional impact of CFS and the application of the April 1999 CFS ruling (99-2p) to ensure that adjudicators remain up-to-date on the evaluation of disability imposed by this condition. The Committee encourages SSA to continue examining obstacles to benefits for persons with CFS, to assess the impact of the ruling on disabled CFS patients' access to benefits, and to keep medical information updated throughout all levels of the application and review process.

Social Security Advisory Board

The Committee has included not less than \$2,000,000 within the limitation on administrative expenses account for the Social Security Advisory Board for fiscal year 2005.

User Fees

In addition to other amounts provided, the Committee recommends \$124,000,000 for administrative activities funded from user fees that were authorized in fiscal year 1998.

OFFICE OF THE INSPECTOR GENERAL

| | |
|--------------------------------|--------------|
| Appropriations, 2004 | \$87,679,000 |
| Budget estimate, 2005 | 92,000,000 |
| Committee recommendation | 92,000,000 |

The Committee recommends \$92,000,000 for activities for the Office of the Inspector General. The comparable fiscal year 2004 funding level is \$87,679,000 and the budget request includes \$92,000,000 for this office. This includes a general fund appropriation of \$26,000,000 together with an obligation limitation of \$66,000,000 from the Federal old-age and survivors insurance trust fund and the Federal disability insurance trust fund.

The Committee continues to be very concerned with the many challenges to protecting the privacy of individuals' Social Security Numbers [SSNs]. The number of complaints of identity theft and other abuses due to the inappropriate sale or misuse of SSNs has risen dramatically. The Committee encourages the SSA IG to expand its efforts to stop the inappropriate sale and misuse of SSNs.

U.S. INSTITUTE OF PEACE

| | |
|--------------------------------|--------------|
| Appropriations, 2004 | \$27,099,000 |
| Budget estimate, 2005 | 22,099,000 |
| Committee recommendation | 22,099,000 |

The Committee recommends \$22,099,000 for fiscal year 2005 for the U.S. Institute of Peace. The comparable funding level for fiscal year 2004 is \$27,099,000 which includes a one-time appropriation of \$10,000,000 for programs in Iraq and Afghanistan. The budget request includes \$22,099,000 for this program.

The Institute was established by the U.S. Institute of Peace Act (Public Law 98-525) in 1984. The Institute is an independent, non-profit, national organization whose primary mission is to promote, through scholarship and education, international peace, and the resolution of conflicts without recourse to violence.

TITLE V—GENERAL PROVISIONS

The Committee recommendation retains provisions which: authorize transfers of unexpended balances (sec. 501); limit funding to 1 year availability unless otherwise specified (sec. 502); limit lobbying and related activities (sec. 503); limit official representation expenses (sec. 504); prohibit funding of any program to carry out distribution of sterile needles for the hypodermic injection of any illegal drug (sec. 505); state the sense of Congress about purchase of American-made equipment and products (sec. 506); clarify Federal funding as a component of State and local grant funds (sec. 507); limit use of funds for abortion (sec. 508 and sec. 509); restrict human embryo research (sec. 510); limit the use of funds for promotion of legalization of controlled substances included last year (sec. 511); limits use of funds to enter into or review contracts with entities subject to the requirement in section 4212(d) of title 38, United States Code, if the report required by that section has not been submitted (sec. 512); prohibits the use of funds to promulgate regulations regarding the individual health identifier (sec. 513); prohibits transfer of funds made available in this Act to any department, agency, or instrumentality of the U.S. Government, except as otherwise provided by this or any other Act (sec. 514); prohibits funds for the Railroad Retirement Board from being used for a non-governmental disbursing agent (sec. 515); relates to the Native Americans status of Native Hawaiians (sec. 516); and allows Southcentral Foundation in Anchorage, Alaska to sell an outdated Head Start facility and use the proceeds to acquire a new, updated facility that would better serve its children (sec. 517).

BUDGETARY IMPACT OF BILL

PREPARED IN CONSULTATION WITH THE CONGRESSIONAL BUDGET OFFICE PURSUANT TO SEC.
308(a), PUBLIC LAW 93-344, AS AMENDED

[In millions of dollars]

| | Budget authority | | Outlays | |
|--|----------------------|----------------|----------------------|----------------------|
| | Committee allocation | Amount of bill | Committee allocation | Amount of bill |
| Comparison of amounts in the bill with Committee allocations to its subcommittees of amounts in the Budget Resolution for 2005: Subcommittee on Labor-HHS-Education. | | | | |
| Discretionary | 142,317 | 142,317 | 140,936 | ¹ 138,896 |
| Mandatory | 342,503 | 342,503 | 342,402 | ¹ 342,402 |
| Projection of outlays associated with the recommendation: | | | | |
| 2005 | | | | ² 311,741 |
| 2006 | | | | 62,532 |
| 2007 | | | | 16,245 |
| 2008 | | | | 3,918 |
| 2009 and future years | | | | 607 |
| Financial assistance to State and local governments for 2005 | NA | 187,415 | NA | 147,761 |

¹ Includes outlays from prior-year budget authority.

² Excludes outlays from prior-year budget authority.

NA: Not applicable.

COMPLIANCE WITH PARAGRAPH 7, RULE XVI, OF THE STANDING RULES OF THE SENATE

Paragraph 7 of rule XVI requires that Committee report on general appropriations bills identify each Committee amendment to the House bill “which proposes an item of appropriation which is not made to carry out the provisions of an existing law, a treaty stipulation, or an act or resolution previously passed by the Senate during that session.”

The following items are identified pursuant to this requirement: Workforce Investment Act, \$5,252,662,000; Title VII and Title VIII of the Public Health Services Act, \$466,080,000; National Cord Blood Stem Cell Bank Program, \$9,941,000; Universal Newborn Hearing Screening, \$9,872,000; Organ Transplantation, \$24,632,000; Rural Hospital Flexibility Grants, \$39,499,000; Denali Commission, \$41,794,000; Family Planning, \$308,283,000; State Offices of Rural Health, \$8,390,000; Rural and Community Access to Emergency Devices, \$10,933,000; Trauma/EMS, \$4,000,000; Infectious Diseases, \$1,688,594,000; Health Promotion, \$864,195,000; Health Information and Services, \$235,657,000; Environmental Health and Injury, \$290,126,000; Occupational Safety and Health, \$294,587,000; Global Health, \$305,239,000; Public Health Research, \$35,000,000; Public Health Improvement and Leadership, \$261,858,000; Preventive Health and Health Services Block Grant, \$131,814,000; CDC Business Services, \$282,226,000; Title V of the Public Health Services Act, \$3,356,426,000; Adolescent Family Life, \$37,500,000; Office of Minority Health, \$53,351,000; Office of Disease Prevention and Health Promotion, \$7,698,000; Child Care and Development Block Grant, \$2,099,729,000; Head Start, \$6,935,452,000; Native American Programs, \$45,157,000; Refugee and Entrant Assistance Programs, \$477,239,000; Community Serv-

ices \$727,650,000; Alzheimer's Disease Demonstration Grants to States, \$11,883,000; Volunteers in Service to America, \$96,428,000; Special Volunteer Programs, \$5,000,000; National Senior Volunteer Corps, \$216,684,000; High School Equivalency program, \$18,888,000; College assistance migrant program, \$15,657,000; Credit enhancement for charter school facilities, \$32,279,000; State grants for incarcerated youth offenders, \$28,000,000; Rehabilitation Services and Disability Research, except Title III of the Assistive Technology Program, \$3,071,833,000; National Technical Institute for the Deaf, \$55,790,000; Gallaudet University, \$105,400,000; Vocational Education, \$1,326,992,000; Adult Education, \$590,127,000; Higher Education, \$2,148,458,000.

COMPLIANCE WITH PARAGRAPH 7(C), RULE XXVI OF THE
STANDING RULES OF THE SENATE

Pursuant to paragraph 7(c) of rule XXVI, on September 15, 2004, the Committee ordered reported en bloc S. 2809, an original bill making appropriations for Departments of Commerce, Justice, and State, the Judiciary, and related agencies for the fiscal year ending September 30, 2005, an original bill making appropriations for the Foreign Operations, Export Financing, and related programs for the fiscal year ending September 30, 2005; and S. 2810, an original bill making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2005, each subject to amendment and each subject to the budget allocations, by a recorded vote of 29-0, a quorum being present. The vote was as follows:

| Yeas | Nays |
|------------------|------|
| Chairman Stevens | |
| Mr. Cochran | |
| Mr. Specter | |
| Mr. Domenici | |
| Mr. Bond | |
| Mr. McConnell | |
| Mr. Burns | |
| Mr. Shelby | |
| Mr. Gregg | |
| Mr. Bennett | |
| Mr. Campbell | |
| Mr. Craig | |
| Mrs. Hutchison | |
| Mr. DeWine | |
| Mr. Brownback | |
| Mr. Byrd | |
| Mr. Inouye | |
| Mr. Hollings | |
| Mr. Leahy | |
| Mr. Harkin | |
| Ms. Mikulski | |
| Mr. Reid | |
| Mr. Kohl | |
| Mrs. Murray | |
| Mr. Dorgan | |

Mrs. Feinstein
Mr. Durbin
Mr. Johnson
Ms. Landrieu

COMPLIANCE WITH PARAGRAPH 12, RULE XXVI OF THE
STANDING RULES OF THE SENATE

Paragraph 12 of rule XXVI requires that Committee reports on a bill or a joint resolution repealing or amending any statute include "(a) the text of the statute or part thereof which is proposed to be repealed; and (b) a comparative print of that part of the bill or joint resolution making the amendment and of the statute or part thereof proposed to be amended, showing by stricken through type and italics, parallel columns, or other appropriate typographical devices the omissions and insertions which would be made by the bill or joint resolution if enacted in the form recommended by the committee."

With respect to this bill, it is the opinion of the Committee that it is necessary to dispense with these requirements in order to expedite the business of the Senate.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2004 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2005
[In thousands of dollars]

| Item | 2004 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or -) | |
|--|-----------------|-----------------|--------------------------|--|-----------------|
| | | | | 2004 comparable | Budget estimate |
| TITLE I | | | | | |
| DEPARTMENT OF LABOR | | | | | |
| EMPLOYMENT AND TRAINING ADMINISTRATION | | | | | |
| TRAINING AND EMPLOYMENT SERVICES | | | | | |
| Grants to States: | | | | | |
| Adult Training, current year | 186,107 | 187,153 | 186,107 | | -1,046 |
| Advance from prior year | (707,799) | (712,000) | (712,000) | (+ 4,201) | |
| Fiscal year 2006 | 712,000 | 712,000 | 712,000 | | |
| Adult Training | 898,107 | 899,153 | 898,107 | | -1,046 |
| Youth Training | 994,242 | 1,000,025 | 994,242 | | -5,783 |
| Dislocated Worker Assistance, current year | 328,924 | 250,367 | 348,048 | + 19,124 | + 97,681 |
| Advance from prior year | (842,997) | (848,000) | (848,000) | (+ 5,003) | |
| Fiscal year 2006 | 848,000 | 848,000 | 848,000 | | |
| Dislocated Worker Assistance | 1,176,924 | 1,098,367 | 1,196,048 | + 19,124 | + 97,681 |
| Federally Administered Programs: | | | | | |
| Dislocated Worker Assistance National Reserve: | | | | | |
| Current year | 64,227 | 71,371 | 71,371 | + 7,144 | |
| Advance from prior year | (210,749) | (212,000) | (212,000) | (+ 1,251) | |
| Fiscal year 2006 | 212,000 | 212,000 | 212,000 | | |
| Dislocated Worker Assistance Nat'l Reserve | 276,227 | 283,371 | 283,371 | + 7,144 | |
| Total, Dislocated Worker Assistance | 1,453,151 | 1,381,738 | 1,479,419 | + 26,268 | + 97,681 |
| Native Americans | 54,675 | 55,000 | 55,000 | + 325 | |
| Migrant and Seasonal Farmworkers | 76,370 | 76,370 | 76,370 | | + 76,370 |

| | | | | | | | | |
|--|-------------|-------------|-------------|-------------|-------------|--|--|------------|
| Job Corps: | | | | | | | | |
| Operations | 820,114 | 859,966 | 859,966 | 859,966 | + 39,852 | | | |
| Advance from prior year | (587,513) | (591,000) | (591,000) | (591,000) | (+ 3,487) | | | |
| Fiscal year 2006 | 591,000 | 591,000 | 591,000 | 591,000 | | | | + 20,000 |
| Construction and Renovation | 30,038 | 6,321 | 6,321 | 26,321 | - 3,717 | | | |
| Advance from prior year | (99,410) | (100,000) | (100,000) | (100,000) | (+ 590) | | | |
| Fiscal year 2006 | 100,000 | 100,000 | 100,000 | 100,000 | | | | |
| Subtotal, Job Corps, program level | 1,541,152 | 1,557,287 | 1,557,287 | 1,577,287 | + 36,135 | | | + 20,000 |
| National Activities: | | | | | | | | |
| Pilots, Demonstrations and Research | 57,751 | 30,000 | 30,000 | 62,751 | + 5,000 | | | + 32,751 |
| Responsible Reintegration of Youthful Offender | 49,705 | 50,000 | 50,000 | 50,000 | + 295 | | | |
| Evaluation | 8,986 | 8,000 | 8,000 | 8,000 | - 986 | | | |
| Prisoner Re-entry | | 40,000 | 40,000 | 40,000 | + 40,000 | | | |
| Community College initiative | | 250,000 | 250,000 | 125,000 | + 125,000 | | | - 125,000 |
| Program level (NA) | | (250,000) | (250,000) | (250,000) | (+ 250,000) | | | |
| Personal reemployment accounts | | 50,000 | 50,000 | | | | | - 50,000 |
| Denial Commission | 4,970 | | | 8,000 | + 3,030 | | | + 8,000 |
| Other | 3,486 | 2,000 | 2,000 | 3,486 | | | | + 1,486 |
| Subtotal, National activities | 124,898 | 430,000 | 430,000 | 297,237 | + 172,339 | | | - 132,763 |
| Subtotal, Federal activities | 2,073,322 | 2,325,658 | 2,289,265 | 2,289,265 | + 215,943 | | | - 36,393 |
| Current Year | 1,170,322 | 1,422,658 | 1,386,265 | 1,386,265 | + 215,943 | | | - 36,393 |
| Fiscal year 2006 | 903,000 | 903,000 | 903,000 | 903,000 | | | | |
| Total, Workforce Investment Act | 5,142,595 | 5,323,203 | 5,323,203 | 5,377,662 | + 235,067 | | | + 54,459 |
| Current Year | 2,679,595 | 2,860,203 | 2,860,203 | 2,914,662 | + 235,067 | | | + 54,459 |
| Fiscal year 2006 | 2,463,000 | 2,463,000 | 2,463,000 | 2,463,000 | | | | |
| Subtotal, National activities, TES | 124,898 | 430,000 | 430,000 | 297,237 | + 172,339 | | | - 132,763 |
| Total, Training and Employment Services | 5,142,595 | 5,323,203 | 5,323,203 | 5,377,662 | + 235,067 | | | + 54,459 |
| Current Year | (2,679,595) | (2,860,203) | (2,860,203) | (2,914,662) | (+ 235,067) | | | (+ 54,459) |
| Fiscal year 2006 | (2,463,000) | (2,463,000) | (2,463,000) | (2,463,000) | | | | |
| COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS | 438,650 | 440,200 | 440,200 | 440,200 | + 1,550 | | | |
| FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES | 1,338,200 | 1,057,300 | 1,057,300 | 1,057,300 | - 280,900 | | | |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2004 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2005—Continued
 [In thousands of dollars]

| Item | 2004 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or -) | |
|---|-----------------|-----------------|--------------------------|--|-----------------|
| | | | | 2004 comparable | Budget estimate |
| STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS | | | | | |
| Unemployment Compensation: | | | | | |
| State Operations | 2,608,653 | 2,700,714 | 2,654,714 | + 46,061 | - 46,000 |
| National Activities | 9,876 | 10,500 | 10,500 | + 624 | ..... |
| Subtotal, Unemployment Compensation | 2,618,529 | 2,711,214 | 2,665,214 | + 46,685 | - 46,000 |
| Employment Service: | | | | | |
| Allotments to States: | | | | | |
| Federal Funds | 23,163 | 23,300 | 23,163 | ..... | - 137 |
| Trust Funds | 763,724 | 672,700 | 763,724 | ..... | + 91,024 |
| Subtotal | 786,887 | 696,000 | 786,887 | ..... | + 90,887 |
| ES National Activities | 63,971 | 67,000 | 65,500 | + 1,529 | - 1,500 |
| Subtotal, Employment Service | 850,858 | 763,000 | 852,387 | + 1,529 | + 89,387 |
| Federal Funds | 23,163 | 23,300 | 23,163 | ..... | - 137 |
| Trust Funds | 827,695 | 739,700 | 829,224 | + 1,529 | + 89,524 |
| One-Stop Career Centers/Labor Market Information | 98,764 | 99,350 | 98,764 | ..... | - 586 |
| Work Incentives Grants | 19,753 | 19,870 | 19,870 | + 117 | ..... |
| Total, State Unemployment & Employment Svcs | 3,587,904 | 3,593,434 | 3,636,235 | + 48,331 | + 42,801 |
| Federal Funds | 141,680 | 142,520 | 141,797 | + 117 | - 723 |
| Trust Funds | 3,446,224 | 3,450,914 | 3,494,438 | + 48,214 | + 43,524 |
| Subtotal | 467,000 | 517,000 | 517,000 | + 50,000 | ..... |
| ADVANCES TO THE UI AND OTHER TRUST FUNDS ¹ | | | | | |
| PROGRAM ADMINISTRATION | | | | | |
| Adult Employment and Training | 38,382 | 39,380 | 39,187 | + 805 | - 193 |
| Trust Funds | 6,814 | 6,980 | 6,957 | + 143 | - 23 |
| Youth Employment and Training | 39,009 | 40,133 | 39,947 | + 938 | - 186 |

| | | | | | |
|---|-------------|-------------|-------------|-----------|------------|
| Employment Security | 5,948 | 6,146 | 6,094 | + 146 | - 52 |
| Trust Funds | 48,624 | 55,722 | 51,000 | + 2,376 | - 4,722 |
| Apprenticeship Services | 20,760 | 21,405 | 21,306 | + 546 | - 99 |
| Executive Direction | 8,400 | 8,718 | 8,568 | + 168 | - 150 |
| Trust Funds | 2,041 | 2,158 | 2,082 | + 41 | - 76 |
| Welfare to Work | 2,371 | 376 | 2,474 | + 103 | + 2,098 |
| Total, Program Administration | 172,349 | 181,018 | 177,615 | + 5,266 | - 3,403 |
| Federal Funds | 114,870 | 116,158 | 117,576 | + 2,706 | + 1,418 |
| Trust Funds | 57,479 | 64,860 | 60,039 | + 2,560 | - 4,821 |
| Total, Employment and Training Administration | 11,146,698 | 11,112,155 | 11,206,012 | + 59,314 | + 93,857 |
| Federal Funds | 7,642,995 | 7,596,381 | 7,651,535 | + 8,540 | + 55,154 |
| Current Year | (5,179,995) | (5,133,381) | (5,188,535) | (+ 8,540) | (+ 55,154) |
| Fiscal year 2006 | (2,463,000) | (2,463,000) | (2,463,000) | | |
| Trust Funds | 3,503,703 | 3,515,774 | 3,554,477 | + 50,774 | + 38,703 |
| EMPLOYEE BENEFITS SECURITY ADMINISTRATION | | | | | |
| Enforcement and Participant Assistance | 102,730 | 110,330 | 110,330 | + 7,600 | |
| Policy and Compliance Assistance | 16,907 | 17,497 | 17,497 | + 590 | |
| Program Oversight and Administration | 4,403 | 4,518 | 4,518 | + 115 | |
| Total, EBSA | 124,040 | 132,345 | 132,345 | + 8,305 | |
| PENSION BENEFIT GUARANTY CORPORATION | | | | | |
| Pension insurance activities | (17,821) | (12,211) | (12,211) | (- 5,610) | |
| Pension plan termination | (170,504) | (169,739) | (169,739) | (- 765) | |
| Operational support | (83,547) | (84,380) | (84,380) | (+ 833) | |
| Program Adm. subject to limitation (TF) | | | | | |
| Termination services not subject to limitation (NA) | | | | | |
| Total, PBGC | (271,872) | (266,330) | (266,330) | (- 5,542) | |
| Total, PBGC (Program level) | | | | | |
| EMPLOYMENT STANDARDS ADMINISTRATION | | | | | |
| SALARIES AND EXPENSES | | | | | |
| Enforcement of Wage and Hour Standards | 160,096 | 165,933 | 165,933 | + 5,837 | |
| Office of Labor-Management Standards | 38,580 | 43,545 | 40,646 | + 2,066 | - 2,899 |
| Federal Contractor EEO Standards Enforcement | 79,442 | 82,078 | 82,078 | + 2,636 | |
| Federal Programs for Workers' Compensation | 96,754 | 99,528 | 99,528 | + 2,774 | |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2004 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2005—Continued

(In thousands of dollars)

| Item | 2004 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or -) | |
|---|-----------------|-----------------|--------------------------|--|-----------------|
| | | | | 2004 comparable | Budget estimate |
| Trust Funds | 2,021 | 2,058 | 2,058 | + 37 | ..... |
| Program Direction and Support | 15,123 | 16,152 | 15,627 | + 504 | - 525 |
| Total, ESA salaries and expenses | 392,016 | 409,294 | 405,870 | + 13,854 | - 3,424 |
| Federal Funds | 389,995 | 407,236 | 403,812 | + 13,817 | - 3,424 |
| Trust Funds | 2,021 | 2,058 | 2,058 | + 37 | ..... |
| SPECIAL BENEFITS | | | | | |
| Federal employees compensation benefits | 160,000 | 230,000 | 230,000 | + 70,000 | ..... |
| Longshore and harbor workers' benefits | 3,000 | 3,000 | 3,000 | ..... | ..... |
| Total, Special Benefits | 163,000 | 233,000 | 233,000 | + 70,000 | ..... |
| SPECIAL BENEFITS FOR DISABLED COAL MINERS | | | | | |
| Benefit payments | 390,848 | 358,806 | 358,806 | - 32,042 | ..... |
| Administration | 6,143 | 5,194 | 5,194 | - 949 | ..... |
| Subtotal, Black Lung, fiscal year 2005 program level | 396,991 | 364,000 | 364,000 | - 32,991 | ..... |
| Less funds advanced in prior year | -97,000 | -88,000 | -88,000 | + 9,000 | ..... |
| Total, Black Lung, current request, fiscal year 2005 | 299,991 | 276,000 | 276,000 | - 23,991 | ..... |
| New advances, 1st quarter fiscal year 2006 | 88,000 | 81,000 | 81,000 | - 7,000 | ..... |
| Total, Special Benefits for Disabled Coal Miners | 387,991 | 357,000 | 357,000 | - 30,991 | ..... |
| ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND | | | | | |
| Program Benefits | (221,000) | (221,000) | (221,000) | ..... | ..... |
| Administrative Expenses | 51,651 | 40,821 | 40,821 | - 10,830 | ..... |
| Total, Energy Emp Occupational Illness Comp Fund | 51,651 | 40,821 | 40,821 | - 10,830 | ..... |

| BLACK LUNG DISABILITY TRUST FUND | | | | | | |
|--|-------------|-------------|-------------|-------------|------------|-----------|
| Benefit payments and interest on advances | 998,901 | 1,001,951 | 1,001,951 | 1,001,951 | + 3,050 | ..... |
| Employment Standards Adm. S&E | 32,004 | 32,646 | 32,646 | 32,646 | + 642 | ..... |
| Departmental Management S&E | 23,401 | 23,705 | 23,705 | 23,705 | + 304 | ..... |
| Departmental Management, Inspector General | 338 | 342 | 342 | 342 | + 4 | ..... |
| Subtotal, Black Lung Disability | 1,054,644 | 1,058,644 | 1,058,644 | 1,058,644 | + 4,000 | ..... |
| Treasury Adm. Costs | 356 | 356 | 356 | 356 | ..... | ..... |
| Total, Black Lung Disability Trust Fund | 1,055,000 | 1,059,000 | 1,059,000 | 1,059,000 | + 4,000 | ..... |
| Total, Employment Standards Administration | 2,049,658 | 2,099,115 | 2,095,691 | 2,095,691 | + 46,033 | - 3,424 |
| Federal Funds | 2,047,637 | 2,097,057 | 2,093,633 | 2,093,633 | + 45,996 | - 3,424 |
| Current year | (1,959,637) | (2,016,057) | (2,012,633) | (2,012,633) | (+ 52,996) | (- 3,424) |
| Fiscal year 2006 | (88,000) | (81,000) | (81,000) | (81,000) | (- 7,000) | ..... |
| Trust Funds | 2,021 | 2,058 | 2,058 | 2,058 | + 37 | ..... |
| OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION | | | | | | |
| SALARIES AND EXPENSES | | | | | | |
| Safety and Health Standards | 15,920 | 16,132 | 16,668 | 16,668 | + 748 | + 536 |
| Federal Enforcement | 166,015 | 171,020 | 171,020 | 171,020 | + 5,005 | ..... |
| State Programs | 91,959 | 91,747 | 91,747 | 91,747 | - 212 | ..... |
| Technical Support | 21,593 | 20,909 | 20,909 | 20,909 | - 684 | ..... |
| Compliance Assistance: | | | | | | |
| Federal Assistance | 67,049 | 71,430 | 71,430 | 71,430 | + 4,381 | ..... |
| State Consultation Grants | 52,211 | 53,792 | 53,792 | 53,792 | + 1,581 | ..... |
| Training Grants | 10,510 | 4,000 | 10,510 | 10,510 | ..... | + 6,510 |
| Subtotal, Compliance Assistance | 129,770 | 129,222 | 135,732 | 135,732 | + 5,962 | + 6,510 |
| Safety and Health Statistics | 22,237 | 22,382 | 22,382 | 22,382 | + 145 | ..... |
| Executive Direction and Administration | 10,047 | 10,187 | 10,187 | 10,187 | + 140 | ..... |
| Total, OSHA | 457,541 | 461,599 | 468,645 | 468,645 | + 11,104 | + 7,046 |
| MINE SAFETY AND HEALTH ADMINISTRATION | | | | | | |
| SALARIES AND EXPENSES | | | | | | |
| Coal Enforcement | 115,339 | 114,889 | 117,769 | 117,769 | + 2,430 | + 2,880 |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2004 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2005—Continued

(In thousands of dollars)

| Item | 2004 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or -) | |
|---|-----------------|-----------------|--------------------------|--|-----------------|
| | | | | 2004 comparable | Budget estimate |
| Metal/Non-Metal Enforcement | 65,985 | 66,782 | 67,798 | + 1,813 | + 1,016 |
| Standards Development | 2,326 | 2,333 | 2,372 | + 46 | + 39 |
| Assessments | 4,170 | 5,280 | 5,280 | + 1,110 | ..... |
| Educational Policy and Development | 30,356 | 31,507 | 31,507 | + 1,151 | ..... |
| Technical Support | 24,545 | 25,064 | 25,564 | + 1,019 | + 500 |
| Program evaluation and information resources (PEIR) | 13,963 | 17,666 | 17,666 | + 3,703 | ..... |
| Program Administration | 12,173 | 12,046 | 12,046 | - 127 | ..... |
| Total, Mine Safety and Health Administration | 268,857 | 275,567 | 280,002 | + 11,145 | + 4,435 |
| BUREAU OF LABOR STATISTICS | | | | | |
| SALARIES AND EXPENSES | | | | | |
| Employment and Unemployment Statistics | 160,431 | 164,026 | 164,026 | + 3,595 | ..... |
| Labor Market Information (Trust Funds) | 74,667 | 78,473 | 78,473 | + 3,806 | ..... |
| Prices and Cost of Living | 166,344 | 170,736 | 170,736 | + 4,392 | ..... |
| Compensation and Working Conditions | 77,614 | 79,827 | 79,827 | + 2,213 | ..... |
| Productivity and Technology | 10,294 | 10,588 | 10,588 | + 294 | ..... |
| Executive Direction and Staff Services | 29,146 | 29,868 | 29,868 | + 722 | ..... |
| Total, Bureau of Labor Statistics | 518,496 | 533,518 | 533,518 | + 15,022 | ..... |
| Federal Funds | 443,829 | 455,045 | 455,045 | + 11,216 | ..... |
| Trust Funds | 74,667 | 78,473 | 78,473 | + 3,806 | ..... |
| OFFICE OF DISABILITY EMPLOYMENT POLICY | | | | | |
| Office of Disability Employment Policy | 47,024 | 47,555 | 47,555 | + 531 | ..... |
| DEPARTMENTAL MANAGEMENT | | | | | |
| SALARIES AND EXPENSES | | | | | |
| Executive Direction | 27,084 | 33,206 | 27,084 | ..... | - 6,122 |
| Departmental IT Crosscut | 48,219 | 33,565 | 33,565 | - 14,654 | ..... |

| | | | | | |
|--|---------|---------|---------|----------|----------|
| Departmental Management Crosscut | 4,965 | 10,100 | 4,965 | ..... | - 5,135 |
| Legal Services | 80,412 | 84,007 | 84,007 | + 3,595 | ..... |
| Trust Funds | 314 | 322 | 322 | + 8 | ..... |
| International Labor Affairs | 109,862 | 30,545 | 110,500 | + 638 | + 79,955 |
| Administration and Management | 33,153 | 32,675 | 33,859 | + 706 | + 1,184 |
| Frances Perkins building security enhancements ..... | ..... | 15,000 | 15,000 | + 15,000 | ..... |
| Adjudication | 25,872 | 26,683 | 26,683 | + 811 | ..... |
| Women's Bureau | 9,201 | 9,554 | 9,554 | + 353 | ..... |
| Civil Rights Activities | 6,114 | 6,287 | 6,287 | + 173 | ..... |
| Chief Financial Officer | 5,123 | 5,224 | 5,224 | + 101 | ..... |
| Total, Salaries and expenses | 350,319 | 287,168 | 357,050 | + 6,731 | + 69,882 |
| Federal Funds | 350,005 | 286,846 | 356,728 | + 6,723 | + 69,882 |
| Trust Funds | 314 | 322 | 322 | + 8 | ..... |
| VETERANS EMPLOYMENT AND TRAINING | | | | | |
| State administration, Grants | 161,408 | 162,415 | 162,415 | + 1,007 | ..... |
| Federal Administration | 28,857 | 29,683 | 29,683 | + 826 | ..... |
| National Veterans Training Institute | 1,988 | 2,000 | 2,000 | + 12 | ..... |
| Homeless Veterans Program | 18,888 | 19,000 | 23,000 | + 4,112 | + 4,000 |
| Veterans Workforce Investment Programs | 7,505 | 7,550 | 9,683 | + 2,178 | + 2,133 |
| Total, Veterans Employment and Training | 218,646 | 220,648 | 226,781 | + 8,135 | + 6,133 |
| Federal Funds | 26,393 | 26,550 | 32,683 | + 6,290 | + 6,133 |
| Trust Funds | 192,253 | 194,098 | 194,098 | + 1,845 | ..... |
| OFFICE OF THE INSPECTOR GENERAL | | | | | |
| Program Activities | 59,643 | 64,029 | 64,029 | + 4,386 | ..... |
| Trust Funds | 5,696 | 5,561 | 5,561 | - 135 | ..... |
| Total, Office of the Inspector General | 65,339 | 69,590 | 69,590 | + 4,251 | ..... |
| Federal funds | 59,643 | 64,029 | 64,029 | + 4,386 | ..... |
| Trust funds | 5,696 | 5,561 | 5,561 | - 135 | ..... |
| Total, Departmental Management | 634,304 | 577,406 | 653,421 | + 19,117 | + 76,015 |
| Federal Funds | 436,041 | 377,425 | 453,440 | + 17,399 | ..... |
| Trust Funds | 198,263 | 199,981 | 199,981 | + 1,718 | ..... |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2004 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2005—Continued
 [In thousands of dollars]

| Item | 2004 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or -) | |
|---|-----------------|-----------------|--------------------------|--|-----------------|
| | | | | 2004 comparable | Budget estimate |
| WORKING CAPITAL FUND | | | | | |
| Working capital fund | 13,768 | 25,000 | 15,000 | + 1,232 | - 10,000 |
| Total, Title I, Department of Labor | 15,260,386 | 15,264,260 | 15,432,189 | + 171,803 | + 167,929 |
| Federal Funds | 11,481,732 | 11,467,974 | 11,597,200 | + 115,468 | + 129,226 |
| Current Year | (8,930,732) | (8,923,974) | (9,053,200) | (+ 122,468) | (+ 129,226) |
| Fiscal year 2006 | (2,551,000) | (2,544,000) | (2,544,000) | (- 7,000) | ..... |
| Trust Funds | 3,778,654 | 3,796,286 | 3,834,989 | + 56,335 | + 38,703 |
| TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES | | | | | |
| HEALTH RESOURCES AND SERVICES ADMINISTRATION | | | | | |
| HEALTH RESOURCES AND SERVICES | | | | | |
| Bureau of Primary Health Care | | | | | |
| Community health centers | 1,617,381 | 1,835,925 | 1,867,381 | + 250,000 | + 31,456 |
| Free Clinics Medical Malpractice | 4,821 | 4,821 | 4,821 | ..... | ..... |
| Radiation Exposure Compensation Act | 1,974 | 1,974 | 1,974 | ..... | ..... |
| Community Access Program | 83,674 | 9,998 | 88,674 | + 5,000 | + 78,676 |
| Hansen's Disease Services | 17,413 | 17,413 | 17,413 | ..... | ..... |
| Buildings and Facilities | 249 | 249 | 249 | ..... | ..... |
| Payment to Hawaii, treatment of Hansen's | 2,033 | 2,033 | 2,033 | ..... | ..... |
| Black lung clinics | 5,963 | 5,963 | 6,000 | + 37 | + 37 |
| Subtotal, Bureau of Primary Health Care | 1,733,508 | 1,878,376 | 1,988,545 | + 255,037 | + 110,169 |
| Bureau of Health Professions | | | | | |
| National Health Service Corps: | | | | | |
| Field placements | 45,506 | 45,735 | 45,735 | + 229 | ..... |
| Recruitment | 124,397 | 159,132 | 127,397 | + 3,000 | - 31,735 |

| | | | | | |
|---|----------|----------|----------|----------|-----------|
| Subtotal, National Health Service Corps | 169,903 | 204,867 | 173,132 | + 3,229 | - 31,735 |
| Health Professions: | | | | | |
| Training for Diversity: | | | | | |
| Centers of excellence | 33,882 | | 33,882 | | + 33,882 |
| Health careers opportunity program | 35,935 | | 35,935 | | + 35,935 |
| Faculty loan repayment | 1,313 | | 1,313 | | + 1,313 |
| Scholarships for disadvantaged students | 47,510 | 9,897 | 47,510 | | + 37,613 |
| Subtotal, Training for Diversity | 118,640 | 9,897 | 118,640 | | + 108,743 |
| Training in Primary Care Medicine and Dentistry | 81,742 | | 90,742 | + 9,000 | + 90,742 |
| Interdisciplinary Community-Based Linkages: | | | | | |
| Area health education centers | 29,206 | | 29,206 | | + 29,206 |
| Health education and training centers | 3,851 | | 3,851 | | + 3,851 |
| Allied health and other disciplines | 11,849 | | 11,849 | | + 11,849 |
| Geriatric programs | 31,805 | | 31,805 | | + 31,805 |
| Quantin N. Bordick pgm for rural training | 6,126 | | 6,126 | | + 6,126 |
| Subtotal, Interdisciplinary Comm. Linkages | 82,837 | | 82,837 | | + 82,837 |
| Health Professions Workforce Info & Analysis | 722 | 999 | 999 | + 277 | |
| Public Health Workforce Development: | | | | | |
| Public health, preventive med. & dental pgms | 9,170 | | 9,170 | | + 9,170 |
| Health administration programs | 1,079 | | 1,079 | | + 1,079 |
| Subtotal, Public Health Workforce Development | 10,249 | | 10,249 | | + 10,249 |
| Nursing Programs: | | | | | |
| Advanced Education Nursing | 58,636 | 43,637 | 58,636 | | + 14,999 |
| Nurse education, practice, and retention | 31,768 | 41,765 | 41,765 | + 9,997 | |
| Nursing workforce diversity | 16,402 | 21,399 | 21,399 | + 4,997 | |
| Loan repayment and scholarship program | 26,736 | 31,738 | 31,742 | + 5,006 | + 4 |
| Nursing faculty loan program | 4,870 | 4,870 | 4,870 | | |
| Comprehensive geriatric education | 3,478 | 3,478 | 3,478 | | |
| Subtotal, Nursing programs | 141,890 | 146,887 | 161,890 | + 20,000 | + 15,003 |
| Subtotal, Health Professions | 436,080 | 157,783 | 465,357 | + 29,277 | + 307,574 |
| Children's Hospitals Graduate Medical Education | 303,170 | 303,258 | 303,258 | + 88 | |
| National Practitioner Data Bank | 16,000 | 15,700 | 15,700 | - 300 | |
| User Fees | - 16,000 | - 15,700 | - 15,700 | + 300 | |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2004 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2005—Continued

(In thousands of dollars)

| Item | 2004 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or -) | |
|--|-----------------|-----------------|--------------------------|--|-----------------|
| | | | | 2004 comparable | Budget estimate |
| Health Care Integrity and Protection Data Bank | 4,000 | 4,000 | 4,000 | | |
| User Fees | -4,000 | -4,000 | -4,000 | | |
| Total, Bureau of Health professions | 909,153 | 665,908 | 941,747 | +32,594 | +275,839 |
| Maternal and Child Health Bureau | | | | | |
| Maternal & Child Health Block Grant | 729,817 | 729,817 | 734,817 | +5,000 | +5,000 |
| Traumatic Brain Injury | 9,375 | 9,375 | 9,375 | | |
| Healthy Start | 97,751 | 97,751 | 105,000 | +7,249 | +7,249 |
| Universal Newborn Hearing | 9,872 | | 9,872 | | +9,872 |
| Emergency medical services for children | 19,860 | 19,860 | 20,360 | +500 | +500 |
| Poison control | 23,696 | 23,696 | 24,000 | +304 | +304 |
| Subtotal, Maternal and Child Health Bureau | 890,371 | 880,499 | 903,424 | +13,053 | +22,925 |
| HIV/AIDS Bureau | | | | | |
| Ryan White AIDS Programs: | | | | | |
| Emergency Assistance | 615,023 | 615,023 | 615,023 | | |
| Comprehensive Care Programs | 1,085,900 | 1,120,900 | 1,120,900 | +35,000 | |
| AIDS Drug Assistance Program (ADAP) (NA) | (748,872) | (783,872) | (783,872) | (+35,000) | |
| Early Intervention Program | 197,170 | 197,170 | 197,170 | | |
| Pediatric HIV/AIDS | 73,108 | 73,108 | 73,108 | | |
| Education and Training Centers | 35,335 | 35,335 | 35,335 | | |
| AIDS Dental Services | 13,325 | 13,325 | 13,325 | | |
| Subtotal, Ryan White AIDS programs | 2,019,861 | 2,054,861 | 2,054,861 | +35,000 | |
| Evaluation Tap Funding (NA) | (25,000) | (25,000) | (25,000) | | |
| Subtotal, Ryan White AIDS program level | 2,044,861 | 2,079,861 | 2,079,861 | +35,000 | |
| Emergency Drug assistance | 20,000 | | | -20,000 | |

| | | | | | |
|--|-------------|-------------|-------------|-------------|-------------|
| Telehealth | 3,949 | 3,949 | 5,000 | + 1,051 | + 1,051 |
| Subtotal, HIV/AIDS Bureau | 2,043,810 | 2,058,810 | 2,059,861 | + 16,051 | + 1,051 |
| Special Programs Bureau | | | | | |
| Organ Transplantation | 24,632 | 24,632 | 24,632 | | |
| Cord Blood Stem Cell Bank | 9,941 | 9,941 | 9,941 | | |
| Bone Marrow Program | 22,662 | 22,662 | 22,662 | | |
| Trauma Care | 3,449 | 4,000 | 4,000 | + 551 | + 4,000 |
| State Planning Grants for Health Care Access | 14,810 | 8,000 | 8,000 | - 6,810 | + 8,000 |
| Total, Special programs Bureau | 75,494 | 57,235 | 69,235 | - 6,259 | + 12,000 |
| Rural Health Programs | | | | | |
| Rural Health Research | 8,902 | 8,902 | 8,902 | | |
| Rural outreach grants | 39,601 | 11,098 | 39,601 | | + 28,503 |
| Rural and community access to emergency devices | 10,933 | 2,015 | 10,933 | | + 8,918 |
| Rural Hospital Flexibility Grants | 39,499 | 39,499 | 39,499 | | + 39,499 |
| State Offices of Rural Health | 8,390 | 8,390 | 8,390 | | |
| Rural EMS | 497 | | 997 | + 500 | + 997 |
| Denalt Commission | 34,793 | 22,000 | 41,794 | + 7,001 | + 19,794 |
| Subtotal, Rural Health programs | 142,615 | 52,405 | 150,116 | + 7,501 | + 97,711 |
| Family Planning | 278,283 | 278,283 | 308,283 | + 30,000 | + 30,000 |
| Health care-related facilities and activities | 371,536 | | 371,536 | | + 371,536 |
| Program Management | 148,533 | 151,317 | 148,533 | | - 2,784 |
| Total, Health resources and services | 6,593,303 | 6,022,833 | 6,941,280 | + 347,977 | + 918,447 |
| Total, Health resources & services program level | (6,618,303) | (6,047,833) | (6,966,280) | (+ 347,977) | (+ 918,447) |
| Evaluation tap funding | (25,000) | (25,000) | (25,000) | | |
| HEALTH EDUCATION ASSISTANCE LOANS (HEAL) PROGRAM: | | | | | |
| Liquidating account | (25,000) | (4,000) | (4,000) | (- 21,000) | |
| Program management | 3,353 | 3,270 | 3,270 | - 83 | |
| Total, HEAL | 3,353 | 3,270 | 3,270 | - 83 | |
| VACCINE INJURY COMPENSATION PROGRAM TRUST FUND: | | | | | |
| Post-fiscal year 1988 claims | 66,000 | 66,000 | 66,000 | | |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2004 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2005—Continued

[In thousands of dollars]

| Item | 2004 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or -) | |
|---|-----------------|-----------------|--------------------------|--|-----------------|
| | | | | 2004 comparable | Budget estimate |
| HRSA administration | 3,190 | 3,176 | 3,176 | -14 | ..... |
| Total, Vaccine Injury Compensation Trust Fund | 69,190 | 69,176 | 69,176 | -14 | ..... |
| Total, Health Resources and Services Admin | 6,665,846 | 6,095,279 | 7,013,726 | +347,880 | +918,447 |
| Total, HRSA program level | (6,715,846) | (6,124,279) | (7,042,726) | (+326,880) | (+918,447) |
| CENTERS FOR DISEASE CONTROL AND PREVENTION | | | | | |
| Infectious Disease | 1,641,600 | 1,643,599 | 1,675,800 | +34,200 | +32,201 |
| Evaluation Tap Funding (NA) | (12,794) | (12,794) | (12,794) | ..... | ..... |
| Subtotal, Program level | (1,654,394) | (1,656,393) | (1,688,594) | (+34,200) | (+32,201) |
| Health Promotion | 932,067 | 989,780 | 988,090 | +56,023 | -1,690 |
| Health Information & Service | 96,449 | 96,449 | 96,449 | ..... | ..... |
| Evaluation Tap Funding (NA) | (120,243) | (139,209) | (139,209) | (+18,966) | ..... |
| Subtotal, Program level | (216,692) | (235,658) | (235,658) | (+18,966) | ..... |
| Environmental Health & Injury | 282,926 | 282,926 | 290,126 | +7,200 | +7,200 |
| Occupational Safety & Health | 241,307 | 242,906 | 212,490 | -28,817 | -30,416 |
| Evaluation Tap Funding (NA) | (35,681) | (35,681) | (82,097) | (+46,416) | (+46,416) |
| Subtotal, Program level | 276,988 | 278,587 | 294,587 | +17,599 | +16,000 |
| Global Health | 279,944 | 304,444 | 305,239 | +25,295 | +795 |
| Public Health Research | 29,107 | ..... | ..... | -29,107 | ..... |
| Evaluation Tap Funding (NA) ..... | ..... | (15,000) | (35,000) | (+35,000) | (+20,000) |
| Subtotal, Program level | 29,107 | 15,000 | 35,000 | +5,893 | +20,000 |
| Public Health Improvement & Leadership | 220,224 | 188,074 | 261,858 | +41,634 | +73,784 |

| | (12,463) | (12,463) | (-12,463) | (-12,463) |
|---|-------------|-------------|-------------|------------|
| Evaluation Tap Funding (NA) | | | | |
| Subtotal, Program level | 232,687 | 200,537 | 261,858 | +61,321 |
| Preventive Health and Health Services Block Grant | 131,814 | 131,814 | 131,814 | |
| Buildings and Facilities | 260,454 | 81,500 | 294,500 | +34,046 |
| Business Services Support | 251,273 | 252,062 | 282,226 | +30,953 |
| Evaluation Tap Funding (NA) | (30,953) | (33,953) | | (-33,953) |
| Subtotal, Program level | 282,226 | 286,015 | 282,226 | -3,789 |
| Total, Centers for Disease Control | 4,367,165 | 4,213,554 | 4,538,592 | +171,427 |
| Evaluation Tap Funding (NA) | (212,134) | (249,100) | (269,100) | (+56,966) |
| Total, Centers for Disease Control program level | (4,579,299) | (4,462,654) | (4,807,692) | (+228,393) |
| NATIONAL INSTITUTES OF HEALTH | | | | |
| National Cancer Institute | 4,739,255 | 4,870,025 | 4,894,900 | +155,645 |
| National Heart, Lung, and Blood Institute | 2,878,691 | 2,963,953 | 2,985,900 | +107,209 |
| National Institute of Dental & Craniofacial Research | 383,282 | 394,080 | 399,200 | +15,918 |
| National Institute of Diabetes and Digestive and Kidney Diseases | 1,671,803 | 1,726,196 | 1,739,100 | +67,297 |
| Juvenile diabetes | (150,000) | (150,000) | (150,000) | |
| Subtotal, NIDDK | 1,821,803 | 1,876,196 | 1,889,100 | +67,297 |
| National Institute of Neurological Disorders & Stroke | 1,501,207 | 1,545,623 | 1,569,100 | +67,893 |
| National Institute of Allergy and Infectious Diseases | 4,155,447 | 4,325,507 | 4,307,185 | +151,738 |
| Global HIV/AIDS Fund Transfer | 149,115 | 100,000 | 149,115 | |
| Subtotal, NIAID | 4,304,562 | 4,425,507 | 4,456,300 | +151,738 |
| National Institute of General Medical Sciences | 1,904,838 | 1,959,810 | 1,975,500 | +70,662 |
| National Institute of Child Health & Human Development | 1,242,361 | 1,280,915 | 1,288,900 | +46,539 |
| National Eye Institute | 653,052 | 671,578 | 680,300 | +27,248 |
| National Institute of Environmental Health Sciences | 632,392 | 650,027 | 655,100 | +22,708 |
| National Institute on Aging | 1,024,754 | 1,055,666 | 1,094,500 | +69,746 |
| National Institute of Arthritis and Musculoskeletal and Skin Diseases | 501,066 | 515,378 | 520,900 | +19,834 |
| National Institute on Deafness and Other Communication Disorders | 382,053 | 393,507 | 399,000 | +16,947 |
| National Institute of Nursing Research | 134,724 | 139,198 | 140,200 | +5,476 |
| National Institute on Alcohol Abuse and Alcoholism | 428,669 | 441,911 | 444,900 | +16,231 |
| National Institute on Drug Abuse | 990,953 | 1,019,060 | 1,026,200 | +35,247 |
| Subtotal, NIMH | 1,381,774 | 1,420,609 | 1,436,800 | +55,026 |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2004 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2005—Continued

(In thousands of dollars)

| Item | 2004 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or -) | |
|---|-----------------|-----------------|--------------------------|--|-----------------|
| | | | | 2004 comparable | Budget estimate |
| National Human Genome Research Institute | 479,073 | 492,670 | 496,400 | + 17,327 | + 3,730 |
| National Institute of Biomedical Imaging and Bioengineering | 287,129 | 297,647 | 300,800 | + 13,671 | + 3,153 |
| National Center for Research Resources | 1,179,058 | 1,094,141 | 1,213,400 | + 34,342 | + 119,259 |
| National Center for Complementary and Alternative Medicine | 116,978 | 121,116 | 121,900 | + 4,922 | + 784 |
| National Center on Minority Health and Health Disparities | 191,471 | 196,780 | 197,900 | + 6,429 | + 1,120 |
| John E. Fogarty International Center | 65,382 | 67,182 | 67,600 | + 2,218 | + 418 |
| National Library of Medicine | 309,045 | 325,147 | 316,900 | + 7,855 | - 8,247 |
| Evaluation Tap Funding | (8,200) | ..... | (8,200) | ..... | (+ 8,200) |
| Subtotal, NLM | 317,245 | 325,147 | 325,100 | + 7,855 | - 47 |
| Office of the Director | 327,504 | 359,645 | 364,100 | + 36,596 | + 4,455 |
| Buildings and Facilities | 88,972 | 99,500 | 114,500 | + 25,528 | + 15,000 |
| Total, N.I.H. appropriations | 27,800,048 | 28,526,871 | 28,900,300 | + 1,100,252 | + 373,429 |
| Global HIV/AIDS Fund Transfer | -149,115 | -100,000 | -149,115 | ..... | -49,115 |
| Evaluation Tap Funding | (8,200) | ..... | (8,200) | ..... | (+ 8,200) |
| Total, N.I.H., Program Level | (27,659,133) | (28,426,871) | (28,759,385) | (+ 1,100,252) | (+ 332,514) |
| SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMIN. | | | | | |
| Mental Health: | | | | | |
| Programs of Regional and National Significance | 240,796 | 270,548 | 303,128 | + 62,332 | + 32,580 |
| Mental Health block grant | 412,840 | 414,267 | 414,267 | + 1,427 | ..... |
| Evaluation Tap Funding | (21,850) | (21,803) | (21,803) | (- 47) | ..... |
| Children's Mental Health | 102,354 | 106,013 | 106,013 | + 3,659 | ..... |
| Grants to States for the Homeless (PATH) | 49,760 | 55,251 | 55,251 | + 5,491 | ..... |
| Samaritan initiative ..... | ..... | 10,000 | ..... | ..... | - 10,000 |
| Protection and Advocacy | 34,620 | 34,620 | 34,620 | ..... | ..... |
| Subtotal, Mental Health | 840,370 | 890,699 | 913,279 | + 72,909 | + 22,580 |

| | | | | | | | | | |
|---|--------------|--------------|--------------|--------------|--------------|--|--|--|--|
| Substance Abuse Treatment: | | | | | | | | | |
| Programs of Regional and National Significance | 419,219 | 512,732 | 419,717 | +498 | -93,015 | | | | |
| Evaluation Tap Funding | | (4,300) | (4,300) | (+4,300) | | | | | |
| Substance Abuse block grant | 1,699,946 | 1,753,035 | 1,753,035 | +53,089 | | | | | |
| Evaluation Tap Funding | (79,200) | (79,200) | (79,200) | | | | | | |
| Subtotal, Substance Abuse Treatment | 2,119,165 | 2,265,767 | 2,172,752 | +53,587 | -93,015 | | | | |
| Subtotal, Program level | 2,198,365 | 2,349,267 | 2,256,252 | +57,887 | -93,015 | | | | |
| Substance Abuse Prevention: | | | | | | | | | |
| Programs of Regional and National Significance | 198,458 | 196,018 | 198,940 | +482 | +2,922 | | | | |
| Program Management and Buildings and Facilities | 75,915 | 76,455 | 76,455 | +540 | | | | | |
| Evaluation Tap funding (NA) | (16,000) | (16,000) | (18,000) | (+2,000) | | | | | |
| Subtotal, Program level | 91,915 | 92,455 | 94,455 | +2,540 | +2,000 | | | | |
| Total, Substance Abuse and Mental Health | 3,233,908 | 3,428,939 | 3,361,426 | +127,518 | -67,513 | | | | |
| Evaluation Tap funding | (117,050) | (121,303) | (123,303) | (+6,253) | (+2,000) | | | | |
| Total, SAMHS program level | (3,350,958) | (3,550,242) | (3,484,729) | (+133,771) | (-65,513) | | | | |
| AGENCY FOR HEALTHCARE RESEARCH AND QUALITY | | | | | | | | | |
| Research on Health Costs, Quality, and Outcomes: | | | | | | | | | |
| Federal Funds | (245,695) | (245,695) | (260,695) | (+15,000) | (+15,000) | | | | |
| Evaluation Tap funding (NA) | (79,500) | (84,000) | (84,000) | (+4,500) | (+15,000) | | | | |
| Health Coverage Data Improvement (CPS) | | | (15,000) | (+15,000) | | | | | |
| Clinical effectiveness research (NA) | | | (84,000) | (+4,500) | | | | | |
| Reducing medical errors (non-add) | | | | | | | | | |
| Subtotal including Evaluation Tap funds | (245,695) | (245,695) | (260,695) | (+15,000) | (+15,000) | | | | |
| Health insurance and Expenditure Surveys: Evaluation Tap funding (NA) | (55,300) | (55,300) | (55,300) | | | | | | |
| Program Support | (2,700) | (2,700) | (2,700) | | | | | | |
| Evaluation Tap funding (NA) | | | | | | | | | |
| Total, AHRQ | (303,695) | (303,695) | (318,695) | (+15,000) | (+15,000) | | | | |
| Federal Funds | (303,695) | (303,695) | (318,695) | (+15,000) | (+15,000) | | | | |
| Evaluation Tap funding (NA) | | | | | | | | | |
| Total, Public Health Service appropriation | 42,066,967 | 42,264,643 | 43,814,044 | +1,747,077 | +1,549,401 | | | | |
| Total, Public Health Service program level | (42,608,931) | (42,867,741) | (44,413,227) | (+1,804,296) | (+1,545,486) | | | | |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2004 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2005—Continued

(In thousands of dollars)

| Item | 2004 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or -) | |
|--|-----------------|-----------------|--------------------------|--|-----------------|
| | | | | 2004 comparable | Budget estimate |
| CENTERS FOR MEDICARE AND MEDICAID SERVICES | | | | | |
| GRANTS TO STATES FOR MEDICAID | | | | | |
| Medicaid current law benefits | 172,706,067 | 167,013,865 | 167,013,865 | -5,692,202 | ..... |
| State and local administration | 9,067,320 | 9,318,602 | 9,318,602 | +251,282 | ..... |
| Vaccines for Children | 980,196 | 1,208,296 | 1,208,296 | +228,100 | ..... |
| Subtotal, Medicaid program level | 182,753,583 | 177,540,763 | 177,540,763 | -5,212,820 | ..... |
| Less funds advanced in prior year | -51,861,386 | -58,416,275 | -58,416,275 | -6,554,889 | ..... |
| Total, Grants to States for Medicaid | 130,892,197 | 119,124,488 | 119,124,488 | -11,767,709 | ..... |
| New advance, 1st quarter | 58,416,275 | 58,517,290 | 58,517,290 | +101,015 | ..... |
| PAYMENTS TO HEALTH CARE TRUST FUNDS | | | | | |
| Supplemental medical insurance | 94,518,000 | 114,002,000 | 114,002,000 | +19,484,000 | ..... |
| Hospital insurance for the uninsured | 197,000 | 87,000 | 87,000 | -110,000 | ..... |
| Federal uninsured payment | 168,000 | 199,000 | 199,000 | +31,000 | ..... |
| Program management | 201,100 | 215,000 | 215,000 | +13,900 | ..... |
| Prescription drug eligibility determinations ..... | ..... | 105,900 | 105,900 | +105,900 | ..... |
| Total, Payments to Trust Funds, current law | 95,084,100 | 114,608,900 | 114,608,900 | +19,524,800 | ..... |
| PROGRAM MANAGEMENT | | | | | |
| Medicare reform funding ^{2 3 4} | (1,000,000) | (250,000) | (250,000) | (-750,000) | ..... |
| Research, Demonstration, Evaluation | 77,791 | 68,274 | 77,791 | +9,517 | ..... |
| Medicare Operations | 1,701,038 | 1,793,879 | 1,796,879 | +95,841 | ..... |
| H.R. 3103 funding (NA) | (720,000) | (720,000) | (720,000) | ..... | ..... |
| Subtotal, Medicare Operations program level | (2,421,038) | (2,513,879) | (2,516,879) | (+95,841) | (+3,000) |
| Revitalization plan | 29,619 | 24,400 | 24,400 | -5,219 | ..... |

| | | | | | |
|--|---------------|---------------|---------------|---------------|------------|
| State Survey and Certification | 251,252 | 270,392 | 270,392 | + 19,140 | ..... |
| Federal Administration | 577,146 | 589,182 | 587,182 | + 10,036 | - 2,000 |
| Total, Program management, Limitation on new BA | 2,636,846 | 2,746,127 | 2,756,644 | + 119,798 | + 10,517 |
| Total, Program management, program level | (4,356,846) | (3,716,127) | (3,726,644) | (- 630,202) | (+ 10,517) |
| Total, Center for Medicare and Medicaid Services | 287,029,418 | 294,996,805 | 295,007,322 | + 7,977,904 | + 10,517 |
| Federal funds | 284,392,572 | 292,250,678 | 292,250,678 | + 7,858,106 | ..... |
| Current year | (225,976,297) | (233,733,388) | (233,733,388) | (+ 7,757,091) | ..... |
| New advance, 1st quarter, fiscal year 2006 | (58,416,275) | (58,517,290) | (58,517,290) | (+ 101,015) | ..... |
| Trust Funds | 2,636,846 | 2,746,127 | 2,756,644 | + 119,798 | + 10,517 |
| ADMINISTRATION FOR CHILDREN AND FAMILIES | | | | | |
| FAMILY SUPPORT PAYMENTS TO STATES | | | | | |
| Payments to territories | 23,000 | 23,000 | 23,000 | ..... | ..... |
| Repatriation | 1,000 | 1,000 | 1,000 | ..... | ..... |
| Subtotal, Welfare payments | 24,000 | 24,000 | 24,000 | ..... | ..... |
| Child Support Enforcement: | | | | | |
| State and local administration | 3,897,674 | 3,940,698 | 3,940,698 | + 43,024 | ..... |
| Federal incentive payments | 454,000 | 446,000 | 446,000 | - 8,000 | ..... |
| Access and visitation | 10,000 | 12,000 | 12,000 | + 2,000 | ..... |
| Subtotal, Child Support Enforcement | 4,361,674 | 4,398,698 | 4,398,698 | + 37,024 | ..... |
| Prior year AFDC payments | 20,000 | ..... | ..... | - 20,000 | ..... |
| Total, Family support payments program level | 4,405,674 | 4,422,698 | 4,422,698 | + 17,024 | ..... |
| Less funds advanced in previous years | - 1,100,000 | - 1,200,000 | - 1,200,000 | - 100,000 | ..... |
| Total, Family support payments, current request | 3,305,674 | 3,222,698 | 3,222,698 | - 82,976 | ..... |
| Plus New advance, 1st quarter, fiscal year 2006 | 1,200,000 | 1,200,000 | 1,200,000 | ..... | ..... |
| Total, Family support payments | 4,505,674 | 4,422,698 | 4,422,698 | - 82,976 | ..... |
| LOW INCOME HOME ENERGY ASSISTANCE | | | | | |
| Formula grants | 1,789,380 | 1,800,500 | 1,901,090 | + 111,710 | + 100,590 |
| Emergency allocation: | | | | | |
| Contingent non-emergency funding | 99,410 | 200,000 | 99,410 | ..... | - 100,590 |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2004 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2005—Continued

[In thousands of dollars]

| Item | 2004 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or -) | |
|--|-----------------|-----------------|--------------------------|--|-----------------|
| | | | | 2004 comparable | Budget estimate |
| Contingent emergency funding | | | | | |
| Total, Low income home energy assistance | 1,888,790 | 2,000,500 | 2,000,500 | + 111,710 | |
| REFUGEE AND ENTRANT ASSISTANCE | | | | | |
| Transitional and Medical Services | 168,975 | 193,577 | 193,577 | + 24,602 | |
| Victims of Trafficking | 9,909 | 10,000 | 10,000 | + 91 | |
| Social Services | 152,218 | 151,121 | 155,121 | + 2,903 | + 4,000 |
| Preventive Health | 4,792 | 4,835 | 4,835 | + 43 | |
| Targeted Assistance | 49,025 | 49,477 | 49,477 | + 452 | |
| Unaccompanied minors | 52,770 | 54,229 | 54,229 | + 1,459 | |
| Victims of Torture | 9,909 | 10,000 | 10,000 | + 91 | |
| Total, Refugee and entrant assistance | 447,598 | 473,239 | 477,239 | + 29,641 | + 4,000 |
| CHILD CARE AND DEVELOPMENT BLOCK GRANT | 2,087,310 | 2,099,729 | 2,099,729 | + 12,419 | |
| SOCIAL SERVICES BLOCK GRANT (TITLE XX) | 1,700,000 | 1,700,000 | 1,700,000 | | |
| CHILDREN AND FAMILIES SERVICES PROGRAMS | | | | | |
| Programs for Children, Youth and Families: | | | | | |
| Head Start, current funded | 5,374,980 | 5,535,452 | 5,535,452 | + 160,472 | |
| Advance from prior year | (1,391,740) | (1,400,000) | (1,400,000) | (+ 8,260) | |
| Fiscal year 2006 | 1,400,000 | 1,400,000 | 1,400,000 | | |
| Subtotal, Head Start, program level | 6,774,980 | 6,935,452 | 6,935,452 | + 160,472 | |
| Consolidated Runaway, Homeless Youth Program | 89,431 | 89,447 | 95,000 | + 5,569 | + 5,553 |
| Maternity Group Homes | | 10,000 | | | - 10,000 |
| Prevention grants to reduce abuse of runaway youth | 15,302 | 15,302 | 15,802 | + 500 | + 500 |
| Child Abuse State Grants | 21,883 | 42,013 | 27,500 | + 5,617 | - 14,513 |
| Child Abuse Discretionary Activities | 34,386 | 26,266 | 34,386 | | + 8,120 |
| Community based child abuse prevention | 33,205 | 65,002 | 43,205 | + 10,000 | - 21,797 |

| | | | | | |
|--|---------|---------|---------|----------|------------|
| Abandoned Infants Assistance | 12,052 | 12,086 | 12,052 | ..... | - 34 |
| Child Welfare Services | 289,320 | 291,986 | 291,986 | + 2,666 | ..... |
| Child Welfare Training | 7,411 | 7,470 | 7,470 | + 59 | ..... |
| Adoption Opportunities | 27,103 | 27,343 | 27,343 | + 240 | ..... |
| Adoption Incentive (no cap adjustment) | 7,456 | 32,103 | 32,103 | + 24,647 | ..... |
| Adoption Awareness | 12,785 | 12,906 | 12,906 | + 121 | ..... |
| Compassion Capital Fund | 47,702 | 100,000 | 47,702 | ..... | - 52,298 |
| Social Services and Income Maintenance Research | 13,168 | 5,982 | 13,168 | ..... | + 7,186 |
| Evaluation tap funding | (6,000) | ..... | (6,000) | ..... | ( + 6,000) |
| Subtotal, Program level | 19,168 | 5,982 | 19,168 | ..... | + 13,186 |
| Developmental Disabilities Program: | | | | | |
| State Councils | 73,081 | 73,081 | 73,081 | ..... | ..... |
| Protection and Advocacy | 38,416 | 38,416 | 40,000 | + 1,584 | + 1,584 |
| Voting access for individuals with disabilities | 14,911 | 14,912 | 14,912 | + 1 | ..... |
| Developmental Disabilities Special Projects | 11,561 | 11,642 | 11,642 | + 81 | ..... |
| Developmental Disabilities University Affiliated | 26,803 | 26,803 | 31,803 | + 5,000 | + 5,000 |
| Subtotal, Developmental disabilities | 164,772 | 164,854 | 171,438 | + 6,666 | + 6,584 |
| Native American Programs | 45,157 | 45,155 | 45,157 | ..... | + 2 |
| Community Services: | | | | | |
| Grants to States for Community Services | 641,935 | 494,946 | 650,000 | + 8,065 | + 155,054 |
| Community Initiative Program: | | | | | |
| Economic Development | 32,338 | 32,492 | 38,000 | + 5,662 | + 5,508 |
| Individual Development Account Initiative | 24,695 | 24,912 | 24,912 | + 217 | ..... |
| Rural Community Facilities | 7,184 | ..... | 7,500 | + 316 | + 7,500 |
| Subtotal, Community Initiative Program | 64,217 | 57,404 | 70,412 | + 6,195 | + 13,008 |
| National Youth Sports | 17,894 | ..... | ..... | - 17,894 | ..... |
| Community Food and Nutrition | 7,238 | ..... | 7,238 | ..... | + 7,238 |
| Subtotal, Community Services | 731,284 | 552,350 | 727,650 | - 3,634 | + 175,300 |
| Domestic Violence Hotline | 2,982 | 3,000 | 3,500 | + 518 | + 500 |
| Battered Women's Shelters | 125,648 | 125,648 | 128,000 | + 2,352 | + 2,352 |
| Early Learning Fund | 33,580 | ..... | 36,000 | + 2,420 | + 36,000 |
| Faith-Based Center | 1,386 | 1,400 | 1,386 | ..... | - 14 |
| Mentoring Children of Prisoners | 49,701 | 50,000 | 50,000 | + 299 | ..... |
| Independent Living Training Vouchers | 44,734 | 60,000 | 44,734 | ..... | - 15,266 |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2004 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2005—Continued

(In thousands of dollars)

| Item | 2004 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or -) | |
|--|-----------------|-----------------|--------------------------|--|-----------------|
| | | | | 2004 comparable | Budget estimate |
| Promoting Responsible Fatherhood | 50,000 | 50,000 | ..... | ..... | -50,000 |
| Abstinence Education | 181,926 | 181,926 | 100,000 | + 29,951 | -81,926 |
| Evaluation Tap Funding | (4,500) | (4,500) | (4,500) | ..... | ..... |
| Program Direction | 177,894 | 190,206 | 190,206 | + 12,312 | ..... |
| Total, Children and Families Services Programs | 8,833,371 | 9,097,897 | 9,094,146 | + 260,775 | -3,751 |
| Current Year | (7,433,371) | (7,697,897) | (7,694,146) | (+ 260,775) | (- 3,751) |
| Fiscal year 2006 | (1,400,000) | (1,400,000) | (1,400,000) | ..... | ..... |
| Evaluation Tap funding | (10,500) | (4,500) | (10,500) | ..... | (+ 6,000) |
| PROMOTING SAFE AND STABLE FAMILIES | 305,000 | 305,000 | 305,000 | ..... | ..... |
| Discretionary Funds | 99,383 | 200,000 | 99,383 | ..... | -100,617 |
| PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION | | | | | |
| Foster Care | 4,974,200 | 4,855,100 | 4,895,500 | - 78,700 | + 40,400 |
| Adoption Assistance | 1,699,700 | 1,770,100 | 1,770,100 | + 70,400 | ..... |
| Independent living | 140,000 | 140,000 | 140,000 | ..... | ..... |
| Total, Payments to States | 6,813,900 | 6,765,200 | 6,805,600 | - 8,300 | + 40,400 |
| Less Advances from Prior Year | -1,745,600 | -1,767,700 | -1,767,700 | -22,100 | ..... |
| Total, payments, current request | 5,068,300 | 4,997,500 | 5,037,900 | - 30,400 | + 40,400 |
| New Advance, 1st quarter | 1,767,700 | 1,767,200 | 1,767,200 | - 500 | ..... |
| Total, Administration for Children & Families | 26,703,126 | 27,063,763 | 27,003,795 | + 300,669 | - 59,968 |
| Current year | (22,335,426) | (22,696,563) | (22,636,595) | (+ 301,169) | (- 59,968) |
| Fiscal year 2006 | (4,367,700) | (4,367,200) | (4,367,200) | (- 500) | ..... |
| ADMINISTRATION ON AGING | | | | | |
| Grants to States: | 353,889 | 357,000 | 357,000 | + 3,111 | ..... |
| Supportive Services and Centers ..... | ..... | ..... | ..... | ..... | ..... |

| | | | | | | |
|--|-----------|-----------|-----------|-----------|-------------|------------|
| Preventive Health | 21,919 | 21,919 | 21,919 | 21,919 | + 129 | ..... |
| Protection of vulnerable older Americans Title VII | 18,559 | 18,559 | 20,474 | 20,474 | + 1,030 | + 1,915 |
| Family Caregivers | 152,738 | 155,512 | 157,000 | 157,000 | + 4,262 | + 1,488 |
| Native American Caregivers Support | 6,318 | 6,355 | 6,355 | 6,355 | + 37 | ..... |
| Subtotal, Caregivers | 159,056 | 161,867 | 163,355 | 163,355 | + 4,299 | + 1,488 |
| Nutrition: | | | | | | |
| Congregate Meals | 386,353 | 388,646 | 388,646 | 388,646 | + 2,293 | ..... |
| Home Delivered Meals | 179,917 | 180,985 | 180,985 | 180,985 | + 1,068 | ..... |
| Nutrition Services Incentive Program | 148,191 | 149,183 | 149,183 | 149,183 | + 992 | ..... |
| Subtotal, Nutrition | 714,461 | 718,814 | 718,814 | 718,814 | + 4,353 | ..... |
| Subtotal, Grants to States | 1,268,640 | 1,278,159 | 1,281,562 | 1,281,562 | + 12,922 | + 3,403 |
| Grants to Native Americans | 26,453 | 26,612 | 26,612 | 26,612 | + 159 | ..... |
| Aging Research, Training and Special Projects | 33,509 | 23,843 | 37,647 | 37,647 | + 4,138 | + 13,804 |
| Aging Network Support Activities | 13,294 | 13,373 | 13,373 | 13,373 | + 79 | ..... |
| Alzheimer's initiative | 11,883 | 11,500 | 12,883 | 12,883 | + 1,000 | + 1,383 |
| White House Conference on Aging | 2,814 | 4,558 | 4,558 | 4,558 | + 1,744 | ..... |
| Program Administration | 17,324 | 18,482 | 18,482 | 18,482 | + 1,158 | ..... |
| Total, Administration on Aging | 1,373,917 | 1,376,527 | 1,395,117 | 1,395,117 | + 21,200 | + 18,590 |
| OFFICE OF THE SECRETARY | | | | | | |
| GENERAL DEPARTMENTAL MANAGEMENT: | | | | | | |
| Federal Funds | 174,811 | 180,045 | 189,065 | 189,065 | + 14,254 | + 9,020 |
| Trust Funds | 5,816 | 5,851 | 5,851 | 5,851 | + 35 | ..... |
| Subtotal | (180,627) | (185,896) | (194,916) | (194,916) | (+ 14,289) | (+ 9,020) |
| Evaluation tap funding (ASPE) (NA) | (21,552) | (21,552) | (21,552) | (21,552) | ..... | ..... |
| Adolescent Family Life (Title XX) | 30,946 | 44,349 | 35,000 | 35,000 | + 4,054 | - 9,349 |
| National abstinence education campaign ..... | ..... | 10,000 | 2,500 | 2,500 | + 2,500 | - 7,500 |
| Minority health | 55,190 | 47,236 | 53,351 | 53,351 | - 1,839 | + 6,115 |
| Office of Women's Health | 28,915 | 29,103 | 29,103 | 29,103 | + 188 | ..... |
| Minority HIV/AIDS | 49,544 | 52,838 | 52,838 | 52,838 | + 3,294 | ..... |
| Health care information technology ..... | ..... | 50,000 | ..... | ..... | ..... | - 50,000 |
| IT Security and Innovation Fund | 14,847 | 18,400 | 14,847 | 14,847 | ..... | - 3,553 |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2004 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2005—Continued

[In thousands of dollars]

| Item | 2004 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or -) | |
|--|-----------------|-----------------|--------------------------|--|-----------------|
| | | | | 2004 comparable | Budget estimate |
| Total, General Departmental Management | 360,069 | 437,822 | 382,555 | + 22,486 | - 55,267 |
| Federal Funds | 354,253 | 431,971 | 376,704 | + 22,451 | - 55,267 |
| Trust Funds | 5,816 | 5,851 | 5,851 | + 35 | ..... |
| OFFICE OF THE INSPECTOR GENERAL: | | | | | |
| Federal Funds | 39,094 | 40,323 | 40,323 | + 1,229 | ..... |
| HIPAA funding (NA) | (160,000) | (160,000) | (160,000) | ..... | ..... |
| Total, Inspector General program level | (199,094) | (200,323) | (200,323) | (+ 1,229) | ..... |
| OFFICE FOR CIVIL RIGHTS: | | | | | |
| Federal Funds | 30,607 | 32,043 | 32,043 | + 1,436 | ..... |
| Trust Funds | 3,294 | 3,314 | 3,314 | + 20 | ..... |
| Total, Office for Civil Rights | 33,901 | 35,357 | 35,357 | + 1,456 | ..... |
| POLICY RESEARCH: | | | | | |
| Federal Funds ..... | ..... | ..... | ..... | ..... | ..... |
| Evaluation Tap funding (NA) | (20,750) | (28,750) | (28,750) | (+ 8,000) | ..... |
| Total, Policy Research | 20,750 | 28,750 | 28,750 | + 8,000 | ..... |
| MEDICAL BENEFITS FOR COMMISSIONED OFFICERS: | | | | | |
| Retirement payments | 228,064 | 241,294 | 241,294 | + 13,230 | ..... |
| Survivors benefits | 14,298 | 14,750 | 14,750 | + 452 | ..... |
| Dependents' medical care | 79,401 | 74,592 | 74,592 | - 4,809 | ..... |
| Military services credits ..... | ..... | ..... | ..... | ..... | ..... |
| Total, Medical benefits for Com Officers (indef) | 321,763 | 330,636 | 330,636 | + 8,873 | ..... |
| PUBLIC HEALTH AND SOCIAL SERVICE EMERGENCY FUND | | | | | |
| HRSA Homeland security activities | 542,649 | 503,649 | 503,649 | - 39,000 | ..... |
| CDC Homeland security activities | 1,109,571 | 1,109,571 | 1,239,571 | + 130,000 | + 130,000 |

| | | | | | | |
|--|---------------|---------------|---------------|---------------|--------------|---------------|
| Stockpile | 397,640 | 400,000 | 400,000 | 400,000 | + 2,360 | ..... |
| NH Homeland security activities ..... | ..... | 47,400 | 47,400 | 47,400 | + 47,400 | ..... |
| Office of the Secretary Homeland security activities | 64,438 | 64,438 | 64,438 | 64,438 | ..... | ..... |
| Other PHSSEF Homeland security activities | 49,705 | 100,000 | 75,000 | 75,000 | + 25,295 | - 25,000 |
| Total, PHSSEF | 2,164,003 | 2,225,058 | 2,330,058 | 2,330,058 | + 166,055 | + 105,000 |
| Total, Office of the Secretary | 2,918,830 | 3,069,196 | 3,118,929 | 3,118,929 | + 200,099 | + 49,733 |
| Federal Funds | 2,909,720 | 3,060,031 | 3,109,764 | 3,109,764 | + 200,044 | + 49,733 |
| Trust Funds | 9,110 | 9,165 | 9,165 | 9,165 | + 55 | ..... |
| Total, Title II, Dept of Health & Human Services | 360,092,258 | 368,770,934 | 370,339,207 | 370,339,207 | + 10,246,949 | + 1,568,273 |
| Federal Funds | 357,446,302 | 366,015,642 | 367,573,398 | 367,573,398 | + 10,127,096 | + 1,557,756 |
| Current year | (294,662,327) | (303,131,152) | (304,688,908) | (304,688,908) | + 10,026,581 | (+ 1,557,756) |
| Fiscal year 2006 | (62,783,975) | (62,884,490) | (62,884,490) | (62,884,490) | (+ 100,515) | ..... |
| Trust Funds | 2,645,956 | 2,755,292 | 2,765,809 | 2,765,809 | + 119,853 | + 10,517 |
| TITLE III—DEPARTMENT OF EDUCATION | | | | | | |
| EDUCATION FOR THE DISADVANTAGED | | | | | | |
| Grants to Local Educational Agencies (LEAs): | | | | | | |
| Basic Grants: | | | | | | |
| Advance from prior year | (2,011,272) | (1,883,584) | (1,883,584) | (1,883,584) | (- 127,688) | ..... |
| Forward funded | 5,147,827 | 6,147,806 | 6,194,249 | 6,194,249 | + 1,046,422 | + 46,443 |
| Current funded | 3,479 | 3,500 | 75,057 | 75,057 | + 71,578 | + 71,557 |
| Subtotal, Basic grants current year approp | 5,151,306 | 6,151,306 | 6,269,306 | 6,269,306 | + 1,118,000 | + 118,000 |
| Subtotal, Basic grants total funds available | (7,162,578) | (8,034,890) | (8,152,890) | (8,152,890) | (+ 990,312) | (+ 118,000) |
| Basic Grants Fiscal Year 2006 Advance | 1,883,584 | 883,584 | 835,141 | 835,141 | - 1,048,443 | - 48,443 |
| Subtotal, Basic grants, program level | 7,034,890 | 7,034,890 | 7,104,447 | 7,104,447 | + 69,557 | + 69,557 |
| Concentration Grants: | | | | | | |
| Advance from prior year | (1,365,031) | (1,365,031) | (1,365,031) | (1,365,031) | ..... | ..... |
| Fiscal Year 2006 Advance | 1,365,031 | 1,365,031 | 1,365,031 | 1,365,031 | ..... | ..... |
| Subtotal, Concentration Grants program level | 1,365,031 | 1,365,031 | 1,365,031 | 1,365,031 | ..... | ..... |
| Targeted Grants: | | | | | | |
| Advance from prior year | (1,670,239) | (1,969,843) | (1,969,843) | (1,969,843) | (+ 299,604) | ..... |
| Fiscal Year 2006 Advance | 1,969,843 | 4,146,187 | 2,231,954 | 2,231,954 | + 262,111 | - 1,914,233 |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2004 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2005—Continued

(In thousands of dollars)

| Item | 2004 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or -) | |
|--|-----------------|-----------------|--------------------------|--|-----------------|
| | | | | 2004 comparable | Budget estimate |
| Subtotal, Targeted Grants program level | 1,969,843 | 4,146,187 | 2,231,954 | + 262,111 | -1,914,233 |
| Education Finance Incentive Grants: | | | | | |
| Advance from prior year | (1,541,759) | (1,969,843) | (1,969,843) | (+ 428,084) | ..... |
| Fiscal Year 2006 Advance | 1,969,843 | 793,499 | 2,756,175 | + 786,332 | + 1,962,676 |
| Subtotal, Education Finance Incentive Grants | 1,969,843 | 793,499 | 2,756,175 | + 786,332 | + 1,962,676 |
| Subtotal, Grants to LEAs, program level | 12,339,607 | 13,339,607 | 13,457,607 | +1,118,000 | + 118,000 |
| Even Start | 246,910 | ..... | ..... | - 246,910 | ..... |
| Reading First: | | | | | |
| State Grants (forward funded) | 828,923 | 930,000 | 867,000 | + 38,077 | - 63,000 |
| Advance from prior year | (195,000) | (195,000) | (195,000) | ..... | ..... |
| Fiscal Year 2006 Advance | 195,000 | 195,000 | 195,000 | ..... | ..... |
| Subtotal, Reading First State Grants | 1,023,923 | 1,125,000 | 1,062,000 | + 38,077 | - 63,000 |
| Early Reading First | 94,439 | 132,000 | 110,000 | + 15,561 | - 22,000 |
| Striving readers ..... | ..... | 100,000 | 25,000 | + 25,000 | - 75,000 |
| Literacy through School Libraries | 19,842 | 19,842 | 22,842 | + 3,000 | + 3,000 |
| State Agency Programs: | | | | | |
| Migrant | 393,577 | 393,577 | 393,577 | ..... | ..... |
| Neglected and Delinquent/High Risk Youth | 48,395 | 48,395 | 52,000 | + 3,605 | + 3,605 |
| Subtotal, State Agency programs | 441,972 | 441,972 | 445,577 | + 3,605 | + 3,605 |
| Evaluation | 8,790 | 9,500 | 9,500 | + 710 | ..... |
| Assistance for local school improvement ..... | ..... | ..... | 100,000 | + 100,000 | + 100,000 |
| Comprehensive School Reform Demonstration | 233,613 | ..... | 233,613 | ..... | + 233,613 |
| Migrant Education: | | | | | |
| High School Equivalency Program | 18,888 | 18,888 | 18,888 | ..... | ..... |
| College Assistance Migrant Program | 15,657 | 15,657 | 15,657 | ..... | ..... |

| | 34,545 | 34,545 | 34,545 | | 34,545 | | |
|---|-------------|-------------|-------------|-------------|-------------|--|-------------|
| Subtotal, Migrant Education | | | | | 34,545 | | |
| Total, Education for the disadvantaged | | | | | 15,500,684 | | + 298,218 |
| Current Year | 14,443,641 | 15,202,466 | (7,819,165) | (7,819,165) | (8,117,383) | | (+ 298,218) |
| Fiscal year 2006 | (7,060,340) | (7,383,301) | (7,383,301) | (7,383,301) | (7,383,301) | | |
| Subtotal, forward funded | (6,899,245) | (7,519,778) | | (7,840,439) | | | (+ 320,661) |
| IMPACT AID | | | | | | | |
| Basic Support Payments | 1,063,687 | 1,063,687 | | | 1,063,687 | | |
| Payments for Children with Disabilities | 50,369 | 50,369 | | | 50,369 | | |
| Facilities Maintenance (Sec. 8008) | 7,901 | 7,901 | | | 7,901 | | |
| Construction (Sec. 8007) | 45,936 | 45,936 | | | 45,936 | | |
| Payments for Federal Property (Sec. 8002) | 61,634 | 61,634 | | | 61,634 | | |
| Total, impact aid | 1,229,527 | 1,229,527 | | | 1,229,527 | | |
| SCHOOL IMPROVEMENT PROGRAMS | | | | | | | |
| State Grants for Improving Teacher Quality | 1,495,126 | 1,495,126 | | | 1,540,126 | | + 45,000 |
| Advance from prior year | (1,150,000) | (1,435,000) | | | (1,435,000) | | |
| Fiscal year 2006 | 1,435,000 | 1,435,000 | | | 1,435,000 | | |
| Subtotal, State Grants for Improving Teacher Quality, program level | 2,930,126 | 2,930,126 | | | 2,975,126 | | + 45,000 |
| Early Childhood Educator Professional Development | 14,814 | 14,814 | | | 14,814 | | |
| Mathematics and Science Partnerships | 149,115 | 269,115 | | | 200,000 | | - 69,115 |
| State Grants for Innovative Education (Education Block Grant) | 296,548 | 296,549 | | | | | - 296,549 |
| Advance from prior year | (285,000) | | | | | | |
| Fiscal year 2006 | | | | | | | |
| Subtotal, Education Block Grant, program level | 296,548 | 296,549 | | | | | - 296,549 |
| Educational Technology State Grants | 691,841 | 691,841 | | | 691,841 | | |
| 21st Century Community Learning Centers | 999,070 | 999,070 | | | 1,007,000 | | + 7,930 |
| State Assessments/Enhanced Assessment Instruments | 390,000 | 410,000 | | | 420,000 | | + 30,000 |
| Statewide data systems | | | | | 40,000 | | + 40,000 |
| Javits gifted talented education | 11,111 | | | | 12,111 | | + 1,000 |
| Foreign language assistance | 16,546 | | | | 19,000 | | + 2,454 |
| Education for Homeless Children & Youth | 59,646 | 59,646 | | | 62,000 | | + 2,354 |
| Training and Advisory Services (Civil Rights) | 7,243 | 7,243 | | | 7,243 | | |
| Education for Native Hawaiians | 33,302 | 33,302 | | | 36,000 | | + 2,698 |
| Alaska Native Education Equity | 33,302 | 33,302 | | | 36,000 | | + 2,698 |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2004 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2005—Continued

(In thousands of dollars)

| Item | 2004 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or -) | |
|--|-----------------|-----------------|--------------------------|--|-----------------|
| | | | | 2004 comparable | Budget estimate |
| Rural Education | 167,831 | 167,831 | 175,000 | + 7,169 | + 7,169 |
| Comprehensive Centers | 57,283 | 27,654 | 57,283 | ..... | + 29,629 |
| Supplemental Education grants ⁵ | 15,068 | 15,068 | 17,214 | + 2,146 | + 2,146 |
| Total, School improvement programs | 5,872,846 | 5,955,561 | 5,770,632 | - 102,214 | - 184,929 |
| Current Year | (4,437,846) | (4,520,561) | (4,335,632) | (- 102,214) | (- 184,929) |
| Fiscal year 2006 | (1,435,000) | (1,435,000) | (1,435,000) | ..... | ..... |
| Subtotal, forward funded | (4,249,177) | (4,389,178) | (4,095,967) | (- 153,210) | (- 293,211) |
| INDIAN EDUCATION | | | | | |
| Grants to Local Educational Agencies | 95,933 | 95,933 | 95,933 | ..... | ..... |
| Federal Programs: | | | | | |
| Special Programs for Indian Children | 19,753 | 19,753 | 19,753 | ..... | ..... |
| National Activities | 5,170 | 5,170 | 5,170 | ..... | ..... |
| Subtotal, Federal Programs | 24,923 | 24,923 | 24,923 | ..... | ..... |
| Total, Indian Education | 120,856 | 120,856 | 120,856 | ..... | ..... |
| INNOVATION AND IMPROVEMENT | | | | | |
| Troops-to-Teachers | 14,912 | 14,912 | 14,912 | ..... | ..... |
| Transition to Teaching | 45,295 | 45,295 | 45,295 | ..... | ..... |
| National Writing Project | 17,894 | 24,000 | 24,000 | + 6,106 | + 24,000 |
| Teaching of Traditional American History | 119,292 | 119,292 | 120,000 | + 708 | + 708 |
| School Leadership | 12,346 | ..... | 16,000 | + 3,654 | + 16,000 |
| Advanced Credentialing | 18,391 | 7,000 | 17,000 | - 1,391 | + 10,000 |
| Charter Schools Grants | 218,702 | 218,702 | 218,702 | ..... | ..... |
| Credit Enhancement for Charter School Facilities | 37,279 | 100,000 | 37,279 | ..... | - 62,721 |
| Voluntary Public School Choice | 26,757 | 26,757 | 26,757 | ..... | ..... |
| Magnet Schools Assistance | 108,640 | 108,640 | 108,640 | ..... | ..... |
| Choice Incentive fund ..... | ..... | 50,000 | ..... | ..... | - 50,000 |

| | | | | | | |
|--|-----------|-----------|-----------|-------------|--|------------|
| Fund for the Improvement of Education (FIE): | | | | | | |
| Current funded | 356,197 | | | | | + 372,673 |
| Forward funded | 74,073 | 120,185 | 372,673 | 74,073 | | -46,112 |
| Subtotal, FIE | 430,270 | 120,185 | 446,746 | 16,476 | | + 326,561 |
| Ready to Learn television | 22,864 | 22,864 | 24,000 | + 1,136 | | + 1,136 |
| Dropout Prevention Programs | 4,970 | | 10,000 | + 5,030 | | + 10,000 |
| Close Up Fellowships | 1,481 | | 1,481 | | | + 1,481 |
| Advanced Placement Fees | 23,534 | 51,534 | 33,534 | + 10,000 | | - 18,000 |
| Total, Innovation and Improvement | 1,102,627 | 885,181 | 1,144,346 | + 41,719 | | + 259,165 |
| Subtotal, forward funded | (74,073) | (120,185) | (74,073) | | | (- 46,112) |
| SAFE SCHOOLS AND CITIZENSHIP EDUCATION | | | | | | |
| Safe and Drug Free Schools and Communities: | | | | | | |
| State Grants, current funded | 440,908 | 440,908 | 440,908 | | | |
| Advance from prior year | (330,000) | | | (- 330,000) | | |
| Fiscal year 2006 | | | | | | |
| State Grants, program level | 440,908 | 440,908 | 440,908 | | | |
| National Programs | 153,767 | 175,069 | 166,767 | + 13,000 | | - 8,302 |
| Alcohol Abuse Reduction | 29,823 | | 35,000 | + 5,177 | | + 35,000 |
| Mentoring Programs | 49,705 | 100,000 | 65,000 | + 15,295 | | - 35,000 |
| Character education | 24,691 | 24,691 | 24,691 | | | |
| Elementary and Secondary School Counseling | 33,799 | | 36,000 | + 2,201 | | + 36,000 |
| Carol M. White Physical Education for Progress | 69,587 | 69,587 | 75,000 | + 5,413 | | + 5,413 |
| Civic Education | 28,642 | 28,642 | 30,642 | + 2,000 | | + 2,000 |
| State Grants for Incarcerated Youth Offenders | 24,853 | | 28,000 | + 3,147 | | + 28,000 |
| Total, Safe Schools and Citizenship Education | 855,775 | 838,897 | 902,008 | + 46,233 | | + 63,111 |
| Current Year | (855,775) | (838,897) | (902,008) | (+ 46,233) | | (+ 63,111) |
| Fiscal year 2006 | | | | | | |
| Subtotal, forward funded | (465,761) | (440,908) | (468,908) | (+ 3,147) | | (+ 28,000) |
| ENGLISH LANGUAGE ACQUISITION | | | | | | |
| Current funded | 124,220 | 85,500 | 85,500 | - 38,720 | | |
| Forward funded | 556,995 | 595,715 | 614,500 | + 57,505 | | + 18,785 |
| Total, English Language Acquisition | 681,215 | 681,215 | 700,000 | + 18,785 | | + 18,785 |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2004 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2005—Continued

(In thousands of dollars)

| Item | 2004 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or -) | |
|--|-----------------|-----------------|--------------------------|--|-----------------|
| | | | | 2004 comparable | Budget estimate |
| SPECIAL EDUCATION | | | | | |
| State Grants: | | | | | |
| Grants to States Part B advance funded | 5,413,000 | 5,413,000 | 5,413,000 | | |
| Part B advance from prior year | (5,672,000) | (5,413,000) | (5,413,000) | (- 259,000) | |
| Grants to States Part B current year | 4,655,106 | 5,655,106 | 5,815,981 | + 1,160,875 | + 160,875 |
| Subtotal, Grants to States, program level | 10,068,106 | 11,068,106 | 11,228,981 | + 1,160,875 | + 160,875 |
| Preschool Grants | 387,699 | 387,699 | 390,000 | + 2,301 | + 2,301 |
| Grants for Infants and Families | 444,363 | 466,581 | 444,363 | | - 22,218 |
| Subtotal, State grants, program level | 10,900,168 | 11,922,386 | 12,063,344 | + 1,163,176 | + 140,958 |
| IDEA National Activities (current funded): | | | | | |
| State Program Improvement Grants | 51,061 | 51,061 | 51,061 | | |
| Research and innovation in special education | 78,125 | 78,125 | 78,125 | | |
| Technical Assistance and Dissemination | 52,819 | 52,819 | 54,000 | | + 1,181 |
| Personnel Preparation | 91,357 | 93,357 | 93,357 | + 2,000 | + 2,000 |
| Parent Information Centers | 26,173 | 26,173 | 27,500 | + 1,327 | + 1,327 |
| Technology and Media Services | 39,129 | 32,305 | 39,129 | | + 6,824 |
| Subtotal, IDEA special programs | 338,664 | 331,840 | 343,172 | + 4,508 | + 11,332 |
| Total, Special education | 11,238,832 | 12,254,226 | 12,406,516 | + 1,167,684 | + 152,290 |
| Current Year | (5,825,832) | (6,841,226) | (6,993,516) | (+ 1,167,684) | (+ 152,290) |
| Fiscal year 2006 | (5,413,000) | (5,413,000) | (5,413,000) | | |
| Subtotal, Forward funded | (5,538,229) | (6,560,447) | (6,701,405) | (+ 1,163,176) | (+ 140,958) |
| REHABILITATION SERVICES AND DISABILITY RESEARCH | | | | | |
| Vocational Rehabilitation State Grants | 2,584,162 | 2,635,845 | 2,635,845 | + 51,683 | |
| Vocational Rehabilitation Incentive Grants | | 61,800 | | | - 61,800 |
| Client Assistance State grants | 11,997 | 11,997 | 13,000 | + 1,003 | + 1,003 |

| | | | | | | |
|---|-----------|-----------|-----------|-------|----------|-----------|
| Training | 39,139 | 39,139 | 39,139 | ..... | ..... | ..... |
| Demonstration and training programs | 24,286 | 24,286 | 24,286 | ..... | ..... | + 5,502 |
| Migrant and seasonal farmworkers | 2,321 | 2,500 | 2,500 | ..... | + 179 | + 2,500 |
| Recreational programs | 16,790 | 2,564 | 2,750 | ..... | + 186 | + 2,750 |
| Protection and advocacy of individual rights (PAIR) | 21,799 | 19,570 | 18,000 | ..... | + 1,210 | - 1,570 |
| Projects with industry | 37,680 | ..... | 22,000 | ..... | + 201 | + 22,000 |
| Supported employment State grants ..... | ..... | ..... | 38,000 | ..... | + 320 | + 38,000 |
| Independent living: | | | | | | |
| State grants | 22,020 | 22,020 | 23,000 | ..... | + 980 | + 980 |
| Centers | 73,563 | 73,563 | 75,000 | ..... | + 1,437 | + 1,437 |
| Services for older blind individuals | 31,811 | 31,811 | 31,811 | ..... | ..... | ..... |
| Subtotal, Independent living | 127,394 | 127,394 | 129,811 | ..... | + 2,417 | + 2,417 |
| Program Improvement | 889 | 850 | 850 | ..... | - 39 | ..... |
| Evaluation | 988 | 1,500 | 1,500 | ..... | + 512 | ..... |
| Helen Keller National Center for Deaf/Blind | 8,666 | 8,666 | 9,000 | ..... | + 334 | + 334 |
| National Inst. Disability and Rehab. Research (NIDRR) | 106,652 | 106,652 | 109,152 | ..... | + 2,500 | + 2,500 |
| Assistive Technology | 25,943 | 15,000 | 31,495 | ..... | + 5,552 | + 16,495 |
| Subtotal, discretionary programs | 427,108 | 411,352 | 441,483 | ..... | + 14,375 | + 30,131 |
| Total, Rehabilitation services | 3,011,270 | 3,047,197 | 3,077,328 | ..... | + 66,058 | + 30,131 |
| SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES | | | | | | |
| AMERICAN PRINTING HOUSE FOR THE BLIND | 16,403 | 16,403 | 17,000 | ..... | + 597 | + 597 |
| NATIONAL TECHNICAL INSTITUTE FOR THE DEAF (NTID): | | | | | | |
| Operations | 53,118 | 53,118 | 54,105 | ..... | + 987 | + 987 |
| Construction | 365 | 685 | 1,685 | ..... | + 1,320 | + 1,000 |
| Total, NTID | 53,483 | 53,803 | 55,790 | ..... | + 2,307 | + 1,987 |
| Gallaudet University | 100,205 | 100,205 | 105,400 | ..... | + 5,195 | + 5,195 |
| Total, Special Institutions for Persons with Disabilities | 170,091 | 170,411 | 178,190 | ..... | + 8,099 | + 7,779 |
| VOCATIONAL AND ADULT EDUCATION | | | | | | |
| Vocational Education: | | | | | | |
| Basic State Grants/Secondary & Technical Education State Grants, current funded | 403,295 | 220,146 | 403,295 | ..... | ..... | + 183,149 |
| Advance from prior year | (791,000) | (791,000) | (791,000) | ..... | ..... | ..... |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2004 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2005—Continued

(In thousands of dollars)

| Item | 2004 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or -) | |
|---|-----------------|-----------------|--------------------------|--|-----------------|
| | | | | 2004 comparable | Budget estimate |
| Fiscal year 2006 | 791,000 | 791,000 | 791,000 | | |
| Subtotal, Basic State Grants, program level | 1,194,295 | 1,011,146 | 1,194,295 | | + 183,149 |
| Tech-Prep Education State Grants | 106,665 | | 106,665 | | + 106,665 |
| National Programs | 11,852 | | 11,852 | | + 11,852 |
| Tech-Prep Education Demonstration | 4,939 | | 4,939 | | + 4,939 |
| Occupational and Employment Information Program | 9,241 | | 9,241 | | + 9,241 |
| Subtotal, Vocational Education | 1,326,992 | 1,011,146 | 1,326,992 | | + 315,846 |
| Adult Education: | | | | | |
| State Grants/Adult basic and literacy education: State Grants, current funded | 574,266 | 574,266 | 574,266 | | |
| National Programs: | | | | | |
| National Leadership Activities | 9,169 | 9,169 | 9,169 | | |
| National Institute for Literacy | 6,692 | 6,692 | 6,692 | | |
| Subtotal, National programs | 15,861 | 15,861 | 15,861 | | |
| Subtotal, Adult education | 590,127 | 590,127 | 590,127 | | |
| Smaller Learning Communities, current funded | 8,698 | | 8,698 | | + 8,698 |
| Smaller Learning Communities, forward funded | 165,269 | | 165,269 | | + 165,269 |
| Community Technology Centers | 9,941 | | 11,000 | | + 1,059 |
| Total, Vocational and adult education | 2,101,027 | 1,601,273 | 2,102,086 | | + 500,813 |
| Current Year | (1,310,027) | (810,273) | (1,311,086) | | (+ 500,813) |
| Fiscal year 2006 | (791,000) | (791,000) | (791,000) | | |
| Subtotal, forward funded | (1,291,388) | (810,273) | (1,291,388) | | (+ 481,115) |
| STUDENT FINANCIAL ASSISTANCE | | | | | |
| Pell Grants—maximum grant (NA) | (4,050) | (4,050) | (4,050) | | |
| Pell Grants—Regular Program | 12,006,738 | 12,830,000 | 12,830,000 | | + 823,262 |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2004 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2005—Continued
(In thousands of dollars)

| Item | 2004 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or -) | |
|--|-----------------|-----------------|--------------------------|--|-----------------|
| | | | | 2004 comparable | Budget estimate |
| Graduate Assistance in Areas of National Need | 30,616 | 30,616 | 30,616 | | |
| Teacher Quality Enhancement Grants | 88,888 | 88,888 | 88,888 | | |
| Child Care Access Means Parents in School | 16,099 | 16,099 | 16,099 | | |
| Demonstration in Disabilities/Higher Education | 6,913 | 7,000 | 7,000 | +87 | +7,000 |
| Underground Railroad Program | 2,222 | 2,222 | 2,222 | | +2,222 |
| GPRA data/HEA program evaluation | 988 | 988 | 988 | | |
| B.J. Stupak Olympic Scholarships | 988 | | | -988 | |
| Thurgood Marshall legal educational opportunity program | | | 3,000 | +3,000 | +3,000 |
| Total, Higher education | 2,092,644 | 1,977,028 | 2,148,458 | +55,814 | +171,430 |
| HOWARD UNIVERSITY | | | | | |
| Academic Program | 205,212 | 205,164 | 206,164 | +952 | +1,000 |
| Endowment Program | 3,552 | 3,600 | 3,600 | +48 | |
| Howard University Hospital | 29,999 | 29,999 | 29,999 | | |
| Total, Howard University | 238,763 | 238,763 | 239,763 | +1,000 | +1,000 |
| College Housing and Academic Facilities Loans Program: (CHAFL) | 769 | 578 | 578 | -191 | |
| HBCU Capital Financing Program Federal Adm | 209 | 212 | 212 | +3 | |
| INSTITUTE OF EDUCATION SCIENCES | | | | | |
| Research and Statistics: | | | | | |
| Research, development and dissemination | 165,518 | 185,000 | 165,518 | | -19,482 |
| Statistics | 91,664 | 91,664 | 91,664 | | |
| Regional Educational Laboratories | 66,665 | | 66,665 | | +66,665 |
| Assessment: | | | | | |
| National Assessment | 89,703 | 89,703 | 89,703 | | |
| National Assessment Governing Board | 5,060 | 5,129 | 5,129 | +69 | |

| | | | | | |
|--|--------------|--------------|--------------|---------------|---------------|
| Subtotal, Assessment | 94,763 | 94,832 | 94,832 | + 69 | ..... |
| Subtotal, Research and statistics | 418,610 | 371,496 | 418,679 | + 69 | + 47,183 |
| Total, IES | 418,610 | 371,496 | 418,679 | + 69 | + 47,183 |
| DEPARTMENTAL MANAGEMENT | | | | | |
| PROGRAM ADMINISTRATION | 420,379 | 429,778 | 420,379 | ..... | - 9,399 |
| OFFICE FOR CIVIL RIGHTS | 88,305 | 92,801 | 92,801 | + 4,496 | ..... |
| OFFICE OF THE INSPECTOR GENERAL | 46,624 | 50,576 | 50,576 | + 3,952 | ..... |
| Total, Departmental management | 555,308 | 573,155 | 563,756 | + 8,448 | - 9,399 |
| Total: Elementary and Secondary Education Act programs | 24,490,395 | 24,913,703 | 25,553,020 | + 1,062,625 | + 639,317 |
| Total, Title III, Department of Education | 58,257,624 | 59,985,894 | 61,484,313 | + 3,226,689 | + 1,498,419 |
| Current Year | (43,235,323) | (44,963,593) | (46,462,072) | (+ 3,226,689) | (+ 1,498,419) |
| Fiscal year 2006 | (15,022,301) | (15,022,301) | (15,022,301) | ..... | ..... |
| TITLE IV—RELATED AGENCIES | | | | | |
| ARMED FORCES RETIREMENT HOME | | | | | |
| Operations and Maintenance | 62,923 | 57,195 | 57,195 | - 5,728 | ..... |
| Capital Program | 1,971 | 4,000 | 4,000 | + 2,029 | ..... |
| Total, AFRH | 64,894 | 61,195 | 61,195 | - 3,699 | ..... |
| CORPORATION FOR NATIONAL AND COMMUNITY SERVICE ⁶ | | | | | |
| Volunteers in Service to America (VISTA) | 93,731 | 96,428 | 96,428 | + 2,697 | ..... |
| Volunteers in Homeland Security | 9,876 | 15,000 | 5,000 | - 4,876 | - 10,000 |
| National Senior Volunteer Corps: | | | | | |
| Foster Grandparents Program | 110,121 | 106,700 | 112,323 | + 2,202 | + 5,623 |
| Senior Companion Program | 45,987 | 46,563 | 46,563 | + 576 | ..... |
| Retired Senior Volunteer Program | 58,156 | 69,884 | 60,000 | + 1,844 | - 9,884 |
| Senior Demonstration Program ..... | ..... | 1,397 | ..... | ..... | - 1,397 |
| Subtotal, Senior Volunteers | 214,264 | 224,544 | 218,886 | + 4,622 | - 5,658 |
| Program Administration | 36,469 | 39,363 | 37,500 | + 1,031 | - 1,863 |
| Total, Domestic Volunteer Service Programs | 354,340 | 375,335 | 357,814 | + 3,474 | - 17,521 |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2004 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2005—Continued

(In thousands of dollars)

| Item | 2004 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or -) | |
|--|-----------------|-----------------|--------------------------|--|-----------------|
| | | | | 2004 comparable | Budget estimate |
| CORPORATION FOR PUBLIC BROADCASTING: | | | | | |
| Fiscal year 2007 (current) with fiscal year 2006 comparable | 400,000 | ..... | 400,000 | ..... | + 400,000 |
| Fiscal year 2006 advance with fiscal year 2005 comparable (NA) | (390,000) | (400,000) | (400,000) | (+ 10,000) | ..... |
| Fiscal year 2005 advance with fiscal year 2004 comparable (NA) | (377,758) | (390,000) | (390,000) | (+ 12,242) | ..... |
| Digitalization program, current funded | 49,705 | ..... | 49,705 | ..... | + 49,705 |
| Funds provided in Public Law 107-116 | ..... | (20,000) | ..... | ..... | (- 20,000) |
| Interconnection, current funded | 9,941 | ..... | 50,000 | + 40,059 | + 50,000 |
| Funds provided in Public Law 107-116 | ..... | (75,000) | ..... | ..... | (- 75,000) |
| Subtotal, fiscal year 2005 appropriation | 59,646 | ..... | 99,705 | + 40,059 | + 99,705 |
| Subtotal, fiscal year 2005 comparable | (59,646) | (95,000) | (99,705) | (+ 40,059) | (- 4,705) |
| FEDERAL MEDIATION AND CONCILIATION SERVICE | 43,129 | 43,964 | 44,464 | + 1,335 | + 500 |
| FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION | 7,728 | 7,813 | 7,813 | + 85 | ..... |
| INSTITUTE OF MUSEUM AND LIBRARY SERVICES | 262,240 | 261,743 | 262,240 | ..... | + 497 |
| MEDICARE PAYMENT ADVISORY COMMISSION | 9,245 | 9,905 | 9,905 | + 660 | ..... |
| NATIONAL COMMISSION ON LIBRARIES AND INFO SCIENCE | 994 | 1,000 | 994 | ..... | - 6 |
| NATIONAL COUNCIL ON DISABILITY | 3,021 | 2,873 | 3,371 | + 350 | + 498 |
| NATIONAL LABOR RELATIONS BOARD | 242,633 | 248,785 | 250,000 | + 7,367 | + 1,215 |
| NATIONAL MEDIATION BOARD | 11,354 | 11,635 | 11,635 | + 281 | ..... |
| OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION | 9,805 | 10,516 | 10,516 | + 711 | ..... |
| RAILROAD RETIREMENT BOARD | | | | | |
| Dual Benefits Payments Account | 118,298 | 108,000 | 108,000 | - 10,298 | ..... |
| Less Income Tax Receipts on Dual Benefits | - 7,953 | - 8,000 | - 8,000 | - 47 | ..... |
| Subtotal, Dual Benefits | 110,345 | 100,000 | 100,000 | - 10,345 | ..... |
| Federal Payment to the RR Retirement Account | 150 | 150 | 150 | ..... | ..... |
| Limitation on Administration | 100,702 | 102,600 | 102,600 | + 1,898 | ..... |
| Inspector General | 6,561 | 7,200 | 7,200 | + 639 | ..... |

| | 21,658 | 20,454 | 20,454 | 20,454 | - 1,204 | |
|---|--------------|--------------|--------------|--------------|-------------|-------------|
| SOCIAL SECURITY ADMINISTRATION | | | | | | |
| Payments to Social Security Trust Funds | | | | 20,454 | | |
| SUPPLEMENTAL SECURITY INCOME | | | | | | |
| Federal benefit payments | 34,198,000 | 38,109,000 | 34,909,000 | 34,909,000 | + 711,000 | - 3,200,000 |
| Beneficiary services | 100,000 | 45,929 | 45,929 | 45,929 | - 54,071 | |
| Research and demonstration | 38,000 | 27,000 | 35,000 | 35,000 | - 3,000 | + 8,000 |
| Administration | 2,973,300 | 3,017,000 | 2,928,020 | 2,928,020 | - 45,280 | - 88,980 |
| Subtotal, SSI program level | 37,309,300 | 41,198,929 | 37,917,949 | 37,917,949 | + 608,649 | - 3,280,980 |
| Less funds advanced in prior year | - 11,080,000 | - 12,590,000 | - 12,590,000 | - 12,590,000 | - 1,510,000 | |
| Subtotal, regular SSI current year | 26,229,300 | 28,608,929 | 25,327,949 | 25,327,949 | - 901,351 | - 3,280,980 |
| Plus User Fee Activities | 120,000 | 124,000 | 124,000 | 124,000 | + 4,000 | |
| Total, SSI, current request | 26,349,300 | 28,732,929 | 25,451,949 | 25,451,949 | - 897,351 | - 3,280,980 |
| New advances, 1st quarter, fiscal year 2006 | 12,590,000 | 10,930,000 | 14,130,000 | 14,130,000 | + 1,540,000 | + 3,200,000 |
| Total, SSI program | 38,939,300 | 39,662,929 | 39,581,949 | 39,581,949 | + 642,649 | - 80,980 |
| LIMITATION ON ADMINISTRATIVE EXPENSES | | | | | | |
| OASDI Trust Funds | 4,070,369 | 4,454,000 | 4,322,654 | 4,322,654 | + 252,285 | - 131,346 |
| HI/SMI Trust Funds | 1,147,705 | 1,284,000 | 1,246,144 | 1,246,144 | + 98,439 | - 37,856 |
| Social Security Advisory Board | 1,800 | 2,000 | 2,000 | 2,000 | + 200 | |
| SSI | 2,973,300 | 3,017,000 | 2,928,020 | 2,928,020 | - 45,280 | - 88,980 |
| Subtotal, regular LAE | 8,193,174 | 8,757,000 | 8,498,818 | 8,498,818 | + 305,644 | - 258,182 |
| User Fee Activities (SSI) | 120,000 | 124,000 | 124,000 | 124,000 | + 4,000 | |
| Total, Limitation on Administrative Expenses | 8,313,174 | 8,881,000 | 8,622,818 | 8,622,818 | + 309,644 | - 258,182 |
| MEDICARE REFORM FUNDING | | | | | | |
| HI/SMI trust funds mandatory spending ^{7, 8} | (500,000) | | | | (- 500,000) | |
| Medicare reform contingency fund ⁹ | | 100,000 | | | | - 100,000 |
| Federal Funds | 24,355 | 26,000 | 26,000 | 26,000 | + 1,645 | |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2004 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2005—Continued

(In thousands of dollars)

| Item | 2004 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or -) | |
|--|-----------------|-----------------|--------------------------|--|-----------------|
| | | | | 2004 comparable | Budget estimate |
| Trust Funds | 63,324 | 66,000 | 66,000 | + 2,676 | ..... |
| Total, Office of Inspector General | 87,679 | 92,000 | 92,000 | + 4,321 | ..... |
| Adjustment: Trust fund transfers from general revenues | - 3,093,300 | - 3,141,000 | - 3,052,020 | + 41,280 | + 88,980 |
| Total, Social Security Administration | 44,268,511 | 45,615,383 | 45,265,201 | + 996,690 | - 350,182 |
| Federal funds | 38,985,313 | 39,809,383 | 39,628,403 | + 643,090 | - 180,980 |
| Current year | (26,395,313) | (28,879,383) | (25,498,403) | (- 896,910) | (- 3,380,980) |
| New advances, 1st quarter | (12,590,000) | (10,930,000) | (14,130,000) | (+ 1,540,000) | (+ 3,200,000) |
| Trust funds | 5,283,198 | 5,806,000 | 5,636,798 | + 353,600 | - 169,202 |
| UNITED STATES INSTITUTE OF PEACE | 17,099 | 22,099 | 22,099 | + 5,000 | ..... |
| Emergency supplemental appropriations (Public Law 108-106) | 10,000 | ..... | ..... | - 10,000 | ..... |
| Total, United States Institute of Peace | 27,099 | 22,099 | 22,099 | - 5,000 | ..... |
| Total, Title IV, Related Agencies | 45,982,397 | 46,882,196 | 47,016,902 | + 1,034,505 | + 134,706 |
| Federal Funds | 40,582,691 | 40,956,491 | 41,260,399 | + 677,708 | + 303,908 |
| Current Year | (27,592,691) | (30,026,491) | (26,730,399) | (- 862,292) | (- 3,296,092) |
| Emergency appropriations | (10,000) | ..... | ..... | (- 10,000) | ..... |
| Fiscal Year 2006 Advance | (12,590,000) | (10,930,000) | (14,130,000) | (+ 1,540,000) | (+ 3,200,000) |
| Fiscal Year 2007 Advance | (400,000) | (400,000) | (400,000) | (+ 400,000) | (+ 400,000) |
| Trust Funds | 5,399,706 | 5,925,705 | 5,756,503 | + 356,797 | - 169,202 |
| SUMMARY | | | | | |
| Federal Funds | 467,768,349 | 478,426,001 | 481,915,310 | + 14,146,961 | + 3,489,309 |
| Current year | (374,421,073) | (387,045,210) | (386,934,519) | (+ 12,513,446) | (- 110,691) |
| 2006 advance | (92,947,276) | (91,380,791) | (94,580,791) | (+ 1,633,515) | (+ 3,200,000) |
| 2006 advance | (400,000) | (400,000) | (400,000) | (+ 1,633,515) | (+ 400,000) |

| | | | | | |
|-------------------|-------------|-------------|-------------|--------------|-------------|
| Trust Funds | 11,824,316 | 12,477,283 | 12,357,301 | + 532,985 | - 119,982 |
| Grand Total | 479,592,665 | 490,903,284 | 494,272,611 | + 14,679,946 | + 3,369,327 |

¹Two year availability.
²Funds provided in Public Law 108-173, the Medicare Prescription Drug, Improvement & Modernization Act.
³\$1 billion available for fiscal years 2004 and 2005.
⁴\$250 million available for fiscal years 2005-2008.
⁵Reflects fiscal year 2005 budget amendment related to certain WIA, Perkins Act, Student Financial Assistance and Head Start funding for the Compact of Free Association.
⁶Appropriations for Americans are provided in the VA-HUD bill.
⁷Funds provided in Public Law 108-173, the Medicare Prescription Drug, Improvement & Modernization Act.
⁸Available in fiscal years 2004 and 2005.
⁹Two-year availability. Funds may be transferred between CMS and SSA.

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