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116TH CONGRESS
2d Session

HOUSE OF REPRESENTATIVES

REPORT
116–450

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS BILL, 2021

R E P O R T

OF THE

COMMITTEE ON APPROPRIATION
HOUSE OF REPRESENTATIVES

ON

H.R. 7614

together with

MINORITY VIEWS

JULY 15, 2020.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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

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MINORITY VIEWS

[To accompany H.R. 7614]

The Committee on Appropriations submits the following report in explanation of the accompanying bill making appropriations for the Departments of Labor, Health and Human Services (except the Food and Drug Administration, the Agency for Toxic Substances and Disease Registry and the Indian Health Service), and Education, and the Committee for Purchase from People Who Are Blind or Severely Disabled, Corporation for National and Community Service, Corporation for Public Broadcasting, Federal Mediation and Conciliation Service, Federal Mine Safety and Health Review Commission, Institute of Museum and Library Services, Medicaid and CHIP Payment and Access Commission, Medicare Payment Advisory Commission, National Council on Disability, National Labor Relations Board, National Mediation Board, Occupational Safety and Health Review Commission, Railroad Retirement Board, and Social Security Administration for the fiscal year ending September 30, 2021, and for other purposes.

INDEX TO BILL AND REPORT

	Page number Bill	Report
Summary of Estimates and Appropriations	.....	3

	Page number Bill	Report
General Summary of the Bill	.....	3
Title I—Department of Labor:		
Employment and Training Administration	2	12
Employee Benefits Security Administration	20	24
Pension Benefit Guaranty Corporation	21	24
Wage and Hour Division	22	24
Office of Labor-Management Standards	22	26
Office of Federal Contract Compliance Programs	23	26
Office of Workers' Compensation Programs	23	27
Occupational Safety and Health Administration	27	29
Mine Safety and Health Administration	28	30
Bureau of Labor Statistics	30	31
Office of Disability Employment Policy	31	33
Departmental Management	31	33
General Provisions	36	39
Title II—Department of Health and Human Services:		
Health Resources and Services Administration	46	40
Centers for Disease Control and Prevention	56	61
National Institutes of Health	63	92
Substance Abuse and Mental Health Services Administration	72	152
Agency for Healthcare Research and Quality	77	157
Centers for Medicare & Medicaid Services	78	159
Administration for Children and Families	83	176
Administration for Community Living	93	197
Office of the Secretary	96	205
Public Health and Social Services Emergency Fund	100	221
General Provisions	102	228
Title III—Department of Education:		
Education for the Disadvantaged	126	232
Impact Aid	127	235
School Improvement Programs	128	236
Indian Education	130	241
Innovation and Improvement	130	242
Safe Schools and Citizenship Education	131	248
English Language Acquisition	131	250
Special Education	132	251
Rehabilitation Services	136	253
Special Institutions for Persons with Disabilities	138	255
Career, Technical and Adult Education	138	257
Student Financial Assistance	139	259
Federal Direct Student Loan Program Account	.....	262
Student Aid Administration	139	263
Higher Education	143	266
Howard University	144	276
College Housing and Academic Facilities Loans	144	276
Historically Black College and University Capital Financing Program Account	144	276
Institute of Education Sciences	146	277
Departmental Management	147	279
General Provisions	148	288
Title IV—Related Agencies:		
Committee for the Purchase from People Who Are Blind or Severely Disabled	162	289
Corporation for National and Community Service	163	290
Corporation for Public Broadcasting	168	293
Federal Mediation and Conciliation Service	169	294
Federal Mine Safety and Health Review Commission	170	295
Institute of Museum and Library Services	170	295
Medicaid and CHIP Payment and Access Commission	170	296

	Page number Bill	Report
Medicare Payment Advisory Commission	171	296
National Council on Disability	171	296
National Labor Relations Board	171	297
National Mediation Board	173	299
Occupational Safety and Health Review Commission	173	300
Railroad Retirement Board	173	300
Social Security Administration	175	301
Title V—General Provisions:		
Title VI—Emergency Funding:		
House of Representatives Report Requirements	.....	.....

SUMMARY OF ESTIMATES AND APPROPRIATIONS

The following table compares on a summary basis the appropriations, including trust funds for fiscal year 2021, the budget request for fiscal year 2021, and the Committee recommendation for fiscal year 2021 in the accompanying bill.

2021 LABOR, HHS, EDUCATION BILL

[Discretionary funding in thousands of dollars]

Budget Activity	Fiscal Year—			2021 Committee compared to—	
	2020 Enacted	2021 Budget	2021 Committee	2020 Enacted	2021 Budget
Department of Labor	$12,413,848	$11,174,499	$12,667,501	+253,653	+1,493,002
Department of Health and Human Services	$94,901,177	$85,267,729	$96,357,874	+1,456,797	+11,090,145
Department of Education	$72,751,214	$66,560,692	$73,467,154	+715,940	+6,906,462
Related Agencies	$15,346,861	$14,146,294	$15,507,471	+160,610	+1,361,177

GENERAL SUMMARY OF THE BILL

For fiscal year 2021, the Committee recommends a total of $182,914,000,000 in current year discretionary funding—the 302(b) allocation—and $196,546,000,000 in overall programmatic funding, including offsets and adjustments. The fiscal year 2021 recommendation is an increase of $2,399,000,000 above the fiscal year 2020 enacted level.

COVID–19 PANDEMIC

The United States and the international community continue to respond to the deadly COVID–19 pandemic—the worst public health crisis of the last century.

According to the Centers for Disease Control and Prevention (CDC), between February 29 and June 30, the U.S. recorded more than 2.6 million cases of coronavirus and 127,000 deaths due to COVID–19. Moreover, those figures likely under count the true toll of the pandemic, due to a shortage of diagnostic testing since the virus began spreading across our communities in early 2020.

Unfortunately, the Administration's response to the coronavirus pandemic has been inconsistent and incoherent.

In a public health emergency, historically, the Federal response should be led by the CDC, the nation's foremost public health agency, based on science and public health expertise. The Trump Administration, however, has sidelined the CDC and downplayed the recommendations of the world's foremost public health experts.

In their place, the Administration has elevated non-expert views of political appointees in the White House. As a result, the Administration did not develop a coordinated Federal strategy to contain the coronavirus, which has resulted in the worst response to the pandemic of any of the world's economically-advanced industrialized nations.

Other nations, from Germany to South Korea, applied rigorous public health guidelines to successfully contain the coronavirus. The U.S., on the other hand, deferred to political operatives and business leaders to focus on reopening economic activity without regard to public health. As a result, while nations such as New Zealand and Japan have contained the coronavirus, the U.S. has suffered approximately one-quarter of COVID–19 deaths across the globe, despite having less than five percent of the global population.

Congress demanded a national strategy for diagnostic testing and contact tracing to contain the virus and enable Americans to return to economic and social activities—but the Administration deferred to States to take action. Despite the urgent need for federal leadership, the Administration announced that States should develop their own testing plans and the federal government should be considered "the supplier of last resort."

In response to the COVID–19 pandemic, the President abdicated all federal responsibility. As a result, the Administration's failed response cannot be defended from a public health perspective.

But it did not have to be this way.

Timeline

In January, China confirmed its first known death caused by the novel coronavirus. Shortly thereafter, cases were identified in Japan, South Korea, Thailand, and the United States. By January 23, China closed down Wuhan, a city of 11 million people and the epicenter of the outbreak.

On January 25, HHS Secretary Alex Azar notified the Committee that the CDC would begin to access funds in the Infectious Diseases Rapid Response Reserve Fund, which was first established in the fiscal year 2019 Labor-HHS Education Appropriations Act, to support public health preparedness and response activities.

On January 30, the World Health Organization declared a "public health emergency of international concern." The following day, the Administration imposed travel restrictions to prevent foreign nationals who had recently traveled to China from entering the United States.

The evidence was becoming clear—the U.S. needed to prepare for a serious public health crisis.

On February 4, House Appropriations Committee Chairwoman Nita Lowey and LHHS Subcommittee Chair Rosa DeLauro sent a letter to HHS Secretary Alex Azar, urging him to submit a request for emergency supplemental appropriations to prepare for this public health threat. Chairwoman Lowey and Chair DeLauro noted: "It is clear, however, that further resources will be necessary to support an aggressive and comprehensive government-wide response to the 2019 novel Coronavirus, both domestically and internationally."

The Chairwomen urged the Secretary to submit an emergency supplemental request no later than February 10, including sufficient resources to support "surveillance, epidemiology, and laboratory capacity; enhanced screening at ports of entry; repatriation of U.S. nationals; mandatory quarantine of travelers; research, advanced development, and procurement of medical countermeasures, including vaccines, therapeutics, and diagnostics; communications and public awareness; direct assistance to state and local public health departments, including through the Public Health Emergency Preparedness Cooperative Agreement and the Hospital Preparedness Program; and other activities to prevent, prepare for, or respond to the 2019 novel Coronavirus."

In response, the Administration noted "[it] is still early on in the response effort for the 2019-nCOV and we cannot predict with accuracy when [the Infectious Diseases Rapid Response Reserve Fund] will run out of funding, nor how the outbreak and our response needs will evolve." The Administration did not submit a request for emergency supplemental appropriations until February 24—at which point, the request was limited to $1,250,000,000 in new emergency funding, repurposing of $535,000,000 in emergency funding for Ebola, and transfers from other existing health programs.

On February 25, Dr. Nancy Messonnier, Director of the CDC's National Center for Immunization and Respiratory Diseases, held a media briefing and presciently warned the country of the severity of the coronavirus outbreak. According to Dr. Messonnier, "Ultimately, we expect we will see community spread in the United States. It's not a question of if this will happen, but when this will happen and how many people in this country will have severe illnesses." She further noted, "disruptions to everyday life may be severe" and advised that Americans should begin to plan accordingly.

According to credible media accounts, President Trump did not heed the warning of the CDC's foremost expert on respiratory diseases. Instead, the President was angry at Dr. Messonnier for upsetting the stock market.

On February 25, in response to the CDC's warnings, Larry Kudlow, Director of the National Economic Council, told reporters, "We have contained this. I won't say airtight, but pretty close to airtight." The following day, the President said, "It's going to disappear. One day, it's like a miracle, it's going to disappear."

Two weeks later, on March 11, the World Health Organization declared the coronavirus outbreak a pandemic. On March 13, the President declared a state of national emergency under the Stafford Act and four days later, on March 17, the President encouraged Americans to work from home, postpone unnecessary travel, and avoid gatherings of more than 10 people.

At the time, in mid-March, there were fewer than 100 confirmed or presumed cases of COVID–19 in the United States. The country heeded the advice of public health experts to mitigate the spread of COVID–19 and to flatten the curve of the outbreak—thereby reducing the peak number of hospitalizations, easing the strain on the health care system, and saving hundreds of thousands of American lives.

But the Trump Administration quickly reverted to its inconsistent and incoherent response.

By April and May, the Administration had essentially given up any attempt to mitigate or contain the COVID–19 pandemic. As more than 1,300 Americans died every day of COVID–19, and more than 23,000 Americans tested positive every day, the Administration inexplicably shifted its attention to re-starting economic and social activities. The White House urged States to reopen businesses and the President urged Governors to dismantle public health measures.

Public health leaders continued to express deep concerns about re-starting economic and social activities without sufficient testing, contact tracing, or quarantine capabilities.

The CDC published guidance for schools, child care, employers with workers at high risk, restaurants and bars, and mass transit. The CDC advised against crowded indoor gatherings.

Not a single State met the CDC's recommended thresholds for widespread reopening of activities. But the Administration urged States to reopen anyway.

In the span of only two months—April and May—100,000 Americans died of COVID–19.

In June, as States relaxed stay-at-home orders and reopened businesses, coronavirus cases in the U.S. surged by nearly 50 percent. The surge of new cases was led by States that reopened their economies most rapidly and aggressively. By the end of June, the U.S. reported a total of more than 125,000 deaths due to COVID–19.

On July 1, States reported more than 52,000 new cases, the highest single-day total since the beginning of the pandemic. The new single-day peak lasted for 24 hours. On July 2, States reported more than 55,000 new cases. On July 3, States reported more than 57,000 new cases.

Emergency Supplemental Appropriations

Despite the Administration's inconsistent and incoherent response to the coronavirus pandemic, the Appropriations Committee has worked on a bipartisan basis since the beginning of the outbreak. Since March 6, Congress has passed four emergency supplemental appropriations packages, including more than $2,000,000,000,000 in emergency relief through the CARES Act. In addition, the House of Representatives passed the Heroes Act on May 15 to provide further emergency relief—however, the Senate has thus far failed to vote on the bill.

On March 4, the House of Representatives passed the first emergency supplemental appropriations bill, the Coronavirus Preparedness and Response Supplemental Appropriations Act (P.L. 116–123). The bill included a total of $8,300,000,000, including $6,100,000,000 through the Labor-HHS Education subcommittee—

- $2,200,000,000 for the CDC to support State and local public health departments, including for surveillance, laboratory testing, contact tracing, infection control; and mitigation; as well as global disease detection and emergency response;
- More than $3,000,000,000 for NIH and BARDA to support research and development of vaccines, therapeutics, and diagnostics; and

- Nearly $1,000,000 for procurement of masks, personal protective equipment, pharmaceuticals, and other medical supplies, as well as funding for Community Health Centers.

On March 14, the House of Representatives passed the second emergency supplemental appropriations bill, the Families First Coronavirus Response Act (P.L. 116–127). The bill included a total of $192,000,000,000, including $21,000,000,000 for Supplemental Nutrition Assistance Program benefits and $50,000,000,000 to increase the Federal share of expenditures in the Medicaid and CHIP programs, as well as $1.25 billion through the Labor-HHS Education subcommittee—

- $250,000,000 for home-delivered and prepackaged meals for low-income seniors; and
- $1,000,000,000 to cover diagnostic testing for the uninsured.

On March 27, the House of Representatives passed the third emergency supplemental appropriations bill, the Coronavirus Aid, Relief, and Emergency Security Act (CARES Act) (P.L. 116–136). The bill included more than $2,000,000,000,000 in emergency relief, including direct payments to households, enhanced unemployment compensation, and emergency assistance for state and local governments, small businesses, and corporation. The CARES Act included $172,000,000,000 in emergency supplemental appropriations through the Labor-HHS Education subcommittee—

- $100,000,000,000 for health care providers to cover health care expenses or lost revenues attributable to the coronavirus;
- $27,000,000,000 for the Assistant Secretary for Preparedness and Response, including $16,000,000,000 for the Strategic National Stockpile and at least $3,500,000,000 for additional advanced research and development of vaccines and therapeutics;
- $4,300,000,000 for the CDC to support State and local public health departments, including for surveillance, laboratory testing, contact tracing, infection control; and mitigation; as well as global disease detection and emergency response;
- $945,000,000 for NIH to expand research on COVID–19;
- $425,000,000 for mental health and substance abuse prevention and treatment activities at the Substance Abuse and Mental Health Services Administration (SAMHSA);
- $200,000,000 for CMS to assist nursing homes with infection control and support States' efforts to prevent the spread of coronavirus in nursing homes;
- $6,300,000,000 for the Administration for Children and Families (ACF), supporting child care for essential workers including healthcare workers and first responders, Head Start, and grants to States for community and social services, home energy assistance, child welfare services, runaway and homeless youth, and family violence prevention services;
- $955,000,000 for the Administration for Community Living (ACL) to support nutrition programs, home- and community-

based services, support for family caregivers, and expand oversight and protections for seniors and individuals with disabilities;

• $275,000,000 for the Health Resources and Services Administration, including funding for rural hospitals, expansion of telehealth services, and Ryan White HIV/AIDS programs;

• $30,900,000,000 for the Department of Education to assist students, school districts, institutions of higher education and States with immediate needs related to the coronavirus;

• $360,000,000 for the Department of Labor, including $345,000,000 for States and communities to respond to workforce impacts and layoffs resulting from the coronavirus through the Dislocated Worker National Reserve;

• $338,000,000 for the Social Security Administration to support essential telework, communication needs, and salaries and benefits of Federal employees impacted by office closures, and for the purposes of issuing emergency assistance Economic Impact Payments;

• $75,000,000 for stabilization grants through the Corporation for Public Broadcasting to maintain programming services and to preserve small and rural public telecommunication stations;

• $50,000,000 for digital access and technical support services through the Institute for Museum and Library Services; and

• $5,000,000 for the Railroad Retirement Board to support telework and administer the Railroad Unemployment Insurance Act.

On April 23, the House of Representatives passed the fourth emergency supplemental appropriations bill, the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116–139). The bill included nearly $500,000,000,000 in emergency relief, including $100,000,000,000 through the Labor-HHS Education subcommittee—

• $75,000,000,000 for the Health Care Provider Relief Fund; and

• $25,000,000,000 to support increased diagnostic testing and contact tracing across the United States.

On May 15, the House of Representatives passed the Heroes Act (H.R. 6800). The bill includes more than $3,000,000,000,000 in emergency relief for American families, workers, and businesses, as well as ongoing emergency response activities, including nearly $200,000,000,000 through the Labor-HHS Education subcommittee—

• $100,000,000,000 for the Health Care Provider Relief Fund;

• $75,000,000,000 to support increased diagnostic testing and contact tracing;

• $7,600,000,000 for Community Health Centers;

- $2,100,000,000 for the CDC to support State and local public health agencies;
- $4,700,000,000 for NIH to expand research on COVID–19, as well as support research projects interrupted by the pandemic;
- $4,500,000,000 for BARDA for additional advanced research and development of vaccines and therapeutics;
- $10,100,000,000 for the Administration for Children and Families (ACF), including $7,000,000,000 in Child Care and Development Block Grant (CCDBG) funding to States, $3,000,000,000 in home energy and water bill assistance to low income households, and additional funding for family violence and child abuse prevention services;
- $100,000,000,000 to provide direct services such as home-delivered and pre-packaged meals, and supportive services for seniors and disabled individuals and their caregivers through the Administration for Community Living (ACL);
- $100,200,000,000 to support the educational needs of students, school districts, institutions of higher education and States in response to the coronavirus, including $90,000,000,000 through a State Fiscal Stabilization Fund to support statewide and local funding for elementary and secondary schools and public postsecondary institutions and $10,200,000,000 for private colleges and Minority Serving Institutions;
- $2,000,000,000 through the Department of Labor to support workforce training, including through remote access, and providing emergency supportive services for migrant and seasonal workers;
- $940,000,000,000 to support the Unemployment Insurance system, including funds to speed the payment of benefits and assist States in processing claims;
- $107,000,000 for worker protection activities, including additional enforcement of standards and directives at slaughterhouses, poultry processing plants, and agricultural workplaces, and outreach to workers to make them aware of their rights to paid family and medical leave and paid sick leave;
- $5,000,000 to support libraries and museums with costs and expenses associated with the coronavirus; and
- $5,000,000 for the Railroad Retirement Board to support the processing of unemployment benefits under the Railroad Unemployment Insurance Act.

In March and April, the Labor-HHS Education subcommittee provided a total of $279,500,000,000 in emergency appropriations to protect the health and safety of Americans and to help Americans families and businesses to recover.

Oversight of the Administration's Response to COVID–19

Since the beginning of February, the Labor-HHS Education subcommittee has held nine subcommittee hearings or bipartisan briefings on the topic of COVID–19, including hearings and brief-

ings with senior HHS officials as well as hearings and briefings with non-governmental public health experts. The Subcommittee intends to hold additional oversight hearings through the rest of this Congress.

On February 12, the Subcommittee held a bipartisan briefing to examine HHS's response to the coronavirus. The briefing was led by Dr. Nancy Messonnier, Director of CDC's National Center for Immunization and Respiratory Diseases; Dr. Anthony Fauci, Director of NIH's National Institute of Allergy and Infectious Diseases; and Dr. Robert Kadlec, Assistant Secretary for Preparedness and Response. These HHS officials outlined the Department's preparedness and response activities, including efforts to assist in repatriating U.S. nationals from China, as well as screening and quarantine operations at ports of entry. Dr. Fauci and Dr. Kadlec also provided an overview of early efforts to develop medical countermeasures for the coronavirus, including vaccines and therapeutics.

On March 10, the Subcommittee held a hearing with the CDC to examine the agency's 2021 budget request. Witnesses included Dr. Robert Redfield, Director of the CDC; Dr. Ileana Arias, Associate Deputy Director for Public Health Science and Surveillance; Dr. Debra Houry, Director of the National Center for Injury Prevention and Control; and Ms. Sherri Berger, Chief Strategy Officer and Chief Operating Officer. The Subcommittee held the hearing one week after Congress passed the first emergency supplemental appropriations package, including $2.2 billion for the CDC, and focused on CDC's COVID–19 response activities, including the delay in producing diagnostic test kits, as well as the recent transition from a strategy of containment of the coronavirus to a strategy of mitigation (including social distancing).

On April 15, the Subcommittee held a bipartisan briefing for full committee members with HHS Secretary Alex Azar to examine the Department of Health and Human Services' plans to allocate $100,000,000,000 in emergency relief—enacted in the CARES Act on March 27—to hospitals, health care providers, and other entities for their health-related expenses and lost revenues due to the coronavirus. The briefing focused on how the Department would disseminate emergency funding quickly to health care providers, including to hospitals and other providers in areas most directly affected by the COVID–19 pandemic.

On April 16, the Subcommittee held a bipartisan briefing for full committee members to examine the Department of Education's implementation of CARES Act funding. The briefing was led by James Blew, Assistant Secretary for Planning, Evaluation and Policy Development; Robert King, Assistant Secretary for Postsecondary Education; Frank Brogan, Assistant Secretary for Elementary and Secondary Education; and, Diane Jones, Principal Deputy Under Secretary, Delegated the Duties of the Under Secretary. In the winter and spring of 2020, school buildings, campuses and libraries physically closed, and social and economic services that students and their families rely upon were disrupted or ceased entirely. In response, Congress passed the CARES Act to provide vital resources to assist students whose educations have been disrupted. During the briefing, members had an opportunity to ask questions of Department officials about the Secretary's timeline for distributing aid. Unfortunately, details regarding the Secretary's

implementation of key provisions of the law that are in contravention of both the plain reading of the statute and the intent of Congress were omitted during the briefing. And to date, the Department has issued conflicting and confusing guidance, which has resulted in the delay of assistance to students, families and institutions in need. As such, the Heroes Act takes steps to provide further relief and reassert Congressional intent.

On May 1, the Subcommittee held a bipartisan briefing for full committee members with Dr. Scott Gottlieb, former FDA Commissioner, to discuss recommendations for the conditions that would be necessary to re-start economic and social activities during the pandemic. Dr. Gottlieb outlined recommendations in a recent report by the American Enterprise Institute, *A Road Map to Reopening*, that he co-authored with Dr. Caitlin Rivers, Dr. Mark McClellan, Lauren Silvis, and Dr. Crystal Watson. The briefing focused on improvements in state and local capacity that would be necessary to slow community transition of COVID–19 before local communities could safely reopen.

On May 6, the Subcommittee held a hearing with two public health experts, Dr. Tom Frieden and Dr. Caitlin Rivers, to examine the necessary public health measures to respond to COVID–19, including surveillance, diagnostic testing, contact tracing, quarantine, social distancing, production and distribution of personal protective equipment, medical surge and health care resiliency, development of vaccines and therapeutics, and long-term investments in public health preparedness and response activities—including state and local health departments, public health laboratories, public health data modernization, public health workforce, and global disease detection and response.

On June 4, the Subcommittee held a hearing with Dr. Robert Redfield, Director of the CDC, to examine the Administration's inconsistent and incoherent response to the COVID–19 pandemic. While the CDC had issued guidance for re-starting economic and social activities, many States were already moving forward with activities despite failing to meet the CDC's recommended criteria. The hearing focused on the Administration's efforts to sideline the CDC, the nation's foremost public health agency, in favor of non-expert guidance from political appointees in the White House.

On June 11, the Subcommittee held a bipartisan briefing for full committee members with Dr. Ashish Jha, Professor of Global Health at the Harvard T.H. Chan School of Public Health and Director of the Harvard Global Health Institute, to examine the ongoing Federal response to the COVID–19 pandemic, particularly as the number of cases were increasing in many States and the U.S. continued to record as many as 800–1,000 deaths on a daily basis. The briefing focused on the projected course of the pandemic over subsequent months, including a likely worsening of the outbreak in the Fall and Winter months until a successful therapeutic or vaccine is widely available, as well as the need for the Administration to take a leadership role in responding to the pandemic.

On June 22, the Subcommittee held a bipartisan briefing with Randi Weingarten, President of the American Federation of Teachers to discuss reopening schools safely, preventing State and local layoffs, and addressing learning loss among our most at-risk students. In particular, Members discussed the effects of ongoing trau-

ma and mental health issues, how adverse childhood experiences impede and even prevent learning and the importance of trauma-informed care and services. The briefing also included a discussion on the importance of appropriate personal protective equipment for students and employees, including the availability of and training on how to effectively use it.

TITLE I—DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

Appropriation, fiscal year 2020	$9,973,160,000
Budget request, fiscal year 2021	8,676,681,000
Committee Recommendation	10,160,630,000
Change from enacted level	+187,470,000
Change from budget request	+1,483,949,000

The Employment and Training Administration (ETA) administers Federal job training grant programs and Trade Adjustment Assistance and provides funding for the administration and oversight of the State Unemployment Insurance and Employment Service system.

TRAINING AND EMPLOYMENT SERVICES

Appropriation, fiscal year 2020	$3,611,200,000
Budget request, fiscal year 2021	3,358,304,000
Committee Recommendation	3,696,700,000
Change from enacted level	+85,500,000
Change from budget request	+338,396,000

Training and Employment Services provides funding for Federal job training programs authorized primarily by the Workforce Innovation and Opportunity Act of 2014 (WIOA).

The Committee recommendation includes new bill language allowing the Secretary to waive certain requirements to permit the outlying areas to submit a single application for a consolidated grant.

Adult Employment and Training Activities.—For Adult Employment and Training Activities, the Committee recommends $864,649,000, which is $10,000,000 more than the fiscal year 2020 enacted level and the fiscal year 2021 budget request.

Youth Employment and Training Activities.—For Youth Employment and Training Activities, the Committee recommends $925,130,000, which is $12,000,000 more than the fiscal year 2020 enacted level and the fiscal year 2021 budget request.

The Committee is concerned that many 16–24 year-olds seeking employment are unable to find jobs due to limited access to resources and networks. This inability is worsened by racial disparities, especially in urban areas. The Committee directs the Secretary to include an update in the fiscal year 2022 Congressional Budget Justification on youth unemployment, including the number of unemployed youth ages 16–24, disaggregated by race, socioeconomic status, and age, as well as the disparities such youth face in seeking and obtaining employment. This update must also include information on youth unemployment by industry and sector, including Science, Technology, Engineering, and Math (STEM), as well as entrepreneurship. In addition, the Committee directs the Secretary to include recommendations on actions Congress can take to ensure that youth unemployment decreases.

In addition to the challenges posed by youth unemployment, the Committee recognizes that participation in work-based learning during high school can have a positive impact on students that may lead to sustained employment and higher-quality jobs. Therefore, the Committee urges the Department to encourage local secondary educational authorities with expertise in work-based learning to be included as part of the required education and training organization representatives on local workforce development boards to provide guidance on work experience, including summer employment opportunities for youth.

Dislocated Worker Employment and Training Activities.—For Dislocated Worker Employment and Training Activities, the Committee recommends $1,080,053,000, which is $28,000,000 more than the fiscal year 2020 enacted level and the fiscal year 2021 budget request.

Dislocated Worker Assistance National Reserve.—The Committee recommends $280,859,000 for the Dislocated Workers National Reserve, an increase of $10,000,000 over the fiscal year 2020 enacted level and $120,000,000 over the fiscal year 2021 budget request.

In addition, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (P.L. 116–136) included $345,000,000 for the Dislocated Worker National Reserve for States and communities to help address workforce-related impacts of COVID–19.

The Committee recommendation includes $50,000,000, an increase of $10,000,000 over the fiscal year 2020 enacted level, for Strengthening Community College Training Grants to support a new grant competition. This funding will continue to help better align workforce development efforts with postsecondary education and build off lessons learned from the Trade Adjustment Assistance Community College and Career Training Grant program. The fiscal year 2021 budget request did not include funding for this program.

The Committee is deeply troubled by the Department's failure to follow the requirements for this program as laid out in the Department of Labor Appropriations Act, 2020. This legislation included language requiring the Department to "follow the requirements for the program in House Report 116–62," which included a requirement that the solicitation for grant applications (SGA) be issued within 120 days of enactment of that Act. As such, this requirement was incorporated by reference into the appropriations measure and had the same legal effect as the legislation itself. The Department issued an SGA more than 200 days after enactment, thereby failing to follow the requirements for this program. Coupled with the ETA's misuse of registered apprenticeship funds, the Committee notices a concerning trend within ETA regarding proper execution of the law and is disappointed ETA continues to disregard Congressional intent. The Committee recommendation continues to direct the Department to follow the program requirements as laid out in House Report 116–62 and includes new bill language requiring ETA to issue an SGA within 120 days of enactment of this Act. The Committee recommendation includes new bill language reducing the Department's Executive Direction budget by $100,000 for each day the SGA is not issued beyond the 120 day requirement.

The Committee includes $10,000,000, the same as the fiscal year 2020 enacted level, for grants to support national out-of-school time organizations that serve youth and teens and place an emphasis on age-appropriate workforce readiness programming to expand job training and workforce pathways for youth and disconnected youth, including soft skill development, career exploration, job readiness and certification, summer jobs, year-round job opportunities, and registered apprenticeships. Funding will also support partnerships between workforce investment boards and youth serving organizations. The fiscal year 2021 budget request did not include funding for this initiative.

Native Americans.—For the Indian and Native American programs, the Committee recommends $55,500,000, which is $500,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program.

Migrant and Seasonal Farmworkers.—For the National Farmworker Jobs program, the Committee recommends $95,896,000, which is $4,000,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program.

The Committee recognizes that grantee performance may suffer as a result of the coronavirus, leading to lower performance measures in the future. Accordingly, the Committee encourages the Secretary to take into account the effects of the coronavirus outbreak on performance. Moreover, the recommendation includes new bill language adjusting the definition of "low-income" for purposes of this program.

YouthBuild.—For the YouthBuild program, the Committee recommends $100,534,000, which is $6,000,000 more than the fiscal year 2020 enacted level and $16,000,000 more than the fiscal year 2021 budget request.

Reintegration of Ex-Offenders.—The Committee recommends $103,079,000 for training and reintegration activities for individuals with criminal records or who have been justice system-involved, which is $5,000,000 more than the fiscal year 2020 enacted level and $10,000,000 more than the fiscal year 2021 budget request. The Committee directs the Department to ensure grantees establish formal partnerships with employers and that program participants receive industry recognized credentials and training in fields that prepare them for successful reintegration, including ensuring participants receive training and credentials in fields where their record is not a barrier to entry or continued employment. The Committee also directs the Department to consider the needs of communities that have recently experienced significant unrest.

The Committee also continues the set-aside of $25,000,000 for competitive grants to national and regional intermediaries for activities that prepare for employment young adults with criminal records or who have been justice system-involved or who have dropped out of school or other educational programs, with a priority for projects serving high-crime, high-poverty areas. The Committee directs the Department to consult data from the Department of Education and prioritize grants in communities where students of color have disproportionate rates of expulsions and suspensions.

The Committee is aware that recent re-entry programs are an excellent way to help address workforce challenges, including those

in the advanced manufacturing sector. The Committee directs the Department to provide an update in the fiscal year 2022 Congressional Budget Justification on information from the last three fiscal years on pathways and relationships built with employers, including data on formerly incarcerated individuals who have utilized the program, rates of increased credentials, and placement in higher paying positions. The Committee also directs the Department to provide a briefing to the Committees on Appropriations within 180 days of enactment of this Act on such information.

Workforce Data Quality Initiative.—The Committee recommends $6,000,000 for the Workforce Data Quality Initiative, which is the same as the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program. The Committee supports the work of States in using these funds to create and utilize data to align preschool through workforce systems.

Apprenticeship Grants.—The Committee recommends $185,000,000 for the apprenticeship grants program, which is $10,000,000 more than the fiscal year 2020 enacted level and $15,000,000 below the fiscal year 2021 budget request. The Committee established this program in 2016 to expand work-based learning programs in in-demand industries through registered apprenticeships. Registered apprenticeships are a proven strategy for meeting the needs of our nation's workforce and industry simultaneously.

The Committee continues to invest in expanding opportunities relating to Registered Apprenticeship programs registered only under the National Apprenticeship Act, to be available to the Secretary to carry out activities through grants, cooperative agreements, contracts and other arrangements with States and other appropriate entities. As part of these opportunities, the Committee directs the Secretary to continue funding for national and local apprenticeship intermediaries, business and labor industry partner intermediaries, and equity intermediaries. The Committee also directs the Department to ensure that these intermediaries are given opportunities to apply for competitive grants, cooperative agreements, contracts, and other funding opportunities. The Committee urges the Secretary to ensure that States engage both business and labor as part of any State funding opportunities associated with this program. In addition, the Committee continues to support the funding and development of industry or sector partnerships as a means to expand work-based learning programs and registered apprenticeships in in-demand industries.

The Committee directs the Secretary to submit a report to the Committees on Appropriations providing details on entities awarded funding, selection criteria used, and the funding amount for each grant or contract awarded at the time such awards are made. Not later than 90 days after enactment of this Act, the Department shall provide the Committees on Appropriations a detailed spend plan of anticipated uses of funds made available, including administrative costs.

The Committee is deeply concerned by the Industry Recognized Apprenticeship Program (IRAP) final rule as published in the Federal Register on March 11, 2020 (85 Fed. Reg. 14,294), entitled "Apprenticeship Programs, Labor Standards for Registration, Amendment of Regulations." The Committee maintains that IRAPs

are a duplicative apprenticeship model that wastes not only taxpayer dollars, but Federal resources and staff capacity at the Department. Therefore, the Committee includes a new bill-wide provision defining "apprenticeship" and "apprenticeship program" as an apprenticeship program registered under the National Apprenticeship Act, including any requirement, standard, or rule promulgated under such Act as was in effect on December 30, 2019. The Committee directs the Secretary to submit a report, not later than 90 days after the enactment of this Act, to the Committees on Appropriations on the implementation of the rule and any impact on Registered Apprenticeship programs. Such a report shall include, but not be limited to: a list of all entities awarded funding through grants or contracts related to the development or execution of IRAPs during fiscal years 2018, 2019, and 2020, including the funding amounts from Program Administration, H–1B fees, and all other sources derived; a list of all entities recognized or under consideration for recognition as Standards and Recognition Entities (SREs); a list of all IRAPs approved or seeking approval and the SREs for those programs recognized under the rule; an analysis of the starting wages and expected pay increases for apprentices in IRAPs and the portability of the credentials offered by the programs; the number of Departmental full-time equivalent employees dedicated solely to the Registered Apprenticeship program, and a list of any applications submitted under the rule. The report shall also include an accounting of all funds used for implementing or supporting IRAPs or awarded through grants or contracts under this rule since the date of the Executive Order issued on June 15, 2017, entitled Expanding Apprenticeships in America, through the end of fiscal year 2020, including any funds used from Program Administration, any grant programs under ETA, or H1–B fees.

The Committee also directs the Department to provide a detailed report within 90 days of enactment of this Act, outlining specific steps the Department will take towards effective oversight of the IRAP system, including monitoring conflicts of interests between SREs and program operators, the finances of SREs and any fees charged to program operators for recognition by the SRE, and any violations of civil rights laws or non-compliance with Equal Employment Opportunity regulations and guidelines.

The Committee strongly supports efforts to expand Registered Apprenticeships to traditionally underrepresented communities and encourages the Department to explore the feasibility and expansion of Registered Apprenticeship programs within the arts, theater, film, and television industries. Specifically, the Committee requests that the Department explore expanding the Registered Apprenticeship model to create career training strategies for all roles in the entertainment industry such as creative, production, technical, marketing and public relations roles.

In addition, the Committee notes that apprenticeships are an important path to the middle-class, with those completing a program earning an average annual income of $70,000. However, women are largely underrepresented in apprenticeship programs, and women who do participate make far less than men. Therefore, the Committee directs the Department to accelerate efforts to recruit and retain women as part of these programs and to ensure equal compensation.

The Committee is concerned about shortages nationwide of qualified drinking water and wastewater operation professionals, especially in rural areas, and encourages the Secretary to make funding available to address these challenges.

The Committee also supports the use of apprenticeship grants that provide worker education based on public-private partnerships in in-demand fields, including first responder, utility (water), as well as in goods movement sectors such as global logistics, rail and other freight-related employment.

The Committee encourages the Department to support apprenticeship programs that increase the number of trained workers in cybersecurity.

JOB CORPS

Appropriation, fiscal year 2020	$1,743,655,000
Budget request, fiscal year 2021	1,015,897,000
Committee Recommendation	1,755,655,000
Change from enacted level	+12,000,000
Change from budget request	+739,758,000

Job Corps is the nation's largest residential employment and workforce development program for youth, helping prepare thousands of young people ages 16 through 24 for jobs in in-demand occupations with good wages each year.

Operations.—For Job Corps Operations, the Committee recommends $1,603,325,000, which is the same as the fiscal year 2020 enacted level and $719,991,000 more than the fiscal year 2021 budget request.

Construction, Rehabilitation, and Acquisition.—The Committee recommends $120,000,000 for construction, rehabilitation, and acquisition activities of Job Corps centers, which is $12,000,000 more than the fiscal year 2020 enacted level and $19,984,000 more than the fiscal year 2021 budget request.

Administration.—The Committee recommends $32,330,000 for the administrative expenses of the Job Corps program, which is the same as the fiscal year 2020 enacted level and $217,000 less than the fiscal year 2021 budget request.

For over 50 years, Job Corps has successfully educated and trained millions of young adults for jobs in high demand industries and trades. Job Corps has campuses across all 50 States and Puerto Rico and provides a safe living, learning and disciplined residential setting that allows disconnected and opportunity youth to gain the employment and skills that U.S. employers seek. The Committee recommendation includes funding for Job Corps to meet capacity and ensure a safe learning environment for all students and staff, including to train youth for employment in industry sectors facing critical shortages of skilled workers, such as construction, healthcare, manufacturing, transportation, and cyber technologies. Job Corps centers are capable of serving approximately 50,000 out-of-work and out-of-school youth each year, and the Committee encourages the Department to use such funding accordingly.

In addition, the Committee is concerned with the administration of the Job Corps program, including the underutilization of centers relative to on-board strength, industry-standard training, and performance incentives. The Committee directs the Department to submit a report, within 90 days of enactment of this Act, on obliga-

tions, outlays, and unobligated funds for the current fiscal year and the most recent fiscal year to the Committees on Appropriations. To better utilize Job Corps centers, the Committee directs the Department to include an update in the fiscal year 2022 Congressional Budget Justification on specific outreach and admissions efforts, the most recent geographic assignment plan required by Sec. 145(c) of the WIOA, and an analysis of Job Corps application and enrollment data to evaluate the relative efficacy of different investments in producing Job Corps-eligible applicants, arrivals, and their families, including social media, national television or radio buys, and local outreach efforts targeted at eligible youth, guardians, and influencers. The Committee encourages the Department to hire additional Outreach and Admissions staff to increase recruitment efforts targeted at disconnected youth in large cities and rural areas. The Committee directs the Department to provide a briefing to the Committee on Appropriations within 120 days of enactment of this Act on efforts to responsibly increase onboard strength and training slot capacity. Moreover, the Committee urges the Department to suspend plans to eliminate programs based upon the 85–90 percent On-Board Strength/Career Technical Training range.

The Committee supports the Department's intention to make investments in Job Corps facilities to "support high-quality training that meets existing industry standards." Therefore, the Committee requests additional information in the fiscal year 2022 Congressional Budget Justification on the cost of modernizing Job Corps centers' trade offerings, curricula, and equipment to meet existing industry standards. This information is of particular interest given the realignment of Job Corps center recruitment and placement with local workforce development areas through the National Enrollee Assignment Plan.

The Department states that Job Corps' existing model incentivizes continuous performance improvement while the transition to fixed price contracts is expected to yield cost savings. The Committee is concerned that the current implementation of this transition may shift Job Corps' focus from student outcomes to cost savings. Within 90 days of enactment of this Act, the Committee requests detailed information regarding how the Department will assess which Job Corps proposals will provide the best value, specifically with respect to student outcomes. In addition, the Committee requests information on options for incorporating performance-based incentives into Job Corps' fixed price contracts in order to ensure student outcomes are the highest priority, including a timeline for implementation, in its fiscal year 2022 Congressional Budget Justification.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriation, fiscal year 2020	$405,000,000
Budget request, fiscal year 2021	– – –
Committee Recommendation	410,000,000
Change from enacted level	+5,000,000
Change from budget request	+410,000,000

The Community Service Employment for Older Americans program provides grants to public and private non-profit organizations that subsidize part-time work in community service activities for

unemployed persons aged 55 and older whose family income is below 125 percent of the poverty level.

The Committee recommends $410,000,000 for the Community Service Employment for Older Americans program, which is $5,000,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriation, fiscal year 2020	$680,000,000
Budget request, fiscal year 2021	633,600,000
Committee Recommendation	633,600,000
Change from enacted level	−46,400,000
Change from budget request	−−−

The Trade Adjustment Assistance program (TAA) provides assistance to workers adversely affected by international trade. TAA provides training, income support, wage subsidies for older workers, job search and relocation allowances to groups of workers who file a petition and are certified as eligible to apply for such benefits due to job losses resulting from increases in imports or foreign trade.

The mandatory funding provided for this program is dependent upon the Administration's economic assumptions, and the Committee's recommendation for fiscal year 2021 is lower than the fiscal year 2020 enacted level for this reason.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriation, fiscal year 2020	$3,374,649,000
Budget request, fiscal year 2021	3,497,280,000
Committee Recommendation	3,506,019,000
Change from enacted level	+131,370,000
Change from budget request	+8,739,000

The total includes $3,421,953,000 from the Employment Security Administration Account from the Unemployment Trust Fund and $84,066,000 from the General Fund of the Treasury. These funds are used to support the administration of Federal and State unemployment compensation laws.

Unemployment Insurance Compensation.—For Unemployment Insurance (UI) Compensation, the Committee recommends $2,649,686,000, which is $108,870,000 more than the fiscal year 2020 enacted level and $3,000,000 more than the fiscal year 2021 budget request. The recommendation provides additional resources for States to increase staffing capacity and to accommodate sustained increases in workload.

In addition, the recommendation provides contingency funding for increased workloads that States may face in the administration of UI. The Committee recommendation includes bill language so that, during fiscal year 2021, for every 100,000 increase in the total average weekly insured unemployment (AWIU) above 1,728,000, an additional $28,600,000 shall be made available to States from the Unemployment Trust Fund. Under current economic conditions, the Congressional Budget Office estimates that this will result in an additional $925,000,000 to flow to States.

In the event that additional funds are provided to States under the AWIU contingency authority, the Department is directed to provide notification to the Committees on Appropriations of the

current projected AWIU level for the fiscal year, when funds were provided to States, and how much additional funding was provided in total and to each State within 15 days of funding being provided. In the event that additional funds are provided on a quarterly basis, the Department shall provide this information on a quarterly basis.

The Committee includes $117,000,000 for the Reemployment Services and Eligibility Assessments program, and an additional $83,000,000 is made available pursuant to the Bipartisan Budget Act of 2018 (P.L. 115–123), which is $25,000,000 more than the fiscal year 2020 enacted level and equal to the fiscal year 2021 budget request.

Unemployment Compensation National Activities.—The Committee recommends $18,000,000 for National Activities, which is $6,000,000 more than the fiscal year 2020 enacted level and the same as the fiscal year 2021 budget request. This increase in funding is intended to help modernize the UI Interstate Connection Network (ICON) hub and support States in administering the UI program.

Employment Service.—The Committee recommends $673,052,000 for the Employment Service allotment to States, which is $5,000,000 more than the fiscal year 2020 enacted level and the fiscal year 2021 budget request.

The Committee also recommends $24,818,000 for Employment Service National Activities, which is $2,500,000 more than the fiscal year 2020 enacted level and $5,000,000 more than the fiscal year 2021 budget request. The increase in funds is intended to reduce the processing backlog for the work opportunity tax credit program and for assisting States in adopting or modernizing information technology for processing of certification requests, which may include training and technical assistance to States.

The Employment Service offers vital services such as referrals for job openings, career counseling, and job searches for individuals seeking employment, including veterans and people with disabilities. Since 1933, this Federal-State partnership has facilitated the connection between employers in need of workers and individuals seeking employment. Given the nature of this exchange, the Department has historically required that the Employment Service system rely on State merit-staff employees to ensure that these services are rendered in the public interest and not solely to meet private interests. However, the Department's recent final rule marks a dangerous departure from this operation. This final rule could upend vital public services provided to vulnerable populations by privatizing job search functions and other forms of assistance. Although the Department received comments from the public outlining these concerns, the Department has chosen to ignore this counsel. As such, in an effort to preserve the Employment Service system, the recommendation includes new bill language preventing the implementation of the final rule, entitled "Wagner-Peyser Act Staffing Flexibility" (85 Fed. Reg. 592).

Foreign Labor Certification.—The Committee recommends $77,810,000 for the Foreign Labor Certification (FLC) program, which is $9,000,000 more than the fiscal year 2020 enacted level and $2,088,000 below the fiscal year 2021 budget request. The recommendation includes $57,528,000 for Federal administration, an

increase of $3,000,000 over the fiscal year 2020 enacted level and $5,088,000 below the fiscal year 2021 budget request, that is intended to be used to ensure effective oversight and enforcement of employer regulations, and $20,282,000 for grants to States, an increase of $6,000,000 over the fiscal year 2020 enacted level and $3,000,000 more than the fiscal year 2021 budget request.

H–2A Program.—The Committee notes there are increases in the number of H–2A applications requested and that States have requested additional support for the proper reviewing and oversight of processing of H–2A applications, recruitment of potential domestic agricultural workers, and oversight of contract terms.

Within 120 days of enactment of this Act, the Committee directs the Secretary to submit a report to the Committees on Appropriations on the number of H–2A visa applications, trends in H–2A requests, and the distribution of funding according to the needs of States. The report shall detail how the agency considers costs associated with administrative and oversight requirements for both the H–2A and H–2B visa programs when determining the allocation. The Committee encourages the Department to continue to monitor the number and scope of requests from the previous year along with projected use in the coming year when determining State funding allocations.

H–2B violations.—The Committee directs the Department to submit a report to the Committees on Appropriations within 120 days of enactment of this Act on the recent history of sanctions and remedies that the Department has issued in each of the last three fiscal years against employers who violate H–2B provisions, including violations listed in 29 CFR § 503.19(a). The update should contain, but should not be limited to: a list of the employers that were cited and for what violation; how many workers in total have been impacted by violations; what impact the violations had on the domestic workforce; what industries the violations occurred in; how many employers have been debarred from the H–2B program; the methodology used in the decision to debar; and a justification for why repeat offenders continue to receive visas. The Department is also directed to include in such a report the distribution of visas granted by industry and sector through the H–2B program and contain a tabulation of the percentage of overall visas provided to the top 15 employers.

Schedule A Occupational Classification.—The Committee is aware that the Schedule A occupational classification list currently includes only two broad occupational classifications and a narrow subset of other applicants. The Committee encourages the Secretary to consider rulemaking to improve the experience of employers and to effectively allocate Department resources with the goal of protecting U.S. workers from undue foreign competition through the labor certification process.

One-Stop Career Centers/Labor Market Information.—The Committee recommends $62,653,000 for One-Stop Career Centers and Labor Market Information, which is the same as the fiscal year 2020 enacted level and $2,173,000 less than the fiscal year 2021 budget request.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

The Committee recommends such sums as necessary for Advances to the Unemployment Trust Fund and Other Funds. The funds are made available to accounts authorized under Federal and State unemployment insurance laws and the Black Lung Disability Trust Fund when the balances in such accounts are insufficient.

PROGRAM ADMINISTRATION

Appropriation, fiscal year 2020	$158,656,000
Budget request, fiscal year 2021	171,600,000
Committee Recommendation	158,656,000
Change from enacted level	– – –
Change from budget request	– – –

The recommendation includes $108,674,000 from the General Fund of the Treasury and $49,982,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

The Committee includes new bill language ensuring Office of Apprenticeship resources support Registered Apprenticeships and adequate staffing in the Office of Apprenticeship and State offices.

Outreach.—The Committee encourages the Department to support student support services, academic advisement and professional development for faculty and staff at educational institutions that offer accredited registered apprenticeship programs. Additionally, the Committee encourages the Department to support such institutions and in their outreach to local elementary and secondary education schools, businesses, workforce boards, and other local leaders in order to most effectively serve current students and increase program awareness for future students and their communities.

Prize Competition.—The Committee encourages the Department, in coordination with the Office of Science and Technology Policy, to establish a prize competition consistent with the requirements of section 24 of the Stevenson-Wydler Technology Innovation Act of 1980, to support eligible programs designed to prepare high school students to enter and succeed in an in-demand industry sector or occupation.

GAO Study on Automation.—The Committee directs the Government Accountability Office (GAO) to conduct a study that should explore: (1) the barriers to, and opportunities for, retraining workers in industries that have a high likelihood of being impacted by automation; (2) availability of data and strategies to improve collection, with respect to the workforce in in-demand industry sectors and occupations in the United States, such as advanced manufacturing, information technology, and health care, including how this data may be used to identify skills and jobs available for retrained workers or those displaced by automation; (3) the impact of the geographical location of workers and their access to transportation on the ability of the workers to access job training and related high-skilled positions; (4) what are the lessons learned from existing training programs and what more could be done to respond to changes in the labor market, including evolving technologies. Not later than one year after enactment of this Act, GAO should provide to the Committee a briefing on preliminary findings.

Advanced Manufacturing.—The Committee encourages the Department to support programs that facilitate partnerships between

local educational entities (e.g., technical colleges, community colleges, or entities that assist educationally underserved communities) and manufacturers that employ individuals who have advanced manufacturing skills. These programs should (1) develop skills and competencies in communities with expected growth in advanced manufacturing; (2) provide education and training for available and anticipated jobs in advanced manufacturing; (3) educate individuals about career advancement opportunities within advanced manufacturing; and (4) give priority to low-income incumbent workers, dislocated workers, and unemployed individuals.

Artificial Intelligence.—The Committee notes that it is not yet fully understood the extent of the disruption Artificial Intelligence will cause and how it will impact the workforce. Therefore, the Committee emphasizes the importance of anticipating changes in the workforce, investing in worker retraining programs, and providing adequate funding for registered apprenticeship programs.

Long-term Unemployed.—The Committee notes the economic challenges millions of individuals now face due to the coronavirus pandemic and high-unemployment. Within a matter of months, a nine-year period of sustained economic recovery and growth was swept away by a wave of pathogen, shuttering businesses and creating economic uncertainty. The Committee also notes that the economic prospects for many individuals unemployed prior to the start of the national emergency were worsened as a result of COVID–19. Prior to the pandemic, these individuals faced significant barriers to employment, having been unemployed for 27 weeks or more. While it is essential that the Department supports policies and practices that put Americans back to work in a safe and sustainable way, the Department must also ensure that the long-term unemployed do not fall through the cracks of our economic recovery. To advance this effort, the Committee encourages the Department to support reemployment programs targeting long-term unemployed workers.

Open Data Reporting.—The Committee notes that Congress has made a significant investment in our workforce development, postsecondary, and career and technical education systems. As a result of this investment, the number of credentials in the U.S. continues to rise. However, the Committee is aware that many workers and students may face challenges in navigating an intricate network of diplomas, licenses, certifications, and badges. Therefore, the recommendation includes new bill language requiring the Department to publicly disclose information on credentials and competencies earned through Registered Apprenticeships and information related to occupational and professional licenses and certifications in an open-source format. The Committee believes that this requirement will lead to the development of useful comparison tools and other resources that will improve the delivery of workforce development and postsecondary education programs, as well as enable workers and students to make more informed choices in their educational and job-training journeys. The Committee directs the Department to ensure that such information is also provided in a consumer-tested and user-friendly manner to ensure that workers and students are able to utilize this information about potential credentials effectively.

Remote Learning.—The Committee encourages the Secretary to consider the various ways the delivery of training may need to be altered in response to COVID–19, including through remote access.

National Guard Job ChalleNGe.—Committee appreciates the value and success of the National Guard's Youth ChalleNGe Program, and the benefits the Department of Labor's collaboration through Job ChalleNGe provides to the youth served through the experience. The occupational skills training, individualized career and academic counseling, work-based learning opportunities, and leadership development activities provided through the Job ChalleNGe are even more vital services during the economic fallout of the current COVID pandemic.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION

SALARIES AND EXPENSES

Appropriation, fiscal year 2020	$181,000,000
Budget request, fiscal year 2021	192,738,000
Committee Recommendation	181,000,000
Change from enacted level	– – –
Change from budget request	– 11,738,000

The Employee Benefits Security Administration (EBSA) assures the security of retirement, health and other workplace-related benefits of working Americans.

The Committee recommends $181,000,000 for EBSA, which is the same as the fiscal year 2020 enacted level and $11,738,000 less than the fiscal year 2021 budget request.

The Committee continues to encourage EBSA to prioritize audit resources to review the Thrift Savings Plan's (TSP) Information Technology operating environment, including the adequacy of controls at contractor sites and TSP's progress in remediating previously identified issues from past EBSA audits.

PENSION BENEFIT GUARANTY CORPORATION

Appropriation, fiscal year 2020	$452,858,000
Budget request, fiscal year 2021	465,289,000
Committee Recommendation	465,289,000
Change from enacted level	+12,431,000
Change from budget request	– – –

Congress established the Pension Benefit Guaranty Corporation to insure the defined-benefit pension plans of working Americans.

WAGE AND HOUR DIVISION

SALARIES AND EXPENSES

Appropriation, fiscal year 2020	$242,000,000
Budget request, fiscal year 2021	244,283,000
Committee Recommendation	246,283,000
Change from enacted level	+4,283,000
Change from budget request	+2,000,000

The Wage and Hour Division (WHD) enforces Federal minimum wage, overtime pay, recordkeeping, and child labor requirements of the Fair Labor Standards Act (FLSA). WHD also has enforcement and other administrative responsibilities related to the Migrant and Seasonal Agricultural Worker Protection Act, the Employee

Polygraph Protection Act, the Family and Medical Leave Act, the Davis Bacon Act, and the Service Contract Act.

The Committee recommends $246,283,000 for WHD, which is $4,283,000 above the fiscal year 2020 enacted level and $2,000,000 above the fiscal year 2021 budget request. This increase will support WHD's role in implementing the Labor Value Content provision to the Rules of Origin Chapter within the United States-Mexico-Canada Agreement. The increase will also support additional investigators to combat wage theft and protect workers. The Committee urges WHD to explore and expand strategic enforcement approaches to the agency's work to make the most of this increase.

In the fiscal year 2022 Congressional Budget Justification, WHD is directed to continue providing annual and historical information on the Payroll Audit Independent Determination (PAID) program, including administrative expenditures on PAID, amounts recovered through PAID, and the number of businesses participating in PAID.

On January 16, 2020, the WHD finalized its interpretative regulation narrowing joint employment liability under the FLSA, effective March 16, 2020. The Committee is concerned that the Department acted beyond its authority by issuing an interpretive rule that conflicts with the law and congressional intent by so narrowly restricting its interpretation of joint employment liability to a question of control and rejecting the economic dependence inquiry. As an interpretive regulation, this rule does not have the force of law, but will dictate how and if the Department will continue to hold employers accountable when they are jointly liable for FLSA violations. This could leave workers in low-wage, high-violation industries vulnerable.

In response to concerns about the Department's overreach and negative impact on workers, the Committee includes new bill language to prohibit the use of funds to implement or enforce the final interpretative regulation. Further, the Committee directs the Department to submit a report no later than 90 days of enactment of this Act to the Committees on Appropriations, the House Committee on Education and Labor, and the Senate Committee on Health, Education, Labor, and Pensions detailing the impact of the final interpretive rule on the WHD's enforcement actions involving joint employment liability under the FLSA. Such report shall include the number of findings of joint employment liability under the FLSA the WHD made in fiscal years 2017, 2018, and 2019, disaggregated by industry; the number of investigations and the number of cases in Department-initiated litigation involving joint employment liability, disaggregated by industry, that were ongoing as of March 16, 2020; how the Department has proceeded with such cases and investigations between March 16, 2020 and the date of enactment of this Act; and the number of investigations and the number of cases in Department-initiated litigation involving joint employment liability, disaggregated by industry, that commenced on or after March 16, 2020 through the date of enactment of this Act. This report will provide transparency to the Committee to understand the extent to which WHD no longer pursued joint employment cases that it otherwise would have under the previous interpretation, leaving workers worse off.

The Committee is deeply concerned by WHD Field Bulletin No. 2020–2, which scales back the agency's use of liquidated damages to compensate workers who have been denied their earned wages. Victims of wage theft deserve to not only be compensated for the wages they were denied, but for the cost of not having access to their pay over time. Further, WHD's decision to scale back its use of enforcement tools sends a strong signal to businesses that they can expect a slight slap on the wrist if any wrongdoing occurs. That approach is unacceptable, and it undermines WHD's core mission of protecting workers from wage theft. The Committee strongly urges WHD to adjust course and abandon Field Bulletin No. 2020–2 so that workers can be appropriately compensated for their losses and so employers understand there are meaningful consequences for flagrant, repeated violations of the FLSA.

OFFICE OF LABOR MANAGEMENT STANDARDS

SALARIES AND EXPENSES

Appropriation, fiscal year 2020	$43,187,000
Budget request, fiscal year 2021	50,410,000
Committee Recommendation	42,187,000
Change from enacted level	−1,000,000
Change from budget request	−8,223,000

The Office of Labor Management Standards (OLMS) administers the Labor-Management Reporting and Disclosure Act (LMRDA), which establishes safeguards for union democracy and union financial integrity, and requires public disclosure reporting by unions, union officers, employees of unions, labor relations consultants, employers, and surety companies.

The Committee is concerned about OLMS' administration of the LMRDA, specifically efforts to utilize reporting and transparency requirements as tools to undermine, rather than strengthen, union democracy and integrity. The Department is encouraged to partner in good faith with those entities covered by the LMRDA to ensure compliance.

OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS

SALARIES AND EXPENSES

Appropriation, fiscal year 2020	$105,976,000
Budget request, fiscal year 2021	106,412,000
Committee Recommendation	105,976,000
Change from enacted level	–––
Change from budget request	−436,000

The Office of Federal Contract Compliance Programs (OFCCP) ensures equal employment opportunity in the Federal contracting community through enforcement, regulatory work, outreach and education to workers and their advocates.

OFCCP is responsible, per Executive Order 11246 (EO 11246), for ensuring Federal contractors and subcontractors take affirmative action to ensure that all individuals have an equal opportunity for employment, without regard to race, color, religion, sex, or national origin. The Committee supports OFCCP's efforts to make sure contractors and subcontractors are adhering fully to EO 11246.

In the fiscal year 2022 Congressional Budget Justification, OFCCP is directed to detail the agency's compliance and enforcement efforts with regard to promoting equal opportunities for employment by contractors and subcontractors to the Federal government, including technology contractors and subcontractors.

The Committee strongly opposes OFCCP's proposed rule on Implementing Legal Requirements Regarding the Equal Opportunity Clause's Religious Exemption, (RIN 1250–AA09), which would give taxpayer funded contractors, including for-profit corporations, the extraordinary power to hire and fire employees based on religion and the employer's understanding of religious tenets and beliefs. In response to these concerns, new bill language is included to prohibit funds from being used to implement, enforce, or give effect to this proposed rule.

OFFICE OF WORKERS' COMPENSATION PROGRAMS

SALARIES AND EXPENSES

Appropriation, fiscal year 2020	$117,601,000
Budget request, fiscal year 2021	119,312,000
Committee Recommendation	117,601,000
Change from enacted level	– – –
Change from budget request	– 1,711,000

The Office of Workers' Compensation Programs (OWCP) administers the Federal Employees' Compensation Act, the Longshore and Harbor Workers' Compensation Act, the Energy Employees Occupational Illness Compensation Program Act, and the Black Lung Benefits Act. These programs provide eligible injured and disabled workers and their survivors with compensation, medical benefits, and services including rehabilitation, supervision of medical care, and technical and advisory counseling.

The Committee recommendation includes $115,424,000 in General Funds from the Treasury, which is the same as the fiscal year 2020 enacted level and $462,000 above the fiscal year 2021 request, and $2,177,000 from the Special Fund established by the Longshore and Harbor Workers' Compensation Act.

SPECIAL BENEFITS

Appropriation, fiscal year 2020	$234,600,000
Budget request, fiscal year 2021	239,000,000
Committee Recommendation	239,000,000
Change from enacted level	+4,400,000
Change from budget request	– – –

These funds provide mandatory benefits under the Federal Employees' Compensation Act.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriation, fiscal year 2020	$34,970,000
Budget request, fiscal year 2021	54,970,000
Committee Recommendation	54,970,000
Change from enacted level	+20,000,000
Change from budget request	– – –

These funds provide mandatory benefits to coal miners disabled by black lung disease, to their survivors and eligible dependents, and for necessary administrative costs.

The Committee recommends a mandatory appropriation of $40,970,000 in fiscal year 2021 for special benefits for disabled coal miners. This is in addition to the $14,000,000 appropriated last year as an advance for the first quarter of fiscal year 2021, for a total program level of $54,970,000 in fiscal year 2021.

The Committee recommendation also provides $14,000,000 as an advance appropriation for the first quarter of fiscal year 2022. These funds ensure uninterrupted payments to beneficiaries.

ADMINISTRATIVE EXPENSES, ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND

Appropriation, fiscal year 2020	$59,846,000
Budget request, fiscal year 2021	62,507,000
Committee Recommendation	62,507,000
Change from enacted level	+2,661,000
Change from budget request	– – –

These funds provide mandatory benefits to eligible employees or survivors of employees of the Department of Energy (DOE); its contractors and subcontractors; companies that provided beryllium to DOE; atomic weapons employees who suffer from a radiation-related cancer, beryllium-related disease, or chronic silicosis as a result of their work in producing or testing nuclear weapons; and uranium workers covered under the Radiation Exposure Compensation Act.

The Committee recognizes the vital role the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) plays in the lives of former DOE employees and contractors and prioritizes policies that ensure efficient and effective medical care for these individuals. The Committee requests the Department submit a report to the Committees within 180 days of enactment of this Act on the policy changes the Department made to the program in fiscal years 2018, 2019 and 2020, and the overall impact these changes have had on program beneficiaries and medical providers. The report shall include information on how these policy changes have impacted the quality of care for program beneficiaries and how the policy changes have impacted operational efficiencies for medical providers.

The Department shall ensure the Advisory Board on Toxic Substances and Worker Health has sufficient funding and staffing to meet its obligations.

BLACK LUNG DISABILITY TRUST FUND

Appropriation, fiscal year 2020	$365,240,000
Budget request, fiscal year 2021	382,991,000
Committee Recommendation	382,991,000
Change from enacted level	+17,751,000
Change from budget request	– – –

The Black Lung Disability Trust Fund, supported with mandatory funding, pays black lung compensation, medical and survivor benefits, and administrative expenses when no mine operator can be assigned liability for such benefits, or when mine employment ceased prior to 1970. The Black Lung Disability Trust Fund is financed by an excise tax on coal, reimbursements from responsible mine operators, and short-term advances from the Treasury. The Emergency Economic Stabilization Act of 2008 authorized a restructuring of the Black Lung Disability Trust Fund debt and re-

quired that annual operating surpluses be used to pay down the debt until all remaining obligations are retired.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriation, fiscal year 2020	$581,787,000
Budget request, fiscal year 2021	576,813,000
Committee Recommendation	593,787,000
Change from enacted level	+12,000,000
Change from budget request	+16,974,000

The Occupational Safety and Health Act of 1970 established the Occupational Safety and Health Administration (OSHA) to assure safe and healthy working conditions by setting and enforcing standards and by providing training, outreach, education and assistance.

Within the total for OSHA, the Committee provides the following amounts:

Budget Activity	FY 2021 Committee
Safety and Health Standards	$18,000,000
Federal Enforcement	231,711,000
Whistleblower Programs	18,564,000
State Programs	108,575,000
Technical Support	24,469,000
Federal Compliance Assistance	74,481,000
State Consultation Grants	61,500,000
Training Grants	13,537,000
Safety and Health Statistics	32,900,000
Executive Direction and Administration	10,050,000

The Committee directs OSHA to publish Funding Opportunity Notices for the Susan Harwood Training Grant program no later than June 30, 2021. Further, the Committee directs OSHA to provide technical assistance, guidance, and support for applicants in order to reduce the proportion of applicants that did not meet eligibility and program requirements included in Funding Opportunity Notices in previous fiscal years.

The Committee encourages the Department to include hazards facing domestic workers as a topic for training in its announcements for Susan Harwood Training Grants.

In the fiscal year 2022 Congressional Budget Justification, OSHA is directed to include annual expenditures on the Voluntary Protection Program for each year since fiscal year 2015 as well as planned expenditures in fiscal year 2022.

The Committee recognizes the risks posed by the COVID–19 pandemic to our nation's essential farm workforce as they continue to ensure the availability of the food supply. OSHA must use all available resources provided by this Committee to fully protect workers from getting sick. That should start with issuing an Emergency Temporary Infectious Disease Standard. Clear, effective, comprehensive requirements from OSHA is the only way to guarantee that all workers, including farmworkers, receive the protections from COVID–19 that will keep them safe. Fortunately, much work has been done over the past decade on an infectious disease rulemaking that can be used to issue the Emergency Temporary Infectious Disease Standard. In the interim, to protect workers from

coronavirus infection, OSHA should be fully enforcing all applicable standards and directives, including the Personal Protective Equipment standard (29 CFR 1910.132), the Respiratory Protection standard (29 CFR 1910.134), the General Duty Clause (Section 5(a)(1) of the Occupational Safety and Health Act of 1970), and the Bloodborne Pathogens standard (29 CFR 1910.1030). Particular emphasis should be placed on workplaces where workers are deemed essential and also face a higher risk of infection, such as slaughterhouses, poultry processing plants, and agricultural workplaces.

To minimize the risk of a future COVID–19 outbreak and mitigate the impacts of having to shut down operations and decontaminate a worksite if a case of COVID–19 is detected among their workforce, the Committee urges OSHA to create clear requirements and guidance for manufacturers and other employers on best practices for protecting workers from infectious diseases.

The Committee recognizes the challenge of ensuring adequate enforcement in remote geographical areas, such as the Pacific territories, and that there have been worker fatalities and injuries in areas where there is no permanent enforcement presence. The Committee encourages OSHA to ensure compliance safety and health officers are adequately serving these territories and to provide an assessment of need for areas with no permanent enforcement presence in its fiscal year 2022 Congressional Budget Justification.

The Committee is deeply concerned that OSHA is failing to move forward to develop and issue needed standards on major safety and health problems. One issue of particular concern is workplace violence, a serious and growing problem that has reached epidemic levels. Workplace violence is now the third leading cause of death and is responsible for nearly 30,000 serious injuries every year. Nurses, medical assistants, emergency responders and social workers face some of the greatest threats, suffering more than 70 percent of all workplace assaults. Workers who are women are at particular risk, suffering two out of every three serious workplace violence injuries. In January 2017, OSHA committed to developing and issuing a workplace violence standard, but the agency has not yet completed a required small business review, and there is no estimated date for the issuance of a proposed or final rule. The Committee believes issuing a workplace violence standard to protect workers in health care and social services should be a top priority for the Department. In order to monitor the agency's progress on this important rule, the Committee directs OSHA to brief the Committees on Appropriations, within 90 days of enactment of this Act, on a schedule for moving this rule to completion, including the dates on which a proposed rule and final rule will be issued.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriation, fiscal year 2020	$379,816,000
Budget request, fiscal year 2021	381,587,000
Committee Recommendation	379,816,000
Change from enacted level	– – –
Change from budget request	–1,771,000

The Mine Safety and Health Administration (MSHA) enforces the Federal Mine Safety and Health Act in underground and surface coalmines and metal/non-metal mines.

MSHA is directed to include in the fiscal year 2022 Congressional Budget Justification and all future Congressional Budget Justifications historical and budget year information on enforcement activities and outcomes, distinguishing between coal and metal/non-metal mines. To promote transparency in agency spending on its enforcement activities, MSHA shall continue to separately present annual spending on coal and metal/non-metal mines as it has in past Congressional Budget Justifications.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

Appropriation, fiscal year 2020	$655,000,000
Budget request, fiscal year 2021	658,318,000
Committee Recommendation	655,000,000
Change from enacted level	– – –
Change from budget request	–3,318,000

The Bureau of Labor Statistics (BLS) is an independent national statistical agency that collects, processes, analyzes, and disseminates essential economic data to the Congress, Federal agencies, State and local governments, businesses, and the public. Its principal surveys include the Consumer Price Index and the monthly unemployment series.

The Committee recommendation includes $587,000,000 from the General Fund of the Treasury and $68,000,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

Within the total for BLS, the Committee provides the following amounts:

Budget Activity	FY 2021 Committee
Employment and Unemployment Statistics	$221,000,000
Labor Market Information	68,000,000
Prices and Cost of Living	210,000,000
Compensation and Working Conditions	83,500,000
Productivity and Technology	10,500,000
Executive Direction and Staff Services	62,000,000

The Committee is supportive of BLS' workplan for implementing investments included in the explanatory statement accompanying the Department of Labor Appropriations Act, 2020, which includes:

- An annual supplement to the Current Population Survey to allow for collection of data on contingent and alternative work arrangements every two years and data on other topics related to the labor force in alternate years, including an occasional veterans supplement;
- Restoration of the production and publication of employment, unemployment, and labor force data under the Local Area Unemployment Statistics program for New England Minor Civil Divisions with populations less than 1,000; and,

- Investment into the planning, development, and implementation of a new National Longitudinal Survey of Youth (NLSY) cohort.

BLS shall brief the Committees on Appropriations with updated estimates for the annual costs and five-year plan for implementing the new NLSY cohort within 90 days of enactment of this Act. The Committee is supportive of BLS' interest in improving the Job Openings and Labor Turnover Survey (JOLTS) and Consumer Expenditure (CE) program poverty measurement; however, BLS must ensure it has adequate resources for the planning, development, and implementation of the new NLSY cohort before moving to new investments for JOLTS and CE.

When implementing these investments, BLS shall not reduce or eliminate existing statistical work. Further, BLS shall not reduce the number of full-time equivalent positions beyond the apportioned fiscal year 2020 full-time equivalent ceiling.

Within the total amount for BLS, the Committee includes $13,000,000 to continue the relocation of the BLS headquarters, which was initiated in fiscal year 2020. BLS is strongly urged to consider the needs of its employees throughout this transition and to work with the General Services Administration (GSA) to address any outstanding safety concerns and office space considerations for the development of sensitive economic indicators. In addition, BLS, in coordination with the Administrator of GSA, shall follow appropriate CDC guidance and take such actions as are necessary to mitigate and reduce the potential for airborne transmission of COVID–19 through air conditioning, heating, ventilating, water systems, and floor plans in facilities owned or leased by the GSA and occupied by BLS, to ensure safe and healthy indoor environments for BLS employees. Such plans should include consideration of worker health and safety during the move to the Suitland Federal Center. Within 120 days of enactment of this Act, the GSA shall provide a report to the Committees on Appropriations on all plans to mitigate the spread of COVID–19 in all facilities controlled by the GSA and occupied by BLS.

The Committee encourages BLS to consider expanding the Contingent Worker and Alternative Work Arrangement Supplement (CWS) to the Current Population Survey (CPS) to measure both workers engaged in alternative work as a primary form of occupation as well as workers who engage in alternative work in a supplementary or informal capacity. This could include, but is not limited to, traditional employees who engage in alternative work, including as independent contractors, in addition to their primary occupations. The Committee is aware that BLS forecasts labor-market trends using historical data and is supportive of any efforts that would incorporate a wider and more forward-looking range of inputs to better project how rapidly changing technology and automation will impact the workforce of the future. In the fiscal year 2022 Congressional Budget Justification, the Committee requests that BLS include its views on the merits of developing more forward-looking estimates.

Furthermore, the Committee is aware of the development of artificial intelligence and encourages BLS to examine this trend's impact on the economy.

OFFICE OF DISABILITY EMPLOYMENT POLICY

SALARIES AND EXPENSES

Appropriation, fiscal year 2020	$38,500,000
Budget request, fiscal year 2021	27,100,000
Committee Recommendation	38,500,000
Change from enacted level	– – –
Change from budget request	+11,400,000

The Office of Disability Employment Policy (ODEP) provides policy guidance and leadership to eliminate employment barriers to people with disabilities.

The Committee recommendation is the same as the fiscal year 2020 enacted level and $11,400,000 above the fiscal year 2021 budget request.

Given the high number of young adults with disabilities who experience significant challenges to live independently and achieve gainful employment, the Committee encourages ODEP to quantify and evaluate the efficacy of experiential learning work-life programs that serve young adults with developmental disabilities, including those with Autism Spectrum Disorder (ASD), which is the fastest growing developmental disability in the U.S. with approximately 1 in 59 children diagnosed each year, and more than 50,000 young adults with ASD turning 18 in the next fiscal year. Further, the Committee encourages ODEP to evaluate barriers to both attaining and sustaining employment and career development within this population, and the financial impact that long-term gainful employment will have on increasing the number of young adults with developmental disabilities who are able to achieve economic self-sufficiency.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriation, fiscal year 2020	$348,364,000
Budget request, fiscal year 2021	271,952,000
Committee Recommendation	349,364,000
Change from enacted level	+1,000,000
Change from budget request	+77,412,000

The Departmental Management appropriation provides funds for the staff responsible for Departmental operations, management, and policy development.

The Committee recommendation includes $349,056,000 from the General Fund of the Treasury, $1,000,000 above the fiscal year 2020 enacted level and $77,412,000 above the fiscal year 2021 budget request, and $308,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

In addition, the CARES Act (P.L. 116–136) included $15,000,000 for Departmental Management to prevent, prepare for, and respond to the coronavirus, including to implement paid family and medical leave, paid sick leave, worker protection and Unemployment Insurance stabilization activities.

Within the total for Departmental Management, the Committee provides the following amounts:

Budget Activity	FY 2021 Committee
Program Direction and Support	$30,250,000
Departmental Evaluation	8,040,000
Legal Services	124,053,000
International Labor Affairs	96,125,000
Administration and Management	28,450,000
Adjudication	35,000,000
Women's Bureau	15,050,000
Civil Rights Activities	6,880,000
Chief Financial Officer	5,516,000

Of the $96,125,000 recommended for the International Labor Affairs Bureau (ILAB), the Committee directs the Secretary to allocate not less than $13,500,000 in grants to build the capacity of countries to enforce labor rights to promote a more level playing field for workers in the U.S. while maintaining critical funding for combatting child labor. ILAB is directed to continue its work on three key reports, including: DOL's Findings on the Worst Forms of Child Labor; the List of Goods Produced by Child Labor or Forced Labor; and, the List of Products Produced by Forced or Indentured Child Labor.

In fiscal year 2020, the Committee provided additional resources to the Office of Trade and Labor Affairs to bolster monitoring and enforcement activities around the world and to hire additional labor attaches in critical U.S. Embassies to increase field-based and international monitoring. ILAB is in urgent need of attachés in Bangladesh, Vietnam, and Geneva, Switzerland for engagement with the International Labor Organization (ILO).

The Committee is very supportive of ILAB's efforts to hire additional attachés in Mexico to support the U.S.'s enforcement of the United States-Mexico-Canada Agreement (USMCA); however, those expenses should be supported by resources this Committee provided in Title IX of the USMCA Implementation Act (P.L. 116–113), which included $210,000,000 for ILAB. Resources provided in this Act should support ILAB's efforts to add additional attachés in other areas of strategic importance, such as Bangladesh, Vietnam, and ILO engagement in Geneva, Switzerland.

Finally, the Committee urges ILAB to use USMCA Implementation Act funding to directly support workers' rights and capacity to organize independent unions in Mexico. These activities must be central to ILAB's monitoring, enforcement, and capacity-building roles in USMCA implementation. ILAB can also advance this critical work through technical assistance that strengthens the capacity of independent unions in USMCA priority sectors. Further, ILAB can fund research and legal teams, including through academic institutions, to develop sustainable programs that train and support labor lawyers and researchers in priority sectors. Finally, ILAB can support key USMCA objectives by funding innovative supply chain monitoring and accountability mechanisms, focused on ensuring the effective recognition of workers' rights to organize and collective bargaining in USMCA priority sectors. Such efforts to develop necessary research, legal assistance and monitoring mechanisms will collectively supplement and strengthen core ILAB program to directly educate and train workers to build independent unions.

In the fiscal year 2022 Congressional Budget Justification, ILAB is directed to include spending plans for resources provided in the USMCA Implementation Act for fiscal years 2020, 2021, and 2022. Spending plans should include descriptions and amounts for projects and staffing.

The Committee directs the Department to notify and brief the Committees on Appropriations, the House Committee on Ways and Means, and the Senate Committee on Finance, no later than seven days in advance of any action to transfer funds provided in the USMCA Implementation Act.

Of the $15,050,000 appropriated to the Women's Bureau, the Committee provides no less than $1,794,000 for the Women in Apprenticeship and Nontraditional Occupations (WANTO) program, which is $500,000 above the fiscal year 2020 enacted level. The Committee once again rejects the fiscal year 2021 budget request's proposal to eliminate WANTO. This program helps employers and labor unions recruit, train, and retain women for nontraditional employment opportunities. These resources are essential in helping women overcome traditional barriers to entry and supporting women's full participation in the labor force.

The Committee directs the Department to submit its annual Operating Plan to the Committees on Appropriations within the 45-day statutory deadline.

The Committee understands that, as the largest advertiser in the U.S., the Federal Government should work to ensure fair access to its advertising contracts for small disadvantaged businesses and businesses owned by minorities and women. The Committee directs the Department to include the following information in its fiscal year 2022 Congressional Budget Justification: Expenditures for fiscal year 2020 and expected expenditures for fiscal years 2021 and 2022, respectively, for (1) all contracts for advertising services; and, (2) contracts for the advertising services of (I) socially and economically disadvantaged small business concerns (as defined in section 8(a)(4) of the Small Business Act (15 U.S.C. 637(a)(4)); and (II) women- and minority-owned businesses.

The Committee directs the Department to provide a report not later than 30 days after the conclusion of each quarter detailing the number of full-time equivalent employees and attrition by principal office and appropriations account.

The Committee directs the Department to provide a report to the Committees on Appropriations within 120 days of enactment of this Act on the number of full-time equivalent employees and funds obligated for personnel, training, equipment and travel to provide security for the Secretary and others covered under applicable security detail provisions within this Act for fiscal years 2019 and 2020. In addition, the Department shall include projected costs for fiscal years 2021 and 2022 in the fiscal year 2022 Congressional Budget Justification.

The Committee supports targeted investments in impoverished areas, particularly in persistent poverty counties and in other high poverty census tracts. To understand how programs funded through the Department are serving these particular areas, the Committee directs the Department to submit a report to the Committees on Appropriations on the percentage of funds allocated by all competitive grant programs and other anti-poverty programs in

fiscal years 2018, 2019 and 2020 and estimates for fiscal year 2021 to serve individuals living in persistent poverty counties, as defined as a county that has had 20 percent or more of its population living in poverty over the past 30 years, as measured by the 1990 and 2000 decennial censuses and the most recent Small Area Income and Poverty estimates, or any territory or possession of the U.S., and high-poverty areas, as defined as any census tract with a poverty rate of at least 20 percent as measured by the 2014–2018 5-year data series available from the American Community Survey of the Census Bureau. The Department shall report this information to the Committees within 90 days of such data being available and provide a briefing to the Committees not later than 180 days of enactment of this Act on how the Department is carrying out this directive. In the case of any program for which at least 10 percent of the funds allocated in fiscal year 2020 were not allocated to persistent poverty counties or for which the percentage allocated to high-poverty areas in fiscal year 2020 was less than the average percentage of Federal assistance allocated to high-poverty areas awarded under the program in fiscal years 2017, 2018, and 2019, such report and briefing shall explain why such a benchmark is unable to be met.

The Committee is supportive of efforts by the Department to consider evidence of effectiveness in grant competitions and requests an update in the fiscal year 2022 Congressional Budget Justification on implementation of the Foundations for Evidence-based Policymaking Act (P.L. 115–435) and implementation plans for the coming year. The Committee encourages the Secretary to develop guidance to ensure relevant participants and grantees are involved in the Department-wide process of prioritizing evidence needs, including participating in Department led evaluations. Consistent with program statutes, the Committee encourages the Secretary to ensure that evidence of effectiveness is a consideration in grant opportunities.

The Committee directs the Department to comply with title 31 of the United States Code, including the development of organizational priority goals and outcomes such as performance outcome measures, output measures, efficiency measures, and customer service measures. The Committee further directs the Department to include an update on the progress of these efforts in the fiscal year 2022 Congressional Budget Justification.

The Committee continues to support efforts to improve customer service in accordance with Executive Order 13571—Streamlining Service Delivery and Improving Customer Service. The Committee directs the Secretary to develop standards to improve customer service and incorporate the standards into the performance plans required under 31 U.S.C. 1115. The Committee further directs the Department to include an update on the progress of these efforts in the fiscal year 2022 Congressional Budget Justification.

The Committee is concerned by the Department's implementation of Executive Orders 13836, 13837, and 13839 and eagerness to bring disputes with employee bargaining units before the Federal Service Impasses Panel. The Committee urges the Department to negotiate in good faith with Department's employees and cease efforts that curtail their ability to collectively bargain and organize.

The Committee is concerned by reports of widespread workplace harassment and mistreatment of vulnerable workers, including domestic workers. To address these concerns, the Committee directs GAO to study and recommend improvements to Federal support programs for survivors of workplace harassment in low-wage, vulnerable, and marginalized sectors like domestic work. This would include recommendations to ensure that domestic workers can safely access housing, health care, mental health, and counseling service supports; as well as workers compensation, unemployment insurance, disability benefits, transportation stipends, and other support. The Committee recognizes that menstrual hygiene products are basic health necessities and supports efforts by employers to provide menstrual hygiene products free of charge for employees.

The Committee is deeply concerned about the 11.9 million children, including 7.5 million Black and Latino children, living in poverty as of 2018. Now, millions more are projected to live in poverty due to the COVID–19 pandemic. Without robust Federal support, a Columbia University study estimates that child poverty could balloon from an already shameful 13.6 percent to nearly 21 percent, with Black and Latino children bearing a disproportionate risk of falling into or deeper into poverty. More than 50 percent of low-income households report they or someone in their household has experienced job loss or a pay cut, and more nearly 40 million Americans have lost their jobs to date. During the pandemic, families are stretched thinner than ever and far too many families, especially in communities of color, are struggling to pay the bills and keep the lights on. The Committee recognizes that resources provided for the Department are critical now more than ever to reducing child poverty and racial disparities. However, there is concern that especially with tight budget caps for fiscal year 2021, funding for programs to help children in poverty is not enough. Deep inequities remain for children of color who are often more segregated by neighborhood, lower socioeconomic status, and in K–12 schooling. The Committee requests that the Department looks for opportunities to target resources to communities with the highest child poverty rates to help reduce child poverty and racial disparities, especially in the context of COVID–19, and as the pandemic threatens to increase child poverty for years to come.

The Committee encourages the Department to consider using local media in their advertising, including local television, radio broadcast stations, and newspapers to the greatest extent possible. The Committee directs the Department to include in its fiscal year 2022 Congressional Budget Justification details on expenditures on local media advertising for the prior two fiscal years.

The Committee directs the Department's Division of Protective Operations, to the extent it has not already done so, to submit its use of force data to the Federal Bureau of Investigation's National Use of Force Data Collection database. The Committee further directs, within 90 days of enactment of this Act, the Department to brief the Committees on Appropriations on its current efforts to tabulate and submit its use of force data to the FBI.

VETERANS EMPLOYMENT AND TRAINING

Appropriation, fiscal year 2020	$311,341,000
Budget request, fiscal year 2021	312,000,000
Committee Recommendation	313,841,000
Change from enacted level	+2,500,000
Change from budget request	+1,841,000

The recommendation includes $57,500,000 from the General Fund of the Treasury and $256,341,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

The Veterans Employment and Training (VETS) program serves America's veterans and separating service members by preparing them for meaningful careers, providing employment resources and expertise, and protecting their employment rights.

Within the total for VETS, the Committee provides the following amounts:

Budget Activity	FY 2021 Committee
State Administration Grants	$180,000,000
Transition Assistance Program	29,379,000
Federal Administration	43,548,000
Veterans Employment and Training Institute	3,414,000
Homeless Veterans Reintegration Program	57,500,000

The Committee recommendation includes $29,379,000 for the Transition Assistance Program, which is the same as the fiscal year 2020 enacted level and the fiscal year 2021 budget request. This funding will enhance the quality of employment support services for transitioning service members and allow VETS to develop and implement a course curriculum to help military spouses overcome the challenges they face related to employment and career development.

The Committee includes $57,500,000 for the Homeless Veterans Reintegration Program, which is $2,500,000 more than the fiscal year 2020 enacted level and the fiscal year 2021 budget request. Funds will be used to further support the needs of veterans experiencing homelessness.

The Committee includes $500,000, which is the same as the fiscal year 2020 enacted level and the fiscal year 2021 budget request, to support the HIRE Vets Medallion Program authorized by the Honoring Investments in Recruiting and Employing American Military Veterans Act of 2017.

The Committee recommendation includes $300,000 within Federal Administration, which is the same as the fiscal year 2020 enacted level and the fiscal year 2021 budget request, to continue the operation of the Disabled Veteran Program (DVP), which was initiated by the Committee last year. The DVP addresses the high unemployment and low labor force participation rate of veterans with service-connected and non-service-connected disabilities. The DVP helps increase employment and advancement opportunities for veterans with disabilities by working with Federal, State, and private partners to promote the hiring of veterans with disabilities, improve coordination of available employment services and supports, and to identify and share employment best practices for hiring, retaining, and advancing veterans with disabilities in the workforce.

Equity and Access for Homeless Veterans.—The Committee directs the Department to include an update on racial equity and access to programs at the Department providing services to homeless veterans in its fiscal year 2022 Congressional Budget Justification. The update shall also track departmental expenditures within the Homeless Veteran Programs, specifically with regard to minority, female, and LGBTQ populations. Where available, the Department shall disaggregate data by ethnicity, age, gender identity, and discharge status.

INFORMATION TECHNOLOGY MODERNIZATION

Appropriation, fiscal year 2020	$25,269,000
Budget request, fiscal year 2021	37,000,000
Committee Recommendation	25,269,000
Change from enacted level	– – –
Change from budget request	– 11,731,000

Information Technology (IT) Modernization provides a dedicated source of funding for Department-wide IT modernization projects together with funding through the Department's Working Capital Fund.

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2020	$90,847,000
Budget request, fiscal year 2021	93,493,000
Committee Recommendation	91,847,000
Change from enacted level	+1,000,000
Change from budget request	– 1,646,000

The Office of Inspector General (OIG) conducts audits of Department programs and operations in order to determine that they comply with the applicable laws and regulations, that they use resources effectively, and that they are achieving their intended results.

The recommendation includes $85,187,000 from the General Fund of the Treasury, which is $1,000,000 more than the fiscal year 2020 enacted level and $1,646,000 below the fiscal year 2021 budget request, and $5,660,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

The CARES Act (P.L.116–136) included $26 million, including $1,000,000 in discretionary funding, for the OIG to conduct oversight of activities supported with funds appropriated to the Department to prevent, prepare for, and respond to COVID–19.

GENERAL PROVISIONS

Sec. 101. The Committee continues a provision to prohibit the use of Job Corps funds for the salary of an individual at a rate in excess of Executive Level II.

(TRANSFER OF FUNDS)

Sec. 102. The Committee modifies a provision regarding transfer authority.

Sec. 103. The Committee continues a prohibition on use of funds to purchase goods that are in any part produced by indentured children.

Sec. 104. The Committee continues a provision related to grants made from funds available to the Department under the American Competitiveness and Workforce Improvement Act.

Sec. 105. The Committee continues a provision to prohibit recipients of funds provided to the Employment and Training Administration from using such funds for the compensation of any individual at a rate in excess of Executive Level II.

(TRANSFER OF FUNDS)

Sec. 106. The Committee continues a provision providing the Secretary with the authority to transfer funds made available to the Employment and Training Administration to Program Administration for technical assistance and program integrity activities.

(TRANSFER OF FUNDS)

Sec. 107. The Committee continues a provision allowing up to 0.75 percent of discretionary appropriations provided in this Act for specific Department of Labor agencies to be used by the Office of the Chief Evaluation Officer for evaluation purposes consistent with the terms and conditions in this Act applicable to such office.

Sec. 108. The Committee continues a provision relating to surplus property and apprenticeship programs.

Sec. 109. The Committee modifies a provision relating to the Secretary's security detail.

Sec. 110. The Committee continues a provision relating to the Treasure Island Job Corps Center.

(RESCISSION)

Sec. 111. The Committee modifies a provision relating to H–1B fees.

Sec. 112. The Committee continues a provision relating to Job Corps.

Sec. 113. The Committee includes a new provision relating to the Joint Employer Status regulation.

Sec. 114. The Committee includes a new provision relating to the Implementing Legal Requirements Regarding the Equal Opportunity Clause's Religious Exemption regulation.

Sec. 115. The Committee includes a new provision related to the Wagner-Peyser Act Staffing Flexibility regulation.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

Appropriation, fiscal year 2020	$7,037,259,000
Budget request, fiscal year 2021	6,289,085,000
Committee Recommendation	7,195,758,000
Change from enacted level	+158,499,000
Change from budget request	+906,673,000

The Health Resources and Services Administration (HRSA) supports programs that provide health services to disadvantaged, medically underserved, and special populations; decrease infant mortality rates; assist in the education of health professionals; and provide technical assistance regarding the utilization of health resources and facilities.

The Committee recommendation for HRSA includes $7,195,758,000 in discretionary budget authority, and $265,600,000 in mandatory funding and $10,200,000 in trust fund appropriations for the Vaccine Injury Compensation Program Trust Fund.

In addition, the Coronavirus Preparedness and Response Supplemental Appropriations Act (P.L. 116–123) included $100,000,000 and the CARES Act (P.L. 116–136) included $275,000,000 in discretionary appropriations and $1,320,000,000 in mandatory funding to support health centers, Ryan White HIV/AIDS clinics, and hospitals respond to the COVID–19 pandemic.

PRIMARY HEALTH CARE

Appropriation, fiscal year 2020	$1,626,522,000
Budget request, fiscal year 2021	1,728,522,000
Committee Recommendation	1,651,522,000
Change from enacted level	25,000,000
Change from budget request	−77,000,000

Health Centers

The Committee recommends $1,650,522,000 for the Health Centers program, $25,000,000 above the fiscal year 2020 enacted level and $77,000,000 below the fiscal year 2021 budget request.

In addition, the Coronavirus Preparedness and Response Supplemental Appropriations Act included $100,000,000 and the CARES Act included $1,320,000,000 in mandatory funding to support COVID–19 testing and treatment as well as maintain other critical services at Health Centers.

The Committee includes bill language providing up to $120,000,000 for the Federal Tort Claims Act program, the same as the fiscal year 2020 enacted level and the fiscal year 2021 budget request.

Ending the HIV Epidemic Initiative.—The Committee provides $65,000,000 within the Health Centers program for the Ending the HIV Epidemic (EHE) Initiative, $15,000,000 above the fiscal year 2020 enacted level and $72,000,000 below the fiscal year 2021 budget request. This investment builds on an increase of $50,000,000 included in fiscal year 2020, bringing the two-year investment in Health Centers for their role in the EHE Initiative to a total of $115,000,000. This initiative provides funding to Health Centers in high-need jurisdictions to increase the use of pre-exposure prophylaxis (PrEP) among people at high risk for HIV transmission.

Native Hawaiian Health Care Program.—The Committee provides $19,000,000 within the total for Health Centers for the Native Hawaiian Health Care Program, the same as the fiscal year 2020 enacted level and the fiscal year 2021 budget request. The Native Hawaiian Healthcare Systems help improve the health status of Native Hawaiians by making health education, health promotion, disease prevention, and Native Hawaiian traditional healing services available.

Health Care for the Homeless.—Recognizing the complex and serious health challenges homeless individuals face, the Committee urges HRSA to prioritize access to expanded behavioral health services, including mental health services and substance use disorder treatment services.

Health Center Guidelines for Hepatitis B (HBV) and Hepatitis C (HCV).—Funded health centers are expected to follow the USPSTF Guidelines for testing of HBV and HCV, vaccination against Hepatitis A (HAV) and HBV, and offering appropriate care and treatment for those clients who test positive for these viruses. The Committee requests that HRSA submit a status report within 180 days of enactment of Act on the number of annual viral hepatitis tests conducted and adult vaccinations administered by Community Health Centers, and the number of clients treated for HBV and cured of HCV. The Committee requests that HRSA provide guidance to Federally-Qualified Health Centers (FQHCs) outlining how primary care doctors ought to manage and treat HCV.

Health Centers and Home Visiting Programs.—The Committee supports HRSA's continued promotion of expanded partnerships between Health Centers and evidence-based home visiting programs to improve maternal and child health outcomes in high-need communities. Home visiting programs can also provide cost-effective benefits such as care coordination and service referral that help Health Centers achieve community health goals. As such, the Committee directs the Bureau to issue written guidance on how these partnerships fit within Health Centers' scope of practice.

Health Centers as Primary Dental Homes.—The Committee recognizes the importance of Health Centers in providing integrated care to the nation's underserved communities. Health Centers serve as a primary dental home for many who would otherwise face barriers to dental care. The Committee is aware that some Health Centers have partnered with Community Dental Health Coordinators (CDHCs) to provide patients with greater access to dental care. CDHCs provide community-based prevention, care coordination, and patient navigation to underserved populations in rural, urban, and Native American communities. The Committee encourages HRSA to work with Health Centers to expand their work in this area.

HRSA Strategy to Address Intimate Partner Violence and Project Catalyst.—The Committee includes no less than $1,500,000 for the HRSA Strategy to Address Intimate Partner Violence, an increase of $500,000 over the fiscal year 2020 enacted level. The Committee particularly supports training, technical assistance, and resource development to assist public health and health care professionals to better serve individuals and communities impacted by intimate partner violence.

School-Based Health Centers.—The Committee includes an increase of $10,000,000 within the total for Health Centers to increase the number of and services provided at SBHCs. SBHCs provide a convenient access point to high-quality, comprehensive primary health care, mental health services, preventive care, social services, and youth development to primarily children and adolescents from low-income families.

Free Clinics Medical Malpractice

The Committee recommends $1,000,000 for carrying out responsibilities under the Federal Tort Claims Act, the same as the fiscal year 2020 enacted level and the fiscal year 2021 budget request. The program provides medical malpractice coverage to individuals involved in the operation of free clinics to expand access to health

care services to low-income individuals in medically underserved areas.

HEALTH WORKFORCE

Appropriation, fiscal year 2020	$1,194,506,000
Budget request, fiscal year 2021	370,425,000
Committee Recommendation	1,242,505,000
Change from enacted level	+47,999,000
Change from budget request	+872,080,000

The Bureau of Health Workforce strengthens the health care workforce by providing grants, scholarships, and loan repayment programs to help communities recruit and retain health care providers where they are most needed.

Rural Health Workforce.—The Committee encourages HRSA to explore opportunities for collaboration and partnership with schools and programs that offer rural residencies, rural health certificates, or otherwise recognized rural curriculum in order to increase the placement of health care providers and professionals with rural health training in HRSA Health Workforce Programs. The agency shall report to the Committees on these efforts within 60 days of enactment of this Act.

Health Professions

The Committee recommends $847,505,000 for the Health Professions programs, $42,999,000 above the fiscal year 2020 enacted level and $477,080,000 above the fiscal year 2021 budget request. The Health Professions programs support grants for the development of the health workforce in fields challenged by a high need and insufficient supply of health professionals. Given that colleges and universities serve the dual role of training students and carrying out a majority of Federally-funded biomedical research, the Committee believes these institutions serve as an ideal setting to expose future clinicians to the evidence base that underlies their intended profession.

Within the total for Health Professions, the Committee recommends the following amounts:

Budget Activity	FY 2021 Committee
National Health Service Corps	$120,000,000
Health Professions Training for Diversity	
Centers of Excellence	23,711,000
Health Careers Opportunity Program	15,000,000
Faculty Loan Repayment	1,190,000
Scholarships for Disadvantaged Students	51,470,000
Primary Care Training and Enhancement	48,924,000
Oral Health Training Programs	40,673,000
Interdisciplinary, Community-Based Linkages	
Area Health Education Centers	43,249,000
Geriatric Programs	42,737,000
Mental and Behavioral Health	38,916,000
Behavioral Health Workforce Education and Training	127,000,000
Workforce Information and Analysis	5,663,000
Public Health and Preventive Medicine Programs	19,000,000
Nursing Programs	
Advanced Education Nursing	78,581,000
Nurse Education, Practice, and Retention	45,913,000
Nurse Practitioner Optional Fellowship Program	5,000,000
Nursing Workforce Diversity	20,343,000
NURSE Corps Scholarship and Loan Repayment	91,635,000

Budget Activity	FY 2021 Committee
Nursing Faculty Loan Program	28,500,000

Attracting Health Care Providers to the Non-Contiguous States.—Non-contiguous States are continually challenged by a shortage of health care providers. Due to the geographic challenges of these two States, including large rural areas, areas of sparse population, fragmentation, duplication due to roadless areas (including ocean geography), and higher costs due to the volume of patients served, non-contiguous areas have geographic challenges that make it difficult to provide access to quality health care. The Committee requests a report, not later than 180 days of enactment of this Act, on best practices and strategies to attract health care practitioners to non-contiguous States, especially in the areas with health care professional shortages.

Health Professionals Staffing Shortages Report.—The Committee recognizes the current and growing shortage of primary care physicians, psychiatrists, behavioral health specialists, and geriatric medical professionals. The Committee looks forward to receiving the Health Professional Staffing Shortages report requested in House Report 116–62, which was due by June 20, 2020.

HRSA Diversity Programs.—The Committee supports programs that improve the diversity of the healthcare workforce. HRSA's diversity pipeline programs, including the Health Careers Opportunity Program, Centers for Excellence, Faculty Loan Repayment, Nursing Workforce Diversity, and Scholarships for Disadvantaged Students help advance patient care and ensure opportunity for all healthcare providers. The Committee requests a report within 180 days of enactment of this Act on how these programs can be further strengthened to address mental health disparities.

Pediatric Nephrology Workforce.—The Committee is concerned about the growing shortage of pediatric nephrologists, particularly in rural parts of the country. If these trends continue, there will not be enough pediatric nephrologists to treat children with kidney disease. The Committee requests a report within 120 days of enactment of this Act on ways HRSA can support efforts to recruit, train, and support pediatric nephrologists, including existing workforce training opportunities and recommendations to address health professional staffing shortages.

Rural Medical Provider Shortages.—The Committee is concerned with the large medical provider shortage in rural areas around the country. The Committee directs HRSA to submit a report to the Committee and the Committee on Ways and Means within 180 days of enactment of this Act detailing specific strategies and the associated costs that could be used to eliminate medical provider shortages in rural communities, including but not limited to expanding the National Health Service Corps. This report should place an emphasis on both recruitment and retention of medical providers in rural communities.

National Health Service Corps

The Committee directs HRSA to examine the application processes and eligibility requirements for both NHSC recruits and provider locations, including the HPSA qualification and scoring. The

Committee looks forward to receiving the report, as directed in House Report 116–62, with recommendations on how the NHSC program, including the HPSA application and scoring process, may be modified to increase recruitment and field strength as well as diversify provider sites on the roles of Department agencies in addressing gaps in maternal mental health, within 60 days of enactment of this Act.

Centers of Excellence (COEs)

The Committee notes that COEs disproportionately educate health professionals from minority and underserved backgrounds and address the need for a diverse and culturally competent American healthcare workforce. The Committee looks forward to receiving the report requested in House Report 116–32 on achievements and challenges faced by COEs and the contribution COEs make to workforce development.

Health Careers Opportunity Program (HCOP)

The Committee notes that HCOPs assist students from minority and economically disadvantaged backgrounds navigate careers into the health professions. Given the volume of HCOP scholars that return or remain in medically underserved communities, the Committee encourages HRSA's Bureau of Health Workforce to continue its improvement of the diversity and distribution of needed health care professionals through National Health Career Opportunity Program Academies and urges HRSA to report updates on HCOP pipeline activity back to Congress within 120 days of the enactment of this Act.

Scholarships for Disadvantaged Students

Within the total funding for Scholarships for Disadvantaged Students, the Committee directs $2,500,000, the same as the fiscal year 2020 enacted level, to be set aside to educate midwives to address the national shortage of maternity care providers and the lack of diversity in the maternity care workforce.

Oral Health Training

Oral Health Training and Dental Faculty Loan Repayment Program.—Within the total for Oral Health Training, the Committee includes not less than $12,000,000 for General Dentistry Programs and not less than $12,000,000 for Pediatric Dentistry Programs. The Committee directs HRSA to provide continuation funding for section 748 Dental Faculty Loan Program (DFLRP) grants initially awarded in fiscal years 2016, 2017, and 2018. The Committee continues to support DFLRP awards with a preference for pediatric dentistry faculty supervising dental students or residents and providing clinical services in dental clinics located in dental schools, hospitals, and community-based affiliate sites.

Area Health Education Centers (AHEC)

AHEC Oral Health Projects.—The Committee encourages HRSA to support AHEC oral health projects that establish primary points of service and address the need to help patients find treatment outside of hospital emergency rooms. The Committee encourages HRSA to work with programs that have already been initiated by

some State dental associations to refer emergency room patients to dental networks.

Mental and Behavioral Health Education Training (MBHET) Programs

Graduate Psychology Education.—Within the total for MBHET, the Committee recommendation includes $20,000,000, $2,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request, for the interprofessional Graduate Psychology Education (GPE) Program to support health service psychologists trained to provide integrated services to high-need, underserved populations in rural and urban communities. In addressing the opioid epidemic, the Committee recognizes the growing need for highly trained mental and behavioral health professionals to deliver evidence-based behavioral interventions for pain management. The Committee encourages HRSA to help integrate health service psychology trainees at FQHCs.

Behavioral Health Workforce Education and Training (BHWET)

The Committee includes $127,000,000 for the BHWET Program, $25,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request. This program establishes and expands internships or field placement programs in behavioral health serving populations in rural and medically underserved areas.

BHWET Support in Rural Settings.—The Committee is concerned about the utilization of BHWET programs by rural residents and in rural areas. In the 2017–2018 academic year, only 27 percent of BHWET trainees were from rural areas, 25 percent of BHWET clinical sites were located in rural settings, and 20 percent of BHWET trainees were receiving training in rural areas. The Committee encourages HRSA to increase the number of trainees from rural areas, clinical sites located in rural areas, and trainees receiving training in rural areas. The Committee directs HRSA to update the Committee on such efforts within 180 days of enactment of this Act.

Peer Support Specialists in the Opioid Use Disorder Workforce.—Within the total for BHWET, the Committee includes $15,000,000, an increase of $5,000,000 above the fiscal year 2020 enacted level and $15,000,000 above the fiscal year 2021 budget request, to fund training, internships, and national certification for mental health and substance abuse peer support specialists to create an advanced peer workforce prepared to work in clinical settings. The Committee further recommends that consideration should be given to community-based experiential training for students focusing on veterans, first responders, or marginalized populations.

Loan Repayment Program for Substance Use Disorder Treatment Workforce.—The Committee includes $17,000,000 for the Loan Repayment Program for Substance Use Disorder Treatment Workforce, $5,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request. This program addresses shortages in the substance use disorder (SUD) workforce by providing for the repayment of education loans for individuals working in a full-time SUD treatment job that involves direct patient care in either a Mental Health Professional Shortage Area or a county where the overdose death rate exceeds the national average. This program

contributes to increasing the ranks of a well-trained SUD workforce in communities across America and helps save lives by equipping the frontline professionals who prevent and treat addiction, provide recovery support, and help reduce the negative consequences associated with substance use.

Mental and Substance Use Disorder Workforce Training Demonstration.—The Committee includes $41,700,000 for the Mental and Substance Use Disorder Workforce Training Demonstration program, $15,000,000 above the fiscal year 2020 enacted level and $12,000,000 above the fiscal year 2021 budget request. This program makes grants to institutions, including but not limited to medical schools and FQHCs, to support training for medical residents and fellows in psychiatry and addiction medicine, as well as nurse practitioners, physician assistants, and others, to provide SUD treatment in underserved communities. Within the total, the Committee includes an additional $15,000,000 for new grants to expand the number of nurse practitioners, physician assistants, health service psychologists, and social workers trained to provide mental and substance use disorder services in underserved community-based settings that integrate primary care and mental and substance use disorder services, which may include establishing, maintaining, or improving academic units or programs to support those activities, as authorized under section 760 of the PHS Act.

The Committee remains concerned by the lack of pediatric and adolescent addiction medicine and addiction psychiatry expertise. Currently, there are insufficient opportunities to effectively train a robust mental health and substance use disorder workforce. Only 75 of the nation's 179 accredited medical schools offer addiction medicine fellowships, and only one program focuses on fellowship opportunities for pediatric and adolescent addiction medicine and addiction psychiatry. This gap is even more troubling given that the onset of mental health disorders and substance use disorders are most likely to occur at a young age. Substance use disorders prevent children and adolescents from reaching their full potential and are antecedent to addiction in adulthood, and it is evident that our nation is not equipped to support this population. Therefore, the Committee strongly encourages HRSA to include an adequate number of funding awards to fellowship programs focused on increasing the number of board-certified pediatric and adolescent addiction medicine and addiction psychiatry subspecialists.

Public Health And Preventive Medicine Programs

The Committee includes $19,000,000 for Public Health and Preventive Medicine Training Grant Programs, $2,000,000 above the fiscal year 2020 enacted level and $19,000,000 above the fiscal year 2021 budget request. Within this total, the Committee provides an increase of $1,000,000 for the Preventive Medicine Residency Training Program and an increase of $1,000,000 for Public Health Training Centers.

Nurse Practitioner Optional Fellowship Program

The Committee provides $5,000,000, the same as the fiscal year 2020 enacted level and $5,000,000 above the fiscal year 2021 budget request, to make grants to establish or expand optional community-based nurse practitioner fellowship programs that are accred-

ited for practicing postgraduate nurse practitioners (NPs) in primary care or behavioral health. The Committee directs HRSA to give preference to FQHCs, as defined by section 1861(aa)(4) of the Social Security Act. The Committee is concerned the nation is unprepared for healthcare provider shortages and recognizes that optional postgraduate programs with this focus, integrating primary care and behavioral health, will help to address this problem. Patients need expert primary care and behavioral health providers prepared to manage the social and clinical complexities experienced in FQHCs. A key focus of the program will be training and professional development in the integration of primary care and behavioral health. The program will provide original fellowships for transitioning to an integrated model of care consistent with the current high standards of NP education and practice meeting the needs of our nation's most vulnerable populations.

Nursing Education, Practice, Quality, and Retention (NEPQR)

Experiential Learning Opportunities.—Within the total for NEPQR, the Committee includes not less than $2,000,000, the same as the fiscal year 2020 enacted level and $2,000,000 above the fiscal year 2021 budget request, for competitive grants to enhance nurse education and strengthen the nursing workforce through the expansion of experiential learning opportunities. The Committee encourages HRSA to support qualifying nurse education training programs at community colleges throughout the country. The Committee directs HRSA to ensure that these grants include as an allowable use the purchase of simulation training equipment. The Committee also directs HRSA to give priority to grantees located in a health professional shortage area in a State with an age-adjusted high burden of stroke, heart disease, and obesity, and to prioritize submissions that support high poverty rate communities.

Children's Hospitals Graduate Medical Education

The Committee recommends $340,000,000 for the Children's Hospitals Graduate Medical Education (CHGME) Payment program, the same as the fiscal year 2020 enacted level and $340,000,000 above the fiscal year 2021 budget request. The CHGME Payment program helps eligible hospitals maintain graduate medical education programs, which support the training of residents to care for the pediatric population and enhance the supply of primary care and pediatric medical and surgical subspecialties.

Medical Student Education

The Committee recommends $55,000,000, $5,000,000 above the fiscal year 2020 enacted level and $55,000,000 above the fiscal year 2021 budget request, to support colleges of medicine at public universities located in the top quintile of States projected to have a primary care provider shortage. The Committee directs HRSA to give priority to applications from universities located in States with the greatest number of Federally-recognized Tribes. The Committee also directs HRSA to give priority to applications from public universities with a demonstrated public-private partnership.

National Practitioner Data Bank (NPDB)

The Committee recommendation includes $18,814,000 for the NPDB, the same as the fiscal year 2020 enacted level and the fiscal year 2021 budget request. The NPDB is a workforce tool that collects and discloses information to authorized entities on past adverse actions of health care practitioners, providers, and suppliers to reduce fraud and abuse and improve health care quality.

MATERNAL AND CHILD HEALTH

Appropriation, fiscal year 2020	$943,784,000
Budget request, fiscal year 2021	919,018,000
Committee Recommendation	980,784,000
Change from enacted level	+37,000,000
Change from budget request	+61,766,000

The mission of the Maternal and Child Health Bureau is to improve the physical and mental health, safety, and well-being of the Nation's women, infants, children, adolescents, and their families.

Hereditary Hemorrhagic Telangiectasia (HHT).—In fiscal years 2017 and 2018, the committee provided $200,000 to CDC to support a collaborative pilot model that enables up to three existing Federally-funded Hemophilia Treatment Centers (HTC) to serve as specialty centers for the evaluation and management of HHT. If proven effective, these joint HTC–HHT Centers have the potential to provide critical diagnostic and treatment services to both hemophilia and HHT populations. The Committee encourages HRSA to work closely with CDC and stakeholder organizations to track the progress of this pilot initiative for potential replication.

Maternal and Child Health (MCH) Block Grant

The Committee recommends $712,700,000 for the MCH Block Grant, $25,000,000 above the fiscal year 2020 enacted level and $48,000,000 below the fiscal year 2021 budget request. States use the MCH Block Grant to improve access to care for mothers, children, and their families; reduce infant mortality; provide pre- and post-natal care; support screening and health assessments for children; and provide systems of care for children with special health care needs.

Maternal, Infant, and Early Childhood Home Visiting Program.—The Committee recognizes that good oral health is an important component for improving the health and well-being of children and families. The Committee encourages HRSA to explore opportunities to integrate oral health in the agency's Home Visiting Program and provide the home visitors with the training to become a Community Dental Health Coordinator. The Committee also encourages HRSA to work with oral health initiatives such as Community Dental Health Coordinators that have already been initiated by dental organizations to provide dental education, community-based prevention, care coordination, and patient navigation to children and vulnerable families.

Special Projects of Regional and National Significance

The Committee continues bill language identifying specific amounts for Special Projects of Regional and National Significance (SPRANS). The Committee provides the following within SPRANS:

Budget Activity	FY 2021 Committee
Set-aside for Oral Health	$5,250,000
Set-aside for Epilepsy	3,642,000
Set-aside for Sickle Cell Disease	5,000,000
Set-aside for Fetal Alcohol Syndrome	1,000,000

State Oral Health Programs.—The Committee continues to include $250,000 to continue demonstration projects to increase the implementation of integrating oral health and primary care practice. The projects should model the core clinical oral health competencies for non-dental providers that HRSA published and initially tested in its 2014 report *Integration of Oral Health and Primary Care Practice.* The Committee encourages the Chief Dental Officer to continue to direct the design, monitoring, oversight, and implementation of these projects.

Fetal Alcohol Syndrome (FAS) Set-Aside.—Recognizing that as many as one in 20 school-age children are affected by fetal alcohol spectrum disorders (FASD), yet few have access to essential diagnostic and multidisciplinary services, the Committee includes no less than the fiscal year 2020 level for HRSA to continue activities funded by the FAS set-aside. The Committee also encourages HRSA to consider support for an established FASD-specific national network to improve the well-being of children and families with FASD.

Adverse Childhood Experiences.—The Committee is aware that childhood trauma and toxic stress have been linked to negative health outcomes through adulthood, including higher rates of diabetes, stroke, depression, lapses in cognitive abilities, and developmental delays, suicide, and substance misuse, among others. The Committee recognizes that promoting awareness to parents and health care providers around the impact of trauma on the developing brain and the importance of encouraging supportive and responsive relationships with caring adults as two promising strategies. The Committee supports efforts to improve child health by developing screening protocols and evidence-based interventions to individuals suffering from adverse childhood experiences (ACEs) such as child abuse and neglect, witnessing interpersonal violence, family substance abuse, family separation, parental divorce, parental loss, and mental illness, to promote developmental resiliency. The end goal of such efforts should be to yield a model for integrating ACEs screening and trauma-informed onsite services into primary care settings.

The Committee includes $1,000,000 within SPRANS to fund a study focused on improving child health by implementing screening protocols and evidence-based interventions to individuals who have experienced adverse childhood experiences (ACEs) such as child abuse and neglect, witnessing interpersonal violence, family substance abuse, family separation, parental divorce, parental loss, and mental illness, to promote developmental resiliency. The end goal of the study should be to yield a model for integrating ACEs screening and trauma-informed strength based care into primary care settings. The Committee directs HRSA to submit a report with the results of this study to the Committee within three years of enactment of this Act.

Alliance for Maternal Health Safety Bundles.—The Committee includes $7,000,000, an increase of $2,000,000 above the fiscal year 2020 enacted level and $8,000,000 below the fiscal year 2021 budget request, to expand implementation of the Alliance for Innovation on Maternal Health program's maternal safety bundles to all U.S. States, the District of Columbia, U.S. territories, and tribal entities. Maternal safety bundles are a set of targeted and evidence-based best practices that, when implemented, improve patient outcomes and reduce maternal mortality and severe maternal morbidity.

Children's Health and Development.—The Committee continues to provide $3,500,000 to continue studies focused on identifying interventions that could result in systemic change that would positively impact the policy of child-health-related institutions and systems in States with the highest levels of childhood poverty.

Hemophilia Treatment Centers.—The Committee provides $4,800,000 for Hemophilia Treatment Centers, the same as the fiscal year 2020 enacted level. The Regional Hemophilia Network Program uses a regional infrastructure of hemophilia treatment centers to promote and improve the comprehensive care of individuals with hemophilia and related bleeding disorders or clotting disorders.

Infant-Toddler Court Teams.—The Committee includes $10,000,000, the same as the fiscal year 2020 enacted level, for the fourth year of a cooperative agreement to support research-based infant-toddler court teams to change child welfare practices to improve well-being for infants, toddlers, and their families. The Committee encourages HRSA to use these funds to: (1) build upon the work of sites established or currently supported through the Infant-Toddler Court Program, including by providing training, technical assistance, and additional support for such court teams' efforts across the country; and (2) plan and support additional infant-toddler court teams.

Maternal Mental Health Hotline.—The U.S. suffers from one of the highest maternal death rates in the developed world. Suicide and overdose have been identified as the leading causes of death during the first year postpartum and depression is the most common complication of pregnancy in the first year postpartum. To help address these issues, the Committee includes $3,000,000 to contract with a qualified entity to establish and maintain a maternal mental health hotline to be staffed by qualified counselors, 24 hours a day. Funding may also be used for outreach to raise awareness about maternal mental health issues and the hotline.

State Maternal Health Innovation Grants.—The Committee includes $23,000,000, the same as the fiscal year 2019 enacted level, for State Maternal Health Innovation Grants that will establish demonstrations to implement evidence-based interventions to address critical gaps in maternity care service delivery and reduce maternal mortality. The demonstrations will be representative of the demographic and geographic composition of communities most affected by maternal mortality.

Maternal and Child Health Programs

In addition to the Maternal and Child Health Block Grant, the Maternal and Child Health Bureau supports several programs to

improve the health of all mothers, children, and their families. These programs support activities that develop systemic mechanisms for the prevention and treatment of sickle cell disease; provide information and research on and promote screening of autism and other developmental disorders; provide newborn and child screening of heritable disorders; provide grants to reduce infant mortality and improve perinatal outcomes; fund States to conduct newborn hearing screening; and provide grants to improve existing emergency medical services.

Within the total for Maternal and Child Health Programs, the Committee recommends the following amounts:

Budget Activity	FY 2021 Committee
Sickle Cell Anemia Program	$7,205,000
Autism and Other Developmental Disorders	53,344,000
Heritable Disorders	21,883,000
Healthy Start	130,500,000
Universal Newborn Hearing	17,818,000
Emergency Medical Services for Children	22,334,000
Screening and Treatment for Maternal Depression.	5,000,000
Pediatric Mental Health Access	10,000,000

Autism and Other Developmental Disorders

The Committee recommends $53,344,000 for Autism and Other Developmental Disorders, $1,000,000 above the fiscal year 2020 enacted level and $53,344,000 above the fiscal year 2021 budget request. These programs seek to improve the health and well-being of children and adolescents with autism spectrum disorder and other developmental disabilities and to advance best practices for the early identification and treatment of autism and related developmental disabilities.

Leadership Education in Neurodevelopmental and Related Disabilities (LEND).—The Committee provides $36,245,000, $1,000,000 above the fiscal year 2020 enacted level, for the LEND program to allow the existing 52 LEND sites to maintain their capacity to train interdisciplinary professionals to screen, diagnose, and provide evidence-based interventions to individuals with autism spectrum disorder and other developmental disabilities. (ASD/DD) as authorized by the Autism CARES Act. This funding will enable the LEND network to fulfill its expanded statutory mandate to train interdisciplinary providers who will serve individuals across the lifespan, addressing a critical shortage of health care professionals for adults with autism and other developmental disabilities. This funding will also enable the LEND network to assist in ongoing developmental monitoring, especially for children impacted by pressing public health crises, such as opioids, lead and other environmental toxins, the Zika virus, COVID–19, and other new or emerging issues, with resulting complications. The LENDs are a strong community link to services and supports for these newest members of the disability community and their families. This funding is critical to the LEND's role in providing direct clinical assessment and evidence-based interventions. In addition, the funding will allow these programs to develop innovative strategies to integrate and enhance existing investments, including translating research findings on interventions, guidelines, tools, and sys-

tems management approaches to interdisciplinary training settings, to communities, and into practice, and promote life-course considerations—from developmental screening in early childhood to transition to adulthood issues.

Heritable Disorders

The Committee provides $21,883,000 for the Heritable Disorders program, $4,000,000 above the fiscal year 2020 enacted level and $21,883,000 above the fiscal year 2021 budget request. This program supports activities that strengthen the newborn screening system to ensure infants born in every State receive rapid identification, early intervention, and potentially life-saving treatment.

Severe Combined Immune Deficiency (SCID).—Within the total amount for Heritable Disorders, the Committee provides $3,000,000, the same as the fiscal year 2020 enacted level, to support wider implementation, education, and awareness of newborn screening and follow-up for SCID and other newborn screening disorders. The Committee applauds HRSA's ongoing work to ensure screening of all newborns for Severe Combined Immune Deficiency (SCID), including through initiatives that help parents of newborns diagnosed with SCID understand the disease and treatment options and to navigate the path forward. The Committee encourages HRSA to support efforts to develop telehealth approaches to link families in rural and underserved communities with support and resources, engage providers in education or training related to SCID, and establish mechanisms to obtain long-term outcomes information on infants with SCID through newborn screening.

Healthy Start

The Committee recommends $130,500,000 for the Healthy Start program, $5,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request. The program provides grants to communities with high rates of infant mortality to support primary and preventive health care services for mothers and their infants.

Maternal Mortality.—The Committee recognizes the rising maternal mortality rate in the U.S. as a pressing public health issue. Analysis of maternal mortality review committee data indicates that over 60 percent of pregnancy-related deaths are preventable. The Committee continues to provide no less than $15,000,000, the same as the fiscal year 2020 enacted level and the fiscal year 2021 budget request, for Healthy Start grantees to support nurse practitioners, certified nurse midwives, physician assistants, and other maternal-child advance practice health professionals within all program sites nationwide. Clinical staff will provide direct access to well-woman care and maternity care services to reduce barriers in access to maternity care and help address maternal health disparities among high-risk and underserved women. Clinical staff will also support health educators by conducting training on maternal early warning signs.

RYAN WHITE HIV/AIDS PROGRAM

Appropriation, fiscal year 2020	$2,388,781,000
Budget request, fiscal year 2021	2,483,781,000
Committee Recommendation	2,413,781,000
Change from enacted level	+25,000,000
Change from budget request	−70,000,000

In addition to the funds above, the CARES Act included $90,000,000 for the Ryan White HIV/AIDS program to prevent and respond to coronavirus and maintain care for patients.

The Ryan White Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) program funds activities to address the care and treatment of persons living with HIV/AIDS who are either uninsured or underinsured and need assistance to obtain treatment. The program provides grants to States and eligible metropolitan areas to improve the quality, availability, and coordination of health care and support services to include access to HIV-related medications; grants to service providers for early intervention outpatient services; grants to organizations to provide care to HIV infected women, infants, children, and youth; and grants to organizations to support the education and training of health care providers.

Within the total for the Ryan White HIV/AIDS program, the Committee provides the following amounts:

Budget Activity	FY 2021 Committee
Emergency Assistance	$655,876,000
Comprehensive Care Programs	1,315,005,000
AIDS Drug Assistance Program	*900,313,000*
Early Intervention Program	201,079,000
Children, Youth, Women, and Families	75,088,000
AIDS Dental Services	13,122,000
Education and Training Centers	33,611,000
Special Projects of National Significance	25,000,000
Domestic HIV Initiative	95,000,000

Ending the HIV Epidemic Initiative.—The Committee includes $95,000,000 within the Ryan White HIV/AIDS Program for the EHE Initiative, an increase of $25,000,000 above the fiscal year 2020 enacted level and $70,000,000 below the fiscal year 2021 budget request. This investment builds on an increase of $70,000,000 included in fiscal year 2020, bringing the two-year investment in Ryan White for the EHE Initiative to a total of $165,000,000. Funds are distributed to high-need jurisdictions to increase linkage, engagement, and retention in care with the goal of increasing viral suppression among people living with HIV.

HEALTH CARE SYSTEMS

Appropriation, fiscal year 2020	$123,593,000
Budget request, fiscal year 2021	115,418,000
Committee Recommendation	131,093,000
Change from enacted level	+7,500,000
Change from budget request	+5,060,000

In addition to the funds above, the CARES Act included $5,000,000 to support increased demand for services from Poison Control Centers.

The Health Care Systems Bureau supports national activities that enhance health care delivery in the U.S., including maintaining a national system to allocate and distribute donor organs to individuals awaiting transplant; building an inventory of cord blood units; maintaining a national system for the recruitment of bone marrow donors; operating the 340B drug discount program; and operating a national toll-free poison control hotline.

Within the total for Health Care Systems, the Committee provides the following amounts:

Budget Activity	FY 2021 Committee
Organ Transplantation	$33,049,000
National Cord Blood Inventory	17,266,000
C.W. Bill Young Cell Transplantation Program	30,009,000
Office of Pharmacy Affairs	10,238,000
Poison Control Centers	24,846,000
Hansen's Disease Program	13,706,000
Hansen's Disease Buildings and Facilities	122,000
Hansen's Payment to Hawaii	1,857,000

Organ Transplantation

The Committee includes $33,049,000 for the Organ Transplantation program, $5,500,000 above the fiscal year 2020 enacted level and $2,500,000 above the fiscal year 2021 budget request.

Maximizing Deceased Donor Organ Recovery, Acceptance, and Utilization.—The Committee supports the goal of significantly increasing kidney transplants, established by the President's Executive Order on Advancing American Kidney Health, and supports efforts to establish objective outcome measures for Organ Procurement Organizations (OPO) as well as efforts to decertify underperforming OPOs at the conclusion of the current contract cycles. The Committee encourages HHS and HRSA to monitor transplant center listing and acceptance practices as recorded with the Organ and Procurement and Transplantation Network (OPTN), and to make publicly available its findings based on one calendar year of data. The listed screening criteria for each patient receiving an organ offer should be compared to center refusals codes for those organs not accepted for transplant by the patient's transplant center. Further, the utilization rates by center should be reported for all organ offers and for both the brain dead and donation after circulatory death subcategories. The Committee supports HHS's Request for Information for the technology system over which these organ offers are facilitated and encourages HHS to promote competition for this contract.

Reimbursement of Travel and Subsistence Expenses Toward Living Organ Donation Program.—The Committee includes $10,000,000, an increase of $5,500,000 above the fiscal year 2020 enacted level and $500,000 above the fiscal year 2021 budget request, for expansion of the program administered via the National Living Donor Assistance Center to reimburse a comprehensive range of living donor expenses for the greatest possible number of donors, including lost wages, childcare, eldercare, similar expenses for donor caretakers, and removing other disincentives to donation. The Committee supports significant expansion of income eligibility for the program to allow as many donors as possible to qualify and

to ensure that financial reimbursement and monetary exchange take place outside of the organ donor-organ recipient relationship to the greatest extent possible.

Office of Pharmacy Affairs

The Committee includes $10,238,000 for the Office of Pharmacy Affairs, the same as the fiscal year 2020 enacted level and the fiscal year 2021 budget request. The Committee recognizes 340B remains important and allows providers to stretch scarce Federal resources to reach more eligible patients and provide comprehensive services. The 340B drug pricing program was designed to help safety net providers maintain, improve, and expand patient access to healthcare services. The 340B program has lowered the cost of outpatient drugs to health clinics and nonprofit and public hospitals that serve a disproportionate share of low-income and rural patients. These entities provide additional services and benefits to their communities with the savings realized.

The Committee acknowledges the request for additional regulatory authority and notes that HRSA already has existing oversight authority that allows the agency to conduct audits of stakeholders who participate in the program to ensure compliance. The Committee recognizes that HRSA has used this authority to conduct 1,300 audits of covered entities, but only 20 audits of manufacturers. The Committee is concerned that HRSA is not using their existing oversight authority to pursue balanced oversight of both providers and drug manufacturers. We encourage HRSA to use its existing oversight authority to pursue more balanced oversight of both providers and manufacturers to ensure compliance and integrity of the 340B program.

Poison Control Centers

In addition to the amounts provided in this bill, the CARES Act included $5,000,000 for Poison Control Centers to accommodate increased demand due to the COVID–19 pandemic.

The Committee recommends $24,846,000 for Poison Control Centers, which is $2,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request. This program funds poison centers, supports a national emergency poison toll-free number (800–222–1222), and implements public education and outreach programs to educate and serve the public and health care providers. The Committee notes the impact of COVID–19, and significant State and hospital revenue loss, to the poison control program nationally. Poison centers are experiencing dramatic increases in intentional suspected suicides among youth, the misuse of household cleaners, bleach, and rubbing alcohol, and COV1D–19 related anxiety, isolation, and depression, which is leading to increased use of substances and risk of self-harm and suicide.

RURAL HEALTH

Appropriation, fiscal year 2020	$318,294,000
Budget request, fiscal year 2021	246,834,000
Committee Recommendation	334,294,000
Change from enacted level	+16,000,000
Change from budget request	+87,460,000

In addition to the funds above, the CARES Act included $180,000,000 for Rural Health programs to expand telehealth and support rural hospitals amid the COVID–19 pandemic.

The Federal Office of Rural Health Policy's programs provide funding to improve access, quality, and coordination of care in rural communities; for research on rural health issues; for technical assistance and recruitment of health care providers; for screening activities for individuals affected by the mining, transport, and processing of uranium; for the outreach and treatment of coal miners and others with occupation-related respiratory and pulmonary impairments; and for the expansion of telehealth services.

Within the total for Rural Health activities, the Committee provides the following amounts:

Budget Activity	FY 2021 Committee
Rural Outreach Programs	$79,500,000
Rural Health Research.	10,351,000
Rural Hospital Flexibility Grants	55,609,000
State Offices of Rural Health	12,500,000
Black Lung Clinics	11,500,000
Radiation Exposure Screening and Education	1,834,000
Telehealth	42,000,000
Rural Communities Opioid Response	110,000,000
Rural Health Residency Program	11,000,000

Rural Health Liaison.—The Committee directs HRSA to submit a report to the Committee describing how HRSA is coordinating with the Department of Agriculture Rural Health Liaison within 180 days of enactment of this Act.

GAO Study on Obstetrics (OB) Closures.—According to the Rural Health Research Gateway, between 2004 and 2014, 179 rural counties lost hospital-based OB services. The Committee directs the Government Accountability Office (GAO) to submit a report on ways to improve access to obstetrics care in rural areas and prevent OB unit hospital closures in rural areas.

Rural Health Outreach Programs

Community Health Workers.—The Committee recognizes the importance of community health workers, particularly in rural and underserved areas, to help address persistent health issues tied to social determinants of health. The Committee is aware that many States would like to better incorporate community health workers into their systems, but there is currently a lack of a unified training and certification resource available to them. The Committee encourages HRSA to consider supporting a national center, based at an academic medical center with expertise in integrating community health workers into health systems, to assist States and providers through workshops, consultations, certifications and continuing education credits.

Southwest States Rural Development Network Grant Program.—The Committee encourages HRSA to consider funding a new Southwest States Rural Development Network Grant Program, within the Southwest Border Region as defined by 40 U.S.C. § 15732, to promote the development of integrated health care networks in order to: (1) achieve efficiencies; (2) expand access to, coordinate, and improve the quality of essential health care services; and (3)

strengthen the rural health care system as a whole. The Committee also encourages HRSA to consider a pilot program to help underserved rural communities in the region identify and better address their health care needs and to help small rural hospitals improve their financial and operational performance.

Rural Health Research and Policy Development Telementoring Training Center.—The Committee continues to include $1,000,000 within the total for Rural Health Research and Policy Development to support a telementoring training center to train academic medical centers and other centers of excellence in the creation of technology-enabled telementoring learning programs that facilitate the dissemination of best practice specialty care to primary care providers and care teams across the country.

Rural Health Flexibility Grants

The Committee includes $55,609,000 for Rural Health Flexibility Grants, $2,000,000 above the fiscal year 2020 enacted level and $55,609,000 above the fiscal year 2021 budget request.

Small Rural Hospital Improvement Program (SHIP).—The Committee recommendation includes $21,942,000 for SHIP, an increase of $2,000,000 over the fiscal year 2020 enacted level and $21,942,000 above the fiscal year 2021 budget request.

Radiation Exposure Screening and Education

The Committee commends the work of the Radiation Exposure Screening and Education Program, which supports States most affected by the mining, transport, and processing of uranium and the testing of nuclear weapons for the Nation's weapons arsenal.

Telehealth

The Committee includes $42,000,000 for Telehealth, $13,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request.

In addition to the amounts provided in this bill, the CARES Act included $15,000,000 for the Telehealth program to expand services amid the COVID–19 pandemic.

Rural Telemedicine Projects.—The Committee strongly supports expanded use of effective and secure telemedicine platforms and remote capabilities to provide expanded health care and related behavior health monitoring and surveillance services in areas that have been hard hit by the opioid epidemic and related substance use disorders. Such technology is needed to augment care and provide access to high quality medical services and monitoring capabilities that decrease geographic barriers and reduce the cost of care, especially for individuals at risk for incarceration and recidivism. To bolster current efforts and address current and anticipated needs surrounding infections disease outbreaks such as the novel coronavirus of 2019, as well as other medication-assisted treatments and related mental health monitoring services, the Committee supports efforts that use telemedicine platforms to expand access to rural regions and communities disproportionately impacted by the lack of much needed health care delivery services.

Technology-Enabled Collaborative Learning Capacity Building Models Grants.—The Committee includes $10,000,000 within the total for Telehealth to support grants to connect specialists at aca-

demic medical centers with primary care providers in rural and underserved areas, providing evidence-based training and support to help them treat patients with complex conditions in their communities.

Telehealth Centers of Excellence.—The Committee recommendation includes $7,000,000, an increase of $1,000,000 over the fiscal year 2020 enacted level, to support the continued development of Telehealth Centers of Excellence. Telehealth can provide rural patient access to quality primary and specialty care that would otherwise require patients to travel long distances for diagnosis and treatment. Many States have invested in telehealth networks in order to provide rural, medically underserved areas with access to primary and emergency care. Specialists from a central location can help rural providers with critical care for stroke and heart attack that can literally mean the difference between life and death. The Centers of Excellence serve to promote the adoption of telehealth programs across the country by validating technology, establishing training protocols, and by providing a comprehensive template for States to integrate telehealth into their State health provider network. Additional funding for the Centers of Excellence will serve to promote the adoption of telehealth services nation-wide and thus address the access to care issue faced by rural America.

Rural Health Residency Program

The Committee includes $11,000,000 for Rural Health Residency Program, $1,000,000 above the fiscal year 2020 enacted level and $11,000,000 above the fiscal year 2021 budget request.

Rural Residency Planning and Development Program.—The Committee commends the Office of Rural Health Policy for its efforts to expand the physician workforce in rural areas and supports continuation and expansion of the program to develop new rural residency programs, or Rural Training Tracks (RTTs). The Committee encourages HRSA to expand the current program to include RTTs in obstetrics and gynecology. Women in rural communities are more likely to begin prenatal care late and are more likely to experience maternal mortality and severe maternal morbidity. The expansion of this program would align with the agency's goals of improving maternal health outcomes and eliminating preventable maternal mortality.

FAMILY PLANNING

Appropriation, fiscal year 2020	$286,479,000
Budget request, fiscal year 2021	286,479,000
Committee Recommendation	286,479,000
Change from enacted level	– – –
Change from budget request	– – –

The Committee includes $286,479,000 for the Family Planning program, the same as the fiscal year 2020 enacted level and the 2021 budget request. The Family Planning program administers Title X of the Public Health Service Act. This program plays a vital role not only in ensuring access to affordable contraceptive education, services, and supplies, but also in STD prevention, screening, and treatment; cervical and breast cancer screenings; first-line infertility services; and other community and health care services.

The bill includes language directing the Secretary to carry out the Title X Family Planning program in accordance with the regulations that were in place on January 18, 2017 and provide new grants to grantees whose awards were relinquished or terminated before the planned end of the performance period in fiscal year 2019. The Committee directs the Secretary to ensure that grantees certify that they: (1) provide medically accurate and complete counseling, including referral as requested, on all matters; (2) shall not condition the receipt of Title X-supported services on patients remaining sexually abstinent until marriage; and (3) will not make any appointments or referrals for patients that are contrary to the patient's wishes.

PROGRAM MANAGEMENT

Appropriation, fiscal year 2020	$155,300,000
Budget request, fiscal year 2021	151,993,000
Committee Recommendation	155,300,000
Change from enacted level	– – –
Change from budget request	+3,307,000

Program management supports the cost of Federal staff and related activities to coordinate, direct, and manage the programs of HRSA.

Chief Dental Officer.—The Committee is pleased that HRSA has restored the position of Chief Dental Officer (CDO) and looks forward to learning how the agency has ensured that the CDO is functioning at an executive level authority with resources and staff to oversee and lead all oral health programs and initiatives across HRSA. The Committee requests an update by February 2021 on how the CDO is serving as the agency representative with executive level authority on oral health issues to international, national, State and/or local government agencies, universities, and oral health stakeholder organizations.

Investments in Impoverished Areas.—The Committee supports targeted investments in impoverished areas, particularly in persistent poverty counties and in other high-poverty census tracts. To understand how programs funded through HRSA are serving these particular areas, the Committee directs HRSA to submit a report to the Committee on the percentage of funds allocated by all competitive grant programs and other anti-poverty programs in fiscal years 2018, 2019 and 2020 and estimates for fiscal year 2021 to serve individuals living in persistent poverty counties, as defined as a county that has had 20 percent or more of its population living in poverty over the past 30 years, as measured by the 1990 and 2000 decennial censuses and the most recent Small Area Income and Poverty estimates, or any territory or possession of the U.S., and high-poverty areas, as defined as any census tract with a poverty rate of at least 20 percent as measured by the 2014–2018 5-year data series available from the American Community Survey of the Census Bureau. HRSA shall report this information to the Committee within 90 days of such data being available and provide a briefing to the Committee not later than 180 days of enactment of this Act on how HRSA is carrying out this directive. In the case of any program for which at least 10 percent of the funds allocated in fiscal year 2020 were not allocated to persistent poverty counties or for which the percentage allocated to high-poverty areas in fiscal

year 2020 was less than the average percentage of Federal assistance allocated to high-poverty areas awarded under the program in fiscal years 2017, 2018, and 2019, such report and briefing shall explain why such a benchmark is unable to be met.

Oral Health Literacy.—The Committee includes $300,000 to continue the development of an oral health awareness and education campaign across relevant HRSA divisions, including the Health Centers Program, Oral Health Workforce, Maternal and Child Health, Ryan White HIV/AIDS Program, and Rural Health. The Committee directs HRSA to identify oral health literacy strategies that are evidence-based and focused on oral healthcare prevention and education, including prevention of oral disease such as early childhood and other caries, periodontal disease, and oral cancer. The Committee encourages the Chief Dental Officer to play a key role in the design, monitoring, oversight, and implementation of this project.

CENTERS FOR DISEASE CONTROL AND PREVENTION

Appropriation, fiscal year 2020	$7,749,554,000
Budget request, fiscal year 2021	7,056,264,000
Committee Recommendation	7,981,654,000
Change from enacted level	+232,100,000
Change from budget request	+925,390,000

The Committee recommendation for the Centers for Disease Control and Prevention (CDC) program level includes $7,070,146,000 in discretionary budget authority, $55,358,000 in mandatory funds under the terms of the Energy Employees Occupational Illness Compensation Program Act, and $856,150,000 in transfers from the Prevention and Public Health (PPH) Fund.

In addition, the Committee includes $9,000,000,000 in emergency appropriations for CDC programs and activities, including emergency appropriations for State and local health departments, State and local public health laboratories, global health and global disease detection, vaccination campaigns, public health data modernization, public health workforce development, and the Infectious Diseases Rapid Response Reserve Fund. The emergency appropriation is further described under Title VI of this committee report.

Further, the Coronavirus Preparedness and Response Supplemental Appropriations Act (P.L. 116–123) included $2,200,000,000; the CARES Act (P.L. 116–136) included $4,300,000,000; and the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116–139) included $1,000,000,000 for CDC to support public health and emergency response activities, domestically and internationally, in response to the COVID–19 pandemic.

CDC's mission is to protect Americans from health, safety, and security threats, which it accomplishes by supporting core public health functions at State, local, and Tribal health departments, detecting and responding to new and emerging health threats, promoting health and safety, and providing leadership in the public health workforce.

CDC Guidance for COVID–19.—The Committee recognizes that CDC does not have independent regulatory authority. However, the Committee strongly urges CDC to work closely with State and local health departments, as well as the Occupational Safety and Health Administration, to ensure that State and local health regulations

are aligned with CDC guidance for mask wearing, schools and day camps, child care programs, employers with workers at high risk, restaurants and bars, mass transit, crowded public events, and any other CDC guidance intended to mitigate the spread of COVID–19.

IMMUNIZATION AND RESPIRATORY DISEASES

Appropriation, fiscal year 2020	$790,005,000
Budget request, fiscal year 2021	830,005,000
Committee Recommendation	840,005,000
Change from enacted level	+50,000,000
Change from budget request	+10,000,000

The Committee recommendation includes $469,705,000 in discretionary budget authority and $370,300,000 in transfers from the PPH Fund.

Immunization cooperative agreements are awarded to State and local public health departments for planning, developing, and conducting childhood, adolescent, and adult immunization programs, including enhancement of the vaccine delivery infrastructure. CDC directly maintains a stockpile of vaccines, supports consolidated purchase of vaccines for State and local health agencies, and conducts surveillance, investigations, and research into the safety and efficacy of new and presently used vaccines.

Within the total for Immunization and Respiratory Diseases, the Committee recommends the following amounts:

Budget Activity	FY 2021 Committee
Section 317 Immunization Program	$613,647,000
National Immunization Survey	*12,864,000*
Acute Flaccid Myelitis	10,000,000
Influenza Planning and Response	216,358,000

Acute Flaccid Myelitis.—The Committee includes $10,000,000 to identify the cause, prevention, and treatment of acute flaccid myelitis, a rare but serious condition that affects the nervous system.

Cost Estimates.—The Committee looks forward to reviewing the fiscal year 2022 report on estimated funding needs of the Section 317 Immunization Program and urges that the report be updated and submitted not later than February 1, 2021. The updated report should include an estimate of optimum State and local operations funding, as well as a discussion of the role of the 317 Program, as coverage for vaccination under public and private resources continues to evolve. The fiscal year 2022 report should include specific information on the estimated cost to fully address evidence-based public health strategies that could be funded through CDC to improve coverage for human papillomavirus and influenza.

Immunization Rates.—As communities follow stay-at-home orders to reduce transmission of the coronavirus, there have been reductions in vaccination coverage that leave young children and communities vulnerable to vaccine-preventable diseases. The Committee is concerned that areas where immunization rates have fallen below the threshold necessary to prevent future outbreaks put the public health at risk. The Committee believes that it is important to public health to increase the rate at which people in the U.S. choose to vaccinate themselves and their children. Within the funding provided, the Committee supports CDC's efforts to under-

stand and address obstacles to vaccination including access, hesitancy and misinformation.

Influenza Planning and Response.—The Committee includes an increase of $40,000,000 to enhance CDC's influenza activities, including expanding vaccine effectiveness monitoring and evaluation, and increasing influenza vaccine acceptance by removing barriers to vaccination and promoting vaccination coverage. The Committee is very concerned about the 2020–2021 influenza season and the impact of the double wave of influenza and COVID–19.

Influenza Vaccine.—The Committee encourages CDC to consider including vaccines produced through recombinant DNA technology in addition to traditionally-produced vaccines in future solicitations to facilitate the competitive process for all vaccine manufacturers.

Measles Immunization.—The Committee recognizes the growing risk with measles and its impact on the Pacific Region. The Committee urges CDC to work through emergency responders, Centers of Excellence, Community Health Centers, and other applicable providers to provide education and training on proper protocols to prevent and treat measles, including immunization.

Respiratory Syncytial Virus.—The Committee applauds the ongoing development of passive and active immunization candidates for the prevention of respiratory syncytial virus (RSV) which is the leading cause of infant hospitalization, a major cause of outpatient and emergency medical visits in the U.S. and for which there is no current preventive measure available for use in infants, except for high risk. As new vaccines and immunoprophylaxis products are in the late stages of development, it is important to have robust information on the existing burden of RSV to properly evaluate the benefit to patients and the healthcare system. Therefore, the Committee encourages CDC to continue to explore surveillance approaches with the Council of State and Territorial Epidemiologists.

Section 317 Immunization Program.—The Committee views the 317 Immunization Program, including the Vaccines for Children Program, as a pivotal part of the U.S. public health infrastructure. The Committee is aware that public health experts expect SARS–CoV–2, the novel coronavirus that causes COVID–19, to continue to circulate in the U.S. during the fall 2020 and winter 2020–2021. While the timing of availability of a vaccine to prevent COVID–19 remains unclear, one strategy to decrease stress on the healthcare system is to increase vaccination coverage with seasonal influenza vaccine beginning in early fall 2020. Although the impact of increased coverage varies season-to-season, higher influenza vaccine coverage would be expected to result in decreases in doctor visits and hospitalizations during the influenza season, making more capacity available for persons with COVID–19. In order to reduce health care utilization for influenza and protect populations vulnerable to severe COVID–19 outcomes, CDC should launch an enhanced influenza campaign in time for the 2020–21 season, including messages targeting those at higher risk for COVID–19. In addition, in order to prepare for a national SARS–CoV–2 vaccination program, the Committee urges CDC to initiate planning and expansion of vaccination infrastructure in coordination with State, local, territorial and tribal public health authorities.

Shared Clinical Decision Making.—The Committee encourages CDC to work with Advisory Committee on Immunization Practices

and the National Vaccine Advisory Committee (NVAC) to provide further explanation and guidelines around the recommendation of shared clinical decision-making in the context of immunizing older adult populations, and develop and disseminate guidance and resources to help to ensure that medical professionals and patients continue to have a clear understanding of and continued access to the immunizations they should receive across the lifespan. The Committee further encourages the Assistant Secretary for Health to consider appointing Geriatric specialists to the NVAC so that vaccine recommendations will be informed by providers with a history of caring for senior populations.

HIV/AIDS, VIRAL HEPATITIS, SEXUALLY TRANSMITTED DISEASES, AND TUBERCULOSIS PREVENTION

Appropriation, fiscal year 2020	$1,273,556,000
Budget request, fiscal year 2021	1,552,556,000
Committee Recommendation	1,287,556,000
Change from enacted level	+14,000,000
Change from budget request	−265,000,000

CDC provides national leadership and support for prevention research and the development, implementation, and evaluation of evidence-based HIV, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) prevention programs serving persons affected by, or at risk for, these infections. Activities include surveillance, epidemiologic and laboratory studies, and prevention activities. CDC provides funds to State, local, and Tribal health departments and community-based organizations to develop and implement integrated community prevention plans.

Within the total for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, the Committee recommends the following amounts:

Budget Activity	FY 2021 Committee
Domestic HIV/AIDS Prevention and Research	$940,712,000
HIV Initiative	*150,000,000*
School Health-HIV	*35,081,000*
Viral Hepatitis	39,000,000
Sexually Transmitted Diseases	162,810,000
Tuberculosis	135,034,000
Infectious Diseases & the Opioid Epidemic	10,000,000

Community-Based Organizations.—The Committee recognizes that community-based organizations play a crucial role because of their capacity to reach communities highly impacted by HIV. The Committee directs CDC to ensure that Ending the HIV Epidemic advisory groups or committees reflect their local epidemic by including community-based organizations and people living with HIV. The Committee further requests CDC's progress of engaging such communities be included in the fiscal year 2022 Congressional Budget Justification.

Congenital Syphilis.—The Committee is concerned that the cases of congenital syphilis (CS) are at the highest rate in 20 years. The Committee urges CDC to work with State and local authorities to design an initiative that will strengthen prenatal outreach programs. The Committee further urges CDC to increase awareness of CS through community organizations and STD and drug addiction clinics of the importance of multi-testing throughout pregnancy.

Emphasis on Comprehensive Services.—In recent fiscal years, the Committee has provided historic resources to combat the opioid epidemic, with a particular focus on expanding access to treatment, and treating and preventing comorbidities that can be associated with injection drug use. At the Committee's urging, the Department has rightfully prioritized efforts that increase access to treatment and recovery services. For all programs not focused exclusively on prevention of substance abuse, the Committee directs the Department to continue its emphasis on evidence-based medical interventions, and to ensure that all such interventions, including programs that focus on harm reduction, provide referral to treatment and recovery services.

HIV/AIDS Data Sharing Platform.—The Committee encourages CDC to enhance the Collaborative Advanced Analytics and Data Sharing system to lower overall operating costs and reduce reporting burdens on Federal and State health departments.

HIV Initiative.—The Committee includes an increase of $10,000,000. This investment builds on an increase of $140,000,000 included in fiscal year 2020, bringing the two-year investment in CDC's role in the Eliminating HIV/AIDS Initiative to a total of $290,000,000. CDC will focus on areas of the country that constitute the majority of new HIV infections annually to diagnose people with HIV as early as possible after infection, link people to effective treatment and prevention strategies, and respond rapidly to clusters and outbreaks of new HIV infections. By working with State and local health departments, along with community-based organizations, there will be intensive testing and rapid referral to care and treatment. The initiative will develop and deploy innovative data management solutions, increase access to Pre-Exposure Prophylaxis (PrEP), and improve detection and response to HIV clusters. The Committee recognizes that sexually transmitted diseases are associated with increased risk of HIV acquisition. The Committee urges CDC to include an expansion of sexually transmitted infections programs and initiatives designed to increase HIV testing; PrEP and condom availability at STD clinics; increase the number of Disease Intervention Specialists to prevent the spread of STIs and HIV; and implement HIV and STI education and prevention programs in schools.

Historically Black Colleges and Universities.—The Committee encourages increased engagement with Historically Black Colleges and Universities.

Infectious Diseases and the Opioid Epidemic.—The Committee includes funding to strengthen efforts to conduct surveillance to improve knowledge of the full scope of the burden of infectious diseases (including viral, bacterial and fungal pathogens) associated with substance use disorders, and in collaboration with state and local health departments, health care facilities, and providers, deploy existing authorities to prevent and detect infectious diseases associated with substance use disorder and strengthen linkages to addiction, mental health and infectious diseases treatment. The Committee urges CDC to support the development and evaluation of innovative interventions to enable hospitals to link people with opioid-use related infections to community-based treatment and harm reduction services.

School Health.—The Committee includes an increase of $2,000,000 to bolster school capacity for sexual health education, and access to sexual health services and safe and supportive environments.

Sexually Transmitted Infections.—The Committee includes an increase of $2,000,000 in recognition that the number of combined cases of syphilis, gonorrhea, and chlamydia have reached an all-time high in the U.S. The Committee is concerned by the adverse consequences that a rise in STDs has on women, especially during pregnancy. According to CDC, undiagnosed STDs cause infertility in more than 24,000 women each year. Among newborns, Syphilis cases increased by 40 percent, to more than 1,300 cases across the country. The Committee commends CDC for providing resources to state and local health departments for STD prevention and surveillance.

Sexually Transmitted Diseases Program Administration.—The Committee is concerned regarding CDC's practice of diverting an increasing percentage of STD program dollars away from State and local health departments. While the Committee understands the need to cover basic administrative costs, the percentage being diverted has continued to rise over the past several years, leaving State and local authorities and the Division of STD Prevention at CDC with fewer resources to address the STI epidemic.

Tuberculosis.—The Committee is concerned that there is a lack of resources to reach, test, and treat the millions of people in the U.S. who have longstanding latent tuberculosis infection (LTBI). The Committee urges CDC to provide additional resources that will enable CDC, along with State and local entities, to expand testing and preventive treatment of individuals with LTBI.

Viral Hepatitis and Opioids.—The Committee is concerned that as a result of the opioid crisis, infections of viral hepatitis have spiked at alarming rates in many parts of the nation. The Committee urges CDC to develop a plan for a national chronic hepatitis B (HBV) and hepatitis C (HCV) surveillance infrastructure and increase grant funding to States for viral hepatitis surveillance, testing, linkage to care, and hepatitis A (HAV) and HBV vaccination among all populations at risk for infection. The Committee also urges CDC to incorporate infectious disease prevention, testing, and linkage to care into the agency's response to the opioid crisis. Given that HBV and HCV are the most common drivers of liver cancer in the U.S., the incidence and mortality of which are increasing more rapidly than any other cancers, the Committee urges that CDC raise awareness of and encourage awardees to address this link. The Committee requests that CDC submit a status report of the above efforts in the fiscal year 2022 Congressional Justification.

The Committee is concerned about invasive mycological or fungal infections. These infections are a major cause of morbidity and mortality worldwide. leading to approximately 500.000 deaths annually. The overall disease burden is over 180 million people worldwide, and in the US. approximately one million new infections occur annually in a variety of immtmocompetent and immunocompromised individuals.

Viral Hepatitis Vaccination.—The Committee is concerned that despite the availability of an effective hepatitis B (HBV) vaccine,

less than 25 percent of adults age 19 and older are vaccinated. According to CDC's most recent survey of Vaccination Coverage Among Adults, this poor vaccination rate remains flat and has not improved in several years. The Committee recognizes that CDC is evaluating new universal HBV vaccination recommendations including a comprehensive plan to increase adult HBV vaccinations. CDC is further urged to promote awareness about the importance of HBV vaccination among medical and health professionals, communities at high risk, and the general public and to improve collaboration and coordination across CDC to achieve this goal. Furthermore, the Committee recognizes that viral hepatitis can cause serious health consequences for people living with HIV and that 25 percent of people living with HIV are also living with hepatitis C virus (HCV), and about 10 percent of people living with HIV are also living with hepatitis B virus (HBV). The Committee directs CDC to submit a report on the plan to increase the rate of HBV adult vaccination to the levels necessary to eliminate new infections of HBV in the U.S. in the fiscal year 2022 Congressional Justification.

EMERGING AND ZOONOTIC INFECTIOUS DISEASES

Appropriation, fiscal year 2020	$635,772,000
Budget request, fiscal year 2021	550,464,000
Committee Recommendation	645,972,000
Change from enacted level	+10,200,000
Change from budget request	+95,508,000

The Committee recommendation includes $593,972,000 in discretionary appropriations and $52,000,000 in transfers from the PPH Fund. Programs funded under Emerging and Zoonotic Infectious Diseases (EZID) support the prevention and control of infectious diseases through surveillance, outbreak investigation and response, research, and prevention.

Within the total for EZID, the Committee recommends the following amounts:

Budget Activity	FY 2021 Committee
Antibiotic Resistance Initiative	$175,000,000
Vector-borne Diseases	38,603,000
Lyme Disease	16,000,000
Prion Disease	7,000,000
Chronic Fatigue Syndrome	5,400,000
Food Safety	65,000,000
Emerging Infectious Diseases	191,197,000
National Health Care Safety Network	21,000,000
Quarantine	42,772,000
Advanced Molecular Detection	30,000,000
Epidemiology and Laboratory Capacity	40,000,000
Healthcare-Associated Infections	12,000,000
Harmful Algal Blooms	2,000,000

Advanced Molecular Detection.—The Committee recognizes that the Advanced Molecular Detection (AMD) Initiative provides critical funding for rapid technological innovation, such as genomic sequencing of pathogens, to allow for better prevention and control of infectious diseases and more rapid identification and characterization of antibiotic resistant infections. In addition, AMD is helping CDC to understand, characterize, and control antibiotic resist-

ance and develop and target prevention measures, including vaccines. Technology being developed in the AMD program will ultimately make it possible for state public health officials to take the DNA fingerprint of foodborne bacteria like Salmonella and E coli, understand whether they are antibiotic-resistant, and identify related strains to solve outbreaks, all without relying on the slow and expensive process of clinical culture.

Antibiotic Resistance.—The Committee includes an increase of $5,000,000. The Committee recognizes the importance of effectively combatting antibiotic resistant bacteria as part of CDC's broader efforts to mitigate the clinical and public health impacts of the COVID–19 outbreak. Furthermore, the Committee recognizes the importance of the addressing the problem of antibiotic-resistant bacteria through a "One Health" approach and by tracking resistance through local, regional, national, and global surveillance. The Committee encourages CDC to competitively award research activities that address aspects of antibiotic resistance related to "One Health," including global surveillance and research and development for new tools to counter antibiotic resistance among entities, including public academic medical centers, veterinary schools with agriculture extension services, and public health departments whose proposals are in line with CDC's strategy for addressing antibiotic resistant bacteria.

Emerging Infectious Diseases.—The Committee recognizes the significant threat that emerging infectious diseases pose for both military and civilian populations and operations. The Committee urges CDC to sustain and optimize infrastructure at existing academic centers for emerging infectious diseases in States with high tourism and vital military assets to ensure preparedness and response measures for the diagnosis, treatment and prevention of emerging infectious diseases.

Harmful Algal Blooms.—The Committee includes funding to support monitoring and health reporting concerns related to harmful algal blooms (HABs). The Committee urges CDC to continue work on affected waters, with a focus on freshwater and the related dangers to drinking water supplies. CDC has a unique role in better understanding the intersection of public health and environmental impacts of HABs to: (1) Increase outreach efforts to States and local public health officials to use these monitoring and reporting systems; (2) work with a variety of agencies that currently collaborate on HABs such as the HABARCA Task-Force and the Great Lakes Restoration Initiative. The scope of future research may expand to include improving laboratory methods for HAB-related toxins in biological specimens and clinical diagnostic methods to identify HAB-related symptoms and illnesses, optimizing emergency response capacities, and identifying and addressing the impacts of harmful algal toxins to humans. There is an important nexus between freshwater and health through drinking water and recreation, and CDC is encouraged to expand their work regionally to understand HABs impact on our nation's largest fresh bodies of water.

Food Safety.—The Committee includes an increase of $2,000,000 to help address the critical unmet needs in the nation's food safety system, in part through programs that enhance state and local public health capacity to support vital national surveillance, im-

prove foodborne outbreak detection and investigations, enhance food safety prevention efforts, and maintain vigilance for emerging threats to our nation's food supply.

Lyme Disease.—The Committee includes an increase of $2,000,000 to support CDC's efforts to develop improved diagnostics and surveillance networks so that disease burden can be more accurately determined, and bolster critical prevention and provider and public awareness efforts.

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome.—The Committee commends CDC for its recent progress in myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) medical education and in the Multisite Clinical Assessment of ME/CFS (MCAM) study, including the expansion of this study into pediatric research. The Committee is concerned that there is a lack of information about ME/CFS onset and requests an update in the fiscal year 2022 Congressional Justification.

Mycotic Diseases.—The Committee is concerned about invasive mycological or fungal infections. These infections are a major cause of morbidity and mortality worldwide, leading to approximately 500,000 deaths annually. The overall disease burden is over 100 million people worldwide, and in the US, approximately one million new infections occur annually in a variety of immunocompetent and immunocompromised individuals. The Committee provides an additional $200,000 in Emerging Infectious Diseases for mycotic diseases, including, but not limited to, surveillance and prevention, building capacity in the State and local health departments, cooperative agreements, education of the public and healthcare providers, and laboratory support. The Committee requests an update in the fiscal year 2022 Congressional Justification on how this funding is being utilized.

National One Health Framework.—As the coronavirus pandemic has proven, zoonotic diseases pose a significant threat and the Committee recognizes the need to improve the nation's response capacity. The Committee directs CDC to develop a national one-health framework to combat the threat of zoonotic diseases and advance emergency preparedness. The Committee directs the Secretary of Health and Human Services and the Secretary of Agriculture in coordination with the Environmental Protection Agency, the Department of Homeland Security, the Department of the Interior, the Department of Defense, the Department of Commerce, and other departments and agencies as appropriate, to develop, publish, and shall report to the Committee no later than 180 days after enactment of this Act on a national One Health Framework for coordinated Federal Activities.

One Health Federal Interagency Coordination Committee.—The Committee directs CDC to work with the Department of Agriculture and Department of Interior to develop a One Health coordination mechanism at the federal level. This mechanism will be used to strengthen One Health collaboration related to prevention, detection, control, and response for the prioritized zoonotic diseases and related One Health work across the federal government. HHS shall report to the Committee no later than 180 days after enactment of this Act on the National One Health Framework and the One Health Coordination Mechanism regarding the steps being taken to implement the recommendations detailed in the U.S. One

Health Zoonotic Disease Prioritization Workshop summary, entitled Prioritizing Zoonotic Diseases for Multisectoral, One Health Collaboration in the U.S.

Prion.—The Committee includes an increase of $1,000,000 to advance efforts on prion diseases, which occur in both humans and animals, primarily affecting the central nervous system. This group of degenerative neurological disorders is currently incurable and invariably fatal. CDC supports the only Federally provided resources to monitor human prion diseases in the U.S. The Committee supports these efforts and recognizes the critical work of the National Prion Disease Pathology Surveillance Center. The workload related to chronic wasting disease (CWD) in deer and elk populations in the U.S. is in addition to the Center's ongoing efforts related to human prion diseases that includes research, surveillance, tissue banking, and technical and supportive assistance to providers to families. Accordingly, the Committee provides increased funding to support this work.

Sepsis.—The Committee is concerned that sepsis continues to be a leading public health threat that is responsible for the death of approximately 270,000 adults and 7,000 children annually in U.S. The Committee encourages CDC to increase coordination within the Department of Health and Human Services, with the Department of Education, and with the Department of Labor to increase the dissemination of and the utilization of sepsis educational materials, including the Get Ahead of Sepsis Campaign. Coordination should focus on increasing utilization of the campaign by school nurses, company nurses and health care providers. The Committee also encourages enhanced outreach to health departments, academic partners, healthcare providers and systems, professional and quality improvement organizations, and patient representatives to increase utilization of sepsis educational materials, including the Get Ahead of Sepsis Campaign. In addition, the Committee encourages CDC to enhance outreach to national, state, and local hospital associations to increase usage of the Get Ahead of Sepsis Campaign and the CDC Sepsis Prevention Toolkit by medical staff. The Committee directs CDC to report to the House and Senate Committees on Appropriations on coordination efforts, utilization rates, and the results of enhanced outreach efforts 180 days after the enactment of this Act.

Vector-Borne Disease Centers of Excellence.—The Committee is concerned about the Pacific Northwest being an underserved region for funding and representation in the Regional Centers of Excellence in Vector-Borne Diseases network. The ecology, disease transmission dynamics, and resources for vector-borne disease training, surveillance, and control in the Northwest differ significantly from those in the five regional centers currently funded. The Committee encourages CDC to examine options to provide greater coverage of the Northwest region for vector-borne disease resources.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Appropriation, fiscal year 2020	$1,239,914,000
Budget request, fiscal year 2021	813,250,000
Committee Recommendation	1,306,414,000
Change from enacted level	+66,500,000
Change from budget request	+493,164,000

The Committee recommendation includes $1,049,564,000 in discretionary appropriations and $256,850,000 in transfers from the PPH Fund. Programs supported within Chronic Disease Prevention and Health Promotion (CDPHP) provide national leadership and support for State, Tribal, and community efforts to promote health and well-being through the prevention and control of chronic diseases.

The recommendation for CDPHP maintains the existing program line items as they were funded in fiscal year 2020 and does not provide funding for the America's Health Block Grant proposed again in the fiscal year 2021 budget request. The Committee supports evidence-based strategies to address public health priorities through proven State-based grant programs, utilizing related national organizations for technical assistance, and encourages CDC to continue and expand these successful approaches. Within the total provided, the Committee recommends the following amounts:

Budget Activity	FY 2021 Committee
Tobacco	$240,000,000
Nutrition, Physical Activity, and Obesity	56,920,000
High Obesity Rate Counties	*15,000,000*
School Health	15,400,000
Health Promotion	36,600,000
Glaucoma	*4,000,000*
Vision and Eye Health	*1,000,000*
Alzheimer's Disease	*20,000,000*
Inflammatory Bowel Diseases	*1,000,000*
Interstitial Cystitis	*1,100,000*
Excessive Alcohol Use	*4,000,000*
Chronic Kidney Disease	*2,500,000*
Chronic Disease Education & Awareness	*3,000,000*
Prevention Research Centers	26,461,000
Heart Disease and Stroke	145,105,000
Diabetes	148,129,000
National Diabetes Prevention Program	30,300,000
Cancer Prevention and Control	386,049,000
Breast and Cervical Cancer	*225,000,000*
WISEWOMAN	*28,120,000*
Breast Cancer Awareness for Young Women	*4,960,000*
Cancer Registries	*51,440,000*
Colorectal Cancer	*44,294,000*
Comprehensive Cancer	*19,675,000*
Johanna's Law	*10,000,000*
Ovarian Cancer	*12,000,000*
Prostate Cancer	*14,205,000*
Skin Cancer	*4,000,000*
Cancer Survivorship Resource Center	*475,000*
Oral Health	19,500,000
Safe Motherhood/Infant Health	68,000,000
Maternal Mortality Review Committees	*22,000,000*
Preterm Birth	*2,000,000*
Other Chronic Diseases	30,000,000
Arthritis	*11,000,000*
Epilepsy	*10,500,000*
National Lupus Patient Registry	*8,500,000*
Racial and Ethnic Approaches to Community Health	66,950,000
Good Health and Wellness in Indian Country	*23,000,000*
Social Determinants of Health	10,000,000
Healthy Aging	10,000,000
Million Hearts	4,000,000
National Early Child Care Collaboratives	4,000,000
Hospitals Promoting Breastfeeding	9,000,000

Alzheimer's Disease.—The Committee includes an increase of $4,500,000 to support provisions enacted in the Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act (P.L. 115–406), including establishing Centers of Excellence and building a robust Alzheimer's and other dementias public health infrastructure across the country.

Arthritis.—The Committee recognizes the serious issue of arthritis in communities across the country, which affects one in four Americans and is the number one cause of disability in the U.S. The Committee commends the ongoing work of the CDC Arthritis Program to provide existing investments in data and intervention and prevention research. The Committee urges CDC to support robust investment to expand the number of state-based arthritis programs, provide access to proven arthritis self-management and physical activity programs, and improve data collection and surveillance. The Committee requests a report on the resources necessary to fully scale the Arthritis Program and identify gaps in arthritis public health research and data collection in the fiscal year 2022 Congressional Justification.

Breast and Cervical Cancer.—The National Breast and Cervical Cancer Early Detection Program provides, critical, lifesaving breast cancer screening and diagnostic services to low-income, uninsured and underinsured women, providing exams to more than 5.6 million women since its creation in 1991, diagnosing nearly 5,000 invasive cervical cancers and 215,000 premalignant cervical lesions, and almost 70,000 invasive breast cancers. Previous funding levels allowed 15 percent of women eligible for breast cancers screening and approximately 7 percent of women eligible for cervical cancer screening to be served. The Committee encourages CDC to work with States and stakeholders to implement strategies to maximize the number of women in the program.

Chronic Disease Education and Awareness.—The Committee recognizes CDC's work with stakeholders to expand public health education and awareness activities that help to improve surveillance, diagnosis, and proper treatment for chronic diseases. The Committee includes $3,000,000 to establish a Chronic Disease Education and Awareness competitive grant program to expand and advance CDC's work with stakeholders on education, outreach, and public awareness activities for a variety of chronic diseases for which there is a clear disparity in public and professional awareness that are not already specified under CDC in this report. This approach would utilize a competitive grant process to strengthen the science base for prevention, education, and public health awareness for a variety of chronic diseases, such as lymphatic diseases, that do not currently have dedicated resources that would lead to meaningful patient outcomes.

Chronic Obstructive Pulmonary Disease.—The Committee urges CDC to do more to address Chronic Obstructive Pulmonary Disease (COPD), the nation's fourth leading cause of death, including fully engaging with the timely implementation of the COPD National Action Plan, developed by the National Heart, Lung, Blood Institute in coordination with CDC, such as fully integrating COPD surveillance, research, prevention, and management strategies into existing chronic disease efforts. The Committee requests a written re-

port on the updates to the COPD Action Plan no later than 180 days after enactment of this Act.

Chronic Pain.—The Committee previously encouraged CDC to analyze data collected from the chronic pain questions included in the 2017 National Health Interview Survey and to clarify the incidence and prevalence of various pain syndromes differentiated by patient age, comorbidities, socioeconomic status, race and gender. The Committee also encouraged CDC to collect data on direct and indirect costs of pain treatment and the effectiveness of evidence-based treatment approaches (S. Rept. 115–150—Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriation Bill, 2018). In light of the issuance of the HHS Pain Management Best Practices Task Force report identifying gaps in access to care, and the importance of utilizing interventional procedures such as nerve blocks, injections and surgical devices; behavioral health approaches such as cognitive behavioral therapy; and complementary and integrative health therapies such as massage therapy and acupuncture to address pain, the Committee again encourages CDC to collect this needed data and publish it annually. Furthermore, the Committee directs CDC to provide an update on pain statistics in the fiscal year 2022 Congressional Justification.

Colorectal Cancer.—The Committee includes an increase of $1,000,000 for colorectal cancer. The Committee is concerned with the increasing rate of colorectal cancer among younger adults. The Committee urges CDC to identify risk factors that may be associated with this increase among younger adults and further identify trends of increase by race and socioeconomic status.

Diabetes.—The Committee includes funding to prevent diabetes, its complications, and to reduce inequities through prevention strategies, translational research, and education. The Committee also includes an increase of $3,000,000 for the Diabetes Prevention Program to expand efforts of this public-private partnership that provides diabetes prevention for people with prediabetes. The Committee encourages CDC to support diabetes screening programs located in hospital settings.

E-Cigarette or Vaping Product Use—Associated Lung Injury.—The Committee remains concerned about the impacts of utilizing e-cigarettes or vaping products that lead to hospitalizations and deaths across the country. The Committee requests an update of CDC's findings relating to this topic in the fiscal year 2022 Congressional Justification.

Early Child Care Collaboratives.—The Committee recognizes that the early care and education setting is important for promoting healthy habits in young children. The Committee includes funding for the National Early Child Care Collaboratives Program to support direct provider-level training in implementation of comprehensive programming to support healthy eating and physical activity best practices and technical assistance to States for integrating such best practices into existing State and local systems for early care and education.

Eating Disorders.—The Committee encourages CDC to assist States in collecting data by including standard questions on unhealthy weight control practices for eating disorders, including

binge eating, through the Youth Risk Behavior Surveillance System and the Behavioral Risk Factor Surveillance System.

Epilepsy.—The Committee includes an increase of $1,000,000 to support epidemiologic studies, national dissemination of evidence-based programs to improve access of care and expand provider education and public awareness campaigns to reduce stigma.

Food and Health.—The Committee understands that many chronic medical conditions, such as diabetes, asthma, arthritis and inflammatory diseases, and maternal health and child development, can be managed cost effectively by improved nutrition. The Committee supports efforts to provide information on how culturally appropriate, food-based solutions integrated into the healthcare system, using the latest knowledge in nutrition, can improve medical effectiveness resulting in cost savings.

Healthy Aging.—The Committee includes $10,000,000 for CDC to expand its healthy aging work to include coordinating healthy aging efforts across the agency, funding applied research and translation for public health practice, and awarding cooperative agreements to build capacity in state, tribal and territorial public health departments to promote the health of older adults within an age-friendly public health system. The Committee recognizes the role of public health in promoting healthy aging. As the nation's population rapidly ages, the U.S. public health system must adapt accordingly. Isolation and loneliness, financial struggles, multiple chronic conditions, including loss of bone density, hearing, decline in vision, and access to transportation, healthy food, and affordable housing are challenges many older people face. Social isolation alone increases the risk of heart disease, infections, depression, cognitive decline and death among older people. The impact of social isolation is particularly important to consider as the U.S. responds to the outbreak of COVID–19. Age-friendly public health interventions can optimize the health and well-being of adults 65 and over, prolong their independence, and reduce their use of expensive healthcare services.

Heart Disease and Stroke.—The Committee includes an increase of $3,000,000 to support, strengthen, and expand evidence-based initiatives, given that almost half of the U.S. population has some form of cardiovascular disease.

Inflammatory Bowel Diseases.—The Committee commends CDC for continuing to support research on the incidence and prevalence of inflammatory bowel diseases (IBD) in the U.S., including on disparities in patterns of care within minority populations. The Committee encourages CDC to begin planning an educational campaign to increase awareness among healthcare providers and patients in order to reduce disparate health outcomes among minority populations with IBD.

Interstitial Cystitis.—The Committee requests an update on education, outreach, and public awareness activities in the fiscal year 2022 Congressional Justification.

Johanna's Law.—The Committee includes an increase of $1,000,000 for CDC's Inside Knowledge Campaign that raises awareness of the five main types of gynecological cancer: cervical, ovarian, uterine, vaginal, and vulvar. This campaign educates women of all ages, races, and ethnic groups, and healthcare providers.

Kidney Disease.—The Committee is deeply troubled by the significant and growing burden of chronic kidney disease (CKD), which affects an estimated 37 million Americans. Unfortunately, 90 percent of individuals with CKD are unaware they have the illness, only learning of it when there is a need for dialysis or kidney transplantation. With timely awareness, diagnosis, and treatment, the progression of kidney disease and its comorbidities can be slowed.

Lung Cancer.—The Committee remains concerned about the high morbidity and mortality of lung cancer. Early detection and treatment of lung cancer translates into higher survival rates, but only 16 percent of lung cancer cases are diagnosed early when the disease is most treatable. The Committee urges CDC to promote lung cancer screening awareness as part of its tobacco prevention and control activities.

Nutrition, Physical Activity and Obesity.—The Committee supports CDC's efforts to protect the health of Americans at every stage of life by encouraging regular physical activity, good nutrition, and preventing adult and childhood obesity. The Committee is concerned that the eligibility for the High Obesity Program is limited to communities with high obesity rates solely among adults, without taking into account childhood obesity rates. This exclusion represents a missed opportunity to address the important public health problem of childhood obesity, which can lead to high blood pressure, sleep apnea, high cholesterol, fatty liver disease, psychological problems and more. In addition, by focusing only on obesity rates at the county level, the program misses high-risk communities within healthier counties. The Committee encourages that CDC consider including high childhood obesity rates in its eligibility criteria for the High Obesity Program, as well as consider opening eligibility to program sites in census tracts with high obesity rates.

Oral Health.—The Committee is aware that there are some Community Dental Health Coordinators (CDHCs) that serve in school-based settings where they provide oral health education, screenings, cleanings and dental sealants. The Committee encourages CDC to engage federal partners, external stakeholders, including current and former grantees of the program, to determine how CDHCs can be used to continually educate and provide preventative care in school-based settings.

Ovarian Cancer.—The Committee includes an increase of $1,000,000 for ovarian cancer, which causes more deaths each year than any other gynecological cancer in the U.S., to advance ovarian cancer prevention, early detection, risk assessment, and access to the standard of care.

Prostate Cancer.—The Committee support's CDC's efforts to increase the public's awareness of prostate cancer risks, screening and treatment, and improve surveillance of this disease, which is the most commonly diagnosed cancer in men and the second leading cause of cancer deaths among men in the U.S. The Committee encourages CDC to increase outreach and education among high-risk men, especially African-American men.

Pregnancy Risk Assessment Monitoring System for Fathers Pilot.—The Committee is aware of the pilot Pregnancy Risk Assessment Monitoring System (PRAMS) for Fathers with state and local

public health agencies. Building on the successful PRAMS surveillance system that provides data from women during pregnancy and the first few months after birth, the pilot program extending this surveillance to fathers has provided paternal data with immense value for public health interventions.

Prevention Research Centers.—The Committee includes funding for the national network committed to conducting prevention research and translating research results into policy and public health practice that address local public health needs.

Racial and Ethnic Approaches to Community Health.—The Committee includes an increase of $7,000,000 for the only Federal program addressing the nation's racial and ethnic health disparities. The Committee recommends that all racial and ethnic target populations are represented. The Committee's recommended level includes an increase of $2,000,000 for Good Health and Wellness in Indian Country.

Safe Motherhood and Infant Health.—The Committee includes an increase of $10,000,000 and recognizes CDC's ongoing efforts to address the pressing public health issue of rising maternal mortality rate in the U.S. Black, American Indian and Alaska Native women are two to three times more likely to die from pregnancy-related causes than white women, and this disparity increases with age. The Committee encourages CDC to work with States to establish and continue Maternal Mortality Review Committees, and to provide assistance for all Committees to collect, analyze, and report data collected through the Maternal Mortality Review Information Application (MMRIA) System. CDC is encouraged to analyze the MMRIA data from all States, to the extent possible, issue a report of findings, and provide follow up technical assistance to support States to develop and implement strategies to improve data collection and analysis and to reduce maternal mortality. The Committee requests a report in the fiscal year 2022 Congressional Justification, analyzing the necessary costs and resources needed to enable State or regional databases to institute a policy nation-wide of monitoring death records 365 days after a birth record is issued for an individual's newborn. Furthermore, the Committee commends CDC for funding State-based Perinatal Quality Collaboratives (PQCs) that focus on improving maternal and neonatal outcomes using known prevention strategies such as reducing early elective deliveries. CDC is encouraged to continue support for PQCs particularly due to the rise in maternal mortality rates and neonatal abstinence syndrome (NAS) as a result of the opioid crisis. To maintain the notable work of the PREEMIE CDC-funded state-based PQCs around the country, the Committee urges CDC to expand their work in States disproportionately affected by the opioid crisis and focus efforts in the top five States affected by opioid misuse.

Social Determinants of Health Pilot Program.—The Committee recognizes the role of public health in working across sectors on social determinants of health. The Committee includes $10,000,000 for CDC to establish a Social Determinants of Health pilot program to award competitive grants to State, local, Territorial, or Tribal jurisdictions to support the development of Social Determinants of Health Accelerator Plans. Such plans should include a description of the health and social outcome objectives of the Social Deter-

minants Accelerator Plan; identify target populations that would benefit from implementation of the plan; and identify non-governmental public health organizations and community organizations that would participate in the development of the plan. Grantees may use a portion of grant funding to convene government entities and stakeholders and to engage qualified research experts in developing Social Determinants Accelerator Plans. The Committee directs CDC to submit a report within 120 days of enactment of this Act on how such grants will be administered.

Sudden Unexpected Infant Death and Sudden Unexplained Death in Childhood.—The Committee is aware that currently, there is no known way to prevent sudden unexpected infant death syndrome (SIDS), but there are ways to reduce the risk. Several factors present during pregnancy, at birth, and throughout the first year after birth can impact SIDS risk. The Committee urges CDC to improve data and prevention strategies, including by revising standardized death investigation forms, incorporating scene investigation and doll-reenactments.

Tobacco.—The Committee is deeply troubled by the dramatic increase in e-cigarette use among youth and concurs with the Surgeon General that youth use of e-cigarettes has reached epidemic levels. The Committee is also concerned that certain populations and regions of the country continue to experience high rates of tobacco use and are disproportionately burdened by tobacco-related disease and premature death. The Committee urges CDC to continue its efforts to reduce this and other disparities in tobacco use prevalence. Accordingly, the Committee includes an increase of $10,000,000 so that CDC and States can use evidence-based strategies to respond to the public health risk caused by the dramatic increase of youth use of e-cigarettes, including school-based interventions as part of a comprehensive strategy, enhance efforts to reduce tobacco use among certain populations and in areas with high tobacco use rates and tobacco-related mortality, as well as expand its highly effective Tips from Former Smokers campaign.

Tobacco and COVID–19.—The Committee is aware that smoking and use of e-cigarettes harm the lungs, and that researchers and public health officials are increasingly concerned that users of such products may be at increased risk for poorer health outcomes related to COVID–19. The Committee urges CDC to improve the collection of data on whether individuals who have tested positive for the novel coronavirus are current smokers, former smokers, or e-cigarette users, and to assess whether smokers and e-cigarette users are at higher risk for developing severe illness and death from COVID–19 than non-users. The Committee urges CDC to begin tracking this information within 90 days of enactment and to make such data and assessments publicly available.

Vision and Eye Health.—The Committee includes funding to enhance programs that prevent blindness and preserve sight. The Committee is aware that vision impairments and eye disease contribute to or complicate many other serious and costly chronic health conditions, including diabetes, cardiovascular disease, injuries and death related to falling, depression, and cognitive decline. State and community-level intervention are vital, as 75 percent of incidents of vision loss are preventable through early detection and treatment.

WISEWOMAN.—The Committee recognizes the vital importance of addressing cardiovascular disease among women by raising awareness of rising cardiovascular mortality among women, particularly women of color, and including an increase of $2,000,000 to support a comprehensive public awareness initiative that establishes best practices for identifying and treating cardiovascular incidents in women. The Committee further recognizes that the resulting costs to the health care system of unrecognized symptoms in the treatment of women can be substantially reduced with appropriate public policy and prevention efforts.

BIRTH DEFECTS, DEVELOPMENTAL DISABILITIES, DISABILITIES AND HEALTH

Appropriation, fiscal year 2020	$160,810,000
Budget request, fiscal year 2021	112,250,000
Committee Recommendation	162,810,000
Change from enacted level	+2,000,000
Change from budget request	+50,560,000

This account supports efforts to conduct research on and address the causes of birth defects and developmental disabilities, as well as reduce the complications of blood disorders and improve the health of people with disabilities.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2021 Committee
Child Health and Development	$65,800,000
Birth Defects	*19,000,000*
Fetal Death	*900,000*
Fetal Alcohol Syndrome	11,000,000
Folic Acid	*3,150,000*
Infant Health	*8,650,000*
Autism	*23,100,000*
Health and Development for People with Disabilities	69,660,000
Disability & Health incl. Child Development	*35,000,000*
Tourette Syndrome	*2,000,000*
Early Hearing Detection and Intervention	10,760,000
Muscular Dystrophy	*6,000,000*
Attention Deficit Hyperactivity Disorder	*1,900,000*
Fragile X	*2,000,000*
Spina Bifida	*6,000,000*
Congenital Heart	*6,000,000*
Public Health Approach to Blood Disorders	4,400,000
Hemophilia Activities	3,500,000
Hemophilia Treatment Centers	5,100,000
Thalassemia	2,100,000
Neonatal Abstinence Syndrome	2,250,000
Surveillance for Emerging Threats to Mothers and Babies	10,000,000

Congenital Heart Defects.—The Committee includes funding for grants or cooperative agreements to provide technical assistance to State and local agencies to complement intramural programs and to conduct applied research related to screening, evaluation, diagnosis, results reporting, data collection, surveillance, intervention programs, systems, and follow-up of children identified through Critical Congenital Heart Defects (CCHD) screening to better understand the long-term outcomes and needs of this population.

Duchenne Muscular Dystrophy.—The Committee is aware of the development and dissemination of the Duchenne Muscular Dys-

trophy Care Considerations. In order to understand their impact, the Committee urges CDC to consider how widely the Care Considerations have been adopted across the country and whether this has led to changes in practice or an improvement in patient outcomes, particularly in rural and underserved areas, and the presence of a Certified Duchenne Care Center.

Fetal Alcohol Spectrum Disorders.—The Committee is concerned about the rising trend of prenatal alcohol consumption and increased rates of fetal alcohol spectrum disorders (FASD) and urges CDC to increase support to: expand prevention efforts to heighten awareness of FASD and the risks associated with prenatal alcohol exposure; and strengthen existing national community-based and professional FASD networks to expand access to diagnostic, treatment, intervention, and other essential services.

Improving the Health of People with Intellectual Disabilities.—The Committee includes an increase of $2,000,000 for the expanded provision of year-round, grassroots activities in communities to create opportunities for health screenings and access to quality healthcare, and health and wellness programming for people with intellectual disabilities. These efforts enhance the lives of individuals while eliminating stigmas and stereotypes.

Infant and Maternal Health Surveillance.—The Committee directs, within 90 days of enactment of this Act, an update on adaptions that have been made to the Surveillance for Emerging Threats to Mothers and Babies Program, Pregnancy Risk Assessment Monitoring System, and other infant and maternal health surveillance efforts to evaluate the risks for and effects of COVID–19 on infants and pregnant and lactating individuals.

Pregnancy-Status COVID–19 Data Collection and Reporting.—The Committee directs, within 90 days of enactment of this Act, a report be submitted describing the specific steps taken to ensure that pregnancy status be included in COVID–19 data collection, documentation, and reporting from health care providers to public health agencies, particularly at the time of the initial or first report.

Sickle Cell Disease.—The Committee urges the Division of Blood Disorders plan to establish a population-based surveillance system to collect and analyze longitudinal data on people living in the U.S. with sickle cell disease and established a separate budget account for sickle cell disease.

Spina Bifida.—The Committee is aware of a growing incidence of sudden death in the adult spina bifida population, and understands that there is a significant need to study this issue and to develop medical interventions that lead to optimal outcomes and to address the transitional and adult care needs of the growing, aging Spina Bifida community. Therefore, the Committee encourages CDC to use funding for the National Spina Bifida Program (NSBP) to be used to support the continuation of the Spina Bifida Clinical Care Monitoring and Tracking Program which works with the National Spina Bifida Registry to guide the health care community in best treatment options for people living with Spina Bifida.

PUBLIC HEALTH SCIENTIFIC SERVICES

Appropriation, fiscal year 2020	$578,497,000
Budget request, fiscal year 2021	521,000,000
Committee Recommendation	593,497,000
Change from enacted level	+15,000,000
Change from budget request	+72,497,000

This account supports programs that provide leadership and training for the public health workforce, support infrastructure to modernize public health surveillance, promote and facilitate science standards and policies, and improve access to information on disease outbreaks and other threats.

In addition, the CARES Act (P.L. 116–136) included $500,000,000 for the public health data modernization initiative.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2021 Committee
Health Statistics	$174,397,000
Surveillance, Epidemiology, and Informatics	363,100,000
Public Health Workforce	56,000,000

Birth Settings.—The Committee notes that the 2020 Consensus Study Report "Birth Settings in America: Outcomes, Quality, Access, and Choice" conducted by the National Academies of Sciences, Engineering and Medicine found that "Modifications to the birth certificate that allow inquiry into birth settings based on models indicating intended setting of birth, including planned attended and planned unassisted home births in the U.S. and intended birth attendants are needed to better understand and assess outcomes by birth settings." The Committee urges the National Center for Health Statistics to explore ways to collect more detailed records on birth settings as part of its collection of vital statistics.

Familial Hypercholesterolemia.—The Committee includes $100,000 to support efforts focused on this inherited genetic disorder that causes early, aggressive, heart disease. The Committee is concerned that more than 85 percent of those in the U.S. who are affected with familial hypercholesterolemia (FH) are completely unaware of their condition. The Committee supports CDC addressing FH as a public health concern in order to improve diagnosis and care delivery and prevent heart disease.

Forecasting.—The Committee encourages CDC to identify a research institution capable of developing a Center of Excellence that can model public health response, preparation, and planning of a coronavirus outbreak, and has experience participating in or hosting an influenza forecasting center of excellence. The Committee encourages CDC to work in collaboration with leading research institutions that provide national leadership in creating methodologies and technologies to produce safe, effective AI systems that are fair, accountable, transparent, and protect individual privacy.

National Neurological Conditions Surveillance System.—The Committee includes $5,000,000 within Surveillance, Epidemiology, and Informatics to continue efforts on the two initial conditions.

Primary Immunodeficiencies.—The Committee includes funding at the fiscal year 2020 level to continue the existing program of

education and awareness related to primary immunodeficiencies. This program has proven effective in identifying undiagnosed patients and linking them to centers of care. With NIH estimating that one to two percent of the U.S. population is affected by these disorders, a greater commitment is required to maximize the benefits of this effort.

Public Health Data Modernization Initiative.—The Coronavirus Pandemic and the outbreak of lung injury associated with the use of e-cigarette, or vaping, products brought to national attention that more needs to be done to ensure that CDC can develop and deploy world-class data and analytics that scale rapidly in emergencies, provide predictive capacity to identify emerging threats, reduce burden on public health partners who are reporting data and ensure bidirectional information flows. In addition, public health professionals are faced with rapid advances in data science and evolving cybersecurity threats that require the necessary skills to securely integrate health data. The Committee initiated the funding for this effort in fiscal year 2020 and provided significant, multi-year resources in the CARES Act (P.L. 116–136); the Committee directs these funds to be thoughtfully planned and invested for a comprehensive, crosscutting effort to advance CDC's capabilities to respond to all public health threats not limited to COVID–19. This is the opportunity for there to be significant improvement in public health data and analytics. The Committee includes $50,000,000 to continue to modernize systems, and recruit and retain skilled data scientists to improve public health data including at the National Center for Health Statistics, and State, local, tribal and territorial partners. Furthermore, the Committee encourages CDC to consider the acceleration of predictive modeling and use of artificial intelligence to more rapidly transform how CDC collects and uses data to understand various situations in real time.

Public Health Workforce.—The bill includes an increase of $5,000,000 to support workforce and training programs, including the Epidemic Intelligence Service, that provide HHS, and State and local health departments with skilled staff, technical assistance, and education services. The Committee recognizes that a robust and well-trained public health workforce is critical to maintaining a highly-effective public health system.

Strengthening Public Health Infrastructure.—The Committee includes an increase of $10,000,000 for CDC to assist States and eligible local public health agencies by strengthening basic epidemiologic and laboratory capacity.

ENVIRONMENTAL HEALTH

Appropriation, fiscal year 2020	$213,850,000
Budget request, fiscal year 2021	182,000,000
Committee Recommendation	236,850,000
Change from enacted level	+23,000,000
Change from budget request	+54,850,000

The Committee recommendation includes $219,850,000 in discretionary appropriations and $17,000,000 in transfers from the PPH Fund.

Programs supported within Environmental Health conduct surveillance and data collection to detect and address emerging pathogens and environmental toxins that pose significant challenges to

public health, as well as determine whether and at what level of exposure these substances are harmful to humans.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2021 Committee
Environmental Health Laboratory..	$68,750,000
Newborn Screening Quality Assurance Program	*19,000,000*
Newborn Screening /Severe Combined Immunodeficiency Diseases	*1,250,000*
Environmental Health Activities..	16,000,000
Safe Water	8,600,000
Amyotrophic Lateral Sclerosis (ALS) Registry	10,000,000
Climate and Health	15,000,000
Environmental and Health Outcome Tracking Network	34,000,000
Asthma	33,000,000
Trevor's Law	1,500,000
Childhood Lead Poisoning	40,000,000
Lead Exposure Registry	10,000,000

Asthma.—The Committee includes an increase of $3,000,000 for the National Asthma Control Program. The Committee recognizes that millions of people in the U.S. suffer from asthma, and that it disproportionately affects African American children.

Childhood Lead Poisoning.—The Committee includes an increase of $3,000,000 to strengthen blood lead surveillance by supporting state and local program to improve blood lead screening test rates, identify high-risk populations, and ensure effective follow-up for children with elevated blood lead levels. The Committee encourages CDC to require that States receiving funding for lead prevention report all blood tests in a standardized format through the Nationally Notifiable Noninfectious Diseases and Conditions reporting system. The Committee directs the Lead Exposure and Prevention Advisory Committee to produce a report about the prevalence and impact of leaded paint manufacturing plants. The report should identify the leaded paint manufacturers, public health hazards posed by the plants (including but not limited to the environmental hazards), and how the leaded paint is being circulated. The report shall be included in the fiscal year 2022 Congressional Justification.

Climate and Health.—The Committee recognizes that communities are on the front line of responding to climate-related health effects, including health threats from increased spread of vector-borne diseases, higher levels of air pollution, hotter temperatures, extreme weather events and longer allergy seasons. The Committee includes an increase of $5,000,000 to expand investments to a larger number of States, cities, or tribes to plan for public health threats caused by climate change, and to conduct an analysis of grantee programs to allow for broad sharing of best practices and strategies that best protect public health.

Lead Exposure Registry.—The Committee supports CDC's implementation of the Flint, Michigan Lead Exposure Registry and directs $10,000,000 for the continuation of the Registry beyond fiscal year 2021.

Newborn Screening.—The Committee includes an increase of $2,000,000 to further support newborn screening efforts so that affected newborns can receive early and often life-saving treatment through the timely implementation for all Recommended Uniform

Screening Panel conditions. The Committee is aware that State laboratories need specialized support to begin screening for additional newborn conditions and recognizes CDC's expertise in working with laboratories to implement accurate newborn screening tests. The Committee supports the Newborn Screening Quality Assurance Program to support State laboratories as they implement screening for new disorders. This funding will support evaluation of testing methods for new conditions, expansion of CDC's quality assurance materials, and critical infrastructure and development of tests for rare conditions.

INJURY PREVENTION AND CONTROL

Appropriation, fiscal year 2020	$677,379,000
Budget request, fiscal year 2021	730,159,000
Committee Recommendation	694,879,000
Change from enacted level	+17,500,000
Change from budget request	−35,280,000

Programs supported within Injury Prevention and Control provide national leadership on violence and injury prevention, conduct research and surveillance, and promote evidence-based strategies to inform real-world solutions to prevent premature death and disability and to reduce human suffering and medical costs caused by injury and violence.

The Committee does not accept the proposal to include $100,000,000 for the Drug-Free Communities program in the Injury Prevention and Control appropriation. The Committee directs the program to remain in the Office of National Drug Control Policy.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2021 Committee
Domestic Violence and Sexual Violence	34,700,000
Child Maltreatment	*7,250,000*
Child Sexual Abuse Prevention	*2,000,000*
Youth Violence Prevention	15,100,000
Domestic Violence Community Projects	7,500,000
Rape Prevention	52,750,000
Suicide Prevention	10,000,000
Adverse Childhood Experiences	4,000,000
National Violent Death Reporting System	23,500,000
Traumatic Brain Injury	6,750,000
Elderly Falls	2,050,000
Injury Prevention Activities	28,950,000
Opioid Overdose Prevention and Surveillance	475,579,000
Injury Control Research Centers	9,000,000
Firearm Injury and Mortality Prevention Research	25,000,000

Adverse Childhood Experiences.—The Committee encourages CDC to prioritize the collection and reporting of data on adverse childhood experiences (ACEs), including exposure to violence, neglect, and living in a home with mental health or substance use problems, and to use these data to support the implementation of comprehensive ACEs prevention strategies at the State, territorial, tribal and local levels. The Committee also encourages CDC to report on the prevalence of adverse childhood experiences across geography, race and ethnicity, disability and socioeconomic status.

Child Sexual Abuse Prevention.—The Committee includes an increase of $1,000,000 and recognizes the severe and often life-long physical, cognitive and emotional impact of child sexual abuse and appreciates CDC's report outlining the gaps in current child sexual abuse prevention research. These opportunities include the need to improve surveillance systems and data collection, increase the understanding of risk and protective factors, and develop and disseminate effective prevention efforts.

Domestic Violence and Sexual Violence.—The Committee encourages CDC to prioritize the collection and reporting of data on domestic violence and sexual violence. The Committee also encourages CDC to work with State and local governments, as well as nonprofit organizations, to implement the necessary mechanism for sharing data as well as provide technical assistance when needed to ensure that the data is properly understood and utilized correctly.

Domestic Violence Prevention.—The Committee includes an increase of $2,000,000 for the Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) program to expand efforts. DELTA is the only dedicated federal funding source for the primary prevention of domestic violence.

Drowning Prevention.—About one in five people who die from drowning are children aged 14 and younger. For every child who dies from drowning, another five receive emergency department care for nonfatal submersion injuries. The Committee strongly supports efforts by CDC to educate families and youth serving organizations on the best practices to avoid injuries related to drowning, and to support State drowning surveillance efforts and a national plan on water safety.

Firearm Injury and Mortality Prevention Research.—The Committee includes an increase of $12,500,000 for research on firearm injury and mortality through a public health approach that focuses on data to understand its causes and to inform prevention strategies. The Committee directs CDC to focus on activities that will have the greatest potential public health impact. Furthermore, the Committee recognizes that community gun violence, such as gang violence, constitutes a significant portion of gun homicides in the U.S. There is a disproportionate impact of community gun violence on low-income communities of color, which is not often reflected in the national narrative surrounding gun violence. The Committee encourages CDC to support research on community gun violence and to select grantees that reflect the diversity of the victims of gun violence and that work in or near the impacted communities.

National Violent Death Reporting System.—The Committee includes funding for the only State-based surveillance system that pools information together from multiple sources into a usable, anonymous database of all types of violent deaths so that prevention efforts can be informed and progress monitored.

Opioid Abuse and Overdose Prevention.—The Committee commends CDC for its leadership on combating opioid drug overdoses. The Committee encourages the Director to continue to implement these activities based on population-adjusted burden of disease criteria, including mortality data (age adjusted rate), as significant criteria when distributing funds for overdose prevention activities. The Committee recognizes that the substance misuse epidemic is

shifting, with an increase in overdoses resulting from stimulants and other substances. The Committee urges for CDC to monitor, prevent, and reduce harms associated with drug use, misuse, and overdose, including opioids, stimulants, cannabis, and other emerging risks. The Committee appreciates efforts by CDC to ensure that funding for opioid abuse and overdose prevention reaches local communities to advance local understanding of the opioid overdose epidemic and to scale-up prevention and response activities as intended by Congress.

Public Health Approach to Violence.—The Committee recognizes all forms of violence as a health crisis that is in desperate need of increased data collection and funding to support effective prevention and intervention efforts grounded in public health approaches. There is increasing evidence of the profound negative effects of violence and the exposure to violence on child development, the long-term mental and physical health of affected populations, and the economic development of communities, especially communities of color. In order to support calls for greater investment in these approaches, the Committee directs CDC within 180 days of enactment of this Act to submit a comprehensive report detailing the scope and intersection of all forms of violence in the U.S., the cost of violence, and identify areas where more data and intervention are needed.

Rape Prevention.—The Committee includes an increase of $2,000,000 to amplify funding to States and Territories to support essential rape prevention and education programs.

Suicide.—The Committee recognizes that suicide is devastating communities across the U.S., as evidenced by more than 48,000 deaths in 2018, and is the tenth leading cause of death in America. While depression and other mental health conditions are a significant risk factor for suicide, less than half of the people who die by suicide have a known mental health condition.

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

Appropriation, fiscal year 2020	$342,800,000
Budget request, fiscal year 2021..	190,000,000
Committee Recommendation	344,700,000
Change from enacted level	+1,900,000
Change from budget request	+154,700,000

The National Institute for Occupational Safety and Health (NIOSH) conducts applied research, develops criteria for occupational safety and health standards, and provides technical services to government, labor, and industry, including training for the prevention of work-related diseases and injuries. This appropriation supports surveillance, health hazard evaluations, intramural and extramural research, instrument and methods development, dissemination, and training grants.

Within the total for NIOSH, the Committee recommends the following amounts:

Budget Activity	FY 2021 Committee
National Occupational Research Agenda	$117,000,000
Agricultural, Forestry, and Fishing	*26,500,000*
Education and Research Centers	30,000,000
Personal Protective Technology	20,000,000
Mining Research	60,500,000

Budget Activity	FY 2021 Committee
National Mesothelioma Registry and Tissue Bank	1,600,000
Firefighter Cancer Registry	2,500,000
Other Occupational Safety and Health Research	113,100,000

Agricultural, Forestry, and Fishing.—The Committee includes funding to support efforts to protect workers in this sector by providing leadership in applied research, disease and injury surveillance, education and prevention.

Education and Research Centers.—The Committee includes funding to support efforts to reduce work-related injuries and illnesses by prevention research, and implementing programs to improve occupational health and safety.

Mesothelioma.—The Committee recognizes that CDC undertook a feasibility study for a mesothelioma patient registry in fiscal year 2019 to evaluate case finding methodologies to determine incidence and prevalence, demographics and risk factors. The Committee includes an increase of $400,000 to take the next step toward establishment of a national mesothelioma patient registry through collecting data on individuals suffering from the disease and identify gaps in treatment in order for researchers to develop new treatments and a cure for this disease, which is among the deadliest and most painful cancers. The Committee encourages CDC to establish priorities for successful outcomes; develop and revise standards of care and treatment best practices; share evidence-based information between physicians across the country; and implement benchmarks to improve care for mesothelioma patients.

Total Worker Health.—The Committee includes an increase of $1,500,000 for the Total Worker Health (TWH) program, which supports centers of excellence that advance the overall safety, health, and well-being of U.S. workers. The Committee notes that millions of American workers and businesses are confronting the mental health effects of the COVID–19 pandemic; these include isolation, economic insecurity, concerns about physical health and the challenges of working remotely and reintegrating back into the workplace. In addition, mental health conditions represent a leading cause of worker disability, rising medical costs and lost productivity. Therefore, the Committee directs NIOSH to use the additional funding to create a new TWH center of excellence for workplace mental health. This center will support companies across all sizes and industries in the study and implementation of best practices to improve workplace mental health and worker well-being nationwide. NIOSH should award the center to an academic research institution in partnership with a national nonprofit organization. Priority should be given to applicants with expertise in mental illness from the worker/workplace perspective, a strong track record of data collection and analysis, experience in sustaining a positive culture/climate in U.S. workplaces, and evaluating workplace policies and practices with employers of varying sizes. The center should also have the capacity to translate data and science into interventions, disseminate best practices across the country and collect national data on employers and the mental health and well-being of their workers.

ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM

Appropriation, fiscal year 2020	$55,358,000
Budget request, fiscal year 2021	55,358,000
Committee Recommendation	55,358,000
Change from enacted level	– – –
Change from budget request	– – –

The Energy Employees Occupational Illness Compensation Program (EEOICPA) provides compensation to employees and survivors of employees of Department of Energy facilities and private contractors who have been diagnosed with a radiation-related cancer, beryllium-related disease, or chronic silicosis as a result of their work. NIOSH estimates occupational radiation exposure for cancer cases, considers and issues determinations for adding classes of workers to the Special Exposure Cohort, and provides administrative support to the Advisory Board on Radiation and Worker Health.

GLOBAL HEALTH

Appropriation, fiscal year 2020	$570,843,000
Budget request, fiscal year 2021	532,222,000
Committee Recommendation	572,843,000
Change from enacted level	+2,000,000
Change from budget request	+40,621,000

Through its Global Health activities, CDC coordinates, cooperates, participates with, and provides consultation to other nations, Federal agencies, and international organizations to prevent and contain diseases and environmental health problems and to develop and apply health promotion activities. In cooperation with ministries of health and other appropriate organizations, CDC tracks and assesses evolving global health issues and identifies and develops activities to apply CDC's technical expertise.

In addition, the Coronavirus Preparedness and Response Supplemental Appropriations Act (P.L. 116–123) included $300,000,000 and the CARES Act (P.L. 116–136) included $500,000,000 for global disease detection and emergency response.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2021 Committee
Global AIDS Program	$128,421,000
Global Tuberculosis	9,222,000
Global Immunization Program	226,000,000
Polio Eradication	*176,000,000*
Other Global/Measles	*50,000,000*
Parasitic Diseases and Malaria	26,000,000
Global Public Health Protection	183,200,000

Global Health Security.—The Committee provided additional, multi-year funding through coronavirus supplemental appropriations to further CDC's work to protect global health security through the Center for Global Health, the National Center for Emerging and Zoonotic Infectious Diseases, and other programs that detect, prevent, and respond to infectious diseases and other health threats. CDC's global health security work focuses on the core foundation for strong public health systems: surveillance, lab-

oratory, workforce, and emergency operations. As emerging infectious diseases like COVID–19, Ebola and Zika represent profound challenges for our health system, the Committee supports continued work supporting the core public health system foundations for Ministries of Health and enhanced work in research and development aimed at creating new tools to respond to health threats at home and abroad. The Committee urges CDC to ensure that the importance of research and development to global health security is appropriately reflected in their international engagements. The Committee also supports CDC's core activities in developing and validating innovative tools for use by U.S. bilateral and multilateral global health programs and laboratory efforts to monitor and combat drug and insecticide resistance, a function essential to ensuring that global health programs are responsive, efficient, and tailored for maximum impact. The Committee notes the urgent need for new disease detection and diagnostic tools to accurately measure progress towards the U.S. government's disease control and elimination goals and supports CDC's leadership role in the development of those tools and in the application of next-generation approaches to disease sequencing and diagnosis.

Global Public Health Protection.—In addition to the funding provided in this bill, the Committee provided significant, multi-year funding in the CARES Act (P.L. 116–136) to support and enhance CDC's mission to protect the health of our nation, including by working across the globe. The Committee supports CDC's global efforts to detect epidemic threats earlier, respond more effectively, and prevent avoidable crises, including by providing support of program implementation and scientific and technical experts in Atlanta and in the field with concentrated efforts on countries, populations, and programs where resources will have the greatest public health impact.

Global Tuberculosis.—The Committee includes an increase of $2,000,000 to advance CDC's global tuberculosis priorities to find, cure, prevent, and sustain.

Global Water Strategy.—The Committee recognizes CDC's work to provide sustainable Water, Sanitation, & Hygiene (WASH) in healthcare facilities, aligned with the 2017 US Global Water Strategy, and to support WASH efforts to contribute to the elimination of cholera as a public health threat as outlined by Ending Cholera—A Global Roadmap to 2030. The Committee urges CDC to increase its WASH efforts in areas where Neglected Tropical Diseases are endemic.

Malaria.—The Committee is concerned with the exponentially growing need of severe malaria treatment with no commercially available options following the withdrawal of the only FDA-approved drug for severe malaria (quinidine) from the U.S. market. The severe malaria treatment preferred by the World Health Organization is IV artesunate which is not FDA-approved due to a lack of commercial interest. CDC is able to stock its network of Quarantine Stations with IV artesunate by relying on imports from China as well as unused reserves from the Department of Defense. Artesunate releases from CDC's Quarantine Stations have increased almost 1,100 percent from 2018 to 2019. To address the need for rapid access, CDC is encouraged to support additional staff support at Quarantine Stations and headquarters to provide

technical support, coupled with an expanded distribution model. Distributing artesunate from Quarantine Stations, select health departments, and positioning at select hospitals is the most effective and cost-efficient method for preventing morbidity in high burden areas. This hybrid model would put artesunate within 100 miles of 88 percent of the places that severe cases have historically reported to. Additional work to promote utilization of malaria prophylaxis for travelers could help reduce malaria cases.

Parasitic Disease and Malaria.—The Committee recognizes the important role the Center plays in the fight against malaria and parasitic disease, and protecting Americans through global health security through its efforts to detect, prevent, and respond to infectious diseases and other health threats. The Center also provides crucial monitoring and surveillance of transmission, evaluation of interventions for effectiveness and impact, development of key diagnostics, and testing of tools in a real work setting that are critical to ensuring that our global health investments are smarter, better, and not wasteful. Therefore, the Committee encourages CDC to continue to research, monitor, and evaluate efforts for malaria and parasitic disease in collaboration with other divisions and agencies.

Population-based Surveillance Platforms.—The Committee directs at least $3,000,000 to be used to support existing longitudinal population-based infectious disease surveillance platforms that enable comparative analysis between urban and rural populations in the developing world.

Soil Transmitted Helminth and Related Diseases of Poverty.—The Committee includes $1,500,000 to extend the currently funded CDC projects aimed at surveillance, source remediation and clinical care to reduce soil transmitted helminth infection.

World Health Organization.—The Committee strongly opposes the President's proposed ban on U.S. support and funding for the World Health Organization (WHO). This action would have a damaging impact on global public health efforts affecting billions of people across the globe, including the current response to the COVID–19 pandemic, global health security, emergency preparedness and response, and programs to reduce chronic disease. For example, a ban on support for the WHO would have a terrible impact on the global polio eradication campaign, in which WHO-coordinated surveillance is critical to tracking polio outbreaks, targeting resources to those outbreaks, and ultimately, certifying regions to be polio free. The Committee urges CDC to continue to engage with the WHO to address global health issues, including COVID–19, and to continue to use its resources to support essential WHO global health activities.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Appropriation, fiscal year 2020	$827,200,000
Budget request, fiscal year 2021	802,000,000
Committee Recommendation	852,200,000
Change from enacted level	+25,000,000
Change from budget request	+50,200,000

The Public Health Preparedness and Response (PHPR) account supports programs that build and strengthen national preparedness for public health emergencies, both naturally-occurring and in-

tentional. PHPR supports needs assessments, response planning, training, epidemiology and surveillance, and upgrades for laboratory capacity and communications systems.

In addition, the Coronavirus Preparedness and Response Supplemental Appropriations Act (P.L. 116–123) included $950,000,000; the CARES Act (P.L. 116–136) included $1,500,000,000 for State, local, Tribal, and Territorial health departments. Moreover, the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116–139) included $10,250,000,000 for diagnostic testing of COVID–19 that was distributed to State, local, and Territorial recipients through the public health emergency preparedness cooperative agreement.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2021 Committee
Public Health Emergency Preparedness Cooperative Agreement	$700,000,000
Academic Centers for Public Health Preparedness	8,200,000
CDC Preparedness and Response	144,000,000

Agricultural Farmworkers and COVID–19.—The Committee recognizes the risks posed by the COVID–19 pandemic to our nation's essential farm workforce as they continue to ensure the availability of the food supply. The Committee urges the CDC to provide technical assistance to State and local health departments to ensure that farmworkers are included in any category of the workforce that receives priority for COVID–19 diagnostic testing.

Public Health Preparedness Cooperative Agreements.—The Committee includes an increase of $25,000,000 to enhance support to State and local health departments in developing and maintaining capable, flexible, and adaptable public health systems to rapidly respond in an emergency. The Committee encourages CDC to apply a risk-based approach using population or other risks when allocating funds to PHEP in order to reflect the potential magnitude of illness and death that may be anticipated. The Committee recognizes the challenges of ensuring adequate response in remote geographical areas, such as the Pacific territories, during potential outbreaks and encourages CDC improve laboratory capacity in such areas. Furthermore, the Committee directs the incorporation of Limited English Proficient (LEP) Individuals in emergency planning. The Committee requests a report on the steps taken to ensure that recipients are conducting outreach to LEP communities in the fiscal year 2022 Congressional Justification.

Strategic National Stockpile.—The Committee recognizes the reorganization of the Strategic National Stockpile (SNS) to the Office of the Assistant Secretary for Preparedness and Response. The Committee expects that CDC will continue its significant role in providing scientific expertise in decision-making related to procurement of countermeasures, and maintaining strong relationships with State and local public health departments to facilitate efficient deployment of countermeasures in public health emergencies.

BUILDINGS AND FACILITIES

Appropriation, fiscal year 2020	$25,000,000
Budget request, fiscal year 2021	30,000,000
Committee Recommendation	30,000,000
Change from enacted level	+5,000,000
Change from budget request	– – –

The Committee recommendation includes $30,000,000, an increase of $5,000,000, in discretionary budget authority.

This account supports capital projects as well as repairs and improvements to restore, maintain, and improve CDC's assets at facilities in seven States and San Juan, Puerto Rico.

The Committee continues language to allow CDC to retain unobligated funds in the Individual Learning Accounts from departed employees to support the replacement of the underground and surface coal mine safety and health research facility.

CDC-WIDE ACTIVITIES AND PROGRAM SUPPORT

Appropriation, fiscal year 2020	$358,570,000
Budget request, fiscal year 2021	155,000,000
Committee Recommendation	358,570,000
Change from enacted level	– – –
Change from budget request	+203,570,000

The Committee recommendation includes $198,570,000 in discretionary funds and $160,000,000 in transfers from the PPH Fund.

This account supports public health leadership and support activities at CDC.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2021 Committee
Preventive Health and Health Services Block Grant	$160,000,000
Public Health Leadership and Support	113,570,000
Infectious Diseases Rapid Response Reserve Fund	85,000,000

Infectious Diseases Rapid Response Reserve Fund.—The Committee includes funding within this account for the Infectious Diseases Rapid Response Reserve Fund. This funding is in addition to the resources provided in the Coronavirus Preparedness and Response Supplemental Appropriations Act (P.L. 116–123) and the CARES Act (P.L. 116–136). As utilized during the initial response to COVID–19, the Reserve Fund will provide an immediate source of funding to quickly respond to an imminent infectious disease crisis that endangers American lives. Funds are available until expended.

Management-Worker Relations.—The Committee urges CDC to continue a robust program to support the morale and engagement of staff, including addressing management-worker relations and ensuring fair, equitable treatment that complies with Federal civil rights statutes and standards.

Prevention and Public Health Fund.—The Committee encourages the Prevention and Public Health fund be used for programs it was intended to assist, such as cardiovascular/stroke prevention through Million Hearts.

Preventive Health and Health Services Block Grant.—The Committee continues to support the Preventive Health and Health

Services Block grant, of which at least $7,000,000 is to support direct services to victims of sexual assault and to prevent rape.

Undergraduate Public Health Scholars Program.—The Committee encourages CDC to continue engagement of Historically Black Colleges and Universities in the CDC Undergraduate Public Health Scholars (CUPS) Program.

NATIONAL INSTITUTES OF HEALTH

Appropriation, fiscal year 2020	$41,684,000,000
Budget request, fiscal year 2021	38,371,491,000
Committee Recommendation	46,959,000,000
Change from enacted level	+5,275,000,000
Change from budget request	+8,587,509,000

The Committee recommendation for the National Institutes of Health (NIH) program level includes $40,617,687,000 in discretionary appropriations and $1,341,313,000 in Public Health Service Act section 241 evaluation set-aside transfers. Within the total appropriation, the Committee recommendation includes $404,000,000 in budget authority authorized in the 21st Century Cures Act (P.L. 114–255). The bill includes an increase in discretionary, non-emergency budget authority of 588,000,000 above the fiscal year 2020 enacted level, which is necessary to maintain an overall increase of $500,000,000 while compensating for a reduction of $88,000,000 in funding made available by the Cures Act.

In addition, Title VI of this Act includes $5,000,000,000 in emergency appropriations to NIH, of which not less than $2,500,000,000 must be transferred to Institutes and Centers in proportion to their share of appropriations in fiscal year 2020. Each Institute and Center will receive an increase of at least 7 percent over the 2020 enacted level. The emergency appropriation is further described under Title VI.

Further, the Coronavirus Preparedness and Response Supplemental Appropriations Act included $826,000,000; the CARES Act included $945,400,000; and the Paycheck Protection Program and Health Care Enhancement Act included $1,806,000,000 for NIH to support and conduct research on diagnostics, therapeutics, and vaccines for COVID–19.

The mission of NIH is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. NIH conducts and supports research to understand the basic biology of human health and disease; apply this understanding towards designing new approaches for preventing, diagnosing, and treating disease and disability; and ensure that these approaches are widely available.

The recommendation includes funding for initiatives established in the 21st Century Cures Act, including a total of $195,000,000 for the Cancer Moonshot Initiative; $500,000,000 for the "All of Us" precision medicine initiative (including $109,000,000 from the Cures Act); and $500,000,000 for the Brain Research through Application of Innovative Neurotechnologies (BRAIN) Initiative (including $100,000,000 from the Cures Act).

The Committee includes specific funding allocations for a number of initiatives and activities detailed in the Institute- and Center-specific sections below.

NATIONAL CANCER INSTITUTE (NCI)

Appropriation, fiscal year 2020	$6,440,442,000
Budget request, fiscal year 2021	5,881,173,000
Committee Recommendation	6,494,155,000
Change from enacted level	+53,713,000
Change from budget request	+612,982,000
Committee Recommendation (including Title VI)	6,908,600,000
Change from enacted level	+468,158,000
Change from budget request	+1,027,427,000

In addition, the Paycheck Protection Program and Health Care Enhancement Act included $306,000,000 for NCI to support research related to the COVID–19 pandemic.

Mission.—NCI leads, conducts, and supports cancer research across the nation to advance scientific knowledge and help all people live longer, healthier lives.

Cancer Bioengineering.—The Committee is concerned about the high cost of new cancer therapies. A major driver for the high cost is that 95 percent of cancer therapies that begin Phase I clinical trials fail to secure FDA approval. The Committee is encouraged by the scientific advances in cancer research generated by the Physical Sciences Oncology Network (PSON) and the Cancer Systems Biology Consortium (CSBC) where math, physics, and bioengineering approaches have revealed novel strategies that may reduce the clinical trial failure rate and lower the cost of new cancer therapies. The Committee encourages NCI to build upon the success of the PSON and CSBC by funding research focused on bioengineering and quantitative approaches to basic science and translational oncology.

Cancer Clinical Trials.—The Committee is concerned that only a small percent of patients participate in cancer clinical trials, even though most express an interest in clinical research; and that ultimately, about one in five cancer clinical trials fail because of lack of patient enrollment. Groups that are generally underrepresented in clinical trials include racial and ethnic minorities and older and lower-income individuals as well as those from rural communities. As such, the Committee directs the GAO to conduct a review of what actions Federal agencies have taken to help to address barriers to participate in Federally-funded cancer clinical trials by populations that have been traditionally underrepresented in such trials, and identify challenges, if any, in implementing such actions. In addition, this GAO review should identify additional actions that can be taken by Federal agencies to address barriers to participation in Federally-funded cancer clinical trials by populations that have been traditionally underrepresented in such trials and make recommendations on potential changes in practices and policies to improve participation in such trials by such populations.

Cancer Immunotherapy.—The Committee recognizes that cancer immunotherapies hold enormous promise to cure a number of cancers. Patients with certain hematologic malignancies have already benefited from the development of chimeric antigen receptor T-cell (CAR–T), an immunotherapy. Additional innovative and life-saving therapies for different types of cancers, some with few treatment options, will only be available from additional research in this field. The Committee is encouraged by the research NCI has already supported in this field, but urges the Institute to continue to prioritize research on new immunotherapies. The Committee re-

quests that NCI provide an update in the fiscal year 2022 Congressional Justification on progress being made in this area and the gaps in research that remain.

Cancer Moonshot.—The Committee directs NIH to transfer $195,000,000 from the NIH Innovation Account to NCI to support the Cancer Moonshot initiative. These funds were authorized in the 21st Century Cures Act (P.L. 114–255).

Childhood Cancer Data Initiative (CCDI).—The Committee includes $50,000,000 for the second year of the CCDI, as proposed in the fiscal year 2021 budget request. The development of new therapies is important to finding a cure for childhood cancers, many of which have not seen new therapies in decades.

Childhood Cancer Survival Metrics.—A recent study determined that childhood cancer diagnoses are on the rise by approximately 0.8 percent per year. Worldwide, there are 400,000 new childhood cancer diagnoses annually. However, childhood cancer death rates are described as being on the decline. The Committee is concerned that the current metric used to determine mortality and survival statistics for childhood cancer does not fully capture the long-term morbidity and mortality of these diseases. Currently, a child or adult that lives five years from the date of diagnosis is considered a survivor. Yet, children are not small adults and their potential life span after diagnosis is much longer than an adult. Using the five-year survival metric does not capture children who die prematurely as a result of their cancer or its treatment when they are past the five-year point. The Committee directs NCI to establish a task force composed of childhood cancer researchers and advocates to determine the most appropriate survivorship metric for childhood cancer. In addition, the Committee recognizes a critical goal of the CCDI is to collect comprehensive data about every child diagnosed with cancer in the U.S., including data on survival and mortality, such as death due to late effects of cancer and its treatment. The Committee requests an update from NCI in the fiscal year 2022 Congressional Justification focusing on how CCDI efforts will address this need to more accurately capture childhood cancer mortality beyond the current five-year survival metric.

Deadliest Cancers.—The Committee looks forward to seeing NCI's update on developing scientific frameworks for stomach and esophageal cancers as well as ways in which it is supporting research into all recalcitrant cancers, as directed in House Report 116–62. Further, the Committee notes that the Recalcitrant Cancer Research Act of 2012 directed NCI to develop a scientific framework for at least two cancer types that meet the definition of recalcitrant cancers as defined in the Act. The Committee directs NCI to outline other specific steps the NCI is taking to support research that aims to reduce the burden of disease from pancreatic, non-small cell lung, stomach, and esophageal cancers in the fiscal year 2022 Congressional Justification.

Endometrial Cancer.—The Committee is concerned that both the incidence and mortality rates for endometrial cancer are rising, with a survival disparity for Black women. The Committee believes that a renewed emphasis by NCI on endometrial cancer research is needed to facilitate early detection and optimal treatments and outcomes for all women, including minority populations. The Committee urges NCI to study endometrial cancer disparities, including

biologic differences in tumor type, molecular mechanisms, pathogenesis, and tumor microenvironment, and to conduct clinical trials to better define appropriate therapy for a precision medicine approach to endometrial cancer. The Committee requests an update on NCI's activities regarding endometrial cancer in the fiscal year 2022 Congressional Justification, including progress made in incidence and survival rates by ethnicity.

Glioblastoma (GBM).—The Committee recognizes that GBM is the most common, most deadly, and most difficult form of brain cancer to treat in adults. For the thousands of Americans facing this disease, the lack of progress is a devastating reality that trails behind the impressive progress made in research of other forms of cancer. The Committee strongly encourages NIH to support additional research on glioblastoma treatment.

HPV Associated Cancers.—The Committee encourages NCI to expand research related to HPV-associated cancers.

Kidney Cancer.—The Committee is concerned with the growing number of kidney cancer diagnoses and lack of early detection of the disease. The Committee encourages NCI to continue to prioritize meritorious research that could assist in developing diagnostic tests and early detection techniques.

Liver Cancer.—The Committee notes that liver cancer is a devastating disease, with a five-year survival rate of only 20 percent. The Committee commends NCI for the creation of a Specialized Center of Research Excellence (SPORE) focused on liver cancer and encourages other new program projects, research, and contract opportunities for investigators that focus on a better understanding of the biology of liver cancer and new therapeutic targets. In addition, the Committee commends NCI for its support of the inter-institute effort to develop the NIH Strategic Plan to Cure Hepatitis B and encourages continued close collaboration with the National Institute of Allergy and Infectious Diseases (NIAID) and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and active participation in the Director's Trans-NIH Hepatitis B Working Group. The Committee requests an update on NCI's activities in these areas in the fiscal year 2022 Congressional Justification.

Melanoma.—The Committee encourages NCI to continue its support of research on melanoma, including the development of experimental models to identify mechanisms and associated biomarkers, new technologies such as artificial intelligence systems for detection and classification, and clinical trials that provide population-based evidence for public health guidelines for screening and sun protection practices. In addition, the Committee encourages research on therapies for metastatic melanoma, including CNS, LMD, uveal, mucosal and pediatric melanomas; neoadjuvant therapies in trials designed to test for clinical benefit; and risk factors for recurrence. The Committee also urges NCI to continue to evaluate clinical trial eligibility criteria so that patients with brain metastases can also be included in trials whenever clinically appropriate and urges inclusion of melanoma in enhancements to the SEER registry. Finally, in the U.S., there are now more than 1.3 million survivors of melanoma. The Committee encourages further research into survivorship care for melanoma patients. The Com-

mittee requests an update on these requests in the fiscal year 2022 Congressional Justification.

Pancreatic Cancer.—The Committee appreciates NCI's recent submissions of the five-year review and update reports required by the Recalcitrant Cancer Research Act of 2012. This year, the Committee looks forward to the report on the effectiveness of the framework, including an update on research efforts in pancreatic cancer prevention, detection, diagnosis, and treatment. While progress has been made, the Committee encourages NCI to continue to support research efforts to advance discoveries and improve treatment options for patients diagnosed with pancreatic cancer.

Partnerships to Advance Cancer Health Equity (PACHE) Program.—The Committee encourages NCI to expand support for the PACHE program, which aims to create stable, comprehensive, and long-term partnerships between institutions serving underserved health disparity populations and underrepresented students (ISUPS) and NCI-designated Cancer Centers (CCs) in the areas of cancer research, cancer research education, and cancer outreach. The Committee encourages NCI to prioritize funding to States and territories in the Pacific Region, where, according to the National Center for Biotechnology Information, sociocultural, geographic, and biologic factors contribute to cancer health disparities in indigenous Pacific peoples (IPPs) in Guam, Hawaii, and the U.S. Associated Pacific Islands (USAPI), and IPPs experience a greater burden of cancer health disparities that are associated with late-stage diagnosis and poor survival outcomes compared with majority populations in the U.S.

Pediatric Brain Cancer.—The Committee recognizes that brain cancer remains the most fatal of all pediatric cancers. Despite progress in other diseases, pediatric brain cancer survival rates have not improved for decades and have lagged behind the strides made in other cancers. The majority of children who survive may experience lifelong impairments and disabilities that result from high levels of toxicity associated with treatment. The Committee strongly encourages NIH to expand funding on research on pediatric brain cancer, including but not limited to drug delivery methods and new therapies with reduced levels of toxicity and long-term complications.

Prostate Cancer.—The Committee remains concerned that prostate cancer lacks treatments for men with advanced disease as well as adequate diagnostic and imaging methodologies. To ensure Federal resources are leveraged to the greatest extent possible, the Committee encourages NCI to coordinate, when appropriate, its research efforts with other Federal agencies, including the Department of Defense, as well as private research foundations and advocacy groups.

Rare Cancers Therapeutics Research and Development.— Rare cancers, defined at those cancers that have fewer than six new cases per 100,000 Americans per year, represent over 30 percent of all cancers. Rare cancers present a unique research challenges for many reasons, including the difficulty in accruing enough patients to participate in clinical trials, the lack of industry focus on these cancers due to the relatively small number of patients diagnosed with each cancer, the lack of rare cancer tumor models and cell lines, and the difficulty of patients receiving accurate and precise

diagnoses due in part to the lack of clinician familiarity with rare cancers. The Committee commends NCI's investment in the Rare Tumor Patient Engagement Networks, including NCI CONNECT and MyPART, and in particular the NCI Experimental Therapeutics Program, with a focus on supporting the most promising new drug discovery and development projects. The Committee encourages NCI to expand these initiatives to include additional rare cancers not covered in prior and existing efforts and to issue a report on this progress and an update on the DART study in the fiscal year 2022 Congressional Justification.

Reducing Native American Cancer Disparities.—The Committee encourages NCI to expand research efforts to reduce Native American cancer disparities, including through NCI's continued participation in the trans-NIH Intervention Research to Improve Native American Health (IRINAH) program. The Committee notes that the Native American population experiences an overall cancer incidence and mortality rates which are much higher than non-Native populations. The goal of intensifying research in this area is to develop durable capacity for tribally-engaged cancer disparities research through an integrated program of research, education, outreach, and clinical access.

Surveillance, Epidemiology, and End Results (SEER) Program Registry.— The SEER Program is an authoritative source of information on cancer incidence and survival in the U.S. SEER currently collects and publishes cancer incidence and survival data from population-based cancer registries covering approximately 34.6 percent of the U.S. population. The Committee encourages NCI to continue to advance efforts to modernize the SEER Registry and better capture key data points, such as metastatic recurrence and cancer migration. The Committee requests an update on plans to cover more of the U.S. population in the fiscal year 2022 Congressional Justification.

Specialized Programs of Research Excellence (SPOREs).—The SPORE program is a key component of NCI's efforts to translate basic research into the prevention, early detection, diagnosis, and treatment of cancer. The Committee commends NCI for its recent funding opportunity announcement regarding the development of SPOREs that are focused on cancer health disparities, and it encourages additional research in this area. The Committee urges NCI to prioritize the use of multi-center SPOREs, which allow greater opportunities for collaborative, interdisciplinary research.

STAR Act.—The Committee includes no less than $25,000,000, the same as the fiscal year 2020 enacted level, for continued implementation of sections of the Childhood Cancer Survivorship, Treatment, Access, and Research (STAR) Act to expand existing biorepositories for childhood cancer patients enrolled in NCI-sponsored clinical trials to collect and maintain relevant clinical, biological, and demographic information on children, adolescents, and young adults, with an emphasis on selected cancer subtypes (and their recurrences) for which current treatments are least effective. Funding provided this year will allow NCI to continue to conduct and support childhood cancer survivorship research as authorized in the STAR Act.

Women and Lung Cancer.—The Committee notes that lung cancer has a disparate impact on women, particularly younger women

who have never smoked. Additional research strategies are needed to explore the differences in women with respect to lung cancer risk factors, incidence, and histology. The Committee urges NCI to accelerate research into treatments and implementation of lung cancer preventive services for women. The Committee requests an update on these activities in fiscal year 2022 Congressional Justification.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI)

Appropriation, fiscal year 2020	$3,624,258,000
Budget request, fiscal year 2021	3,298,004,000
Committee Recommendation	3,655,428,000
Change from enacted level	+31,170,000
Change from budget request	+357,424,000
Committee Recommendation (including Title VI)	3,888,652,000
Change from enacted level	+264,394,000
Change from budget request	+590,648,000

In addition, the CARES Act included $103,400,000 for NHLBI to support and conduct research related to the COVID–19 pandemic.

Mission.—NHLBI provides global leadership for a research, training, and education program to promote the prevention and treatment of heart, lung, and blood disorders and enhance the health of all individuals so that they can live longer and more fulfilling lives.

Blood Donor Questionnaire Education Materials.—The Committee is concerned that certain FDA guidance in the educational materials provided in the blood donor questionnaire is inappropriate and misguided. The recommendations for deferral should not mention someone's sexual orientation, and rather should focus on risk factors that might expose a potential donor to blood-borne illness. The Committee strongly recommends that NHLBI work with the FDA and remove or replace the recommended deferment of blood for men who have had sex with men in the last 12 months.

Cardiovascular Disease.—The Committee remains concerned about the prevalence of cardiovascular disease among Americans and encourages ongoing support for basic research programs to evaluate the damaging effects of smoking. Such research could help mitigate the risk of heart attack and stroke related to smoking and should also include better infrastructure to gather data on damaged endothelial cells in order to identify abnormalities caused by smoking, biomarkers of early disease, and personalized therapies to promote blood vessel healing. The Committee encourages NIH to support research to be conducted across the disciplines of medicine, immunology, imaging, chemistry, biomedical engineering, physics, statistics, mathematics, and entrepreneurship to design new therapies and therapy delivery systems and strategies that are safer and more effective and improve patient compliance, while seeking to move technologies from bench to bedside with private partners and local health care and community organizations.

Familial Hypercholesterolemia (FH).—The Committee recognizes the value that well-characterized, longitudinal, population-based cohort studies provide in bringing to light more information about cardiovascular disease progression in FH. By studying participants over time, much can be learned about the development of cardiovascular disease that will help scientists understand the role of environmental and genetic factors in disease development and pro-

gression. The Committee urges NHLBI to fund efforts to continue the study into the development and progression of cardiovascular disease caused by FH, the effect of treatment on patient outcomes, and effective ways to identify individuals with FH and their affected family members early in life.

G Protein-Coupled Receptors (GPCRs).—The Committee recognizes that recent developments in multiple basic sciences (structural biology, molecular modeling, receptor biology, and pharmacology) have greatly accelerated the rate of discovery of drugs that GPCRs, the largest and most readily and frequently targeted protein family in the human genome. The rate of discovery now strains the ability of academic laboratories to test, in a timely manner, the efficacy of these drugs in physiologically and disease-relevant systems. Cardiovascular, lung, and blood diseases remain among the most important and costly diseases that would benefit from a new generation of drugs. The Committee encourages NHLBI to develop additional funding mechanisms enabling academic laboratories, as both singular and networked or collaborative entities, to accelerate the pace of pre-clinical development of GPCR-targeting drugs.

Heart Disease.—Heart disease continues to be the leading cause of death in the U.S., claiming hundreds of thousands of lives and costing billions of dollars every year. The Committee is concerned that this largely preventable disease disproportionately affects racial and ethnic minorities and those living in rural communities and supports ongoing population studies that seek to address these disparities. The Committee is concerned that heart disease is the leading cause of death of pregnant women and that one in five American women experience some type of cardiovascular complication during pregnancy. The Committee supports the NHLBI's Strategic Vision Objective to address maternal health and reduce the risk of cardiovascular disease for women before, during, and after pregnancy. The Committee also supports continued research addressing congenital heart disease, the acceleration of research in regenerative medicine, further investments in data science that will help facilitate precision medicine, and continued genetic research related to heart disease, including heart failure and atrial fibrillation (AFib). The Committee also commends the Institute for initiating research that seeks to address the health-related effects of e-cigarette use and vaping.

Lymphedema (LE).—LE is a chronic, debilitating, and incurable swelling that can be a result of damage to the lymphatic system due to surgery, cancer treatment, or injury, and that can also be inherited. An estimated 10 million Americans suffer from lymphedema. Additional research is necessary to improve our understanding of this condition and expand the treatment options available. The Committee strongly encourages NHLBI to expand support for research on LE and requests a report within 120 days of enactment of this Act describing NHLBI's current and planned research related to LE.

National Center on Sleep Disorders Research (NCSDR).—The Committee commends the ongoing work of NCSDR to reinvigorate sleep, circadian, and sleep disorders research activities across the government, and notes impactful new projects through the HEAL Initiative and studying the relationship between sleep and stroke.

The Committee encourages NCSDR to continue to build meaningful partnerships across Federal agencies and further coordinate research in this area.

National Chronic Obstructive Pulmonary Disease (COPD) Action Plan.—The Committee notes NHLBI's role in crafting the National COPD Action Plan and encourages NHLBI to continue this important work by supporting additional research activities and collaborating with other Public Health Service agencies to facilitate implementation of the plan's recommendations.

Postural Orthostatic Tachycardia Syndrome (POTS).—The Committee is disappointed in NIH's disregard for Congressional direction in the recent NIH report *Postural Orthostatic Tachycardia Syndrome (POTS): State of the Science, Clinical Care, and Research*, which was requested in Senate Report 115–289 and submitted to the Committee on January 31, 2020. NIH appears to have ignored the symposium participants' recommendations and failed to provide the requested estimate of the level of funding needed annually to achieve the objectives specified in Senate Report 115–289. The Committee directs NIH to: (1) update the January 31, 2020 report with recommendations from the POTS experts and submit a revised report to the Committee within 30 days of enactment of this Act, (2) implement the research priorities described in the January 31, 2020 report supplemented with recommendations from the POTS experts, including a funding estimate, and (3) provide a progress update to the Committee within 90 days of enactment of this Act documenting progress towards identifying priority areas of focus for future POTS research.

Pulmonary Fibrosis (PF).—The Committee recognizes that PF is a family of more than 200 different lung diseases that all look very much alike despite having a variety of causes. This heterogeneity presents significant challenges for diagnosis and treatment. The Committee commends NHLBI for its recent efforts to apply the principles of precision medicine to PF research, especially by funding a major new study that will evaluate a promising treatment for a subset of patients with a particular gene variant. This study, known as PRECISIONS, also aims to identify genetic variants that play a role in certain forms of PF. The Committee urges NHLBI to prioritize basic research on PF, particularly to better understand the causes and process of scarring and the varying impacts on patients.

Sickle Cell Disease (SCD).—The Committee commends NIH for its ongoing support of clinical research for SCD, which imposes major morbidity on an estimated 90,000 to 100,000 individuals in the U.S., with three million Americans carrying the sickle cell trait. The Committee encourages NIH to support clinical trials for prenatal and postnatal treatment of SCD, which includes multiple promising approaches to eradicate this disease, save lives, and dramatically reduce the substantial health care costs associated with SCD for children and adults. The Committee encourages NIH to consider programs both domestically and globally to evaluate the effectiveness of screening technologies for infants and children with the sickle cell trait and disease. Further, while the Committee is aware that NHLBI is funding very promising areas of innovation related to curative gene therapies, the Committee strongly encourages NHLBI to increase its focus as well on disease-modifying

therapies that could improve day-to-day care for the vast majority of patients and address issues such as organ damage and pain management. Lastly, the Committee encourages NHLBI to fund the training of more sickle cell disease clinicians and researchers in order to maintain this essential workforce pipeline and to make advances on the transition from childhood medical care to adult.

Thalassemia.—Recent studies have shown that the length of time between when blood is donated and transfused does not impact outcomes for patients in need of an emergency blood transfusion. However, these studies do not determine the impact on chronically-transfused patients, such as those with thalassemia, in which an administration of older red cells may exacerbate iron loading and contribute to worse outcomes. The Committee urges NHLBI to review the scientific literature on this issue and provide an update in the fiscal year 2022 Congressional Justification on the best way to address this public health issue.

The Heart Truth Program.—For over a decade, The Heart Truth program has worked to raise awareness about women's risk of heart disease. The program's goals are to increase awareness that heart disease is the leading cause of death among women and to increase the conversations between women and their healthcare providers. The Committee encourages NHLBI to continue robust support for The Heart Truth program.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH (NIDCR)

Appropriation, fiscal year 2020	$477,429,000
Budget request, fiscal year 2021	434,559,000
Committee Recommendation	481,535,000
Change from enacted level	+4,106,000
Change from budget request	+46,976,000
Committee Recommendation (including Title VI)	512,258,000
Change from enacted level	+34,829,000
Change from budget request	+77,699,000

Mission.—The mission of NIDCR is to improve dental, oral, and craniofacial health through research, research training, and the dissemination of health information.

Oral Microbiome.—The Committee appreciates NIDCR's leadership in microbiome research, including its support of the Human Oral Microbiome Database. The Committee encourages NIDCR to build upon its microbiome research to discover and better understand the microbiome's connection to overall health, including its influence on preventing and treating illness and disease.

Regenerative Medicine.—The Committee appreciates NIDCR's contributions to the field of regenerative medicine and recognizes the promise this field holds for people across the country, including but not limited to members of the military. The Committee urges NIDCR to continue supporting its already robust regenerative medicine research portfolio and dedicate resources into promising research in this space, including autotherapies research.

Surgeon General's Report on Oral Health.—The Committee greatly appreciates NIDCR's contributions to the U.S. Surgeon General's 2020 Report on Oral Health. The Committee encourages NIDCR to utilize the findings of the 2020 Report to identify research gaps across dental, oral, and craniofacial research and pursue research opportunities to fill those gaps.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES (NIDDK)

Appropriation, fiscal year 2020	$2,114,314,000
Budget request, fiscal year 2021	1,924,211,000
Committee Recommendation	2,132,498,000
Change from enacted level	+18,184,000
Change from budget request	+208,287,000
Committee Recommendation (including Title VI)	2,268,556,000
Change from enacted level	+154,242,000
Change from budget request	+344,345,000

Mission.—The NIDDK mission is to conduct and support medical research and research training and disseminate science-based information on diabetes and other endocrine and metabolic diseases; digestive diseases, nutritional disorders, and obesity; and kidney, urologic, and hematologic diseases, to improve people's health and quality of life.

End-Stage Renal Disease (ESRD).—The Committee notes the work in supporting critical kidney research that NIDDK has accomplished, including research on ESRD. This research has led to new developments for possible treatments and the Committee continues to encourage NIDDK to work with stakeholders to facilitate new opportunities for research.

Functional Gastrointestinal Disorders.—The Committee encourages NIH to continue to invest in research on functional gastrointestinal disorders, including to expand, intensify, and coordinate the activities of NIH with respect to functional gastrointestinal and motility disorders in line with the recommendations of the National Commission on Digestive Diseases relating to functional gastrointestinal and motility disorders (FGIMDs). Further, the Committee urges NIH to enhance innovative basic, translational, and clinical research focused on FGIMDs.

Gastroesophageal Reflux Disease (GERD).—The Committee recognizes that GERD is the most common gastrointestinal (GI) diagnosis and can lead to a variety of other GI diseases. The Committee is concerned about risks associated with pharmacological treatments of GERD while surgical approaches remain too invasive to most patients. The Committee directs NIDDK to submit a report to the Committee within 120 days of enactment of this Act on the current research done on non-pharmacological, non-surgical treatments for GERD, such as injectable bulking agents. The Committee encourages NIDDK to prioritize the bulking agents that were FDA-approved for non-GI indications and show promise in the treatment of GERD.

Glomerular Diseases.—The Committee continues to support the important work that the Cure Glomeruloneuropathy (CureGN) initiative has accomplished that has led to breakthroughs for critical clinical trials. The Committee encourages NIDDK to continue supporting research that has proven to lead to new therapies.

Inflammatory Bowel Diseases (IBD).—The Committee recognizes NIDDK's leadership in supporting research into Crohn's disease and ulcerative colitis. The Committee also recognizes the importance of patient-centered, bedside-to-bench approaches to understand complex, chronic diseases such as IBD, and the need to better understand the impact of diet on IBD. The Committee directs NIDDK to pursue research on the interactions among food, the gut, and the brain/nervous system in people with IBD and other chronic

gastrointestinal diseases. The Committee notes that this bedside-to-bench approach has been successful in other disease areas, including type 2 diabetes and oncology, and we encourage NIDDK to use a similar approach focused on IBD.

Pediatric Nephrology.—The Committee recognizes the importance of research funded by NIDDK to develop the infrastructure required to enhance biomedical research focused on advancing innovations in kidney care, including research on pediatric kidney injury and disease. The Committee has raised concerns about the lack of clinical trials in pediatric nephrology. One way to address this problem is to ensure there is a robust training pipeline for the pediatric nephrology biomedical research workforce. The Committee encourages NIDDK to prioritize mechanisms to incentivize researchers to enter this field. The Committee requests that NIDDK report back in the fiscal year 2022 Congressional Justification on the progress made to bolster this biomedical workforce, including opportunities so that young investigators may be further encouraged to explore research in this space.

Polycystic Kidney Disease.—The Committee commends NIDDK for its continued commitment to Polycystic Kidney Disease Research and Translation Centers and the Pediatric Centers of Excellence in Nephrology, which improve our understanding of the causes of autosomal dominant polycystic kidney disease and autosomal recessive polycystic kidney disease. The Committee continues to encourage NIDDK to work with stakeholders to facilitate new opportunities for research and promote the development of new therapeutic strategies.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE (NINDS)

Appropriation, fiscal year 2020	$2,444,687,000
Budget request, fiscal year 2021	2,245,110,000
Committee Recommendation	2,465,110,000
Change from enacted level	+40,423,000
Change from budget request	+220,000,000
Committee Recommendation (including Title VI)	2,622,427,000
Change from enacted level	+177,740,000
Change from budget request	+377,317,000

Mission.—The NINDS mission is to seek fundamental knowledge about the brain and nervous system and use that knowledge to reduce the burden of neurological disease.

Amyotrophic Lateral Sclerosis (ALS).—To leverage the work done thus far in a meaningful way and make measurable progress towards a cure for ALS patients, the Committee encourages NIH to bring together researchers to capitalize on recent advancements, augment existing efforts by bringing into the fight against ALS leading researchers from other, more developed disciplines, and expedite the drive towards a cure for ALS. The Committee encourages NIH to incentivize the continued exploration of novel therapeutic pathways and support additional clinical trials, increasing the likelihood that the progress of the last decade can germinate into cures with the next decade.

Brain Aneurysm.—The Committee continues to be concerned that an estimated one out of 50 individuals in the U.S. has a brain aneurysm, and an estimated 30,000 Americans suffer from a brain aneurysm rupture each year. The Committee is concerned that not

enough research is focused on prevention of brain aneurysm ruptures and urges NINDS to increase research on preventing brain aneurysm ruptures.

BRAIN Initiative.—The Committee directs NIH to transfer $50,000,000 from the NIH Innovation Account to NINDS to support the BRAIN Initiative. These funds were authorized in the 21st Century Cures Act (P.L. 114–255). This collaborative effort is revolutionizing the understanding of how neural components and their dynamic interactions result in complex behaviors, cognition, and disease, while accelerating the development of transformative tools to explore the brain in unprecedented ways, making information previously beyond reach accessible. To achieve this goal, two specific projects outlined in a recent BRAIN 2.0 Initiative Advisory Committee report stand out for their importance to human health and technical viability: the Human Brain Cell Atlas and the Human Brain Projectome. Both projects are separate transformative projects that will culminate in a body of data that will provide the clearest view possible of the human brain. To be successful, these projects will require a focused, large-scale effort with multidisciplinary teams with open platforms for dissemination of the tools and knowledge realized. The Committee requests an update on this effort in the fiscal year 2022 Congressional Justification.

Chronic Fatigue Syndrome (ME/CFS).—The Committee commends NIH on its ongoing ME/CFS efforts, including the unanimous adoption of the National Advisory Neurological Disorders and Stroke (NANDS) Council Working Group by the full NANDS Council, the *Thinking the Future: A Workshop for Young/Early Career ME/CFS Investigators* workshop, and the continued investment in the Collaborative Research Centers (CRC) Consortium. The Committee remains concerned that these initiatives are not making progress fast enough to meet the urgent needs of millions of American adults and children suffering with ME/CFS today. The Committee encourages NIH to accelerate and expand efforts for ME/CFS; such as: (1) accelerating the progress of the NIH ME/CFS Intramural Study by publishing and sharing data, (2) issuing new ME/CFS disease specific funding announcements, (3) coordinating an initiative to develop an interagency consensus on the selection criteria for study participants involved in ME/CFS research, and (4) implementing mechanisms to incentivize new and early career researchers to enter and contribute data to the ME/CFS scientific field.

Duchenne Muscular Dystrophy.—Duchenne muscular dystrophy is a severe type of muscular dystrophy for which there is no cure and for which the average life expectancy is in the second decade. The Committee strongly encourages NIH to significantly expand its support for research on Duchenne muscular dystrophy, particularly accelerating and optimizing the clinical trial process through novel and innovative trial designs, such as platform trials, which might serve as a model for other rare diseases communities. The Committee also urges NIH to support methodological research on challenges, such as redosing, manufacturing supply, and potential immune response, associated with the advent of gene therapies for rare diseases such as Duchenne.

Dystonia.—The Committee notes the recommendations from the conference on dystonia held by NINDS to revitalize the dystonia research portfolio were recently released. The Committee requests an update in the fiscal year 2022 Congressional Justification on the release of the recommendations and new research and therapeutic needs that the conference identified. The Committee encourages NINDS to work with other dystonia research related Institutes such as the National Institute on Deafness and Other Communication Disorders (NIDCD) and the National Eye Institute (NEI) on research that will lead to a better understanding of dystonia etiology and evaluation of the current status of translational research that may lead to more treatment options for those affected by dystonia.

Expanded Access for ALS Treatment.—The Committee supports efforts to expand access for neurodegenerative diseases with no disease modifying treatments. The Committee encourages NINDS to collaborate with stakeholders to expand access for patients through clinical trials.

Headache Disorders.—The Committee strongly urges NINDS to consider funding applications on fundamental, translational, and clinical research on headache disorders, including migraine, post-traumatic headache, the trigeminal autonomic cephalalgias, and intracranial hypo/hypertension, that align with the HEAL Initiative's goal to achieve rapid and long-lasting solutions to the opioid crisis.

Multiple Sclerosis (MS).—The Committee encourages NINDS to prioritize studies that develop the medical understanding of the progression of MS and advance research on prevention strategies, treatments, and cures for MS.

Muscular Dystrophy.—The Committee is aware of the Eunice Kennedy Shriver National Institute of Child Health and Human Development's (NICHD's) Data and Specimen Hub (DASH) project to create a centralized resource to store and access de-identified data from NICHD-supported studies. The Committee encourages NINDS to work with NICHD to explore utilizing the DASH site for NINDS studies.

Myotonic Dystrophy.—The Committee recognizes there are significant opportunities to advance the science regarding the causes of myotonic dystrophy, a serious degenerative genetic condition, and support current efforts to develop the first ever FDA-approved treatment for this inherited genetic disorder. The Committee directs NIH to prioritize the recruitment of young researchers to this field to grow the number of high-quality research proposals submitted for peer review as these efforts hold significant promise for major advances across many neurodegenerative diseases, particularly other triplet repeat expansion diseases. The Committee requests an update on these activities in the fiscal year 2022 Congressional Justification.

Opioids.—The Committee continues to support the HEAL (Helping to End Addiction Long-Term) Initiative, a trans-NIH effort to speed scientific solutions to stem the national opioid public health crisis. This initiative builds on extensive, well-established NIH research, including basic science of the complex neurological pathways involved in pain and addiction, implementation of science to develop and test treatment models, and research to integrate be-

havioral interventions with medication-assisted treatment for opioid use disorder. The Committee includes no less than the fiscal year 2020 enacted level of $266,300,000 within NINDS for this research.

Peripheral Neuropathies.—The Committee notes the continued progress of ongoing research into Guillain-Barre syndrome (GBS), chronic inflammatory demyelinating polyneuropathy (CIDP), and related conditions. The Committee encourages NINDS to continue its work with NIAID and stakeholders on a state of the science conference on evolving research and scientific mechanisms.

Sleep Disorders.—The Committee notes the leadership of NINDS in advancing research into under-represented sleep disorders, such as narcolepsy and restless leg syndrome, and encourages NINDS to bolster these activities and pursue initiatives that advance scientific understanding of specific sleep disorders impacting patients.

Stroke.—Despite remarkable progress to reduce the stroke mortality rate, it is still the most common cause of severe long-term disability. The Committee supports continued research to improve the scientific understanding of stroke and clinical trials that are developing new treatments and improved approaches to stroke recovery and rehabilitation through the NIH-funded clinical trials network StrokeNet. The Committee supports continued stroke-related research conducted through the BRAIN Initiative that seeks to discover how brain circuits rewire themselves to repair damage that occurs during a stroke and that may lead to effective treatments to mitigate this damage in the future. Understanding that stroke is a largely preventable disorder, the Committee supports ongoing population studies that seek to reveal the reasons for stroke disparities found in communities, especially in rural States in the stroke belt. The Committee further supports additional research exploring how, and the extent to which, the accumulation of white matter lesions in the brain are related to stroke and dementia and urges continued collaborative research among NIH Institutes related to vascular dementia.

Traumatic Brain Injury (TBI) Mitigation.—The Committee understands that research on regenerative medicine and neuroplasticity, including the use of adult stem cells and neuroplasticity, may play an important role in developing treatments and identifying therapeutic targets for neuroprotection pre/post TBI. The Committee urges NINDS to work with all relevant Institutes and Centers, including NIA, to support a robust and coordinated portfolio of TBI research that explores all promising avenues to facilitate functional repair of damaged circuitry in TBI. Such analysis should include research on regenerative medicine and neuroplasticity, inclusive to preventative approaches in reducing risk or to eliminate vulnerabilities from a TBI. A potential mitigation approach is to develop interventions that protect from the delayed effects of TBI and associated pathology before they occur. The Committee directs NINDS to provide an update regarding these specific areas of TBI research in the fiscal year 2022 Congressional Justification.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID)

Appropriation, fiscal year 2020	$5,885,470,000
Budget request, fiscal year 2021	5,445,886,000
Committee Recommendation	6,013,087,000
Change from enacted level	+127,617,000
Change from budget request	+567,201,000
Committee Recommendation (including Title VI)	6,391,821,000
Change from enacted level	+506,351,000
Change from budget request	+945,935,000

In addition, the Coronavirus Preparedness and Response Supplemental Appropriations Act included $826,000,000 and the CARES Act included $706,000,000 for NIAID to conduct and support research to develop diagnostics, therapeutics, and vaccines for COVID–19.

Mission.—The NIAID mission is to conduct and support basic and applied research to better understand, treat, and ultimately prevent infectious, immunologic, and allergic diseases.

Autoimmune Neuropathies.—The Committee is pleased at the progress between NIAID and NINDS on a state-of-the-science conference on autoimmune neuropathies research into conditions like Guillain-Barre syndrome and chronic inflammatory demyelinating polyneuropathy. The Committee continues to encourage both Institutes to continue their work with patient stakeholders on this important conference.

Biodefense and Emerging Infectious Diseases.—The Committee recognizes the threat of emerging infectious diseases from bats and urges NIAID to fund research into the immunological basis for persistence and clearance of emerging infections; defining common features that underlie emerging infectious disease syndromes, such as viral hemorrhagic fever and severe acute respiratory distress; and clarifying mechanisms that facilitate transmission of zoonotic pathogens from reservoir hosts (e.g. bats) to humans. The Committee supports the ongoing work of the National Biocontainment Laboratories (NBLs) as a national resource. Given the ongoing threat of emerging infectious diseases, such as the 2019 novel coronavirus that causes the disease COVID–19, the Committee encourages NIAID to expand its research infrastructure and facilities to include additional existing BSL 4 labs to conduct research that will facilitate the development of next generation therapeutics, diagnostics and vaccines for infectious diseases.

Celiac Disease.—The Committee supports NIH research on celiac disease, including the autoimmune causation underpinning the affliction. Today, the only known treatment for this disease is a gluten-free diet, but recent research reveals that this strategy is insufficient for many who suffer from celiac disease. The Committee urges NIAID to support new research and to better coordinate existing research with NIDDK and the other Institutes and Centers. The Committee requests that NIAID report back in the fiscal year 2022 Congressional Justification on the progress made towards promoting, recruiting, and supporting additional celiac-focused research.

Centers for AIDS Research.—As part of the Ending the HIV Epidemic initiative, the Committee includes $61,000,000 for the Centers for AIDS Research, an increase of $10,000,000 above the estimated fiscal year 2020 enacted level and the same as the fiscal year 2021 budget request. These Centers offer evidence-based prac-

tices on prevention and treatment to initiative partners and support for evaluating the initiative.

Combating Antibiotic-Resistant Bacteria.—The Committee maintains funding for NIAID research related to combating antibiotic-resistant bacteria. These funds enable NIAID to support research on antimicrobial (drug) resistance, including basic research on how microbes develop resistance, new and faster diagnostics, and clinical trials designed to find new vaccines and treatments effective against drug-resistant microbes.

Food Allergies.—The Committee recognizes the serious issue of food allergies which affect approximately eight percent of children and ten percent of adults in the U.S. The Committee commends the ongoing work of NIAID in supporting a total of 17 clinical sites for this critical research, including seven sites as part of the Consortium of Food Allergy Research (CoFAR). The Committee strongly encourages NIAID to expand support for the CoFAR.

Gonorrhea.—The Committee continues to be concerned about the prevalence of gonorrhea, the 75 percent increase in the incidence of this disease over the past eleven years, and the drug resistance to multiple classes of antibiotics. The Committee commends NIAID for its efforts in developing new antibiotics to combat the bacterium that causes this disease and encourages NIAID to continue its work toward better diagnosis, treatments, and cures for this STI.

Hepatitis B (HBV).—The Committee commends NIAID for its leadership to develop the Trans-NIH Strategic Plan to Cure Hepatitis B and urges NIAID to issue targeted calls for research to implement and fund the Strategic Plan. The Committee notes that infection with HBV is a serious public health threat. One in 20 Americans have been infected with HBV, and more than two million Americans are chronically infected, increasing by 70,000 a year. In addition, HBV results in over 780,000 worldwide deaths each year. To implement the Strategic Plan, the Committee encourages NIAID to use contracts, program announcements, and research resources initiatives to stimulate new research applications and facilitate ongoing work. The Committee requests that NIAID submit, within 90 days of enactment of this Act, an update to the HBV Strategic plan focused on a cure for HBV in coordination with the Trans-NIH Hepatitis B Working Group.

Hereditary Angioedema (HAE).—The Committee notes NIAID's meaningful progress in advancing research and diagnosis for patients who suffer from HAE caused by C1 inhibitor deficiency and encourages NIAID to facilitate basic and clinical genetic and biochemical research focused on understanding swelling in patients with normal C1 inhibitor.

Inflammatory Disorders.—The Committee supports expanded research into the treatment of inflammation. Inflammation is one of the body's major defense mechanisms in response to infection or injury, but when it is uncontrolled, it causes inflammatory diseases such as COPD, asthma, rheumatoid arthritis, inflammatory bowel disease, otitis media, and cancer.

Lyme Disease Vaccine Development.—With an estimated 300,000 new cases of Lyme disease reported each year, the Committee encourages NIAID to expand its research on tick-borne disease, including prevention, diagnosis, and treatment. The Committee commends the NIAID's strategic plan for combating tick-borne illnesses

to include vaccine development and encourages NIAID to focus its attention on supporting the most promising Lyme disease vaccine candidate clinical trials.

Microbicides.—The Committee recognizes that with NIH and USAID leadership, research has shown the potential for antiretroviral (ARV) drugs to prevent HIV infection in women. The Committee encourages NIAID to continue coordination with USAID, the State Department, and others to advance ARV-based microbicide development efforts with the goal of enabling regulatory approval of the first safe and effective microbicide for women and supporting an active ARV-based microbicide pipeline to produce additional solutions to prevent HIV and help end the epidemic.

Pandemic Influenza.—T cell-mediated immunity plays a central role in controlling viral infections. To create a universal influenza vaccine, the Committee encourages NIAID to prioritize research to facilitate the application of vaccines that induce strong cross-reactive T cell responses as a complementary or alternative approach to vaccines primarily designed to elicit an antibody response.

Syphilis.—The Committee continues to be concerned about the increased cases of syphilis, the rise in congenital syphilis, and the link between syphilis and transmitting HIV. The Committee commends the NIAID for their work in this area and encourages acceleration in the development of screening tests, vaccines for prevention, and new treatment options, for both adults and newborns, to provide a fasts and efficient way to diagnose and define the stages of this infection.

Tuberculosis.—The Committee encourages NIAID to continue to support research on tuberculosis.

Universal Influenza Vaccine.—The Committee directs NIAID to allocate at least $240,000,000, an increase of $40,000,000 over the fiscal year 2020 level, to support basic, translational, and clinical research to develop a universal influenza vaccine that provides robust, long-lasting protection against multiple subtypes of flu, rather than a select few. Such a vaccine would eliminate the need to update and administer the seasonal flu vaccine each year and could provide protection against newly emerging flu strains, potentially including those that could cause a flu pandemic. The Committee directs NIAID to allocate the increase in funding to clinical research. The Committee requests an update on these efforts within 60 days of enactment of this Act.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES (NIGMS)

Appropriation, fiscal year 2020	$2,937,218,000
Budget request, fiscal year 2021	2,672,074,000
Committee Recommendation	2,972,479,000
Change from enacted level	+35,261,000
Change from budget request	+300,405,000
Committee Recommendation (including Title VI)	3,161,491,000
Change from enacted level	+224,273,000
Change from budget request	+489,417,000

Mission.—NIGMS supports basic research that increases our understanding of biological processes and lays the foundation for advances in disease diagnosis, treatment, and prevention.

Forecasting and Modeling Partnerships for Countering Infectious Diseases.—The Committee believes that emerging viral threats

such as COVID–19 highlight the need for innovative and real-time forecasting and modeling techniques to ensure the U.S. is best positioned to respond to emerging public health threats. The Committee encourages NIGMS and the Fogarty International Center (FIC) to continue to support emerging infectious disease forecasting and modeling methods and monitoring data developed by university and private partners. The Committee encourages NIGMS and FIC to prioritize funding and explore partnerships to improve our ability to respond to public health and national security threats through emerging infectious disease modeling and forecasting.

Institutional Development Awards (IDeA).—The Committee provides $396,573,000 for IDeA, $10,000,000 above the fiscal year 2020 enacted level. IDeA supports high-quality research and investigators throughout the country in States in which the success rate for NIH grants has been historically low.

Minority Access to Research Careers (MARC).—The Committee includes continued support for the MARC Program, which provides research training opportunities for underrepresented minority students and faculty in biomedical and behavioral sciences relevant to biomedicine, including mathematics and engineering.

Science Education Partnership Awards (SEPA).—The Committee continues to support the SEPA program, which supports educational activities and workforce training for teachers to expand opportunities for students from underserved communities to consider careers in basic or clinical research.

Small Business Technology Transfer (STTR) Regional Accelerator Hubs.—The Committee remains concerned with the lower levels of STTR funding in IDeA States compared to non-IDeA States. In response to this discrepancy, NIGMS funded four STTR Regional Accelerator Hubs to help build entrepreneurial cultures in IDeA States through developing technology transfer networks, providing entrepreneurial training, and leveraging resources. The Committee continues to support this program and encourages NIGMS to provided funding at a lever sufficient for initial awards to be renewed.

EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT (NICHD)

Appropriation, fiscal year 2020	$1,556,879,000
Budget request, fiscal year 2021	1,416,366,000
Committee Recommendation	1,570,269,000
Change from enacted level	+13,390,000
Change from budget request	+153,903,000
Committee Recommendation (including Title VI)	1,670,455,000
Change from enacted level	+113,576,000
Change from budget request	+254,089,000

Mission.—NICHD investigates human development throughout the entire life process, with a focus on understanding disabilities and important events that occur during pregnancy.

Addressing Maternal Mortality Disparities.—The Committee encourages NICHD to continue its support of research into the leading causes of maternal morbidity and mortality. As Black women experience maternal mortality at nearly four times the rate of white women, the Committee strongly urges NICHD to support research that investigates factors contributing to this disparity, and test evidence-based interventions to address this disparity. The Committee also encourages NICHD to collaborate with the Na-

tional Institute for Minority Health and Health Disparities (NIMHD) as appropriate to develop targeted funding opportunities.

Congenital Syphilis (CS).—The Committee continues to be concerned about the rise of congenital syphilis and the lifelong health effects the disease can have on children. The Committee encourages NICHD to prioritize research in this area and to work with NIAID on new testing, diagnosis, and treatment efforts.

Endometriosis.—Endometriosis affects one in ten women, can cause intense pain, and is a leading cause of infertility. Despite its prevalence and health impact, there has been little investment in research to better understand this condition. Such research could lead to better health outcomes for millions of women. The Committee strongly encourages NICHD to significantly increase funding to expand basic, clinical, and translational research into the mechanics of endometriosis, identify early diagnostic markers, and develop new treatment methods.

Human Microbiome.—The Committee appreciates the NICHD 2020 strategic plan's key research themes, including: (1) promoting gynecologic, andrologic, and reproductive health, and (2) setting the foundation for healthy pregnancies and lifelong wellness. The Committee commends NICHD's partnership with the Office of the Director on the Human Microbiome Project, which has led to valuable scientific discoveries related to women's reproductive health and pregnancy. The Committee urges continued focus on the human microbiome and expanded investigation into the impact of the microbiome of the female reproductive tract on women's health and pregnancy outcomes, including larger collaborative and interdisciplinary multi-omic projects cognizant of health disparities among racial and ethnic populations.

Human Milk Research.—The Committee encourages NICHD to expand its research on human milk, including by expanding the research pipeline by supporting graduate and postdoctoral fellowships in this area. In addition, the Committee encourages NICHD to establish a research center network for human milk research to facilitate support for shared resources and infrastructure for human milk research.

Learning Disabilities Research.—The Committee is concerned with the decline in achievement for students with disabilities and recognizes the need for continued research and improved interventions. The Committee recognizes the importance of NICHD's funding of Learning Disabilities Research Centers and Learning Disabilities Innovation Hubs, which are the only source of Federal funding available to researchers interested in exploring child development and learning disabilities to conduct randomized control trials and explore the relationships between different variables at work. While learning disabilities affect an individual's education and academic achievement, these disorders are brain-based, and clinical research using the latest technology and advances in neuroscience is essential. The Committee encourages NICHD to continue its robust research into language, reading development, learning disabilities, and disorders that adversely affect the development of listening, speaking, reading, writing, and mathematics abilities. The Committee also encourages NICHD to increase its investment in its Learning Disabilities Research Centers and Learning Disabilities Innovation Hubs.

Male Reproductive Health.—The Committee urges NICHD to support research on male mechanisms of infertility. In fiscal year 2020, the Committee encouraged NICHD to support research on male infertility and requests a report on progress in this area in the fiscal year 2022 Congressional Justification. Due to the gap in knowledge of how to diagnose and treat male infertility and abnormal embryo development, the Committee reiterates its priority interest. The Committee requests a report within 90 days of enactment of this Act detailing NICHD's existing collaborations and research to identify new proteins and sperm structures that are necessary for normal sperm foundation and, consequently, for fertility and embryo development.

Maternal-Fetal Medicine Units (MFMU) Network.—The Committee supports the critical work of the MFMU Network in improving health outcomes for pregnant women and their babies. Leveraging existing infrastructure to address maternal mortality and severe maternal morbidity in the U.S. is critical. The Committee understands that NICHD is considering several models of infrastructure for its networks and encourages NICHD to maintain the features that made the MFMU Network successful and cost-effective, including the renewal process that maximizes efficiency and ability to conduct multiple large trials with long term follow up over many years. Such an infrastructure is essential for maintaining a collective repository of knowledge and skills as well as a stable foundation for data sharing and workforce development. The Committee looks forward to reports about the process for restructuring and final outcomes once a final decision has been made with respect to the new infrastructure.

Maternal-Fetal Transmission of Lyme Disease.—The HHS Tick-Borne Disease Working Group's Clinical Aspects of Lyme Disease Subcommittee January 2020 report includes "further evaluate potential maternal-fetal transmission of Lyme disease and of congenital Lyme disease" as a recommended priority. The Committee urges NIH to evaluate potential maternal-fetal transmission of Lyme disease and congenital Lyme disease and issue requests for proposals and funding opportunity announcements to stimulate researcher interest in these areas. Within 180 days of enactment of this Act, the Committee requests a report on NIH plans to address the need for research on maternal-fetal transmission of *B. burgdorferi*, congenital Lyme disease, and adverse outcomes in infants and children from maternal transmission.

Maternal Mortality Research.—The Committee supports NIH efforts to establish the Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone (IMPROVE) Initiative. The initiative will use an integrated approach to understand biological, behavioral, sociocultural, and structural factors that affect severe maternal mortality and maternal mortality (SMM/MM) by building an evidence base for improved care and outcomes in specific regions of the country. IMPROVE will target health disparities associated with SMM/MM by (1) implementing and evaluating community-based interventions for disproportionately affected women (e.g., African American, American Indian/Alaska Native, advanced maternal age, low socioeconomic status, and rural populations), and (2) identifying risk factors and the underlying biological mechanisms

associated with leading causes of SMM/MM, including cardiovascular disease, infection and immunity, and mental health.

Participation of Pregnant and Lactating Individuals in COVID–19 Research.—The Committee directs NICHD, within 90 days of enactment of this Act, to submit a report to the Committee describing the specific steps being taken to ensure racially, ethnically, and geographically diverse participation in studies conducted to understand the effects of COVID–19 on pregnant and lactating individuals.

Polycystic Ovary Syndrome (PCOS).—PCOS affects up to 15 percent of women and has metabolic, reproductive, mental, and maternal/child health manifestations. PCOS is the most common endocrine disorder in women and is a significant risk factor for high blood pressure, sleep disorders, heart disease, pregnancy-induced hypertension, preeclampsia, cholesterol disorders, and other disorders that impact cardiovascular and metabolic health. The Committee encourages NICHD to partner with NHLBI to promote research in PCOS, particularly with a focus on comorbidities associated with PCOS that impact heart, blood, lung, sleep, and maternal/fetal health as they contribute to negative health outcomes. The Committee also encourages NHLBI to report on research that has been conducted on PCOS and its impact on cardiovascular health to date in the fiscal year 2022 Congressional Justification.

Population Research.—The Committee recognizes NICHD for supporting innovative population research and research training programs, longitudinal surveys, and research on the social determinants of health and on the development of low-cost data archiving, data curation, and data sharing strategies that both protect survey participants and provide unparalleled access for researchers. The Committee encourages NICHD to highlight these strategies as it works with NIH leadership to implement its data sharing and management policy. Further, the Committee urges NICHD to continue supporting large-scale data collection activities, especially prospective, population-representative longitudinal studies, and to continue its leadership in supporting research on the social determinants of health, morbidity, and mortality across the lifespan, including maternal and infant health.

Premature Birth Research.—The Committee supports NIH's efforts to expand neonatal research to improve the treatment and health outcomes of premature babies and explore ways to support multi-site clinical trials in pregnancy and lactation, which will lay the foundation for optimal clinical care for these infants.

Research in Pregnant and Lactating Women.—The Committee is pleased with the progress being made by the Task Force on Research Specific to Pregnant Women and Lactating Women in identifying and developing strategies to address gaps in knowledge and research on safe and effective therapies for pregnant and lactating women to carry out the recommendations in its 2018 report. The Committee directs NICHD to provide the Task Force's recommendations to the Committee within 60 days of enactment of this Act. The Committee also directs NICHD, along with other relevant NIH Institutes and Centers, CDC, FDA, and other relevant agencies, to prepare to implement these recommendations to the extent appropriate and feasible under the legal authorities available to the Secretary. Finally, the Committee directs NICHD, in

conjunction with the Secretary, to report back to the Committee on the feasibility of implementing these policies and any additional authorizations or appropriations required in the fiscal year 2022 Congressional Justification.

Strategic Plan.—The Committee has reviewed NICHD's 2020 Strategic Plan and believes that there is insufficient focus on behavioral health, cognition, development of young children, language, learning differences, and school readiness. NICHD has long history of funding critical and meritorious work in these areas. The Committee encourages NICHD to consider otherwise qualified grants in these areas on the same basis as any other areas of focus as it works to implement its strategic plan.

NATIONAL EYE INSTITUTE (NEI)

Appropriation, fiscal year 2020	$824,090,000
Budget request, fiscal year 2021	749,003,000
Committee Recommendation	831,177,000
Change from enacted level	+7,087,000
Change from budget request	+82,174,000
Committee Recommendation (including Title VI)	884,208,000
Change from enacted level	+60,118,000
Change from budget request	+135,205,000

Mission.—NEI conducts and supports basic and clinical research, research training, and other programs with respect to blinding eye diseases, visual disorders, and mechanisms of visual function, preservation of sight, and the special health problems and needs of individuals who are visually-impaired or blind.

Academic and Non-Profit Institutional Research Using Human Ocular Tissue from Not-for-Profit Eye Banks.—Macular degeneration is the leading cause of blindness and impacts some 15 million people in the U.S., with an estimated 200,000 new cases annually. The Committee is aware that, due to the high cost of human ocular tissue, many academic researchers resort to using animal tissue when studying diseases and conditions of the eye. This is problematic as animal tissue is not a perfect equivalent to human tissue, and certain diseases, such as macular degeneration, are not present in animal tissue. The Committee encourages NEI to consider establishing an ocular tissue program to achieve cost savings and facilitate critical ocular research utilizing tissue provided by non-profit organizations to academic and other not-for-profit research entities. Such a program could facilitate critical research to eradicate the debilitating impact of macular degeneration and other ocular disorders.

Blepharospasm.—The Committee continues to encourage NEI to pursue collaboration with stakeholders on cross-cutting research opportunities that affect all forms of dystonia, including blepharospasm. The Committee notes the opportunity to collaborate with NINDS and NIDCD from the 2018 dystonia conference and encourages all three Institutes to work together to advance critical research.

Eye Bonds.—The Committee recognizes the monumental strides being made in medical research, but is also concerned about the growing need to fund translational research in what is known as the valley of death, that area between basic science and the development of a patient-ready product. Eye disease in America is one such challenge with significant human and economic consequences.

In America, 4.24 million adults are blind or have vision impairment, and among working-age blind adults, 70.5 percent are not employed full-time. The economic burden of eye diseases is estimated to be $138 billion a year. The Committee encourages NEI to work with other Institutes and Centers, other agencies within HHS, and stakeholder organizations to examine novel methods to fund translational research and bridge the valley of death.

Macular Degeneration.—The Committee is concerned with advanced age-related macular degeneration as the leading cause of irreversible blindness and vision impairment globally. At least 11 million people in the U.S. have some form of macular degeneration and that number is expected to double to 22 million by 2050. The Committee encourages NIH to fund research that will stem the growth of macular degeneration and requests an update on current research and future initiatives in the fiscal year 2022 Congressional Justification.

Vision Research.—The number of Americans with visual impairment or blindness is expected to double to more than 8 million by 2050. The Committee recognizes NEI's research to advance the understanding of the causes of these afflictions and potential treatments and encourages NEI to expand these research activities.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES (NIEHS)

Appropriation, fiscal year 2020	$802,598,000
Budget request, fiscal year 2021	730,147,000
Committee Recommendation	809,501,000
Change from enacted level	+6,903,000
Change from budget request	+79,354,000
Committee Recommendation (including Title VI)	861,149,000
Change from enacted level	+58,551,000
Change from budget request	+131,002,000

Mission.—NIEHS's mission is to discover how the environment affects people in order to promote healthier lives.

Air Pollution and Asthma.—The Committee notes with concern the evidence suggesting a causal link between air pollution and the development of asthma. The Committee urges NIEHS to explore this potential causal link and any interventions necessary to prevent the development of asthma.

Harmful Algal Blooms Human Health Effects Research.—The Committee recognizes the value of the NIEHS mission and the NIEHS–NSF jointly-funded Oceans and Human Health Program as a means to increase scientific knowledge about short-term and long-term human health effects associated with acute and chronic exposures to toxins produced by harmful algal blooms (HABs). The Committee recognizes the increasing relevance of this scientific research to communities directly affected by HABs, including in Florida, where one of the longest documented HABs in the State's history occurred from late 2017 through early 2019. The Committee encourages NIEHS to continue investing in this research area using its competitive, peer-reviewed grantmaking processes. In particular, the Committee notes growing scientific interest in further investigating respiratory irritation and illness associated with inhalation of aerosolized HAB toxins and neurotoxic shellfish poisoning arising from ingestion of contaminated seafood. The Committee commends NIEHS for its collaborations with other agencies, including the National Science Foundation (NSF), National Oceanic

and Atmospheric Administration (NOAA), Environmental Protection Agency (EPA), and CDC, to advance research about HABs and translate key research findings for clinical and public health benefits.

Polyfluoroalkyl Substances (PFAS) Research.—The Committee appreciates NIEHS's support for research into understanding the toxic properties of PFAS chemicals and the potential adverse health effects of PFAS exposure. Research to date has revealed an association between PFAS exposures and adverse health outcomes, including the potential for effects on children's cognitive and behavioral development, immune system dysfunction, endocrine disruption, obesity, diabetes, and cancer. More research is necessary to fully understand the impact of PFAS exposure on health. The Committee strongly encourages NIEHS to continue to support research on human exposure to PFAS chemicals.

NATIONAL INSTITUTE ON AGING (NIA)

Appropriation, fiscal year 2020	$3,543,673,000
Budget request, fiscal year 2021	3,225,782,000
Committee Recommendation	3,609,150,000
Change from enacted level	+65,477,000
Change from budget request	+383,368,000
Committee Recommendation (including Title VI)	3,837,188,000
Change from enacted level	+293,515,000
Change from budget request	+611,406,000

Mission.—NIA's mission is to understand the nature of aging and the aging process, and diseases and conditions associated with growing older, in order to extend the healthy, active years of life.

Alzheimer's Disease.—In recognition that Alzheimer's disease poses a serious threat to the nation's long-term health and economic stability, the Committee recommends a total of no less than $2,853,000,000 for Alzheimer's disease and related dementias research, $35,000,000 above the estimated fiscal year 2020 level. The Committee encourages NIA to continue to address the research goals set forth in the National Plan to Address Alzheimer's disease, as well as the recommendations from the Alzheimer's Disease Research Summits in 2015 and 2018, the Alzheimer's Disease Related Dementias Research Summits in 2017 and 2020, and the Dementia Care and Services Research Summit in 2017. In addition, the Committee is concerned about the racial and ethnic disparities that exist in Alzheimer's disease diagnoses and encourages NIA to support research exploring the disproportionate impact Alzheimer's disease has on people of color, particularly African-Americans, who are two times more likely to develop late-onset Alzheimer's disease than whites.

Population Research.—The Committee recognizes the NIA National Advisory Council on Aging (NACA) for conducting a recent review of NIA's Division of Behavioral and Social Research. The review reinforced the value of NIA's investment in an array of population aging research activities, including large-scale, longitudinal studies such as the Health and Retirement Study, which is the nation's leading source of combined data on health and socioeconomic circumstances of Americans over age 50, and its center programs, such as the Centers on the Demography and Economics of Aging, which are conducting research on the demographic, economic, social, and health consequences of U.S. and global aging at 11 univer-

sities and organizations nationwide. The Committee urges NIA to sustain its investment in these activities in fiscal year 2021 and to consider, as the NACA review recommended, expanding research opportunities that will advance our understanding of the factors throughout the life course that contribute to the poor overall health of older people in America and the growing disparities in some parts of the country as well as the disparities between the US and other countries.

Thalassemia.—Thanks to significant advances in medical science, thalassemia patients and others dealing with chronic diseases are now living well into adulthood, some even into their 60s. While this is a tremendous victory for research, it has opened new questions. Among these are female and male reproductive issues, the impact of non-disease related medicines, the relationship to diseases of aging such as Alzheimer's disease and other dementias, Parkinson's, arthritis, osteoporosis, and more. The Committee requests that NIA review these issues and report back on the steps that will be taken to address them in the fiscal year 2022 Congressional Justification.

Update NIH Alzheimer's Disease and Dementia Screening Tools.—The Committee remains very interested in opportunities to detect cognitive impairment that may be caused by Alzheimer's disease and related dementias as early as possible. The Committee directs NIH to update its analysis of validated screening tools, including digital screening tools, that are able to reliably detect mild cognitive impairment (MCI). This review should focus on identifying tools that have been developed in the time since the last assessment was conducted and on providing information to assist healthcare providers in regularly using such tools to assess the cognitive health of their patients.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES (NIAMS)

Appropriation, fiscal year 2020	$624,889,000
Budget request, fiscal year 2021	568,480,000
Committee Recommendation	630,263,000
Change from enacted level	+5,374,000
Change from budget request	+61,783,000
Committee Recommendation (including Title VI)	670,475,000
Change from enacted level	+45,586,000
Change from budget request	+101,995,000

Mission.—NIAMS's mission is to support research into the causes, treatment, and prevention of arthritis and musculoskeletal and skin diseases; the training of basic and clinical scientists to carry out this research; and the dissemination of information on research progress in these diseases.

Alopecia.—Alopecia affects 6.8 million Americans, including children, and disproportionately impacts women of color. The Committee encourages NIAMS to work with relevant Institutes and Centers, including NIMHD, to develop possible collaborative efforts to increase research into this disparity, specifically among Black and Hispanic women, and pursue collaborative opportunities that will lead to new research discoveries.

Musculoskeletal Research.—The NIH has made significant progress in terms of diversity in musculoskeletal research and has included it as a priority in its 2020–2024 strategic plan. The Com-

mittee encourages NIAMS to support additional focused research into sexual dimorphism, race/ethnicity, and socio-economic status and how these factors relate to injury prevention, levels of disease activity and functional status, access, and quality of care across the lifespan. Specifically, we recommend that NIAMS issue Request for Applications (RFA) or Participatory Action Research (PAR) grant programs on disparities similar to those of the NIMHD or NCI. In addition, the Committee encourages NIAMS to support further research on rural inequities in musculoskeletal care in terms of addressing occupational injury types and resulting complications due to limited specialty care access.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS (NIDCD)

Appropriation, fiscal year 2020	$490,692,000
Budget request, fiscal year 2021	446,397,000
Committee Recommendation	494,912,000
Change from enacted level	+4,220,000
Change from budget request	+48,515,000
Committee Recommendation (including Title VI)	526,488,000
Change from enacted level	+35,796,000
Change from budget request	+80,091,000

Mission.—NIDCD conducts and supports biomedical and behavioral research and research training in the normal and disordered processes of hearing, balance, taste, smell, voice, speech, and language. NIDCD also conducts and supports research and research training related to disease prevention and health promotion; addresses special biomedical and behavioral problems associated with people who have communication impairments or disorders; and supports efforts to create devices which substitute for lost and impaired sensory and communication function.

Spasmodic Dysphonia.—The Committee notes the work that NIDCD has done in conducting research on spasmodic dysphonia and encourages NIDCD to work with stakeholders to advance critical research resulting from the 2018 dystonia conference.

NATIONAL INSTITUTE OF NURSING RESEARCH (NINR)

Appropriation, fiscal year 2020	$169,113,000
Budget request, fiscal year 2021	156,804,000
Committee Recommendation	170,567,000
Change from enacted level	+1,454,000
Change from budget request	+13,763,000
Committee Recommendation (including Title VI)	181,450,000
Change from enacted level	+12,337,000
Change from budget request	+24,646,000

Mission.—The mission of NINR is to promote and improve the health of individuals, families, and communities. To achieve this mission, NINR supports and conducts clinical and basic research and research training on health and illness, research that spans and integrates the behavioral and biological sciences, and develops the scientific basis for clinical practice.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM (NIAAA)

Appropriation, fiscal year 2020	$545,373,000
Budget request, fiscal year 2021	497,346,000
Committee Recommendation	550,063,000
Change from enacted level	+4,690,000
Change from budget request	+52,717,000
Committee Recommendation (including Title VI)	585,158,000
Change from enacted level	+39,785,000
Change from budget request	+87,812,000

Mission.—NIAAA's mission is to generate and disseminate fundamental knowledge about the effects of alcohol on health and well-being, and apply that knowledge to improve diagnosis, prevention, and treatment of alcohol-related problems, including alcohol use disorder, across the lifespan.

NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

Appropriation, fiscal year 2020	$1,462,016,000
Budget request, fiscal year 2021	1,431,770,000
Committee Recommendation	1,474,590,000
Change from enacted level	+12,574,000
Change from budget request	+42,820,000
Committee Recommendation (including Title VI)	1,568,672,000
Change from enacted level	+106,656,000
Change from budget request	+136,902,000

Mission.—NIDA's mission is to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health.

Cannabis Research.—NIH currently supports a diverse portfolio of research on cannabinoids and the endocannabinoid system, yet this research support typically relies on narrowly tailored program announcements and grants rather than a multipronged strategy wherein basic and clinical scientists and public health specialists work together to address the opportunities and challenges of cannabis in a comprehensive manner. The Committee encourages NIDA to continue supporting a full range of research on the health effects of marijuana and its components, including research to understand how marijuana policies affect public health, to help inform marijuana policymaking in States.

Determination of Synthetic Drug Ingestion.—The Committee encourages NIDA to support research to develop a process for rapid determination of synthetic drug ingestion. Such research should include the development of metabolite profiles of opioids and their synthetic derivatives using pooled human liver microsomes and a cytochrome mixture; development of analytical methodology for rapid detection of metabolites in urine samples; development of a program that utilizes the metabolite profile that provides an output of class and drug; and validation of the methodology with simulated and/or real world samples.

Electronic Cigarettes.—The Committee understands that electronic cigarettes (e-cigarettes) and other vaporizing equipment are increasingly popular among adolescents, and encourages NIDA to support research on the use and consequences of these devices. The Committee also supports the Population Assessment of Tobacco and Health (PATH) Study, a collaboration between NIDA and the FDA Center for Tobacco Products to help scientists learn how and why people start using tobacco products, quit using them, and start

using them again after they have quit, as well as how different tobacco products affect health outcomes over time.

Kratom.—The Committee encourages NIDA to expand research on all health impacts of kratom, including its constituent compounds, mitragynine and 7-hydroxymitragynine. The Committee is aware of the potential promise of kratom-derived compounds for acute and chronic pain patients who seek safer alternatives to sometimes dangerously addictive and potentially deadly prescription opioids.

Methamphetamines and Other Stimulants.—The Committee is concerned that the number of deaths from the drug categories that include methamphetamine and cocaine more than doubled from 2015–2018, leading some to refer to stimulant overdoses as the "fourth wave" of the current drug addiction crisis in America following the rise of opioid-related deaths involving prescription opioids, heroin, and fentanyl-related substances. Methamphetamine is highly addictive and there are no FDA-approved treatments for methamphetamine and other stimulant use disorders. The Committee continues to support NIDA's efforts to address the opioid crisis, has provided continued funding for the HEAL Initiative, and supports NIDA's efforts to combat the growing problem of methamphetamine and other stimulant use and related deaths.

Opioids.—The Committee continues to be extremely concerned about the epidemic of prescription opioids, heroin, and illicit synthetic opioid use, addiction and overdose in the U.S. In 2018, approximately 185 people died each day in this country from drug overdose (128 of those deaths are directly from opioids), making it one of the most common causes of non-disease-related deaths for adolescents and young adults. This crisis has been exacerbated by the availability of illicit fentanyl and its analogs in many communities. The Committee appreciates the important role that research plays in the various Federal initiatives aimed at this crisis. To combat this crisis, the bill includes no less than the fiscal year 2020 funding level of $266,300,000 for research related to preventing and treating opioid misuse and addiction. NIDA's opioid specific allocation should be targeted for the following areas: development of safe and effective medications and new formulations and combinations to treat opioid use disorders and to prevent and reverse overdose; conduct implementation studies to create a comprehensive care model in communities nationwide to prevent opioid misuse, expand treatment capacity, enhance access to overdose reversal medications, and enhance prescriber practice; test interventions in justice system settings to expand the uptake of medication for addiction treatment and methods to scale up these interventions for population-based impact; and develop evidence-based strategies to integrate screening and treatment for opioid use disorders in emergency department and primary care settings.

Overdose Prevention Centers.—The Committee recognizes that Overdose Prevention Centers, or Supervised Consumption Sites, are part of a larger effort of harm reduction interventions intended to reduce the risk of drug overdose death and reduce the spread of infectious disease. The Committee directs NIDA, in consultation with the CDC Division of Injury Prevention and Control, to provide a report to the Committee and post publicly, no later than 180 days after the enactment of this Act providing an updated literature re-

view and evaluation of the potential public health impact of Overdose Prevention Centers in the U.S.

Pain Therapeutics and Opioid Addiction Centers of Excellence.—Addictions are a chronic problem in the U.S. and are inadequately addressed in U.S. medical schools and residency training programs. The Committee strongly encourages NIDA to create regional Centers of Excellence in opioid research and training to assist States in educating and implementing best practices in opioid prescribing, pain management, screening and linkage to care for individuals with opioid use disorders and addictions. The Centers should develop training materials for health care providers and trainees in opioid use and other addictive disorders.

Raising Awareness and Engaging the Medical Community in Drug Abuse and Addiction Prevention and Treatment.—Education is a critical component of any effort to curb drug use and addiction, and it must target every segment of society, including healthcare providers (doctors, nurses, dentists, and pharmacists), patients, and families. Medical professionals must be in the forefront of efforts to curb the opioid crisis. The Committee continues to be pleased with the NIDAMED initiative, targeting physicians-in-training, including medical students and resident physicians in primary care specialties (e.g., internal medicine, family practice, and pediatrics). The Committee encourages NIDA to continue its efforts in this space, providing physicians and other medical professionals with the tools and skills needed to incorporate substance use and misuse screening and treatment into their clinical practices.

The HEALthy Brain and Child Development (BCD) Study.—The Committee recognizes and supports the NIH HEALthy Brain and Child Development Study, which will establish a large cohort of pregnant women from regions of the country significantly affected by the opioid crisis and follow them and their children for at least 10 years. This knowledge will be critical to help predict and prevent some of the known impacts of pre- and postnatal exposure to drugs or adverse environments, including risk for future substance use, mental disorders, and other behavioral and developmental problems. The Committee recognizes that the BCD Study is supported in part by the NIH HEAL Initiative, and encourages other NIH Institutes, such as NICHD, NIMH, NHLBI, NCI, NIAAA, NIMH, NINR, as well as the Office of the Director to support this important study.

Tobacco Regulatory Science Program.—The Committee supports the Tobacco Regulatory Science Program and encourages increased research to inform the FDA in regulation of the manufacture, marketing, and distribution of tobacco products to reduce the public health toll from tobacco product use in the U.S. The Committee encourages NIH to support research into the understanding of nicotine addiction and to spur the development of better prevention and treatment strategies. Of particular importance for funding are research for effective interventions to help youth and young adults to quit vaping, and to understand the interrelationship between the vaping of tobacco and marijuana.

Youth Tobacco Cessation.—The Committee is concerned about the increase in youth e-cigarette addiction and the significant lack of research to inform effective therapies to help youth quit. The U.S. Preventive Services Task Force has determined that there is

not sufficient evidence to recommend adolescent use of existing pharmacological tobacco cessation treatments that are currently approved for adults. There is great need for additional clinical trials and other research to determine if new or existing pharmacological treatments, behavioral interventions, or combination therapies have the potential to benefit adolescents in quitting cigarettes and other forms of tobacco, including e-cigarettes.

NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

Appropriation, fiscal year 2020	$2,038,374,000
Budget request, fiscal year 2021	1,844,865,000
Committee Recommendation	2,055,303,000
Change from enacted level	+36,929,000
Change from budget request	+210,438,000
Committee Recommendation (including Title VI)	2,186,474,000
Change from enacted level	+148,100,000
Change from budget request	+341,609,000

Mission.—NIMH's mission is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure.

Addressing Youth Mental Health Disparities.—The Committee is encouraged by the work of NIMH to support research on issues related to youth mental health, including suicide among youth. The Committee is further encouraged by NIMH efforts to address mental health disparities among underrepresented and undeserved youth. To guide this continuing work, the Committee requests within 180 days of enactment of this Act, a 10-year strategic plan with long-term plan with short-term goals from NIMH with a goal of eliminating racial mental health disparities in youth by 2030.

This plan should include, but is not limited to: (1) convening a consensus conference, which could be used to guide strategic plan development; (2) identifying and/or creating funding mechanisms that actively support the development of evidence-based practices for racial mental health disparities populations; (3) developing targeted funding opportunities for projects in communities with disparities starting in fiscal year 2021; and (4) developing structures to solicit wide-ranging community input on barriers to addressing mental health disparities. This may include quarterly workshops to solicit community input. The Committee requests an update in the fiscal year 2022 Congressional Justification on progress towards achieving goals in this strategic plan.

The Committee further encourages the Institute to convene a consensus conference that includes: leading extramural experts on health disparities; representatives from other relevant NIH Institutes and Centers like the HHS Office of Minority Health, NICHD, NIMHD; and public stakeholders to discuss research opportunities and gaps, as well as evidence-based solutions and therapeutic interventions. At the conclusion of the conference, the Committee requests a report which should include priority areas for additional study to advance research in addressing mental health disparities in youth.

Autism.—The Committee encourages NIH to support greater investment in research and collaborations focused on addressing gaps in the Strategic Plan developed by the Interagency Autism Coordinating Committee, including efforts to understand the intersection of biology, behavior, and the environment.

BRAIN Initiative.—The Committee directs NIH to transfer $50,000,000 from the NIH Innovation Account to NIMH to support the BRAIN Initiative. These funds are authorized by the 21st Century Cures Act (P.L. 114–255). This collaborative effort is revolutionizing our understanding of how neural components and their dynamic interactions result in complex behaviors, cognition, and disease, while accelerating the development of transformative tools to explore the brain in unprecedented ways making information previously beyond reach accessible.

Pediatric Lyme Disease.—The Committee is concerned about reports that Lyme disease poses special risks for children in terms of neurodevelopmental disorders and psychiatric comorbidities and encourages NIMH to conduct studies on the neuropsychiatric manifestations of pediatric Lyme disease.

Suicide Prevention.—The Committee continues to be alarmed with the growing rates of suicide across the country, with the CDC reporting a 30 percent increase since 1999. Suicide is currently the tenth leading cause of death for all ages and the second leading cause of death for young people aged 10 to 34. To address and combat this crisis, the Committee encourages NIMH to prioritize its suicide screening and prevention research efforts, with special emphasis on producing models that are interpretable, scalable, and practical for clinical implementation, including healthcare, education, and criminal justice systems that serve populations at risk. In addition, the Committee believes increased collaboration between NIMH and other Institutes holds immense value. The Committee strongly encourages NIMH to partner with NIDA and NIAAA to examine the multifaceted relationship between suicide and substance use disorder (SUD), including opioid abuse. Enhanced research into these relationships will provide critical knowledge regarding common risk factors, and preventive and intervention efforts that reduce morbidity associated with suicide risk. The Committee directs NIMH to provide an update on these efforts in the fiscal year 2022 Congressional Justification.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE (NHGRI)

Appropriation, fiscal year 2020	$606,349,000
Budget request, fiscal year 2021	550,116,000
Committee Recommendation	611,564,000
Change from enacted level	+5,215,000
Change from budget request	+61,448,000
Committee Recommendation (including Title VI)	650,583,000
Change from enacted level	+44,234,000
Change from budget request	+100,467,000

Mission.—NHGRI's mission is to accelerate scientific and medical breakthroughs that improve human health by driving cutting-edge research, developing new technologies, and studying the impact of genomics on society.

Emerging Centers of Excellence in Genomic Sciences.—The Committee provides no less than $15,000,000, the same as the fiscal year 2020 enacted level, to sustain and grow the Emerging Centers of Excellence in Genomic Sciences competitive grant program. The Committee maintains prior direction that present awardees of the Centers for Excellence in Genomic Sciences program shall not be eligible to receive these grants. The Committee again urges NHGRI

to include plans for sustainment of this capacity-building mechanism in its 2020 vision report.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING (NIBIB)

Appropriation, fiscal year 2020	$403,638,000
Budget request, fiscal year 2021	368,111,000
Committee Recommendation	407,109,000
Change from enacted level	+3,471,000
Change from budget request	+38,998,000
Committee Recommendation (including Title VI)	433,083,000
Change from enacted level	+29,445,000
Change from budget request	+64,972,000

In addition, the CARES Act included $60,000,000 and the Paycheck Protection Program and Health Care Enhancement Act included $500,000,000 for NIBIB to conduct and support research related to COVID–19.

Mission.—The NIBIB mission is to improve health by leading the development and accelerating the application of biomedical technologies.

Integrated Medical Engineering.—Many recent advancements in health innovation are the result of the convergence of medicine and engineering. In the coming years, this trend holds increasing promise. The Committee believes that NIH would be well suited to help develop the next generation of health innovation by investing in such programs and strongly encourages NIH to support academic medical centers which award joint degrees of Doctor of Medicine and master's degrees in engineering.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES (NIMHD)

Appropriation, fiscal year 2020	$335,812,000
Budget request, fiscal year 2021	305,498,000
Committee Recommendation	343,700,000
Change from enacted level	+7,888,000
Change from budget request	+38,202,000
Committee Recommendation (including Title VI)	365,310,000
Change from enacted level	+29,498,000
Change from budget request	+59,812,000

Mission.—NIMHD's mission is to lead scientific research to improve minority health and reduce health disparities.

The Committee strongly supports the mission of NIMHD to lead scientific research to improve minority health and reduce health disparities. Persistent racial and ethnic health disparities can be largely attributed to poor social and physical determinants of health in communities of color. Advancing health equity requires a multifactorial response to address issues such as high unemployment, unstable housing, lack of quality education, and inability to access health care. Reducing health disparities also requires solutions that are informed by and tailored to the specific racial, ethnic, socioeconomic, and geographic communities at which they are aimed. The Committee urges NIMHD to maximize funding opportunities that emphasize community-based, multidisciplinary research focused on identifying root causes of health disparities while also informing regional health and social policy to strategically reduce health inequity across communities.

Focal Segmental Glomerulosclerosis (FSGS).—The Committee notes the continued commitment of NIMHD in researching health disparities. The Committee continues to encourage collaboration with other Institutes and Centers and stakeholders to expand research opportunities on the APOL1 gene that causes African-Americans and Latinos to be disproportionately affected by FSGS.

Research Centers in Minority Institutions (RCMIs).—The Committee recognizes the important role of the RCMI program in developing the infrastructure required to enhance biomedical research conducted at historically minority serving institutions. This infrastructure is critical to supporting the development of new investigators and sustaining an established workforce conducting world-class biomedical research that emphasizes the advancement of minority health and the reduction of health disparities through basic research in disease areas impacting minority communities at abnormally high rates as well as behavioral and clinical research in these same areas. The Committee includes $80,000,000, an increase of $5,000,000 above the fiscal year 2020 level, for RCMIs to ensure that critical infrastructure development in historically minority graduate and health professional schools continue to be enhanced to meet these critical needs. The Committee also recognizes the importance of the RCMI Translational Research Network in ensuring that collectively, institutions can engage in multi-site collaborative research.

The Committee notes that the RCMI program was created to provide equitable means for health professions institutions with historical missions and precedence of serving minorities, such as Historically Black Graduate Institutions in the health professions, the wherewithal in research infrastructure to train minority biomedical researchers and explore research discovery. The Committee encourages the NIMHD to continue following Congressional intent for the RCMI program and follow the spirit of the original instructions provided to NIH by Congress.

Research Endowment Program (REP).—The Committee is concerned by NIMHD's lack of engagement with stakeholders and the broader community regarding REP eligibility. The Committee urges NIMHD to move forward with the recommendations made by the Advisory Council workgroup to restore endowment eligibility for REP to the original Congressional intent. The Committee requests that NIMHD report to the Committee on progress made to implement these recommendations prior to issuing its next FOA for REP.

Unregulated Cosmetics.—The Committee is concerned about the prevalence of cosmetics containing dangerous levels of mercury made available through online sales and increased global travel. Evidence suggests that these harmful unregulated cosmetics, such as skin lightening creams, are disproportionately used by women of color. The Committee encourages NIMHD to collaborate with FDA to identify research gaps in the understanding of the health effects of these products and provide a report to the Committee summarizing the state of science and describing NIMHD's collaboration with FDA within 180 days of enactment of this Act.

Women's Health Centers of Excellence.—The Committee recognizes that health disparities persist for women in both urban and rural communities across the country. The Committee encourages

NIMHD to establish three urban and two rural academic-affiliated Centers of Excellence focused on health disparities that disproportionately affect underserved and minority women.

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH (NCCIH)

Appropriation, fiscal year 2020	$151,740,000
Budget request, fiscal year 2021	138,167,000
Committee Recommendation	153,045,000
Change from enacted level	+1,305,000
Change from budget request	+14,878,000
Committee Recommendation (including Title VI)	162,810,000
Change from enacted level	+11,070,000
Change from budget request	+24,643,000

Mission.—The mission of NCCIH is to define, through rigorous scientific investigation, the usefulness and safety of complementary and integrative health interventions and their roles in improving health and health care.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES (NCATS)

Appropriation, fiscal year 2020	$832,888,000
Budget request, fiscal year 2021	787,703,000
Committee Recommendation	840,051,000
Change from enacted level	+7,163,000
Change from budget request	+52,348,000
Committee Recommendation (including Title VI)	893,648,000
Change from enacted level	+60,760,000
Change from budget request	+105,945,000

In addition, the CARES Act included $36,000,000 for NCATS to conduct and support research related to COVID–19.

Mission.—NCATS was established to transform the translational process so that new treatments and cures for disease can be delivered to patients faster.

Clinical and Translational Science Awards (CTSA).—The Committee directs NIH to fund the CTSA program at not less than the level provided in fiscal year 2020. The Committee reiterates its support for the CTSA program and notes the recent contributions of this critical infrastructure program towards community engagement and addressing health disparities. Because CTSAs are uniquely positioned to help address physician workforce shortage issues, NCATS is encouraged to bolster the role of CTSAs in workforce development activities with an emphasis on training and career development opportunities.

Collaboration with Business Incubators.—The Committee urges NCATS to explore potential collaborations or funding opportunities with business incubators that host small to mid-size science, research, and pharmaceutical companies that use services-based approaches to nurture and guide the member companies to success. The Committee believes that such collaborations offer an effective way to advance translational science and meet the NCATS mission to deliver more treatment to more people quickly. Priority consideration should be given to nonprofit life science incubators with a track record of success in new drug discovery, biomarker discovery, and translational biotechnology in common research themes.

Gene Vector Initiative.—The Committee encourages NCATS to pursue the initiative described in the fiscal year 2021 budget request to create a consortium for innovation in large-scale gene vec-

tor production. There is currently a bottleneck in the production of the vector therapies necessary to deliver gene therapies to patients. This initiative would improve the capacity to produce vectors and accelerate gene therapy clinical trials.

Rare Cancers Therapeutics Research and Development.— Rare cancers, defined at those cancers that have fewer than six new cases per 100,000 Americans per year, represent over 30 percent of all cancers. Rare cancers present a unique research challenges for many reasons, including the difficulty in accruing enough patients to participate in clinical trials, the lack of industry focus on these cancers due to the relatively small number of patients diagnosed with each cancer, the lack of rare cancer tumor models and cell lines, and the difficulty of patients receiving accurate and precise diagnoses due in part to the lack of clinician familiarity with rare cancers. Knowing that targeted cancer therapies frequently work more effectively and with fewer side effects than traditional chemotherapy and radiation, the Committee supports efforts to accelerate therapies for rare cancers and to support broader sharing of omic-related rare cancer data to accelerate research and drug development for these cancers. The NCATS novel scientific model has proven successful in addressing other rare diseases and would benefit rare cancer therapeutic development. Therefore, the Committee encourages NIH to establish a joint NCATS–NCI rare cancer translational medicine initiative to accelerate the study of commonalities across rare cancers and the development of platform treatments for rare cancers to help patients who often have no other options.

JOHN E. FOGARTY INTERNATIONAL CENTER (FIC)

Appropriation, fiscal year 2020	$80,760,000
Budget request, fiscal year 2021	73,531,000
Committee Recommendation	86,455,000
Change from enacted level	+5,695,000
Change from budget request	+12,924,000
Committee Recommendation (including Title VI)	91,652,000
Change from enacted level	+10,892,000
Change from budget request	+18,121,000

Mission.—FIC's mission is to support and facilitate global health research conducted by U.S. and international investigators, building partnerships between health research institutions in the U.S. and abroad, and training the next generation of scientists to address global health needs.

The Committee includes additional funding for FIC to support its mission of advancing research on and training the future biomedical research workforce in global health. The current COVID–19 pandemic illustrates the importance of FIC's efforts to build country capacity to enable cutting edge research at the origin of outbreaks, improving the likelihood that emerging diseases can be addressed at their source. Expanded resources will allow FIC-supported researchers to continue monitoring disease outbreaks and increase preparedness for future epidemics.

Global Infectious Diseases.—Recent outbreaks of COVID–19, Ebola, Zika, and dengue have shown the importance of FIC's essential role in global infectious disease health research training and health system strengthening to assist developing countries in advancing their own research and health solutions and tools. The FIC

has developed important partnerships in countries, including countries unfriendly to the U.S., to not only fight malaria, neglected tropical diseases, and other infectious diseases, but also to build their capabilities to detect and treat infectious diseases that are not endemic to the U.S. prior to spreading to the U.S., thus protecting Americans here at home. The Committee urges FIC to continue this important work building relationships with scientists abroad to foster a stronger and more effective science workforce and health capacity on the ground, helping to detect, prevent, and treat infectious diseases while strengthening bonds of trust with the U.S. though health diplomacy in their countries.

NATIONAL LIBRARY OF MEDICINE (NLM)

Appropriation, fiscal year 2020	$456,911,000
Budget request, fiscal year 2021	415,665,000
Committee Recommendation	460,841,000
Change from enacted level	+3,930,000
Change from budget request	+45,176,000
Committee Recommendation (including Title VI)	490,244,000
Change from enacted level	+33,333,000
Change from budget request	+74,579,000

In addition, the CARES Act included $10,000,000 for NLM to support research activities related to the COVID–19 pandemic.

Mission.—The NLM collects and organizes information important to biomedicine; serves as a national information resource for medical education, research, and health service activities; enhances access to biomedical literature through electronic services; serves the public by providing electronic access to reliable health information for consumers; supports and directs the national network of libraries of medicine; provides grants for research in biomedical communications, medical library development, and training health information specialists; conducts and supports research in biomedical informatics and computational biology; and creates information resources for genomics, molecular biology, toxicology, medical images, environmental health, emergency preparedness and response, and health services research.

OFFICE OF THE DIRECTOR (OD)

Appropriation, fiscal year 2020	$2,239,787,000
Budget request, fiscal year 2021	2,086,463,000
Committee Recommendation	2,324,548,000
Change from enacted level	+84,761,000
Change from budget request	+238,085,000
Committee Recommendation (including Title VI)	4,599,548,000
Change from enacted level	+2,359,761,000
Change from budget request	+2,513,085,000

In addition, the CARES Act included $30,000,000 and the Paycheck Protection Program and Health Care Enhancement Act included $1,000,000,000 for OD to support and conduct research and related activities related to the COVID–19 pandemic.

Mission.—The OD provides leadership to NIH research enterprise and coordinates and directs initiatives that crosscut NIH. OD 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 the operations of NIH.

The items below include issues and programs specific to the Office of the Director as well as those that involve multiple Institutes and Centers.

Adult Cellular Therapies/Regenerative Medicine.—The Committee encourages NIH, in coordination with FDA and HRSA, to explore the feasibility and utility of an outcomes database for adult cellular therapies that are either FDA-approved or are being administered under FDA Investigational New Drug or Investigational Device Exemption protocols. The Committee also encourages engagement of experts and stakeholders to define data types and standards necessary for such a database.

All of Us Program.—The Committee provides a total of $500,000,000 for the All of Us precision medicine initiative, the same as the fiscal year 2020 enacted level and $62,041,000 above the fiscal year 2021 budget request. The total includes $109,000,000 authorized in the 21st Century Cures Act (P.L. 114–255) to be transferred from the NIH Innovation Account.

Amyloidosis.—The Committee encourages NIH to continue its expansion of research efforts in amyloidosis, a group of rare diseases characterized by abnormally folded protein deposits in tissues. Amyloidosis is often fatal, and there is no known cure. Current methods of treatment are risky and unsuitable for many patients. Average survival without treatment is in months. The Committee directs NIH to inform the Committee on the steps NIH has taken to understand the causes of amyloidosis and the measures taken to improve the diagnosis and treatment of this devastating group of diseases in the fiscal year 2022 Congressional Justification.

Amyotrophic Lateral Sclerosis (ALS).—The Committee strongly supports the Transformative Research Award program for ALS and directs the Director to continue to fund this critical initiative in fiscal year 2021.

Animal Use in Research.—The Committee is aware that in September 2019, GAO issued a report entitled "Animal Use in Research: Federal Agencies Should Assess and Report on Their Efforts to Develop and Promote Alternatives." The Committee understands that this report found that the Interagency Coordinating Committee on the Validation of Alternative Methods (ICCVAM) and its member agencies have not routinely developed or reported metrics to demonstrate how their efforts to encourage the use of alternative methods affect animal use in research. The Committee acknowledges NIEHS for having helped establish a workgroup of ICCVAM member agencies to identify potential quantitative and qualitative metrics that could provide data for comprehensively assessing progress of agencies toward reducing, refining, and replacing animal use in research. The Committee is aware that the Environmental Protection Agency (EPA) has committed to eliminate its requests for, and funding of, whole and live animal studies by 2035. The Committee therefore directs this workgroup to actively collaborate with EPA to determine where replacement alternatives to animal testing are lacking, to ensure any gaps in currently available methods to replace animal testing are filled before 2035. The Committee directs that interagency workgroup to report its findings to the Committee by 2022 and use these metrics to assess progress in using alternative methods at EPA, and other agencies

that are part of ICCVAM, in ICCVAM's required biennial report to be issued in 2024.

Artificial Intelligence.—The Committee supports NIH's efforts in research using artificial intelligence. Merging the biological and computer sciences, artificial intelligence can accelerate the analysis of large, complex datasets to better understand disease and improve care.

Behavioral Research.—The Committee believes that a more robust and focused NIH commitment to behavioral science research and training would yield significant improvements to the nation's health due to the important connections between behavior and health. Most of the leading public health issues facing our nation—including cancer, addiction, heart disease, mental illness, diabetes, violence, and AIDS—are rooted in individual and social behavior, yet behavioral science is decentralized across NIH's Institutes and Centers, and the NIH commitment to manage and directly fund this important research is limited. The Committee directs the Director to convene a special advisory panel of behavioral scientists and other community experts to complete an assessment providing recommendations on how to better integrate and realize the benefits to overall health from behavioral research at NIH. The Committee requests that this assessment be finalized before the end of fiscal year 2021 and that a report be submitted to the Committee at that time.

Biomedical Research Facilities.—The bill provides $50,000,000, the same as the fiscal year 2020 enacted level and $50,000,000 above the fiscal year 2021 budget request, for grants to public and/or not-for-profit entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities as authorized under 42 U.S.C. section 283k. The Committee urges NIH to consider recommendations made by the NIH Working Group on Construction of Research Facilities, including making awards that are large enough to underwrite the cost of a significant portion of newly constructed or renovated facilities, as well as applicants that demonstrate innovative solutions and cost savings to meet safety and scientific requirements of facilities for basic, translational, and clinical research. The Committee also directs NIH to allocate no less than 25 percent of funding for this program to institutions that serve underrepresented and underprivileged populations and to institutions in the geographical areas with deficits in research resources, access to advanced technologies, and health-related services to ensure geographic and institutional diversity.

Black Men in Medicine and Science.—The Committee supports the efforts of the National Academies Roundtable on Black Men and Black Women in Medicine to explore the factors that contribute to the low participation of Black men in the medical profession. The Committee directs the Director to allocate increased resources through the Common Fund to address the increasing underrepresentation of Black men in medical schools and in the biomedical research profession. In addition, the Committee recognizes the need to increase the number of biomedical research professionals as leaders in critical areas of national need. The Committee directs NIH to establish a scholarship program that encourages African American students to pursue a career in medicine,

science, and biomedical research to combat the persistent decline of Black male physicians over the last decade.

Biorepository Catalog.—The Committee is encouraged by efforts within the biomedical research community to better understand chronic diseases through biorepositories which store medical tissues and associated information for scientific research. Increasing awareness and utilization of these biorepositories by the wider medical community would be highly useful to science, medicine, and national security. The Committee encourages NIH to partner with one or more research institutions to implement innovative approaches for improving the discoverability and utility of biorepositories for tissues and associated data for cardiovascular diseases, neurodegenerative diseases, cancer and diabetes. The Committee encourages NIH, along with the sponsoring research institution or institutions, to establish protocols for the release of tissues and associated data from such biorepositories.

Brain and Body Health.—The Committee encourages partnership and collaboration with entities able to explore the similarities in the brains and comorbid conditions of those with Alzheimer's disease, dementia, and autism, to facilitate studies related to brain and body health, including studies designed to improve and empirically validate a variety of supports for complex conditions.

Centers for Polysubstance Use Research.—The Committee is pleased that NIH supports research on alcohol/polysubstance use and encourages the Director to increase research in this area through additional comprehensive centers across the U.S. Given the increasing prevalence of polysubstance deaths, particularly among rural and minority communities, the Committee also encourages the Director to focus one or more centers on rural and minority communities with high rates of alcohol and polysubstance use mortality.

Childhood Post-Infectious Autoimmune Disorders.—The Committee continues to be concerned that children, following streptococcal and other infections, are experiencing the onset of neuropsychiatric and behavioral disorders. These auto-inflammatory encephalopathic conditions, including Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS), are often misdiagnosed. Delays in diagnosis and lack of developed avenues of treatment result in a devastating escalation of mental health symptoms and associated costs. The Committee encourages NIH to explore cross-disciplinary research in this area, including neurobiology, neurology, immunology, infectious disease, and mental health, and report to the Committee in the fiscal year 2022 Congressional Justification on the understanding of the incidence, causes, diagnostic criteria, and treatment of these conditions.

Clinical Trials During the COVID–19 Pandemic.—The Committee appreciates the accommodations NIH has made for clinical trial sites so that institutions can continue to safely conduct clinical trials during the COVID–19 pandemic. The Committee encourages the Director to make investments in research at trial sites to study the impacts of these flexibilities on trial participants, providers, and the overall integrity of the research, and to determine similar adaptations that could be made to improve accessibility of trials,

especially for those with historically low participation rates (e.g., racial and ethnic minorities, rural residents, adolescent and young adults, and older adults).

Common Fund.—The Committee recommends $631,899,000 for the Common Fund (CF), and an additional $12,600,000 provided to support the Gabriella Miller Kids First Research Act for the seventh year of the ten-year Pediatric Research Initiative. This is $5,388,000 above the fiscal year 2020 enacted level and $48,032,000 above the fiscal year 2021 budget request.

Community-Based Participation Initiative for Tick-Borne Diseases.—The Committee recognizes that community-based physicians, advocates, and patients are potential resources who can add value to a broad range of NIH's tick-borne disease (TBD) activities as they are in other diseases, such as HIV. The Committee encourages NIH to establish a Community-Based Participation (CBP) initiative for TBD and to identify community-based resources—data and people—to evaluate how community-based perspectives can add significant value to and be incorporated into the broad range of TBD activities, such as strategic planning, research portfolio design, programs, special Initiatives, grant proposals and peer review.

Diversity at NIH Working Group and Strategic Plan.—While the Committee is encouraged by the NIH's demonstrated commitment to diversity, the Committee remains concerned about the continued lack of diversity at NIH among staff and grantees. Accordingly, the Committee requests, within 180 days of enactment of this Act, a strategic plan with long-term and short-term goals to address the racial, ethnic, and gender disparities at NIH. Given recent research in funding gaps at NIH, the Committee requests that this strategic plan identifies barriers in access to NIH funding by investigators researching health disparities, as well as corrective solutions that can be implemented at NIH. The Committee encourages NIH to establish a working group to support development and implementation of this plan, which should be comprised of, but is not limited to, the NIH Office of Equity, Diversity, and Inclusion; Institute and Center Directors and their designees; extramural grantees; experts working in diversity and inclusion; and other community stakeholders.

The Committee requests a report from the NIH within 90 days of enactment of this Act that includes detailed information about the composition of the NIH workforce, advisory committees, and grantees over the last five fiscal years. The data should include disaggregated race and ethnicity data, gender, disability status, and veteran status. For grantees and advisory committee members, the data should also include data on the institution of terminal degree and undergraduate institution.

Diversity in Alzheimer's Disease Clinical Trials.—The Committee appreciates NIH taking actions to address under-representation of minority populations in Alzheimer's disease and dementia clinical trials. To build upon this work, the Committee directs the Director, in concert with NIA and NIMHD, to examine the language accessibility of its Alzheimer's disease clinical trials and report back on opportunities to strengthen access to clinical research for volunteers who are not fluent in English. Further, the Committee directs NIH to enhance the functionality of ClincalTrials.gov to include

ways to more easily identify trials that accept participants in different languages. The Committee requests a project plan and timeline for implementing these changes within 180 days of enactment of this Act.

Duchenne Muscular Dystrophy Research Models.—In recent years, more Duchenne drug trials have failed than succeeded despite promising results from pre-clinical animal models. These results lead to years of inefficient drug development and few approved treatments. The Committee urges NIH to convene a multi-stakeholder workshop to evaluate pre-clinical animal models used frequently in muscular dystrophy treatment research, including Duchenne muscular dystrophy, and to consider whether alternative models or strategies may improve therapy development outcomes.

Eating Disorder Research.—The Committee commends NIH for supporting multi-Institute research on the chronic, fatal, and serious mental illnesses encompassing eating disorders that affect 30 million Americans during their lifetimes, and its association with other conditions such as diabetes, infertility, heart disease, PTSD, substance use, co-morbid mental illnesses, and tooth decay. The Committee recognizes that eating disorders are a deadly bio-psycho-social illness and that multiple research topics must be explored to understand, prevent, and treat eating disorders, including psychosocial issues; health disparities and food insecurity; environmental factors such as weight stigma; the complex interplay of metabolic processes; and maternal health. The Committee encourages NIH to increase support for eating disorders research and explore these and other research questions through multiple Institutes and Centers, including NIMH, NIDDK, NIMHD, and NIDA. The Committee directs NIH to inform the Committee on the steps taken to increase support for eating disorders and measures taken to improve prevention, diagnosis, and treatment of eating disorders in the fiscal year 2022 Congressional Justification.

E-Cigarette Research.—The Committee encourages NIH to prioritize research into the understanding of the biological changes that occur due to use of electronic nicotine delivery systems (ENDS) among adolescents.

Ehlers-Danlos Syndrome.—The Committee encourages NIH to support research and activities with respect to Ehlers-Danlos Syndrome and related connective tissue disorders.

Environmental Influences on Child Health Outcomes (ECHO).—The Committee includes no less than the fiscal year 2020 enacted level for the ECHO Project, which has the potential to greatly increase understanding of these critical determinants of health across the lifespan, through its observational cohorts and the IDeA States Pediatric Clinical Trials Network. The Committee encourages continued communication about the program's progress toward goals, milestones, and projected funding estimates with both external stakeholders and Congress.

Federal Advisory Committees Transparency Initiative.—The Committee recognizes that Federal advisory committees established as part NIH pursuant to 42 U.S.C. 282(b)(6) fill an important role in advising NIH on major decisions on plans and policies. However, to guarantee due process, it is vital that all NIH Federal advisory committees operate in a transparent way. As such, the Committee directs all NIH Federal advisory committees, including in par-

ticular the Literature Selection Technical Review Committee (LSTRC), to make public their standards of review, decision-making methodologies, and processes by which to appeal a recommendation. Moreover, the LSTRC and all other NIH Federal advisory committees shall ensure that they are operating in accordance with the provisions of the Federal Advisory Committee Act, as amended (5 U.S.C., Appendix 2).

Firearm Injury and Mortality Prevention Research.—The Committee includes $25,000,000 to support research on the prevention of gun violence, $12,500,000 above the fiscal year 2020 enacted level and $25,000,000 above the fiscal year 2021 budget request. Research should focus on biological, behavioral, and environmental mechanisms that underlie aggression, as well as prevention of self-directed violence.

The Committee recognizes that community gun violence, such as gang violence, constitutes a significant portion of gun homicides in the U.S. There is a disproportionate impact of community gun violence on low-income communities of color, which is not often reflected in the national narrative surrounding gun violence. The Committee encourages NIH to support research on community gun violence and to select grantees that reflect the diversity of the victims of gun violence and that work in or near the impacted communities.

Fostering Department of Energy (DOE)-NIH Partnership for Radiopharmaceutical Production and Use.—The Committee encourages NIH to explore novel applications for radiopharmaceuticals and leverage next-generation advanced manufacturing techniques for isotope production being made by DOE-funded research universities and National Laboratories.

Fragile X (FX).—The Committee encourages NIH to expand the base of researchers and clinicians who are familiar with and trained in the Fragile X-associated disorders and promoting collaboration between basic scientists and clinicians to enable researchers to better understand phenotypes, document variations in how the disorder presents itself, identify potential biomarkers and outcome measures, and develop new interventions.

Gene-Environment Interactions in Neurodegenerative Disorders in Diverse Populations of African Americans and Latinos.—In the context of NIH's robust neurological disease research portfolio, the Committee commends the leadership of NIH in advancing the relevant objectives of the 21st Century Cures Act and the BRAIN Initiative. The Committee is concerned and recognizes the need to better understand the interactions between genetics and environmental factors, in particular with regard to elderly and diverse populations of African Americans and Latinos. The Committee encourages NIH to accelerate collaborative research across relevant Institutes and Centers and the research community to address the goal of determining the role of the interaction between environmental exposures to toxic chemicals, other environmental stressors, and genetics and their impact on neurodegenerative disorders in diverse populations of African Americans and Latinos, to allow for earlier diagnosis and subsequent treatment to arrest the progression of these devastating neurodegenerative disorders.

Harassment Policies.—The Committee commends NIH for its ongoing work focused on changing the culture of sexual harassment

that is pervasive throughout its biomedical research laboratories. However, the Committee believes NIH must do more to play an active role in addressing sexual harassment and gender discrimination, particularly in extramural research settings. For this reason, in the statement of managers accompanying the Consolidated Appropriations Act, 2020, the conferees directed "NIH "to require institutions to notify the agency when key personnel named on an NIH grant award are removed because of sexual harassment concerns". NIH took a major step toward implementing this direction in its June 11, 2020 clarification of its "Guidance Regarding Change of Status, Including Absence of PD/PI and Other Key Personnel Named in the Notice of Award" (NOT–OD–20–124), but then fell short by not requiring its grantees to notify it when key personnel are removed for concerns of harassment. The Committee directs NIH to revise this guidance within 30 days of enactment of this Act to make clear that grantees must identify any changes to key personnel on an award that are related to concerns about harassment. These new terms and conditions must also require the awardee to notify NIH if the Principal Investigator (PI) or co-PI is placed on administrative leave or if the awardee has imposed any administrative action on the PI or any co-PI relating to any finding, determination or infraction regarding codes of conduct, statutes, regulations, or executive orders related to sexual harassment, other forms of harassment, or sexual assault within ten business days from the date of the finding or determination or the date of the placement of a PI or co-PI by the awardee on administrative leave or the imposition of an administrative action. The Committee directs NIH, in coordination with the HHS Office for Civil Rights, to assess the feasibility of creating a pathway of communication and reporting for individuals to report concerns of sex discrimination occurring in NIH-funded extramural laboratories outside of the Title IX complaint process. The Committee directs NIH to develop written guidance specifying the types of reporting considered to be informal and possible ways information regarding concerns of sex discrimination, including sexual harassment, may be used. The Committee directs NIH to submit to the Committee, within 90 days of enactment of this Act, goals and a plan outlining the potential for this pathway and guidance and assessing the agency's sexual harassment prevention and intervention efforts for grantees, including methods to regularly monitor and evaluate sexual harassment prevention and intervention policies and communication mechanisms. Finally, the NIH Director is directed to provide semi-annual reports to the Committee detailing progress made toward these activities.

Human Microbiome Project.—The Committee is pleased with the developments made by the NIH's Human Microbiome Project and encourages relevant Institutes and Centers to spearhead new cross-disciplinary efforts in microbiome sciences. The Committee also encourages collaborations with academia to develop knowledge and tools required to predict and control behavior of diverse microbiomes through multidisciplinary approaches.

Humane Research Alternatives.—Recognizing that humane, cost-effective, and scientifically suitable non-animal methods are available but underutilized, the Committee requests that NIH assemble a panel to investigate and make recommendations regarding incen-

tives for more quickly and effectively moving NIH intramural and external research away from methods that rely on animals to methods that rely on non-animal alternatives. The panel should review and recommend means of encouraging greater reliance on existing humane and scientifically satisfactory non-animal methods. Panel membership should include individuals with proven knowledge of/experience with non-animal research methods; with expertise in evaluating the adequacy of searches for non-animal methods described in research proposals; and with knowledge of the welfare concerns and scientific limitations of animal-based studies. The Committee asks that NIH provide a report of the panel's findings by June 2022.

Impact of Racism on Public Health.—Many local officials and health departments are declaring racism as a public health emergency. National organizations such as the American Medical Association, the American College of Physicians, and the American Academy of Pediatrics have made similar statements decrying the impact of racism on health. Many studies have shown that racism—as expressed through implicit and explicit biases, institutional structures, and interpersonal relationships—has a negative impact on the health of impacted communities. The Committee directs NIH to provide a report to the Committee within 90 days of enactment of this Act summarizing NIH's current portfolio of research on racism as a social determinant of health and outlining how NIH plans to expand and build upon this work.

Increasing Diversity in Health Disparities Research.—The Committee recognizes that there is an urgent need to increase the representation of Hispanic patients, caregivers, clinicians and researchers in biomedical research, particularly in health disparities research. The Committee encourages NIH to develop a Junior Faculty Research Accelerator program to support efforts related to scientific workforce diversity and help ensure better health outcomes and reduce health care disparities affecting the underrepresented communities, including the Hispanic community. Such a program should recruit junior researchers from medicine and public health from across the nation and match them with senior researchers experienced with health disparities research. Participants should receive one-on-one mentoring, onsite educational meetings at NIH, and access to other assistance and resources that place them on a research track relevant to underserved communities, public health, prevention, and social determinants of health.

Induced Pluripotent Stem Cell (iPSC) Technology.—The Committee continues to stress iPSC technology as a critical tool in the realm of personalized medicine. The Committee notes that iPSCs are derived from adult skin cells, providing increased opportunities to develop sources of cells with immense therapeutic value and potential for curing human diseases. The Committee recognizes that basic science leads to pre-clinical trials, cures, diagnostics, and treatments and encourages NIH to further explore additional basic science opportunities. In addition, the Committee understands that collaborative consortiums such as the Southeast Stem Cell Consortium (SESCC) leverages research capabilities to further advance scientific knowledge in the area of iPSC basic research. The Committee requests an update in the fiscal year 2022 Congressional

Justification on NIH efforts to expand iPSC technology basic research through collaborative consortiums.

Inflammatory Bowel Diseases (IBD).—The Committee commends NIH for leading cross-Institute initiatives focused on nutrition, including a Strategic Plan for Nutrition Research and a precision nutrition initiative within the NIH Common Fund. To advance these efforts with a focus on IBD and related chronic inflammatory autoimmune diseases, the Committee encourages NIH to work with multiple Institutes and Centers on current and emerging IBD disease research priorities including the interactions among food, the gut, and the brain/nervous system in people with IBD and other chronic gastrointestinal diseases.

Intramural Primate Research.—The Committee remains concerned about NIH's intramural use of nonhuman primates in biomedical research and continues to urge NIH to accelerate efforts to identify more efficient and effective alternatives to nonhuman primate research. The Committee directs NIH to provide a report to the Committee no later than one year after enactment that outlines a plan to implement more efficient and effective alternatives to nonhuman primate research activities, describes how these alternatives have reduced intramural research using nonhuman primates by December 31, 2025, and outlines a plan for retirement of primates no longer needed in intramural research.

Lyme and Other Tick-Borne Diseases.—The Committee strongly encourages NIH to hold, within one year of enactment of this Act, a workshop on the numerous molecular and functional mechanisms that *Borrelia burgdorferi* (Bb) employs to evade and subvert the immune system of the human host and the immune responses and consequences and also how these mechanisms and responses can subvert the effectiveness of antibiotics. The Committee supports inclusion of other TBD pathogens to consider shared and unique characteristics of the pathogens as NIH determines practical for the workshop, with participation by researchers who have published peer-reviewed articles describing such mechanisms and immune cell responses, particularly for Bb. Multiple, well-documented, defense mechanisms of Bb should be evaluated and recognized as understanding these mechanisms and their significance underpins the ability to develop effective diagnostics and treatments. The Committee encourages NIH to continue research on early diagnosis and treatment of Lyme and other TBD to prevent the development of late stage disease and more serious and longer-term disability, but also intensify research on diagnosis and treatment of late stage and chronic disease. Priority should be based on disease burden and should be given to Lyme disease, which has a high public health burden in the U.S. and has a significant patient population who are not diagnosed until late stage when treatment is more difficult.

Microbiome Research.—The last decade has seen an explosion in microbiome data. The microbiome is now considered an unrealized source for drug targets and precision medicine, yet the nontraditional collaborations between leaders in microbial ecology, engineering, and medicine required for translation and innovation are currently lacking. Support for a centralized venue for experts from universities and the public and private sectors to partner, share and analyze data, and support bench-to-bedside-to-bench research

is critical to enhancing our understanding of microbial relationships to human health and accelerate discovery.

Mitochondrial Disorder Research and Coordination.—The Committee is aware that NIH has spearheaded a number of initiatives to identify new mitochondrial disorders, discover the linkages between mitochondrial disorders, and translate advances in mitochondrial research to treatments, cures, and other medical interventions for mitochondrial disorders and their secondary diseases, such as Alzheimer's disease, Parkinson's disease, and cancer. The Committee is supportive of NIH's efforts through the formation of the North American Mitochondrial Disease Consortium (NAMDC) and its associated registry as well as coordination among Institutes and Centers to support the Mitochondrial Disease Sequence Data Resource Consortium (MSeqDR), which serves as a robust central repository for genomic sequencing data for mitochondrial disorders.

Mucopolysaccharidosis (MPS).—MPS diseases are inherited, with death occurring for many in early childhood. This systematic disease causes progressive damage to the bones, heart, respiratory system, and brain. The Committee continues to urge NIH, particularly NCATS and NINDS, to put a high priority on better understanding and treating MPS and mucolipidosis diseases. The Committee also commends NIH for allocating funds to discover, develop, define, and make available for research animal models of human genetic disease. The Committee encourages expanded research of treatments for neurological, inflammatory, cardiovascular, and skeletal manifestations of MPS, with an emphasis on gene therapy. The Committee thanks NINDS, NIDDK, and ORDR for again funding the Lysosomal Disease Network (LDN) through the Rare Disease Clinical Research Network (RDCRN) and for funding lysosomal research meetings. The Committee encourages the NIH to incentivize MPS research. Understanding the manifestations and treatments of both the skeletal and neurological disease continues to be the greatest areas of unmet needs.

National Commission on Lymphatic Diseases.—The Committee encourages NIH to work with relevant stakeholders to advance the establishment of a National Commission on Lymphatic Diseases that will make critical recommendations on coordinating NIH-wide lymphatic disease research. The Committee requests an update no later than 90 days after the enactment of this bill about specific next steps to establish the Commission. In addition, the Committee is concerned that not enough research is focused on lymphedema and requests a report within 120 days of enactment of this Act regarding the annual support level for lymphatic research funding over the past five years, including the types of grants supported in the last five fiscal years.

National Laboratories.—NIH funding supports investments which are collaborative with the ongoing work of the DOE. The Committee directs NIH to update the committee on the work to coordinate its efforts with DOE and the National Laboratories, and in more strategic ways to leverage NIH's research needs in the next generation of cancer research, brain mapping, drug development or other emerging ideas in biomedical research that requires DOE's instrumentation, materials, modeling simulation, and data science. In 2015, the Secretary of Energy established the Energy

Advisory Board (SEAB) to evaluate the prospects for increased collaboration between DOE researchers and biomedical scientists supported by other agencies, especially NIH. Increased and more effective coordination could be instrumental to assist in the development of the Nation's health, security, novel biomedical technologies, and in the development of more strategic enabling technologies. The Committee supports NIH's collaboration with DOE and the National Laboratories in an effort to maximize utilization of DOE's capabilities, particularly for NIH's rapidly growing data and computational challenges.

National Research Service Award (NRSA) Program.—The Committee encourages NIH to continue support for the Minority Biomedical Research Support (MBRS), the Graduate Research Training Initiative for Student Enhancement (G–RISE), and the Undergraduate Research Training Initiative for Student Enhancement (U–RISE) programs under the NRSA program. These programs aim to increase the participation of, and broaden opportunities for, underrepresented minority faculty, investigators, and students engaged in biomedical and behavioral research.

Neurofibromatosis (NF).—The Committee supports efforts to increase funding and resources for NF research and treatment at multiple Institutes, including NCI, NINDS, NIDCD, NHLBI, NICHD, NIMH, NCATS, and NEI. Children and adults with NF are at elevated risk for the development of many forms of cancer, as well as deafness, blindness, developmental delays and autism; the Committee encourages NCI to increase its NF research portfolio in fundamental laboratory science, patient-directed research, and clinical trials focused on NF-associated benign and malignant cancers. The Committee also encourages NCI to support clinical and preclinical trials consortia. Because NF can cause blindness, pain, and hearing loss, the Committee urges NINDS, NEI, and NIDCD to continue to aggressively fund fundamental basic science research on NF relevant to restoring normal nerve function. Based on emerging findings from numerous researchers worldwide demonstrating that children with NF are at significant risk for autism, learning disabilities, motor delays, and attention deficits, the Committee encourages NINDS, NIMH, and NICHD to increase their investments in laboratory-based and patient-directed research investigations in these areas. Since NF2 accounts for approximately 5 percent of genetic forms of deafness, the Committee encourages NIDCD to expand its investment in NF2-related research. NF can cause vision loss due to optic gliomas. The Committee encourages NEI to expand its investment in NF1-focused research on optic gliomas and vision restoration.

NIH Chimp Retirements to Chimp Haven.—The Committee is aware that NIH has a statutory duty under the CHIMP Act (42 U.S.C. 283m) to retire all surplus chimpanzees to the national sanctuary system, and NIH's stated plan to now keep the chimpanzees at Alamogordo Primate Facility (APF) instead of moving them to Chimp Haven goes against the intent of Congress. While NIH cites the health condition of the chimpanzees as a reason to warehouse them at APF, it is because of their health and long history of laboratory use that makes it urgent they be provided an opportunity to live the remainder of their lives in sanctuary, even if for a short period. This is not only a concern about chimp welfare,

but also taxpayer spending. According to the most recent APF contract, it costs approximately $133 per day per chimpanzee to keep them at APF compared to $42 per chimpanzee per day at Chimp Haven. The APF costs will continue to increase as the population declines while Chimp Haven costs will decline as their population increases. Therefore, recognizing the best interests of both the chimps and taxpayer costs, the Committee strongly encourages the NIH to resume transport of all APF chimpanzees to Chimp Haven no later than November 1, 2020 and complete by May 15, 2021. Movement of government-owned and supported chimps from Southwest National Primate Research Center (SNPRC) and Keeling Center for Comparative Medicine and Research (KCCMR) should immediately follow transport of the APF chimpanzees to Chimp Haven and conclude no later than November 1, 2022. The Committee also directs NIH to provide updates to the Committee each quarter, beginning no later than December 31, 2020 that shall include: (1) the number of chimpanzees transported to the national sanctuary over the last quarter; (2) a census of all government-owned and supported chimpanzees remaining, if any, at APF, SNPRC or KCCMR; and (3) a list of any chimpanzee deaths that have occurred at any time after January 1, 2020 at either APF, SNPRC or KCCMR.

NIH Division of Police.—The Committee directs the NIH Division of Police, to the extent it has not already done so, to submit their use of force data to the Federal Bureau of Investigation's National Use of Force Data Collection database. The Committee further directs, within 90 days of enactment of this Act, the Director to brief the Committee on its current efforts to tabulate and submit its use of force data to the FBI.

Office of AIDS Research.—The Committee includes no less than $3,107,000,000 for HIV/AIDS research, an increase of $37,000,000 above the estimated fiscal year 2020 level. This investment builds on an increase of $31,000,000 included in fiscal year 2020, bringing the two-year increase for NIH's HIV/AIDS research to a total of $99 million.

Office of Behavioral and Social Sciences Research (OBSSR).—OBSSR was established to coordinate and promote basic, clinical, and translational research in the behavioral and social sciences in support of the NIH mission. The Committee supports OBSSR's activities aimed at strengthening these sciences by enhancing trans-NIH investments in longitudinal datasets, technology in support of behavior change, innovative research methodologies, and promoting the inclusion of behavioral and social sciences in initiatives at the NIH Institutes and Centers. In partnership with other Institutes and Centers, OBSSR co-funds highly rated grants that these Institutions and Centers cannot fund alone, and coordinates NIH's high-priority program on gun violence prevention research.

Office of Research on Women's Health (ORWH).—The Committee commends the ORWH on its efforts to ensure that NIH-supported research addresses issues that affect women, promote the inclusion of women in clinical research, and develop and expand opportunities for women throughout the biomedical research career pipeline. The Committee is disappointed that funding for ORWH has lagged behind the total funding for NIH over the past several years. The Committee includes no less than $43,925,000, an increase of

$5,000,000 above the estimated fiscal year 2020 funding level, for ORWH to expand its work in fiscal year 2021.

Osteopathic Medical Schools.—Osteopathic medical schools serve an important role in treating our nation's rural, underserved, and socioeconomically challenged populations. Doctor of Osteopathic Medicine, usually primary care clinicians, currently make up 11 percent of the active clinician workforce, and their numbers are projected to grow to 20 percent by 2030. In addition, currently 34 of America's 185 medical schools (18 percent) are Doctor of Osteopathic Medicine schools, and 26 percent of students entering medical school are osteopathic medical students. Historically, this group lacks access to research funding and is disproportionately underrepresented in NIH review panels. Currently, Doctor of Osteopathic Medicine receive only 0.1 percent of NIH grants. Of the 3,233 grant reviewers on the 173 NIH standing study sections established to provide grant review for calendar year 2018, zero had Doctor of Osteopathic Medicine credentials. The Committee supports efforts to ensure the full range of medical professionals are included in grant awards and grant review panels.

Pediatric Research.—The Committee requests an update from the Director within 120 days of enactment of this Act on how NIH will focus on the unique needs of children in its NIH-wide initiatives that span multiple Institutes and Centers, as well as its highest priority initiatives, including but not limited to the All of Us Research Program and the Cancer Moonshot. The Committee asks that with respect to these major NIH initiatives, this update describe the inclusion of pediatric subjects, research relevant to pediatrics, specific funding allocations, support for pediatric physician scientists, and a strategy to more proportionally target funds within these initiatives to pediatric research. The Committee commends NIH for the establishment of the Trans-NIH Pediatric Research Consortium to help coordinate pediatric research at NIH. The Committee also requests an update in the fiscal year 2022 Congressional Justification on the activities of the Consortium and its plans to better coordinate pediatric research across the institutes, including identifying gaps and opportunities for collaboration.

Pelvic Floor Disorders.—The Committee recognizes that pelvic floor disorders, including such conditions as urinary incontinence, accidental bowel leakage, and pelvic organ prolapse, have a large financial impact on individuals and society, and significant negative quality of life impact for more than 25 million women annually, in the U.S. alone. The Committee urges NICHD, NIDDK, and NIA to collaborate, on the development of universally accepted disorder specific data sets for the purpose of research studies on patient outcomes of current and future therapies used to treat pelvic floor disorders and the pathogenesis of these conditions. The Committee requests that NICHD, NIDDK and NIA provide a report on current research and future initiatives to address pelvic floor disorders in the fiscal year 2022 Congressional Justification and provide timely updates to the Committee on advances being made with respect to prevention, treatment and understanding the mechanisms of these conditions.

Polycystic Ovary Syndrome (PCOS).—The Committee recognizes the significant health burden of PCOS, the most common cause of female infertility. About 10 million women have PCOS, which has

affected their reproductive, mental, and metabolic health and wellness. The Committee commends NICHD for its continued leadership in PCOS research. Over 70 percent of NIH's investment in PCOS research has focused on symptoms and comorbidities that impact women's reproductive health. Pregnant women with PCOS are more likely to develop preeclampsia (pregnancy-related hypertension) and have emergency C-sections. Given that the majority of NIH research on PCOS has focused on reproductive implications of the syndrome, critical gaps still exist in understanding the connections between these severe comorbidities and PCOS. The Committee encourages NIH to expand its PCOS research activities and programs to include research on comorbidities associated with PCOS, including liver disease, uterine cancer, heart disease, stroke, diabetes, anxiety, depression, sleep disorders, and suicide. Therefore, the Committee requests an update in the fiscal year 2022 Congressional Justification on current PCOS research activities on related comorbidities and existing research gaps, as well as opportunities for trans-NIH research efforts to address PCOS and related diseases. The Committee urges NIH to prioritize PCOS research funding for New and Early Stage Investigator Awards, and to encourage experienced biomedical and public health researchers to study PCOS and collaborate with patients to identify more effective treatments and a possible cure for PCOS.

Post-Research Adoption of Animals in Extramural Research.— The Committee commends NIH and other agencies for instituting policies and procedures to facilitate the placement of animals no longer needed for research with families or nonprofit shelters or sanctuaries. This is a far more humane and less wasteful practice than euthanizing otherwise healthy animals. The Committee notes, however, that the NIH policy covers only NIH intramural research. Animals used in NIH funded extramural research also should not be needlessly euthanized at the end of the experiment if they are determined to be healthy enough to be adopted or retired. The Committee encourages NIH to require grantees receiving extramural funds from NIH for research using animals to implement post research adoption policies that are at least as comprehensive as the NIH intramural policy. The committee requests that NIH provide a written update on this effort within one year of enactment of this Act.

Prematurity and Maternal Mortality.— Preterm birth and its complications continue to be the leading cause of death for infants in the U.S. and around the world. The Committee is aware that the PREEMIE Reauthorization Act of 2018 (P.L. 115–328) enables the Secretary to establish an interagency working group to improve coordination of programs and activities within the Department to prevent preterm birth, infant mortality, and related adverse birth outcomes. The Committee requests a report within 60 days of enactment of this Act regarding NIH's activities to create the interagency workgroup and its activities to-date to accomplish the duties outlined in the PREEMIE Act. In addition, the Committee recognizes the disparities in outcomes by race, ethnicity, geography and income related to maternal mortality and prematurity and appreciates the work of many agencies in addressing these disparities. The Committee directs the Interagency Workgroup to develop a coordinated Department-wide strategy and implementation plan

to share learnings and identify and address factors that lead to maternal mortality and prematurity, including those socio-economic and racial-ethnic factors contributing to disparities in outcomes and inequities in health care. Within one year of the enactment of this Act, the Committee directs NIH to submit a report to the Committee on the aforementioned strategy and a plan for implementation.

Rare Disease Research.—The Committee is aware that nearly one in ten individuals in the U.S. is affected by a rare disease, and that rare diseases frequently are genetic or have a genetic component. The Committee urges NIH to expand research on rare genetic and chromosomal abnormalities, such as 7q11.23 Duplication Syndrome and Hereditary Spastic Paraparesis 49 (TECPR2).

SARS–CoV–2 Pediatric Research Agenda.—The Committee is concerned with the impact of SARS–CoV–2 infection in children, including Multisystem Inflammatory Syndrome in Children (MIS–C) and impacts for children with underlying medical conditions. Therefore, the Committee directs NIH to establish a comprehensive SARS–CoV–2 pediatric research agenda and report to the Committee within 120 days of enactment of this Act on this program. The Committee asks NIH to consider identification of research needs focused on the novel coronavirus impacts on children and adolescents, how pediatric patients have been included in current NIH SARS–CoV–2 research and clinical trials, any disparities that have emerged in how children of different communities have been affected, the risk and protective factors children may produce against COVID–19 antigens, longer-term impacts of SARS–CoV–2 on child health, research focused on treatments and prevention methods for SARS–CoV–2 focused on children and adolescents when creating this agenda.

Sex Differences and the COVID–19 Pandemic.—Successfully confronting and mitigating the ongoing coronavirus pandemic requires scientific rigor and reproducibility in studies that benefit both women and men. Extensive prior research has revealed significant differences in the immune systems of women and men that affect health outcomes. This knowledge, coupled with evidence that men are likely to suffer more severe cases and die of COVID–19 than women, has led to research uncovering that immune responses to SARS-CoV-2 differ between women and men, and the nature of the response seen more frequently in men is what is likely to account for heightened disease susceptibility. The Committee strongly encourages NIH to consider sex differences in its research on COVID–19 to ensure that the benefits of this research will be applicable to men and women.

Spina Bifida.—The Committee encourages NIA, NIDDK, NICHD, and NINDS to study the causes and care of neurogenic bladder and kidney disease to improve the quality of life of children and adults with spina bifida; to support research to address issues related to the treatment and management of spina bifida and associated secondary conditions, such as hydrocephalus and sudden death in the adult spina bifida population; and to invest in understanding the myriad co-morbid conditions experienced by individuals with spina bifida, including those associated with both paralysis and developmental delay; and to provide an update on research findings related to spina bifida in the fiscal year 2022 Con-

gressional Justification. The Committee supports the specific efforts of NICHD to understand early human development; set the foundation for healthy pregnancy, and lifelong wellness of women and children; and promote the gynecological, andrological and reproductive health for people with spina bifida. In addition, the Committee encourages NICHD to identify sensitive time periods to optimize health interventions; improve health during transition from adolescence to adulthood; and ensure safe and effective therapeutics and devices for adults as well as children.

Strengthening Maternal Health Coordination.—The Committee is concerned with the rising rate of maternal mortality and morbidity in the U.S., especially in communities of color. The Committee supports the activities of the trans-NIH Maternal Health Working Group, and its new Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone (IMPROVE) Initiative. The Committee urges the working group to share results from IMPROVE, including the research, knowledge, and best practices to State and local governments, health organizations, and private entities, to assist with efforts to combat the growing trend. The Committee directs the working group to submit a report outlining actions taken within one year of enactment of this Act.

Timely Evaluation of Promising Biomedical Research Proposals.—The Committee is concerned that the review process for certain research proposals is delaying promising biomedical research. The Committee directs NIH to ensure that any research proposal reviewed by an Ethics Advisory Board described by 42 U.S.C. § 289a–1 is evaluated within the same timeframe as research proposals not subject to review by an Ethics Advisory Board.

Tobacco Regulatory Science Program.—The Committee supports the Tobacco Regulatory Science Program and encourages increased research to inform the FDA in regulation of the manufacture, marketing, and distribution of tobacco products to reduce the public health toll from tobacco product use in the U.S. The Committee encourages NIH to increase support for research into the understanding of nicotine addiction and to spur the development of better prevention and treatment strategies. Of particular importance are funding for research for effective interventions to help youth and young adults to quit vaping, and the interrelationship between the vaping of tobacco and marijuana.

Trisomy 21.—The Committee commends NIH for its continuing support of the Investigating Co-Occurring Conditions Across the Lifespan to Understand Down Syndrome (INCLUDE) Initiative. The Committee includes no less than $65,000,000, an increase of $5,000,000 above the fiscal year 2020 level, within the Office of the Director for the INCLUDE Initiative. The Committee expects that this multi-year, trans-NIH research initiative may advance scientific discoveries that will dramatically improve the health and quality of life of individuals with Down syndrome as well as millions of typical individuals. The Committee requests the Director provide a plan within 60 days of enactment of this Act that includes a timeline description of potential grant opportunities and deadlines for all expected funding opportunities so that young investigators and new research institutions may be further encouraged to explore research in this space. This plan should also incor-

porate and increase pipeline research initiatives specific to Down syndrome.

Undiagnosed Diseases Network (UDN).—The Committee urges the UDN to continue efforts to enhance access to patients, caregivers, and other stakeholders as well as make information obtained through the UDN available to Federal agencies and health-related agencies.

Use of Human Fetal Tissue in Research.—The Committee directs NIH to submit a report to the Committee within 180 days of enactment of this Act on the number and type of research proposals on cancer, eye diseases and disorders, HIV/AIDS, infectious diseases, neurological diseases and disorders, birth defects and developmental conditions, and other research topics that have been halted or delayed as a result of the new policy on research using human fetal tissue, as well as the goals and potential significance of the proposed research.

Women's Health Research Priorities.—The Committee is concerned that funding for women's health research specifically related to gynecology and obstetrics remains disproportionately lower than other areas of research at NIH. The Committee believes that more focus on this research would help to address the rising maternal morbidity and mortality rates; rising rates of chronic debilitating conditions in women; and stagnant cervical cancer survival rates. The Committee encourages NIH to convene a consensus conference within six months of enactment of this Act to include representatives from the Office of Research on Women's Health, NICHD, NCI, NHLBI, and NIDDK, as well as any other relevant NIH Institutes and Centers, and researchers, clinicians, women s health advocates and other relevant public stakeholders, to evaluate research currently underway related to women's health. As part of the consensus conference, the Committee directs NIH to provide an update in the fiscal year 2022 Congressional Justification that identifies priority areas for additional study to advance women's health research, including reproductive sciences.

BUILDINGS AND FACILITIES

Appropriation, fiscal year 2020	$200,000,000
Budget request, fiscal year 2021	300,000,000
Committee Recommendation	200,000,000
Change from enacted level	– – –
Change from budget request	– – –
Committee Recommendation (including Title VI)	425,000,000
Change from enacted level	+225,000,000
Change from budget request	+125,000,000

Mission.—This account provides for the design, construction, improvement, and major repair of clinical, laboratory, and office buildings and supporting facilities essential to the mission of the NIH. The funds in this appropriation support the buildings on the main NIH campus in Bethesda, Maryland; the Animal Center in Poolesville, Maryland; the National Institute of Environmental Health Sciences facility in Research Triangle Park, North Carolina; and other smaller facilities throughout the U.S.

NIH INNOVATION ACCOUNT

This account supports NIH programs authorized in the 21st Century Cures Act (P.L. 114–255).

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Appropriation, fiscal year 2020	$5,882,496,000
Budget request, fiscal year 2021	5,740,343,000
Committee Recommendation	5,978,496,000
Change from enacted level	+96,000,000
Change from budget request	+238,153,000

The Committee recommendation for the Substance Abuse and Mental Health Services Administration (SAMHSA) program level includes $5,832,829,000 in discretionary budget authority, $133,667,000 in PHS Evaluation Tap Funding, and $12,000,000 in transfers from the Prevention and Public Health (PPH) Fund.

In addition, the CARES Act (P.L. 116–136) included $425,000,000 for SAMHSA to support mental health and substance use disorders during the COVID–19 pandemic.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

The Committee continues to include bill language that exempts the Mental Health Block Grant and the Substance Abuse Prevention and Treatment Block Grant as a source for the Public Health Service Act section 241 evaluation set-aside in fiscal year 2021.

MENTAL HEALTH

Appropriation, fiscal year 2020	$1,678,013,000
Budget request, fiscal year 2021	1,696,145,000
Committee Recommendation	1,761,013,000
Change from enacted level	+83,000,000
Change from budget request	+64,868,000

Within the total provided for Mental Health Programs of Regional and National Significance, the Committee includes the following amounts:

Budget Activity	FY 2021 Committee
Capacity:	
Seclusion and Restraint	$1,147,000
Project AWARE	107,001,000
Mental Health Awareness Training	22,963,000
Healthy Transitions	28,951,000
Infant and Early Childhood Mental Health	7,000,000
Children and Family Programs	7,229,000
Consumer and Family Network Grants	4,954,000
Project LAUNCH	23,605,000
Mental Health System Transformation	3,779,000
Primary and Behavioral Health Care Integration	54,877,000
National Strategy for Suicide Prevention	23,200,000
Zero Suicide	*21,200,000*
American Indian and Alaska Native Set-Aside	*2,200,000*
Suicide Lifeline	21,000,000
Garrett Lee Smith-Youth Suicide Prevention.	
State Grants	35,427,000
Campus Grants	6,488,000
American Indian and Alaska Native Suicide Prevention	2,931,000
Tribal Behavioral Health Grants	22,000,000
Homeless Prevention Programs	30,696,000
Minority AIDS	9,224,000
Criminal and Juvenile Justice Programs	6,269,000

Budget Activity	FY 2021 Committee
Assisted Outpatient Treatment	19,000,000
Assertive Community Treatment for Individuals with Serious Mental Illness	7,000,000
Comprehensive Opioid Recovery Centers	2,000,000
Science and Service:	
Garrett Lee Smith-Suicide Prevention Resource Center	7,988,000
Practice Improvement and Training	7,828,000
Consumer and Consumer Support Technical Assistance Centers	1,918,000
Primary and Behavioral Health Care Integration Technical Assistance	1,991,000
Minority Fellowship Program	10,059,000
Disaster Response	1,953,000
Homelessness	2,296,000

Comprehensive Opioid Recovery Centers.—The Committee includes funding to provide grants, as authorized by section 7121 of the SUPPORT Act (P.L. 115–271), to help ensure that people with substance use disorders can access proper treatment. The Committee recognizes that there is a tremendous need for increasing access to coordinated, comprehensive care services that utilize the full range of FDA-approved medications and evidence-based treatments. These long-term care and support services dramatically improve outcomes for individuals and generate meaningful outcomes data to contribute to best practices for substance use disorders. The Committee directs SAMHSA to make the funding opportunity available to all eligible entities, as defined in section 7121, that meet this criterion.

Criminal and Juvenile Justice Programs.—The Committee includes funding to address some of the unmet need for effective behavioral health services and supports that are accessible before, during, and after incarceration and continue in the community for those with a mental disorder. The Committee recognizes the importance of providing comprehensive services to those who suffer from severe mental health issues. The Committee is aware that there can be a correlation between mental health disturbances and repeat criminal offenders. Therefore, the Committee strongly encourages SAMHSA's Criminal Justice Activities to prioritize funding for centers that provide assistance to those with severe mental health needs who are at risk of recidivism. These mental health centers can provide, but are not limited to, the following services: crisis care, residential treatment, outpatient mental health and primary care services, and community re-entry supports. The Committee strongly encourages SAMHSA to prioritize applications from areas with high rates of uninsured individuals, poverty, and substance use disorders.

Infant and Early Childhood Mental Health.—The Committee supports access to a range of evidence-based and culturally-appropriate infant and early childhood mental health services, and to aid in addressing the national shortage of mental health professionals with infant and early childhood expertise. The Committee recognizes the importance of building mental health services for children under age six. These young children can and do experience mental health disturbances, yet their unique needs, particularly for infants and toddlers, are often overlooked in mental health policy and healthcare delivery systems. These grants help fill that gap by investing in early mental health prevention, identification, and treat-

ment, in order to reduce the need for treatment later in life when it becomes more difficult, time intensive, and expensive.

Minority Fellowship Program.—The Committee includes an increase of $1,000,000 in order to improve prevention, wellness, and treatment across the lifespan. As Congress seeks to better address substance abuse and mental health disorders across all populations, the Committee recognizes the critical importance of supporting a diverse behavioral health workforce and its effectiveness in addressing substance use disorders and mental health issues impacting minority and underserved populations.

Now is the Time.—To increase access to mental health services, as set out by the 2013 "Now is the Time" plan, the Committee includes an increase of $5,000,000 for Project AWARE, which is designed to identify children and youth in need of mental health services, to increase access to mental health treatment, and promote mental health literacy among teachers and school personnel. The Committee encourages SAMHSA to sustain and strengthen its grant and other programs that support school-based and campus-based services aimed at preventing and treating mental health challenges experienced by younger Americans. The Committee is concerned that some States were notified that they would not be receiving already approved funding due to a new requirement, and urges SAMHSA to not change requirements mid-award cycle. In addition, the Committee supports the Healthy Transitions program, which provides grants to states and tribes to improve access to mental disorder treatment and related support services for young people aged 16 to 25 who either have, or at risk of developing a serious mental health condition.

Primary and Behavioral Health Care Integration.—The Committee includes an increase of $5,000,000 to fund a learning collaborative for interested health care systems on effective integration of nationally certified peer support specialists, with an emphasis on health care systems in alternative payment models.

PTSD in First Responders.—The Committee is aware of research indicating that individuals working in the civilian first responder disciplines of law enforcement, fire services, and emergency medical services are at greater risk for full or partial post-traumatic stress disorder (PTSD) than most other occupations because their responsibilities routinely entail confrontation with traumatic stressors. The Committee encourages SAMHSA to examine PTSD among this population, including prevalence rate, risk factors, symptom presentation, course, comorbidities, and rates of suicidal thoughts and actions.

Suicide Prevention.—The Committee recognizes the rising rate of suicide and notes that family and friends are often in the best position to recognize the warning signs of suicide and to help an at-risk individual get treatment. The Committee urges SAMHSA to develop and disseminate programs to provide specialized training and resources on identifying and responding to people at risk of suicide for families and friends of at-risk individuals. The Committee includes an increase of $5,000,000 for the implementation the Zero Suicide model, a comprehensive, multi-setting approach to suicide prevention in health care systems. The Committee includes an increase of $2,000,000 and recognizes the importance of the Suicide Lifeline to provide rapid access at any time of the day or night

to crisis intervention, and when needed, emergency response. The Committee is concerned by recent data from CDC and the National Survey on Drug Use and Health indicating a significant rise in youth suicide reported over the last decade. The Committee encourages that SAMHSA, in consultation with the U.S. Department of Education, to develop a standard for providing all school-based teachers and nurses with suicide prevention training to treat mental health challenges experienced by younger Americans. In House Report 116–62, the Committee urged SAMHSA to provide specific training programs for Suicide Lifeline counselors to increase competency in serving LGBTQ youth through the utilization of existing specialized resources. The Committee also urged SAMHSA to consider the diversion of calls to specialty partners who are best situated to serve the LGBTQ community. As the Lifeline continues to anticipate higher call volume, both due to mental health stresses caused by COVID–19 and the potential transition to a three digit code, it is now more important than ever that SAMHSA work to implement LGBTQ competency training for counselors and an Integrated Voice Response option for LGBTQ youth callers.

Teacher and Educator Mental Health.—The Committee finds there has been a lack of specific resources designed to address teacher and educator mental health. The Committee finds our educators and teachers need additional resources to address mental health issues that arise due to their work. Educators are dealing with larger classrooms, fewer student resources, challenging social and societal problems, all of which have negative impacts on mental health, job satisfaction, family and home life, and ability to continue to teach effectively.

Tribal Behavioral Grants.—The Committee includes an increase of $2,000,000 to expand efforts to address the high incidence of substance abuse and suicide among American Indian/Alaska Native populations.

Mental Health Block Grant

The Committee includes a total of $757,571,000, an increase of $35,000,000, for the Mental Health Block Grant. The block grant provides funds to States to support mental illness prevention, treatment, and rehabilitation services. Funds are allocated according to a statutory formula among the States that have submitted approved annual plans.

The Committee continues the ten percent set-aside within the Mental Health Block Grant total for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The Committee expects SAMHSA to continue its collaboration with the National Institute of Mental Health to encourage States to use this block grant funding to support programs that demonstrate strong evidence of effectiveness.

Furthermore, the Committee directs a new five percent set-aside of the total for evidence-based crisis care programs addressing the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances. The Committee directs SAMHSA to use the set-aside to fund, at the discretion of eligible States and Territories, some or all of a set of core crisis care elements including: centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based pro-

tocols for delivering services to individuals with suicide risk, and regional or State-wide crisis call centers coordinating in real time.

Health Care Disparities.—The Committee believes that addressing health care disparities experienced by racial and ethnic minorities should be a priority in programs funded by Federal agencies, including programs funded in whole or part by the Community Mental Health Services Block Grant authorized under 42 U.S.C. 300x–1. The Committee directs SAMHSA to require, in the reporting mandated of states receiving the Mental Health Block Grant under 42 U.S.C. 300x–1, that State Mental Health Agencies report on services provided to individuals from racial and ethnic minorities, including the extent to which those services are provided to individuals from racial and ethnic minorities and the outcomes experienced by individuals from racial and ethnic minorities as a result of those services being provided. SAMHSA shall direct that impact and outcomes be reported for racial and ethnic minority adults with serious mental illness and racial and ethnic minority children with serious emotional disturbance in reports of data submitted relating to systems of care, diversions from hospitalization and criminal justice system involvement, treatment for first episode psychosis, reductions in suicide and treatment for suicidal ideation, response through crisis services, and treatment of homeless individuals and individuals residing in rural communities. State Mental Health Agencies shall also report on outreach to, and the hiring of, racial and ethnic minority providers of mental health services.

National Child Traumatic Stress Initiative

The Committee includes $71,887,000 for the National Child Traumatic Stress Initiative. The Committee strongly supports the National Child Traumatic Stress Network for building, evaluating, disseminating, and delivering evidence-based services and best practices, including through universities, hospitals, and front-line providers, to prevent and mitigate the impact of exposure to trauma among children and families. For the new grant cycle, the Committee provides an additional $3,000,000 for awards to promote the collaboration between academic researchers, mental health clinicians, and front-line service providers. Of the total amount, $8,000,000 is designated for the National Center for Child Traumatic Stress coordinating center cooperative agreement. The Committee also directs SAMHSA to ensure that the network maintains its focus on collaboration, data collection, and the provision of direct services and that new grants should not be awarded as training only.

Child Victims of Disaster.—The Committee recognizes the ongoing threat to mental health posed to our nation's children and families as a result of increasing frequency and intensity of natural and manmade technological disasters. Children who experience traumatic stress may struggle with a wide range of childhood developmental capabilities, including social and educational functioning, and are at higher risk of later adverse physical, mental, and behavioral health outcomes if not recognized and addressed at an early stage. For this reason, the Committee strongly encourages that funding for the National Child Traumatic Stress Network be used to address child trauma as a result of natural and technological manmade disasters.

Children's Mental Health

The Committee includes $125,000,000 for the Children's Mental Health program. This program supports grants and technical assistance for community-based services for children and adolescents with serious emotional, behavioral, or mental disorders, and assists States and local jurisdictions in developing integrated systems of community care.

Projects for Assistance in Transition from Homelessness

The Committee includes $64,635,000 for the Projects for Assistance in Transition from Homelessness (PATH) program. The PATH program supports grants to States and territories for assistance to individuals suffering from severe mental illness and/or substance abuse disorders and who are homeless or at imminent risk of becoming homeless. Grants may be used for outreach, screening and diagnostic treatment services, rehabilitation services, community mental health services, alcohol or drug treatment services, training, case management services, supportive and supervisory services in residential settings, and a limited set of housing services.

Protection and Advocacy for Individuals with Mental Illness

The Committee includes $36,146,000 for the Protection and Advocacy for Individuals with Mental Illness program. This program serves to ensure that the rights of mentally ill individuals are protected while they are patients in all public and private facilities or while they are living in the community. Funds are allocated to States according to a formula based on population and relative per capita incomes.

Certified Community Behavioral Health Clinics

The Committee includes $225,000,000, an increase of $25,000,000 to provide grants to continue the improvement of mental disorder treatment, services, and interventions for children and adults, including the use of long-acting injectable medications approved for the treatment of serious mental illness and assistance to those with severe mental health needs who are at risk of recidivism. These mental health centers can provide, but are not limited to, the following services: crisis care, residential treatment, outpatient mental health and primary care services, and community re-entry supports.

In addition, the CARES Act included $250,000,000 to support Certified Community Behavioral Health Clinics.

Certified Community Behavioral Health Clinics Expansion.—The Committee is pleased that the Certified Community Behavioral Health Clinics (CCBHC) program is expanding access to mental health and addiction treatment services and significantly reducing hospital emergency room utilization while assisting local law enforcement agencies nationwide.

Certified Community Behavioral Health Clinics.—The Committee directs SAMHSA to prioritize resources to entities within States that are part of section 223(a) of the Protecting Access to Medicare Act of 2014 (P.L. 113–93) demonstration and to entities within States that were awarded planning grants.

SUBSTANCE ABUSE TREATMENT

Appropriation, fiscal year 2020	$3,837,756,000
Budget request, fiscal year 2021	3,807,756,000
Committee Recommendation	3,847,756,000
Change from enacted level	+10,000,000
Change from budget request	+40,000,000

State Opioid Response Grants

The Committee includes $1,500,000,000 for the State Opioid Response Grants (SOR).

Area Health Education Centers.—The Committee recognizes the effectiveness of Area Health Education Centers (AHEC) statewide networks and commends their interdisciplinary traineeship of health professionals who will treat opioid use disorder (OUD). Given the reach of the AHEC network to 85 percent of all counties in the U.S., including the District of Columbia, SOR grantees may choose to work collaboratively with AHECs for the development and implementation of statewide OUD continuing education, training, and response activities.

State Opioid Response Grants.—The Committee is concerned longstanding guidance to the Department to avoid a significant cliff between States with similar mortality rates was overlooked in the award of fiscal year 2020 funds. For future awards, the Committee directs the Assistant Secretary to award funds to address funding cliffs between States with similar mortality rates.

Substance Abuse Prevention and Treatment Block Grant

The Committee includes a program level of $1,858,079,000 for the Substance Abuse Prevention and Treatment Block Grant provide funding to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. The Committee recognizes the critical role the block grant plays in State systems across the country.

Within the total provided for Programs of Regional and National Significance, the Committee recommends the following amounts:

Budget Activity	FY 2021 Committee
Capacity:	
Opioid Treatment Programs and Regulatory Activities	$8,724,000
Screening, Brief Intervention, Referral to Treatment	30,000,000
PHS Evaluation Funds	*2,000,000*
Targeted Capacity Expansion-General	102,192,000
Medication-Assisted Treatment	*91,000,000*
Tribal Set-aside	*12,000,000*
Grants to Prevent Prescription Drug/Opioid Overdose	12,000,000
First Responder Training	41,000,000
Rural Focus	*23,000,000*
Pregnant and Postpartum Women	31,931,000
Recovery Community Services Program	2,434,000
Children and Families	29,605,000
Treatment Systems for Homeless	36,386,000
Minority AIDS	65,570,000
Criminal Justice Activities	89,000,000
Drug Courts	*70,000,000*
Improving Access to Overdose Treatment	1,000,000
Building Communities of Recovery	10,000,000
Peer Support Technical Assistance Center	1,000,000
Emergency Department Alternatives to Opioids	5,000,000
Treatment, Recovery, and Workforce Support	4,000,000

Budget Activity	FY 2021 Committee
Opioid Response Grants	3,000,000
Science and Service:	
Addiction Technology Transfer Centers	9,046,000
Minority Fellowship Program	5,789,000

Building Communities of Recovery.—The Committee includes an increase of $2,000,000 for enhanced long-term recovery support principally governed by people in recovery from substance use disorders. Such support reflects the community being served and encourages the role of recovery coaches. SAMHSA is encouraged to ensure that grants employing peers comply with the highest standards within their respective States.

Criminal Justice Activities.—The Committee provides $89,000,000 for the Criminal Justice Activities program. Of this amount, the Committee directs that not less than $70,000,000 will be used exclusively for Drug Court activities. The Committee continues to direct SAMHSA to ensure that all funding appropriated for Drug Treatment Courts is allocated to serve people diagnosed with a substance use disorder as their primary condition. The Committee directs SAMHSA to ensure that all drug treatment court grant recipients work directly with the corresponding State substance abuse agency in the planning, implementation, and evaluation of the grant. The Committee further directs SAMHSA to expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented.

Emphasis on Comprehensive Services.—In recent fiscal years, the Committee has provided historic resources to combat the opioid epidemic, with a particular focus on expanding access to treatment, and treating and preventing comorbidities that can be associated with injection drug use. At the Committee's urging, the Department has rightfully prioritized efforts that increase access to treatment and recovery services. For all programs not focused exclusively on prevention of substance abuse, the Committee directs the Department to continue its emphasis on evidence-based medical interventions, and to ensure that all such interventions, including programs that focus on harm reduction, provide referral to treatment and recovery services.

Grants to Prevent Prescription Drug/Opioid Overdose and First Responder Training.—The Committee notes strong concerns about the increasing number of unintentional overdose deaths attributable to prescription and nonprescription opioids. SAMHSA is urged to take steps to encourage and support the use of Substance Abuse and Prevention Block Grant funds for opioid safety education and training, including initiatives that improve access for licensed healthcare professionals, including paramedics, to emergency devices used to rapidly reverse the effects of opioid overdoses. Such initiatives should incorporate robust evidence-based intervention training and facilitate linkage to treatment and recovery services.

Minority Fellowship Program.—The Committee includes an increase of $1,000,000 in order to improve prevention, wellness, and treatment across the lifespan. As Congress seeks to better address substance abuse and mental health disorders across all popu-

lations, the Committee recognizes the critical importance of supporting a diverse behavioral health workforce and its effectiveness in addressing substance use disorders and mental health issues impacting minority and underserved populations.

Opioid Response Grants.—The Committee includes $3,000,000 for supplemental grants to States whose award from the State Opioid Response formula grant declined by more than 40 percent in fiscal year 2020 in comparison to fiscal year 2019. The Committee directs SAMHSA to allocate the funds to eligible States within 30 days of enactment of this Act.

Pregnant and Postpartum Women.—The Committee recognizes SAMHSA for its work managing the Pregnant and Postpartum Women program which utilizes a family-centered approach to provide comprehensive residential substance use disorder treatment services for pregnant and postpartum women, their minor children and for other family members. A provision in the Comprehensive Addiction and Recovery Act (CARA) authorized SAMHSA to allocate a portion of these resources for a pilot program to State alcohol and drug agencies to support outpatient, intensive outpatient and related services in a family-centered approach. The Committee encourages SAMHSA to fund an additional cohort of States above and beyond those pilots already funded.

Screening, Brief Intervention, and Referral to Treatment.— The Committee understands that substance use disorders, including opioid use, typically begin in adolescence, and that preventing underage drinking and other early substance use is a cost-effective strategy in preventing costly problems later in life. The Committee is also aware that Screening, Brief Intervention and Referral to Treatment (SBIRT) has been shown to be a cost-effective model for reducing and preventing underage drinking and other substance abuse, but that many health providers, especially pediatricians, have not been trained to use the method effectively. Therefore, the Committee directs $2,000,000 for implementing grants to pediatric health care providers in accordance with the specifications outlined in Section 9016 of P.L. 114–255, Sober Truth in Preventing Underage Drinking Reauthorization. Training grants should focus on screening for underage drinking, opioid use, and other drug use, and be managed by CSAT within the existing SBIRT program.

Targeted Capacity Expansion.—The Committee includes an increase of $2,000,000 for grants to Indian tribes, tribal organizations, or consortia. The Center for Substance Abuse Treatment is directed to include as an allowable use medication-assisted treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids and heroin and prioritize treatment regimens that are less susceptible to diversion for illicit purposes.

Center for Substance Abuse Treatment

Family Support Services for Addiction.—The Committee recognizes the devastating impact the opioid epidemic has had on communities across the country. The Committee is also aware of the impact nonprofit family community organizations have had in providing support for families of individuals struggling with substance use disorder, as well as their ability to mobilize resources within and outside of communities to provide a support network and peer to peer education. As many resources have been disbursed to state

and local agencies, the Committee urges SAMHSA, in accordance with the Public Health Service Act, to ensure these family community organizations also have access to these funds to develop, expand, and enhance their services for families of those struggling with substance use disorder.

High Risk of Homelessness.—The Committee encourages the prioritization of developing evidence-based programs and treatments specifically tailored for those with alcohol, illicit drugs, and prescription medications abuse and that are at high risk of becoming homeless. The science should inform local, state, and federal public health officials on successful treatment actions with low rates of recidivism.

Medication-Supported Therapy.—The Committee is concerned that relapse following opioid detoxification is a contributing factor to the overdose crisis. The Committee appreciates SAMHSA's efforts to address this within the federal grant population by emphasizing that opioid detoxification should be followed by medication to prevent relapse to opioid dependence and encourages SAMHSA to disseminate and implement this policy in all settings where detoxification is offered, including rehabilitation and criminal justice settings.

Neonatal Abstinence Syndrome.—The Committee recognizes the increase in maternal substance abuse and Neonatal Abstinence Syndrome (NAS) and the health care costs associated with it. The Committee is aware of the need for more information regarding long-term health and developmental outcomes related to NAS, the wide variation in clinical practice and health systems support, as well as the challenges associated with post-discharge care. The Committee is aware of existing pilot programs that have effectively addressed the maternal and neonatal health needs of this population while lowering medical costs.

Overdose Cases.—The Committee is concerned that the rise in opioid overdoses among African American communities, especially urban cities, is not reflected enough in data summarizing opioid-related deaths and overdoses. The Committee is aware of the growing demographic changes of opioid deaths and encourages efforts to reverse this trend.

Overdose Deaths Involving Stimulants.—The Committee recognizes an increase in the rate of drug overdose deaths involving stimulants, including methamphetamine. The Committee is aware of proven existing pilot programs that have developed policies for effective drug prevention, treatment, and harm reduction. SAMHSA is encouraged to determine if such programs can be scaled to address this important issue.

Point of Use Testing.—The Committee encourages SAMHSA to allow eligible grantees to purchase and distribute point of use fentanyl testing strips and other testing methods in community settings.

Prescription Opioids.—The encourages SAMHSA, as part of its opioid prevention efforts, to provide clinicians with resources to adopt protocols to reduce the number of opioids prescribed to treat acute and urgent pain in this country.

SUBSTANCE ABUSE PREVENTION

Appropriation, fiscal year 2020	$206,469,000
Budget request, fiscal year 2020	96,985,000
Committee Recommendation	209,469,000
Change from enacted level	+3,000,000
Change from budget request	+112,484,000

Within the total provided for Programs of Regional and National Significance, the Committee provides the following amounts:

Budget Activity	FY 2021 Committee
Capacity:	
Strategic Prevention Framework	$119,484,000
Strategic Prevention Framework Rx	*10,000,000*
Federal Drug-Free Workplace	4,894,000
Minority AIDS Initiative	41,205,000
Sober Truth on Preventing Underage Drinking	10,000,000
National Adult-Oriented Media Public Service Campaign	*2,000,000*
Community Based Coalition Enhancement Grants	*7,000,000*
Interagency Coordinating Committee to Prevent Underage Drinking	*1,000,000*
Tribal Behavioral Health Grants	22,000,000
Science and Service:	
Center for the Application of Prevention Technologies	7,493,000
Science and Service Program Coordination	4,072,000
Minority Fellowship Program	321,000

Sober Truth on Preventing Underage Drinking Act (STOP Act).—The Committee includes an increase of $1,000,000 for the public health service campaign to strengthen efforts to reduce and prevent underage drinking.

Tribal Behavioral Grants.—The Committee includes an increase of $2,000,000 to expand efforts to address the high incidence of substance abuse and suicide among American Indian/Alaska Native populations.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Appropriation, fiscal year 2020	$160,258,000
Budget request, fiscal year 2021	139,457,000
Committee Recommendation	160,258,000
Change from enacted level	– – –
Change from budget request	+20,801,000

The Committee provides the following amounts for Health Surveillance and Program Support:

Budget Activity	FY 2021 Committee
Health Surveillance	$47,258,000
PHS Evaluation Funds	*30,428,000*
Program Support	79,000,000
Public Awareness and Support	13,000,000
Performance and Quality Information Systems	10,000,000
Drug Abuse Warning Network	10,000,000
Behavioral Health Workforce	1,000,000
PHS Evaluation Funds	*1,000,000*

Clinical Training.—The Committee recognizes the importance of clinical training experiences as a means of mitigating stigma towards patients with substance use disorders and encouraging students to specialize in behavioral health following graduation. The Committee directs SAMHSA to examine methods of facilitating in-

creased clinical training opportunities for physician assistant and other graduate level health professions students, including through Certified Community Behavioral Health Clinics and the agency's other existing grant opportunities.

Collaboration with HUD.—In the Fiscal Year 2020 Transportation, and Housing and Urban Development Report 116–106, the Committee directed the Department of Housing and Urban Development to conduct a feasibility study with SAMHSA to understand how Section 8 vouchers could provide housing opportunities to those who seek SAMHSA supported services. The Committee is concerned over the slow effort to engage on this request. The Committee expects this effort to proceed expeditiously and expects an update within 30 days of enactment of this Act.

Data on Drug and Substance Abuse in the U.S. Territories.—The Committee is concerned about the limited availability of data regarding drug and substance abuse in Puerto Rico and the rest of the U.S. territories. In particular, the Committee is concerned that the National Survey on Drug Use and Health (NSDUH) does not include statistics from these jurisdictions. The Committee encourages SAMHSA to take all reasonable steps to include Puerto Rico and the rest of the territories in the NSDUH, in the same manner that data is collected and published for the 50 States and the District of Columbia.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

HEALTHCARE RESEARCH AND QUALITY

Appropriation, fiscal year 2020	$338,000,000
Budget request, fiscal year 2021	– – –
Committee Recommendation	343,000,000
Change from enacted level	+5,000,000
Change from budget request	+343,000,000

The Committee includes $343,000,000 in program level funding for the Agency for Healthcare Research and Quality (AHRQ). The total includes $143,091,000 in discretionary budget authority and $199,909,000 in PHS Act section 241 evaluation set-aside transfers.

AHRQ's mission is to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work within HHS and with other partners to make sure that the evidence is understood and used. AHRQ conducts, supports, and disseminates scientific and policy-relevant research on topics such as promoting high-quality care, eliminating healthcare disparities, using information technology, and evaluating the effectiveness of clinical services.

Within the total for AHRQ, the House includes the following amounts:

Budget Activity	FY 2021 Committee
Prevention/Care Management	11,649,000
Health Information Technology (IT)	16,500,000
Patient Safety Research	74,276,000
Health Services Research, Data, and Dissemination	97,484,000
Medical Expenditure Panel Survey	71,791,000
Program Management	71,300,000

Antimicrobial Resistance.—The Committee continues to provide no less than $10,000,000 for combating antibiotic-resistant bacteria.

Cardiovascular Clinical Outcomes.—Heart disease is the leading cause of death for Americans. Understanding how to reduce the rate of cardiac events and to control the metabolic processes that lead to such events is needed. The Committee encourages AHRQ to conduct a study that assesses the current evidence for lipid control and cardiovascular event reduction and quality measures for the improvement of clinical outcomes (e.g. coronary heart disease death, myocardial infarction, ischemic stroke, or urgent coronary revascularization procedure) and to report findings back to the Committee no later than 180 days after the enactment of this Act. AHRQ is also encouraged to develop and disseminate education resources and materials about improving cardiovascular clinical outcomes.

Center for Primary Care Research.—The Committee encourages AHRQ to consider establishing a Center for Primary Care Research to support clinical primary care research. The areas of focus could include strategies to improve primary care delivery, including through the use of clinical pharmacists and interprofessional; team based care; advancing the development of primary care researchers; expanding research on persons with multiple co-morbid conditions; and improving primary care in rural and underserved areas, especially in remote and non-contiguous States.

Infectious Disease Research.—The Committee encourages AHRQ to fund diagnostics outcomes studies for infectious diseases, including those assessing patient outcomes, lengths of stay, changes in antibiotic use, rates of antibiotic use for certain patient populations, and costs of care. The Committee encourages AHRQ to develop metrics to measure and track the effectiveness and outcomes of diagnostic interventions to improve clinical uptake, enhance stewardship efforts, and reduce the healthcare and economic burden of antimicrobial resistance in the U.S. as recommended by the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria.

Minimizing Racial Bias in Health Technology.—The Committee is concerned that recent studies have demonstrated health technologies exacerbated inequitable delivery of health services. Accordingly, the Committee encourages ARHQ to examine how racism and bias is built into algorithms, machine learning, and clinical decision support tools that impact patient outcomes and lead to disparities. The Committee requests a report within 120 days of the date of enactment of this Act from ARHQ that covers the extent of such bias in public health systems, as well as best practices health systems and public health stakeholders can take to address and minimize these biases in the use of algorithms, machine learning, and clinical decision support tools.

Partners Enabling Diagnostic Excellence.—Within the Patient Safety portfolio, the Committee includes no less than $3,000,000, an increase of $1,000,000 above the fiscal year 2020 enacted level, to support improving diagnosis in medicine. The Committee encourages AHRQ to include a multiyear competitive grant program to address diagnostic errors, which may include the establishment of Research Centers of Diagnostic Excellence to develop systems,

measures, and new technology solutions to improve diagnostic safety and quality.

Prenatal Care for Pregnant Individuals.—The Committee recognizes the Department's ongoing efforts to address the pressing public health issue of rising maternal mortality. Research shows prenatal care is a critical component of preventative care for pregnant individuals. The Committee includes no less than $500,000 for research that examines the potential cost-savings to the public health system of providing a special enrollment period for pregnant individuals, as well as the impact of a special enrollment period on the private insurance market.

Kratom.—The Committee notes that little research has been done to date on natural products that are used by many to treat pain in place of opioids. These natural plants and substances include kratom and cannabidiol (CBD). Given the wide availability and increased use of these substances, it is imperative to know more about potential risks or benefits, and whether or not they can have a role in finding new and effective non-opioid methods to treat pain. The Committee recommends $1,000,000 for this research, an increase of $500,000 above the fiscal year 2020 enacted level, and encourages AHRQ to make center-based grants to address research which will lead to clinical trials in geographic regions which are among the hardest hit by the opioid crisis.

Trafficking Awareness Training for Health Care.—The Committee encourages AHRQ to support activities authorized in the Trafficking Awareness Training for Health Care Act, including a pilot program for the creation, distribution, and evaluation of best practices for medical professionals to identify and respond to victims of human trafficking.

CENTERS FOR MEDICARE & MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

Appropriation, fiscal year 2020	$273,188,478,000
Budget request, fiscal year 2021	313,904,099,000
Committee Recommendation	313,904,099,000
Change from enacted level	+40,715,621,000
Change from budget request	– – –

Medicaid provides health coverage to eligible populations, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Medicaid is administered by States, according to Federal requirements. The program is funded jointly by States and the Federal government.

This amount does not include $139,903,075,000, which was provided as advance funding for the first quarter of fiscal year 2021. In addition, the Committee recommends an advance appropriation of $148,732,315,000 for program costs in the first quarter of fiscal year 2022.

The Committee continues bill language providing indefinite budget authority for unanticipated costs in fiscal year 2021. Federal Medicaid grants reimburse States for a portion of their expenditures in providing health care for individuals whose income and resources fall below specified levels. Subject to certain minimum requirements, States are provided certain limited authority within the law to set eligibility, coverage, and payment levels.

PAYMENTS TO THE HEALTH CARE TRUST FUNDS

Appropriation, fiscal year 2020	$410,796,100,000
Budget request, fiscal year 2021	439,514,000,000
Committee Recommendation	439,514,000,000
Change from enacted level	+28,717,900,000
Change from budget request	– – –

This account includes the general fund subsidy to the Federal Supplementary Medical Insurance Trust Fund for Medicare Part B benefits, and Medicare drug benefits and administration, as well as other reimbursements to the Federal Hospital Insurance Trust Fund for benefits and related to administrative costs, which have not been financed by payroll taxes or premium contributions. The Committee continues bill language providing indefinite authority to pay the general revenue portion of the Medicare Part B premium match and providing resources for the Medicare Part D drug benefit program in the event that the annual appropriation is insufficient.

PROGRAM MANAGEMENT

Appropriation, fiscal year 2020	$3,669,744,000
Budget request, fiscal year 2021	3,693,548,000
Committee Recommendation	3,984,744,000
Change from enacted level	+315,000,000
Change from budget request	+291,196,000

Research, Demonstration, and Evaluation

The Committee includes $20,054,000 for Research, Demonstration, and Evaluation, which is the same as the fiscal year 2020 enacted level and $20,054,000 more than the fiscal year 2021 budget request.

Program Operations

The Committee includes $2,824,823,000 for Program Operations, which is $305,000,000 more than the fiscal year 2020 enacted level and $346,000,000 more than the fiscal year 2020 budget request. This office administers the programs under the Centers for Medicare & Medicaid Services (CMS), funds beneficiary outreach and education, maintains information technology infrastructure needed to support various claims processing systems, and supports other programmatic improvements.

In addition, the CARES Act (P.L. 116–136) included $200,000,000 for CMS activities, including not less than $100,000,000 for the survey and certification program, prioritizing nursing home facilities in localities with community transmission of coronavirus.

Access to Rare Disease Treatments.—The Committee understands that 1 in 10 Americans is impacted by a rare disease and that the Orphan Drug Act incentivizes the discovery of diagnostics and treatments that confirm prognosis, prolong life, and realize health system savings. Despite progress, treatments exist for only five percent of rare diseases. The Committee urges CMS to support access to biologic and gene therapies to address rare diseases.

Addressing Obesity and Related Comorbidities.—The Committee encourages CMS to provide access to the full continuum of care for obesity, including access to FDA-approved anti-obesity medications under Medicare Part D, if determined as clinically appropriate by

the patient's physician, consistent with CMS's approach to pharmacotherapy agents used for weight gain to treat AIDS wasting and cachexia.

Advanced Primary Care Model.—The Committee encourages CMS to utilize data garnered from CMMI models in which pharmacists manage chronic diseases and medications and play an important role in comprehensive medication management and transitions of care. The Committee recommends CMS test a model that incentivizes pharmacist involvement across relevant Medicare service lines, including in value-based models such as the Comprehensive Primary Care Plus (CPC+) primary care model. This advanced primary care model integrates pharmacists as part of the care team to provide medication management services, that include evaluating medication regimens, providing medication self-management support for patients to help them adhere to their prescribed therapies, and promoting clinically-sound, cost-effective medication therapies.

Adverse Childhood Experiences.—The Committee is aware that childhood trauma and toxic stress have been linked to negative health outcomes through adulthood, including higher rates of diabetes, stroke, depression, lapses in cognitive abilities, and developmental delays, suicide, and substance misuse, among others. Low-income children are particularly vulnerable to the impacts of adverse childhood experiences (ACEs). The Committee directs CMS to work with the National Child Traumatic Stress Network and CDC to provide a report no later than one year after the enactment of this act that evaluates how Medicaid could be leveraged to screen, diagnose, and provide evidence-based interventions to children ages 0–21 suffering from adverse childhood experiences.

Ambulatory Surgical Centers.—The Committee requests CMS submit a report within 180 days of enactment of this Act on the migration of procedures to ambulatory surgical centers (ASCs). The report should evaluate volume changes in hospital outpatient departments and ASCs for procedures that have been added to the ambulatory surgical center payable list since 2008.

Annual Wellness Exam.—The Committee understands that many Medicare beneficiaries are not utilizing the Annual Wellness Exam benefit and urges CMS to continue outreach to providers to emphasize the value of this service and to better understand barriers to higher participation.

Biosimilar Utilization.—The Committee is concerned about the underutilization of lower cost biosimilars, particularly those in Medicare Part B, and encourages CMS to support development and implementation of new policies that may help increase biosimilar uptake when clinically appropriate, such as reducing patient co-pays or other mechanisms.

Blue Button.—The Committee is concerned about low beneficiary participation rates in the Blue Button program due to their lack of awareness about Blue Button, how to access it, and how to use it. The Committee directs CMS to submit a report within 90 days of enactment of this Act on the active participant levels in Blue Button since its inception and detailed information about what the agency is doing to promote participation in this program and educate beneficiaries about its benefits.

Breakthrough Pathway.—The Committee notes that FDA's accelerated approval pathways, like the Breakthrough pathway, play an important role in expediting review of products that address significant unmet need and have compelling clinical data. After FDA approval, however, patients are often still unable to access these therapies if the disease does not yet have an appropriate ICD–10 diagnosis code. To ensure timely access to Breakthrough products, the Committee urges CMS to use its existing authority to review ICD–10 CM codes in an expedited manner.

Breast Prosthetics.—The Committee is encouraged by the deployment of new technologies related to prosthesis. The Committee urges CMS to ensure Medicare recipients recovering from breast cancer are given the opportunity, under the care of a medical professional, to select custom breast prosthetics.

Chief Dental Officer.—The Committee is concerned that the Chief Dental Officer position at CMS has been vacant since October 2017, leaving a significant gap of clinical oral health expertise within CMS. Medicaid provides oral health services to millions of people across the country, including vulnerable populations such as children, pregnant women, and disabled adults. A licensed dentist clinician is an invaluable resource to CMS's growing oral health strategy to expand access to care. The Committee urges CMS to move forward with filling this vacancy.

CMMI Strong Start Initiative.—The Committee continues to be concerned that the U.S. spends significantly more per capita on childbirth than any other industrialized nation—with costs estimated over $50 billion annually—but continues to rank behind almost all other developed countries in birth outcomes for both mothers and babies, including high rates of preterm birth, low birth weight, and high maternal and infant mortality. The Committee is aware that the CMMI Strong Start Initiative, as well as other research studies, have shown that models of care utilizing Certified Nurse Midwives, birth centers and licensed doulas are associated with higher patient satisfaction and improved outcomes for mothers and infants. The Committee looks forward to the report, requested in House Report 116–62, that would build on the CMMI Strong Start Initiative to develop a proposal for CMS to increase access to birth centers and midwives in all state Medicaid programs, and incentivize this model of care for low-risk women.

Comprehensive Dental Care.—The Committee notes that States have flexibility to determine dental benefits for adult Medicaid enrollees and, while most states provide at least emergency dental services for adults, less than half of States currently provide comprehensive dental care. The Committee urges CMS to study the benefit of comprehensive dental coverage for adults and submit recommendations to Congress within 180 days of the date of enactment of this Act regarding policies to increase coverage of, and access to, comprehensive dental benefits for adults in State Medicaid programs.

Co-Prescribing of Overdose Reversal Drugs.—The Committee encourages CMS to issue policy guidance to any State that receives federal Medicaid funds to refer to the CDC Guidelines for the co-prescribing of overdose reversal drugs for all individuals who are at risk of overdose, as defined by the CDC Opioid Prescribing Guidelines.

Coverage for Naloxone.—The Committee encourages CMS to issue policy guidance to any State that receives federal Medicaid funds to provide coverage for naloxone currently available as a nasal spray, an auto-injector, or both, if approved by the FDA for community use.

Critical Access Hospitals.—The Committee supports the unique role played by critical access hospitals (CAH) in rural areas and supports policy considerations that incorporate the important role played by CAHs.

Critical Access Hospitals.—Mental and Behavioral Health.—The Committee requests the GAO conduct a review of the cost of emergency mental and behavioral health services provided at Critical Access Hospitals (CAHs), including an analysis of potential cost-savings if CAHs expanded access to preventive mental health services and opioid use disorder treatment in rural areas and currently underserved areas.

Diabetes.—Diabetes remains a growing disease area which costs roughly $327 billion dollars to the U.S. healthcare system annually. Individuals living with diabetes very often have a multitude of chronic conditions, including cardiovascular disease. In recent years, a specific class of diabetes medications known as sodium-glucose transport protein 2 inhibitors (SGLT2) have acquired clinical data that illustrates a significant decline in cardiovascular risk and mortality. As a result, existing American Diabetes Association guidelines as well as the American College of Cardiology recommend SGLT2 inhibitors as the most clinically appropriate first line branded option. The Committee supports robust evaluation of policy options to address the prevalence of diabetes.

Diabetes Technologies.—The Committee is concerned about access to new technologies to treat diabetes. The Committee requests a report within 120 days of enactment of this Act outlining coverage and payment policies for new technologies for individuals with diabetes, including hybrid-closed loop technologies.

Diabetic Retinopathy.—The Committee notes that diabetic retinopathy remains a major national health challenge. According to the National Eye Institute, early detection and treatment of diabetic retinopathy can reduce the risk of blindness by 95 percent. The Committee urges CMS to update its policy to promote earlier diagnosis of diabetic retinopathy.

Direct and Indirect Remuneration Penalties.—The Committee is concerned that direct and indirect remuneration penalties (DIR penalties) have skyrocketed by 1600% in the last five years, totaling $8.5 billion since 2013.These fees are often imposed as clawbacks, recouped months—even a year—after a drug is dispensed. DIR penalties are ostensibly based on metrics designed for health plans, but these metrics often don't apply to pharmacies or are set at unattainable thresholds. In short, these excessive DIR penalties pose an existential threat to many independent and specialty pharmacies. The Committee directs CMS to review the amount of DIR penalties collected from pharmacies in Medicare Part D networks and assess the impact of these penalties on independent and specialty pharmacies—including the impact on 340B safety net providers like Ryan White clinics and Federally Qualified Health Centers. The Committee requests a report on the results of this review within 180 days of enactment of this Act.

Disproportionate Share Hospitals.—The Committee instructs CMS to compile publicly available information on hospitals that receive payments under Medicaid as disproportionate share hospitals. Such information shall include the Medicaid inpatient utilization rate and low-income utilization rate. Within each category, CMS should further identify such hospitals by rural or urban status; number of beds, and; status as a major teaching hospital.

Drug Quality.—The Committee is deeply concerned about the discovery of dangerous levels of carcinogens in frequently prescribed medications, including angiotensin II receptor blockers (ARBs) like losartan and valsartan, ranitidine, and metformin. As two of the country's largest payers for prescription medication, Medicare and Medicaid have a responsibility to help ensure the safety and quality of prescribed therapies. The Committee requests a report within 180 days of enactment on the amount of money that the Medicare and Medicaid programs spent on medication in the previous three fiscal years that was subsequently recalled by manufacturers due to the detection of contaminants (including NDMA), adverse event reports, and sterility concerns.

Enhancing Tools to Detect Cognitive Impairment.—The Committee remains concerned about the underutilization of the cognitive impairment detection component of the Medicare Annual Wellness Visit and is aware of multiple efforts to address this challenge. To support this effort, the Committee directs CMS to update educational materials for Medicare beneficiaries as to the availability of this benefit and the importance of regular assessments of cognitive health, including the value of establishing cognitive health baselines. The Committee also directs CMS to develop similarly updated materials for healthcare providers including information on the importance of baseline and regular assessments as well as tools available to conduct such assessments.

Evaluation and Management Services.—The Committee applauds CMS for finalizing significant changes to outpatient evaluation and management (E/M) services in the Calendar Year 2020 Medicare Physician Fee Schedule (MPFS) scheduled to take effect January 1, 2021. This policy represents important first steps toward improving the documentation and valuation of these services and the Committee is eager to see if these changes begin to address workforce shortages in a number of cognitive physician specialties that affect Medicare beneficiaries' access to care. Despite revisions to the outpatient E/M codes, the Committee is concerned that their valuation still does not accurately reflect the resources required to deliver them and will therefore be insufficient to sustain the workforce in many cognitive specialties.

Extravasations.—The Committee is aware of evidence demonstrating the prevalence of extravasations in nuclear medicine procedures. Extravasations of diagnostic radiopharmaceuticals negatively affect the sensitivity and quantification of nuclear medicine scans and can affect disease staging and treatment assessment, result in unnecessary invasive procedures and additional radiation exposure, and lead to higher costs for patients and payers. The Committee is pleased CMS is engaging with outside stakeholders to consider using a variety of levers to encourage providers to engage in nuclear medicine injection quality control and assurance.

The Committee requests an update on this issue in the fiscal year 2022 Congressional Budget Justification.

Financial Impacts of Rulemaking.—The Committee urges CMS to evaluate the financial impacts on rural hospitals and Critical Access Hospitals in all rulemaking relating to payment rates, including all pending rules relating to CMS's outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system.

Fire Safety and Health Care Facilities.—The Committee is concerned that CMS does not adopt on a regular basis the most recent edition of the National Fire Protection Association's Life Safety Code (NFPA 101), which by reference includes the Health Care Facilities Code (NFPA 99). The NFPA code is updated every three years to ensure the latest advances in safety and technology are incorporated into the code. In July of 2016, CMS adopted the 2012 Life Safety Code. The most current revision is 2018. Thus far CMS has not expressed a timeframe to adopt the 2018 revision and is currently working from a code that was established by NFPA over seven years ago. The Committee is aware that CMS previously permitted the use of "categorical waivers," including allowances for healthcare organizations to comply with specific sections of the 2012 Life Safety Code before the entire code document was adopted. Critically, these "categorical waivers" did not require a healthcare organization to make a formal request to CMS to utilize these waivers, nor did they need to wait until being cited for a deficiency. Instead, a healthcare organization could proactively document its election to use one of the available waivers. The Committee urges CMS to reinstate the "categorical waivers" it previously permitted in order to ensure hospitals have access to products that provide the highest level of safety to their facilities, employees, and patients.

GAO Report on Anesthesia Services.—The Committee recognizes the important and unique role of anesthesia services and the lack of data on payment rates across markets. The Committee looks forward to the report requested under this heading in House Report 116–62.

Geographic Practice Cost Index.—The Committee encourages CMS to create a more transparent process for the development of Geographic Practice Cost Index so that the various inputs can be better understood.

Health Data Dashboard.—In order to improve health outcomes of Medicaid beneficiaries and improve efficiency of Medicaid payment models, the Committee encourages CMS, in coordination with CDC, to establish a pilot program to facilitate the integration of population health and social and economic determinants of health into a health care data platform. Such a platform should be able to create perfomiance indicators for State Medicaid programs.

Health Inequalities.—The Committee recognizes the importance of understanding and addressing the needs of health inequalities amongst minority populations. To ensure these populations are better served by programs and offices within HHS, the Committee directs the Secretary to maintain the collection of data pertaining to health inequalities, as defined by Healthy People 2020, on surveys administered with funding from this Act.

Home Health Payment Systems.—The Committee urges CMS to avoid home health payment systems that would risk patient access to home health providers in rural areas. The Committee requests a report within 90 days of enactment of this Act regarding the impact of implementation of home health payment systems on the delivery of home health services.

Homelessness.—The Committee recognizes that homelessness can unnecessarily drive up Medicaid costs through excessive use of emergency room care, and that providing housing and resident services to this population can reduce such costs. The Committee directs HHS to report on the extent and types of waivers that exist to allow Medicaid funds to be used for affordable housing and resident services, in order to reduce Medicaid costs for families and individuals with disproportionate levels of health care expenditures. Such report shall include any efforts HHS has made or plans to make that would encourage such use through guidance to states or use of demonstration projects.

Hospital Acquired Conditions.—The Committee continues its desire for CMS to take action to prevent hospital-acquired pressure ulcers and pressure injuries (HAPUIs) that impact about 2.5 million patients each year and kill more than 60,000 hospital patients per year. Most HAPUIs are preventable with the application of evidence-based protocols. In November 2019, the International Pressure Injury Prevention and Treatment Clinical Practice Guidelines were released, which includes the Standardized Pressure Injury Prevention Protocol (SPIPP), a checklist that simplifies the guidelines into actionable steps. The Committee expects CMS to take specific steps to promote and incentivize the use of the SPIPP, especially in hospitals that care for Medicare patients. The Committee requests an update in the fiscal year 2022 Budget Request with a timeline and steps taken and planned to promote the use of the SPIPP to reduce the number of HAPUI's among Medicare beneficiaries.

Hospitals in the U.S. Virgin Islands.—The Committee is concerned that Medicare payments for hospitals in the United States Virgin Islands are calculated using out-of-date payment data and formulas under the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA). The two hospitals in the United States Virgin Islands are reimbursed based on 1982 and 1996 costs, respectively. As a result, patients are forced to travel outside the territory for necessary services, including total joint replacements and chemotherapy, often at great expense and personal hardship. The Committee encourages CMS to update the TEFRA base period for these hospitals to more accurately reflect current conditions and costs.

Hospital Outpatient Prospective Payment.—The Committee directs CMS to comply with the Federal Court ruling issued on October 21, 2019 (Civil Action No. 18–2841–RMC, Document 38) ordering CMS to reverse payment cuts outlined in the 2018 Rule titled "Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs" (84–FR–53603) and provide backpay to hospitals within 30 days of enactment of this Act for reimbursements paid out during the time that this rule was in effect. CMS is directed to submit an update to the Committee within 30 days of enactment of this

Act on the status of compliance with this Federal court ruling and the status of backpay.

Intravenous Immunoglobulin.—The Committee is aware of an ongoing demonstration program evaluating a bundled payment covering items and services needed to administer intravenous immunoglobulin (IVIG) in the home to beneficiaries with primary immunodeficiency diseases (PI), which is currently set to expire December 31, 2020. The Committee notes that beneficiaries enrolled in the demonstration may face a gap in these services between the expiration of the demonstration program including future extensions and the implementation of updated payment models based on report findings. The Committee encourages CMS to conduct an interim evaluation of the current project to be completed prior to the end of the project to accelerate evidence generation and remove any potential gap in services.

Limited Wraparound Coverage.—The Committee is deeply concerned that the Administration did not extend the limited wraparound coverage pilot program or make the program permanent. This failure has caused significant uncertainty for patients who depended on this program for several years. The Committee directs CMS to submit a report within 90 days of enactment of this Act outlining a plan to ensure that participants impacted by the expiration of the pilot program will receive benefits equivalent to those of the limited wraparound coverage program. This report should include an analysis of the outcomes of the pilot program and an explanation for CMS's decision not to extend it.

Liquid Oxygen.—The Committee notes with continued concern beneficiary problems in accessing liquid oxygen. The Committee directs CMS to report within 60 days of enactment of this Act on current access to liquid oxygen, including data on recent trends in liquid oxygen use during the period 2010 2019 by Medicare beneficiaries, and to work with stakeholders to implement appropriate monitoring plans to ensure continued access to all appropriate oxygen therapy when the competitive bidding program resumes in 2021.

Malnutrition and Seniors.—Malnutrition in older adults remains a serious health problem in the United States. In particular, cancer and cancer care increase the risk of malnutrition, and older patients with cancer are one of the patient populations most underdiagnosed with malnutrition. However, CMS has still not included malnutrition quality measurements in the hospital Inpatient Quality Reporting Program (IQRP). The Committee remains concerned that, by failing to include such measures, the U.S. health care system is not taking advantage of the clinical and financial benefits of quality malnutrition care. The Committee again strongly urges CMS to include malnutrition quality measurements in the hospital IQRP as well as evaluate other potential policy levers, such as integrating malnutrition into CMS Innovation Center Pilots, Advanced Payment Models, Population Health Initiatives, and the Oncology Care Model, to address malnutrition in the Medicare population.

Measuring Incidence and Prevalence of Mild Cognitive Impairment and Alzheimer's Disease.—The Committee remains interested in better understanding the impact of Mild Cognitive Impairment (MCI), Alzheimer's disease, and other related dementias on Medicare beneficiaries to ensure the Medicare program is able to ad-

dress current and future needs. To gather such information, the Committee directs CMS to develop and incorporate within the Medicare Current Beneficiary Survey a module of questions pertaining to MCI, Alzheimer's disease, and other related dementias including if beneficiaries have received a diagnosis of either condition and how long it took for them to receive such a diagnosis; if their providers have used the cognitive detection component of the Annual Wellness Visit; and if the beneficiaries have been advised about Alzheimer's and dementia care planning services that are covered under Medicare.

Medicaid Dental Audits.—The Committee raised concerns in House Report 116–62 that failure to use professional guidelines or established state Medicaid manual parameters in the auditing process can result in inaccurate and unreasonable Medicaid dental audits, negatively impacting dentist participation in the program and patient access to care. While State Medicaid agencies (SMA) have significant responsibility in managing provider audits, the Committee believes that as part of CMS oversight of the Medicaid program it is appropriate to issue guidance to SMAs concerning best practices in dental audits and offer training in such practices. The Committee urges CMS to develop such guidance for SMAs, in collaboration with the American Academy of Pediatric Dentistry and American Dental Association, and report to the Committee within 90 days of enactment of this Act on steps taken to develop such guidance.

Medicaid Reimbursement for Birthing Centers.—The Committee urges CMS to provide technical assistance and expedited review for States submitting Medicaid state plan amendments implementing Medicaid reimbursement for birthing centers, midwives, and doulas in order to reduce maternal mortality, especially among African American and other high-risk populations.

Medically Tailored Meals.—The Committee is aware of peer-reviewed research showing that medically tailored meals can improve health outcomes and reduce health care utilization, and further understands that some Medicare Advantage plans have partnered with community-based organizations to incorporate medically tailored meals as a covered benefit. The Committee requests a report within 120 days of enactment of this Act outlining how Medicare Advantage and state Medicaid plans are using medically tailored meals and related nutrition interventions within their coverage plans.

Medicare Accelerated and Advanced Payments Program.—The Secretary of Health and Human Services shall submit a report within 30 days of enactment of this Act, and every 90 days thereafter until the public health emergency declared by the Secretary on January 27, 2020, with respect to the 2019 Novel Coronavirus, is no longer in effect, to the Committees on Appropriations, Ways and Means, and Energy and Commerce of the House of Representatives and the Committees on Appropriations and Finance of the Senate, providing a full accounting, including methodology, of federal loans provided in fiscal years 2020 and 2021 through the Medicare Accelerated and Advanced Payments Program. For distributions occurring on or after the date of enactment of this Act, the Secretary shall require any provider or supplier receiving distributions to attest to whether such provider or supplier is owned

and controlled by a private-equity entity. Such information shall be included in the HHS quarterly report, and shall include an accounting of the number of private equity owned and controlled providers (by provider category) and the amount of funding such providers in each category received, by individual provider number. The Committee requests that future distributions of funds account for a provider or supplier's reserve accounts as well as patients treated for COVID–19. As a condition of funding for private-equity backed hospitals and health systems, the Secretary should consider requiring that no providers face furloughs or cuts to pay or benefits. The Committee requests that the Secretary of Treasury require any reporting person who holds interest in a specified medical care provider, controls such provider, and is engaged in any trade or business in which such provider is directly or indirectly an expanded specified asset or receives any service from any person engaged in an applicable trade or business, electronically file a separate annual return with respect to each medical care provider that contains information relating to gross receipts, real estate ownership, and other payments to related persons.

Medicare Promotion.—The Committee directs CMS to avoid taking any action that actively promotes one form of Medicare coverage over another, particularly with respect to the choice between traditional Medicare and Medicare Advantage. The Committee further directs CMS to maintain its online coverage options tool in a manner that provides complete and unbiased information, particularly the redesigned Medicare Plan Finder. Furthermore, CMS should remain objective and neutral in its education and outreach materials concerning options that beneficiaries have during the open enrollment period and at any other time.

Medicare-reimbursable Expenses.—The Committee is concerned that CMS is considering regulations or guidance that would regulate the allocation of funds from a liability or no-fault related settlement, judgment, award, or other payment to pay for an individual's future medical or future prescription drug treatment expenses that would otherwise be reimbursable by Medicare. The Committee urges the agency not to promulgate a mandatory or voluntary regulation, which would be likely to harm Medicare beneficiaries, as well as the liability primary plan providers such as automobile, liability or no-fault insurers including those who self-insure.

Medicare Reimbursement for Virtual Health Services.—The Committee requests CMS submit a report within 180 days of enactment of this Act outlining Medicare's current policy for payment of virtual health services (including digital health tools and ancillary services) for chronic conditions. This report should include data and other pertinent information on current utilization of such services by Medicare beneficiaries using the most currently available data. The report should assess opportunities to expand access to services for chronically ill Medicare beneficiaries under current authority, which beneficiaries would benefit most from access to such services, and gaps or limitations on HHS's authority to expand access to these beneficiaries.

Mental Health Parity.—The Committee recognizes the important role Mental Health parity laws have in ensuring access to medical care and treatment. The Mental Health Parity and Addiction Equality Act (MHPAEA) requires insurers to cover care for mental

health and substance use disorders at the same level as other medical and surgical care services. However, without proper oversight and compliance, patients are left fighting for coverage of benefits. The Committee is concerned there is still a lack of compliance among insurance companies not adequately covering mental and behavioral health services and providers more than 11 years after MHPAEA passed. The Committee urges the Administrator of CMS to create guidelines, in which all States or, where appropriate, Medicaid Managed Care Organizations are required to submit a public compliance report, with the application of nonquantitative treatment limitations while ensuring that any proprietary, personal, or confidential consumer information is protected. The Committee urges CMS to issue a public compliance report based on CMS's 2017 Parity Compliance Toolkit Applying Mental Health and Substance Use Disorder Parity Requirements to Medicaid and Children s Health Insurance Programs. The Committee further urges the Administrator of CMS to annually report any auditing and enforcement of such plans.

New Medical Residency Training Programs.—Given the growing physician workforce shortage, the Committee strongly encourages CMS to utilize its discretion to extend the time period described in section 413.79(e) of title 42, Code of Federal Regulations, for new residency programs in areas facing physician shortages before a full-time equivalent resident cap is applied, as authorized in P.L. 105 33. The Committee looks forward to receiving CMS's report on these efforts within 60 days of the enactment of that Act, as directed in House Report 116–62.

New Technologies.—The Committee encourages CMS to provide adequate time for adaptation of new technologies, from a procedural and an administrative perspective, before adjusting payment based on claims data.

Non-Emergency Medical Transportation.—The Committee includes a prohibition against the Department publishing a proposed regulation relating to Medicaid non-emergency medical transportation (NEMT) benefits. The fiscal year 2020 Appropriations Act for the Department of Health and Human Services included $300,000 for MACPAC to examine the benefits of NEMT from State Medicaid programs on Medicaid beneficiaries, including benefits with chronic diseases such as end stage renal disease, substance use disorders, pregnant mothers, and patients living in remote, rural areas, and to examine the benefits of improving local coordination of NEMT with public transportation and other Federally-assisted transportation services. The Joint Explanatory Statement accompanying the Act directed HHS to take no regulatory action on the availability of NEMT services until the study has been completed.

Non-Group Health Plans.—The Committee directs CMS to submit a report within 60 days of enactment of this Act with options for modifying existing processes so that Non-Group Health Plans may receive query responses that include the name and address of any Medicare Advantage or Part D plan in which the queried individual currently is enrolled, or, within the last three years, has been enrolled.

Non-Opioid Pain Management.—The Committee believes that providing affordable non-opioid pain management to patients covered by Medicare and Medicaid is critical to combating drug addic-

tion and the opioid crisis. The Committee looks forward to receiving CMS's upcoming report on non-opioid pain management, as required by section 6086 of the SUPPORT Act.

Nursing Home Quality.—The Committee includes $1,500,000 for the National Academies of Sciences, Engineering, and Medicine (NASEM) to conduct a study of how the United States delivers, regulates, and measures the quality of nursing home care. In 1986, the Institute of Medicine (IOM, now NASEM) completed an evidence-based examination of nursing home quality and issued the landmark report, Improving the Quality of Care in Nursing Homes. In 1987, Congress enacted the Nursing Home Reform Act as part of the Omnibus Reconciliation Act of 1987, after which the Health Care Finance Administration (now CMS) issued comprehensive regulations and survey processes to "ensure that residents of nursing homes receive quality care that will result in their highest practicable physical, mental and social well-being." These regulations for the most part are still in effect, most recently reissued as the 2016 Requirements of Participation. Over the past 30 years, the population served by nursing homes has changed significantly and the ability to understand and measure quality in long-term care settings has advanced significantly—however, there has been no systematic review and analysis of the body of evidence regarding quality practices and measurement and how the evidence links to the regulations and enforcement system. Congress finds that such a study is in the public interest to enhance the quality of life and care experienced by residents of nursing homes now and in the future, and that NASEM should examine the current regulatory structure and how it links to care outcomes; consistency and effectiveness of oversight, enforcement, and penalties; evidence about which interventions produce high quality care in nursing homes; workforce and competencies needed to deliver high-quality care in nursing homes; current Medicare and Medicaid nursing home payment models and whether they support delivery of high-quality care and regulatory compliance; what consumers and family members seek and value in nursing home care; and alternative structures, policies, and care models to promote care innovation and assure quality.

Nutrition Education.—The Committee encourages CMS to coordinate with HRSA to promote expanded nutrition education in medical school and graduate medical education curricula.

Pharmacists and Patient Care Services.—The Committee is aware that certain Medicare Part B services and care frameworks have provisions to include pharmacists and their patient care services. However, CMS has few, if any, mechanisms to identify and evaluate pharmacists' contributions to patient care and outcomes or to identify barriers within current service requirements that prevent scalable involvement of pharmacists. The Committee urges CMS to create a mechanism to provide greater visibility into the scope and outcomes of the Medicare services currently provided by pharmacists. In addition, CMS should consider testing such system in a CMMI model to assess barriers to pharmacist participation in current Medicare services and to evaluate the contributions of pharmacists to team-based care and better health outcomes in Medicare beneficiaries.

Program Integrity.—The Committee applauds the efforts of CMS to recover significant funding due to potential waste, fraud, and abuse in the Medicare and Medicaid programs. The Committee requests an update within 180 days of enactment of this Act on the Recovery Audit Validation Contractor program, National Correcting Coding Initiative, and related integrity programs, data reporting standards around these programs, and the feasibility or challenges of expanding these programs to other public payer programs. These or any enhanced recovery efforts must be implemented carefully so as not to inadvertently curb beneficiary access to care should health care providers come to fear retribution for minor billing errors or honest mistakes.

Program of All-Inclusive Care.—The Committee acknowledges the important role of the Program of All-Inclusive Care (PACE) in the lives of over 52,000 participants, by allowing these highly medically complex Medicare or Medicaid beneficiaries to live at home, instead of in a nursing facility. The Committee urges CMS to move forward expeditiously on PACE-specific pilots, authorized by the PACE Innovation Act of 2015, specifically testing the innovative, comprehensive, integrated, and fully risk-bearing PACE model of care with new Medicare or Medicaid beneficiaries.

Provider Shortages in Non-Contiguous States.—The Committee requests a report within 180 days of enactment of this Act on provider shortages in non-contiguous States. The report should include an analysis of existing payment rates and provide recommendations to address provider shortages in both primary care and specialty fields.

Radiation Oncology Model.—The Committee is concerned that the Radiation Oncology (RO) Model as currently proposed could potentially reduce access to certain types of radiation therapy and negatively affect patient outcomes. The Committee requests CMS submit a report within 90 days of enactment of this Act on the impact of the RO Model on patient access and outcomes and the impact on therapy providers.

Regulatory and Payment Reforms.—The Committee directs CMS to work with hospitals and community-based organizations to identify substantive regulatory delivery and payment reforms that, among other things, integrate behavioral health in primary care; create new and evaluates existing delivery models to improve spending efficiency and value-based care, and; incentivize the health care workforce to meet the unmet care needs of Medicare beneficiaries in underserved areas. The Committee also directs CMS to work with stakeholders, including Medicare beneficiaries and providers, to consider these goals.

Regulatory Requirements Impacting Advanced Practice Registered Nurses and Physician Assistants.—The Committee requests that CMS submit a report within 120 days of enactment of this Act on regulatory requirements that impact Advanced Practice Registered Nurses and Physician Assistants, including potential modifications that would reduce these requirements.

Robotic Stereotactic Radiosurgery.—The Committee continues to support robotic stereotactic radiosurgery (SRS) and robotic stereotactic body radiation therapy (SBRT). The Committee urges CMS to maintain sufficient payment for SRS and SBRT to ensure viability in both the hospital and freestanding center setting.

Sepsis.—The Committee is pleased that CMS and the National Quality Forum plan to update the SEP 1 measure. A CMS study published in February reported an alarming 40 percent increase in the number of Medicare patients hospitalized with sepsis over the past seven years. Medicare spent more than $41.5 billion on sepsis care in 2018. The Committee supports this effort and encourages CMS to issue a Request for Information as part of this review to collect broad stakeholder input to help ensure the new SEP 1 measure improves health outcomes. The Committee requests an update on these activities in the fiscal year 2022 Budget Justification.

Social Determinants of Health.—The Committee is aware that social determinants of health are critical drivers of health outcomes and health care costs and that early childhood development is affected by social factors. The Committee encourages CMS to clarify and disseminate the strategies that States can implement under current Medicaid and CHIP authority, or through waivers, to address social determinants of health in the provision of health care, including strategies specifically targeting the pediatric population. This should include guidance on how States can encourage and incentivize managed care organizations to address social determinants of health through contracts. In addition, academic medical centers can be leaders in addressing social determinants of health. The Committee encourages CMS to identify opportunities to partner with academic medical centers to find innovative approaches to addressing social determinants of health, especially at academic medical centers that have expertise in addressing health disparities and are affiliated with Historically Black Colleges and Universities, Hispanic-Serving Institutions, or other Minority-Serving Institutions.

STD Screening and Treatment Initiative.—The Committee continues to be concerned about high rates of STDs, especially among pregnant women and young adults. To help curb the spread of these diseases and address this public health problem, and to reach at-risk and vulnerable populations at every opportunity, the Committee urges CMS to collaborate with the CDC's Division of STD Prevention to develop a screening and treatment initiative under its Medicaid Program.

Technology and Mail Management Modernization.—The Committee supports efforts by CMS to modernize its information technology and mail management systems. Ensuring that beneficiaries receive prompt and accurate written communication regarding Medicare, Medicare, and the Affordable Care Act is especially important during the ongoing coronavirus pandemic. These investments can improve service to beneficiaries, increase efficiency, and decrease costs by giving CMS greater control over outgoing mail, being able to track and identify bad addresses, and improving tracking and accountability. The Committee encourages CMS to continue to innovate and modernize its mail management systems.

Telehealth.— Recent legislative expansions of telehealth have provided safe and reliable access to healthcare for millions of Americans. In response to the global outbreak of COVID–19, these efforts have rapidly changed how medical providers deliver efficient services, which are especially critical in rural America. Therefore, the Committee strongly encourages CMS through its rulemaking to

maximize access to healthcare through telehealth with equitable payment and reimbursement policies.

Vaccine Cost-Sharing.—The Committee notes that addressing cost-sharing and reimbursement issues with Medicare Part D vaccines is critical to ensuring that Medicare beneficiaries have access to vaccines that have the potential to prevent serious disease. To address low vaccination rates, the Committee urges CMS to identify options for patients to have no-cost access to Part D vaccines, similar to coverage of Part B vaccines.

Vaccine Preventable Illnesses.—The Committee is concerned about the underutilization of vaccinations for adults and, in particular, high-risk adults where rates do not exceed 20 percent for certain recommended immunizations. The Committee urges CMS to work toward achievement of the Healthy People 2030 goals aimed at reducing the incidence of vaccine preventable illnesses, such as invasive pneumococcal infections, and increase the percentage of adults (aged 65 or older) who are vaccinated against pneumococcal disease. CMS is encouraged to support development and implementation of electronic health records and other technologies, such as reminder recall programs, to identify Medicare beneficiaries who have not received the full course of recommended vaccinations and provide information to those beneficiaries and their providers of the risks of vaccine preventable conditions and emphasize the importance of adherence to the recommendations.

Violence Against Health Care Providers.—The Committee recognizes that preventable violence against health care and social service employees such as nurses, physicians, emergency responders, medical assistants, and social workers, has been and remains on the rise, resulting in not only serious harm to these providers and their ability to provide quality care, but also to those they serve. Given the prevalence of violent incidences across health care and social services settings, the Committee requests CMS (in coordination with the National Institute for Occupational Safety and Health) submit a report within 180 days of enactment of this Act on the degree and extent to which health care facilities and social services settings have adopted and implemented the practices and controls recommended by the Occupational Safety and Health Administration's (OSHA) Guidelines for the Prevention of Violence for Health Care and Social Service Workers; whether the Joint Commission has fully assessed compliance by health care facilities with its recommended practices issued in April 2018; and whether there are gaps in the adoption and full implementation of OSHA Guidelines and Joint Commission recommendations. Such strategies should be a core consideration in ongoing CMS initiatives to safeguard patient and worker safety, improve quality and care, and reward high-performing providers.

State Survey and Certification

The Committee provides $407,334,000 for State Survey and Certification activities, which is $10,000,000 above the fiscal year 2020 enacted level and $34,858,000 less than the fiscal year 2021 budget request. State Survey and Certification supports certifications of Medicare and Medicaid certified health care facilities to ensure that beneficiaries receive care at facilities that meet health, safety, and quality standards required by CMS.

In addition, the CARES Act (P.L. 116–136) included not less than $100,000,000 for State Survey and Certification activities to increase inspections of nursing home facilities in localities with community transmission of coronavirus.

The Committee urges CMS to coordinate with the Department of Veterans Affairs on oversight of long-term care facilities under the Department of Veterans Affairs, including surveys of such facilities.

The Committee is concerned about the Administration's efforts to prevent and respond to the disproportionate impact of COVID–19 on our nation's nursing home residents and staff. According to data collected by the New York Times, as of June 26, "at least 54,000 residents and workers have died from the coronavirus at nursing homes and other long-term care facilities for older adults in the United States." Nursing homes and long-term facilities for older adults account for approximately 43 percent of all deaths in the U.S. due to COVID–19.

As evidence mounted last April that the approximately 15,500 nursing homes nationwide are especially vulnerable to the coronavirus, CMS was slow to provide clear guidance, oversight, and resources to state agencies on the frontlines. The CARES Act provided CMS an additional $200,000,000 to prevent, prepare for, and respond to coronavirus, with the requirement that at least $100,000,000 of the total be used to support increased State and Federal oversight of nursing homes. Congress expected CMS to use these funds to ensure nursing homes were adhering to standards for quality of care, infection control, and maintaining sufficient staffing to minimize the spread of the virus and protect patients and staff. However, as of June 1, CMS had allocated approximately $1,500,000 of this emergency supplemental funding to a handful of State oversight agencies. The Committee remains troubled that very little of this funding has been allocated and directs CMS to release funding to States and territories in need through an expedited process.

Federal Administration

The Committee provides $732,533,000 for Federal Administration activities related to the Medicare and Medicaid programs, which is the same as the fiscal year 2020 enacted level and $40,000,000 below the fiscalyear2021 budget request. The Federal Administration funding supports CMS staff, along with operating and administrative expenses for information technology, communication, utilities, rent and space requirements, as well as administrative contracts.

Quality Improvement Organizations.—The Committee does not support the Administration's proposal to shift personnel costs to the Federal Administration account that have previously been funded by a mandatory appropriation.

HEALTH CARE FRAUD AND ABUSE CONTROL ACCOUNT

Appropriation, fiscal year 2020	$786,000,000
Budget request, fiscal year 2021	813,000,000
Committee Recommendation	807,000,000
Change from enacted level	+21,000,000
Change from budget request	−6,000,000

This includes a base amount of $311,000,000 and an additional $496,000,000 through a discretionary budget cap adjustment authorized under section 251(b) of the Balanced Budget and Emergency Deficit Control Act of 1985. The Health Care Fraud and Abuse Control Account (HCFAC) funds support activities conducted by CMS, the HHS Office of Inspector General, and the Department of Justice. This level is $21,000,000 above the fiscal year 2020 enacted level and $6,000,000 below the fiscal year 2021 budget request.

This funding is in addition to other mandatory funding provided through authorizing legislation. The funding will provide resources to continue efforts for Medicaid program integrity activities, for safeguarding the Medicare prescription drug benefit and the Medicare Advantage program, and for program integrity efforts related to these programs carried out by the Department of Justice.

The Committee modifies bill language to enable the Secretary to fund the Senior Medicare Patrol Program administered by the Administration for Community Living from either discretionary or mandatory funds provided to this account.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

Appropriation, fiscal year 2020	$2,890,000,000
Budget request, fiscal year 2021	3,039,000,000
Committee Recommendation	3,039,000,000
Change from enacted level	+149,000,000
Change from budget request	– – –

The Committee also recommends $1,400,000,000 in advance funding, as requested, for the first quarter of fiscal year 2022 to ensure timely payments for Child Support Enforcement programs. These programs support State-administered programs of financial assistance and services for low-income families to promote their economic security and self-sufficiency.

LOW INCOME HOME ENERGY ASSISTANCE

Appropriation, fiscal year 2020	$3,740,304,000
Budget request, fiscal year 2021	– – –
Committee Recommendation	3,765,304,000
Change from enacted level	+25,000,000
Change from budget request	+3,765,304,000

The Committee recommends $3,765,304,000 for the Low Income Home Energy Assistance program, which is $25,000,000 above the fiscal year 2020 enacted level and $3,765,304,000 above the fiscal year 2021 budget request. The Low Income Home Energy Assistance Program (LIHEAP) supports eligible families and households through programs providing assistance with energy costs. The Committee strongly opposes the Administration's proposal to eliminate this important program that serves almost six million low-income households each year.

In addition, the CARES Act (P.L. 116–136) included $900,000,000 in emergency supplemental appropriations to help eligible families with energy costs.

Hold Harmless.—While the Committee recognizes the fiscal year 2020 bill made progress to limit annual decreases in State alloca-

tions to no more than three percent of what a State received in the previous year, the Committee believes that all States have unmet needs and that all States benefit from the consistency of annual appropriations when the overall account is unchanged or increased. To correct this volatility and hold States, territories, and Tribes (funded through the States) harmless from annual reductions, the bill includes language directing the Administration for Children and Families (ACF) to distribute, at a minimum, the same amount of funding to States, territories, and Tribes as the fiscal year 2020 appropriation.

LIHEAP Report.—The Committee directs the program to submit a report within 180 days of enactment of this Act on recommendations for reducing the volatility in annual State allocations as a result of the statutory formula. The report should identify the method by which each State's share of the new formula was based for FY 2016–FY 2020, as well as show each State's share of low income home energy expenditures and each State's share of the total funding for that year. The report should identify what drove major changes for each State for each of these fiscal years. This analysis should also include a chart showing hypothetical total funding amounts that would trigger a State's new formula share to be based on its new formula percentage. As part of the report, the program should include a chart of revised State allocations for the past five years with the formula recalculated to take into account a changing (moving) prior three-year average of low income home energy expenditures, e.g. for FY 2016 it would be based on FY 2012, 2013, 2014 data, compared to a three-year average that is updated every third year. In addition, the report should include the extent to which it is feasible to project State allocations no less than six months prior to a new fiscal year, including whether it is possible to use energy cost projections, instead of currently used energy price data. While the Committee understands the complexity of the LIHEAP statutory framework as it exists today, it would be preferable to add predictability to the LIHEAP formulation process and annual State allocations.

REFUGEE AND ENTRANT ASSISTANCE

Appropriation, fiscal year 2020	$1,908,201,000
Budget request, fiscal year 2021	2,456,380,000
Committee Recommendation	1,911,201,000
Change from enacted level	+3,000,000
Change from budget request	−545,179,000

The Office of Refugee Resettlement (ORR) programs are designed to help refugees, asylees, Cuban and Haitian entrants, and trafficking victims become employed and self-sufficient. These programs also provide for care of unaccompanied alien children in Federal custody and victims of torture.

Funding for several of the programs within this account is highly dependent on estimates and as such, it is critical that ORR communicate changes to estimated numbers of arrivals and costs as they become available. The Committee directs ORR to provide monthly updates of arrivals each month by category, including refugees, asylees, Cuban and Haitian entrants, Special Immigrant Visas, and unaccompanied alien children, to include any updates in estimated funding needs as a result of changes in trends in those categories.

In addition, the Committee directs ORR to submit a report on efforts ORR is taking to ensure programming remains funded and prioritized to serve populations within ORR's mandate. This report shall be made publicly available and include how ORR intends to ensure that no additional barriers are put in place impacting an individual's ability to seek protection and receive necessary ORR services.

In times of sudden reductions in refugee arrivals, the Committee encourages HHS, to the extent practicable, to ensure that resettlement agencies are able to maintain their infrastructure and capacity at a level to continue to serve new refugees, previously arrived refugees, and other populations of concern who remain statutorily eligible for integration services, and to ensure that there is capacity for future arrivals to be adequately served.

In addition, the Committee recognizes the importance of meeting the immediate needs of recently arrived refugees and other populations receiving resettlement services due to the public health and economic crisis as a result of the COVID–19 pandemic. The Committee expects ORR to continue to engage with and approve State requests for additional flexibilities, including additional months of cash and medical assistance for refugees and other qualified arrivals, and for additional services available through the Refugee Support Services program.

Within the total, the Committee includes the following:

Budget Activity	FY 2021 Committee
Transitional and Medical Services	$354,000,000
Victims of Trafficking	29,755,000
Refugee Support Services	207,201,000
Unaccompanied Children	1,303,245,000
Victims of Torture	17,000,000

Transitional and Medical Services

The Committee includes $354,000,000, which is equal to the fiscal year 2020 enacted level and $75,441,000 above the fiscal year 2021 budget request. The Transitional and Medical Services (TAMS) program provides grants to States and nonprofit organizations to provide refugees and other eligible populations with up to eight months of cash and medical assistance.

Victims of Trafficking

The Committee includes $29,755,000 for the Victims of Trafficking program, which is $2,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request. The recommendation includes $4,500,000 for the National Human Trafficking Hotline.

Health Care for Victims of Trafficking.—The Committee supports efforts to build, expand, and sustain the capacity of Federally Qualified Health Centers to deliver trauma-informed, strength-based, and person-centered services to victims of human trafficking and their immediate family members. The Committee encourages ACF to work with university health centers, allied health professions programs, and medical schools to provide health care and mental health services to treat the immediate and long-term health needs of victims of human trafficking and include human traf-

ficking training in health professions academic programs to prepare students to recognize victims and intervene on their behalf.

Human Trafficking in Rural Communities.—The Committee supports efforts to address combatting human trafficking in rural areas. The isolated geographies and transportation routes that facilitate rapid, invisible movement of victims make these communities uniquely vulnerable, and the opioid epidemic has compounded the issue. These factors also complicate the ability for social services and health care providers to provide prevention and care to survivors. Many rural areas do not have the resources they need to address this crisis. The Committee encourages the Office on Trafficking in Persons to recognize this issue.

Refugee Support Services

The recommendation includes $207,201,000, which is equal to the fiscal year 2020 enacted level and $56,380,000 above the fiscal year 2021 budget request. The Refugee Support Services (RSS) program provides formula and competitive grants to States and nonprofit organizations to address barriers to employment and help refugees become self-sufficient.

Unaccompanied Children

The recommendation includes $1,303,245,000 for the Unaccompanied Alien Children (UAC) Program, which is equal to the fiscal year 2020 enacted level. The Committee believes this funding, in addition to funding still available from the Emergency Supplemental Appropriations for Humanitarian Assistance and Security at the Southern Border Act, 2019 (P.L. 116–26) and the Further Consolidated Appropriations Act, 2020 (P.L. 116–94), to be sufficient to ensure the UAC program fulfills its mission to care for children in ORR's custody, and to place them with sponsors as expeditiously as possible.

The Committee notes the sharp rise of unaccompanied children in ORR custody in 2018 and 2019—and the corresponding need to open expensive, unlicensed influx facilities—was a direct result of the Administration's misguided Memorandum of Agreement (MOA) and immoral Family Separation policy. The Committee further notes that the drastic reduction in the number of children referred to ORR in late 2019 through the Spring of 2020 are a result of the Administration's inhumane immigration policies, including Migrant Protection Protocols (MPP) and the COVID–19-related border closings, which the Committee believes to be illegal denials of an immigrant's right to seek asylum in the United States under the Trafficking Victims Protection Reauthorization Act (TVPRA).

The Committee strongly opposes the Administration's disingenuous use of authorities under the Public Health Service Act to evade its legal responsibilities under the TVPRA and to pursue its long-term goals of dismantling the Flores Agreement, which has been put in place to protect minors who cross the border without a parent or guardian.

The Committee, once again, emphasizes that ORR is not an immigration enforcement agency—it is a social services agency whose purpose is to provide care for children in its custody and to place those children with sponsors as expeditiously as possible. To protect ORR's core mission, the bill includes directive language and

limitations on funding to minimize the adverse impacts of this Administration's inhumane policy agenda and to protect the safety and health of unaccompanied children in the agency's custody.

The recommendation includes not less than $190,000,000 for legal services, post-release services, and child advocates. The Committee directs ORR to provide quarterly reports to the Committee on the number of children receiving services from legal service providers, the number receiving post-release services, and the number who are appointed child advocates. The report should also include the number of children on the waitlist for any of these services, if any, and what steps are being taken to ensure all children in custody receive the services they need.

The Committee supports the continued expansion of legal services for unaccompanied children and notes that services provided by qualified and independent legal counsel to unaccompanied children can increase the efficiency and effectiveness of immigration proceedings, significantly reduce the failure-to-appear rate of children who are released from HHS custody, and help relieve the immigration court backlog. The recommendation includes funding and direction for ORR to ensure in-person "Know Your Rights" and legal screenings for every child in custody, and includes no less than $30,000,000 to be spent in fiscal year 2021 for direct representation services to children released from HHS custody, as well as to additional high-release communities that are not currently being served. Post-release direct representation shall be made available to children up to funded capacity, without restrictions related to: age while in ORR care; release date; estimated time to conclude a case; or other characteristics, provided the representation is initiated while the individual is still a minor. In addition, the Committee strongly encourages ORR to work with legal service providers to develop a strategy to minimize the risks of any child having to go to immigration court without independent legal counsel. The recommendation includes an additional $5,500,000 for legal service providers to recruit and train additional attorneys for the purposes of building the capacity necessary to provide independent representation to unaccompanied children with pending immigration cases.

The Committee strongly urges ORR to ensure that each new residential care facility has a corresponding independent legal services provider (LSP) secured prior to placement of children at such facility. The Committee directs ORR to ensure that shelters provide appropriate and confidential space for LSPs to meet with children, but strongly urges ORR be responsive to LSP requests for children to meet with LSPs offsite if that is more appropriate for the child. In addition, the Committee believes it is critical that children maintain access to legal services throughout the COVID–19 pandemic. Should limits on in-person meetings due to shelter or provider constraints shift communication with the child's attorney to telephonic or video means, these measures must be temporary, when done at the request of the child or their counsel, and should not be used as replacements for in-person legal access when the active public health emergency is sufficiently mitigated to allow for safe resumption of in-person legal access.

The recommendation includes funding for ORR to expand Child Advocate services, and directs an additional $1,250,000 be used to

offset matching requirements. The Committee expects ORR to ensure the child advocates are appointed to particularly vulnerable children, including victims of abuse or trafficking, children 12 years old and younger, children in residential treatment centers, and to children who are expected to remain in ORR custody for prolonged periods of time. The Committee directs ORR to ensure the continued independence of the Child Advocate program from other contracted service providers to avoid any conflicts of interest.

To ensure that child advocates have the visibility and capacity to be appointed to the most pressing cases in ORR custody, the Committee strongly urges ORR to proactively share census data from each facility with child advocates on a consistent basis. Such census should list the names, ages, countries of origins, languages and lengths of stay of each child in the program, which will help child advocates identify the children in greatest need. In addition, within 30 days of enactment of this Act, ORR shall provide to child advocates information for any category 4 children in custody with stays of over 120 days.

The Committee recognizes ORR's efforts to provide additional post-release services to more children following release from ORR's care, and recommends additional funding to support sponsors prior to a child's release, to mitigate the risk for family breakdown, facilitate children's integration into their communities, and assist with children's ability to comply with their immigration court proceedings. In addition to children already designated under law or policy to receive such services, the Committee encourages ORR to ensure that all pregnant or parenting teens, children whose primary language is neither English nor Spanish, as well as children who faced separation from a parent or legal guardian at the U.S./Mexico border, are referred for post-release services. ORR should arrange for such services to be provided by non-governmental organizations with experience and expertise in working with these children. Further, in determining additional groups of children who should be categorically referred for home studies and post-release services, the Committee directs ORR to formally engage with current family reunification service providers to help evaluate and identify new and additional risk factors for children.

Age-Outs.—The Committee is concerned about reports that most unaccompanied children turning 18 years old while in the care and custody of ORR are transferred directly to the custody of Immigration and Customs Enforcement (ICE). The Committee directs ORR to develop a tangible post-18 plan for every 17-year-old unaccompanied child in ORR care at least two weeks in advance of his or her 18th birthday. Each post-18 plan should at a minimum identify an appropriate non-secure placement for the child and identify any necessary social support services for the child. The Committee requests a briefing within 60 days of enactment of this Act on compliance with the directive included under this heading in House Report 116–62, and with any improvements made or resources necessary to ensure caseworkers have the capacity to complete these plans and document such plans in a consistent manner in ORR's electronic case management system.

Children in Prolonged Detention.—The Committee directs ORR to submit a report every six months on the number of children who have been in ORR custody longer than a year. Such report should

include how long each child has been in ORR custody and a status update on their case, including the type of facility or placement where the child is currently being held; whether the child has any family or other potential sponsor(s) in the United States; and a summary of ORR's efforts to either unify the child with a sponsor or place the child into an ORR long-term foster care setting. The Committee directs ORR to ensure that a care provider is taking all steps necessary to place every child in a home as expeditiously as possible and that no child is unaccounted for, resulting in prolonged detention.

The Committee appreciates that as part of ORR's Discharge Rate Improvement Plan, ORR committed to creating a national UAC stakeholder group to discuss and incorporate stakeholder feedback on ORR policies and procedures that impact UAC operations and improvement discharge rates and procedures. The Committee understands that part of the plan and stakeholder discussion will be focused on the growing population of children in ORR's care that have no identified sponsor, i.e. "Category 4" children. The Committee understands that many stakeholders strongly believe that family foster home care should be the priority placement option for all children in Category 4 cases. The Committee expects ORR to give serious consideration to stakeholder recommendations, and strongly urges ORR to reconsider the requirement that children in Category 4 cases demonstrate their potential eligibility for legal relief prior to placement in long-term foster care.

Communicating with Congress.—The Committee directs the Department to notify the Committee prior to making any administrative or policy changes expected to impact: the number of children in ORR custody; shelter operations; the placement of children with sponsors; or any post-release services.

Community-Based Facilities.—The Committee directs ORR to prioritize new grant or contract funding to small-scale, community-based residential care placements. As ORR adds State-licensed capacity to its network, the Committee expects that no less than 50% of beds added to the network be in small-scale shelters, transitional foster care, small group homes, or long-term foster care. The Committee directs ORR to ensure there is an adequate supply of long-term foster care beds in the network to minimize the time it takes for a child to be moved to this least restrictive placement. ORR should work closely with its long-term foster care providers to expand its pool of foster families, particularly those experienced with caring for children with mental health and other specialized needs. The Committee directs ORR to notify the Committee prior to all new funding opportunity announcements, grant or contract awards, or plans to release or acquire property.

Facility Oversight.—The Committee expects ORR to maintain strict oversight of all ORR-funded care provider facilities and correct violations of Federal, State or local codes related to the standards of childcare or the well-being of children, as well as violations of ORR policies and procedures, or any requirements as listed in the Flores Settlement Agreement, regardless of the status of the underlying agreement. Within 90 days of enactment of this Act, ORR is directed to submit an updated version of the report submitted to the Committee pursuant to House Report 115 862. The updated report should include new or updated information on facil-

ity violations, and any systematic trends in noncompliance, along with efforts to remedy noncompliance across the provider facility network.

The Committee expects ORR to improve its oversight of State licensed shelters by implementing the recommendations included in the Office of the Inspector General's reports dated June 17, 2020. These improvements include collecting information that allows ORR to better track and show trends of serious safety incidents, addressing staffing shortages, and ensuring shelters maintain comprehensive checklists to ensure the physical safety of sites housing unaccompanied children. The Committee directs the Department to provide a report to the Committee within six months of enactment detailing ORR's progress in implementing the recommendations contained in the Inspector General's reports.

In addition, the Committee directs ORR to conduct annual comprehensive monitoring visits to each provider facility. Within 30 days of ORR and a facility finalizing a response from a provider facility to a monitoring visit report, ORR is directed to submit a copy of that response to the Committee along with any remedies that have been taken to address concerns observed during the monitoring visit.

Within 180 days of enactment of this Act, ORR is directed to submit to the Committee a report that: (1) describes the frequency of ORR's comprehensive monitoring visits to each ORR facility within the past five fiscal years; (2) assesses the comprehensiveness, uniformity, and effectiveness of ORR's monitoring protocols and processes, and identifies actions needed to improve those protocols and processes; (3) specifically assesses the extent to which ORR's monitoring protocols and processes address children's access to legal providers and the facilitation of timely release of children from care and placement; and (4) identifies actions needed to improve such access and facilitation.

Fingerprinting of Unaccompanied Children.—The Committee directs ORR to issue guidance to its care providers requiring each provider to provide advance notification to legal services providers and to coordinate with such legal service providers to ensure that attorneys may be present whenever the Department of Homeland Security fingerprints, questions, or interviews an unaccompanied child in ORR custody.

Influx Shelters.—The Committee believes the need for influx shelters in fiscal years 2018 and 2019 was due largely to the Administration's misguided and willfully harmful policies toward unaccompanied children—in particular, the Memorandum of Agreement with the Department of Homeland Security and the Administration's immoral policy of family separation. The Committee strongly supports the medical, psychological, and child welfare advocacy communities in their compelling arguments against, and well-founded reasons to limit, the use of influx shelters, especially large capacity shelters where a substantial number of children reside in the same room. To eliminate reliance on influx shelters absent such unforeseen circumstances, the Committee directs ORR to ensure sufficient bed capacity for unaccompanied children in permanent, small, State-licensed shelters and shall in no way delay or otherwise hinder the expeditious placement of unaccompanied children with qualified sponsors.

Information Sharing with EOIR.—The Committee is concerned that ORR is sharing unnecessary case-level information, including biographic data, of individual children with the Executive Office for Immigration Review (EOIR) and with DHS, in ways that may dissuade children from seeking legal relief through due process with their independent legal service providers or may bias the court and unfairly influence issuance and length of continuances. The Committee reminds ORR that they are not qualified to assess a child's eligibility for legal relief and directs ORR to issue guidance to its employees and care providers within 30 days of enactment of this Act prohibiting them from sharing non-essential information concerning a child's prospects for family reunification with a court (including, but not limited to personal records pertaining to the child's stay in ORR custody, including medical or mental health records and behavioral reports; assessments of a child's eligibility for immigration relief; or information concerning a potential sponsor's immigration status of viability) unless ORR or that care provider is appearing as a party or counsel in a proceeding of record.

In-Kind Donations.—The bill continues to include a general provision to allow in-kind donations from the private sector, non-governmental organizations and other groups to support children in ORR's care. The Committee requests ORR include in future Congressional Budget Justifications, information on the use of this provision, including examples of donations that are offered, donations that are accepted, and donations that care providers believe they cannot accept.

Legal Services.—The Committee understands that ORR is preparing a solicitation for a new contract, commencing in fiscal year 2021, to provide legal services to unaccompanied children. The Committee has significant concerns that some of the requirements under this solicitation run contrary to basic and well-established legal principles and practices, including attorney/client confidentiality, ethical standards, and continuity of representation. The Committee directs ORR to ensure that the terms of the next legal services arrangement strictly adhere to these principles and practices. Specifically, the terms shall not require that legal services providers share records or case information, including case assessments of legal eligibility determinations, with HHS or any other Federal agency. Further, consistent with a client's right to have ongoing and uninterrupted legal counsel through the completion of legal proceedings, the terms shall not include a requirement that representation be terminated upon a child reaching age 18. Such a requirement would be particularly troublesome given the extended length of time currently required for children's proceedings and given the existing USCIS and immigration court backlog. The terms shall not include any requirement that an organization or individual involved in providing legal services sign a non-disclosure agreement. This would interfere with counsel's ability to advocate for their client's interests to the best of their ability and in the strongest possible terms, as they are compelled to do under ethical standards. Finally, funds shall be distributed to organizations providing legal services and advocacy services in a manner that allows for continuity of staffing and services regardless of fluctuations in the number of children in the UAC program over time.

Memorandum of Agreement.—The Committee notes that there is clear evidence that the April 13, 2018 Memorandum of Agreement (MOA) between ORR and DHS serves as a deterrent to individuals and families willing to sponsor an unaccompanied child. After ORR implemented a series of operational directives to override elements of the MOA, the placement rate improved dramatically, and thousands of children were placed with qualified sponsors. Despite these directives, the Committee understands that potential sponsors still withdraw from the sponsorship process citing a fear of immigration enforcement. The continuation of the MOA results in longer stays in custody and further traumatizes unaccompanied children. The Committee strongly believes that sponsors will come forward faster if the MOA is terminated.

Mental Health Services.—The Committee directs ORR to expand mental health services for children in its custody, including contracting with governmental and non-governmental entities while instituting policies that prevent disclosure of this information to immigration enforcement officials. The Committee encourages ORR to continue collaborating with the National Child Traumatic Stress Network in support of trauma-informed care initiatives, including screenings, services, and therapies to children and staff, competency trainings for staff, identifying or improving trauma informed practices in ORR; and training for sponsors prior to release of children. ORR is directed to keep the Committee informed of additional resources necessary to support children and their families, as well as staff, who may need additional access to these services, including requests for additional resources from care providers and staff. The Committee requests ORR include in its fiscal year 2022 Congressional Budget Justification information on HHS's and grantees' coordination of health and mental health services, including training requirements for staff providing those services and any challenges to providing adequate care for children and the Department's progress implementing the recommendations in the September 2019 HHS Office of the Inspector General report titled "Care Provider Facilities Described Challenges Addressing Mental Health Needs of Children in HHS Custody."

Mental Health Services—Confidentiality.—The Committee notes the critical importance of mental health services and support for unaccompanied children, many of whom have fled persecution, abuse, abandonment, and neglect. The Committee is deeply concerned about reports that information provided by children during ORR counseling sessions has been shared with the Department of Homeland Security for use in immigration enforcement. In addition, there are reports that ORR is sharing mental health information with immigration courts for master calendar hearings, where the court is not making decisions about a child's custody. ORR is directed to refrain from sharing any information with immigration courts for master calendar hearings, where the court is not making any decisions about the child's custody. The Committee further directs ORR to develop policies and protocols to ensure the confidentiality of counseling and mental health services provided to unaccompanied children, and of all related documentation, including case notes and records of therapists and other clinicians, and to incorporate these policies into the ORR policy guide within 90 days of enactment of this Act.

Migrant Protection Protocols (MPP).—The Committee strongly rejects ICE's decision to remove unaccompanied children from ORR custody while they are pursuing relief under the TVPRA, based on removal orders issued in absentia in connection with prior processing under MPP. Once designated unaccompanied, children should be granted all the protections afforded to them under the TVPRA. The Committee further reiterates its call for the Migrant Protection Protocols to be terminated. The Committee directs ORR to release children to approved sponsors as quickly as possible so they can pursue claims for protection regardless of whether a child, pursuant to his or her prior processing under MPP, has an order of removal. The Committee directs ORR to promptly notify a child's legal service provider (LSP) upon learning that the child may have been previously processed under MPP, and to provide to the LSP any information regarding court proceedings arising from prior processing under MPP. Further, the Committee directs ORR to facilitate routine communication between any such separated children in ORR custody and family members in the U.S. and in Mexico and, where available, to provide the children's attorneys with information pertaining to family members, including their location and contact information.

Within 30 days of enactment of this Act, and monthly thereafter, the Committee directs ORR to include in its monthly separation report to the Committee, and make publicly available in such report online, the number of children separated from parents, legal guardians, or other family members in connection with the MPP program, and the number of children who were previously subject to the MPP policy with their families and subsequently re-entered the U.S. alone and were transferred to ORR as unaccompanied children. In addition, the Committee directs ACF to conduct an investigation of those unaccompanied children removed by ICE on the basis of removal orders issued while the children were in MPP and to provide the Committee with a report which includes the number of children removed and all steps taken to ensure their safety in home country.

Ongoing Separations.—The bill includes a requirement that the Secretary update the Committee, and make publicly available online, the number of children referred to ORR's care who have been designated by DHS, or subsequently by HHS case managers, as having been separated (under any circumstances) from the parent or legal guardian with whom they were in DHS custody. The Committee considers the timely reporting of this information to be critical to oversight efforts to make sure that family separation does not occur again.

The Committee expects ORR to invest in information technology that will improve the data tracking issues ORR has experienced in recent years, including the functionality necessary to track children who have been separated from families. The Committee requests a briefing within 30 days of enactment of this Act on the status of tools being developed and the protections in place to safeguard sensitive UAC and UAC sponsor data.

Operational Directives.—The bill includes a general provision prohibiting HHS from reversing several operational directives that improved the sponsor suitability determination process and reduced the length of time children spend in ORR's custody. The

Committee expects HHS to continue to improve child welfare outcomes by reducing time in care and to consider any additional operational directives that can be implemented to release children to suitable sponsors as safely and expeditiously as possible.

Protection & Advocacy for Disabled Children.—The Committee believes there must be more robust monitoring of care and treatment for unaccompanied alien children with disabilities in ORR funded care provider facilities and encourages ORR to partner with the nationwide network of Protection & Advocacy agencies to ensure adherence to Federal, State and local codes related to the standards of childcare or the well-being of children with disabilities.

Protection of DNA.—The Committee continues to prohibit any governmental agency or private entity from accessing, using, or storing any genetic material, data, or information collected in this reunification effort, including for the purpose of criminal or immigration enforcement. Any genetic material, data, or information obtained should be destroyed after testing and the probability of a genetic relationship is calculated. The entities conducting DNA testing shall obtain the consent of any individual over age 18 prior to testing, and shall make every effort to obtain the consent of a guardian prior to testing anyone under age 18. The Committee requests ORR continue to include in its annual Congressional Budget Justification the steps it is taking to protect the privacy and genetic material and data of individuals who are being tested as part of reunification efforts.

Residential Treatment Centers.—Within 120 days of enactment of this Act, and every six months thereafter, ORR should submit to the Committee a report with the following information: (1) the number of children in residential treatment centers; (2) the length of stay for each child in residential treatment centers and their total length of care; (3) the number of children transferred from other settings to residential treatment; and (4) the documented reasons for transfer to residential treatment centers, as documented in a child's ORR file. In addition, not later than 60 days after the date of enactment of this Act, ORR shall submit a report to the Committee, and make publicly available in its policy guide, the due process safeguards for children in residential treatment centers.

Spend Plan.—The bill includes a general provision requiring the Secretary of HHS to continue to submit a comprehensive spend plan to the Committee every 60 days. The Committee expects the plan to incorporate all funding provided in this Act and in previous Appropriations Acts, including funds provided in the Emergency Supplemental Appropriations for Humanitarian Assistance and Security at the Southern Border Act, 2019 (P.L. 116–26) and in the Further Consolidated Appropriations Act, 2020 (P.L. 116–94). The plan should continue to include a report on facilities, by facility type, including facility-specific data including number of licensed beds; operating status (open or not yet open); whether a facility is operated by a for-profit or non-profit company; and the availability of such facilities to legal, medical and social service resources.

Tender Age Children.—In response to a growing number of tender age children in ORR facilities, the Committee expects ORR to expand the use of interventions and lessons learned from context-focused specialists providing early childhood mental health, child

trauma, and immigration trauma training to ORR contracted staff. The Committee expects ORR staff, as well as staff in contracted facilities to receive in-person continuing education on these topics at least twice per year. Further, the Committee directs ORR to work with residential care service providers, child welfare experts, and other stakeholders with relevant expertise, to develop policy guidelines specifically for residential care of tender age children. The Committee directs ORR to include in the fiscal year 2022 Congressional Budget Justification information on these efforts, which should include details and metrics on the types of training offered to staff to ensure developmentally appropriate care is available for tender age children. The justification should detail how placement options and services are tailored for tender age children, as well as an assessment of the circumstances under which very young children are referred to ORR.

Video-Teleconferencing Hearings.—The Committee is concerned that video teleconference (VTC) hearings for children have become more frequent during the COVID–19 crisis. The use of VTC for substantive hearings of children is a new practice, one often plagued with technical difficulties and inefficient use of government resources. Further, the expedited nature of these dockets for newly-arrived children pending release from ORR custody diverts ORR resources from critical services for unaccompanied children, as they require transporting children to court on multiple occasions within the space of weeks. These practices alienate children from their legal proceedings and undermine their ability to comprehend the court process and meaningfully participate in their legal defense. The Committee strongly urges ORR to allocate sufficient resources to ensure that legal services providers can mitigate the adverse impact that VTC practices have on children, including having a legal services provider presence both in courts and in the child's location for VTC proceedings.

Victims of Torture

The Committee includes $17,000,000 for the Victims of Torture program, which is $1,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request. The program funds non-profit organizations providing healing and support services to refugees, asylees and asylum seekers, who need help overcoming the effects of torture.

PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT BLOCK GRANT

Appropriation, fiscal year 2020	$5,826,000,000
Budget request, fiscal year 2021	5,826,000,000
Committee Recommendation	5,926,000,000
Change from enacted level	+100,000,000
Change from budget request	+100,000,000

The Committee recommends $5,926,000,000 for the Child Care and Development Block Grant (CCDBG) program, which is $100,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request. The CCDBG provides funds according to a formula to States, territories, and Tribes to provide financial assistance to help low-income working families and families engaged

in training or education activities access child care and to improve the quality of child care for all children.

In addition, the CARES Act (P.L. 116–136) included $3,500,000,000 to support child care programs, including child care for health care workers and other essential workers.

The Committee encourages States to prioritize increasing reimbursement rates to quality providers and increase the recruitment of quality providers offering care during non-traditional hours.

Child Care Facilities Needs Assessment.—The Committee is concerned with the learning environment and deterioration of many early child care facilities across the nation, and believes that additional investments may be necessary to address suboptimal health and early learning conditions. The Committee directs ACF to dedicate a portion of Federal CCDBG research funding (42 U.S.C. 9858m) towards a feasibility study to determine how a needs assessment of child care facilities could best be conducted by States and compiled by ACF to produce a national estimate of facility remediation needs and costs. The Committee requests that the fiscal year 2022 Congressional Budget Justification include an explanation for how such a facilities needs assessment could be conducted, and the estimated costs for such an assessment.

SOCIAL SERVICES BLOCK GRANT

Appropriation, fiscal year 2020	$1,700,000,000
Budget request, fiscal year 2021	– – –
Committee Recommendation	1,700,000,000
Change from enacted level	– – –
Change from budget request	+1,700,000,000

The Social Services Block Grants provides grants to States by formula. States have the flexibility to determine what services and activities are supported, provided they are targeted at a broad set of goals, including reducing or eliminating poverty, achieving or maintaining self-sufficiency, and preventing neglect, abuse, or exploitation of children and adults.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriation, fiscal year 2020	$12,876,652,000
Budget request, fiscal year 2021	11,856,130,000
Committee Recommendation	13,098,181,000
Change from enacted level	+221,529,000
Change from budget request	+1,242,051,000

The Children and Families Services programs fund activities serving children, youth, families, the developmentally disabled, Native Americans, victims of child abuse and neglect and domestic violence, and other vulnerable populations.

The Committee recommends the following amounts:

Budget Activity	FY 2021 Committee
Programs for Children, Youth, and Families:	
Head Start	$10,763,095,000
Preschool Development Grants	300,000,000
Runaway/Homeless Youth	120,000,000
Abuse of Runaway Youth Prevention	20,000,000
State Child Abuse Prevention	92,591,000
Discretionary Child Abuse Prevention	37,500,000
Community-based Child Abuse Prevention	63,160,000
Child Welfare Services	268,735,000

Budget Activity	FY 2021 Committee
Child Welfare Training	17,984,000
Adoption Opportunities	42,100,000
Adoption Incentives	75,000,000
Social Services/Income Maintenance Research	7,512,000
Native American Programs	60,000,000
Community Services:	
Community Services Block Grant	750,000,000
Community Economic Development	20,383,000
Rural Community Facilities	10,000,000
Domestic Violence Hotline	14,000,000
Family Violence/Battered Women's Shelters	185,000,000
Independent Living Training Vouchers	43,257,000
Disaster Human Services Case Management	1,864,000
Program Direction	206,000,000

Head Start

The Committee recommends $10,763,095,000 for the Head Start program, which is $150,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request. Head Start and Early Head Start promote school readiness of children under 5 from low-income families through education, health, social and other services.

In addition, the CARES Act (P.L. 116–136) included $750,000,000 to supplement grants to all Head Start programs, to help them respond to COVID–19 related needs of children and families.

Cost of Living Adjustment.—The Committee includes $135,000,000 for a cost-of-living adjustment.

Tribal Colleges and Universities—Head Start Partnership Program.—The Committee recommends $4,000,000 for the recently re-established Tribal Colleges and Universities (TCU)—Head Start Partnership Program.

Early Head Start (EHS) Expansion and Early Head Start—Child Care (EHS–CC) Partnerships.—The Committee continues to strongly support EHS Expansion and EHS–CC Partnerships. The Committee directs ACF to continue to prioritize equally EHS Expansion and EHS–CC Partnerships, as determined by the needs of local communities, and expects that any funds used for EHS Expansion and EHS–CC Partnership grants that are recompeted continue to be used for such purposes. The Committee continues to direct ACF to include in the fiscal year 2022 Congressional Budget Justification and each Congressional Budget Justification thereafter, the actual and estimated number of funded slots for each of the following: Head Start, EHS, and EHS–CC Partnerships.

Impact of the Federal Poverty Guideline.—The Committee recognizes emerging challenges in Head Start's ability to fulfill its purpose of serving low-income children and their families as a result of an antiquated federal poverty line. The federal poverty line has not kept pace with the cost of basic living necessities in communities across the country, and as a result an increasing number of families whose income exceeds the federal poverty line experience financial hardship. Many such families would benefit from the services Head Start programs provide but are currently ineligible. The Committee requests a report within 180 days of enactment of this Act, examining how changes in incomes and poverty have im-

pacted Head Start eligibility and enrollment among families facing financial hardship given the federal poverty line eligibility requirement.

Migrant and Seasonal Head Start.—The Committee understands that Migrant and Seasonal Head Start (MSHS) is facing unique challenges due to factors outside of the MSHS community's control, and that shifts in funding to accommodate new slots elsewhere in the MSHS network are resulting in individual programs losing funding that is still critically necessary to ensure farmworker families receive quality services in that program or region. In an effort to address these MSHS program needs without losing opportunities to add slots for MSHS eligible children in parts of the country where such new slots are needed, the bill includes an additional $15,000,000 to supplement funding otherwise available to MSHS programs, which shall be provided with flexibility for the program to address needs for quality improvement.

MSHS Eligibility Requirements.—The Committee recognizes that a child's eligibility for MSHS is contingent upon a family living below the federal poverty line and a requirement that more than 50 percent of the family's income be derived from agricultural work. In spite of the fact that MSHS parents are working and making significant contributions to the nation's agricultural industry and economy, many farmworker families struggle to meet basic needs even if their incomes are at or above the federal poverty line. As part of the Impact of the Federal Poverty Guideline report requested above, the Committee requests ACF include a separate section examining how enrollment and eligibility requirements for the MSHS program may act as barriers for low-income farmworker families seeking MSHS services and possible solutions to expanding access to such families.

Preschool Development Grants

The Committee recommends $300,000,000 for Preschool Development Grants, which is $25,000,000 above the fiscal year 2020 enacted level and $300,000,000 above the fiscal year 2021 budget request. This program provides grants to States to build State and local capacity to provide preschool for 4-year-olds from low-and moderate-income families.

Runaway and Homeless Youth

The Committee recommends $140,000,000 for the Runaway and Homeless Youth (RHY) program, which is $7,579,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request.

In addition, the CARES Act (P.L. 116–136) included $25,000,000 for services for runaway and homeless youth.

The Committee supports the ability of grantees to provide prevention services, such as counseling and case management, regardless of enrollment in residential services. The program is encouraged to notify applicants if grant applications were successful at least 30 days before the grant is to begin, or no less than 30 days before an existing grant is set to end.

The Committee strongly urges the program to ensure that service delivery and staff training comprehensively address the individual strengths and needs of youth, as well as be language appropriate, gender appropriate (interventions that are sensitive to the diverse

experiences of male, female, and transgender youth and consistent with the gender identity of participating youth), and culturally sensitive and respectful of the complex social identities of youth (i.e., race, ethnicity, nationality, age, religion/spirituality, gender identity/expression, sexual orientation, socioeconomic status, physical or cognitive ability, language, beliefs, values, behavior patterns, or customs). The Committee strongly believes that no runaway youth or homeless youth should be excluded from participation in, be denied the benefits of, or be subject to discrimination under, any program or activity funded in whole or in part under the Runaway and Homeless Youth Act, based on any of the conditions outlined in this paragraph.

State Child Abuse Prevention

The Committee recommends $92,591,000 for Child Abuse Prevention and Treatment Act (CAPTA) State Grants, which is $2,500,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request.

The Committee is aware that States have failed to respond to requests for public disclosure of information, or provided incomplete information in response to such requests, regarding cases of child abuse or neglect which result in a child fatality or near fatality as required by Section 106(b)(2)(B)(x) of CAPTA. The Committee directs the Children's Bureau to remind States that they must comply with Section 106(b)(2)(B)(x) of CAPTA to be eligible for the CAPTA State Grant program. The Committee directs the Children's Bureau to review plans submitted by the states to comply with Section 106(b)(2)(B)(x). The Committee directs the Children's Bureau to establish a uniform standard for tracking and reporting child fatalities and near fatalities related to child maltreatment and to take steps to create an electronic system for States to track and report such data as required. The Children's Bureau shall report back to the Committee within 180 days of enactment of this Act on the Bureau's plan to develop a uniform standard and to implement an electronic reporting system, how the Bureau will ensure compliance in the future, and recommendations for the Committee to facilitate compliance.

Child Abuse Discretionary Activities

The Committee recommends $37,500,000 for Child Abuse Discretionary Activities, which is $2,500,000 above the fiscal year 2020 enacted level.

Child Abuse Hotline.—The Committee includes $1,000,000 to support an additional year of the National Child Abuse Hotline innovation grant to develop and research text- and online chat-based intervention and education services through a national child abuse hotline. The Committee encourages ACF to continue evaluating and sharing text and chat best practices in appropriate communication, identity verification, privacy protection, and resource sharing with the other national hotlines.

Crisis Nurseries.—The Committee believes that crisis nurseries can provide a vital family preservation service, effectively supporting children and families by providing emergency shelter and direct care services for children, and providing critical support for parents treating their own substance use, mental, and physical

health issues. The Committee urges ACF to engage with existing crisis nurseries, as well as interested parties who want to open nurseries, to coordinate a conversation on national standards for quality care and potential best practices.

National Child Abuse and Neglect Data System (NCANDS).—The Committee notes the National Child Abuse and Neglect Data System (NCANDS) was established in response to the Child Abuse Prevention and Treatment Act of 1988. NCANDS is a voluntary data collection system that gathers information from all 50 states, the District of Columbia, and Puerto Rico about reports of child abuse and neglect. In light of the acknowledged close relationship between child maltreatment and animal abuse, and with exposure to animal abuse considered an Adverse Childhood Event (ACE), the Committee encourages HHS to explore the feasibility of including a category of animal abuse to caregiver characteristics and environmental factors that may place the child at risk for maltreatment.

Trauma-Informed Interventions.—The Committee includes $2,500,000 for a demonstration project related to the implementation of a new and innovative approach to serving children providing trauma-informed interventions. Eligible applicants should be nonprofit organizations with a demonstrated experience working with children who have experienced severe trauma caused by abuse or neglect. Applicants are expected to partner with a regional children's hospital and shall include Institutional Review Board-approved research supported by content area and epidemiological experts. The project should report regularly on findings, outcomes, and retention rates, including recommendations regarding sustainable funding and replicable components.

Community-Based Child Abuse Prevention

The Committee recommends $63,160,000 for Community-Based Child Abuse Prevention, which is $7,500,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request. These formula grants support community-based approaches to child abuse and neglect prevention.

Social Services Research and Demonstration

The Committee recommends $7,512,000 for Social Services and Income Maintenance Research, which is $500,000 above the fiscal year 2020 enacted level and $1,000,000 above the fiscal year 2021 budget request.

Child Welfare Intergenerational Poverty Study.—The Committee directs $1,000,000 for the Secretary to enter into an agreement with the National Academy of Sciences to provide an evidence-based analysis of and recommendations for policies and programs to reduce intergenerational poverty and improve child welfare. This study should include, but not be limited to: the correlates and causes of the perpetuation of poverty from childhood into adulthood; the racial disparities and structural factors that contribute to this cycle; the effects of major assistance, intervention, and education programs on intergenerational poverty; identify policies and programs that have the potential to significantly reduce the effects of intergenerational poverty; and identify key, high-priority gaps in the research needed to help develop effective policies for reducing intergenerational poverty in the United States.

Native American Programs

The Committee recommends $60,000,000 for Native American Programs, which is $3,950,000 above fiscal year 2020 enacted level and $2,725,000 above the fiscal year 2021 budget request. These programs assist Tribal and village governments and Native American institutions and organizations in their efforts to support and develop stable, diversified local economies. Tribes and non-profit organizations use funds to develop and implement sustainable community-based social and economic programs and services to improve the well-being of Native people.

The Committee recommends an additional $2,450,000 over the fiscal year 2020 enacted level for Social and Economic Development Strategies (SEDS) grants. These competitive financial assistance grants support locally determined projects designed to reduce or eliminate community problems and achieve community goals.

Within the total, the recommendation includes no less than $15,000,000 for Native American language preservation activities, including not less than $6,000,000 for language immersion programs as authorized by section 803C(b)(7)(A)–(C) of the Native American Programs Act, as amended by the Esther Martinez Native American Language Preservation Act of 2006.

Community Services Programs

Community Services Block Grant.—The Committee recommends $750,000,000 for the Community Services Block Grant (CSBG), which is $10,000,000 more than the fiscal year 2020 enacted level and $750,000,000 above the fiscal year 2021 budget request. The CSBG provides funds to alleviate the causes and conditions of poverty in communities. In addition, the CARES Act (P.L. 116–136) included $1,000,000,000 for supplemental community services in response to the coronavirus pandemic.

The Committee is concerned by reports that States may not be disbursing CSBG funding to local grantees in a timely manner, and requests the program brief the Committee within 90 days of enactment of this Act, on any States that are unable to distribute CSBG funding to local entities within 30 days of receiving funding.

Community Economic Development.—The Committee recommends $20,383,000 for Community Economic Development, which is equal to the fiscal year 2020 enacted level and $20,383,000 above the fiscal year 2021 budget request. Community Economic Development is a grant program, which funds Community Development Corporations seeking to address the economic needs of low-income individuals and families through the creation of sustainable business development and employment opportunities.

The Committee is concerned that the program may be considering changes to procedures regarding the disposition of intangible assets and program income acquired with, and program income derived from, CED grants. The Committee urges the program to consider the impact any such changes would have on the possibility of leveraging other financing sources in the future, and to brief the Committee prior to making any changes being considered.

Rural Community Facilities Development.—The Committee recommends $10,000,000 for the Rural Community Facilities Development program, which is equal to the fiscal year 2020 enacted level,

and $10,000,000 above the fiscal year 2021 budget request. Rural Community Development is a grant program that works with regional and Tribal organizations to manage safe water systems in rural communities.

Within 120 days of enactment of this Act, the Committee requests a report of Rural Community Facilities Development projects supported by Rural Community Development (RCD) grants in fiscal year 2019 and 2020. The report should identify which projects are in persistent poverty areas, which shall be defined as any county that has had 20 percent or more of its population living in poverty over the past 30 years, as measured by the 1990 and 2000 decennial censuses and the most recent Small Area Income and Poverty Estimates published by the Census Bureau. In addition, the report should identify which projects are in high-poverty areas, where the term high-poverty area should mean any county or Tribal census tract with a poverty rate of at least 20 percent as measured by the 2014–2018 5-year data series available from the American Community Survey of the Census Bureau. The Committee requests the RCD program, as part of its fiscal year 2021 grant continuation application process, instruct grantees to collect and report time and costs associated with work supporting projects in persistent and high-poverty areas.

Domestic Violence Hotline

The Committee recommends $14,000,000 for the Domestic Violence Hotline, which is $2,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request. The Hotline provides 24-hour, toll-free and confidential services immediately connecting callers to local service providers.

In addition, the CARES Act (P.L. 116–136) included $2,000,000 to expand the hotline's capacity during the coronavirus pandemic.

Family Violence Prevention and Battered Women's Shelters

The Committee recommends $185,000,000 for the Family Violence Prevention and Battered Women's Shelters programs, which is $10,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request. The Family Violence Prevention and Services Act programs provide funding to support the prevention of incidents of family violence, domestic violence, and dating violence, and provide the immediate shelter and supportive services for adult and youth victims (and their dependents).

In addition, the CARES Act (P.L. 116–136) included $45,000,000 for the program to expand capacity to provide temporary housing and assistance to victims of family, domestic, and dating violence.

The Committee strongly supports the expertise, training, and support that Domestic Violence Resource Network resource centers provide to survivors of partner violence across the country and recognizes that LGBTQ communities face many unique barriers to accessing culturally competent support. The Committee understands funding for several resource centers may be expiring at the end of this fiscal year. The Committee includes funding to continue contracts for resource centers that support underserved populations and directs ACF to maintain funding to support resource centers serving the LGBTQ community at no less than the level provided in fiscal year 2020.

Program Direction

The Committee recommends $206,000,000 for Program Direction, which is equal to the fiscal year 2020 enacted level.

Member of Congress Letters of Support.—The Committee requests a report within 90 days of enactment of this Act discussing the process by which ACF evaluates a letter of support by a Member of Congress in competitive grant applications.

Status of Funds.—The Committee requests ACF provide the quarterly status of balances report, as required in Section 524 of the bill, at the account and program level of detail displayed in the table at the end of this report.

PROMOTING SAFE AND STABLE FAMILIES

Appropriation, fiscal year 2020	$437,515,000
Budget request, fiscal year 2021	404,765,000
Committee Recommendation	404,765,000
Change from enacted level	−32,750,000
Change from budget request	−−−

The Committee recommends $345,000,000 in mandatory funds and $59,765,000 in discretionary funds for the Promoting Safe and Stable Families program. This program enables each State to operate a coordinated program of family preservation services, community-based family support services, time-limited reunification services, and adoption promotion and support services. States receive funds based on their share of children in all States receiving food stamp benefits.

PAYMENTS FOR FOSTER CARE AND PERMANENCY

Appropriation, fiscal year 2020	$5,744,000,000
Budget request, fiscal year 2021	7,011,538,000
Committee Recommendation	7,011,538,000
Change from enacted level	+1,267,538,000
Change from budget request	−−−

The Committee also recommends an advance appropriation of $3,000,000,000 for the first quarter of fiscal year 2022 to ensure timely completion of first quarter grant awards.

Adoption and Foster Care Analysis and Reporting System (AFCARS) Data Elements.—The Committee is very disappointed that HHS finalized rulemaking removing LGBTQ and Indian Child Welfare Act (ICWA) data from AFCARS. Abandoning data collection on LGBTQ foster youth, parents, and guardians is a clear sign that HHS is abdicating its statutory responsibilities to promote the well-being, safety, and permanency of LGBTQ foster youth by limiting the ability to track and improve these outcomes for LGBTQ foster youth, as well as to track recruitment of LGBTQ foster and adoptive parents in an effort to provide diverse family placements for diverse foster youth. Similarly, removing many ICWA data elements is a sign that HHS is abdicating its statutory and federal trust responsibilities to protect the best interests of tribal children, to promote the stability and security of Indian tribes and families, and to monitor State implementation of the ICWA in order to budget, plan, and target needed training and technical assistance to support states to meet federal law. LGBTQ and ICWA data elements are especially critical for tracking and improving outcomes for foster youth and families living at the intersections of race, sex-

ual orientation, gender, and tribal affiliation, particularly LGBTQ tribal foster youth and families.

ADMINISTRATION FOR COMMUNITY LIVING

AGING AND DISABILITY SERVICES PROGRAMS

Appropriation, fiscal year 2020	$2,171,000,000
Budget request, fiscal year 2021	2,072,092,000
Committee Recommendation	2,225,390,000
Change from enacted level	+54,390,000
Change from budget request	+153,298,000

Created in 2012, the Administration for Community Living (ACL) brings together the efforts and achievements of the Administration on Aging, the Administration on Intellectual and Developmental Disabilities, and the HHS Office on Disability to serve as the Federal agency responsible for increasing access to community supports, while focusing attention and resources on the unique needs of older Americans and people with disabilities across the lifespan.

In addition, the Families First Coronavirus Response Act (P.L. 116–127) included $250,000,000 and the CARES Act (P.L. 116–136) included $955,000,000 to provide millions of additional home-delivered and prepackaged meals, supplemental home and community-based supportive services, support for the long-term care ombudsman, and supplemental family caregiver support services; to expand capacity at Aging and Disability Resource Centers; and to expand capacity at Centers for Independent Living.

The Committee continues to fund the Senior Medicare Patrol Program through the Health Care Fraud and Abuse Control Account.

Home and Community-Based Supportive Services

The Committee recommends $400,074,000 for Home and Community-Based Supportive Services, which is $10,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request. This program provides formula grants to States and territories to fund a wide range of social services that enable seniors to remain independent in their homes for as long as possible.

In addition, the CARES Act (P.L. 116–136) included $200,000,000 to provide supplemental home and community-based supportive services during the coronavirus pandemic.

Preventive Health Services

The Committee recommends $24,848,000 for Preventive Health Services, which is the same as the fiscal year 2020 enacted level and the fiscal year 2021 budget request. This program funds activities that help seniors remain healthy and avoid chronic diseases.

Protection of Vulnerable Older Americans

The Committee recommends $24,658,000 for activities to protect vulnerable older Americans, which is $2,000,000 above the fiscal year 2020 enacted level and $4,030,000 above the fiscal year 2021 budget request. These programs provide grants to States for protection of vulnerable older Americans through the Long-Term Care Ombudsman and Prevention of Elder Abuse and Neglect programs.

The recommendation directs an additional $2,000,000 to State Long-Term Care Ombudsman Programs.

In addition, the CARES Act (P.L. 116–136) included $20,000,000 for the long-term care ombudsman program, during the coronavirus pandemic.

Family Caregiver Support Services

The Committee recommends $193,936,000 for the National Caregiver Support program, which is $8,000,000 above the fiscal year 2020 enacted level and $43,350,000 above the fiscal year 2021 budget request. This program offers a range of support services to family caregivers, including assistance in accessing services such as respite care, counseling, support groups, and caregiver training.

In addition, the CARES Act (P.L. 116–136) included $100,000,000 to provide supplemental caregiver support services during the coronavirus pandemic.

Youth Caregivers.—The Committee recognizes the significant barriers and lack of support youth caregivers face, and urges ACL and its Family Caregiving Advisory Council to consider the needs of youth caregivers in the development and execution of its national family caregiving strategy.

Native American Caregiver Support Services

The Committee recommends $12,306,000 for the Native American Caregiver Support program, which is $2,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request. This program provides grants to Tribes for the support of American Indian, Alaskan Native, and Native Hawaiian families caring for older relatives with chronic illness or disabilities.

Congregate and Home-Delivered Nutrition Services

The Committee recommends a total of $956,753,000 for senior nutrition. The recommendation includes: $520,342,000 for Congregate Nutrition Services, which is $10,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request; $276,342,000 for Home-Delivered Meal Services, which is $10,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request; and $160,069,000 for the Nutrition Services Incentives program, which is equal to the fiscal year 2020 enacted level and the fiscal year 2021 budget request.

In addition, the Families First Coronavirus Response Act (P.L. 116–127) and the CARES Act (P.L. 116–136) included $240,000,000 and $480,000,000, respectively, to provide millions of additional home-delivered and prepackaged meals, as well as related services, during the coronavirus pandemic. These programs help older Americans remain healthy and independent in their communities by providing meals and related services in a variety of settings (including congregate facilities such as senior centers) and via home-delivery to older adults who are homebound due to illness, disability, or geographic isolation.

Malnutrition.—The Committee is concerned that older adults homebound during the COVID–19 pandemic may not have regular access to food, putting them at increased risk of malnutrition. The Committee understands that malnutrition screening was included as a defined disease prevention and health promotion service in the

recent Older Americans Act (OAA) reauthorization, and expects programs to ensure that they are using proper nutrition risk screening tools that capture people at risk for, or that have malnutrition, as part of regular nutrition screening.

Nutrition Guidelines for Older Adults.—The Committee is concerned that GAO's December 2019 report on "Nutrition Assistance Programs: Agencies Could Do More to Help Address the Nutritional Needs of Older Adults" found Federal nutrition guidelines do not focus on the needs of many older adults, such as those with common health conditions and those over age 70. The Committee expects the Administrator of ACL to continue working with other relevant HHS officials and to document a plan to focus on the specific nutritional needs of older adults in the 2025–2030 update of the Dietary Guidelines for Americans. The Committee recommends ACL take steps to ensure States demonstrate that they are monitoring providers to ensure meal consistency with Federal nutrition requirements for meals served in congregate and home-delivered meal programs. Finally, the Committee directs ACL to centralize and make publicly available information on promising approaches for making meal accommodations to meet the nutritional needs of older adult participants in the congregate and home-delivered meal programs.

Native American Nutrition and Supportive Services

The Committee recommends $37,208,000 for Native American Nutrition and Supportive Services, which is $2,500,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request. This program provides grants to Tribes to promote the delivery of nutrition and home and community-based supportive services to Native American, Alaskan Native, and Native Hawaiian elders.

In addition, the Families First Coronavirus Response Act (P.L. 116–127) and the CARES Act (P.L. 116–136) included $10,000,000 and $20,000,000, respectively, to provide additional home-delivered and prepackaged meals, as well as related services, during the coronavirus pandemic.

Aging Network Support Activities

The Committee recommends $12,461,000 for Aging Network Support Activities, which is equal to the fiscal year 2020 enacted level and $958,000 above the fiscal year 2021 budget request. This program supports activities that expand public understanding of aging and the aging process.

Holocaust Survivor's Assistance.—The Committee continues to provide not less than $5,000,000 for the Holocaust Survivor's Assistance program. This program provides supportive services for aging Holocaust survivors living in the U.S.

Care Corps.—The Committee recognizes the growing demand for services and supports to help seniors and individuals with disabilities live independently in their homes, and the need to support family caregivers who facilitate that independence. Within 120 days of enactment of this Act, the Committee requests ACL provide a briefing on the status and benefits of the Care Corps grant program, which places volunteers in communities to assist family care-

givers and/or assist seniors and individuals with disabilities in maintaining independence by providing non-medical care.

Data Collection on Needs of LGBT Older Adults.—The Committee understands that while the definition of "greatest social need" under the Older Americans Act of 1965 includes isolation caused by racial or ethnic status, it notes that the definition is not intended to exclude the targeting of other populations that experience cultural, social, or geographic isolation due to other factors. The Committee supports ACL's recognition that such isolation may be caused by minority religious affiliation, sexual orientation, or gender identity, which may restrict a person's ability to perform normal daily tasks or live independently. The Committee directs ACL to ensure that the needs of such populations are being met by the aging services network through targeted outreach and programming. Specifically, and within 120 days of enactment of this Act, the Committee directs ACL to collect and publish data from the aging services network on how the needs of such populations are being met, including: (1) the unique needs of lesbian, gay, bisexual, and transgender (LGBT) older adults; (2) how the aging service network is meeting these needs; and (3) what gaps exist in the provision of aging services to this population.

National Technical Assistance Center on Grandfamilies.—The Committee recognizes that more than 2.5 million children are being raised in grandfamilies without the child's parents in the home, with the vast majority of these families raising children outside of the formal foster care system and lacking access to needed information, services or supports to help them care for the children. The Committee encourages ACL to work with the Advisory Council to Support Grandparents Raising Grandchildren and with ACF, to coordinate the establishment of a Technical Assistance Center on Grandfamilies to provide information, resources and individualized technical assistance and support to help State, tribal, and local agencies and non-profit organizations use model practices and programs for serving children, parents and caregivers in grandfamilies, including those impacted by parental substance use.

Alzheimer's Disease Program

The Committee recommends $26,500,000 for the Alzheimer's disease program, which is equal to the fiscal year 2020 enacted level and the fiscal year 2021 budget request. This program provides competitive matching grants to a limited number of States to encourage program innovation and coordination of public and private services for people with Alzheimer's disease and their families. The Committee continues to support efforts to increase respite care services for family members and caregivers supporting individuals living with Alzheimer's Disease and Related Dementias.

Respite Care

The Committee recommends $10,000,000 for Respite Care, which is $3,890,000 above the fiscal year 2020 enacted level and $6,640,000 above the fiscal year 2021 budget request. The program focuses on easing the burdens of caregiving by providing grants to eligible State organizations to improve the quality of, and access to, respite care for family caregivers.

Falls Prevention

The Committee recommends $5,000,000 to be transferred from the PPH Fund to ACL for the Falls Prevention program, which is equal to the fiscal year 2020 enacted level and $5,000,000 above the fiscal year 2021 budget request. Falls prevention grants support the promotion and dissemination of prevention tools delivered in community settings.

Chronic Disease Self-Management Program

The Committee recommends $8,000,000 to be transferred from the PPH Fund to ACL for the Chronic Disease Self-Management program, which is equal to the fiscal year 2020 enacted level and $8,000,000 above the fiscal year 2021 budget request. This program supports grants to States for low-cost, evidence-based prevention models that use state-of-the-art techniques to help those with chronic conditions address issues related to the management of their disease.

Elder Rights Support Activities

The Committee recommends $17,874,000 for Elder Rights Support Activities, which is $2,000,000 above the fiscal year 2020 enacted level and equal to the fiscal year 2021 budget request. This program supports efforts that provide information, training, and technical assistance to legal and aging services organizations working to prevent and detect elder abuse and neglect.

The Committee encourages ACL to lead efforts to develop a coordinated and consistent approach to Adult Protective Services (APS) through development of an APS National Data System. The Committee recognizes that the opioid crisis is affecting adult protective services, but believes this work should be done as part of increased screening efforts, which should be prioritized in order to reduce elder abuse, neglect and exploitation.

Guardianship Systems.—The recommendation includes $2,000,000 for grants to address problems in State guardianship laws and procedures that lead to the unnecessary loss of rights and incidence of abuse as authorized under Section 2042(c)(3) of the Social Security Act. Grant awards should be provided for at least a 5-year award period. The Committee encourages ACL to support State efforts to examine their guardianship systems through nationally coordinated initiatives such as WINGS (Working Interdisciplinary Networks of Guardianship Stakeholders), which have been particularly valuable. Additional national coordination efforts should include: facilitating information sharing between State WINGS via in person convenings, remote access, and dissemination of materials; technical assistance to State WINGS or similar groups; and support for data collection and analysis.

Aging and Disability Resource Centers

The Committee recommends $8,119,000 for Aging and Disability Resource Centers (ADRCs), which is the same as the fiscal year 2020 enacted level and $2,000,000 above the fiscal year 2021 budget request. These centers provide information, counseling and access for individuals to learn about the services and support options available to seniors and the disabled so they may retain their independence.

In addition, the CARES Act (P.L. 116–136) included $50,000,000 to expand capacity at Aging and Disability Resource Centers during the coronavirus pandemic.

Integrated Wellness in Supportive Housing.—The Committee supports the continued collaboration between HHS and the Department of Housing and Urban Development (HUD) on research initiatives to inform the design of the Supportive Services Demonstration for Elderly Households in HUD Assisted Multifamily Housing. The Committee recognizes that ADRCs support efforts to develop more efficient, cost-effective, and consumer-responsive systems, and believes that they can play an important role in evaluating the Integrated Wellness in Supportive Housing (IWISH) demonstration. The Committee strongly urges the ADRCs to continue to collaborate with HUD to evaluate the effectiveness of the IWISH project, including its potential for expansion and its cost-savings implications for the healthcare system.

State Health Insurance Assistance Program

The Committee recommends $54,115,000 for the State Health Insurance Assistance Program, which is $2,000,000 above the fiscal year 2020 enacted level and $18,000,000 above the fiscal year 2021 budget request. The State Health Insurance Assistance Program provides Medicare beneficiaries with information, counseling, and enrollment assistance.

Paralysis Resource Center

The Committee recommends $9,700,000 for the Paralysis Resource Center (PRC), and directs not less than $8,700,000 to the National PRC. The Paralysis Resource Center offers activities and services aimed at increasing independent living for people with paralysis and related mobility impairments, and supporting integration into the physical and cultural communities in which they live.

The Committee is concerned that PRC State Pilot Programs may be duplicative of similar grantmaking efforts at the federal level. Within 120 days of enactment of this Act, the Committee requests an assessment of the effectiveness of the State Pilot Programs in meeting funding or programmatic needs not already met by the National PRC.

Limb Loss Resource Center

The Committee recommends $4,000,000 for the Limb Loss Resource Center, which is equal to the fiscal year 2020 enacted level and the fiscal year 2021 budget request. The Limb Loss Resource Center supports a variety of programs and services for those living with limb loss, including a national peer support program, educational events, training for consumers and healthcare professionals, and information and referral services. In addition, the Center supports our Veterans and Wounded Warriors through VA and DOD partnerships and volunteer programs, and disseminates over 20,000 patient education materials created by the program to promote recovery and reintegration, improve health and enhance well-being and rehabilitation through a national network of professionals and support groups.

Traumatic Brain Injury

The Committee recommends $11,321,000 for the Traumatic Brain Injury program, which is equal to the fiscal year 2020 enacted level and the fiscal year 2021 budget request. The program provides grants to States for the development of a comprehensive, coordinated family and person-centered service system at the State and community level for individuals who sustain a traumatic brain injury. The Committee encourages ACL to expand efforts to better understand the impacts of TBI on young people.

Developmental Disabilities State Councils

The Committee recommends $80,000,000 for State Councils on Developmental Disabilities, which is $2,000,000 above the fiscal year 2020 enacted level and $24,000,000 above the fiscal year 2021 budget request. The Developmental Disabilities State Councils work to develop, improve and expand the system of services and supports for people with developmental disabilities. The Committee recommends not less than $700,000 for technical assistance and training for the State Councils on Developmental Disabilities, and requests that ACL report back to the Committee within 90 days of enactment of this Act on implementation of this language.

Developmental Disabilities Protection and Advocacy

The Committee recommends $41,784,000 for Developmental Disabilities Protection and Advocacy, which is $1,000,000 above the fiscal year 2020 enacted level and $3,050,000 above the fiscal year 2021 budget request. This formula grant program provides funding to States to establish and maintain protection and advocacy systems to protect the legal rights of persons with developmental disabilities.

The Committee notes that the Supreme Court decision in Olmstead v. L.C. (1999) held that the Americans with Disabilities Act (ADA) does not require removing individuals from institutional settings when they are unable to handle or benefit from a community-based setting and that the ADA does not require community-based treatment on patients who do not desire it. The Committee supports efforts that ensure programs properly account for the needs and desires of patients, their families, and caregivers and the importance of affording patients the proper setting for their care.

Voting Access for Individuals with Disabilities

The Committee recommends $8,463,000 for Voting Access for Individuals with Disabilities program, which is $1,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request. The Voting Access for Individuals with Disabilities program authorized by the Help America Vote Act provides formula grants to ensure full participation in the electoral process for individuals with disabilities, including registering to vote, accessing polling places, and casting a vote.

Developmental Disabilities Projects of National Significance

The Committee recommends $12,250,000 for Developmental Disabilities Projects of National Significance, which is equal to the fiscal year 2020 enacted level and $11,200,000 above the fiscal year 2021 budget request. This program funds grants and contracts that

develop new technologies and demonstrate innovative methods to support the independence, productivity, and integration of those living with a disability into the community.

University Centers for Excellence in Developmental Disabilities

The Committee recommends $41,619,000 for University Centers for Excellence in Developmental Disabilities, which is equal to the fiscal year 2020 enacted level and $9,073,000 above the fiscal year 2021 budget request. The University Centers for Excellence in Developmental Disabilities Education, Research, and Service are a nationwide network of independent but interlinked centers, representing a national resource for addressing issues, finding solutions, and advancing research related to the needs of individuals with developmental disabilities and their families.

Independent Living

The Committee recommends $116,183,000 for the Independent Living program, of which $25,378,000 is for the Independent Living State Grants program and $90,805,000 is for the Centers for Independent Living program. This funding level is equal to the fiscal year 2020 enacted level and $2,537,000 above the fiscal year 2021 budget request. Independent Living programs maximize the leadership, empowerment, independence, and productivity of individuals with disabilities.

In addition, the CARES Act (P.L. 116–136) included $85,000,000 to expand capacity at Centers for Independent Living during the coronavirus pandemic.

National Institute on Disability, Independent Living, and Rehabilitation Research

The Committee recommends $111,970,000 for the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), which is equal to the fiscal year 2020 enacted level and $21,599,000 above the fiscal year 2021 budget request. NIDILRR generates knowledge and promotes its effective use to enhance the abilities of people with disabilities to perform activities of their choice in the community and to expand society's capacity to provide full opportunities for its citizens with disabilities.

Assistive Technology

The Committee recommends $37,000,000 for Assistive Technology, which is equal to the fiscal year 2020 enacted level and $5,061,000 above the fiscal year 2021 budget request. Assistive Technology (AT) supports programs providing grants to States for addressing assistive technology needs of individuals with disabilities. The goal is to increase awareness of and access to assistive technology devices and services that may help with education, employment, daily activities, and inclusion of people with disabilities in their communities.

The Committee continues to provide $2,000,000 for competitive grants to support existing and new alternative financing programs that provide for the purchase of AT devices.

Program Administration

The Committee recommends $41,063,000 for Program Administration, which is the same as the fiscal year 2020 enacted level. This funding supports Federal administrative costs associated with administering ACL's programs.

Telehealth Training and Education for Medicare Beneficiaries.—The Committee recognizes the potential for telehealth, remote monitoring, and digital health technologies to help meet the needs of patients and families across the country. In response to the COVID–19 pandemic, Congress expanded access to telehealth services by providing the Secretary with the authority to waive longstanding restrictions on Medicare telehealth services for the duration of the public health emergency. The Committee is aware that as healthcare providers have sought to deliver virtual care at scale, some beneficiaries and caregivers are in need of training and education on how to interact with providers prior to a telehealth visit. To address this issue, the Committee directs ACL to work with CMS and other stakeholders to develop education and training resources that account for age-related differences in how beneficiaries interact with technology. The Committee directs ACL to submit a report within 60 days of enactment of this Act, evaluating current telehealth training and education programs, and provide additional recommendations on how to improve beneficiary utilization and access to synchronous and asynchronous Medicare telehealth services.

OFFICE OF THE SECRETARY

MEDICARE HEARINGS AND APPEALS

Appropriation, fiscal year 2020	$191,881,000
Budget request, fiscal year 2021	196,381,000
Committee Recommendation	191,881,000
Change from enacted level	– – –
Change from budget request	–4,500,000

This activity supports hearings at the administrative law judge level, the third level of Medicare claims appeals.

Medicare Appeals Backlog.—The Committee continues bill language included in fiscal year 2020 to provide flexibility for the Department to address backlogs of appeals hearings, as well as retain and recruit Administrative Law Judges.

GENERAL DEPARTMENTAL MANAGEMENT

Appropriation, fiscal year 2020	$544,457,000
Budget request, fiscal year 2021	420,945,000
Committee Recommendation	522,787,000
Change from enacted level	–21,670,000
Change from budget request	+101,842,000

Of the funds provided, $64,828,000 shall be derived from evaluation set-aside funds available under section 241 of the Public Health Service Act, which is the same as the fiscal year 2020 enacted level and $9,012,000 below the fiscal year 2021 budget request.

This appropriation supports activities that are associated with the Secretary's roles as policy officer and general manager of the Department of Health and Human Services. The Office of the Sec-

retary also implements administration and Congressional directives, and provides assistance, direction and coordination to the headquarters, regions, and field organizations of the department. In addition, this funding supports the Office of the Surgeon General and several other health promotion and disease prevention activities that are centrally administered.

Advertising Contracts.—The Committee understands that, as the largest advertiser in the United States, the federal government should work to ensure fair access to its advertising contracts for small disadvantaged businesses and businesses owned by minorities and women. The Committee directs each department and agency to include the following information in its fiscal year 2022 budget justification: Expenditures for fiscal year 2020 and expected expenditures for fiscal year 2021 and 2022, respectively, for (1) all contracts for advertising services; and (2) contracts for the advertising services of (I) socially and economically disadvantaged small businesses concerns (as defined in section 8(a)(4) of the Small Business Act (15 U.S.C. 637 (a)(4)); and (II) women-and minority-owned businesses.

In addition, the Committee encourages the Department to consider using local media in their advertising, including local television, radio broadcast stations, and newspapers to the greatest extent possible. The Committee directs the Department to include in its fiscal year 2022 Congressional Budget Justification details on expenditures on local media advertising for the prior two fiscal years.

Awareness of Sickle Cell Trait.—The Committee supports the efforts to provide Americans with screening for sickle cell trait, a known health disparity among African Americans and Hispanic/Latino Americans. The Committee urges the Secretary of Health and Human Services, in collaboration with NIH and CDC, to submit an action plan within 180 days of enactment of this Act to address the lack of awareness of sickle cell trait and the prevalence of testing for sickle cell trait.

Bereavement Care.—The Committee is aware of research indicating that individuals and families suffer severe health, social, and economic declines following the death of a loved one—be it a child, sibling, spouse, or parent. The Committee encourages CMS, SAMHSA, HRSA, IHS, CDC, NIH, ACF, OMH and OWH to examine their involvement in activities to advance bereavement care for families, including documenting and investigating the policies or programs that help or hinder functional coping or adaptive processing and the prevalence and outcome of bereavement events (what relationships are impacted, how the loved one died and their age, risk factors and associated health events or outcomes, and biological or physiological changes in well-being.).

Blood Banks.—The Committee supports the Secretary's decision to allow blood banks to provide blood donors with COVID–19 antibody testing, and thus directs HHS to continue to allow this activity which benefits blood donors and provides state and local governmental entities with valuable data.

Chronic Fatigue Syndrome Advisory Committee.—The Committee looks forward to reviewing HHS's plan regarding myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) as requested in House Report 116–62. In the interim, the Committee encourages

HHS to foster interagency and stakeholder collaboration in addressing the crisis in ME/CFS clinical care and accelerating drug development for ME/CFS.

Chronic Pain.—The Committee remains concerned about the public health epidemic of acute and chronic pain, including its interrelationship with the opioid crisis. The Committee is pleased with the release of the HHS Pain Management Best Practices Inter-Agency Task Force Report in May 2019, but remains concerned over delayed dissemination and implementation of the Report's recommendations. A strategic plan to disseminate the report and implement recommendations is needed, and the Committee strongly encourages the Department to widely disseminate the Report to health care providers and other public health stakeholders, and to update relevant pain management policies and educational tools to reflect Task Force recommended best practices across all relevant HHS agencies, including the CDC, CMS, SAMHSA and other relevant agencies. The Committee also urges the Department to coordinate with the Department of Defense and Veterans Affairs to launch a public awareness campaign to educate Americans about acute and chronic pain and the evidence based non-opioid treatment options that are available, including non-opioid medications; interventional procedures such as nerve blocks, injections and surgical devices; behavioral health approaches such as cognitive behavioral therapy; and complementary and integrative health therapies such as massage therapy and acupuncture.

Coordination of Vector-Borne Disease Control.—The Committee urges the Secretary to establish a coordinating office to facilitate and expedite the government's response to vector-borne disease threats, including combating the spread of disease through innovative vector control technologies, as well as provide a valuable resource to scientific investigators, health professionals and the general public. The coordinating office should improve communication, collaboration, and transparency across numerous agencies engaged in various facets of vector-borne disease research and control, including the CDC, FDA, NIH, and BARDA. The coordinating office should also establish communication, collaboration, and transparency with non-HHS agencies, including USDA, USAID, DoD, Homeland Security, and Veterans Affairs.

County Level Data.—Committee encourages agencies, when feasible, to collect and report county-level data for programs funded through Federal formula grants to States.

Customer Service.—The Committee continues to support efforts to improve customer service in accordance with Executive Order 13571—Streamlining Service Delivery and Improving Customer Service. The Committee directs the Secretary to develop standards to improve customer service and incorporate the standards into the performance plans required under 31 U.S.C. 1115. The Committee further directs the Department to include an update on the progress of these efforts in the fiscal year 2022 Congressional Budget Justification.

Dataset of Payments from the Provider Relief Fund.—The Secretary shall continue to maintain the online reporting dataset of all payments from the Provider Relief Fund. The dataset, which is hosted by CDC with data provided by HRSA, shall remain publicly

available in a searchable, electronic format, through fiscal year 2021.

Data Science.—The Committee supports the use of operations research and analytics to inform decision-making and enable agencies to improve the development and execution of federal programs, more accurately assess their implementation, and reduce waste, fraud and abuse. The Committee requests a report within 120 days outlining how the Department utilizes data scientists and operations research analysts, including how many personnel are employed in these positions and the roles they fill in the Department.

Dietary Guidelines for Americans Advisory Committee.—The Committee encourages the Dietary Guidelines for Americans Advisory Committee to take into account sound scientific evidence while developing the Dietary Guidelines for Americans.

Diverse Participation in COVID–19 Vaccine Development.—The Committee is concerned that demographic data on COVID–19 vaccine clinical trial participants are not being collected and reported, which could impede efforts to ensure that eventual COVID–19 vaccines are safe and effective for the entire U.S. population. The Committee directs the Secretary to require the collection and reporting of all relevant demographic data on COVID–19 vaccine clinical trial participants, including data on age, sex, race, and ethnicity. The Committee directs the Secretary, in consultation with relevant agencies within HHS—including FDA, NIH, the Office of the Assistant Secretary for Preparedness and Response, Office of Minority Health, and Office on Women's Health—to submit a report to the Committee within 90 days of enactment of this Act on the specific steps the Department is taking to ensure that ongoing and upcoming COVID–19 vaccine clinical trials have diverse and representative participation of historically underrepresented subgroups, including by age, sex, race, ethnicity, and women who are pregnant or lactating.

Evidence-based Grants and Policy.—The Committee requests an update in the fiscal year 2022 Congressional Budget Justification on implementation of the Foundations for Evidence-based Policymaking Act (P.L. 115–435) and implementation plans for the coming year. The Committee encourages the Secretary to develop guidance to ensure relevant participants and grantees are involved in the Department-wide process of prioritizing evidence needs, including participating in Department-led evaluations. Consistent with program statutes, the Committee encourages the Secretary to ensure that evidence of effectiveness is a consideration in grant opportunities.

Geriatric Centers of Excellence.—The Committee is concerned about demographic challenges driven by an aging population. The Committee directs the Secretary to submit a report within 180 days of enactment of this Act about how to create the most effective and efficient models for "geriatric centers of excellence." which would serve as hubs to provide integrated and holistic supportive care for the aging population while monitoring and managing performance of the community's eldercare arrangements. The report should address issues of how these centers will engage in clinical care, as well as provide an array of services and supports to make community living a possibility for more elders. The report should address how a cohort of local geriatric centers of excellence could be used

to test and disseminate best practices. Moreover, the report should examine the benefits of establishing geriatric centers of excellence in a variety of settings, including urban, suburban, or rural areas.

Global Health Research.—The Committee requests an update in the fiscal year 2022 congressional budget justification outlining how CDC, FDA, BARDA, and NIH, including the Fogarty International Center, jointly coordinate global health research activities with specific measurable metrics used to track progress and collaboration toward agreed upon health goals.

Grants Policy.—The Committee understands Departmental grant guidance makes clear that directives contained in a House, Senate, or Conference report or explanatory statement accompanying an appropriations act should be incorporated into funding opportunity announcements as appropriate. However, the Committee is aware of instances of funding announcements in the past fiscal year failing to address language applicable in a fiscal year 2020 report or statement. The Committee requests a briefing from the Office of Grants within 90 days of enactment of this Act on the process for addressing report or statement language.

Health Impact Assessments.—The Committee believes there is an opportunity to use health impact assessments and other related approaches in the federal government to raise awareness of the potential health consequences of proposed policies outside the health domain. The Committee strongly encourages the Department to study the benefits of incorporating assessments of health effects into the federal policymaking process with the intention to solve fundamental challenges of population health by better addressing the full range of factors that influence overall health and well-being (*e.g.*, education, safe environments, housing, transportation, economic development, access to healthy foods).

Hospital Infrastructure.—The Committee is concerned about the state of hospital infrastructure in the United States. The Committee directs the Secretary of Health and Human Services, in consultation with State departments of health and other public health entities, to submit a report to the Committee within one year of the date of enactment of this Act. The report should assess barriers to accessing capital for infrastructure at hospitals serving vulnerable populations, including disproportionate share hospitals, sole community hospitals, critical access hospitals, and public hospitals. The report should include an analysis of the impact of such barriers, including with respect to life-safety issues and emergency preparedness. Further, the report should include recommendations for addressing such barriers.

Lyme Disease.—The Committee encourages the Office of the Secretary to sponsor initiatives to spur innovation leading to the development of more effective diagnostics for all stages of Lyme disease and for the development of novel treatments that will return patients to health and eradicate the disease, including innovation in tools and resources data, technology and scientist collaborations. The Committee is appreciative of the role of the Office of the Chief Technology Officer in promoting innovation to strengthen agency programs and foster public health solutions. The Committee urges the Secretary to coordinate and collaborate with the Operating Divisions, including NIH, CDC, and FDA, to apply data, technology, and human resources to overcome obstacles and develop solutions

to effectively manage and eradicate Lyme disease. The Committee requests the Secretary submit within 180 days of enactment of this Act a multi-year plan outlining an initiative to conquer Lyme disease.

Maternal Mental Health.—The Committee looks forward to receiving a report, as directed in House Report 116–62, on the roles of Department agencies in addressing gaps in maternal mental health.

Mental Health Parity.—The Committee recognizes the important role Mental Health parity laws have in ensuring access to medical care and treatment. The Mental Health Parity and Addiction Equality Act (MHPAEA) requires insurers to cover care for mental health and substance use disorders at the same level as other medical and surgical care services. However, without proper oversight and compliance, patients are left fighting for coverage of benefits. The Committee is concerned there is still a lack of compliance among insurance companies not adequately covering mental and behavioral health services and providers more than 11 years after MHPAEA passed. In FY 2017, the Department of Labor (DOL) conducted 187 investigations and found 92 insurers were noncompliant. Furthermore, in December 2019, the Government Accountability Office reported that this lack of compliance extends beyond the DOL and includes Health and Human Services (HHS) employer-sponsored health plans. The Committee directs the Secretary of HHS to coordinate with the Secretary of Labor and the Secretary of the Treasury to create guidelines, within 90 days of enactment, in which all employer-sponsored health plans are required to submit an annual public compliance report, with the application of nonquantitative treatment limitations while ensuring that any proprietary, personal, or confidential consumer information is protected. The public compliance report shall be based on the Department of Labor's Self-Compliance Tool for the MHPAEA. The Secretary of HHS shall also annually report any auditing and enforcement of all plans.

National Health Care Workforce Commission.—The Committee includes $3,000,000 to establish the National Health Care Workforce Commission, as authorized by the Affordable Care Act. The Commission is intended to serve as a resource on health care workforce policy for Congress, the Administration, States, and localities and is tasked with evaluating healthcare workforce needs, assessing education and training activities, identifying barriers to improved coordination at the Federal, State, and local levels and recommending changes to address those barriers.

Nutritional Education.—The Committee recognizes the value of proper nutrition and food's impact on health. Research shows modest weight loss, as little as five percent of total body weight, can help to improve Type 2 diabetes in patients who are overweight. The Committee encourages the Secretary to establish an interagency collaboration with the Department of Education and Department of Agriculture to enhance nutritional education in K–12 schools. The Committee urges the Secretary to be proactive in promoting wellness, healthy exercising habits and disease prevention by providing evidence-based nutritional services, information on existing agency best practices, as well as a plan to expand nutritional

education and means to increase access to nutritional foods for students.

Patient Perspective on Ethics Advisory Boards.—The Committee directs the Secretary to appoint no fewer than three patient advocates to any advisory board established under 42 U.S.C. § 289a 1(b) with personal experience, either as a patient, or as a family member of a patient with eye disease, congenital birth conditions, diabetes, HIV/AIDS, Parkinson's disease, cancer, or other serious or life threatening conditions. The Secretary is further directed to ensure patient advocates are afforded the same responsibilities and weight of opinion as the other members of the ethics advisory board.

Performance Measures.—The Committee directs the Department to comply with title 31 of the United States Code, including the development of organizational priority goals and outcomes such as performance outcome measures, output measures, efficiency measures, and customer service measures. The Committee further directs the Department to include an update on the progress of these efforts in the fiscal year 2022 Congressional Budget Justification.

Persistent Poverty Counties.—The Committee supports targeted investments in impoverished areas, particularly in persistent poverty counties and in other high-poverty census tracts. To understand how programs funded through the Department are serving these particular areas, the Committee directs the Department to submit a report to the Committees on Appropriations on the percentage of funds allocated by all competitive grant programs and other anti-poverty programs in fiscal years 2018, 2019 and 2020 and estimates for fiscal year 2021 to serve individuals living in persistent poverty counties, as defined as a county that has had 20 percent or more of its population living in poverty over the past 30 years, as measured by the 1990 and 2000 decennial censuses and the most recent Small Area Income and Poverty estimates, or any territory or possession of the United States, and high-poverty areas, as defined as any census tract with a poverty rate of at least 20 percent as measured by the 2014 2018 five-year data series available from the American Community Survey of the Census Bureau. The Department shall report this information to the Committees within 90 days of such data being available and provide a briefing to the Committees not later than 180 days after enactment of this Act on how the Department is carrying out this directive.

Prematurity and Maternal Mortality.—The Committee notes that preterm birth and its complications continue to be the leading cause of death for infants in the U.S. and around the world. The Committee is aware that the PREEMIE Reauthorization Act of 2018 (P.L. 115–328) enables the Secretary to establish an interagency working group to improve coordination of programs and activities within the Department to prevent preterm birth, infant mortality, and related adverse birth outcomes. The Committee requests a report within 60 days of enactment of this Act regarding its activities to create the interagency workgroup and its activities to-date to accomplish the duties outlined in the PREEMIE Reauthorization Act of 2018. In addition, the Committee recognizes the disparities in outcomes by race, ethnicity, geography, and income related to maternal mortality and prematurity and appreciates the work of many agencies in addressing these disparities. The Committee urges the Interagency Workgroup, in collaboration with

OMH, OWH, NICHD, NIMHD, CDC, CMS, IHS, HRSA, as well as the March of Dimes Prematurity Research Centers, to develop a coordinated Department-wide strategy and implementation plan to share learning and identify and address factors that lead to maternal mortality and prematurity, including those socio-economic and racial-ethnic factors contributing to disparities in outcomes and inequities in health care. The Committee requests a report within 180 days of enactment of this Act on the aforementioned strategy and a plan for implementation.

Regional Coordination.—The Committee supports efforts to encourage and expand greater regional collaboration in the competitive grant process. The Committee encourages the Secretary to consider including regional councils and councils of governments as eligible entities in competitions for Federal funding when permitted by program statute.

Repatriation.—The Committee directs HHS to review the process for Congressional notification during repatriation flights of U.S. nationals from countries with developing health crises. The Committee directs HHS to provide a report within 180 days of enactment of this Act outlining a revised plan to ensure that members of Congress are notified in a timely manner when a repatriation flight could be landing in their district.

Shortages of Prescription Drugs.—The Committee remains concerned about the shortage of prescription drugs, including generic drugs, in times of international crisis, disaster, or manufacturing shortages. Generic drugs account for 90 percent of prescriptions consumed in the U.S. The Committee directs the Secretary to conduct a study on increased costs to consumers due to shortages of prescription drugs, including generic drugs. The study should outline policy options to address cost disparity when there are shortages in the generic version of life-saving drugs, as well as policy options to ensure sufficient supply of generic drugs. In addition, the study should evaluate how many Americans have faced shortages of their medications, including generic medications. The study should be submitted to the Committee within 180 days of enactment of this Act.

Social Determinants Council.—The Committee directs the Secretary of Health and Human Services to form an interagency-intergovernmental Social Determinants Council, which shall be responsible for drafting and releasing a report on federal cross-agency opportunities to address social determinants of health, including the potential benefits of grants to State, local, or Tribal jurisdictions to address social determinants of health. The Council shall consist of at least one designee from the Office of Management and Budget, the Department of Agriculture, the Department of Education, the Indian Health Service, HUD, the Department of Labor, the Department of Transportation, three designees of the Department of Health and Human Services—including CMS—and others as deemed appropriate. Up to six council designees may be non-federal subject matter experts with experience in areas such as implementing and evaluating transformative initiatives that harness data and conduct evaluations to increase the impact and cost-effectiveness of Federal Government Services and represent State, local, and Tribal health and human service agencies, public housing authorities, budget offices, State Medicaid agencies, or national Con-

sumer organizations. The Council shall provide technical assistance to State, local, and tribal jurisdictions seeking to develop Social Determinants Accelerator Plans through a new pilot program under the CDC.

Social Media and Negative Outcomes.—The Committee supports efforts by the Secretary to investigate whether there is a relationship between the use of social media and negative social and individual outcomes, including clinical and undiagnosed depression; self-harm, such as suicide, attempted suicide, and suicidal intent; harm to others; cyber bullying; chronic anxiety; or social isolation. Such investigation should consider the role of content and presentation in social media that is linked to negative outcomes, as well as the design of algorithms to prioritize user engagement. The Committee requests an update on this topic within 180 days of enactment of this Act.

Staffing Reports.—The Committee includes a general provision requiring the Department to submit a staffing report to the Committee on a biannual basis. The Excel table will include: the names, titles, grades, agencies, and divisions of all of the political appointees, special government employees, and detailees that were employed by or assigned to the Department during the previous month.

Sugar Substitutes.—The Committee directs the Secretary to conduct a study that reviews the sufficiency of the scientific evidence with regard to the safety of children consuming no- and low-calorie sugar substitutes in their diet, identifies gaps in the available evidence, and makes recommendations consistent with protecting the health of children.

Teen Pregnancy Prevention Evidence Review.—The Committee again includes $600,000 for the Assistant Secretary for Planning and Evaluation to maintain and continue to update the existing Teen Pregnancy Prevention Evidence Review. In addition, the Committee directs the agency to report to Congress within 30 days of enactment of this Act on steps it has taken to use the $600,000 appropriated for fiscal year 2020 for the Teen Pregnancy Prevention Evidence Review.

Tribal Set-aside.—The Committee notes that, according to the CDC, HIV-positive status among Native Americans is increasing and nearly one-in-five HIV-positive Native Americans is unaware of their status. In addition, only three-in-five receive care and less than half are virally suppressed. To increase access to HIV/AIDS, testing, prevention, and treatment, the Committee includes $3,000,000 as a Tribal set-aside within the Minority HIV/AIDS Prevention and Treatment program.

Office of the Assistant Secretary for Health

Access to Diapers.—The Committee recognizes that many low-income families spend twice as much on diapers for their children compared to families who have the means to buy diapers in bulk at low price. The Committee is deeply concerned that one-in-three families in the U.S. struggles to afford diapers, which leads to higher poverty and increased health risks for infants and toddlers. The Committee also notes that conditions such as diaper dermatitis and urinary tract infection can be caused by an insufficient supply of diapers and result in costly emergency room visits and doctor ap-

pointments. The Committee requests HHS submit a report, within 180 days of enactment of this Act, estimating the number of emergency room visits and medical interventions caused by an insufficient supply of diapers, the cost to our healthcare system of these preventable conditions, and the number of diapers that would be required to prevent many of the conditions from occurring.

Clinical Psychological Training for Public Health Service Corps.—The Committee supports the review by the Surgeon General's office to update HHS regulations to permit the graduates of the 43 doctoral programs in clinical psychology accredited by the Psychological Clinical Science Accreditation System (PCSAS) to be employed by the Public Health Service Corps. This update is necessary as PCSAS was recognized in September 2012 by the Council for Higher Education Accreditation (CHEA) and now accredits 43 programs that are among the highest ranked clinical psychology program in the country. The Veterans Administration, the Association of Psychological Postdoctoral and Internship Centers, and others have already updated their regulations to permit the employment of the graduates of PCSAS accredited programs. The Committee urges the Surgeon General's office to finalize and implement these changes as soon as possible.

Embryo Adoption Awareness Campaign.—The Committee includes $1,000,000 for the Embryo Adoption Awareness Campaign, the same as the fiscal year 2020 enacted level, to educate Americans about the existence of frozen human embryos (resulting from in-vitro fertilization), which may be available for donation/adoption to help other couples build their families. The Committee continues bill language permitting these funds also to be used to provide medical and administrative services to individuals adopting embryos, deemed necessary for such adoptions, consistent with the Code of Federal Regulations.

Health Care for the Homeless.—The Committee strongly encourages the Secretary to study the delivery of health care services to homeless persons. The department should then make recommendations to Congress as to what should be done to improve the availability and delivery of health care services for homeless persons.

Insulin Affordability.—The Committee directs HHS to study and submit a report to Congress on the relationship between insulin affordability and complications from diabetes. In the study, HHS should study the impact of insulin costs on health outcomes for individuals with diabetes. The study should also quantify the cost to federal health programs of patients who are unable to afford their proper insulin doses.

Obstetrics in Rural Areas.—The Committee directs the Government Accountability Office (GAO) to conduct a study on access to obstetrics (OB) in rural areas. According to the Rural Health Research Gateway, between 2004 and 2014, 179 rural counties lost hospital-based OB services. The GAO report should include policy recommendations for ways to improve access to OB care in rural areas and prevent OB unit hospital closures in rural areas.

Sexually Transmitted Infections.—The Committee is aware of the recent statistics regarding the rise in sexually transmitted infections (STI) and is pleased that the Assistant Secretary for Health is creating a National STI Action Plan to address increasing rates in these diseases. Further, the Committee requests that the Action

Plan be responsive to findings included in the National Academy of Public Administration report on "The Impact of Sexually Transmitted Diseases in the United States: Still Hidden, Getting Worse, Can be Controlled." The Committee requests an update within 180 days of enactment of this Act on progress being made to implement the plan.

Teen Pregnancy Prevention.—The Committee strongly supports the Teen Pregnancy Prevention (TPP) Program and the first two five-year cycles of grants. The TPP Program has been widely cited as a high-quality evidence-based program, including by the bipartisan Commission on Evidence-Based Policymaking. Since 2017, however, there has been a well-established pattern of HHS administering the Teen Pregnancy Prevention Program in a manner that violates appropriations language and strays from commonly understood definitions of terms in appropriations language. The Committee intends that TPP Program funds be used to carry out medically accurate and age appropriate programs and has adopted definitions of those terms and other requirements in bill language to carry out the original congressional intent. Similarly, The committee has defined a requirement in bill language for Tier 2 programs to rigorously test teen pregnancy prevention models. The committee directs HHS to submit a report within 60 days of enactment of this Act on how the agency is administering the TPP Program consistent with the statutory requirement "to fund medically accurate and complete and age appropriate (as those terms are defined in 42 U.S.C. § 713(e)) programs that reduce teen pregnancy and that do not withhold information about the effectiveness and benefits of correct and consistent use of condoms and other contraceptives and for the Federal costs associated with administering and evaluating such contracts and grants, of which not more than 10 percent of the available funds shall be for training and technical assistance, evaluation, outreach, and additional program support activities, and of the remaining amount 75 percent shall be for replicating programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors, and 25 percent shall be available for research and demonstration grants to develop, replicate, refine, and rigorously test (defined as randomized controlled trial, quasi-experimental design, or regression discontinuity design) additional models and innovative strategies for preventing teenage pregnancy", and that meet the requirements listed in 42 U.S.C. 713(b)(2)(B)(ii) through (vi).

Teen Pregnancy Prevention Program—Evaluation.—The Committee notes that HHS awarded MITRE nearly $30,000,000 in fiscal years 2017 and 2018, including approximately $28 million in funding appropriated to the TPP Program. The Committee is concerned this sole source award violates the appropriations language requiring TPP contracts and grants to be awarded competitively. The Committee includes bill language to prohibit the Department from making TPPP funding available to another agency through interagency agreement. The Committee directs HHS to report to Congress within 60 days of enactment of this Act on the amount of funds that have been obligated to MITRE Corporation in fiscal years 2017, 2018, 2019, and 2020; the terms of the contract, grant, or other mechanism; from which of the congressionally-mandated

categories (Tier 1, Tier 2, Program Support) the funds were transferred; total expenditures by MITRE; the purposes of the expenditures and a justification for whether such purposes are consistent with the congressionally-mandated categories and uses; and any studies, reports, or work products that have been developed with such federal funds.

Office of Minority Health

The Committee includes $65,000,000 for the Office of Minority Health (OMH), which is $6,330,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request. The OMH works with U.S. Public Health Service agencies and other agencies of the Department to address the health status and quality of life for racial and ethnic minority populations in the United States. OMH develops and implements new policies; partners with States, Tribes, and communities through cooperative agreements; supports research, demonstration, and evaluation projects; and disseminates information.

Center for Indigenous Innovation and Health Equity.—The Committee recognizes the health and socioeconomic disparities facing indigenous communities in the United States and the resulting need to support the growing movement of indigenous innovation to draw on deeply-rooted values and practices address such challenges. The Committee directs the Office of Minority Health to create a Center for Indigenous Innovation and Health Equity to support efforts including research, education, service, and policy development related to advancing Indigenous solutions. To lead this Center, HHS should consider a partnership between two universities, one with a focus on Indigenous health research and policy among Native Americans and Alaska Natives, and one with a focus on Indigenous health policy and innovation among Native Hawaiians/Pacific Islanders. The Committee includes not less than $2,000,000 for grants to support this partnership. These academic institutions should have Indigenous leaders and engaged Indigenous community partners in both innovation and health disparities focus areas, as well as aligned goals and priorities. The Center should disseminate best practices and lessons learned to other Indigenous communities, including through Indigenous digital storytelling. The Committee requests a written report within 120 days of enactment of this Act outlining the Department's plans for a Center for Indigenous Innovation and Health Equity.

Health Disparities Education Program.—The Committee strongly encourages the Office of Minority Health to establish and coordinate a health and health care disparities education program. The health and health care disparities education program should collaborate with public, private, and nonprofit stakeholder organizations on education, outreach, and public awareness campaigns targeting the general public and the medical community. In addition, the program should disseminate scientific evidence for the existence and extent of racial and ethnic disparities in health care; new research findings to health care providers and patients to assist them in understanding, reducing, and eliminating health and health care disparities; information about the impact of linguistic and cultural barriers on health care quality; and information about the importance and legality of data collection and analysis accord-

ing to race, ethnicity, disability status, socioeconomic status, sex, gender identity, sexual orientation, and primary language.

Hispanic Serving Institutions.—The Committee urges the Office of Minority Health to enter into cooperative agreements with Hispanic Serving Institution medical schools in addition to existing agreements with Historically Black Colleges and Universities medical schools. The Committee urges OMH to develop a strategy to improve outreach efforts in soliciting these cooperative agreements, with particular focus on institutions within impoverished and underserved communities, and to report on such efforts within 90 days of enactment of this Act.

Lupus Program.—The Committee includes $2,000,000 to support the first year of a new multiyear grant cycle for the National Lupus Training, Outreach, and Clinical Trial Program (Lupus Program). The purpose of the Lupus Program is to reduce lupus-related health disparities among racial and ethnic minority populations disproportionately affected by lupus and also to increase minority participation in lupus-related clinical trials.

Minority Leadership Fellowship Program.—The Committee includes $1,000,000 for the Office of Minority Health to establish a Minority Leadership Fellowship grant program. The Committee is concerned there is a shortage of minority leaders in senior positions within HHS agencies. The purpose of the Minority Leadership Fellowship Program is to support a year-long fellowship program within HHS, including a curriculum of health care policy, leadership skill building, lectures, panels, case studies, cultural competence, and exchanges with national health care leaders who direct Federal health policy and programs that impact the health and wellness of minority populations.

Racial and Ethnic Health Inequities.—The Committee includes $1,500,000 for the Office of Minority Health to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine to provide an evidence-based, non-partisan analysis of Federal policies that contribute to racial and ethnic health inequities, as well as potential solutions. The study should review current Federal policies that contribute to health inequities, including those policies that impact the social determinants of health. Based on that review, the analysis should identify the most effective or promising strategies to eliminate or modify to advance racial and ethnic health equity. The analysis should be inclusive of all racial and ethnic minority populations in the United States, including Black or African American, Hispanic or Latino, American Indian, Alaska Native, Asian American, Native Hawaiian, and Pacific Islander.

Social Determinants of Health.—The Committee is aware that social determinants of health are critical drivers of health outcomes and health care costs. Social determinants of health can have impacts on the health outcomes of specific populations and impact health disparities in the United States. OMH is encouraged to enter into cooperative agreements with academic institutions with HBCU, HSI, or Minority-Serving Institution status that have expertise in addressing social determinants of health to address the impact of social determinants on minority populations.

Underserved Populations Along the U.S.-Mexico Border.—The Committee urges the HHS Office of Minority Health to examine

how it can support health professions schools at Hispanic Serving Institutions along the United States-Mexico border, including ways to engage community partnerships that utilize cancer prevention tools including screening, education, and diagnostics to meet the healthcare needs of underserved populations along the border. The Committee further encourages OMH to work with the CMS Office of Minority Health to support these types of cancer prevention activities.

Office on Women's Health

The Committee includes $36,640,000 for the Office on Women's Health, which is $3,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request.

Combatting Violence Against Women.—The Committee includes $7,100,000 to combat violence against women through the State partnership initiative and to have the Office on Women's Health (OWH) work in conjunction with the Family Violence Prevention and Services Program office. This is an increase of $3,000,000 above the fiscal year 2020 enacted level. This program provides funding to State-level public and private health programs to partner with domestic and sexual violence organizations to improve healthcare providers' ability to help victims of violence and improve prevention programs. In addition, the Committee recommends OWH create a state-level pilot program to incentivize substance use disorder treatment providers to be trained on intimate partner violence. The pilot program would also include partnerships with domestic and sexual violence organizations at the state and local level to address the intersections of intimate partner violence and substance use.

Menstrual Hygiene Products.—The Committee is concerned with the affordability and accessibility of menstrual hygiene products and information regarding these products, which are basic health care necessities. Per the report requested in House Report 116–62, the Committee encourages the Office on Women's Health to include in the report the number of individuals who experience problems with affordability and accessibility of menstrual hygiene products by race, socioeconomic status, and age. The Committee encourages OWH to include in the study an assessment of the availability and accessibility of menstrual hygiene products within institutions, including public schools, colleges, and universities, and provide a price comparison on fair market costs of menstrual products.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH

INFORMATION TECHNOLOGY

Appropriation, fiscal year 2020	$60,367,000
Budget request, fiscal year 2021	50,717,000
Committee Recommendation	60,367,000
Change from enacted level	– – –
Change from budget request	+9,650,000

The Office of the National Coordinator (ONC) is the principal Federal entity charged with coordinating efforts to implement and use health information technology and electronically exchange health information.

Assessment of the State of Health Information Technology at Hospitals.—The Committee is concerned about the state of health in-

formation technology at hospitals in the United States. The Committee directs the ONC, in consultation with State departments of health and other public health entities, to submit a report to the Committee within one year of the date of enactment of this Act. The report should assess the state of electronic medical records at U.S. hospitals and the dependence of hospitals and health systems on technology that is outdated or debunked, as well as barriers associated with updating health information technology, including with respect to hardware, software, administrative burden, staff training, and associated costs.

Health Information Technology Surveillance.—The Committee understands that ONC is actively coordinating with the Centers for Disease Control and Prevention (CDC) on data collection and surveillance activities during the ongoing COVID–19 outbreak, but that much of the data being shared today are being transmitted via paper or PDF files. To better understand agency surveillance capacity and future needs, the Committee requests a report within 120 days of enactment of this Act on coordination activities to date, the extent to which computable information is being shared with local, State, and Federal authorities, identified barriers to interoperable exchange of electronic surveillance data, and strategies that can be put in place to improve the surveillance technology infrastructure.

Interagency Task Force on Health and Human Services Information Technology (IT).—The Committee recognizes a growing need for the integration and modernization of Federal IT systems and notes that increased investment in IT would greatly improve employee and recipient interactions with Federal health and human service programs while enhancing program efficiency, integrity, analytic capability, and network security. The Committee urges the Chief Information Office and Chief Technology Officer (CTO) of HHS, in collaboration with the White House CTO and U.S. Department of Agriculture (USDA), as well as the Office of the National Coordinator for Health Information Technology (ONC) within HHS, 18F within the General Services Administration (GSA), and the Cybersecurity and Infrastructure security Agency (CISA) within the U.S. Department of Homeland Security, to establish an interagency task force that will examine existing IT infrastructure in federal health human service programs nationwide and identify the barriers to successfully integrating and modernizing health and human services IT, and the network security necessary for health and human services IT interoperability. The task force shall submit to the Committee within 180 days of enactment on this Act a report on its progress and on recommendations for further Congressional action, which should include estimated costs for agencies to make progress on interoperability initiatives.

Interoperability.—The Committee notes that finalization of the rule to implement the interoperability provisions of the 21st Century Cures Act takes significant steps forward to give patients greater access to their health data and to improve the electronic flow of health information across care settings. The Committee expects ONC to keep the Committee informed of any delays in implementation.

Patient Data Matching.—The Committee is concerned that there is no consistent and accurate way to link patients to their health

information across the care continuum and notes the serious patient safety concerns that arise when data is mismatched or when important data is missing. Although the Committee continues to prohibit the use of funds to promulgate or adopt any final standard providing for the assignment of a unique health identifier for an individual until such activity is authorized, the Committee notes that this limitation does not prohibit HHS from examining the issues around patient matching. The Committee continues to encourage the Secretary to provide technical assistance to private-sector-led initiatives to develop a coordinated national strategy that will promote patient safety by accurately identifying patients to their health information.

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2020	$80,000,000
Budget request, fiscal year 2021	90,000,000
Committee Recommendation	80,000,000
Change from enacted level	– – –
Change from budget request	–$10,000,000

The Committee provides $80,000,000 for the Office of Inspector General (OIG), which is equal to the fiscal year 2020 enacted level and $10,000,000 less than the fiscal year 2021 budget request. The bill includes language making a portion of funding available for two years, as requested in the Congressional Budget Justification, for the investigation and enforcement of information blocking.

In addition, within the Health Care Fraud and Abuse Control (HCFAC) program discretionary appropriations for fiscal year 2021, the Committee provides the OIG with $98,000,000. Mandatory appropriations for this office also are contained in the HCFAC program and the Health Insurance Portability and Accountability Act of 1996.

The Committee notes that additional funding was provided to the OIG for the purposes of investigations related to the Unaccompanied Children program in the Emergency Supplemental Appropriations for Humanitarian Assistance and Security at the Southern Border Act, 2019 (P.L. 116–26). In addition, the Coronavirus Preparedness and Response Supplemental Appropriations Act (P.L. 116–123) included $2,000,000; the CARES Act (P.L. 116–136) included $4,000,000; and the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116–138) included $6,000,000 for the OIG to conduct oversight and investigations of activities funded by emergency supplemental appropriations for COVID–19.

OFFICE FOR CIVIL RIGHTS

Appropriation, fiscal year 2020	$38,798,000
Budget request, fiscal year 2021	30,286,000
Committee Recommendation	38,798,000
Change from enacted level	– – –
Change from budget request	+8,512,000

The Office for Civil Rights (OCR) is responsible for enforcing civil rights statutes that prohibit discrimination in health and human services programs. OCR implements the civil rights laws through a compliance program designed to generate voluntary compliance among all HHS recipients.

Assisted Suicide Laws and Disabled Americans.—The Committee is aware of a recent National Council on Disability report entitled

"The Danger of Assisted Suicide Laws," which raises concern that such laws could lead to a two-tiered system that results disproportionately in the deaths of people with disabilities. Accordingly, the Committee strongly encourages OCR to clarify that all HHS suicide prevention grants and services must comply with existing disability rights laws, including the ADA, Sections 504 and 508 of the Rehabilitation Act, and Section 1557, including the provisions requiring accessible communications, so that all videos, documents, and other products ensure access to persons with disabilities. The Committee further strongly encourages OCR to clarify that Sections 504 and 508 of the Rehabilitation Act require physicians to provide people with disabilities with information on the full array of available clinical treatments and available long-term services and supports (LTSS) and to require that referrals to such treatments and services be given if requested. Finally, the Committee encourages OCR to recommend that hospitals create a disability ombudsperson position who is authorized to facilitate communication between healthcare providers and patients with disabilities or their proxies and advocate on the patient s behalf, when required, to ensure that all clinical and LTSS options and choices are made available.

Rehabilitation Act.—The Committee directs the Secretary to fully enforce the Rehabilitation Act of 1973 and the Americans with Disabilities Act.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriation, fiscal year 2020	$623,591,000
Budget request, fiscal year 2021	653,023,000
Committee Recommendation	653,023,000
Change from enacted level	+29,432,000
Change from budget request	– – –

The Committee provides for retirement pay and medical benefits of Public Health Service Commissioned Officers, for payments under the Retired Serviceman's Family Protection Plan, and for medical care of dependents and retired personnel.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

Appropriation, fiscal year 2020	$2,737,458,000
Budget request, fiscal year 2021	2,641,465,000
Committee Recommendation	2,827,558,000
Change from enacted level	+90,000,000
Change from budget request	+185,993,000

This account supports the activities of the Assistant Secretary for Preparedness and Response (ASPR) and other components within the Office of the Secretary to prevent, prepare for, and respond to the health consequences of bioterrorism and other public health emergencies, including pandemic influenza. It also includes funding for the Department's cybersecurity efforts.

In addition, the Committee provides $4,500,000,000 in emergency appropriations for BARDA to address the COVID–19 pandemic, including emergency appropriations for advanced research and development and advanced manufacturing of vaccines and therapeutics; enhancements to domestic vaccine facilities; and innovation in antibacterial research and development. The emergency appropriation is further described under Title VI of this committee report.

Further, the Coronavirus Preparedness and Response Supplemental Appropriations Act (P.L. 116–123) included $3,000,000,000; the CARES Act (P.L. 116–136) included $26,725,500,000; and the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116–139) included $1,000,000,000 through the Public Health and Social Services Emergency Fund for advanced research and development of vaccines, therapeutics, and diagnostics; healthcare system preparedness; medical surge capacity, and procurement and distribution of personal protective equipment, ventilators, and other medical supplies, to respond to the COVID–19 pandemic.

Office of the Assistant Secretary for Preparedness and Response

The Committee provides $2,451,128,000 for activities administered by ASPR. ASPR is responsible for coordinating national policies and plans for medical and public health preparedness and for administering a variety of public health preparedness programs.

Mission Zero.—The Committee encourages ASPR to pursue partnerships between military and civilian trauma care providers to ensure trauma care readiness by integrating military trauma care providers into civilian trauma centers. The Committee requests an update on such efforts in the fiscal year 2022 Congressional Budget Justification.

Public Health Emergency Medical Countermeasures Enterprise Multi-Year Budget.—The Committee encourages ASPR to delineate information on emerging infectious diseases, pandemic influenza, and antimicrobial resistance investments in its annual five-year budget plan for medical countermeasure (MCM) development to clarify how ASPR is considering such naturally occurring threats in relation to other priority areas of MCM development, particularly given their inclusion in the Strategic Initiatives section of the Pandemic and All-Hazards Preparedness and Advancing Innovation Act (P.L. 116–22).

Repatriation Flights.—The Committee directs HHS to review the process for Congressional notification during repatriation flights from countries with developing health crises. Within 200 days after enactment, the Committee directs HHS to provide the Committee with a report detailing a new strategy to ensure that members of Congress are notified in a timely manner when a repatriation flight is headed, or potentially headed, to their district.

Operations

The Committee includes $30,938,000 for Operations. This account supports activities within the Assistant Secretary's Immediate Office; the Office of the Chief Operating Officer; the Office of Acquisitions Management, Contracts, and Grants; and the Office of Financial Planning and Analysis.

Preparedness and Emergency Operations

The Committee includes $24,654,000 for Preparedness and Emergency Operations. The Preparedness and Emergency Operations account funds the Office of Emergency Management, which support a full spectrum of emergency management responsibilities, including planning, coordination, logistics, training, and responding to planned events and unplanned incidents.

National Disaster Medical System

The Committee includes $67,404,000, an increase of $10,000,000, for the National Disaster Medical System (NDMS). NDMS deploys trained medical teams to communities impacted by public health and medical emergencies due to natural and man-made incidents.

Biocontainment Surge Capacity.—The Committee encourages efforts to create biocontainment surge capacity.

Pediatric Disaster Care.—The Committee includes $10,000,000 for pediatric disaster care, as pediatric care requires specialized training, equipment, supplies, and pharmaceuticals that may not be readily available in an emergency. When disaster strikes, minimizing the impacts of children's exposure to infectious diseases, trauma, and other hazards is a challenge for healthcare facilities and stresses the ability of the healthcare system to respond. The Committee recognizes that Pediatric Disaster Centers of Excellence are working to address appropriate planning and response capabilities that support the specific needs of children during public health emergencies and disasters, such as mass casualty events.

Regional Coordination.—The Committee supports the Department's approach to improve the disaster readiness of the Nation by better coordinating the existing assets within a State and within regions.

Hospital Preparedness Program

The Committee includes $300,555,000, an increase of $25,000,000, for the Hospital Preparedness Program (HPP). HPP supports cooperative agreements with State, local, and territorial health departments to build healthcare coalitions that improve regional and local hospital preparedness and surge capacity in public health emergencies.

High Consequence, Emerging, Infectious Disease Threats.—The Committee supports the continuation of the nation's preparedness against high consequence, emerging, infectious disease threats. The Committee directs no less than $11,000,000 for the National Emerging Special Pathogen Training and Education Center (NETEC) and the ten existing regional Ebola and other special pathogen treatment centers.

Hospital Preparedness Grants.—The Committee includes funding for critical support to State, local and regional partners to advance health care system preparedness and response.

Biomedical Advanced Research and Development Authority

The Committee includes $561,700,000 for the Biomedical Advanced Research and Development Authority (BARDA). In addition, the Committee provided significant, multi-year resources to BARDA in the COVID–19 supplemental funding bills. BARDA's role in supporting the development of diagnostics, therapeutics, and vaccines is critical to our nation's response. BARDA supports the advanced development of vaccines, drugs, and therapeutics for potential serious public health threats, including chemical, biological, radiological, and nuclear threats, pandemic influenza, and emerging and re-emerging infectious diseases.

In addition, the Coronavirus Preparedness and Response Supplemental Appropriations Act (P.L. 116–123) included $2,000,000,000; the CARES Act (P.L. 116–136) included $3,500,000,000; and the

Paycheck Protection Program and Health Care Enhancement Act (P.L. 116–139) included $1,000,000,000 for advanced research and development of vaccines, therapeutics, and diagnostics, as well as enhancements to domestic vaccine facilities.

Active Pharmaceutical Ingredients.—The Committee is concerned with the national security risk of our increased reliance on foreign-based sources of active pharmaceutical ingredients, their chemical components, and off-shore drug production. The Committee recognizes the importance of domestic drug manufacturing and onshore production of medicine, and provided supplemental emergency funding in the CARES Act (P.L. 116–136) to support increased U.S.-based manufacturing capabilities. The successful work of BARDA in addressing public health vulnerabilities and securing a national stockpile of drugs has unique potential to consider program expansion to include active at-risk drug ingredients. The Committee strongly urges BARDA to engage in public-private partnerships for U.S.-based advanced manufacturing for active pharmaceutical ingredients and their chemical precursors for the Strategic National Stockpile.

Antifungal Resistance.—The Committee understands the CARB–X program supports development of products targeted to address pathogens on the Centers for Disease Control and Prevention (CDC) 2013 Antibiotic Resistant Threats. The Committee is aware CDC released an updated Antimicrobial Threat Report in 2019, which includes several fungal pathogens. Accordingly, the Committee urges the Secretary to update the scope of support for the CARB–X program to include pathogens listed in the 2019 CDC Antibiotic Resistant Threats, including products that target fungal pathogens.

Antimicrobial Resistance.—The Committee recognizes antimicrobial resistance is an increasingly serious threat to America's public health and national security. The antibiotic commercial market, especially in the national security space, presents challenges as novel products currently may have limited commercial markets. ASPR has made great progress over the past fifteen plus years in combatting antibiotic resistance through supporting the development and availability of novel antibiotics but market viability issues have limited commercial success. The Committee strongly encourages ASPR to review its current program to ensure its focus is on projects that enhance the U.S. national security posture against antibiotic-resistant threats through novel, broad-spectrum antibiotics for use against biothreats or serious, secondary infections that would result from other chemical, biological, radiological, or nuclear threats or pandemic influenza especially if a commercial market does not exist. ASPR is encouraged to explore alternative support methods to incubate, test, and refine projects aligned toward such national security priorities. Furthermore, ASPR is encouraged to explore and enhance the use of authorized emergency use, government licensing provisions, and other mechanisms to protect its investments aligned to national security priorities that do not have viable commercial markets.

Disease X Medical Countermeasures.—The novel coronavirus pandemic of 2019 demonstrated that the U.S. urgently needs the ability to more rapidly respond to newly emerging or unknown pathogens with the potential to cause an epidemic in the U.S. The

Committee urges HHS to work with the Department of Defense to implement a dedicated medical countermeasures program focused on developing medical countermeasures in months, not years, for previously unknown epidemic pathogens in order to enhance our ability to save lives immediately with classes of medical countermeasures that are broadly applicable. The Committee requests an update in the fiscal year 2022 Congressional Justification.

Ebola.—The Committee remains concerned by all global health threats, including the ongoing threat of Ebola in the Democratic Republic of the Congo and its potential to spread. The Committee requests a briefing from ASPR within 60 days of enactment of this Act regarding the five-year spend plan for Ebola therapeutics, diagnostics and vaccines to counter this material threat.

Novel, Non-Vaccine Approaches to Respiratory Viruses.—The Committee urges the Secretary to provide adequate funding to support the manufacturing of novel bio-specific immunotherapies that show potential for the universal prevention and treatment of influenza.

Strengthening Domestic Medical Manufacturing.—The Committee is concerned about the nation's lack of medical infrastructure to produce essential products such as medical devices, medical equipment, generic pharmaceuticals, and personal protective equipment. The coronavirus pandemic demonstrated the weaknesses in the U.S. supply chain and the dependence of the U.S. healthcare system on other countries. The U.S. must invest in our domestic capacity. The Committee directs the Secretary to conduct a study on methods to increase our domestic medical manufacturing capacity and reduce dependence on foreign suppliers. The study should include potential incentives and investments necessary for companies to increase domestic production of components vital to the U.S. healthcare system, and the consideration of maintaining an online library of pre-approved design information and usage guidance to speed enlistment of non-traditional suppliers. The study shall be reported to the Committee no later than 180 days after enactment of this Act.

Tuberculosis.—Drug resistant TB is identified as a serious threat level pathogen to the United States by the National Strategy for CARB. The Committee remains interested in BARDA's investment in new TB diagnostics, drugs, and vaccines all of which are urgently needed to address growing drug resistance. The Committee requests a report on BARDA's investments in drug resistant TB research in the fiscal year 2022 Congressional Justification.

Vaccine Production.—The Committee urges BARDA to support vaccines produced through recombinant DNA technology in addition to traditionally-produced vaccines to facilitate the competitive process for all vaccine manufacturers.

Policy and Planning

The Committee includes $19,877,000, an increase of $5,000,000, for Policy and Planning. The Office of Policy and Planning leads HHS' emergency preparedness and response strategic direction and policy coordination.

National Biodefense Strategy.—The Committee includes $5,000,000 to support the implementation of the National Biodefense Strategy.

Project BioShield Special Reserve Fund

The Committee includes $735,000,000 for Project BioShield. These funds support the acquisition of promising medical countermeasures developed through BARDA contracts for the most serious public health threats.

Strategic National Stockpile

The Committee includes $705,000,000 for the Strategic National Stockpile (SNS).

In addition, the Coronavirus Preparedness and Response Act (P.L. 116–123) included $500,000,000 and the CARES Act (P.L. 116–136) included up to $16,000,000,000 for the Strategic National Stockpile.

In response to COVID–19, the SNS was utilized in an unprecedented manner in response to the nation-wide need for supplies, including personal protective equipment and ventilators. While there will be many lessons learned from the COVID–19 response, it is blatantly clear that the SNS was not prepared for a pandemic response and our nation has very limited domestic production of the products in the SNS. The Committee continues to expect that CDC will have a significant role in providing scientific expertise in decision-making related to the procurement of countermeasures, as well as maintaining strong relationships with State and local public health departments to facilitate efficient deployment of countermeasures in public health emergencies.

Budget Submission.—The Committee directs that a professional judgement budget be submitted at the same time as the fiscal year 2022 President's Budget with respect to expenditures necessary to maintain the minimum level of relevant supplies in the Strategic National Stockpile, including in case of a significant pandemic, in consultation with the working group under section 319F(a) of the Public Health Service Act and the Public Health Emergency Medical Countermeasures Enterprise established under section 2811–1 of such Act.

Forward Deployment.—The Committee strongly urges HHS to use discretion in allowing the forward deployment of SNS medication in reasonable quantities in or near high-threat, high-density urban jurisdictions that have demonstrated an ability to stand up Points of Dispensing faster than SNS medications can be delivered to jurisdictions.

Inventory of Ventilators and Personal Protective Equipment.—The Committee directs the Secretary to submit a weekly report on the current inventory of ventilators and personal protective equipment in the Strategic National Stockpile, including the numbers of face shields, gloves, goggles and glasses, gowns, head covers, masks, and respirators, as well as deployment of ventilators and personal protective equipment during the previous week, reported by State and other jurisdiction. The Secretary is directed to continue to submit weekly reports until the public health emergency related to COVID–19 is no longer in effect.

Medical Center Surge Response Capabilities.—The Committee is aware of concerns regarding the lack of medical center surge response capabilities. Therefore, the Committee encourages ASPR to explore the acquisition of modular temporary containment wall systems for deployment during national public health emergencies to

provide scalable treatment centers and for the Strategic National Stockpile for use in future emergencies.

Revolving Management.—The Committee recognizes that the COVID–19 Pandemic was an unprecedented challenge for the SNS. Prior to the pandemic, the SNS management system was based on large, infrequent purchases. The Committee encourages consideration of a revolving method, such as utilized by the Defense Logistics Agency.

Vulnerable Populations.—The Committee is concerned about the availability of medical countermeasures for individuals who are immunocompromised with common conditions like eczema, HIV, and diabetes. Some traditional vaccines contain a live virus that can be harmful or even fatal for patients with these conditions. Therefore, the Committee encourages HHS to evaluate its stockpile of medical countermeasures to ensure appropriate supplies are available to protect these vulnerable populations.

Office of the Assistant Secretary for Administration—Cybersecurity

The Committee provides $57,820,000 for information technology cybersecurity in the Office of the Assistant Secretary for Administration. These funds provide for continuous monitoring and security incident response coordination for the Department's computer systems and networks.

Office of National Security

The Committee provides $8,510,000 for the Office of National Security to maintain the security of the Department's personnel, systems, and critical infrastructure.

Office of Public Health and Science—Medical Reserve Corps

The Committee includes $6,000,000 for the Medical Reserve Corps program, which is a network of local volunteers made up of doctors, dentists, nurses, pharmacists, and other community members who work to strengthen the public health infrastructure and preparedness capabilities of their communities.

Pandemic Influenza Preparedness

The Committee includes $310,000,000, an increase of $50,000,000, for the pandemic influenza preparedness program. This funding supports research and development of vaccines and the next-generation influenza medical countermeasures, preparedness testing and evaluation, and stockpiling.

Pandemic Response.—The Committee remains concerned about our nation's limited ability to satisfy the Federal government's goal of delivering vaccines within 12 weeks of a declared pandemic with multiple vaccine suppliers. The Secretary shall provide a report no later than 180 days after enactment of this Act on current flexible manufacturing platforms and domestic multi-modal facilities with the potential to rapidly respond to emerging infectious diseases and pandemics to include influenza. Furthermore, within the funds provided for Pandemic Influenza Preparedness, the Committee strongly encourages the Department to facilitate access to approved adjuvants with priority given to late-stage and pre-clinical technologies that have achieved regulatory approval or are in advanced-state clinical development.

GENERAL PROVISIONS

Sec. 201. The Committee continues a provision to limit the amount available for official reception and representation expenses.

Sec. 202. The Committee continues a provision to limit the salary of an individual through an HHS grant or other extramural mechanism to not more than the rate of Executive Level II.

Sec. 203. The Committee continues a provision to prohibit the Secretary from using evaluation set-aside funds until the Committees on Appropriations receive a report detailing the planned use of such funds.

Sec. 204. The Committee modifies a provision regarding the enacted level for the PHS evaluation set-aside.

(TRANSFER OF FUNDS)

Sec. 205. The Committee modifies a provision permitting the Secretary of HHS to transfer up to one percent of any discretionary funds between appropriations, provided that no appropriation is increased by more than three percent by any such transfer to meet emergency needs. Notification must be provided to the Committees on Appropriations at the program, project, and activity level in advance of any such transfer.

Sec. 206. The Committee continues the 60 day flexibility for National Health Service Corps contract terminations.

Sec. 207. The Committee continues a provision to prohibit the use of Title X funds unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

Sec. 208. The Committee continues a provision stating that no provider of services under Title X shall be exempt from any law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

Sec. 209. The Committee continues a provision related to the Medicare Advantage program.

Sec. 210. The Committee continues a provision prohibiting funds from being used to advocate or promote gun control.

Sec. 211. The Committee continues a provision to allow funding for HHS international HIV/AIDS and other infectious disease, chronic and environmental disease, and other health activities abroad to be spent under the State Department Basic Authorities Act of 1956.

Sec. 212. The Committee continues a provision authorizing certain international health activities.

(TRANSFER OF FUNDS)

Sec. 213. The Committee continues a provision to provide the Director of NIH, jointly with the Director of the Office of AIDS Research, the authority to transfer up to three percent of human immunodeficiency virus funds.

(TRANSFER OF FUNDS)

Sec. 214. The Committee continues a provision that makes NIH funds for human immunodeficiency virus research available to the Office of AIDS Research.

Sec. 215. The Committee continues a provision granting authority to the Office of the Director of the NIH to enter directly into transactions in order to implement the NIH Common Fund for medical research and permitting the Director to utilize peer review procedures, as appropriate, to obtain assessments of scientific and technical merit.

Sec. 216. The Committee continues a provision clarifying that funds appropriated to NIH institutes and centers may be used for minor repairs or improvements to their buildings, up to $3,500,000 per project with a total limit for NIH of $45,000,000.

(TRANSFER OF FUNDS)

Sec. 217. The Committee continues a provision transferring one percent of the funding made available for National Institutes of Health National Research Service Awards to the Health Resources and Services Administration.

Sec. 218. The Committee continues the Biomedical Advanced Research and Development Authority ten year contract authority.

Sec. 219. The Committee continues language requiring HHS to include certain information concerning the number of full-time Federal employees and contractors working on the Affordable Care Act in the fiscal year 2020 budget request.

Sec. 220. The Committee continues specific report requirements for CMS's Health Insurance Exchange activities in the fiscal year 2020 budget request.

Sec. 221. The Committee continues a provision prohibiting the CMS Program Management account from being used to support risk corridor payments.

(TRANSFER OF FUNDS)

Sec. 222. The Committee continues language directing the spending of the Prevention and Public Health fund.

PREVENTION AND PUBLIC HEALTH FUND

The Committee continues a provision that directs the transfer of the Prevention and Public Health Fund. In fiscal year 2021, the level appropriated for the fund is $895,850,000 after accounting for sequestration. The Committee includes bill language in section 222 of this Act that requires that funds be transferred within 45 days of enactment of this Act to the following accounts, for the following activities, and in the following amounts:

Agency	Budget Activity	FY 2021 Committee
ACL	Alzheimer's Disease Program	$14,700,000
ACL	Chronic Disease Self-Management	8,000,000
ACL	Falls Prevention	5,000,000
CDC	Breastfeeding Grants (Hospitals Promoting Breastfeeding)	9,000,000
CDC	Diabetes	52,275,000
CDC	Epidemiology and Laboratory Capacity Grants	40,000,000
CDC	Healthcare Associated Infections	12,000,000
CDC	Heart Disease and Stroke Prevention Program	57,075,000

Agency	Budget Activity	FY 2021 Committee
CDC	Million Hearts Program	4,000,000
CDC	Preventive Health and Health Services Block Grant	160,000,000
CDC	Tobacco	130,500,000
CDC	Section 317 Immunization Grants	370,300,000
CDC	Lead Poisoning Prevention	17,000,000
CDC	Early Care Collaboratives	4,000,000
SAMHSA	Garrett Lee Smith—Youth Suicide	12,000,000

Sec. 223. The Committee modifies a provision relating to breast cancer screening.

Sec. 224. The Committee continues a provision relating to indirect cost negotiated rates.

(TRANSFER OF FUNDS)

Sec. 225. The Committee continues a provision permitting transfer of funds within NIH, if such funds are related to opioid and pain management research.

Sec. 226. The Committee continues certain Congressional notification requirements.

Sec. 227. The Committee continues a provision related to a report on staffing.

Sec. 228. The Committee continues a provision allowing HHS to cover travel expenses when necessary for employees to obtain medical care when they are assigned to duty in a location with a public health emergency.

Sec. 229. The Committee continues a provision relating to donations for unaccompanied alien children.

Sec. 230. The Committee modifies a provision prohibiting the use of funds to change policy directives related to the unaccompanied children program.

Sec. 231. The Committee includes a new provision prohibiting the use of funds to house unaccompanied children in facilities that are not State-licensed for the care of unaccompanied children.

Sec. 232. The Committee modifies a provision relating to Members of Congress and oversight of facilities responsible for the care of unaccompanied alien children.

Sec. 233. The Committee modifies a provision requiring monthly reporting on unaccompanied alien children who were separated from their parents or legal guardians and transferred to the care of the Office of Refugee Resettlement.

Sec. 234. The Committee includes a new provision prohibiting the use of funds for implementation or enforcement of the Memorandum of Agreement between the Office of Refugee Resettlement and the Department of Homeland Security regarding information sharing of unaccompanied alien children and sponsors.

Sec. 235. The Committee includes a new provision prohibiting the use of funds to share information provided by unaccompanied children during mental health or therapeutic services with the Department of Homeland Security or the Department of Justice for the purposes of immigration enforcement.

Sec. 236. The Committee includes a new provision ensuring that efforts are taken to place unaccompanied alien children who are siblings together.

Sec. 237. The Committee includes a new provision directing the Secretary to report the death of any unaccompanied child in HHS custody to the Committee within 24 hours.

Sec. 238. The Committee includes a new provision requiring the Secretary to submit a detailed spend plan outlining anticipated uses of funds in the Refugee and Entrant Assistance account.

Sec. 239. The Committee continues a provision related to primary and secondary school costs for eligible dependents of HHS personnel stationed in the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, and the possessions of the United States.

Sec. 240. The Committee includes a new provision related to facilities at CDC.

Sec. 241. The Committee modifies a provision relating to the Nonrecurring Expenses Fund.

Sec. 242. The Committee includes a new provision related to the period of availability of multiyear research grants if the Director of the NIH determines the project suffered an interruption of activities attributable to COVID–19.

Sec. 243. The Committee includes a new provision requiring the Secretary to report on the current inventory of the Strategic National Stockpile.

Sec. 244. The Committee includes a new provision prohibiting funds from being used to implement, enforce, or give effect to a rule related to conscience rights.

Sec. 245. The Committee includes a new provision prohibiting funds from being used to implement, enforce, or otherwise give effect to a rule related to nondiscrimination in health and health education programs or activities.

Sec. 246. The Committee includes a new provision prohibiting funds from being used to publish a proposed rule relating to a nonemergency medical transportation benefit for Medicaid beneficiaries.

Sec. 247. The Committee includes a new provision prohibiting funds from being used to implement, enforce, or otherwise give effect to a rule related to reassignment of Medicaid provider claims.

Sec. 248. The Committee includes a new provision prohibiting funds for foster care programs from being awarded to an organization that excludes an individual based on non-merit factors such as age, disability, sex, race, color, national origin, religion, gender identity, or sexual orientation, or that refuses to treat as valid the marriages of same-sex couples in accordance with the Supreme Court decisions United States v. Windsor and Obergefell v. Hodges.

Sec. 249. The Committee includes a new provision prohibiting CMS from relocating its call center operations until the Government Accountability Office has submitted an evaluation of relocation options.

TITLE III—DEPARTMENT OF EDUCATION

IMPROVING ELEMENTARY AND SECONDARY EDUCATION

Appropriation, fiscal year 2020	– – –
Budget request, fiscal year 2021	$19,363,430,000
Committee Recommendation	– – –
Change from enacted level	– – –
Change from budget request	– 19,363,430,000

The Committee rejects the fiscal year 2021 budget request for a new Elementary and Secondary Education Block Grant.

EDUCATION FOR THE DISADVANTAGED

Appropriation, fiscal year 2020	$16,996,790,000
Budget request, fiscal year 2021	– – –
Committee Recommendation	17,258,290,000
Change from enacted level	+261,500,000
Change from budget request	+17,258,290,000

This account provides foundational funding to help ensure all children receive a fair, equitable and high-quality education.

Of the total amount available, $6,336,990,000 is appropriated for fiscal year 2021 for obligation on or after July 1, 2022 and $10,841,177,000 is appropriated for fiscal year 2021 for obligation on or after October 1, 2022.

Grants to Local Educational Agencies

For fiscal year 2021, the Committee recommends $16,563,802,000 for Title I grants to LEAs, an increase of $254,000,000 over the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposed to eliminate this program. Title I is the cornerstone of federal K–12 education programs and critical to the nation's collective efforts to ensure that every child has the opportunity to obtain a high-quality education. The program serves an estimated 25 million students in nearly 90 percent of school districts and nearly 60 percent of all public schools. Providing additional resources so that children can succeed in school and in life is one of the Committee's highest priorities in the bill.

Of the amounts provided for Title I programs, $6,459,401,000 is available for Basic Grants to Local Educational Agencies (LEAs or school districts), which is the same as the fiscal year 2020 enacted level. Basic grants are awarded to school districts with at least 10 low-income children who make up more than two percent of the school-age population.

Within the amount for Title I Basic Grants, up to $5,000,000 is made available to the Secretary of Education (Secretary) on October 1, 2020, to obtain annually-updated LEA-level poverty data from the Bureau of the Census.

The Committee recommends $1,362,301,000 for Title I Concentration Grants, which is the same as the fiscal year 2020 enacted level. Concentration Grants target funds to school districts in which the number of low-income children exceeds 6,500 or 15 percent of the total school-age population.

The Committee recommends $4,371,050,000 for Title I Targeted Grants, which is $127,000,000 above the fiscal year 2020 enacted level. Targeted Grants provide higher payments to school districts with high numbers or percentages of low-income students.

The Committee recommends $4,371,050,000 for Title I Education Finance Incentive Grants (EFIGs), which is $127,000,000 above the fiscal year 2020 enacted level. EFIGs provide payments to States and school districts that incorporate equity and effort factors to improve the equity of State funding systems.

The Committee urges that the Department support LEAs' development of plans under section 1112(b)(6) of the Elementary and Secondary Education Act (ESEA) that describe the amount of funds

for homeless students reserved under section 1113(c)(3)(A) of the ESEA, how such amount was determined, and the amount of the prior year's reservation that was spent on homeless students. The Committee further urges that the Department support SEAs' development of plans under section 1111(g)(1)(F) of the ESEA that describe how the SEA will monitor the amount and use of funds reserved for homeless students under section 1113(c)(3)(A) and provide technical assistance to assist LEAs in effectively using such funds to support homeless students.

The Committee believes that all students should be able to access texts that reflect their interests and diverse cultures. Unfortunately, too many Black, Latino, Asian-American, and Native students are unable to access such books and printed materials in their classrooms and school libraries. To address this challenge, the Committee supports classroom and school libraries that seek to include content that reflects the history and diversity of their student populations.

The Committee supports efforts by State and school district leaders to improve student learning environments by prioritizing rigorous culturally and linguistically responsive education (CLRE). Such efforts not only prioritize an emphasis on the experiences of culturally and linguistically diverse student populations in academic curricula, but also help students confront racism and prejudice in common discussions of literature and history. The Committee notes that rigorous CLRE and anti-racist education can support critical thinking skills, feelings of student belonging, and student social and emotional well-being.

The Committee is concerned with and opposes proposals from the Administration that divert public education funding to private school voucher programs and that block-grants ESEA funds while eliminating vital resources such as Title I grants to LEAs.

The Committee notes that the ESEA recognizes military-connected students as a distinct subgroup of students. More than 80 percent of military-connected children attend public schools. Students with parents/guardians who serve full-time in the military move and change schools frequently. In addition, they may experience trauma resulting from separations from a parent/guardian due to their parents' service to the U.S. Military. The Military Student Identifier provides educators, school leaders, and policymakers with critical information to personalize attention and direct resources to better support military dependent children. Current law directs the Military Student Identifier toward the children of active duty families, leaving out the nearly one-half million children of the reserve component, both National Guard and Reserves. The Committee supports efforts to address the unique needs of children whose parents/guardians serve in the National Guard and reserve components.

The Committee encourages the Department to provide technical assistance and support to State and local educational agencies in implementing evidence-based strategies for improving schools identified for comprehensive and targeted support and improvement under Title I. In particular, the Committee notes the importance of principals and other school leaders in bringing about improvements in student achievement and other outcomes. Research shows there are virtually no documented instances of low-performing schools

being turned around without intervention by a powerful leader. Demonstrated effects of successful leadership are considerably greater in schools that are in more difficult circumstances. Additionally, research has found that school leadership is second only to classroom instruction as an influence on student learning, and 97 percent of teachers say that the principal is responsible for determining if a school can attract and retain great teachers. Therefore, the Committee encourages the Department to provide technical assistance to States and school districts on strengthening school leadership as a mechanism for improving results in low-performing schools, particularly those identified for comprehensive and targeted support and improvement within the State's accountability system. The Committee directs the Department to respond to this request in the fiscal year 2022 Congressional Budget Justification.

The CARES Act (P.L. 116–136) included $30,750,000,000 for the Education Stabilization Fund (ESF) to prevent, prepare for, and respond to the coronavirus, including $153,750,000 for the Outlying Areas and $153,750,000 for the Bureau of Indian Education. The ESF included $13,500,000,000 in funding for elementary and secondary emergency relief and $3,000,000,000 in funding to governors for elementary, secondary, and postsecondary emergency relief.

Comprehensive Literacy Development Grants

The Committee recommends $192,000,000 for Comprehensive Literacy Development Grants, which is the same as the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program. Funds are awarded to States to subgrant to school districts and/or early education programs to improve literacy instruction for disadvantaged students.

Innovative Approaches to Literacy

The Committee recommends $28,500,000 for Innovative Approaches to Literacy, which is $1,500,000 above the fiscal year 2020 enacted level. The fiscal year 2021 request proposes to eliminate this program. Funds support competitive grants to school libraries and national not-for-profit organizations to provide books and literacy activities to children and families in high-need communities.

The Committee directs the Department to prioritize in the fiscal year 2021 competition underserved communities in urban school districts in which students from low-income families make up at least 50 percent of enrollment.

State Agency Programs: Migrant

The Committee recommends $378,501,000 for the State Agency Program for Migrant Education, which is $3,750,000 above the fiscal year 2020 enacted level. The fiscal year 2021 request proposes to eliminate this program. This program supports special educational and related services for children of migrant agricultural workers and fishermen, including: (1) supplementary academic education; (2) remedial or compensatory instruction; (3) English for limited English proficient students; (4) testing; (5) guidance counseling; and (6) other activities to promote coordination of services

across States for migrant children whose education is interrupted by frequent moves.

State Agency Programs: Neglected and Delinquent

For the State Agency Program for Neglected and Delinquent Children, the Committee recommends $48,864,000, which is $1,250,000 above the fiscal year 2020 enacted level. The fiscal year 2021 request proposes to eliminate this program. This formula grant program supports educational services for children and youth under age 21 in State-run institutions, attending community day programs, and in correctional facilities. A portion of these funds is provided for projects that support the successful re-entry of youth from the criminal justice system into postsecondary and vocational programs.

Special Programs for Migrant Students

The Committee recommends $46,623,000 for the Special Programs for Migrant Students, which is $1,000,000 above the fiscal year 2020 enacted level. The fiscal year 2021 request proposes to eliminate this program. These programs make grants to colleges, universities, and nonprofit organizations to support educational programs designed for students who are engaged in migrant and other seasonal farm work. The High School Equivalency Program (HEP) recruits migrant students age 16 and over and provides academic and support services to help those students obtain a high school equivalency certificate and subsequently to gain employment or admission to a postsecondary institution or training program. The College Assistance Migrant Program (CAMP) provides tutoring and counseling services to first-year, undergraduate migrant students and assists those students in obtaining student financial aid for their remaining undergraduate years.

IMPACT AID

Appropriation, fiscal year 2020	$1,486,112,000
Budget request, fiscal year 2021	1,410,799,000
Committee Recommendation	1,491,112,000
Change from enacted level	+5,000,000
Change from budget request	+80,313,000

This account supports payments to school districts affected by Federal activities, such as those that educate children whose families are connected with the military or who live on Indian land.

Basic Support Payments

The Committee recommends $1,345,242,000 for Basic Support Payments to LEAs, which is $5,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request. Basic Support Payments compensate school districts for lost tax revenue and are made on behalf of Federally-connected children, such as children of members of the uniformed services who live on Federal property.

The reporting method used to calculate the amount of Impact Aid a school receives is critical to ensuring accurate data for eligible communities. Correct student counts ensure adequate resources are provided for students. The Committee requests the Department assess any potential challenges with under reporting of eligible stu-

dents and develop recommendations for addressing such challenges. The result of such assessment is requested in the fiscal year 2022 Congressional Budget Justification.

Payments for Children with Disabilities

The Committee recommends $48,316,000 for Payments for Children with Disabilities, which is the same as both the fiscal year 2020 enacted level and the fiscal year 2021 budget request. These payments compensate school districts for the increased costs of serving Federally-connected children with disabilities.

Facilities Maintenance

The Committee recommends $4,835,000 for Facilities Maintenance, which is the same as both the fiscal year 2020 enacted level and the fiscal year 2021 budget request. These capital payments are authorized for maintenance of certain facilities owned by the Department.

Construction

The Committee recommends $17,406,000 for the Construction program, which is the same as both the fiscal year 2020 enacted level and the fiscal year 2021 budget request. Funding is allocated by formula to eligible LEAs for school construction activities under section 7007(b) of ESEA.

Payments for Federal Property

The Committee recommends $75,313,000 for Payments for Federal Property, which is the same as the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program. Funds are awarded to school districts to compensate for lost tax revenue as the result of Federal acquisition of real property since 1938.

SCHOOL IMPROVEMENT PROGRAMS

Appropriation, fiscal year 2020	$5,404,967,000
Budget request, fiscal year 2021	392,374,000
Committee Recommendation	5,453,617,000
Change from enacted level	+48,650,000
Change from budget request	+5,061,243,000

The Committee recommendation includes $5,453,617,000 for the School Improvement Programs account.

Supporting Effective Instruction State Grants

The Committee recommends $2,154,330,000 for Supporting Effective Instruction State Grants (Title II–A), which is $22,500,000 above the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate the program. Title II–A grants provide States and school districts with a flexible source of funding to strengthen the skills and knowledge of teachers, principals, and administrators to enable them to improve student achievement.

The Committee is supportive of efforts to strengthen school leadership through the Title II–A program. Research has consistently demonstrated that school leadership is second only to classroom instruction as an influence on student learning, and 97 percent of teachers say that the principal is responsible for determining if a

school can attract and retain great teachers. The Committee particularly takes note of the fact that, under ESEA, States may reserve approximately three percent of their Title II–A formula allocations to carry out activities for principals and other school leaders and encourages States to make use of this optional reservation so as to maximize the impact of the Title II–A program. The Committee directs the Department to encourage, through guidance or technical assistance, SEAs to utilize the school leader three percent Title II–A set-aside to better drive school improvement efforts.

Supplemental Education Grants

The Committee recommends $16,699,000 for Supplemental Education Grants to the Federated States of Micronesia and the Republic of the Marshall Islands, which is the same as both the fiscal year 2020 enacted level and the fiscal year 2021 budget request. The Compact of Free Association Amendments Act of 2003 (P.L. 108–188) authorizes these entities to receive funding for general education assistance.

Nita M. Lowey 21st Century Community Learning Centers

The Committee recommends $1,262,673,000 for Nita M. Lowey 21st Century Community Learning Centers, $13,000,000 more than the fiscal year 2021 enacted level. The fiscal year 2021 budget request proposes to eliminate this program. Funds are awarded by formula to States, which in turn distribute funds on a competitive basis to local school districts, nonprofit organizations, and other public entities.

The Committee notes that only one in three 21st Century Community Learning Centers grant applications is awarded, reflecting substantial unmet demand for these opportunities. The $13,000,000 increase over fiscal year 2020 will help communities providing afterschool programs serve 15,600 more students than in fiscal year 2020.

State Assessments

The Committee recommends $378,000,000 for State Assessments, which is the same as the fiscal year 2020 enacted level and $8,900,000 more than the fiscal year 2021 budget request. Funds are available to develop and implement academic standards and assessments. The program includes a set-aside for audits to identify and eliminate low-quality or duplicative assessments.

Education for Homeless Children and Youth

The Committee recommends $102,650,000 for the Education for Homeless Children and Youth program, which is $1,150,000 more than the fiscal year 2020 enacted level. The 2021 budget request proposes to eliminate this program. Grants are allocated to States in proportion to the total each State receives under the Title I program.

Training and Advisory Services

The Committee recommends $6,575,000 for Training and Advisory Services authorized by Title IV–A of the Civil Rights Act, which is the same as both the fiscal year 2020 enacted level and the fiscal year 2021 budget request. Title IV–A authorizes technical

assistance and training services for school districts to address problems associated with desegregation on the basis of race, sex, or national origin. The Department awards three-year grants to regional Equity Assistance Centers (EACs) located in each of the 10 Department of Education regions. The EACs provide services to school districts upon request. Typical activities include disseminating information on successful education practices and legal requirements related to nondiscrimination on the basis of race, sex, and national origin in educational programs.

Education for Native Hawaiians

The Committee recommends $37,897,000 for the Education for Native Hawaiian program, which is $1,000,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program. Funds are used to provide competitive awards for supplemental education services to the Native Hawaiian population.

The Committee recognizes that teacher shortages and related issues of poor recruitment, attrition, and retention disproportionately impact rural, impoverished, and urban communities, including those regions with a high population of Native Hawaiian students. Stronger pathways are needed between the K–12 school system and postsecondary institutions to support Native Hawaiian education by recruiting more underrepresented students to become teachers, increasing production of teachers through teacher preservice programs, providing work-related growth and advancement for educators, and supporting coordinated mentorship, coaching, and induction processes. The Committee encourages the Department to foster stronger educational pathways between the K–12 school system and postsecondary institutions to improve teacher recruitment, training, and retention in the area of Native Hawaiian education.

Alaska Native Education Equity

The Committee recommends $35,953,000 for the Alaska Native Education Equity program, which is the same as the fiscal year 2020 level. The fiscal year 2021 budget request proposes to eliminate this program. Funds are used to provide competitive awards for supplemental education services to the Alaska Native population.

Rural Education

The Committee recommends $186,840,000 for Rural Education programs, which is $1,000,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program. There are two dedicated programs to assist rural school districts with improving teaching and learning in their schools: the Small, Rural Schools Achievement program, which provides funds to rural districts that serve a small number of students; and the Rural and Low-Income Schools program, which provides funds to rural districts that serve concentrations of poor students, regardless of the number of students served by the district. Funds appropriated for Rural Education shall be divided equally between these two programs.

The Committee recognizes that the Rural Education Achievement Programs Rural and Low-Income School grant program has provided vital funding to rural schools across the country to ensure that regardless of geographic location, every child can have an effective and comprehensive education. Therefore, any changes to the administration of the Rural and Low-Income School grant program should give schools losing grant funding previously received from the program a sufficient amount of time and guidance to pursue supplementary funding not less than one year.

Comprehensive Centers

The Committee recommends $52,000,000 for Comprehensive Centers, which is the same as the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program. The Comprehensive Centers program includes support for regional centers that provide training, technical assistance, and professional development to build State capacity to provide high-quality education to all students. The Committee notes the critical role Comprehensive Centers play in helping States vet evidence and strategies to implement ESEA and provide children with a high-quality education.

Student Support and Academic Enrichment State Grants

The Committee recommends $1,220,000,000 for Student Support and Academic Enrichment (SSAE) State Grants, which is $10,000,000 above the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program. SSAE grants provide SEAs and LEAs with flexible resources that provide students with access to a well-rounded education, including rigorous coursework, and improve school conditions and the use of technology.

The Committee encourages the Department to work with States and school districts that serve diverse youth to explore using SSAE funding to support and create youth pipeline programs in the arts and entertainment industries. The Committee is aware of programs that focus on closing student opportunity gaps by bringing filmmakers into Title I schools to partner with teachers to expand access to the arts, implement social and emotional learning strategies, and support rigorous academic curricula. A 2019 evaluation by the Stanford Center for Assessment, Learning, and Equity found that such programs create a positive environment and learning community, promote active and social learning, provide in-depth instruction of vocabulary practices, and cultivate social and emotional learning competencies.

The Committee supports efforts by States and LEAs to increase diversity in accelerated student learning programs, such as advanced placement courses, gifted and talented classes and honors programs. The Committee supports the use of ESEA funding to create State or local equity offices. Equity offices could evaluate current data on the students enrolled in accelerated student learning programs and use such data to inform recommendations to LEAs on how to improve the diversity of those programs. The Committee recognizes that Black, Latino, and Native students, students living in poverty, and English Learners are historically underrepresented in accelerated learning programs. Research shows that developing

targeted recruitment and outreach plans, as well as universal screening for talented and gifted programs help address inequitable access that lock students out of opportunities that engage them more meaningfully in school and expand their postsecondary success.

The Committee is concerned about the high rates of students who are chronically absent from school. The most recent statistics show that over seven million students in the 2015–2016 school year were considered chronically absent. Studies have shown that chronic absenteeism hurts students' academic achievement and can lead to students dropping out of school. In the fiscal year 2022 Congressional Budget Justification, the Committee directs the Department to describe State-driven efforts to combat chronic absenteeism. The Department's description can include relevant analysis such as which factors contribute most to student chronic absenteeism, and recommendations for Federal, State, and local strategies to prevent and address chronic absenteeism. The Committee is interested in chronic absenteeism trends by subgroups such as by gender, race, ethnicity, homeless, foster, English Learner status, and geography. The Committee urges the Department to make clear to State and local education agencies that they may leverage SSAE funding to address chronic absenteeism.

The Committee continues to note that SEAs and LEAs can use SSAE funds for activities that contribute to a well-rounded education, including supports for safe, culturally responsive classroom communities. The Committee also notes that SEAs and LEAs can use SSAE funds to support and expand school-based mental health services including but not limited to providing trauma-informed care and mindfulness meditation.

The Committee notes that States and school districts may use funds available under the SSAE grant program to strengthen instruction in science, technology, engineering, arts, and mathematics (STEAM) fields, including computer science, and improve access to Pre-K–12 computer science and STEAM programming for underserved students, such as minorities, girls, and youth from families living at or below the poverty line. The Committee recognizes that supporting education in the STEAM fields, particularly computer science, is critical to ensuring that our nation continues to lead in innovation. As computer science is a basic skill in the 21st century global economy, the Committee intends for investments in Title IV–A to reduce the computer science enrollment and achievement gaps.

The explanatory statement accompanying the Department of Education Appropriations Act, 2020, directed the Department to include in the fiscal year 2021 Congressional Budget Justification information about the Department's plans for using the two percent set-aside for technical assistance and capacity building for supporting SEAs and LEAs in carrying out authorized activities under the SSAE program. The Committee notes the Department provided limited information in the fiscal year 2021 Congressional Budget Justification about some of its plans for fiscal year 2019 funds. However, the Department has not been fully transparent about its plans, nor has it been clear about how technical assistance and capacity building funds directly support the technical assistance and capacity building needs of SEAs and LEAs. In fact, the Department

has devoted approximately one-quarter of these funds for a new grant competition this year circumventing otherwise applicable rules regarding notice and comment procedures to support two to four grants to SEAs for course access programs that operate outside of LEAs and allow students to choose courses through State-identified course providers. Such a program does nothing to address the challenges SEAs identified in a study of SSAE released by the Department earlier this year but merely advances a privatization agenda.

The Committee directs the Department to include in its fiscal year 2022 Congressional Budget Justification and each subsequent Congressional Budget Justification information on current and planned expenditures for the two percent set-aside for technical assistance and capacity building, and include a plan for how resources will be spent to build the capacity of SEAs and LEAs and provide technical assistance. The plan should include how resources will be spent helping SEAs and LEAs vet evidence, implement evidence-based interventions, and incorporate evidence-based SSAE activities into school improvement strategies.

The Committee is supportive of SEA and LEA efforts to expand evidenced-based and scalable integrated student support systems by creating partnerships with existing school and community resources to deliver and track an individual tailored support plan for each student in a high-need school. The Committee notes that funds available under the SSAE grant program may be used to support such efforts, which can improve academic performance and graduation rates for students.

INDIAN EDUCATION

Appropriation, fiscal year 2020	$180,739,000
Budget request, fiscal year 2021	180,739,000
Committee Recommendation	181,239,000
Change from enacted level	+500,000
Change from budget request	+500,000

This account supports programs authorized by part A of title VI of the ESEA.

Grants to Local Educational Agencies

The Committee recommends $105,381,000 for Grants to Local Educational Agencies, which is the same as the fiscal year 2020 enacted level and the fiscal year 2021 budget request. This program provides assistance through formula grants to school districts and schools supported or operated by the Bureau of Indian Education. The purpose of this program is to improve elementary and secondary school programs that serve American Indian students, including preschool children. Grantees must develop a comprehensive plan and ensure that the programs they carry out will help Indian students reach the same challenging standards that apply to all students. This program supplements the regular school program to help American Indian children sharpen their academic skills, bolster their self-confidence, and participate in enrichment activities that would otherwise be unavailable.

In addition, the CARES Act (P.L. 116–136) included $153,750,000 for the Bureau of Indian Education to address the impact of COVID–19 on students.

Special Programs for Indian Children

The Committee recommends $67,993,000 for Special Programs for Indian Children, which is the same as the fiscal year 2021 enacted level and the fiscal year 2021 budget request. These programs make competitive awards to improve the quality of education for American Indian students. The program also funds the American Indian Teacher Corps and the American Indian Administrator Corps to recruit and support American Indians as teachers and school administrators.

National Activities

The Committee recommends $7,858,000 for National Activities, which is $500,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request. The fiscal year 2021 increase to National Activities is directed to support the Department's Native American language immersion grant program.

Within this account, funding is provided for grants to Tribes for education administrative planning, development, and coordination, grants to support Native language immersion schools and programs. Funds under this authority also support research, evaluation and data collection to provide information about the educational status of Indian students and the effectiveness of Indian education programs.

INNOVATION AND IMPROVEMENT

Appropriation, fiscal year 2020	$1,103,815,000
Budget request, fiscal year 2021	– – –
Committee Recommendation	1,074,815,000
Change from enacted level	–29,000,000
Change from budget request	+1,074,815,000

The Committee recommends $1,074,815,000 for programs within the Innovation and Improvement account.

Education Innovation and Research

The Committee recommends $195,000,000 for the Education Innovation and Research (EIR) program, which is $5,000,000 above the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program. This program makes competitive grants to support the replication and scaling-up of evidence-based education innovations.

Within the total for EIR, the Committee recommendation includes $110,000,000 to provide new grants for the initiative in social and emotional learning (SEL) interventions and provide evidence-based, field-initiated innovations that address student social, emotional, and cognitive needs. The recently released National Commission on Social, Emotional and Academic Development report chronicles decades of research showing "that the social, emotional, and cognitive dimensions of learning are deeply linked" and that educating the whole student involves integrating and sustaining these dimensions throughout the day. In addition, a recent study by the Collaborative for Academic, Social, and Emotional Learning found that students who received SEL interventions showed lasting positive impacts on variables such as high school graduation rates and college attendance and lower likelihoods of being arrested or being diagnosed with a clinical mental health dis-

order. Further, RAND Corporation finds that there are at least 60 SEL interventions that have been evaluated and that meet the Every Student Succeeds Act (ESSA) evidence requirements.

The Committee is encouraged by the robust, growing evidence base behind SEL strategies, trauma-informed services, and whole child approaches to learning, and makes funding for these interventions a top priority. Children across the country have been significantly impacted by disruptions related to COVID–19, including school closures. The increase to EIR in fiscal year 2021 is intended to address these concerns and provide additional support for the SEL initiative, which can include trauma-informed practices and services within schools.

Within 90 days of enactment of this Act, the Department is directed to brief the Committees on Appropriations on plans for carrying out the SEL competition. In addition, the Department shall provide notice to the Committees at least seven days before grantees are announced.

As part of the SEL initiative, the Committee encourages the Department to investigate opportunities to consider previous work done by the CDC and the Association for Supervision and Curriculum Development who together helped develop an integrated model called Whole School, Whole Community, Whole Child. The Department is encouraged to consider how cross-sector research collaboration and evidence-informed practice among researchers can provide informed implementation guidance relevant to all stakeholders. Nurses, psychologists and associated workers can have an important role in supporting students' emotional health as well as their physical health in school settings, and the Department is encouraged to explore supporting opportunities to promote such collaborations.

In addition, within the total for EIR, the Committee recommendation includes $85,000,000 for States, school districts, and school-based afterschool programs to provide or strengthen instruction in STEAM fields, including computer science. In particular, these funds must be used by the Secretary to direct additional Pre-K–12 computer science and STEAM grants to underrepresented students such as minorities, girls, and youth from families living at or below the poverty line to help reduce the enrollment and achievement gap. Supporting education in the STEAM fields, particularly computer science, is critical to ensure that our nation continues to lead in innovation. As computer science is a basic skill in the 21st century global economy, the Committee encourages the Department to support Pre-K–12 computer science education in schools across the country. Funds should also be used within these amounts to increase teacher training, proficiency, and knowledge of STEAM and computer science courses, with a particular interest in coding.

Given the significant Federal investment in the EIR program (and its predecessor program, Investing in Innovation), the Committee directs the Department to take stronger steps to publicly release and widely publicize the research findings from this critical program. More specifically, the Department should post research findings on its own website and issue related press releases and Dear Colleague letters. The Department should also provide summaries of the research findings to the Committees on Appropria-

tions. The Committee directs the Secretary to better showcase those programs that have demonstrated, through rigorous research as required by the ESEA, that their innovations show specific evidence of achievement in educational outcomes. The Department should also communicate any research findings that demonstrate successful outcomes to outside stakeholders, particularly chief State school officers and district superintendents. The Committee believes that publicizing these research findings will provide critical information for State governments, State and local education agencies, and others, particularly in unserved and underserved communities.

The Committee is aware that certain criteria for evaluating EIR grants, such as the use of randomized control trials, are more difficult for rural-based applicants to successfully fulfill. The Committee requests that the Department consider additional assistance for rural applicants in fulfilling evaluation requirements in future grant competitions.

The Committee is aware that the Department has excluded nonprofit institutions of higher education from participation in grant opportunities depending on their category of eligibility for a tax exemption. The Committee encourages the participation of all nonprofit institutions of higher education regardless of the category of its tax-exempt designation.

The Committee strongly opposes the Department's misguided efforts to fund EIR grants using its proposed Teacher-Directed Professional Learning Experiences priority. So much is already asked of our teachers who serve as instructional experts, counselors, and confidants for our nation's students. Asking teachers to navigate an uncharted, unregulated teacher professional development market is unreasonable and unwise. The Committee is concerned about the quality of the unvetted resources available to teachers online through popular websites. Reviewers in a recent Fordham Institute report found that most of these available materials are "mediocre" or "probably not worth using." A better approach would be providing school districts with resources to invest in high-quality, evidence-based professional development experiences. The EIR program is capable of doing so much more, and the Committee is disappointed to learn the Department is wasting taxpayer dollars on dubious approaches to teacher development.

Teacher and School Leader Incentive Grants

The Committee recommends $200,000,000 for the Teacher and School Leader Incentive Grants program, which is the same as the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program. This program provides grants to States, school districts, and partnerships to develop, implement, improve, or expand human capital management systems or performance-based compensation systems in schools.

American History and Civics Academies

The Committee recommends $2,315,000 for American History and Civics Academies, which is $500,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program.

American History and Civics National Activities

The Committee recommends $3,500,000 for American History and Civics National Activities, which is $500,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program.

The Committee supports efforts by school districts that are home to populations of Latino students to ensure public schools reflect the diversity of their districts, which may extend to the naming of schools to highlight the achievements of Latinos.

Supporting Effective Educator Development

The Committee recommends $80,000,000 for the Supporting Effective Educator Development (SEED) grant program, which is the same as the fiscal year 2020 level. The fiscal year 2021 budget request proposes to eliminate this program. SEED provides competitive grants to support alternative certification and other professional development and enrichment activities for teachers, principals, and other school leaders. Funds are included to fully support continuation costs for grants made in prior years.

The Committee is supportive of the Department's competitive preference priority for SEL in the fiscal year 2020 SEED competition and directs the Department to include the competitive preference priority in any new SEED competition in fiscal year 2021.

The Committee recognizes the positive impact SEL has on academic performance, classroom behavior, and student well-being. But studies have also shown that SEL school-based programs are more effective when they are supported by parent and family involvement. The Committee encourages the Department to support grantees that develop and implement teacher and school leader training programs on family engagement to increase the capacity of new and existing teachers and school leaders to work with families to collaboratively develop and support the social and emotional skills, habits, and mindsets of children. Efforts to promote family engagement could provide instruction of research-based, social and emotional skills, habits, and mindsets through locally relevant materials that increase the SEL competencies and capacities of teachers, school leaders, and families. Such efforts could also provide teacher and school leader training and professional development on strategies to engage families and collectively support the development of the social and emotional skills, habits, and mindsets of families.

Further, the Committee directs the Department to ensure that SEED grants are awarded to a diverse set of eligible entities, including national nonprofit organizations implementing evidence-based activities (as defined in section 8101(21)(A)(i) of the ESEA) across a number of sites which can help bring to scale evidence-based programs of national significance across the country.

In addition, the Committee encourages the Department, through the SEED program, to fund projects that increase the number of teachers with computer science certifications with a priority to increase the number of such teachers in rural public schools and public schools serving high percentages of Native students.

The Committee encourages the Department to ensure that SEED grants are awarded to a diverse set of eligible entities, including Historically Black Colleges and Universities and other Minority

Serving Institutions that have a focus on improving teacher diversity and educational outcomes in urban or underserved communities.

The Committee recognizes the vital role in preparing educators so that all students have access to high-quality STEM learning opportunities. The Committee further recognizes the value in a diverse STEM teacher pipeline and encourages efforts to increase women in STEM teacher positions.

The Committee supports improving civic education in the U.S. to ensure students understand the Declaration of Independence, the U.S. Constitution, the Bill of Rights, and other founding and foundational documents including the Emancipation Proclamation. The Committee is aware that teacher subject matter expertise is a factor in student achievement. Accordingly, within SEED, the Department is encouraged to support evidence-based professional development that helps elementary and secondary educators increase civic knowledge of principles included in the U.S.'s founding and foundational documents.

Charter Schools Grants

The Committee recommends $400,000,000 for Charter School Program (CSP) Grants, which is $40,000,000 below the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program.

CSP awards grants to SEAs or, if a State's SEA chooses not to participate, to charter school developers to support the development and initial implementation of public charter schools. State Facilities Incentive Grants and Credit Enhancement for Charter School Facilities awards help charter schools obtain adequate school facilities. These programs work in tandem to support the development and operation of charter schools.

The Committee requests GAO to provide a report to the Committees on Appropriations on the Department's oversight over CSP and whether the program is being implemented effectively among grantees and subgrantees. The report should include an analysis of CSP grant amounts over time that supported charter schools, with a particular focus on schools that eventually closed or received funds but never opened; the relationships between charter schools supported by CSP grants and charter management organizations; and an analysis of enrollment patterns at these schools, especially for students with disabilities. The report should examine ways to improve the Department's oversight of CSP as well as make recommendations on potential legislative changes to the program that would reduce the potential for mismanagement and ineffective operations.

Further, the Committee supports efforts by the Department's Office of Inspector General (OIG) to examine grantee administration of Replication and Expansion Grants, including charter management organization grantees. The Committee also supports the OIG's efforts to evaluate whether the Department adequately monitored grantees' performance and uses of funds for CSP competitions.

Magnet Schools Assistance

The Committee recommends $109,000,000 for the Magnet Schools Assistance program, which is $2,000,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program. This program makes competitive grants to support the establishment and operation of magnet schools that are a part of a court-ordered or Federally-approved voluntary desegregation plan.

The Committee encourages the Department to prioritize Magnet School Assistance applications that are paired with Department of Housing and Urban Development Choice Neighborhoods planning or implementation grants.

The Supreme Court's landmark 1954 ruling in *Brown* v. *Board of Education* declared separate but equal public schools to be unconstitutional. Yet, according to a 2016 GAO audit, public education is more segregated by race and class than at any time since 1960. The Committee is concerned by the resegregation of public schools and believes that the 2015 enactment of ESSA presents a valuable opportunity to support State and school district efforts to improve student diversity as a means of achieving equity of educational opportunity. Further, the evidence base in support of increasing student diversity as a means of school improvement is extensive, which is why the Committee continues to support the Magnet School Assistance program.

The Committee recognized a longstanding barrier to the implementation of this work in the Department of Education Appropriations Act, 2019, when it removed two decades-old prohibitions on the use of Federal funds for transportation costs to carry out school desegregation efforts. However, the Committee recognizes that barriers to this work persist due to Section 426 of the General Education Provisions Act. It is concerning to the Committee that such legislative language has remained in place since 1974 as an obstacle when many school districts are working voluntarily to promote racial and economic integration for the benefit of their children and communities. Therefore, new bill language is included to rid the Federal code of this outdated prohibition.

Ready to Learn Programming

The Committee recommends $30,000,000 for Ready to Learn Programming, which is $1,000,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program. This program supports the development and distribution of educational video programming for preschool and elementary school children and their parents, caregivers, and teachers.

Arts in Education

The Committee recommends $31,000,000 for Arts in Education, which is $1,000,000 more than the fiscal year 2020 level. The fiscal year 2021 budget request proposes to eliminate this program. This program provides competitive grants to support professional development and the development of instructional materials and programming that integrate the arts into the curricula.

Javits Gifted and Talented Education

The Committee recommends $14,000,000 for the Javits Gifted and Talented Education Program, which is $1,000,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program. Funds are awarded through grants and contracts to States, schools districts, and other organizations to support a coordinated program of research, demonstration projects, innovative strategies, and other activities to help schools identify gifted and talented students and address their unique educational needs.

The Committee encourages the Department to use funds to increase the number of grants that assist schools in the identification of, and provision of services to, gifted and talented students who may not be identified and served through traditional assessment methods, such as children with disabilities, English learners, children of color, and economically disadvantaged students.

Statewide Family Engagement

Centers The Committee recommends $10,000,000 for the Statewide Family Engagement Centers program, which is the same as the fiscal year 2020 enacted level. The fiscal year 2020 budget request proposes to eliminate the program. Funds are awarded through grants to organizations to provide technical assistance and training to State and local educational agencies in the implementation and enhancement of systemic and effective family engagement policies, programs, and activities that lead to improvements in student development and academic achievement.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

Appropriation, fiscal year 2020	$210,000,000
Budget request, fiscal year 2021	– – –
Committee Recommendation	218,000,000
Change from enacted level	+8,000,000
Change from budget request	+218,000,000

The Committee recommends a total of $218,000,000 for activities to promote safe schools, healthy students, and citizenship education, which is $8,000,000 more than the fiscal year 2020 enacted level and $218,000,000 more than the fiscal year 2021 budget request.

Promise Neighborhoods

The Committee recommends $82,000,000 for Promise Neighborhoods, which is $2,000,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program. Promise Neighborhoods supports grants to nonprofit, community-based organizations for the development of comprehensive neighborhood programs designed to combat the effects of poverty and improve educational outcomes for children and youth, from birth through college.

School Safety National Activities

The Committee recommends $106,000,000 for School Safety National Activities, which is $1,000,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program. The Committee's recommendation provides

up to $5,000,000 for the Project School Emergency Response to Violence (Project SERV) program.

In addition, the CARES Act (P.L. 116–136) included $100,000,000 for Project SERV to help elementary and secondary schools and institutions of higher education respond to the immediate needs of COVID–19 and the effect on students.

Within School Safety National Activities, the Committee includes sufficient funding to continue the Mental Health Demonstration Grant and the Mental Health Personnel Grant competition, first initiated by the Committee in fiscal year 2020, to increase the number of well-trained school counselors, social workers, and psychologists, or other mental health professionals qualified to provide school-based mental health services.

The Project SERV program provides counseling and referral to mental health services as well as other education-related services to LEAs and IHEs in which the learning environment has been disrupted by a violent or traumatic crisis. The Committee directs the Department to report to the Committees on Appropriations within 180 days of enactment of this Act on how fiscal years 2017, 2018, 2019 and 2020 grant recipients used Project SERV funds; recommendations from grant recipients on how the program could be improved; and, information on how these funds helped them recover from a violent or traumatic crisis.

The Committee is concerned about the possible mental, emotional, and behavioral health effects on students and staff resulting from lockdown drills and active shooter drills conducted in elementary and secondary schools. In response, the Committee provides $1,000,000 for the Department to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine (National Academies) under which the National Academies will conduct a study to assess the science on the potential mental, emotional, and behavioral health effects of firearm violence prevention activities on students and staff in elementary and secondary school settings. The study and subsequent report should include an analysis of the effects of active shooter simulations, full-scale lockdowns, secured-perimeter lockouts, and other school security measures (e.g. metal detectors, visibility of police/policing on campus) and their mental, emotional and behavioral consequences. The assessment should review the potential effects on children and youth of different ages and on students with disabilities. The National Academies report should identify practices and procedures that can minimize any adverse mental, emotional, and behavioral health effects on children, youth, and staff in elementary and secondary schools resulting from the drills and make recommendations where appropriate.

The Committee encourages the Department to continue to operate grants and technical assistance that support LEA and school building efforts to promote a safe, supportive, and positive school climate. This includes initiatives such as implementing effective discipline strategies such as positive behavior interventions and supports and restorative practices; improving access to comprehensive mental health services; fostering positive relationships; and, anti-bullying initiatives and efforts to reduce school violence. A positive school climate is the cornerstone to a safe and supportive school environment, and the Committee encourages the Depart-

ment to continue efforts to promote proactive and evidence-based efforts to foster a positive school climate that benefits all students, as opposed to simply attempting to stop rare acts of school violence.

Full-Service Community Schools

The Committee recommends $30,000,000 for Full-Service Community Schools, which is $5,000,000 more than the fiscal year 2020 level. The fiscal year 2021 budget request proposes to eliminate this program. This program makes competitive grants to support school-based comprehensive services for students, families, and communities. The Full-Service Community Schools program, which supports evidence-based models to meet the holistic needs of children and families, is part of the Committee's continued initiative to provide resources for SEL. The Committee is also encouraged by research that shows comprehensive community schools as a strategy that can improve educational quality and equity for students from diverse backgrounds. Therefore, the Committee urges the Department to provide technical assistance to SEAs and LEAs that are interested in leveraging Full-Service Community Schools grants to meet local school improvement needs.

ENGLISH LANGUAGE ACQUISITION

Appropriation, fiscal year 2020	$787,400,000
Budget request, fiscal year 2021	– – –
Committee Recommendation	797,400,000
Change from enacted level	+10,000,000
Change from budget request	+797,400,000

This program provides formula grants to States to serve Limited English Proficient (LEP) students. Grants are based on each State's share of the National LEP students and recent immigrant student population. Funds under this account also support professional development to increase the pool of teachers prepared to serve LEP students as well as evaluation activities. The bill continues language to calculate all State awards based on a three-year average of data from the American Community Survey.

The Committee recommends $797,400,000 for English Language Acquisition (ELA) in fiscal year 2021, which is $10,000,000 above the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program.

The Committee understands that the nation's English learner (EL) student population is rapidly growing and becoming more diverse. The Committee is deeply concerned by the academic achievement gap that persists between ELs and their peers and understands that addressing this challenge has been difficult for many States. These States rely on Federal technical assistance in crafting and administering their State and local plans under Title III of the ESEA, and the Committee recognizes the need to provide them with timely, accurate guidance. The Office of English Language Acquisition (OELA) already disseminates research and resources for teaching ELs and has the expertise needed to provide this guidance to States. Therefore, the Committee directs all assistance duties required under section 6823(f) of the ESEA to be conducted by OELA.

The Committee is supportive of the Department's ongoing activities to study uses of funds for the ELA program, effective practices for ELs, professional development for teachers of ELs, and how

teacher residency programs impact ELs. The Committee is also supportive of the Department's efforts to publish more detailed outcomes for EL students; however, the Committee notes that the Department does not currently collect outcome data for EL students by all ethnic and racial subgroups. The Committee strongly urges the Department to consider collecting disaggregated outcomes data to present a more complete picture of academic achievement for diverse ELs.

The Committee is concerned by the quality and availability of data for EL students on State report cards as required under ESEA and directs the Department to develop a plan to ensure States are clearly presenting required data elements for EL students in fiscal year 2021 and subsequent years. The Department is directed to share its plan with the Committees on Appropriations and provide a briefing within 270 days of enactment of this Act. In particular, the Committee is concerned about data for former EL students and urges the Department to address gaps and collect more complete information for this subgroup. The Committee directs the Department to report on its progress in responding to this request in the fiscal year 2022 Congressional Budget Justification.

The Committee is aware that children and youth who relocate from the U.S. territory of Puerto Rico, where Spanish is the primary language of instruction, to one of the 50 States or the District of Columbia are not counted in the statutory formula used to make English Language Acquisition allotments to States, set forth in section 3111(c) of the ESEA.

SPECIAL EDUCATION

Appropriation, fiscal year 2020	$13,885,228,000
Budget request, fiscal year 2021	13,985,228,000
Committee Recommendation	14,092,995,000
Change from enacted level	+207,767,000
Change from budget request	+107,767,000

Of the total amount available, $4,553,979,000 is available for obligation on July1, 2021, and $9,283,383,000 is available for obligation on October 1, 2021. These grants help States and localities pay for a free, appropriate education for students with disabilities aged 3 through 21.

Grants to States

This program provides formula grants to assist States in meeting the costs of providing special education and related services to children with disabilities. States generally transfer most of the funds to LEAs; however, they can reserve some funds for program monitoring, technical assistance, and other related activities. In order to be eligible for funds, States must make free appropriate public education available to all children with disabilities.

The Committee recommends $12,957,892,000 for Part B Grants to States, which is $193,500,000 more than the fiscal year 2020 enacted level and $93,500,000 above the fiscal year 2021 budget request. The Committee is concerned that the Federal share of the excess cost of educating students with disabilities has declined and notes the critical role increased funding plays in helping to reverse this trend.

The Committee encourages the Department to address the unique needs of students who use American Sign Language (ASL). The Committee directs the Department to assess the needs of, and identify ways to better serve, students who use ASL and to share findings with the Committee in the fiscal year 2022 Congressional Budget Justification.

Preschool Grants

The Committee recommends $397,620,000 for Preschool Grants, which is $3,500,000 more than the fiscal year 2020 enacted level and the fiscal year 2021 budget request. These funds provide additional assistance to States to help them make free, appropriate public education available to children with disabilities ages 3 through 5.

Grants for Infants and Families

The Committee recommends $481,850,000 for Grants for Infants and Families, which is $4,850,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request. These funds provide additional assistance to States to help them make free, appropriate public education available to children with disabilities from birth through age 2.

The Committee recommendation includes new bill language to clarify that States may use funds to support subgrants to non-profit and other organizations for State activity work under IDEA Part C.

IDEA National Activities

The Committee recommends $255,633,000 for the IDEA National Activities program, which is $5,917,000 more than the fiscal year 2020 enacted level and the fiscal year 2021 budget request. The IDEA National Activities programs support State efforts to improve early intervention and education results for children with disabilities.

Educational Technology, Media, and Materials.—The Committee recommends $29,547,000 for Educational Technology, Media, and Materials, which is the same as the fiscal year 2020 enacted level and the fiscal year 2020 budget request. This program makes competitive awards to support the development, demonstration, and use of technology and educational media activities of educational value to children with disabilities.

The Committee continues to recognize the ongoing progress made with the tools and services provided under this program that have allowed more than 620,000 students with disabilities free access to more than 700,000 books in digitally accessible formats. The Committee strongly encourages continued effort to expand this program's reach to K–12 students in underserved areas.

Parent Information Centers.—The Committee recommends $27,411,000 for Parent Information Centers, which is the same as the 2020 enacted level and the fiscal year 2021 budget request. 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. Technical assistance is also provided under this program for developing, assisting, and coordinating centers receiving assistance under this program.

Personnel Preparation.—The Committee recommends $90,700,000 for Personnel Preparation, which is $1,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request. This program supports competitive awards to help address State-identified needs for qualified personnel to work with children with disabilities, and to ensure that those personnel have the necessary skills and knowledge to serve children with special needs. Awards focus on addressing the need for leadership and personnel to serve low-incidence populations. Funds are included to fully support continuation costs for grants made in prior years. The Committee notes the critical role the Personnel Preparation program plays in helping to address the nation's shortage of teachers for students with disabilities.

Given the critical shortage of special education teachers, including the higher education special education faculty who prepare them, the Committee includes no less than $10,000,000 for doctoral-level personnel preparation in special education.

State Personnel Development.—The Committee recommends $38,630,000 for State Personnel Development, which is the same as the fiscal year 2020 enacted level and the fiscal year 2021 budget request. This program supports grants to States to assist with improving personnel preparation and professional development related to early intervention and educational and transition services that improve outcomes for students with disabilities. Funds are included to fully support continuation costs for grants made in prior years.

Technical Assistance and Dissemination.—The Committee recommends $44,345,000 for Technical Assistance and Dissemination, which is the same as the fiscal year 2020 enacted level and the fiscal year 2021 budget request. Funding supports technical assistance, demonstration projects, and information dissemination. These funds support efforts by State and local educational agencies, IHEs, and other entities to build State and local capacity to make systemic changes and improve results for children with disabilities.

Special Olympics Education Programs.—The Committee recommends $25,000,000 for Special Olympics Education Programs, an increase of $4,917,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request, to support activities authorized by the Special Olympics Sport and Empowerment Act, including Project UNIFY. This funding supports efforts to expand Special Olympics programs and the design and implementation of Special Olympics education programs that can be integrated into classroom instruction and are consistent with academic content standards.

REHABILITATION SERVICES

Appropriation, fiscal year 2020	$3,747,739,000
Budget request, fiscal year 2021	3,782,952,000
Committee Recommendation	3,827,500,000
Change from enacted level	+79,761,000
Change from budget request	+44,548,000

The programs in this account are authorized by the Rehabilitation Act of 1973, the Helen Keller National Center Act, and the Randolph-Sheppard Act.

Vocational Rehabilitation State Grants

The Committee recommends $3,667,801,000 in mandatory funding for Vocational Rehabilitation (VR) State Grants, which is $57,761,000 above the fiscal year 2020 enacted level and the same as the fiscal year 2021 budget request.

This program supports vocational rehabilitation services through formula grants to States. These grants support a wide range of services designed to help persons with physical and mental disabilities prepare for and engage in gainful employment to the extent of their capabilities. Emphasis is placed on providing vocational rehabilitation services to persons with the most significant disabilities. The Committee's recommendation provides the cost-of-living adjustment for Vocational Rehabilitation Grants to States, as authorized.

Client Assistance State Grants

The Committee recommends $13,000,000 for Client Assistance State Grants, which is the same as the fiscal year 2020 enacted level and the fiscal year 2021 budget request. Client Assistance State Grants support services for eligible individuals and applicants of the VR State Grants program, and other programs, projects, and services funded under the Rehabilitation Act. These formula grants are used to help persons with disabilities overcome problems with the service delivery system and improve their understanding of services available to them under the Rehabilitation Act.

Training

The Committee recommends $29,388,000 for the Training program, which is the same as the fiscal year 2020 enacted level and the fiscal year 2021 budget request. The program supports long-term and short-term training, in-service personnel training, and training of interpreters for deaf persons. Projects in a broad array of disciplines are funded to ensure that skilled personnel are available to serve the vocational needs of persons with disabilities. Funds are included to fully support continuation costs for grants made in prior years.

Demonstration and Training Programs

The Committee recommends $5,796,000 for Demonstration and Training Programs, which is the same as the fiscal year 2020 enacted level and the fiscal year 2021 budget request. These programs support activities designed to increase employment opportunities for individuals with disabilities by expanding and improving the availability and provision of rehabilitation and other services. The Committee recommendation includes no less than the fiscal year 2020 enacted level for parent information and training programs.

Protection and Advocacy of Individual Rights

The Committee recommends $18,650,000 for Protection and Advocacy of Individual Rights, which is $1,000,000 more than the fis-

cal year 2020 enacted level and the fiscal year 2021 budget request. Grants are awarded to entities that have the authority to pursue legal, administrative, and other appropriate remedies to protect and advocate for the rights of persons with disabilities.

Supported Employment State Grants

The Committee recommends $22,548,000 for Supported Employment State Grants, which is the same as the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program. These formula grants assist States in developing collaborative programs with public agencies and nonprofit agencies for training and post-employment services leading to supported employment. In supported employment programs, persons with the most significant disabilities are given special supervision and assistance to enable them to work in integrated settings.

Independent Living Services for Older Individuals Who Are Blind

The Committee recommends $33,317,000 for Independent Living Services for Older Individuals Who Are Blind, which is the same as both the fiscal year 2020 enacted level and the fiscal year 2021 budget request. Funds are distributed to States according to a formula based on the population of individuals who are 55 or older and provide support for services to persons 55 years old or over whose severe visual impairment makes gainful employment extremely difficult to obtain, but for whom independent living goals are feasible.

Helen Keller National Center

The Committee recommends $17,000,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults, which is $1,000,000 more than the fiscal year 2020 enacted level and the fiscal year 2021 budget request. These funds are used for the operation of a national center that provides intensive services for deaf-blind individuals and their families at Sands Point, New York, and a network of ten regional offices that provide referral, counseling, transition services, and technical assistance to service providers.

Temporary Grants to Blind Vendors

The Committee recommendation includes $20,000,000 to help the Randolph-Sheppard program recover from the COVID–19 emergency. The Randolph-Sheppard Act provides a priority for blind people in every State to operate businesses called "vending facilities," located on Federal property and serving Federal employees and the public. State laws extend these opportunities for the blind to State, county, and municipal property, as well. An agency has been designated in each State to license blind vendors, identify suitable vending locations for the blind, and to administer the program under Federal and State regulations.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

Appropriation, fiscal year 2020	$249,292,000
Budget request, fiscal year 2021	249,292,000
Committee Recommendation	253,792,000
Change from enacted level	+4,500,000
Change from budget request	+4,500,000

The Committee recommends $253,792,000 for Special Institutions for Persons with Disabilities, which is $4,500,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request.

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriation, fiscal year 2020	$32,431,000
Budget request, fiscal year 2021	32,431,000
Committee Recommendation	32,931,000
Change from enacted level	+500,000
Change from budget request	+500,000

This funding subsidizes the production of educational materials for legally blind persons enrolled in pre-college programs. The American Printing House for the Blind (Printing House), which is chartered by the Commonwealth of Kentucky, manufactures and maintains an inventory of educational materials in accessible formats that are distributed free of charge to schools and States based on the number of blind students in each State. The Printing House also conducts research and field activities to inform educators about the availability of materials and how to use them.

The Committee commends the Printing House for ensuring that students who are blind and visually impaired are able to benefit from the latest educational technologies. The increase in funding will help provide accessible technologies developed for students who are blind and visually impaired that are comparable to those available to their sighted peers, thus enabling students with vision loss to take advanced class work, achieve academic success, and obtain gainful employment.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriation, fiscal year 2020	$79,500,000
Budget request, fiscal year 2021	79,500,000
Committee Recommendation	81,000,000
Change from enacted level	+1,500,000
Change from budget request	+1,500,000

Congress established the National Technical Institute for the Deaf (Institute) in 1965 to provide a residential facility for postsecondary technical training and education for deaf persons with the purpose of promoting the employment of these individuals. The Institute also conducts applied research and provides training related to various aspects of deafness. The Secretary of Education administers these activities through a contract with the Rochester Institute of Technology in Rochester, New York.

GALLAUDET UNIVERSITY

Appropriation, fiscal year 2020	$137,361,000
Budget request, fiscal year 2021	137,361,000
Committee Recommendation	139,861,000
Change from enacted level	+2,500,000
Change from budget request	+2,500,000

Gallaudet is a private, non-profit educational institution Federally chartered in 1864 providing elementary, secondary, undergraduate, and continuing education for deaf persons. In addition, the University offers graduate programs in fields related to deafness for deaf and hearing students, conducts research on deafness, and provides public service programs for deaf persons.

In addition, the CARES Act (P.L. 116–136) included $7,000,000 for Gallaudet University to prevent, prepare for, and respond to coronavirus, including support for students.

CAREER, TECHNICAL, AND ADULT EDUCATION

Appropriation, fiscal year 2020	$1,960,686,000
Budget request, fiscal year 2021	2,723,265,000
Committee Recommendation	1,985,686,000
Change from enacted level	+25,000,000
Change from budget request	−737,579,000

This account includes vocational education programs authorized by the Carl D. Perkins Career and Technical Education Act of 2006, as recently reauthorized by the Strengthening Career and Technical Education for the 21st Century Act, and the Adult Education and Family Literacy Act (AEFLA).

Career and Technical Education: State Grants

The Committee recommends $1,300,598,000 for Career and Technical Education (CTE) State Grants, which is $18,000,000 above the fiscal year 2020 enacted level and $662,000,000 less than the fiscal year 2021 budget request. Of these funds, $509,598,000 will become available on July 1, 2021, and $791,000,000 will become available for obligation on October 1, 2021.

State Grants support a variety of career and technical education programs developed in accordance with the State plan. This program focuses Federal resources on institutions with high concentrations of low-income students. The populations assisted by State Grants range from secondary students in prevocational courses to adults who need retraining to adapt to changing technological and labor markets. Funding for State Grants will continue support for state-of-the-art career and technical training to students in secondary schools and community and technical colleges.

National Programs

The Committee recommends $7,421,000 for National Programs, which is the same as the fiscal year 2020 enacted level and $82,579,000 less than the fiscal year 2021 budget request. In keeping with the purpose of the National Programs, the Committee recommendation includes sufficient funding to support the conduct and dissemination of research in career and technical education.

Cybersecurity.—The Committee recognizes the cybersecurity threats facing our nation's critical infrastructure sectors and the need for workers in these industries, including those who operate cyber physical systems, to be equipped with skills to keep systems secure. The Committee acknowledges that many of these operators are educated through CTE programs that prominently feature a culture of physical safety but do not incorporate cybersecurity skills. Therefore, the Committee encourages the Secretary to use Carl D. Perkins CTE Innovation and Modernization Grants to support the development of CTE programs that integrate cybersecurity and help prepare students for careers in critical infrastructure sectors. Moreover, the Committee recognizes the cybersecurity threats facing our nation's critical infrastructure industries and the need for workers in these industries, including those who operate cyber physical systems, to be equipped with skills to keep systems secure.

Improved Coordination between Career and Technical Education and Adult Education.—More than 36 million U.S. adults of working age have low foundational education and literacy skills making it difficult for them to use their full range of talents and abilities on the job. This reflects a significant population of workers who could contribute more if they had opportunities to build skills that local businesses need. To ensure that these individuals can succeed in today's economy, the Committee encourages the Department to identify and pursue opportunities to better align the postsecondary CTE system with the adult education system. Adult education can be an effective on-ramp to postsecondary CTE and a valuable partner in designing and implementing integrated education and training (IET) models that blend basic skills instruction and occupational training to expand equitable access to skills training, high-quality credentials and family supporting careers.

Workforce training.—The Department is encouraged to work with the Departments of Labor and Commerce to expand workforce training and certifications to communities disproportionately impacted by high unemployment and low postsecondary education attainment rates.

Youth Entrepreneurship and Financial Literacy.—The Committee recognizes the importance of preparing our students for the 21st century workforce through CTE programs, including entrepreneurship and financial literacy. The Committee directs the Secretary to provide technical assistance and make resources available to help LEAs and IHEs prepare students for employment and attain high-skilled jobs through the implementation of entrepreneurship and financial literacy programs during and after school, including efforts to partner with community organizations. The Committee requests an update on these efforts in the fiscal year 2022 Congressional Budget Justification.

Adult Basic and Literacy Education State Grants

The Committee recommends $663,955,000 for Adult Basic and Literacy Education State Grants, which is $7,000,000 more than the fiscal year 2020 enacted level and the fiscal year 2021 budget request. State formula grants, authorized under the AEFLA, support programs to enable adults to acquire basic literacy skills, to enable those who so desire to complete secondary education, and to make available to adults the means to become more employable, productive, and responsible citizens.

Adult Education National Leadership Activities

The Committee recommends $13,712,000 for National Leadership Activities, which is the same as the fiscal year 2020 enacted level and the fiscal year 2021 budget request. This program supports applied research, development, dissemination, evaluation, and program improvement efforts to strengthen the quality of adult education services.

The Committee encourages the provision of technical assistance to States to foster and scale IET models by ensuring collaboration with CTE providers. IET is a service approach that provides adult education and literacy activities concurrently and contextually with workforce preparation for a specific occupation or occupational cluster for the purpose of educational and career advancement.

STUDENT FINANCIAL ASSISTANCE

Appropriation, fiscal year 2020	$24,520,352,000
Budget request, fiscal year 2021	22,975,352,000
Committee Recommendation	24,565,352,000
Change from enacted level	+45,000,000
Change from budget request	+1,590,000,000

Pell Grants

The Committee recommends $22,475,352,000 in discretionary funding for the Pell Grant program, which is the same as both the fiscal year 2020 enacted level and the fiscal year 2021 budget request. These funds will support Pell grants to students for the 2021–2022 academic year.

Combined with mandatory funding streams, the Committee recommendation supports a maximum Pell Grant in academic year 2021–2022 of $6,495, a $150 increase over fiscal year 2020 and the fiscal year 2021 budget request. The increase will help the maximum grant keep pace with inflation, according to the Congressional Budget Office's January 2020 economic assumptions.

Pell Grants help to ensure access to educational and economic opportunities for low- and middle-income students by providing need-based financial assistance. Grants are determined according to a statutory formula, which considers income, assets, household size, and the number of family members in college, among other factors. Pell Grants are the foundation of Federal postsecondary student aid programs.

Pell Grants for Incarcerated Individuals.—The Committee is deeply concerned about high recidivism rates and a shortage of postsecondary educational opportunities for low-income, incarcerated individuals in the U.S. Since 1994, States have been forced to reduce or permanently remove postsecondary correctional education programs. According to the American Correctional Association, States offering such postsecondary correctional education programs dropped from 37 in 1994 to only 12 in 2015. This is particularly troubling as our nation's Federal prison population has increased by nearly 50 percent over the same period.

The Committee recognizes that access to postsecondary correctional education programs significantly reduces recidivism, helps break down racial barriers that are a common cause of disciplinary problems in the prison system, and increases access to employment for individuals who have been incarcerated. Therefore, the Committee includes new bill language that overrides a prohibition preventing students who are incarcerated from receiving a Pell Grant. In addition, the bill language includes important guardrails ensuring that students who are incarcerated receive accurate information and helpful supports in pursuing their postsecondary education.

The Committee supports the work of the Department's Second Chance Pell Experimental Sites initiative, which is testing how expanding access to financial aid improves outcomes for individuals who are incarcerated. The Committee commends the Institute of Education Sciences for conducting a rigorous evaluation of the Second Chance Pell Experimental Site, as directed by the explanatory statement accompanying the Department of Education Appropriations Act, 2020. Such study will provide critical information regard-

ing the benefits of providing members of society a second chance through the Pell Grant program.

Pell Grant Eligibility.—The Committee acknowledges the hardships and financial barriers faced by students in pursuit of their baccalaureate and postbaccalaureate degrees. The current lifetime eligibility unit (LEU) of 12 semesters may present certain challenges to students who, due to the rising cost of college and other social circumstances, must work while pursuing their degree, care for family, or take time off from their studies as a result of these responsibilities. Further, the Committee recognizes the lack of financial assistance and resources available for first generation graduate students who may face similar challenges. Therefore, the Committee directs the Department to provide a report within 270 days of enactment of this Act, detailing how many undergraduate students reach the Pell LEU threshold and are no longer able to receive a Pell Grant, including the institutional control and type of the college or university attended, the enrollment status of such students, and their academic progress upon reaching the threshold. In addition, such report must also include a discussion of how students who have not exceeded the LEU limit could benefit from using their remaining Pell eligibility to pursue postbaccalaureate studies, particularly focusing on historically underrepresented populations or groups.

Federal Supplemental Educational Opportunity Grants

The Committee recommends $880,000,000 for the Federal Supplemental Educational Opportunity Grants (SEOG) program, which is $15,000,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program.

SEOG provides funds to postsecondary institutions for need-based grants of up to $4,000 to undergraduate students, with priority given to students who are Pell-eligible. Approximately 68 percent of dependent recipients have annual family incomes under $30,000 and nearly 71 percent of independent SEOG recipients have annual family incomes under $20,000. Institutions must contribute a 25 percent match toward their SEOG allocation.

Federal Work-Study

The Committee recommends $1,210,000,000 for the Federal Work-Study program, which is $30,000,000 more than the fiscal year 2020 enacted level and $710,000,000 above the fiscal year 2021 budget request.

Federal Work-Study funds are provided through institutions to students who work part-time. The funds assist with paying for the cost of education. Approximately 3,200 colleges and universities receive funding, according to a statutory formula, and may allocate it for job location and development centers. Work-study jobs must pay at least the Federal minimum wage and institutions must provide 25 percent of student earnings.

The Committee recommendation continues funding for the Work Colleges program, which supports institutions that require all resident students to participate in a work-learning program.

Resources for First Generation College Students.—First generation students comprise nearly a third of all college students, yet there is a lack of dedicated support services to ensure successful

outcomes for such students. Given the Department's vested interest in ensuring successful outcomes for first generation students, the Committee directs the Department to provide a report to the Committees on Appropriations, within 180 days of enactment of this Act, on improving the effectiveness of current Federal financial aid policy in supporting first generation students.

For-profit College Accountability.—For-profit colleges prey on servicemembers and veterans with aggressive marketing and recruiting because of a loophole that allows for-profit colleges to exclude from the cap on federally derived institutional revenue any Federal aid and educational benefits from sources other than the Department of Education. In addition, a recent study of for-profit institutions receiving GI Bill benefits found that these institutions spend little of their revenue on academic instruction, with the leading recipients spending fifteen percent or less of their revenue on instruction.

The 85/15 Rule was first implemented in 1992 as a bipartisan amendment to the Higher Education Act (HEA). It is based on the rationale that if an institution provides a quality education, individuals without access to Federal funding sources should be willing to pay for it. The rule prevented for-profit postsecondary institutions from deriving more than 85 percent of revenues from Title IV of the HEA. It was based on a longstanding principle first enacted in 1952 to protect veterans from for-profit college abuses dating back to the original GI Bill, the Servicemen's Readjustment Act, in 1944, and was in response to widespread reports that many for-profit colleges were using aggressive, sometimes fraudulent recruiting tactics in order to profit off of students with access to Federal student aid funding. In 1992, the rule was amended to allow for-profits to derive an extra five percent of their revenue from Title IV and became known as the 90/10 Rule. Since that time, thousands of students have been defrauded by schools that have since gone out of business. Students who graduate from these schools can obtain degrees that often offer little value. A 2016 National Bureau of Economic Research study using data from the Department and the Internal Revenue Service found that the earnings of students who attend for-profit colleges or universities are lower than if they had never enrolled at all. And while the for-profit college sector enrolls only nine percent of all students, 33 percent of all borrower who defaulted on student loans attend for-profit colleges.

Given these deeply disappointing outcomes, the Committee believes that reverting back to the 85/15 ratio and closing the loophole is a critical step in holding for-profit colleges accountable and protecting students from predatory practices and taxpayer dollars from being wasted. Therefore, the Committee includes new bill language requiring that for-profit institutions of higher education receive not more than 85 percent of their revenue from Federal sources and that all Federal education assistance funds are counted in the ratio.

In addition, in House Report 116–62, the Committee directed the Department to produce an analysis of all for-profit institutions who would exceed the 90/10 Federal funding limits if revenue from the Veterans Affairs (VA) and Department of Defense (DoD) were included in the 90/10 calculation. The Committee is disappointed that, to date, the Department has not provided such an analysis to

the Committee and notes that the Department was capable of and produced a similar report in 2016.

Ability to Benefit.—The Committee supports the Ability to Benefit provision in the HEA, which allows students to pursue a higher education without a high school diploma and receive Federal financial aid. The Committee encourages the Department to maximize this opportunity and conduct outreach efforts to ensure that more individuals are aware of this opportunity and able to utilize this provision and pursue a higher education.

FEDERAL DIRECT STUDENT LOAN PROGRAM ACCOUNT

Appropriation, fiscal year 2020	$50,000,000
Budget request, fiscal year 2021	– – –
Committee Recommendation	50,000,000
Change from enacted level	– – –
Change from budget request	+50,000,000

The Committee recommendation includes $50,000,000 for the Federal Direct Student Loan Program Account program (also known as Temporary Expanded Public Service Loan Forgiveness or TEPSLF). Congress created the Public Service Loan Forgiveness (PSLF) program in 2007 to provide loan relief to borrowers pursuing careers in public service. After making 120 qualifying payments, the equivalent of 10 years, borrowers first became eligible for forgiveness under the program in 2017. While 150,545 borrowers believed they qualified for loan forgiveness and submitted applications, as of April 2020, only 2,215 borrowers have had their discharges processed by the Department under PSLF.

TEPSLF was established to address the administrative failures of the Department and student loan servicers, who did not provide accurate information to borrowers seeking to qualify under the PSLF program. This account provides funding for loan forgiveness for borrowers who were led to believe they qualified for PSLF by their loan servicers but were denied forgiveness. Unfortunately, the Department has failed to effectively administer this program as well. According to recent data from the Department, over 30,000 borrowers applied for relief under TEPSLF as of April 2020, but only 1,826 applications were approved.

The Committee remains concerned about the Department's administration of PSLF, particularly with respect to qualifying employment determinations and qualifying payment calculations. The Committee directs the Department to refrain from reversing any qualifying employment determination already issued that declared employment as satisfactory for inclusion in the program. The Committee further directs the Department to calculate multiple payments made to a loan servicer within a payment period that combine to result in the payment amount total required for the payment period to be counted as a qualifying payment toward the 120 payments required by the program.

The Committee supports the Department's recent announcement to consolidate the PSLF and TEPLSF applications and encourages further actions that help borrowers navigate the program without unnecessary bureaucratic burden. The Committee directs the Department to ensure that this change to the TEPSLF program is properly communicated to borrowers along with a notification that reiterates all PSLF qualification requirements. The Committee also

directs the Department to include an update in the fiscal year 2022 Congressional Budget Justification identifying areas where the Department has improved the administration of the PSLF and TEPSLF programs and what more can be done.

The Department shall brief the Committees on Appropriations within 60 days of enactment of this Act on actions planned or taken: (1) to address and implement recommendations outlined in a GAO report entitled "Public Service Loan Forgiveness: Improving the Temporary Expanded Process Could Help Reduce Borrower Confusion" (GA0–19–595); (2) to provide more information to borrowers denied TEPSLF on the reason for the denial; (4) to conduct outreach to borrowers who may be eligible for TEPSLF; and (5) to improve administration of the PSLF program, including by implementing GAO's recommendations for that program.

The Committee notes that many physicians are excluded from receiving forgiveness under section 455(m)(3) of the HEA as they are prohibited from direct employment with private, non-physician, corporate entities within their States. As such, the Committee encourages the Secretary to provide full-time borrowers who are engaged in health care practitioner occupations in such States, including California and Texas, with loan cancellations that are consistent with the Department's ongoing loan cancellations for health care practitioners across the country.

STUDENT AID ADMINISTRATION

Appropriation, fiscal year 2020	$1,768,943,000
Budget request, fiscal year 2021	1,883,309,000
Committee Recommendation	1,768,943,000
Change from enacted level	– – –
Change from budget request	– 114,366,000

Programs administered under the Student Aid Administration (SAA) include Pell Grants, campus-based programs, Teacher Education Assistance for College and Higher Education (TEACH) grants, and Federal student loan programs.

Salaries and Expenses.—Within the total provided for SAA, the Committee recommends $878,943,000 for salaries and expenses, which is the same as the fiscal year 2020 enacted level and $269,661,000 below the fiscal year 2021 request.

Loan Servicing Activities.—Within the total provided for SAA, the Committee recommends $890,000,000 for Loan Servicing Activities, which is the same as the fiscal year 2020 enacted level and $155,295,000 above the fiscal year 2021 request.

The Committee held a hearing at the beginning of the 116th Congress to conduct oversight of student loan servicing. The hearing exposed troubling practices by the Department and loan servicers. After bringing these issues to light, Congress included new reforms in the Department of Education Appropriations Act, 2020, to ensure borrowers are getting the help they need. The Committee is reviewing the Department's efforts to implement reforms as it considers the fiscal year 2021 budget request.

In addition, the CARES Act (P.L. 116–136) included $40,000,000 for administrative expenses to support changes to the student aid programs to assist students and borrowers in response to COVID–19.

Federal Student Aid Feedback System and Ombudsman Group.—The Federal Student Aid Feedback System may be used by the public to submit feedback, report an issue or complaint, send a suggestion, provide information about a suspicious activity or an alleged scam, dispute a resolution, or give feedback about the Federal financial aid experience. The Ombudsman Group at the Department is a neutral, informal, and confidential resource to help resolve disputes about Federal student aid. Unfortunately, many borrowers do not know that the Department provides these services. The Committee directs the Department and student loan servicers to inform all consumers who express concern with their student aid experience of the services offered by the Federal Student Aid Feedback System and the Federal Student Aid Ombudsman Group. The Committee directs the Department to prominently display links to the Federal Student Aid Feedback System and the Federal Student Aid Ombudsman Group at the top of https://studentaid.gov/, the Department of Education's home page and any customer facing Federal Student Aid website. Within 120 days of enactment of this Act, the Committee directs the Department to update the Committees on Appropriations on these efforts to improve knowledge of the Federal Student Aid Feedback System and the Federal Student Aid Ombudsman Group.

TEACH Grant Program.—The TEACH Grant Program provides grants of $4,000 per year (for up to 4 years) to undergraduate and graduate students who are preparing for a career in teaching and who commit to teaching a high-need subject in a high-poverty elementary or secondary school for four years. This grant is converted to a Federal Direct Unsubsidized Stafford Loan if a teacher does not fulfill their commitment. In 2015, GAO found 2,252 students had their grants incorrectly converted to loans. The Department's own subsequent investigation found that nearly 11,000 TEACH Grant recipients had their grants incorrectly turned into loans. The Committee directs the Department to include in its fiscal year 2022 Congressional Budget Justification an update on the specific accountability measures that have been put in place since the Department's investigation to ensure TEACH grants are not mistakenly converted to loans.

Deferment for Borrowers Receiving Cancer Treatment.—The Committee remains committed to individuals undergoing cancer treatment to defer their Federal student loans as outlined in Sec. 309 of P.L. 115–245.

State and Nonprofit Subcontracting.—The Committee believes that State and nonprofit organizations can assist Federal student loan servicers in providing important services to struggling borrowers who need access to more specialized support services throughout their postsecondary education to help them understand their financial decisions and act as advocates to help struggling borrowers understand the student loan repayment process and options that may be available to them to help mitigate delinquencies and defaults. The Committee urges the Department to explore incentives for Federal student loan servicers to subcontract with qualified State and nonprofit organizations as well as small businesses, including the Next Generation Processing and Servicing Environment. Further, the Committee directs the Department to include an update in the fiscal year 2022 Congressional Budget

Justification on these incentives, its contracting and subcontracting processes, including barriers for State and nonprofit organizations and small businesses among subcontractors and strategies for addressing such barriers. Where not prohibited by Federal law or regulation, the Committee directs the Department to publish any contract or subcontract award related to the Business Process Operations solicitation on the Federal Student Aid Data Center website within 30 days of such information becoming available.

Accrediting Council for Independent Colleges and Schools.—Accrediting agencies provide an important role in guarding access to Federal student aid and ensuring that students receive a quality education. However, ACICS has a history of certifying predatory for-profit institutions, and an extensive review conducted in 2018 by Department staff showed that ACICS failed to meet 57 of 93 federal standards. In addition, ACICS is no longer recognized by the Council for Higher Education Accreditation, and recent reporting shows that ACICS accredited an institution without any staff, students, or alumni. In House Report 116–62, the Committee directed the Secretary to certify in a report that ACICS demonstrated compliance with all 57 of those standards before choosing to recognize ACICS. The Committee is deeply troubled that the Department has yet to produce this report and that ACICS is still recognized by the Secretary of Education.

Next Generation Servicing Environment.—In 2017, the Department initiated the Next Generation Processing and Servicing Environment (Next Gen). Since that time, Congress has provided billions of dollars in taxpayer funding for Student Aid Administration activities, including the development and implementation of Next Gen. However, the Committee is deeply troubled by FSA's lack of transparency regarding associated costs and use of funds for Next Gen. The explanatory statement accompanying the Department of Education Appropriations Act, 2020, required FSA "to provide a detailed strategic plan for Next Gen to the Committees within 180 days of enactment of this Act, accounting for the cost of all activities associated with the full implementation of Next Gen, including transition costs." No such plan has been provided to date. Moreover, the Committee notes that implementation of Next Gen has been riddled with bid protests and recompetes. In addition, while the Department has stated that Next Gen would bring about cost savings in the delivery and operation of student loan servicing, it is not clear whether any savings have been produced. Therefore, the recommendation includes new bill language requiring FSA to produce the overdue strategic plan. The recommendation also includes new bill language requiring FSA to submit a detailed spend plan of anticipated uses, including contracts awarded, change requests, bonuses paid to staff, reorganization costs, and any other activity supported by this appropriation.

In an effort to further promote transparency concerning Next Gen, the Committee directs FSA to provide to the Committees on Appropriations, the House Committee on Education and Labor, and the Senate Committee on Health, Education, Labor, and Pensions, within 45 days of enactment of this Act, all contracts pertaining to Next Gen, including Digital and Customer Care, Enhanced Processing Solution, and Business Process Operations. FSA is further directed to provide a detailed description of the accountability pro-

visions pertaining to each contract within 45 days of enactment of this Act, as well.

GAO Audit.—The Committee is concerned that in 2019 a GAO report (GAO–19–471) identified the Department's information technology systems as one of the 10 most critical legacy systems in need of modernization. The Department stated that it intends to modernize its systems as part of its Next Gen initiative. This initiative would modernize FSA's technical and operational architecture and improve the customer experience. However, the Department has yet to develop a plan for the modernization of its legacy systems. As a result, the Committee directs GAO to complete an in-depth review and audit of the FSA Office's transition to the Next Gen initiative including cost and schedule estimates; requirements development/management; stakeholder involvement; plans for the disposition of the legacy systems; and, measures to track the success of the modernization.

HIGHER EDUCATION

Appropriation, fiscal year 2020	$2,475,792,000
Budget request, fiscal year 2021	1,788,634,000
Committee Recommendation	2,556,815,000
Change from enacted level	+81,023,000
Change from budget request	+768,181,000

The CARES Act (P.L. 116–136) included $30,750,000,000 for the Education Stabilization Fund (ESF) to prevent, prepare for, and respond to the coronavirus, domestically or internationally. The ESF included $13,952,505,000 in funding for higher education emergency relief and $3,000,000,000 in funding to governors for elementary, secondary, and postsecondary emergency relief.

Strengthening Institutions

The Committee recommends $114,244,000 for the Part A, Strengthening Institutions program, which is $6,390,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program. Funding supports competitive grants for general operating subsidies to institutions with below average educational and general expenditures per student and significant percentages of low-income students. Funds may be used for faculty and academic program development, management, joint use of libraries and laboratories, acquisition of equipment, and student services.

In addition, the CARES Act (P.L. 116–136) included $148,591,000 for the Strengthening Institutions program to directly support students and institutions addressing effects of COVID–19.

Homelessness in Community College Students.—Within 180 days of enactment of this Act, the Committee requests the Department to issue a report on challenges faced by community college students. This includes housing and food insecurity. This report should focus on Minority Serving Institutions and institutions in low income census areas.

Developing Hispanic-Serving Institutions

The Committee recommends $155,081,000 for the Developing Hispanic-Serving Institutions (HSI) program, which is $12,000,000 more than the fiscal year 2020 enacted level. The fiscal year 2021

budget request does not include funding for this program and proposes to consolidate it and the following programs into a single grant program for Minority Serving Institutions (MSI): (1) Strengthening Alaska Native and Native Hawaiian Serving Institutions, (2) Strengthening Predominantly Black Institutions, (3) Strengthening Asian American and Native American Pacific Islander Serving Institutions, (4) Strengthening Native American Serving Nontribal Institutions, and (6) Promoting Postbaccalaureate Opportunities for Hispanic Americans. The Committee rejects this budget proposal and does not include funds for such purpose.

The Developing HSIs program provides operating subsidies to schools that serve at least 25 percent Hispanic students. Funds may be used for faculty and academic program development, management, joint use of libraries and laboratories, acquisition of equipment, and student services.

In addition, the CARES Act (P.L. 116–136) included $197,123,000 for the Developing HSIs program to directly support students and institutions addressing effects of COVID–19.

K–12 and Hispanic-Serving Institutions Diversity Pipeline Programs in the Arts.—Latinos/Hispanics continue to be the largest ethnic minority in the U.S. and the second fastest growing ethnic minority group. Nevertheless, Latinos/Hispanics continue to be under-represented and misrepresented in the entertainment industry. The Committee supports efforts to increase Latino/Hispanic students' exposure and training to careers in the arts in K–12 public education, and through postsecondary education at HSIs. The Committee directs the Department to work with HSIs and provide technical assistance to support comprehensive pipeline programs in the arts in partnership with school districts that enroll a majority, minority student population. The Committee requests periodic updates on any progress in developing such programs, including in the fiscal year 2022 Congressional Budget Justification.

Graduation Rates.—The Committee notes that HSIs provide many benefits and educational opportunities to their students. However, the Committee is concerned that students at HSIs may be graduating at lower rates than students at non-HSIs. Therefore, the Committee directs the Department to provide an update in the fiscal year 2022 Congressional Budget Justification on graduation rates, retention rates, and persistence rates for students at HSIs, including a strategy on how to improve overall postsecondary completion at HSIs.

Promoting Postbaccalaureate Opportunities for Americans

The Committee recommends $13,599,000 for the Promoting Postbaccalaureate Opportunities for Hispanic Americans program, which is $761,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget request does not include funding for this program and proposes to consolidate it into a single MSI grant program, which the Committee does not support. This program provides expanded postbaccalaureate educational opportunities for the academic attainment of Hispanic and low-income students. In addition, it expands academic offerings and enhances program quality at IHEs educating the majority of Hispanic college students.

In addition, the CARES Act (P.L. 116–136) included $17,687,000 for the Promoting Postbaccalaureate Opportunities for Hispanic Americans program to directly support students and institutions addressing effects of COVID–19.

Strengthening Historically Black Colleges and Universities

The Committee recommends $344,034,000 for Strengthening Historically Black Colleges and Universities (HBCUs), which is $19,242,000 more than the fiscal year 2020 enacted level and the fiscal year 2021 budget request. This program provides operating subsidies to accredited HBCUs that were established prior to 1964, with the principal mission of educating Black Americans. Funds are distributed through a formula grant based on the enrollment of Pell Grant recipients, number of graduates, and the number of graduates entering graduate or professional schools in which Black students are underrepresented.

In addition, the CARES Act (P.L. 116–136) included $447,466,000 for the Strengthening HBCUs program to directly support students and institutions addressing effects of COVID–19.

Strengthening Historically Black Graduate Institutions

The Committee recommends $88,971,000 for the Strengthening Historically Black Graduate Institutions (HBGIs) program, which is $4,976,000 more than the fiscal year 2020 enacted level and the fiscal year 2021 budget request. The program provides five-year grants to 18 postsecondary institutions that are specified in section 326(e)(1) of the HEA. Institutions may use funds to build endowments, provide scholarships and fellowships, and to assist students with the enrollment and completion of postbaccalaureate and professional degrees.

In addition, the CARES Act (P.L. 116–136) included $115,720,000 for the Strengthening HBGIs program to directly support students and institutions addressing effects of COVID–19.

Strengthening Predominantly Black Institutions

The Committee recommends $13,979,000 for the Strengthening Predominantly Black Institutions (PBIs) program, which is $782,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget request does not include funding for this program and proposes to consolidate it into a single MSI grant program, which the Committee does not support. This program provides grants to PBIs to increase their capacity to serve the academic needs of students.

The bill includes new bill language allowing certain PBIs to be eligible for additional grants.

In addition, the CARES Act (P.L. 116–136) included $18,182,000 for the Strengthening PBIs program to directly support students and institutions addressing effects of COVID–19.

Strengthening Asian American and Native American Pacific-Islander-Serving Institutions

The Committee recommends $4,707,000 for the Strengthening Asian American and Native American Pacific-Islander-Serving Institutions program, which is $263,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget request does not

include funding for this program and proposes to consolidate it into a single MSI grant program, which the Committee does not support. This program provides grants to undergraduate institutions that have an undergraduate student enrollment of at least 10 percent Asian American or Native American Pacific Islander.

In addition, the CARES Act (P.L. 116–136) included $6,123,000 for the Strengthening Asian American and Native American Pacific-Islander-Serving Institutions program to directly support students and institutions addressing the effects of COVID–19.

Strengthening Alaska Native and Native Hawaiian-Serving Institutions

The Committee recommends $19,405,000 for the Strengthening Alaska Native and Native Hawaiian-Serving Institutions program, which is $1,085,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget request does not include funding for this program and proposes to consolidate it into a single MSI grant program, which the Committee does not support. Through the Strengthening Alaska Native and Native Hawaiian-Serving Institutions program, the Department provides grants to assist IHEs in serving Alaska Native and Native Hawaiian students.

In addition, the CARES Act (P.L. 116–136) included $6,123,000 for the Strengthening Alaska Native and Hawaiian-Serving Institutions program to directly support students and institutions addressing effects of COVID–19.

Strengthening Native American Serving Non-Tribal Institutions

The Committee recommends $4,707,000 for the Native American Serving Non-Tribal Institutions program, which is $263,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget request does not include funding for this program and proposes to consolidate it into a single MSI grant program, which the Committee does not support. This program makes grants to IHEs at which enrollment is at least 10 percent Native American students and that are not Tribally Controlled Colleges or Universities.

The Committee urges the Secretary to support the preparation and development of aspiring rural and Indigenous PreK–12 teachers and leaders to enable the implementation of effective cultural and heritage language programs for PreK–12 students.

In addition, the CARES Act (P.L. 116–136) included $6,123,000 for the Strengthening Native American Serving Non-Tribal Institutions program to directly support students and institutions addressing effects of COVID–19.

Strengthening Tribally Controlled Colleges and Universities

The Committee recommends $38,804,000 for the Strengthening Tribally Controlled Colleges and Universities (TCCUs) program, which is $2,171,000 more than the fiscal year 2020 enacted level and the fiscal year 2021 budget request. This program makes grants to TCCUs to increase their capacity to serve the academic needs of students.

In addition, the CARES Act (P.L. 116–136) included $148,591,000 for the Strengthening TCCUs program to directly support students and institutions addressing effects of COVID–19.

Strengthening HBCU Masters Program

The Committee recommends $10,546,000 for the Strengthening HBCU Masters Programs, which is $590,000 more than the fiscal year 2020 enacted level and the fiscal year 2021 budget request. This program provides grants to specified colleges and universities making a substantial contribution to graduate education opportunities at the Master's level in mathematics, engineering, the physical or natural sciences, computer science, information technology, nursing, allied health, or other scientific disciplines.

In addition, the CARES Act (P.L. 116–136) included $13,716,000 for the Strengthening HBCU Masters Program to directly support students and institutions addressing the effects of COVID–19.

International Education and Foreign Language Studies

Domestic Programs.—The Committee recommends $70,762,000 for the Domestic Programs of the International Education and Foreign Languages Studies program, which is $2,659,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program. Authorized by Title VI of the HEA, these programs include National resource centers, foreign language and area studies fellowships, undergraduate international studies and foreign language programs, international research and studies projects, business and international education projects, international business education centers, language resource centers, American overseas research centers, and technological innovation and cooperation for foreign information access.

Overseas Programs.—The Committee recommends $9,561,000 for the Overseas Programs, which is $1,500,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program. Funding for these programs support group projects, faculty research, special bilateral research, and doctoral dissertation research conducted abroad.

Model Comprehensive Transition and Postsecondary Programs for Students with Intellectual Disabilities

The Committee recommends $12,300,000 for the Model Comprehensive Transition and Postsecondary Programs for Students with Intellectual Disabilities (TPSID) program, which is $500,000 more than the fiscal year 2020 enacted level and the fiscal year 2021 budget request. TPSID supports grants to create model transition programs into postsecondary education for students with intellectual disabilities.

Minority Science and Engineering Improvement

The Committee recommends $13,384,000 for the Minority Science and Engineering Improvement Program, which is $749,000 more than the fiscal year 2020 enacted level and $136,616,000 below the fiscal year 2021 budget request. This program awards grants to improve mathematics, science, and engineering programs at institutions serving primarily minority students and to increase the number of minority students who pursue advanced degrees and careers in those fields.

Tribally Controlled Postsecondary Career and Technical Institutions

The Committee recommends $10,592,000 for this program, which is $592,000 more than the fiscal year 2020 enacted level and the fiscal year 2021 budget request. The Tribally Controlled Postsecondary Career and Technical Institutions program awards competitive grants to Tribally controlled postsecondary career and technical institutions to provide career and technical education to Native American students.

Federal TRIO Programs

The Committee recommends $1,100,000,000 for TRIO programs, which is $10,000,000 more than the fiscal year 2020 enacted level and $150,000,000 above the fiscal year 2021 budget request. The TRIO programs provide a variety of outreach and support services to encourage low-income, first-generation college students and individuals with disabilities to enter and complete college. Discretionary grants of up to four or five years are awarded competitively to IHEs and other nonprofit organizations. At least two thirds of the eligible participants in TRIO must be low-income, first-generation college students.

The Committee rejects the fiscal year 2021 budget proposal to move the TRIO programs from competitive grant programs to a single State formula program. Further, the Committee directs the Department to allocate any grant funding not needed for non-competitive continuation awards or for programs up for competition in fiscal year 2021 to provide inflationary increases for current grantees and to increase the number and size of new awards in the Talent Search and Educational Opportunity Centers grant competitions. The Department is also directed to ensure that the notices inviting applications for new awards for the Talent Search and Educational Opportunity Centers grant competitions no later than October 15, 2020 for Talent Search and no later than November 15, 2020 for Educational Opportunity Centers. The Department is further directed to take steps necessary to award funding as early as possible, but no later than June 30, 2021.

Gaining Early Awareness and Readiness for Undergraduate Programs

The Committee recommends $370,000,000 for Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP), which is $5,000,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes no funds for this program and to consolidate it into a new State formula-based TRIO program. The Committee rejects this proposal. GEAR UP provides grants to States and partnerships of low-income middle and high schools, IHEs, and community organizations to target entire grades of students and give them the skills, encouragement, and scholarships to pursue successfully postsecondary education.

The Committee continues bill language allowing the Department to maintain the GEAR UP evaluation set-aside at 1.5 percent to work with the GEAR UP community and grantees to standardize data collection, including through the use of third-party data systems.

Furthermore, the Committee directs the Department to announce Notices Inviting Applications for New Awards for State Grants and Partnership Grants in the Federal Register. In such notice for State grants, the Committee directs the Department to uphold the long-standing guidance that States may only administer one active State GEAR UP grant at a time. The Secretary is directed to provide written guidance in the Federal Register notifying applicants that only States without an active State GEAR UP grant, or States that have an active State GEAR UP grant that is scheduled to end prior to October 1, 2021, will be eligible to receive a new State GEAR UP award funded in whole or in part by this appropriation. The Secretary is further directed to ensure that no request from a State Grant applicant to receive an exception to the GEAR UP scholarship (as described in section 404E(b)(2) of the HEA) shall be denied on the basis of 34 CFR 694.14(c)(3).

Graduate Assistance in Areas of National Need

The Committee recommends $24,047,000 for the Graduate Assistance in Areas of National Need (GAANN) program, which is $1,000,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program. GAANN provides fellowships through grants to degree granting postsecondary institutions, for students of high financial need studying in areas of national need. The Department consults with appropriate agencies and organizations to designate the fields of study "in areas of national need." GAANN offers innovative graduate education programs, with associated fellowship opportunities, at the intersection of humanities, arts, STEM, and health associated fields in order to prepare our national graduate students for increasingly interdisciplinary global challenges. Recent examples include computer and informational sciences, engineering, nursing, and physics.

Since 2012, an academic area related to health professions has only been designated once. It is estimated that more than 18 percent of the U.S. adult population has suffered from any mental illness. Mental health is clearly an area of national need. The Committee directs the Secretary to consider the inclusion of academic areas that fall under the Classification of Instructional Programs (CIP) 51.15 Mental Health Services on the next grant competition.

Teacher Quality Partnership Grants

The Committee recommends $52,092,000 for the Teacher Quality Partnerships (TQP) program, which is $2,000,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program. The TQP program helps improve the quality of teachers working in high-need schools and early childhood education programs by creating model teacher preparation and residency programs.

The Committee recognizes the importance of State teaching fellowship programs and encourages the Department to continue to work with eligible State teaching fellowship programs that wish to apply for the TQP program.

The Committee recognizes the needs of the nation's growing English learner (EL) student population, including a robust teacher workforce equipped with the skills to teach them. The Committee

is concerned by the shortage of EL teachers in the majority of States, as well the academic achievement gap between ELs and their native English-speaking peers. Therefore, the Committee recommends the Secretary support the development and strengthening of high-quality teacher preparation programs that enable graduates to meet licensure or certification requirements to teach ELs.

Child Care Access Means Parents in School

The Committee recommends $55,000,000 for the Child Care Access Means Parents in School program, which is $2,000,000 more than the fiscal year 2020 enacted level and $39,866,000 above the fiscal year 2021 budget request. This program makes competitive grants to colleges and universities to support or establish a campus-based childcare program primarily serving the needs of low-income students enrolled at the institution.

The Committee is concerned with the disproportionate levels of support that colleges and universities provide to students who are parents. The Committee directs the Secretary to provide a report on: (1) the percentage of students who are parents in colleges and universities, disaggregated by race, socioeconomic status, and age; (2) services institutions provide for student parents; (3) outreach methods to ensure students are informed of available resources; (4) the availability of on-campus and subsidized childcare; and (5) the availability of lactation rooms for nursing mothers. The Committee requests this report no later than one year after enactment of this Act.

Fund for the Improvement of Postsecondary Education

The Committee recommendation includes $31,000,000 for the Fund for the Improvement of Postsecondary Education, which is $6,500,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget proposes to eliminate this program.

Centers of Excellence for Veteran Student Success Program.— The Committee includes $7,000,000 to support existing and new grantees for the Centers of Excellence for Veterans Student Success Program, as authorized by section 873 of the HEA. Funding provided in fiscal year 2020 supported the first competition for this program since fiscal year 2015. The fiscal year 2021 budget request does not include funding for this program.

Over one million veterans attend college every year and often need assistance receiving their benefits or transitioning to student life. Veteran Student Centers provide a one-stop-shop for academic support, networking opportunities, peer mentorship, financial assistance, counseling, and career services.

The Department should ensure that this program continues to support comprehensive services including veteran benefits assistance, tutoring, counseling, and housing. The Committee directs the Department to brief the Committees on Appropriations no later than 90 days after enactment of this Act on its plan to continue to carry out this program, as well as a plan for evaluation and accountability, and to notify the Committees no later than 15 days in advance of making any new grant award or changes to the programs.

Center of Educational Excellence.—The Committee notes that Black teachers make up about seven percent of the nation's public school teaching force, while the Black student population is about 14 percent. A comprehensive report published by the Department in 2016 on the State of Racial Diversity in the Educator Workforce notes the significant contributions HBCUs make in the production of the Nation's educators. The report also notes that Black men make up less than two percent of teachers. The Committee recommendation includes $2,000,000 to support a model center of educational excellence at an undergraduate HBCU with a demonstrable record in the production of Black teachers. The Committee directs the Department to provide a briefing within 90 days of enactment of this Act on its plans to establish this center.

Basic Needs Grants.—The Committee recognizes that many college and graduate students are unable to achieve academic success because they cannot afford to meet their basic needs, such as housing, food, transportation, and access to physical and mental health services. The Committee includes $5,000,000 for competitive grants to at least four institutions of higher education, as defined by section 101 of the HEA, to support programs that address the basic needs of students and report on best practices. In order to qualify, grantees must agree to use funds to carry out or expand at least two of the following activities to fund basic needs programs that support temporary housing, secure sleeping arrangements, provide free or subsidized food, access to on-campus childcare, and/or other basic needs to eligible students; construct housing on community college campuses; conduct outreach to students to encourage participation in basic needs programs and services; help eligible students apply for and enroll in local, State, and Federal public assistance programs; or coordinate and collaborate with government and/or community-based organizations. At least 25 percent of grants must go to community colleges. Grant priority will go to institutions with 25 percent or higher Pell enrollment, HBCUs, HSIs, and other MSIs that are located in areas with high median house prices compared to income and high concentrations of Supplemental Nutrition Assistance Program and/or Temporary Assistance for Needy Families benefit recipients.

Transitioning Gang-Involved Youth to Higher Education.—The Committee directs the Department to work in conjunction with the Department of Labor to allocate no less than $1,000,000 to provide a funding opportunity for organizations that work directly with gang involved youth to help such youth pursue higher education opportunities.

Modeling and Simulation Programs.—The Committee includes $7,000,000 for Modeling and Simulation Programs as authorized under section 891 of the HEA. Modeling and simulation technology has numerous applications for Federal and State governments and their partners in the defense, education, gaming, shipbuilding, and workforce training sectors, allowing them to generate data to help make decisions or predictions about their systems.

National Center for Information and Technical Support for Postsecondary Students with Disabilities.—The Committee includes $2,000,000 for the operation of the National Center for Information and Technical Support for Postsecondary Students with Disabilities as authorized under section 777(a) of the HEA.

Open Textbook Pilot.—The agreement includes $7,000,000 to continue the Open Textbook Pilot and fund a new grant competition in fiscal year 2021. The Department shall issue a notice inviting applications consistent with notice and comment procedures and allow for a 60-day application period. This funding should support a significant number of grant awards to IHEs as defined by 20 U.S.C. 1001, a group of IHEs, or State higher education agencies that lead the activities of (and serve as fiscal agent for) a consortium. Funding should be used to create new open textbooks and expand the use of open textbooks in courses that are part of a degree granting program, and particularly those with high enrollments. Allowable uses of funds should include professional development for faculty and staff, including relating to the search for and review of open textbooks; the creation or adaptation of open textbooks; development or improvement of tools and informational resources that support the use of open textbooks, including accessible instructional materials for students with disabilities; and research evaluating the efficacy of the use of open textbooks for achieving savings for students and the impact on instruction and student learning outcomes. The Secretary shall require that any open textbooks created with these funds shall be released to the public under a nonexclusive, royalty-free, perpetual, and irrevocable license to exercise any of the rights under copyright conditioned only on the requirement that attribution be given as directed by the copyright owner. Further, any tools, technologies, or other resources that are created, developed, or improved wholly or in part with these funds for use with any open textbook must be similarly licensed. Any eligible entity receiving a grant through the Open Textbooks Pilot, upon completion of the supported project, shall report to the Secretary regarding the effectiveness of the project in expanding the use of open textbooks and in achieving savings for students; the impact of the project on expanding the use of open textbooks at IHEs outside of the institution receiving the grant; open textbooks created or adapted under the grant, including instructions on where the public can access each open textbook; the impact of the project on instruction and student learning outcomes; and all project costs, including the value of any volunteer labor and institutional capital used for the project. The Secretary shall make such reports publicly available.

Film Programs at Institutions of Higher Education.— Within 180 days of enactment of this Act, the Committee directs the Department to provide a report on student diversity in film programs at IHEs and film schools. The report should include the following information: the number of film schools and institutions that receive any Federal funds and grants administered by the Department of Education; where data are available, the diversity of film school applicants; the diversity of accepted film students; and the diversity of students enrolled in their programs. These data should be disaggregated by race, ethnicity, and gender where applicable and where data are available. The report should also include an examination of recruitment efforts, including the results of these efforts, to help ensure a diverse class of accepted film school students.

Skills training program.—The Committee strongly urges the Department to create a pilot program that enhances economic opportunities in digital literacy by supporting institutions of higher edu-

cation in developing and providing 21st-century college programs and opportunities that increases students' employability through knowledge and skill enhancements.

HOWARD UNIVERSITY

Appropriation, fiscal year 2020	$240,018,000
Budget request, fiscal year 2021	240,018,000
Committee Recommendation	254,018,000
Change from enacted level	+14,000,000
Change from budget request	+14,000,000

Howard University is a leading research university located in the District of Columbia and provides undergraduate liberal arts, graduate and professional instruction to students.

Within the amount provided, the Committee recommends $37,325,000 for the Howard University Hospital, which is $10,000,000 more than the fiscal year 2020 enacted level and the fiscal year 2021 budget request. The hospital serves as a major acute and ambulatory care center for the District of Columbia, and functions as a teaching facility. To continue this vital function, the Committee includes $10,000,000 to begin work to modernize the hospital's facilities and will continue to evaluate the needs of this multi-year initiative.

In addition, the CARES Act (P.L. 116–136) included $13,000,000 for Howard University to prevent, prepare for, and respond to coronavirus, including support for students.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

Appropriation, fiscal year 2020	$435,000
Budget request, fiscal year 2021	435,000
Committee Recommendation	435,000
Change from enacted level	– – –
Change from budget request	– – –

Previously, these programs helped to ensure that postsecondary institutions were able to make necessary capital improvements to maintain and increase their ability to provide a high-quality education. Since 1994, no new loans have been made, and the Department's role has been to manage the outstanding loans.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING PROGRAM ACCOUNT

Appropriation, fiscal year 2020	$46,484,000
Budget request, fiscal year 2021	40,484,000
Committee Recommendation	48,484,000
Change from enacted level	+2,000,000
Change from budget request	+8,000,000

The Committee recommends $48,484,000 for the HBCU Capital Financing program, which is $2,000,000 more than the fiscal year 2020 enacted level and $8,000,000 above the fiscal year 2021 budget request. This program is authorized under part D of Title III of the HEA and makes capital available for repair and renovation of facilities at HBCUs. In exceptional circumstances, capital provided under the program can be used for construction or acquisition of facilities.

Within the total provided for this program, the Committee recommendation includes $334,000 for the administrative expenses to carry out the program and $22,150,000 for loan subsidy costs,

which will be sufficient to guarantee up to $278,266,000 in new loans in fiscal year 2021, an increase of $58,266,000 in new loan volume over the fiscal year 2021 budget request.

The Committee recommendation also includes $16,000,000 to continue loan deferments initially requested in fiscal year 2018 for private HBCUs and continues bill language to provide loan deferments for public HBCUs.

INSTITUTE OF EDUCATION SCIENCES

Appropriation, fiscal year 2020	$623,462,000
Budget request, fiscal year 2021	565,440,000
Committee Recommendation	630,462,000
Change from enacted level	+7,000,000
Change from budget request	+65,022,000

The Committee recommends $630,462,000 for the Institute of Education Sciences (IES), $7,000,000 more than the fiscal year 2020 enacted level and $65,022,000 more than the fiscal year 2021 budget request.

The Committee notes that the IES study regarding whether Pell grant eligibility and shorter-term programs improves access to job training was due to be released September 2019. The Committee directs IES to publish the study within 30 days of enactment of this Act.

Research, Development, and Dissemination

The Committee recommends $197,877,000 for Research, Development, and Dissemination, which is $2,000,000 more that the fiscal year 2020 enacted level and the fiscal year 2021 budget request. This account supports research, development, and national 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.

Statistics

The Committee recommends $111,500,000 for the activities of the National Center for Education Statistics (NCES), which is $1,000,000 more than the fiscal year 2020 enacted level and $2,000,000 below the fiscal year 2021 budget request. Statistics activities are authorized under Title I of the Education Sciences Reform Act of 2002. NCES collects, analyzes, and reports statistics on all levels of education in the U.S. Activities are carried out directly and through grants and contracts and include projections of enrollments, teacher supply and demand, and educational expenditures. NCES also provides technical assistance to State and local educational agencies and postsecondary institutions.

The Committee recommends that NCES collect and publish data for Puerto Rico in the same manner it collects and publishes data for States.

Regional Educational Laboratories

The Committee recommends $57,022,000 for Regional Educational Laboratories (RELs), which is $1,000,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate this program. This program supports a network of 10 laboratories that promote the use and development of

knowledge and evidence to increase student learning and further school improvement efforts.

The Committee notes the critical role RELs play in helping to translate education research to policymakers and practitioners, which assists SEAs and LEAs in implementing ESSA and providing a high-quality education for more children.

Research in Special Education

The Committee recommends $58,500,000 for Research in Special Education, which is $2,000,000 more than the fiscal year 2020 enacted level and the fiscal year 2021 budget request. This program supports competitive awards to produce and advance the use of knowledge to improve services and results for children with disabilities. The program focuses on producing new knowledge, integrating research and practice, and improving the use of knowledge.

Special Education Studies and Evaluations

The Committee recommends $11,318,000 for Special Education Studies and Evaluations, which is $500,000 more than the fiscal year 2020 enacted level and the fiscal year 2021 budget request. This program awards competitive grants, contracts and cooperative agreements to assess the implementation of the IDEA and the effectiveness of State and local efforts to provide special education and early intervention programs and services to infants, toddlers, and children with disabilities.

Statewide Data Systems

The Committee recommends $33,500,000 for Statewide Data Systems, which is $500,000 more than the fiscal year 2020 enacted level. The fiscal year 2021 budget proposes to eliminate this program. Competitive grants under this authority are made to SEAs to help them manage, analyze, disaggregate and use student data consistent with the ESEA.

Assessment

The Committee recommends $160,745,000 for Assessment, which is the same as the fiscal year 2020 enacted level and $28,000,000 below the fiscal year 2021 budget request. This amount includes $7,745,000 for the National Assessment Governing Board (NAGB), which is the same as both the fiscal year 2020 enacted level and the fiscal year 2021 budget request.

The National Assessment of Educational Progress (NAEP) is the only nationally representative and continuing survey of educational ability and achievement of students in the U.S. The primary goal of the assessment is to determine and report the status and trends of the knowledge and skills of students, subject by subject. Subject areas assessed in the past have included reading, writing, mathematics, science, history, citizenship, literature, art, and music. The NAEP is operated by contractors through competitive awards made by the NCES. The NAGB formulates the policy guidelines for the program.

DEPARTMENTAL MANAGEMENT

Appropriation, fiscal year 2020	$623,000,000
Budget request, fiscal year 2021	646,742,000
Committee Recommendation	626,000,000
Change from enacted level	+3,000,000
Change from budget request	−20,742,000

These activities are authorized by the Department of Education Organization Act (P.L. 96–88) and include costs associated with the management and operation of the Department as well as separate costs associated with the Office for Civil Rights and the Office of Inspector General.

Program Administration

The Committee recommends $430,000,000 for Program Administration, which is the same as the fiscal year 2020 enacted level and $18,723,000 below the fiscal year 2021 budget request. These funds support the staff and other costs of administering programs and activities at the Department. Items include personnel compensation, health, retirement, and other benefits as well as travel, rent, telephones, utilities, postage fees, data processing, printing, equipment, supplies, technology training, consultants, and other contractual services.

In addition, the CARES Act (P.L. 116–136) included $8,000,000 for Program Administration to help implement and administer grant programs supporting students and schools responding to COVID–19.

Communication with the Committee.—There are concerns about the breakdown of the normal flow of information from some areas of the Department to the Committee. The Committee expects the Department to correct these shortcomings. If no improvement is made, the Committee will evaluate the resources spent on the offices and staff involved in the unacceptable delays regarding the transmission of information to the Committee and whether the resources are better allocated to other areas of the bill.

Advertising Contracts.—The Committee understands that, as the largest advertiser in the U.S., the Federal Government should work to ensure fair access to its advertising contracts for small disadvantaged businesses and businesses owned by minorities and women. The Committee directs the Department to include the following information in its fiscal year 2022 Congressional Budget Justification: Expenditures for fiscal year 2020 and expected expenditures for fiscal years 2021 and 2022, respectively, for (1) all contracts for advertising services; and (2) contracts for the advertising services of (I) socially and economically disadvantaged small business concerns (as defined in section 8(a)(4) of the Small Business Act (15 U.S.C. 637(a)(4)); and (II) women- and minority-owned businesses.

Open Data Reporting.—The Committee notes that Congress has made a significant investment in our workforce development, postsecondary, and career and technical education systems. As a result of this investment, the number of credentials in the U.S. continues to rise. However, the Committee is aware that many workers and students may face challenges in navigating an intricate network of diplomas, licenses, certifications, and badges. Therefore, the recommendation includes new bill language requiring the Department

to publicly disclose information on postsecondary credentials and competencies in an open-source format. The Committee believes that this requirement will lead to the development of useful comparison tools and other resources that will improve the delivery of workforce development and postsecondary education programs, as well as enable workers and students to make more informed choices in their educational and job-training journeys. The Committee directs the Department to ensure that such information is also provided in a consumer-tested and user-friendly manner to ensure that workers and students are able to utilize this information about potential credentials effectively.

Investments in Impoverished Areas.—The Committee supports targeted investments in impoverished areas, particularly in persistent poverty counties and in other high poverty census tracts. To understand how programs funded through the Department are serving these particular areas, the Committee directs the Department to submit a report to the Committees on Appropriations on the percentage of funds allocated by all competitive grant programs and other anti-poverty programs in fiscal years 2018, 2019 and 2020 and estimates for fiscal year 2021 to serve individuals living in persistent poverty counties, as defined as a county that has had 20 percent or more of its population living in poverty over the past 30 years, as measured by the 1990 and 2000 decennial censuses and the most recent Small Area Income and Poverty estimates, or any territory or possession of the United States, and high-poverty areas, as defined as any census tract with a poverty rate of at least 20 percent as measured by the 2014–2018 5-year data series available from the American Community Survey of the Census Bureau. The Department shall report this information to the Committees within 90 days of such data being available and provide a briefing to the Committees not later than 180 days of enactment of this Act on how the Department is carrying out this directive. In the case of any program for which at least 10 percent of the funds allocated in fiscal year 2020 were not allocated to persistent poverty counties or for which the percentage allocated to high-poverty areas in fiscal year 2020 was less than the average percentage of Federal assistance allocated to high-poverty areas awarded under the program in fiscal years 2017, 2018, and 2019, such report and briefing shall explain why such a benchmark is unable to be met.

Spatial Computing.—According to the Bureau of Labor and Statistics (BLS), the technology sector is the fastest growing market within the U.S. However, many of these jobs are being outsourced internationally. Not only does this present a threat to this Nation's economy, it also poses a threat to our national security. The Committee supports technological innovation, including spatial computing, and encourages the Department, within 180 days of enactment of the Act, to conduct and provide a feasibility report to the Committee on the establishment of a Center of Excellence designation for Spatial Computing. This designation would assist institutions of higher education in their efforts to teach and train students within the field of spatial computing. The Department should include a timeline, cost and recommendations for the creation of this Center of Excellence designation. The Committee encourages the Department to work with the Departments of Labor and Commerce for their input and recommendations.

Vaping.—The Committee directs the Department to coordinate with the CDC to ensure that evidence-based strategies are used to more robustly respond to the public health epidemic caused by the dramatic increase in youth use of e-cigarettes, including school-based interventions. According to the CDC, vaping among high school students soared from 1.5 percent to 27.5 percent between 2011 and 2019. Among middle school students, vaping skyrocketed from 0.6 percent to 10.5 percent.

Puerto Rico Department of Education Subgrantee Oversight.—The Committee understands that the Department required the Puerto Rico Department of Education (PRDE) to contract with a third-party fiduciary agent to perform financial management duties for all Department grants awarded to PRDE. The Committee recognizes the need for proper oversight of disbursement of Federal funds and acknowledges that increased oversight should not have a negative impact on students in Puerto Rico, particularly K–12 students.

Impact of Natural Disasters.—To help better inform Congress, the Executive Branch, and communities affected by natural disasters, the Committee directs the Department complete a study on the impact of recent natural disasters on the educational attainment and economic outcomes of individuals and families over time. Such a study could also explore the effects that extreme weather events have on SEL and other social determinants of health like physical and mental health, nutrition, and sense of community. The Committee directs the Department to brief the Committees on Appropriations on its plans for this study within 180 days of enactment of this Act.

Public Health Emergencies.—In the fiscal year 2022 Congressional Budget Justification, the Committee encourages the Department to assess the effectiveness of various school technological interventions used for school closures due to public health emergencies. This analysis could examine characteristics of different technological interventions, including the lending of laptops, tablets, and mobile hotspots, and the cost of providing these interventions at the SEA and LEA level.

Lead Testing and Remediation.—The Committee strongly agrees with recommendations from a 2018 GAO report, Lead Testing of School Drinking Water Would Benefit from Improved Federal Guidance, that the Assistant Secretary for Elementary and Secondary Education should collaborate with the Environmental Protection Agency (EPA) to disseminate guidance related to lead testing and remediation in schools. The Committee is aware that EPA has made available updated guidance and web-based toolkits for lead testing and remediation in schools. The Committee is also aware that EPA is soliciting applications from education officials to provide grant funds to assist States and local education agencies with testing and remediation efforts. The Committee appreciates the technical assistance provided by the Department to school districts in response to language included in House Report 116–62. The Committee directs the Department to continue coordinating with EPA in disseminating this new guidance and resources, assisting school systems seeking to remediate lead contamination in working with EPA, and sharing best practices among States and local school systems. The Committee expects the Department to re-

port on the Department's ongoing efforts on these issues in the fiscal year 2022 Congressional Budget Justification.

Information and Communication Technology.—The Committee directs the Office of Educational Technology, in consultation with the Institute of Education Sciences and the National Academies of Science, to conduct a study and prepare a report and submit to the Committee within one year of enactment of this Act on the use of information and communication technology (ICT) in K–12 classrooms. The Office of Educational Technology will review the available literature on the role ICT plays in K–12 classrooms, consider both positive and negative effects, and explore how ICT can most effectively be used to support students' learning. The Office of Educational Technology will make recommendations on future directions for research, policy, and practices to improve the educational outcomes for children and youth.

Broadband Connectivity Gaps.—While the CDC provides guidance to schools on continuing operations during a public health crisis, the equity concerns for students who live in households without access to broadband connectivity are unknown and may not be incorporated to schools' continuity of operations plans. As such, the Secretary is encouraged to coordinate with the Departments of Health and Human Services and Agriculture and the Federal Communications Commission to study broadband connectivity gaps on the abilities of schools to implement alternative education plans for students completing distance learning assignments during extended closings due to public health crises. The Secretary of Education is encouraged to develop a plan of action for addressing broadband connectivity inequities in the short term for the current public health crisis caused by COVID–19 as well as a plan for long-term strategies to lessen the impacts of these inequities for public health crises that may prompt school closures in the future.

National Center for Education Statistics Staffing.—The Committee is deeply concerned about the ongoing staffing crisis at NCES. The shortage of statisticians threatens the administration and dissemination of data collections and surveys that provide an assessment of and insight in the nation's systems of education. Furthermore, these collections and surveys guide policy and funding decisions made by Congress. The Committee directs the Department to submit to the Committee within 120 days of enactment of this Act a report outlining how the Department will increase staffing at NCES as well as an analysis of funding IES in an appropriations account outside of the Program Administration account. Further, the Committee directs the Department to provide quarterly updates on its efforts to carry out the staffing plan.

FTE and Attrition Report.—The Committee directs the Department to provide the Committees on Appropriations a report, not later than 30 days after the conclusion of each quarter, detailing the number of full-time equivalent employees and attrition by principal office and appropriations account.

Reporting Requirements.—The Committee notes that the Department of Education has failed to meet all of its reporting obligations under House Report 116–62 and the explanatory statement accompanying the Department of Education Appropriations Act, 2020. The Committee also notes that this failure occurred where the Office of Legislation and Congressional Affairs served as the lead of-

fice for the report. The Committee continues to direct the Department to issue these overdue reports immediately. Furthermore, the Committee directs the Office of Legislation and Congressional Affairs to submit a report to the Committees on Appropriations, within 30 days of enactment of this Act, providing the reason for the delay, all actions taken by the office to expedite the delivery of the reports and to provide a detailed account of how the office will improve its process for providing these reports in a timely manner.

Protecting Scientific Research on Marihuana.—Through scientific research, institutions of higher education advance our understanding and knowledge of various aspects of our world. Moreover, when in the public interest, such institutions should be able to conduct such research without fear of reprisal or loss of Federal funding. This includes research on cannabis, a Schedule I controlled substance under the Controlled Substances Act. As more States and localities move to legalize cannabis, many institutions of higher education are expanding the knowledge-base on this controlled substance. As a result, the Committee notes that such research is in the public interest, and the recommendation includes new bill language prohibiting the Department from penalizing institutions of higher education that conduct scientific research on marihuana.

Disclosure of Foreign Gifts and Contracts.—The Committee reminds colleges and universities receiving Federal funds that section 117 of the HEA requires institutions to disclose certain gifts from or contracts with foreign entities and that the Department makes such information publicly available on its website. The Committee directs the Department to work with institutions to improve the reporting process. Disclosure requirements increase transparency and help protect our national security and academic integrity.

Evidence-based Grants and Policy.—The Committee requests an update in the fiscal year 2022 Congressional Budget Justification on implementation of the Foundations for Evidence-based Policymaking Act (P.L. 115–435) and implementation plans for the coming year. The Committee encourages the Secretary to develop guidance to ensure relevant participants and grantees are involved in the Department-wide process of prioritizing evidence needs, including participating in Department led evaluations. Consistent with program statutes, the Committee encourages the Secretary to ensure that evidence of effectiveness is a consideration in grant opportunities.

Customer Service.—The Committee continues to support efforts to improve customer service in accordance with Executive Order 13571—Streamlining Service Delivery and Improving Customer Service. The Committee directs the Secretary to develop standards to improve customer service and incorporate the standards into the performance plans required under 31 U.S.C. 1115. The Committee further directs the Department to include an update on the progress of these efforts in the fiscal year 2022 Congressional Budget Justification.

Performance Measures.—The Committee directs the Department to comply with title 31 of the United States Code, including the development of organizational priority goals and outcomes such as performance outcome measures, output measures, efficiency measures, and customer service measures. The Committee further di-

rects the Department to include an update on the progress of these efforts in the fiscal year 2022 Congressional Budget Justification.

Childhood Poverty.—The Committee is deeply concerned about the 11.9 million children, including 7.5 million Black and Latino children, living in poverty as of 2018. Now, millions more are projected to live in poverty due to the COVID–19 pandemic. Without robust Federal support, a Columbia University study estimates that child poverty could balloon from an already shameful 13.6 percent to nearly 21 percent, with Black and Latino children bearing a disproportionate risk of falling into or deeper into poverty. More than 50 percent of low-income households report they or someone in their household has experienced job loss or a pay cut, and nearly 40 million Americans have lost their jobs to date. During the pandemic, families are stretched thinner than ever and far too many families, especially in communities of color, are struggling to pay the bills and keep the lights on. The Committee recognizes that resources provided for the Department are critical now more than ever to reducing child poverty and racial disparities. However, there is concern that especially with tight budget caps for fiscal year 2021, funding for programs to help children in poverty is not enough. Deep inequities remain for children of color who are often more segregated by neighborhood, lower socioeconomic status, and in K–12 schooling. The Committee requests that the Department looks for opportunities to target resources to communities with the highest child poverty rates to help reduce child poverty and racial disparities, especially in the context of COVID–19, and as the pandemic threatens to increase child poverty for years to come.

Dual Enrollment.— The Committee notes the value of dual credit programs (as defined under 20 U.S.C. 7801) and directs the Secretary to provide a report to the Committees on Appropriations that includes national participation rates in dual credit programs by State, the impact of such programs on high school and post-secondary graduation rates, college preparedness, and postsecondary student debt. Within 180 days of enactment of this Act, the Department shall brief the Committees on the status of the report and provide national participation rates in dual credit programs by State.

Ex-sites.—The Committee directs the Department to provide a briefing to the Committees on Appropriations, the House Committee on Education and Labor, and the Senate Committee on Health, Education, Labor, and Pensions any time it launches a new experimental site or pilot program within 15 days of launching the experimental site or pilot program. The briefing must include, at a minimum, the goals of the experimental site or pilot program, statutory authority, a list of the specific statutory and regulatory requirements that the Secretary intends to waive, and the legal authority for such waivers. The Department should also provide to the committees any contracts pertaining to the experimental site or pilot program. Additionally, the Department must submit a report to the committees any time it closes an experimental site or pilot program. The report must include, at a minimum, a summary and analysis of the outcomes, an assessment of the challenges and successes, and costs.

Coding.—The Committee recognizes that, as the American cybersecurity workforce shortage continues to grow, our nation becomes

increasingly vulnerable to cyber-attacks. The Committee believes it is critical to invest in cyber training for America's youth across a broad field of computer science curricula, including computer coding. Because computer coding plays an essential role in every industry, the Committee supports efforts by the Department to encourage learning institutions from K–12 to higher education, and career and technical schools to invest in computer science education, including computer coding instruction.

GAO Study on Skill Training.—The Committee is concerned that a slow economic recovery and its potential for high levels of long-term unemployment, coupled with the continual shifts in skills sought by employers, pose challenges for the workforce system in the U.S. The Committee recognizes the paramount importance of preparing students and individuals with diverse backgrounds and years of work experience for careers in emerging businesses and industries. Therefore, the Committee requests that the GAO conduct a study that examines: (1) promising programs to assist mid-career workers upskill and/or change professions to better align their career opportunities with emerging business and industry needs; (2) promising practices for creating financing options to help students pay for career and technical education with Federal funds, such as those from Carl D. Perkins Career and Technical Education Act, WIOA, and Pell Grant programs; and (3) promising State and/or employer managed programs that provide additional financial support for mid-career workers to pay for career and technical education programs.

Additionally, the Committee is aware that the GAO is mandated to review career and technical education programs under section 219 of Public Law 115–224. The Committee is looking forward to learning about similar information related to this study's finding about strategies, policies, practices, and challenges to help ensure all students pursue and complete programs aligned to high skill, high wage occupations using the Carl D. Perkins Career and Technical Education Act funds.

Load Media.—The Committee encourages the Department to consider using local media in their advertising, including local television, radio broadcast stations, and newspapers to the greatest extent possible. The Committee directs the Department to include in its fiscal year 2022 Congressional Budget Justification details on expenditures on local media advertising for the prior two fiscal years.

OFFICE FOR CIVIL RIGHTS

Appropriation, fiscal year 2020	$130,000,000
Budget request, fiscal year 2021	130,000,000
Committee Recommendation	132,000,000
Change from enacted level	+2,000,000
Change from budget request	+2,000,000

The Office for Civil Rights (OCR) is responsible for enforcing laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, and age in all programs and institutions that receive funds from the Department. These laws extend to SEAs, LEAs, and IHEs, including proprietary schools. They also extend to State rehabilitation agencies, libraries, museums, and other institutions receiving Federal funds.

The Committee recommendation includes $132,000,000, which is $2,000,000 more than the fiscal year 2020 enacted level and fiscal year 2021 budget request. The Committee directs OCR to use this appropriation to increase its level of full-time equivalent employment in order to effectively and timely investigate complaints; execute and accurately report the civil rights data collection; thoroughly monitor corrective actions of institutions and meet other critical workloads.

Expulsions and Suspensions in Preschool and Primary Education.—The Committee continues to request from the Department its overdue report on preschool and primary education expulsions and suspensions. The Committee remains deeply concerned about expulsions and suspensions that occur in preschool settings and K–3 classrooms, particularly given the racial and gender disparities that exist. This is problematic given the research that indicates these practices can adversely affect development, health and education outcomes. The Committee strongly encourages OCR to collect annually, from all elementary and secondary schools receiving Federal financial assistance, data on the number and type of suspension and expulsions of preschool children and K–12 students, disaggregated by race/ethnicity, sex, disability status, and EL status. OCR should also submit to the Committees on Appropriations, the Committee on Education and Labor, and the Committee on Health, Education, Labor, and Pensions, no later than 180 days after the enactment of this Act, and annually thereafter, a report detailing school discipline in all preschool and K–12 classrooms, including the disaggregated data and any disparities by subgroup in disciplinary rates. The report should also include specific recommendations given to schools on expulsions and suspensions, including highlighting evidence-based interventions, providing consumer education specific to each school, and identifying opportunities to improve school climate, including through relevant programs and the provision of technical assistance that helps prevent and severely limit expulsion and suspension practices in preschool settings and K–3 classrooms, eliminate disparities in the provision of discipline, and ensure the safety and well-being of all young children. The Committee requests a briefing within 90 days of enactment of this Act on the progress the Department is making towards these goals.

Title IX.—The Committee is concerned with the rates of sexual assault and harassment in schools. The Committee directs OCR to provide a report to further disaggregate data provided in the Civil Rights Data Collection. The report must include an assessment of the FTE status of Title IX coordinators at the LEA and SEA levels, including full-time versus part-time status, and if the Title IX coordinator also oversees other civil rights coordinator positions, including Title VII of the Civil Rights Act, Title II of the Americans with Disabilities Act of 1990 and section 504 of the Rehabilitation Act of 1973. In addition to harassment and bullying data, the report should include data on the prevalence of rape in schools. The Committee directs OCR to submit recommendations, no later than 180 days after enactment of this Act, on actions Congress can take to ensure the Department provides full oversight to prevent, mitigate, and address sexual harassment, assault, and rape in schools.

In addition, the Committee is deeply concerned with the Department's Title IX final rule. This rule represents an unprecedented departure from nearly 20 years of Title IX policy shaped by the Supreme Court and the Department under both Republican and Democratic administrations. The final rule violates the letter and purpose of Title IX, by disproportionately and inappropriately burdening complainants at every stage of the Title IX complaint and investigation process such that the cumulative impact of the Final Rule will have a chilling effect on future complaints of sex-based harassment, in an environment where such harassment is already dramatically underreported. Moreover, the final rule also unfairly and unlawfully subjects sexual harassment complaints to a uniquely burdensome and hostile process that is not required for any other type of student or employee misconduct. When the Department first proposed the rule in 2018, stakeholders submitted nearly 125,000 comments in response, the vast majority of which urged the Department not to move forward with the rule. It is currently being challenged in four separate lawsuits filed by advocacy and direct service organizations and over 18 states and the District of Columbia, with possibly more lawsuits to be filed.

The Committee is also troubled that the Administration would pursue this change during the midst of a national emergency. The final rule will divert schools' already sharply limited resources while they operate remotely toward creating and implementing complex new policies before the new school year commences this fall. When students return to class, the Department should help ensure that school and college environments are not only safe from pathogen, but that they are safe from sexual assault and harassment as well. Therefore, the Committee recommendation includes new bill language preventing the implementation of the Department's final rule, entitled "Nondiscrimination on the Basis of Sex in Education Programs or Activities Receiving Federal Financial Assistance" (85 Fed. Reg. 30,026).

Closing of Civil Rights Cases.—The Committee is concerned by the number of civil rights cases, including racial discrimination and sexual harassment, that are closed without any findings of wrongdoing or corrective action, often due to insufficient evidence. The Committee directs the Department to include in its fiscal year 2022 Congressional Budget Justification the following information, broken down by jurisdiction: (1) the number of civil rights complaints evaluated; (2) the number of civil rights complaints investigated; (3) the number of civil rights complaints monitored; (4) the number of civil rights complaints that resulted in enforcement action; and, (5) the number of civil rights complaints not evaluated and the reason for not evaluating.

Disaggregated Data Collection and Reporting on Bullying.—The Committee is concerned about rates of bullying of Asian American and Pacific Islander (AAPI) students. The Committee recognizes data collections by the Department, OCR and the NCES on student bullying insufficiently reflect the diversity of AAPI sub-ethnic groups. However, AAPIs are diverse, and the U.S. Census Bureau reports data on at least 25 distinct AAPI ethnic groups. The Committee directs the Department to collect and report data on student bullying disaggregated by all racial and ethnic groups and subgroups identified in the American Community Survey.

GAO Study on School Discipline and Students.—The Committee believes teachers and students deserve school environments that are safe, supportive, and conducive to teaching and learning. The Committee is aware of school dress code enforcement disrupting the learning environment of students; various reports of excessive use of force in disciplinary actions at schools across the country; as well as varied interpretations and enforcement of school disturbance laws that have resulted in bodily harm of students. Accordingly, the Committee requests GAO provide a report within 270 days of enactment of this Act to the Committees on Appropriations examining how school dress codes and discipline policies are formulated and executed across the country; examining how students' civil rights may be infringed by enforcement of dress codes and disturbance laws; and recommendations on how LEAs and SEAs may reform discipline policies to balance both a safe and educational environment.

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2020	$63,000,000
Budget request, fiscal year 2021	68,019,000
Committee Recommendation	64,000,000
Change from enacted level	+1,000,000
Change from budget request	−4,019,000

The Office of Inspector General (OIG) has authority to inquire into all program and administrative activities of the Department as well as into related activities of grant and contract recipients. It conducts audits and investigations to determine compliance with applicable laws and regulations, to check alleged fraud and abuse, efficiency of operations, and effectiveness of results.

The Committee recommendation includes new bill language allowing the OIG to better respond to unexpected oversight needs by modifying the availability of funds.

In addition, the CARES Act (P.L. 116–136) included $7,000,000 for audit and oversight activities supported with funds appropriated to the Department in response to COVID–19.

The Committee continues to urge the OIG to ensure its focus remains on the primary missions of the Office. The Committee cautions the Office, when receiving requests from the Department for investigations, to consider the most effective and best use of its resources.

GENERAL PROVISIONS

Sec. 301. The Committee continues a provision related to the implementation of programs of voluntary prayer and meditation in public schools.

(TRANSFER OF FUNDS)

Sec. 302. The Committee modifies a provision regarding transfer authority.

Sec. 303. The Committee continues a provision allowing ESEA funds consolidated for evaluation purposes to be available from July 1, 2021 through September 30, 2022.

Sec. 304. The Committee continues a provision allowing certain institutions to continue to use endowment income for student scholarships.

Sec. 305. The Committee continues a provision extending the authorization of the National Advisory Committee on Institutional Quality and Integrity.

Sec. 306. The Committee continues a provision extending the authority to provide account maintenance fees to guaranty agencies for Federal student loans.

Sec. 307. The Committee modifies a provision allowing administrative funds to cover outstanding Perkins loans servicing costs.

(RESCISSION)

Sec. 308. The Committee modifies a provision rescinding fiscal year 2021 mandatory funding to offset the mandatory costs of increasing the discretionary Pell award and expanding Pell Grant eligibility.

Sec. 309. The Committee continues a provision regarding outreach to borrowers and the Public Service Loan Forgiveness program.

Sec. 310. The Committee continues a provision regarding the Department of Education Organization Act.

Sec. 311. The Committee continues a provision regarding Public Service Loan Forgiveness.

Sec. 312. The Committee includes a new provision regarding section 426 of the General Education Provisions Act.

Sec. 313. The Committee includes a new provision related to the 85/15 rule.

Sec. 314. The Committee includes a new provision related to a Title IX regulation.

Sec. 315. The Committee includes a new provision regarding Pell Grant eligibility.

Sec. 316. The Committee includes a new provision regarding research on marihuana.

Sec. 317. The Committee includes a new provision regarding open source descriptions and publication.

TITLE IV—RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

SALARIES AND EXPENSES

Appropriation, fiscal year 2020	$10,000,000
Budget request, fiscal year 2021	13,930,000
Committee Recommendation	10,000,000
Change from enacted level	– – –
Change from budget request	–3,930,000

The Committee believes oversight is necessary to ensure the program is operating in accordance with statutory requirements that blind or other severely disabled individuals provide at least 75 percent of hours of direct labor required for the production or provision of the products or services to Federal government agencies. To ensure the Committee for Purchase from People Who Are Blind or Severely Disabled (AbilityOne Commission) maintains its oversight capacity, the Committee continues bill language requiring the AbilityOne Commission to establish written agreements with central nonprofit agencies. The written agreements ensure the

AbilityOne Commission can conduct appropriate audit, oversight, and reporting functions in accordance with standard Federal procurement policies.

The Committee supports opportunities for the Commission to assert its authority in the oversight of the AbilityOne program. However, it is concerned about language in the cooperative agreements between the Commission and the Central Nonprofit Agencies ("CNAs") requiring CNAs to report to the Commission any meetings with key stakeholders, including Congressional members and staff. The Committee requests additional information on the justification for and necessity of this language, to be included in the fiscal year 2022 Congressional Justification.

Committee for Purchase from People Who Are Blind or Severely Disabled—Requested Reports.—The Committee continues to request the reports listed under this heading in House Report 115–244.

Office of Inspector General.—The Committee recommends not less than $1,650,000 for the Office of Inspector General.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

OPERATING EXPENSES

Appropriation, fiscal year 2020	$806,529,000
Budget request, fiscal year 2021	30,105,000
Committee Recommendation	848,529,000
Change from enacted level	+42,000,000
Change from budget request	+818,424,000

The Committee recommends $848,529,000 for operating expenses for the Corporation for National and Community Service (CNCS), an increase of $42,000,000 over the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate CNCS and requests $30,105,000 for this purpose.

Volunteers in Service to America

The Committee recommends $95,364,000 for Volunteers in Service to America (VISTA), an increase of $2,000,000 over the fiscal year 2020 enacted level and $90,699,000 above the fiscal year 2021 budget request. This program provides capacity building for small, community-based organizations with a mission of combating poverty. VISTA members raise resources, recruit, and organize volunteers, and establish and expand programs in housing, employment, health, and economic development.

National Senior Volunteer Corps

The Committee recommends $239,017,000 for the National Senior Volunteer Corps programs, an increase of $18,000,000 over the fiscal year 2020 enacted level and $238,684,000 above the fiscal year 2021 budget request. Senior Corps is a collection of programs that connect individuals older than the age of 55 with opportunities to contribute their job skills and expertise to community projects and organizations.

The Committee intends for all funding to be used to support programs and volunteers.

The funding breakout by program is as follows:

National Senior Volunteer Corps	FY 2021 Committee
Foster Grandparents Program	$120,799,000
Senior Companion Program	58,863,000
Retired Senior Volunteer Program	59,355,000

AmeriCorps State and National Grants

The Committee recommends $446,510,000 for AmeriCorps State and National Grants, an increase of $18,000,000 over the fiscal year 2020 enacted level and $444,286,000 above the fiscal year 2021 budget request. This program provides funds to local and national organizations and agencies to address community needs in education, public safety, health, and the environment.

AmeriCorps environmental stewardship programs and conservation corps perform year-round, labor-intensive outdoor work to address the backlogged maintenance needs of land and water management agencies; enhance outdoor recreation opportunities; and, improve the accessibility of public lands. The Committee recognizes the unique role and skillset of these AmeriCorps programs to help communities prepare for, mitigate, respond to, and recover from disasters, including hurricanes, tornadoes, wildfires, floods, and severe drought. The Committee therefore encourages the Corporation to prioritize investment in such programs that serve a dual function to carry out activities, including fuels reduction, post-fire resiliency and erosion control, tree mortality forest health, vegetation management of invasive species, public lands resource and recreation infrastructure improvements, and other related activities, as well as the range of disaster-related services.

Innovation, Assistance, and Other Activities

The Committee recommends $9,600,000 for Innovation, Assistance, and Other Activities, which is the same as the fiscal year 2020 enacted level and $9,600,000 above the fiscal year 2021 budget request.

The Committee continues to support the September 11 National Day of Service and Remembrance and the Martin Luther King, Jr. National Day of Service—two important national events.

Evaluation

The Committee recommends $4,000,000 for evaluation, which is the same as the fiscal year 2020 enacted level and $4,000,000 above the fiscal year 2021 budget request. These funds support research on program effectiveness.

National Civilian Community Corps

The Committee recommends $34,500,000 for National Civilian Community Corps, an increase of $2,000,000 over the fiscal year 2020 enacted level and $11,617,000 above the fiscal year 2021 budget request. This program supports residential, team-based service opportunities for individuals aged18 24.

State Commission Administrative Grants

The Committee recommends $19,538,000 for State Commission Support Grants, an increase of $2,000,000 over the fiscal year 2020 enacted level and $19,538,000 above the fiscal year 2021 budget re-

quest. Funds are used for formula grants to support State oversight of service programs.

PAYMENT TO THE NATIONAL SERVICE TRUST

Appropriation, fiscal year 2020	$208,342,000
Budget request, fiscal year 2021	10,000,000
Committee Recommendation	212,342,000
Change from enacted level	+4,000,000
Change from budget request	+202,342,000

The National Service Trust makes payments for Segal education awards, pays interest that accrues on qualified student loans for AmeriCorps participants during terms of service in approved national service positions, and makes other payments entitled to members who serve in the programs of the Corporation for National and Community Service.

SALARIES AND EXPENSES

Appropriation, fiscal year 2020	$83,737,000
Budget request, fiscal year 2021	57,333,000
Committee Recommendation	86,737,000
Change from enacted level	+3,000,000
Change from budget request	+29,404,000

Interagency Pilot Program Study.—The Committee recommendation includes no less than $250,000 and up to $500,000 for CNCS, in coordination with the Departments of Education, Health and Human Services and Labor, to conduct an interagency feasibility study regarding the potential of an interagency fellowship pilot program to support interagency alignment, coordination and innovation. The study shall be submitted to the Committees on Appropriations no later than 240 days after enactment of this Act. The Committee is interested in improving outcomes related to reducing maternal and infant mortality; increasing employment and wages for low-income individuals, including disconnected youth; increasing postsecondary credential attainment for high-need students; and, improving outcomes for children and youth in foster care. The Committee recognizes the importance of interagency coordination and directs CNCS to review similar models implemented between Federal agencies and the private sector in order to evaluate lessons learned and determine potential and plausibility of implementation, including an evaluation of the feasibility for regional and local partnerships.

Evidence-based Grant Making.—The Committee is supportive of efforts by the Corporation to consider evidence of effectiveness in grant competitions.The Committee encourages CNCS to develop guidance to ensure relevant participants and grantees are involved in the Corporation-wide process of prioritizing evidence needs, including participating in CNCS led evaluations.Consistent with program statutes, the Committee encourages CNCS to ensure that evidence of effectiveness is a consideration in grant opportunities.

Childhood Poverty.—The Committee is deeply concerned about the 11.9 million children, including 7.5 million Black and Latino children, living in poverty as of 2018. Now, millions more are projected to live in poverty due to the COVID–19 pandemic. Without robust Federal support, a Columbia University study estimates that child poverty could balloon from an already shameful 13.6 per-

cent to nearly 21 percent, with Black and Latino children bearing a disproportionate risk of falling into or deeper into poverty. More than 50 percent of low-income households report they or someone in their household has experienced job loss or a pay cut, and more nearly 40 million Americans have lost their jobs to date. During the pandemic, families are stretched thinner than ever and far too many families, especially in communities of color, are struggling to pay the bills and keep the lights on. The Committee recognizes that resources provided for CNCS are critical now more than ever to reducing child poverty and racial disparities. However, there is concern that especially with tight budget caps for fiscal year 2021, funding for programs to help children in poverty is not enough. Deep inequities remain for children of color who are often more segregated by neighborhood, lower socioeconomic status, and in K–12 schooling. The Committee requests that CNCS looks for opportunities to target resources to communities with the highest child poverty rates to help reduce child poverty and racial disparities, especially in the context of COVID–19, and as the pandemic threatens to increase child poverty for years to come.

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2020	$5,750,000
Budget request, fiscal year 2021	4,258,000
Committee Recommendation	6,750,000
Change from enacted level	+1,000,000
Change from budget request	+2,492,000

The Committee recommends $6,750,000 for the Office of the Inspector General (OIG), an increase of $1,000,000 over the fiscal year 2020 enacted level and $2,492,000 above the fiscal year 2021 budget request.

The Committee supports the oversight efforts of the OIG during the major, ongoing overhaul of operations at CNCS.

ADMINISTRATIVE PROVISIONS

Sec. 401. The Committee continues a provision requiring CNCS to make any significant changes to program requirements or policy through rulemaking.

Sec. 402. The Committee continues a provision related to National Service Trust minimum share requirements.

Sec. 403. The Committee continues a provision related to donations.

Sec. 404. The Committee continues a provision related to veterans.

Sec. 405. The Committee continues a provision related to criminal history background checks.

Sec. 406. The Committee continues a provision related to 1,200 hour service positions.

CORPORATION FOR PUBLIC BROADCASTING

Appropriation, fiscal year 2022	$465,000,000
Budget request, fiscal year 2023	– – –
Committee Recommendation	515,000,000
Change from enacted level	+50,000,000
Change from budget request	+515,000,000

The Committee recommends $515,000,000 as an advance appropriation for fiscal year 2023, an increase of $50,000,000 over the fiscal year 2022 advance. The fiscal year 2021 budget request proposes to eliminate the Corporation for Public Broadcasting (CPB) and requests $30,000,000 for this purpose in fiscal year 2021. In addition, the Committee recommendation includes $20,000,000 in fiscal year 2021 for continued support of CPB in replacing and upgrading the public broadcasting interconnection system and further investing in system-wide infrastructure and services.

In addition, the CARES Act (P.L. 116–136) included $75,000,000 for stabilization grants to maintain programming services and to preserve small and rural public telecommunication stations.

National Multicultural Alliance.—According to the Public Broadcasting Act, one of the greatest priorities of public broadcasting is to address the "needs of unserved and underserved audiences, particularly children and minorities." Programming that reflects the histories and perspectives of diverse racial and ethnic communities is a core value and responsibility of public broadcasting. Therefore, the Committee supports continued investment in the National Multicultural Alliance to help accomplish this goal. The Corporation is directed to provide a briefing to the Committee within 90 days of enactment of this Act on this investment.

Continued Access to Public Broadcasting.—The Committee recognizes the importance of continued access to public broadcasting in local communities. The Committee directs Federally funded public radio stations to engage in public-private partnerships with State and local entities, including nonprofits, in this effort. The Committee looks forward to information in the fiscal year 2022 Congressional Budget Justification on how public private partnerships may be used to ensure continued access to public broadcasting in underserved areas.

Diversity and Inclusion.—The Committee recognizes the importance of diversity and inclusion in television and radio programming. The Committee requests CPB include in its fiscal years 2022/2024 Congressional Budget Justification information on its diversity and inclusion efforts, including programming supported by funding from the Corporation, as well as professional development opportunities and services for individuals from underrepresented communities.

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

Appropriation, fiscal year 2020	$47,200,000
Budget request, fiscal year 2021	48,600,000
Committee Recommendation	48,600,000
Change from enacted level	+1,400,000
Change from budget request	– – –

The Federal Mediation and Conciliation Service promotes labor-management cooperation through mediation and conflict resolution services to industry, government agencies, and communities.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2020	$17,184,000
Budget request, fiscal year 2021	17,184,000
Committee Recommendation	17,184,000
Change from enacted level	– – –
Change from budget request	– – –

The Federal Mine Safety and Health Review Commission is an independent adjudicative agency that provides administrative trial and appellate review of legal disputes arising under the Federal Mine Safety and Health Act of 1977.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

OFFICE OF MUSEUM AND LIBRARY SERVICES: GRANTS AND ADMINISTRATION

Appropriation, fiscal year 2020	$252,000,000
Budget request, fiscal year 2021	23,000,000
Committee Recommendation	257,000,000
Change from enacted level	+5,000,000
Change from budget request	+234,000,000

Within the total for the Institute of Museum and Library Services (IMLS), the Committee recommends the following amounts:

Budget Activity	FY 2021 Committee
Library Services Technology Act:	
Grants to States	$168,803,000
Native American Library Services	5,263,000
National Leadership: Libraries	13,406,000
Laura Bush 21st Century Librarian	10,000,000
Museum Services Act:	
Museums for America	27,899,000
Native American/Hawaiian Museum Service	2,272,000
National Leadership: Museums	8,113,000
African American History and Culture Act:	
Museum Grants for African American History and Culture	3,231,000
Museum and Library Services Act General Provisions:	
Research, Analysis and Data Collection	3,013,000
Program Administration	15,000,000

In addition, the CARES Act (P.L. 116–136) included $50,000,000 for digital access and technical support services in response to COVID–19.

Library Services and Technology

The Grants to State Library Agencies program provides funds to State Library Administrative Agencies using a population-based formula.

Program Administration

The Committee recommends $15,000,000 for Program Administration, which is the same as the fiscal year 2020 enacted level. The fiscal year 2021 budget request proposes to eliminate IMLS. These funds provide administrative and management support for all programs administered by IMLS. The Committee also includes $3,013,000 for IMLS' activities in policy, research, and data collec-

tion, including functions formerly conducted by the National Commission on Libraries and Information Science.

Holocaust Education and Survivor Stories.—The Committee is aware that the number of Holocaust survivors in the U.S. is diminishing every month due to the advanced age of the survivors. The Committee continues to commend the work museums, libraries and archives are doing to preserve the memories and to educate the public of the Holocaust. The Committee encourages IMLS to support the work organizations are doing across the country to preserve and present the living memories of Holocaust survivors in an interactive format, which can help educate future generations about the atrocities of the Holocaust.

The Committee commends passage of the Never Again Education Act (P.L. 116–141) that will enhance education programming on the Holocaust and genocide prevention through the U.S. Holocaust Memorial Museum.

MEDICARE PAYMENT ADVISORY COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2020	$12,545,000
Budget request, fiscal year 2021	13,575,000
Committee Recommendation	12,905,000
Change from enacted level	+360,000
Change from budget request	−670,000

The Medicare Payment Advisory Commission (MedPAC) is an independent agency tasked with advising the Congress on issues affecting the Medicare program. In addition to advising on payments to private health plans participating in Medicare and providers in Medicare's traditional fee-for-service program, MedPAC is also responsible for providing analysis on access to care, quality of care, and other issues affecting Medicare.

MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2020	$8,780,000
Budget request, fiscal year 2021	9,265,000
Committee Recommendation	8,780,000
Change from enacted level	–––
Change from budget request	−485,000

The Medicaid and CHIP Payment and Access Commission (MACPAC) is an independent agency tasked with advising the Congress on issues affecting Medicaid and the State Children's Health Insurance Program (CHIP). MACPAC conducts policy and data analysis on Medicaid and CHIP to support policymakers and support program accountability.

NATIONAL COUNCIL ON DISABILITY

SALARIES AND EXPENSES

Appropriation, fiscal year 2020	$3,350,000
Budget request, fiscal year 2021	3,350,000
Committee Recommendation	3,350,000
Change from enacted level	–––
Change from budget request	–––

The National Council Disability (NCD) is an independent Federal agency charged with advising the President, Congress, and other Federal agencies regarding policies, programs, practices, and procedures that affect people with disabilities. NCD is comprised of a team of Presidential and Congressional appointees, an Executive Director appointed by the Chair, and a full-time professional staff.

NATIONAL LABOR RELATIONS BOARD

SALARIES AND EXPENSES

Appropriation, fiscal year 2020	$274,224,000
Budget request, fiscal year 2021	246,876,000
Committee Recommendation	277,824,000
Change from enacted level	+3,600,000
Change from budget request	+30,948,000

The National Labor Relations Board (NLRB) is an independent agency responsible for enforcing U.S. labor law related to collective bargaining and unfair labor practices, including the National Labor Relations Act (NLRA) of 1935.

The Committee includes $277,824,000 for the NLRB, which is $3,600,000 more than the fiscal year 2020 enacted level and $30,948,000 above the fiscal year 2021 budget request.

Within this amount, $1,000,000 is provided, along with new bill language, for the Board to develop and implement an electronic voting system.

In March 2020, the Subcommittee held an oversight and budget hearing with NLRB, and members raised several urgent concerns, including conflicts of interest by Board members and financial mismanagement of the Board's resources. Unfortunately, in response to questions by the Subcommittee, Chairman Ring and General Counsel Robb communicated ambivalence toward correcting these problems. As a result, the Committee includes new bill language and directives that build on oversight language included in House Report 116–62 and in the explanatory statement accompanying the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2020.

The Committee is concerned regarding NLRB personnel and obligation practices over the past few fiscal years. Such practices have contributed to significant underspending on personnel costs, which raises serious concerns about the ability of the NLRB to conduct quality casework. As a result of these practices, NLRB has had higher than historical funding lapses for fiscal years 2018 and 2019. The Committee expects NLRB to address this challenge by posting position openings to restore critical field staff capacity and to more aggressively fill vacancies in fiscal year 2021, including the remaining open regional director positions. To ensure NLRB makes progress toward addressing this issue, new bill language is included to direct the Board to expand the number of regional full-time equivalent staff beyond the amount on-board at the end of the fourth quarter of fiscal year 2019. Within 90 days of enactment of this Act, NLRB is directed to brief the Committees on Appropriations on its plans for addressing these critical hiring challenges.

Further, NLRB is directed to submit a report to the Committees on Appropriations within 90 days of enactment of this Act detailing the resources dedicated to regional offices. Such report should in-

clude actual and planned data, as applicable, for each fiscal year 2011 through 2022: (1) the number of employees stationed in each regional office at the end of each fiscal year, and (2) administrative expenses by object class for each regional office. In addition, the Committee directs the Board to provide monthly staffing reports to the Committees on Appropriations that will include the total number of employees in each position for each regional office, attrition for each office, new hires for each office, and any information on plans to incentivize or encourage employee separations.

To further address these concerns, the Committee recommendation includes new bill language to prohibit the NLRB or the Board's General Counsel from using funds to restructure the agency unless the NLRB submits its plan 240 days in advance to the Committees on Appropriations and to the Comptroller General.

The Committee continues to be concerned by questions of conflicts of interest surrounding NLRB board members. The Board has shown an alarming disinterest in eliminating the appearance of conflict through its numerous rulemaking processes. To address these concerns, the Committee directs the Board to provide the Committees on Appropriations with a report no less than 90 days of enactment of this Act on the involvement of Board members in any rulemakings conducted by the Board on a subject matter that any entity listed on any current or past Board Member Recusal List.

The Committee is concerned with negative impacts of the memorandum issued by the General Counsel of the NLRB on March 13, 2019 with the subject "Noting Respondents' Failure to Cooperate with ULP Investigations in Subsequently-Issued Complaints." The Committee directs the Board to provide a report to the Committees no later than 90 days of enactment of this Act from the General Counsel on the impact of that guidance, which shall include, but not be limited to, the impact on the rate of case deferral and the impact on the number of cases settled prior to complaints being filed during fiscal year 2020 compared to the three previous fiscal years.

The Committee directs the NLRB to restore regional directors' unfettered discretion to take action and respond to local conditions to protect employee health and safety. These actions include but are not limited to mandatory and liberal telework designations, physical office closures, mail ballot representation elections, and remote representation hearings.

The Committee directs the NLRB to respect and enforce the whistleblower rights of its employees. The NLRB shall not apply and incorporate non-disclosure policies without notifying employees of their disclosure rights and shall not threaten employees with retaliation for lawful disclosures of agency documents consistent with 5 U.S.C. § 2302.

The Committee urges the NLRB to address employee health and safety concerns and to restore employee access to health units.

The Committee continues to be concerned by the NLRB's joint employer rule, which will make it easier for unscrupulous employers to sidestep their legal responsibility to bargain with their employees. Therefore, the Committee recommendations includes new bill language to prohibit the use of funds for implementation of the final rule on The Standard for Determining Joint-Employer Status

issued by the NLRB, published in the Federal Register on February 26, 2020 (Vol. 85, No. 38) (Docket No. RIN 3142–AA13), or to take any actions in furtherance of this final rule.

The Committee opposes the Board's recently published rules regarding union elections. These rules will mandate longer delays before union election, creating more opportunity for employers to run sophisticated anti-union campaigns. The rules will also invite corporations to initiate complex litigation before union elections to cause additional complexity and delays. Therefore, the Committee recommendation includes new bill language to prohibit the use of funds for implementation of the final rule on Representation-Case Procedures issued by the NLRB, published in the Federal Register on December 18, 2019 (Vol. 84, No. 243) (Docket No. RIN 3142–AAl 2), or to take any actions in furtherance of this final rule.

ADMINISTRATIVE PROVISIONS

Sec. 407. The Committee includes a new provision relating to The Standard for Determining Joint-Employer Status regulation.

Sec. 408. The Committee includes a new provision relating to the Representation-Case Procedures regulation.

Sec. 409. The Committee includes a new provision relating to restructuring or realigning the NLRB.

NATIONAL MEDIATION BOARD

SALARIES AND EXPENSES

Appropriation, fiscal year 2020	$14,050,000
Budget request, fiscal year 2021	13,900,000
Committee Recommendation	14,300,000
Change from enacted level	+250,000
Change from budget request	+400,000

The National Mediation Board (NMB) is an independent agency that coordinates labor-management relations within the U.S. railroads and airlines industries.

The Committee recognizes the continued success of the NMB in mediating collectively bargained contracts in the rail and air travel industries. However, the Committee is concerned that there is a lag in mediating cases, increasing the length of time cases are being addressed and cleared. The Committee urges the NMB to prioritize resources on the administration of the agency and staffing needs and to address the backlog of Section 3 arbitration cases at the NMB. The Committee urges the Board to focus on accomplishing its statutory mission in a timely manner and abstain from unnecessary rulemaking activities or the development of regulatory changes.

The Committee directs the NMB to report to the Committees on Appropriations and the House Committee on Transportation and Infrastructure within 60 days of enactment of this Act on the status of mediation, pursuant to 45 U.S.C. Sec. 155 First (a), of collective bargaining disputes pertaining to the craft or class of flight kitchen, commissary, airline catering, and related employees. If any party to such mediation requests that the mediation be terminated, the Committee directs the Board to report to the Committees on Appropriations and the House Committee on Transportation and Infrastructure within 30 days of such request on its re-

sponse to the request and the reason or reasons for its response. Any report made pursuant to this paragraph should include the date that mediation began, the number and length of mediation sessions, an explanation why mediation has not been successful in bringing about an amicable settlement, what further steps the NMB intends to take, and whether mediation is likely to bring about an amicable settlement within a reasonable period of time.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2020	$13,225,000
Budget request, fiscal year 2021	13,225,000
Committee Recommendation	13,225,000
Change from enacted level	– – –
Change from budget request	–496,000

The Occupational Safety and Health Review Commission is an independent Federal agency, providing administrative trial and appellate review, created to decide contests of citations or penalties resulting from OSHA inspections of American workplaces.

RAILROAD RETIREMENT BOARD

DUAL BENEFITS PAYMENTS ACCOUNT

Appropriation, fiscal year 2020	$16,000,000
Budget request, fiscal year 2021	13,000,000
Committee Recommendation	13,000,000
Change from enacted level	–3,000,000
Change from budget request	– – –

This appropriation is authorized by the Railroad Retirement Act of 1974 to fund vested dual benefits received by railroad retirees who, under prior law, would have become covered by both the railroad retirement system and the Social Security system because railroad retirement was not fully coordinated with Social Security from 1937 to 1974. The Committee includes a provision permitting a portion of these funds to be derived from income tax receipts on dual benefits as authorized by law. The Railroad Retirement Board ("RRB") estimates that approximately $1,000,000 may be derived in this manner.

FEDERAL PAYMENT TO THE RAILROAD RETIREMENT ACCOUNTS

Appropriation, fiscal year 2020	$150,000
Budget request, fiscal year 2021	150,000
Committee Recommendation	150,000
Change from enacted level	– – –
Change from budget request	– – –

LIMITATION ON ADMINISTRATION

Appropriation, fiscal year 2020	$123,500,000
Budget request, fiscal year 2021	120,225,000
Committee Recommendation	126,500,000
Change from enacted level	+3,000,000
Change from budget request	+6,275,000

The Committee includes $10,000,000 for the implementation of information technology systems modernization efforts. Within 180 days of enactment of this Act, the Railroad Retirement Board is directed to submit a comprehensive update to the Committees on Ap-

propriations on project status, timelines to completion, and total cost of development.

In addition, the CARES Act (P.L. 116–136) included $5,000,000 to support telework and administration of the Railroad Unemployment Insurance Act.

LIMITATION ON THE OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2020	$11,000,000
Budget request, fiscal year 2021	11,499,000
Committee Recommendation	11,000,000
Change from enacted level	– – –
Change from budget request	–499,000

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

Appropriation, fiscal year 2020	$11,000,000
Budget request, fiscal year 2021	11,000,000
Committee Recommendation	11,000,000
Change from enacted level	– – –
Change from budget request	– – –

This appropriation provides reimbursement to the Social Security trust funds for non-trust fund activities.

SUPPLEMENTAL SECURITY INCOME PROGRAM

Appropriation, fiscal year 2020	$41,714,889,000
Budget request, fiscal year 2021	40,308,177,000
Committee Recommendation	40,172,492,000
Change from enacted level	–1,542,397,000
Change from budget request	–135,685,000

The Committee recommends $19,600,000,000 in advance funding for the first quarter of fiscal year 2022, as requested.

Research and Demonstration

Section 1110 of the Social Security Act provides authority to the Social Security Administration (SSA) for conducting research and demonstration projects related to SSA's programs.

Within the appropriation for Supplemental Security Income (SSI), the Committee recommends $86,000,000 for research and demonstration activities, which is $15,000,000 below the fiscal year 2020 enacted level and equal to the fiscal year 2021 budget request.

Administration

Within the appropriation for SSI, the Committee recommends $4,490,058,000, which is $203,169,000 above the fiscal year 2020 enacted level and $135,685,000 below the fiscal year 2021 budget request. This funding is for payment to the Social Security trust funds for SSI's share of the administrative expenses of SSA.

LIMITATION ON ADMINISTRATIVE EXPENSES

Appropriation, fiscal year 2020	$11,157,945,000
Budget request, fiscal year 2021	11,640,473,000
Committee Recommendation	11,259,945,000
Change from enacted level	+102,000,000
Change from budget request	–380,528,000

The Limitation on Administrative Expenses (LAE) funds the administrative and operational costs for administering the Old Age and Survivors Insurance, Disability Insurance, and Supplemental Security Income programs, and associated costs for support to the Centers for Medicare and Medicaid Services in administering their programs.

The Committee remains concerned about the excessive waiting times, benefit delays, and service problems faced every day by Americans who are trying to access their earned benefits. The recommendation includes an increase of $102,000,000, which combined with new funding provided in the Further Consolidated Appropriations Act, 2020 (P.L. 116–94), provides over $200,000,000 for SSA to replace losses in field offices, teleservice and processing centers, and build additional capacity so that offices can function at appropriate levels.

The Committee acknowledges SSA's progress in reducing excessive and harmful delays for people waiting for a hearing before an Administrative Law Judge, which has been facilitated by $390,000,000 in dedicated funding provided in fiscal years 2017 through 2020. The Committee understands that SSA anticipated eliminating its hearing backlog in fiscal year 2021, but is concerned that the effects of the COVID–19 pandemic on SSA's service delivery may lead to new delays. The bill includes $50,000,000 for activities that will eliminate the disability hearing backlog in fiscal year 2021.

The bill continues to provide $45,000,000 in dedicated funding for Information Technology Modernization, with $4,000,000 of such funding available for IT Modernization efforts of the SSA Office of Inspector General.

In addition, the CARES Act (P.L. 116–136) included $338,000,000 for SSA, with $300,000,000 to support essential telework, communication needs, and salaries and benefits of Federal employees impacted by office closures, and $38,000,000 for the purposes of issuing emergency assistance Economic Impact Payments.

Administrative Appeals Hearings.—The Committee considers the Notice of Proposed Rulemaking (NPRM) "Hearings Held by Administrative Appeals Judges of the Appeals Council" (84 Fed. Reg. 70080, December 20, 2019) to be an unjustified erosion of due process for individuals who are appealing a denial of Social Security or SSI benefits. As part of a beneficiary's right to an impartial appeal process, an on-the-record hearing, conducted by an impartial judge with decisional independence, must be conducted in accordance with the Administrative Procedure Act to ensure due process, without agency interference, or political bias. Replacing this appeals step and the role of independent administrative law judges (ALJ) with SSA employees, jeopardizes the independence of the process. In light of the harm that would be caused by this policy change, the Committee strongly urges SSA to immediately withdraw this proposed rule.

Administrative Law Judge Selection.—The Committee is deeply concerned about the impact of Presidential Executive Order 13843 on the judicial independence of administrative law judges (ALJ). The Order eliminates the competitive hiring process for ALJs and has the potential impact of converting independent adjudicators to

political appointees, undermining longstanding principles of fair and unbiased consideration of matters of vital importance to the American people. ALJs must be independent decision-makers and it is the Committee's expectation that SSA maintain the highest standards for appointment of ALJs. The Committee directs the Administration to develop and submit to the Committees on Appropriations, Ways and Means,and Oversight and Reform, a report on hiring processes, to include an explanation of the process, qualification standards, and criteria used to recruit, evaluate and hire ALJs.

Continuing Disability Reviews.—The Committee is disappointed that the Notice of Proposed Rulemaking (NPRM) "Rules Regarding the Frequency and Notice of Continuing Disability Reviews" (84 Fed. Reg. 63588, November 18, 2019) proposes a massive increase in CDRs without any evidence of its necessity or appropriateness. The Committee believes the NPRM is a harmful and unjustified attempt, under the guise of fiscal prudence, to deprive many people with disabilities of the Social Security, SSI, Medicare, and Medicaid benefits that they are eligible for and rely on for survival. The Committee directs the Administration to carefully review the comments received on this proposed rule, which were overwhelmingly negative. The Committee strongly urges SSA to withdraw the rule and instead use its limited resources to restore strong customer services and address the backlogs and other service issues that have become too common across the agency in recent years.

Disability Case Processing System (DCPS).—The Committee requests an update on the implementation of DCPS in the fiscal year 2022 Congressional Budget Justification.

Disability Payments.—The late payment of Social Security Disability Insurance claims creates an excessive burden on claimants waiting for their Social Security Disability Insurance back pay. The Committee directs SSA to work with the relevant stakeholders to evaluate national and regional payment trends and implement changes to its disability payments process that would ensure that SSA pays all Social Security Disability Insurance claims within 60 days of receiving a fee request pursuant to 20 CFR 404.1725. The Committee further directs SSA to report to Congress within 90 days on the specific policies SSA has implemented, or has considered, to streamline the disability payments' process and to ensure consistent timeliness of payment across all local service areas.

Electronic Consent Based Social Security Number Verification System Implementation.—The Committee supports continued implementation of the Electronic Consent Based Social Security Number Verification system (eCBSV) in accordance with section 215 of the Economic Growth, Regulatory Relief, and Consumer Protection Act (P.L. 115–174). The Committee notes the draft user agreement published in the Federal Register (Volume 85, Number 47) on Tuesday, March 10, 2020 presents requirements that may limit the utility of the eCBSV as a tool to fight identity fraud and protect consumers, including minors. The Committee encourages SSA to be consistent with the E–SIGN Act with regards to electronic consent and to keep the Committee informed of any delays to timelines for implementation.

Information Technology.—The Committee continues to monitor the Information Technology (IT) Modernization Plan and encour-

ages SSA to focus on improvements to customer service and efficiency improvements for customers and employees as it makes updates to the plan. The Committee requests an update of the plan referenced under this heading in House Report 114–699.

Labor-Management Relations.—The Committee is concerned that persistent labor-management relations problems are undermining the vital work of the SSA. Within 180 days of enactment of this Act, SSA is directed to submit to the Committee a plan, developed in consultation with labor organizations representing its workforce, to improve workplace morale and to strengthen employee recruitment and retention, to better serve the American people.

Local Media.—The Committee encourages SSA to consider using local media in their advertising, including local television, radio broadcast stations, and newspapers to the greatest extent possible. The Committee directs SSA to include in its fiscal year 2022 Congressional Budget Justification details on expenditures on local media advertising for the prior two fiscal years.

Mailing Paper Statements.—The Committee is concerned that SSA continues to not mail Social Security benefits and earning statements to all contributors aged 25 and older not yet receiving benefits, in accordance with Section 1143 of the Social Security Act (42 U.S.C. 1320b–13). The Committee directs the Administration to continue to include in its annual Congressional Budget Justification the estimated costs for mailing paper statements to all contributors aged 25 or older and not yet receiving benefits, as required by law.

National Medical Evidence.—The Committee encourages SSA to consider additional innovations and technological resources that could efficiently and effectively support state Disability Determination agencies and the Office of Hearings and Appeals in medical evidence collection, data analytics, and quality assurance.

Pilot Program Metrics.—The Committee appreciates the information on pilot program metrics provided in the fiscal year 2021 Congressional Budget Justification. The Committee expects that, prior to undertaking any new pilots, SSA will ensure that it has developed a research design that identifiesa clear purpose for the pilot, key objectives and an evaluation plan, including adequate metrics to determine the pilot's effectiveness. Metrics should be specific, quantifiable measures—accompanied by specific goals for the measures—that can be used to evaluate success. The Committee reminds SSA that it uses the term "pilot" to encompass all efforts to test the effects of process changes, including "initiatives" and "tests."

The Committee directs SSA to include in its fiscal year 2022 Congressional Budget Justification a description of all pilots conducted in fiscal years 2020 and 2021, or proposed for fiscal year 2022; the purpose and key objectives of each pilot; its start date and timeline; which SSA components are involved in the pilot; the evaluation plan; the measures or metrics the SSA will use to evaluate the pilot; and a specific goal for each metric that will be used to determine the pilot's effectiveness. All SSA pilots should be included in the justification, including those undertaken as part of the Compassionate and Responsive Service (CARES) plan and in other parts of the agency. The justification does not need to include

programmatic demonstrations, such as those involving changes in program eligibility rules.

Reconsideration.—The Committee continues to be concerned about the delays that may result due to SSA's decision to reinstate reconsideration in ten States despite bipartisan and bicameral concern for reinstatement. The Committee's concern is heightened as the COVID–19 pandemic creates new service delivery challenges for the State Disability Determination Services agencies. The Committee looks forward to receiving and reviewing the plan requested under this section in House Report 116–62, and urges SSA to keep the Committee informed of any systematic process delays or feedback received from the States as reconsideration is reinstated.

Replacement Card Fees.—The Committee continues to reject the proposal to charge a fee to replace a lost or stolen Social Security card and directs the Administration to not move forward with this proposal.

Report on LAE Expenditures.—The Committee continues to request that the data referenced under this heading in House Report 114–699 be included in future budget justifications. In addition, the Committee requests the fiscal year 2022 Congressional Budget Justification include a historical table of costs and fiscal year 2022 requests for personnel and benefits, by major SSA component to include Operations (field offices, teleservice centers, processing centers, and regional offices); Office of Hearings Operations; Systems; Office of Analytics, Review, and Oversight; and Headquarters.

State-Reported Data.—The Committee believes that accurate, timely and complete death data is important for the integrity of public programs, and that allowing all Federal agencies to have secure access to complete death data for program integrity purposes would help detect and prevent improper payments. The Committee recognizes that although SSA has access to confirmed death data through negotiated data-sharing agreements with States, and shares such data with certain Federal agencies, current law prohibits sharing such data more widely. The Committee supports efforts of other Federal agencies to obtain this data, and urges SSA to accommodate any Office of Management and Budget (OMB) requests for consultation on how other agencies can obtain this State-reported data.

Telework.—The Committee stresses its long-standing support for well-managed telework programs in the Federal workplace and is concerned about recent reductions in telework at SSA. Within 60 days of enactment of this Act, SSA is directed to submit a report to the Committee to explain each decision by SSA to reduce telework availability on or after October 1, 2019, which shall include any metrics used by SSA to reach these determinations, and an impact assessment on human capital in hiring and retention, increases to transit and parking subsidies, office space and utility needs changes, lost productivity and morale decline due to lost telework.

In addition, the Committee notes that SSA could have been better prepared to ensure continuity of operations and deal with the challenges associated with working from home during the COVID–19 pandemic if it had a clearly defined and operational telework program in place for its employees. The Committee directs SSA to evaluate the use of telework during the COVID–19 pandemic, as-

sess the feasibility of telework in all components of SSA, and provide to the Committee a report on such evaluation and assessment within 60 days of enactment of this Act.

Video Hearings.—The Committee appreciates that SSA preserved an individual's right to an in-person hearing before an SSA Administrative Law Judge (ALJ), rather than pursuing the original proposal in Notice of Proposed Rulemaking "Setting the Manner for the Appearance of Parties and Witnesses at a Hearing," (83 Fed. Reg. 57368, November 15, 2018). The Committee understands that during the COVID–19 pandemic, SSA is also providing claimants with the option of a telephone hearing, or a postponement if the individual would prefer to wait until an in-person or video hearing is available. The Committee expects that once the COVID–19 pandemic ends SSA will resume in-person hearings on the same basis as prior to the pandemic. The Committee continues to encourage SSA to work with claimants who need additional flexibility by allowing a claimant to choose to use video hearings on a voluntary basis or to have an in-person hearing or proceeding if the party chooses to do so.

Vocational Factors.—The Committee believes the Final Rule, "Removing Inability to Communicate in English as an Education Category" (85 Fed. Reg. 10586, February 25, 2020) will unjustifiably deny Social Security and SSI benefits to nearly 100,000 older workers with long-term or fatal medical impairments who are severely limited in their functional capacity and who cannot communicate in English. The Committee is disappointed this rule was finalized without regard to the overwhelming opposition and significant concerns raised in public comments and from Members of Congress.

Social Security Advisory Board

The Committee recommends $2,500,000 for the Social Security Advisory Board (SSAB), equal to the fiscal year 2020 enacted level and $2,000,000 below the fiscal year 2021 budget request.

User Fees

In addition to the other amounts provided, the Committee recommends $136,000,000 for administrative activities funded from user fees. Of this amount, $135,000,000 is derived from fees collected from States that request SSA to administer State SSI supplementary payments. The remaining $1,000,000 is derived from fees charged to non-attorneys who apply for certification to represent claimants under titles II and XVI of the Social Security Act.

Continuing Disability Reviews and Redeterminations

The Committee recommends $1,575,000,000 for program integrity activities. This includes the maximum cap adjustment authorized in the Budget Control Act. The Committee continues bill language allowing for the transfer of up to $11,200,000 to the Office of the Inspector General for the cost of jointly operating co-operative disability investigation units.

OFFICE OF THE INSPECTOR GENERAL

Appropriation, fiscal year 2020	$105,500,000
Budget request, fiscal year 2021	116,000,000
Committee Recommendation	105,500,000
Change from enacted level	– – –
Change from budget request	– 10,500,000

The Office of the Inspector General (OIG) is responsible for meeting the statutory mission of promoting economy, efficiency, and effectiveness in the administration of SSA programs and operations and to prevent and detect fraud, waste, abuse, and mismanagement in such programs and operations. To accomplish this mission, the OIG directs, conducts, and supervises audits, evaluations, and investigations relating to SSA's programs and operations. In addition, the OIG searches for and reports on systemic weaknesses in SSA programs and operations, and makes recommendations for needed improvements and corrective actions.

TITLE V—GENERAL PROVISIONS

(TRANSFER OF FUNDS)

Sec. 501. The Committee continues a provision allowing the Secretaries of Labor, Health and Human Services, and Education to transfer unexpended balances of prior appropriations to accounts corresponding to current appropriations to be used for the same purposes and for the same periods of time for which they were originally appropriated.

Sec. 502. The Committee continues a provision prohibiting the obligation of funds beyond the current fiscal year unless expressly so provided.

Sec. 503. The Committee continues a provision prohibiting funds from being used to support or defeat legislation.

Sec. 504. The Committee continues a provision limiting the amount available for official reception and representation expenses for the Secretaries of Labor and Education, the Director of the Federal Mediation and Conciliation Service, and the Chairman of the National Mediation Board.

Sec. 505. The Committee continues a provision requiring grantees receiving Federal funds to clearly state the percentage of the total cost of the program or project that will be financed with Federal money.

Sec. 506. The Committee continues a provision prohibiting the use of funds for any abortion.

Sec. 507. The Committee continues a provision providing exceptions to section 506 and a provision prohibiting funds from being made available to a Federal agency or program, or to a State or local government, if such agency, program or government discriminates against institutional or individual health care entities because they do not provide, pay for, provide coverage of, or refer for abortions.

Sec. 508. The Committee continues a provision prohibiting use of funds for certain research involving human embryos.

Sec. 509. The Committee continues a provision prohibiting use of funds for any activity that promotes the legalization of any drug or substance included in schedule I of the schedules of controlled substances.

Sec. 510. The Committee continues a provision prohibiting use of funds to promulgate or adopt any final standard providing for a unique health identifier until legislation is enacted specifically approving the standard.

Sec. 511. The Committee continues a provision related to annual reports to the Secretary of Labor.

Sec. 512. The Committee continues a provision prohibiting transfer of funds made available in this Act except by authority provided in this Act or another appropriations Act.

Sec. 513. The Committee continues a provision to limit funds in the bill for public libraries to those that comply with the requirements of the Children's Internet Protection Act.

Sec. 514. The Committee modifies a provision regarding procedures for reprogramming of funds.

Sec. 515. The Committee continues a provision pertaining to appointments to scientific advisory committees.

Sec. 516. The Committee continues a provision requiring each department and related agency funded through this Act to submit an operating plan within 45 days of enactment, detailing any funding allocations that are different than those specified in this Act, the accompanying detailed table, or budget request.

Sec. 517. The Committee continues a provision requiring the Secretaries of Labor, Health and Human Services, and Education to submit a quarterly report to the Committees on Appropriations containing certain information on noncompetitive contracts, grants, and cooperative agreements exceeding $500,000 in value.

Sec. 518. The Committee continues a provision prohibiting the use of funds to process claims for credit for quarters of coverage based on work performed under a Social Security number that was not the claimant's number, where the performance of such work under such number has formed the basis for a conviction of the claimant of a violation of section 208(a)(6) or (7) of the Social Security Act.

Sec. 519. The Committee continues a provision prohibiting the use of funds to implement a Social Security totalization agreement with Mexico.

Sec. 520. The Committee continues a provision prohibiting the use of funds for the downloading or exchanging of pornography.

Sec. 521. The Committee continues a provision relating to reporting requirements for conference expenditures.

Sec. 522. The Committee continues a provision relating to disclosure of U.S.taxpayer funding for programs used in advertising.

Sec. 523. The Committee continues a provision relating to performance partnership pilots.

Sec. 524. The Committee continues provision requesting quarterly reports on the status of balances of appropriations from the Departments of Labor, Health and Human Services and Education.

Sec. 525. The Committee continues a provision related to grant notifications.

Sec. 526. The Committee continues a provision related to questions for the record.

Sec. 527. The Committee includes a new provision prohibiting the use of funds for the Social Security Administration to finalize or implement a rule related to continuing disability reviews.

Sec. 528. The Committee includes a new provision prohibiting the use of funds for the Social Security Administration to finalize or implement a rule related to benefits appeals hearings.

(RESCISSION)

Sec. 529. The Committee includes a provision to rescind unobligated funds from prior-year Children's Health Insurance Program State allotments.

Sec. 530. The Committee includes a provision to make funds from the Children's Health Insurance Program Performance Bonus Fund unavailable for obligation in fiscal year 2021.

Sec. 531. The Committee includes a new provision relating to apprenticeships.

TITLE VI—EMERGENCY FUNDING

CENTERS FOR DISEASE CONTROL AND PREVENTION

CDC-WIDE ACTIVITIES

Committee Recommendation	$9,000,000,000.

The Committee includes $9,000,000,000 in multi-year emergency funding for programs and activities at the Centers for Disease Control and Prevention (CDC) to enhance public health and emergency preparedness and response capacities to better prepare for future public health emergencies.

Within the total, the Committee includes the following amounts:

Vaccination Campaigns.—The Committee includes $4,000,000,000 for an enhanced influenza vaccination campaign, including the purchase of vaccine as necessary to increase coverage to reduce the double wave of virus infections, and to enhance the domestic vaccination infrastructure for scaled-up operations in fiscal year 2021, including preparedness, operations, distribution, and a comprehensive campaign to achieve coverage goals. CDC must be prepared to build upon its established vaccine distribution network for rapid and substantial expansion.

The Director of the CDC is required to brief the Committees on Appropriations at least one week prior to obligating emergency funding on vaccination campaigns.

Global Disease Detection and Emergency Response.—The Committee includes $1,000,000,000 to strengthen global public health preparedness and response capacity—including surveillance, laboratory, workforce, and emergency operations—to detect epidemic threats earlier, respond more effectively, and prevent avoidable outbreaks.

Infectious Diseases Rapid Response Reserve Fund.—The Committee includes $400,000,000 to increase the amount of available funding to quickly respond to a future, imminent infectious disease crisis.

Public Health Data Modernization Initiative.—The Committee includes $400,000,000 to support the public health data modernization initiative to transform the infrastructure of how public health data is collected, shared, and analyzed to better prepare for all public health threats. The Committee initiated this effort in fiscal year 2020, provided significant multi-year resources in the CARES Act (P.L. 116–136), continued support in the fiscal year 2021 CDC

appropriation in this bill, and with this emergency funding completes the foundational investment for this critical initiative.

Public Health Workforce.—The Committee supports the essential infrastructure of a robust and well-trained public health workforce and includes $200,000,000 for workforce development, including doubling the Epidemic Intelligence Service fellowship program over five years, and the expansion of other public health workforce programs so that CDC and State and local health departments are able to recruit and retain skilled staff.

State and Local Public Health Departments.—The Committee includes $2,000,000,000 for Public Health Emergency Preparedness cooperative agreements to be scaled up to increase State and local public health and emergency response capabilities.

State and Local Public Health Laboratories.—The Committee includes $1,000,000,000 for Epidemiology and Laboratory Capacity cooperative agreements, including costs for facilities and equipment to improve capabilities, including high through-put testing and physical improvements to accommodate modern equipment.

NATIONAL INSTITUTES OF HEALTH

OFFICE OF THE DIRECTOR

Committee Recommendation	$5,000,000,000

The Committee includes $5,000,000,000 in emergency funding in the Office of the Director to support biomedical research—including support for current grantees to cover the shutdown costs, startup costs, and other costs related to delays in research in 2020.

In 2020, most research laboratories ceased to operate out of safety concerns. Institutions incurred the costs of these shutdowns, and will also incur the cost of reopening these labs when doing so is safe and feasible. The resulting delays in ongoing research will also have a financial impact on research institutions. The emergency funds provided to NIH in this bill will help research institutions to address this financial burden and return to conducting lifesaving research as quickly and safely as possible.

The Director of the NIH is required to brief the Committees on Appropriations at least one week prior to obligating emergency funding.

OFFICE OF THE SECRETARY

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

Committee Recommendation	$4,500,000,000

The Committee includes $4,500,000,000 for programs and activities under the Biomedical Advanced Research and Development Authority (BARDA).

Within the total, the Committee includes the following amounts:

Advanced Research and Development and Advanced Manufacturing of Vaccines and Therapeutics.—The Committee includes $3,500,000,000 for BARDA to support the advanced research, development, manufacturing, production, and purchase of vaccines and therapeutics.

The Director of BARDA is required to brief the Committees on Appropriations at least one week prior to obligating emergency funding on vaccines and therapeutics.

Advanced Research and Development of Antibiotics.—The Committee includes $500,000,000 for BARDA to support and promote innovation in antibacterial research and development. The Committee is concerned about antimicrobial resistant infections. The threat of antimicrobial resistance grows as existing antibiotics become less effective due to improper or incomplete course of treatment and overuse.

Vaccine Facility Enhancements.—The Committee includes $500,000,000 for BARDA to support U.S.-based next generation manufacturing facilities. It is essential for the U.S. to have increased domestic vaccine manufacturing capacity.

PUBLIC HEALTH EMERGENCY FUND

Committee Recommendation	$5,000,000,000

The Committee includes $5,000,000,000 for the Public Health Emergency Fund, established under section 319(b) of the Public Health Service Act.

The Public Health Emergency Fund, which has been largely unfunded for decades, will enable the Secretary of Health and Human Services to respond quickly and aggressively to address future public health threats. This Fund, a budget account with an indefinite period of availability, will provide the necessary resources for public health leaders to protect the health and safety of all Americans without unnecessary delays that tragically cost lives.

The Secretary, or the Assistant Secretary for Preparedness and Response, is required to brief the Committees on Appropriations at least one week prior to obligating emergency funding from the Public Health Emergency Fund.

GENERAL PROVISIONS

Sec. 601. The Committee includes a provision relating to contingency funding in response to rising claims for unemployment compensation.

Sec. 602. The Committee includes a provision to require a spend plan.

Sec. 603. The Committee includes a provision to designate funds provided in this title as being for an emergency requirement only if the President subsequently so designates all such amounts and transmits such designations to the Congress.

Sec. 604. The Committee includes a provision to maintain such emergency designation if funds are transferred pursuant to transfer authorities provided by this Act.

HOUSE OF REPRESENTATIVES REPORTING REQUIREMENTS

The following materials are submitted in accordance with various requirements of the Rules of the House of Representatives:

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the following is a statement of general perform-

ance goals and objectives for which this measure authorizes funding: The Committee on Appropriations considers program performance, including a program's success in developing and attaining outcome-related goals and objectives, in developing funding recommendations.

RESCISSION OF FUNDS

Pursuant to clause 3(f)(2) of rule XIII of the Rules of the House of Representatives, the following lists the rescissions of unexpended balances included in the accompanying bill:

RESCISSIONS RECOMMENDED IN THE BILL

Account	Amount
Department of Labor:	
(H–1B	$349,000,000
Department of Health and Human Services:	
Children's Health Insurance Program	5,185,000,000
Department of Health and Human Services:	
Nonrecurring Expenses Fund	600,000,000
Department of Education:	
Pell Grants	21,000,000

TRANSFER OF FUNDS

Pursuant to clause 3(f)(2) of rule XIII of the Rules of the House of Representatives, the following lists the transfers of unexpended balances included in the accompanying bill:

TITLE I

Language is included under "Job Corps" permitting the transfer of funds for Job Corps Center construction, rehabilitation and acquisition to meet the operational needs of Job Corps Centers or to achieve administrative efficiencies.

Language is included under "Special Benefits" which provides for the transfer of such sums as necessary from the "Postal Service" account.

Language is included under "Black Lung Disability Trust Fund" which provides for the transfer of funds to the "Department of Labor, Office of Workers" Compensation Program, Salaries and Expenses."

Language is included under "Black Lung Disability Trust Fund" which provides for the transfer of funds to the "Department of Labor, Departmental Management, Salaries and Expenses."

Language is included under "Black Lung Disability Trust Fund" which provides for the transfer of funds to the "Department of Labor, Departmental Management, Office of Inspector General."

Language is included under "Black Lung Disability Trust Fund" which provides for the transfer of funds to the "Department of the Treasury."

Language is included under "Departmental Management, Salaries and Expenses" authorizing the transfer of funds available for program evaluation to any other account within the Department to carry out evaluation activities.

A general provision is included permitting up to one percent of any discretionary appropriation to be transferred between a program, project, or activity of the Department of Labor, provided that

no such program, project, or activity is increased by more than three percent by any such transfer.

A general provision is included that provides for the transfer of funds from the "Employment and Training Administration" for technical assistance services to grantees to "Program Administration". The provision does not apply to section 171 of the WIOA. The general provision also authorizes the transfer of up 0.5 percent of each discretionary appropriation for "Employment and Training Administration" to carry out program integrity activities subject to certain limitations related to "Job Corps."

A general provision is included that provides for the transfer of up to 0.75 percent of appropriated funds to carry out program evaluations of "Training and Employment Services", "Job Corps", "Community Service Employment for Older Americans," "State Unemployment Insurance and Employment Service Operations", "Employee Benefits Security Administration", "Office of Workers' Compensation Programs", "Wage and Hour Division", "Office of Federal Contract Compliance Programs", "Office of Labor-Management Standards", "Occupational Safety and Health Administration", "Mine Safety and Health Administration", "Office of Disability Employment Policy", funding made available to the "Bureau of International Labor Affairs" and "Women's Bureau" within the Departmental Management, Salaries and Expenses" account, and "Veterans Employment and Training" for use by the Office of the Chief Evaluation Officer.

TITLE II

Language is included under "Centers for Disease Control and Prevention, Buildings and Facilities" to allow the transfer of prior year unobligated Individual Learning Account funds to be transferred to this account to carry out the purpose of this account.

Language is included under "Centers for Disease Control and Prevention, CDC–Wide Activities and Program Support" for funds to be transferred to and merged with the Infectious Disease Rapid Response Reserve Fund.

Language is included under "National Institutes of Health, Office of the Director" to transfer $5,000,000 to the "Office of Inspector General" for oversight of grant programs and operations of NIH.

Language is included under "National Institutes of Health, Innovation Account" to allow the transfer of funds to other Institutes and Centers to support activities authorized in the 21st Century Cures Act (PL 114–255).

Language is included under "Administration for Community Living, Aging and Disability Services Programs" for transfer to the Secretary of Agriculture to carryout section 311 of the Older Americans Act of 1965.

A general provision is included that allows not to exceed one percent of any discretionary funds to be transferred between appropriation accounts of the "Department of Health and Human Services", provided that no appropriation account is increased by more than three percent by such transfer.

A general provision is included that allows the transfer of up to three percent among the institutes and centers of the "National Institutes of Health" from amounts identified as pertaining to the human immunodeficiency virus.

A general provision is included that allows the transfer of funding determined to be related to the human immunodeficiency virus to the "Office of AIDS Research".

A general provision is included that transfers one percent of the amount made available for "National Research Service Awards" at the "National Institutes of Health" to the "Health Resources and Services Administration".

A general provision is included to direct the transfer of the "Prevention and Public Health Fund" as specified in the committee report accompanying this Act.

A general provision is included that allows the transfer of funding related to research on opioid misuse, opioid alternatives, pain management, and substance use disorder treatment between the institutes and centers of the "National Institute of Health".

TITLE III

A general provision is included that allows not to exceed one percent of any discretionary funds to be transferred between appropriation accounts of the Department of Education, provided that no appropriation account is increased by more than three percent by such transfer.

TITLE IV

Language is included under Payment to the National Service Trust authorizing the transfer of funds from the "Corporation for National and Community Service, Operating Expenses" to support the activities of national service participants.

Language is included under "Social Security Administration" authorizing the transfer funds from the Social Security Administration's "Limitation on Administration Expenses" account to be available for purposes of the Office of Inspector General.

TITLE V

A general provision is included that allows the Secretaries of Labor, Health and Human Services, and Education to transfer balances of prior appropriation to accounts corresponding to current appropriations.

TITLE VI

Language is included under "Centers for Disease Control and Prevention, CDC–Wide Activities and Program Support" for funds to be transferred to, and merged with, the Infectious Disease Rapid Response Reserve Fund.

Language is included under "National Institutes of Health, Office of the Director" to allow the transfer of funds to other Institutes and Centers to support activities related to the coronavirus pandemic.

Language is included under "Public Health and Social Services Emergency Fund" for funds to be transferred to, and merged with the Covered Countermeasure Process Fund.

DISCLOSURE OF EARMARKS AND CONGRESSIONALLY DIRECTED SPENDING ITEMS

Neither the bill nor the report contains any Congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

COMPLIANCE WITH RULE XIII, CL. 3(e) (RAMSEYER RULE)

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman):

HIGHER EDUCATION ACT OF 1965

* * * * * * *

TITLE I—GENERAL PROVISIONS

PART A—DEFINITIONS

* * * * * * *

SEC. 102. DEFINITION OF INSTITUTION OF HIGHER EDUCATION FOR PURPOSES OF TITLE IV PROGRAMS.

(a) DEFINITION OF INSTITUTION OF HIGHER EDUCATION FOR PURPOSES OF TITLE IV PROGRAMS.—

(1) INCLUSION OF ADDITIONAL INSTITUTIONS.—Subject to paragraphs (2) through (4) of this subsection, the term "institution of higher education" for purposes of title IV includes, in addition to the institutions covered by the definition in section 101—

(A) a proprietary institution of higher education (as defined in subsection (b) of this section);

(B) a postsecondary vocational institution (as defined in subsection (c) of this section); and

(C) only for the purposes of part D of title IV, an institution outside the United States that is comparable to an institution of higher education as defined in section 101 and that has been approved by the Secretary for the purpose of part D of title IV, consistent with the requirements of section 452(d).

(2) INSTITUTIONS OUTSIDE THE UNITED STATES.—

(A) IN GENERAL.—For the purpose of qualifying as an institution under paragraph (1)(C), the Secretary shall establish criteria by regulation for the approval of institutions outside the United States and for the determination that such institutions are comparable to an institution of higher education as defined in section 101 (except that a graduate medical school, nursing school, or a veterinary school, located outside the United States shall not be required to meet the requirements of section 101(a)(4)). Such criteria shall include a requirement that a student attending such school outside the United States is ineligible for loans made under part D of title IV unless—

(i) except as provided in subparagraph (B)(iii)(IV), in the case of a graduate medical school located outside the United States—

(I)(aa) at least 60 percent of those enrolled in, and at least 60 percent of the graduates of, the graduate medical school outside the United States were not persons described in section 484(a)(5) in the year preceding the year for which a student is seeking a loan under part D of title IV; and

(bb) at least 75 percent of the individuals who were students or graduates of the graduate medical school outside the United States or Canada (both nationals of the United States and others) taking the examinations administered by the Educational Commission for Foreign Medical Graduates received a passing score in the year preceding the year for which a student is seeking a loan under part D of title IV; or

(II) the institution—

(aa) has or had a clinical training program that was approved by a State as of January 1, 1992; and

(bb) continues to operate a clinical training program in at least one State that is approved by that State;

(ii) in the case of a veterinary school located outside the United States that does not meet the requirements of section 101(a)(4), the institution's students complete their clinical training at an approved veterinary school located in the United States; or

(iii) in the case of a nursing school located outside of the United States—

(I) the nursing school has an agreement with a hospital, or accredited school of nursing (as such terms are defined in section 801 of the Public Health Service Act (42 U.S.C. 296)), located in the United States that requires the students of the nursing school to complete the students' clinical training at such hospital or accredited school of nursing;

(II) the nursing school has an agreement with an accredited school of nursing located in the United States providing that the students graduating from the nursing school located outside of the United States also receive a degree from the accredited school of nursing located in the United States;

(III) the nursing school certifies only Federal Direct Stafford Loans under section 455(a)(2)(A), Federal Direct Unsubsidized Stafford Loans under section 455(a)(2)(D), or Federal Direct PLUS Loans under section 455(a)(2)(B) for students attending the institution;

(IV) the nursing school reimburses the Secretary for the cost of any loan defaults for current

and former students included in the calculation of the institution's cohort default rate during the previous fiscal year; and

(V) not less than 75 percent of the individuals who were students or graduates of the nursing school, and who took the National Council Licensure Examination for Registered Nurses in the year preceding the year for which the institution is certifying a Federal Direct Stafford Loan under section 455(a)(2)(A), a Federal Direct Unsubsidized Stafford Loan under section 455(a)(2)(D), or a Federal Direct PLUS Loan under section 455(a)(2)(B), received a passing score on such examination.

(B) ADVISORY PANEL.—

(i) IN GENERAL.—For the purpose of qualifying as an institution under paragraph (1)(C) of this subsection, the Secretary shall establish an advisory panel of medical experts that shall—

(I) evaluate the standards of accreditation applied to applicant foreign medical schools; and

(II) determine the comparability of those standards to standards for accreditation applied to United States medical schools.

(ii) SPECIAL RULE.—If the accreditation standards described in clause (i) are determined not to be comparable, the foreign medical school shall be required to meet the requirements of section 101.

(iii) REPORT.—

(I) IN GENERAL.—Not later than 1 year after the date of enactment of the Higher Education Opportunity Act, the advisory panel described in clause (i) shall submit a report to the Secretary and to the authorizing committees recommending eligibility criteria for participation in the loan programs under part D of title IV for graduate medical schools that—

(aa) are located outside of the United States;

(bb) do not meet the requirements of subparagraph (A)(i); and

(cc) have a clinical training program approved by a State prior to January 1, 2008.

(II) RECOMMENDATIONS.—In the report described in subclause (I), the advisory panel's eligibility criteria shall include recommendations regarding the appropriate levels of performance for graduate medical schools described in such subclause in the following areas:

(aa) Entrance requirements.

(bb) Retention and graduation rates.

(cc) Successful placement of students in United States medical residency programs.

(dd) Passage rate of students on the United States Medical Licensing Examination.

(ee) The extent to which State medical boards have assessed the quality of such school's program of instruction, including through on-site reviews.

(ff) The extent to which graduates of such schools would be unable to practice medicine in 1 or more States, based on the judgment of a State medical board.

(gg) Any areas recommended by the Comptroller General of the United States under section 1101 of the Higher Education Opportunity Act.

(hh) Any additional areas the Secretary may require.

(III) MINIMUM ELIGIBILITY REQUIREMENT.—In the recommendations described in subclause (II), the criteria described in subparagraph (A)(i)(I)(bb), as amended by section 102(b) of the Higher Education Opportunity Act, shall be a minimum eligibility requirement for a graduate medical school described in subclause (I) to participate in the loan programs under part D of title IV.

(IV) AUTHORITY.—The Secretary may—

(aa) not earlier than 180 days after the submission of the report described in subclause (I), issue proposed regulations establishing criteria for the eligibility of graduate medical schools described in such subclause to participate in the loan programs under part D of title IV based on the recommendations of such report; and

(bb) not earlier than one year after the issuance of proposed regulations under item (aa), issue final regulations establishing such criteria for eligibility.

(C) FAILURE TO RELEASE INFORMATION.—The failure of an institution outside the United States to provide, release, or authorize release to the Secretary of such information as may be required by subparagraph (A) shall render such institution ineligible for the purpose of part D of title IV.

(D) SPECIAL RULE.—If, pursuant to this paragraph, an institution loses eligibility to participate in the programs under title IV, then a student enrolled at such institution may, notwithstanding such loss of eligibility, continue to be eligible to receive a loan under part D of title IV while attending such institution for the academic year succeeding the academic year in which such loss of eligibility occurred.

(3) LIMITATIONS BASED ON COURSE OF STUDY OR ENROLLMENT.—An institution shall not be considered to meet the definition of an institution of higher education in paragraph (1) if such institution—

(A) offers more than 50 percent of such institution's courses by correspondence (excluding courses offered by telecommunications as defined in section 484(l)(4)), unless the institution is an institution that meets the definition in section 3(3)(C) of the Carl D. Perkins Career and Technical Education Act of 2006;

(B) enrolls 50 percent or more of the institution's students in correspondence courses (excluding courses offered by telecommunications as defined in section 484(l)(4)), unless the institution is an institution that meets the definition in such section, except that the Secretary, at the request of such institution, may waive the applicability of this subparagraph to such institution for good cause, as determined by the Secretary in the case of an institution of higher education that provides a 2- or 4-year program of instruction (or both) for which the institution awards an associate or baccalaureate degree, respectively;

(C) has a student enrollment in which more than 25 percent of the students are incarcerated, except that the Secretary may waive the limitation contained in this subparagraph for a nonprofit institution that provides a 2- or 4-year program of instruction (or both) for which the institution awards a bachelor's degree, or an associate's degree or a postsecondary diploma, respectively; or

(D) has a student enrollment in which more than 50 percent of the students do not have a secondary school diploma or its recognized equivalent, and does not provide a 2- or 4-year program of instruction (or both) for which the institution awards a bachelor's degree or an associate's degree, respectively, except that the Secretary may waive the limitation contained in this subparagraph if a nonprofit institution demonstrates to the satisfaction of the Secretary that the institution exceeds such limitation because the institution serves, through contracts with Federal, State, or local government agencies, significant numbers of students who do not have a secondary school diploma or its recognized equivalent.

(4) LIMITATIONS BASED ON MANAGEMENT.—An institution shall not be considered to meet the definition of an institution of higher education in paragraph (1) if—

(A) the institution, or an affiliate of the institution that has the power, by contract or ownership interest, to direct or cause the direction of the management or policies of the institution, has filed for bankruptcy, except that this paragraph shall not apply to a nonprofit institution, the primary function of which is to provide health care educational services (or an affiliate of such an institution that has the power, by contract or ownership interest, to direct or cause the direction of the institution's management or policies) that files for bankruptcy under chapter 11 of title 11, United States Code, between July 1, 1998, and December 1, 1998; or

(B) the institution, the institution's owner, or the institution's chief executive officer has been convicted of, or has pled nolo contendere or guilty to, a crime involving the ac-

quisition, use, or expenditure of funds under title IV, or has been judicially determined to have committed fraud involving funds under title IV.

(5) CERTIFICATION.—The Secretary shall certify an institution's qualification as an institution of higher education in accordance with the requirements of subpart 3 of part H of title IV.

(6) LOSS OF ELIGIBILITY.—An institution of higher education shall not be considered to meet the definition of an institution of higher education in paragraph (1) if such institution is removed from eligibility for funds under title IV as a result of an action pursuant to part H of title IV.

(b) PROPRIETARY INSTITUTION OF HIGHER EDUCATION.—

(1) PRINCIPAL CRITERIA.—For the purpose of this section, the term "proprietary institution of higher education" means a school that—

(A)(i) provides an eligible program of training to prepare students for gainful employment in a recognized occupation; or

(ii)(I) provides a program leading to a baccalaureate degree in liberal arts, and has provided such a program since January 1, 2009; and

(II) is accredited by a recognized regional accrediting agency or association, and has continuously held such accreditation since October 1, 2007, or earlier;

(B) meets the requirements of paragraphs (1) and (2) of section 101(a);

(C) does not meet the requirement of paragraph (4) of section 101(a);

(D) is accredited by a nationally recognized accrediting agency or association recognized by the Secretary pursuant to part H of title IV; [and]

(E) has been in existence for at least 2 years[.]*; and*

(F) meets the requirements of paragraph (3),

(2) ADDITIONAL INSTITUTIONS.—The term "proprietary institution of higher education" also includes a proprietary educational institution in any State that, in lieu of the requirement in section 101(a)(1), admits as regular students individuals—

(A) who are beyond the age of compulsory school attendance in the State in which the institution is located; or

(B) who will be dually or concurrently enrolled in the institution and a secondary school.

(3) REVENUE SOURCES.— In order to qualify as a proprietary institution of higher education under this subsection, an institution shall derive not less than 15 percent of the institution's revenues from sources other than Federal education assistance funds, as calculated in accordance with paragraph (4).

[(1)] *(4)* CALCULATION.—In making calculations under [subsection (a)(24)] *paragraph (3)*, a proprietary institution of higher education shall—

(A) use the cash basis of accounting, except in the case of loans described in subparagraph (D)(i) that are made by the proprietary institution of higher education;

(B) consider as revenue only those funds generated by the institution from—

(i) tuition, fees, and other institutional charges for students enrolled in programs eligible for assistance under this title;

(ii) activities conducted by the institution that are necessary for the education and training of the institution's students, if such activities are—

(I) conducted on campus or at a facility under the control of the institution;

(II) performed under the supervision of a member of the institution's faculty; and

(III) required to be performed by all students in a specific educational program at the institution; and

(iii) funds paid by a student, or on behalf of a student by a party other than the institution, for an education or training program that is not eligible for funds under this title, if the program—

(I) is approved or licensed by the appropriate State agency;

(II) is accredited by an accrediting agency recognized by the Secretary; or

(III) provides an industry-recognized credential or certification;

(C) presume that ⟦any funds for a program under this title⟧ *any Federal education assistance funds* that are disbursed or delivered to or on behalf of a student will be used to pay the student's tuition, fees, or other institutional charges, regardless of whether the institution credits those funds to the student's account or pays those funds directly to the student, except to the extent that the student's tuition, fees, or other institutional charges are satisfied by—

(i) grant funds provided by non-Federal public agencies or private sources independent of the institution;

(ii) funds provided under a contractual arrangement with a Federal, State, or local government agency for the purpose of providing job training to low-income individuals who are in need of that training;

(iii) funds used by a student from savings plans for educational expenses established by or on behalf of the student and which qualify for special tax treatment under the Internal Revenue Code of 1986; or

(iv) institutional scholarships described in subparagraph (D)(iii);

(D) include institutional aid as revenue to the school only as follows:

(i) in the case of loans made by a proprietary institution of higher education on or after July 1, 2008 and prior to July 1, 2012, the net present value of such loans made by the institution during the applicable institutional fiscal year accounted for on an accrual basis and estimated in accordance with generally ac-

cepted accounting principles and related standards and guidance, if the loans—

(I) are bona fide as evidenced by enforceable promissory notes;

(II) are issued at intervals related to the institution's enrollment periods; and

(III) are subject to regular loan repayments and collections;

(ii) in the case of loans made by a proprietary institution of higher education on or after July 1, 2012, only the amount of loan repayments received during the applicable institutional fiscal year, excluding repayments on loans made and accounted for as specified in clause (i); and

(iii) in the case of scholarships provided by a proprietary institution of higher education, only those scholarships provided by the institution in the form of monetary aid or tuition discounts based upon the academic achievements or financial need of students, disbursed during each fiscal year from an established restricted account, and only to the extent that funds in that account represent designated funds from an outside source or from income earned on those funds;

(E) in the case of each student who receives a loan on or after July 1, 2008, and prior to July 1, 2011, that is authorized under section 428H or that is a Federal Direct Unsubsidized Stafford Loan, treat as revenue received by the institution from sources other than funds received under this title, the amount by which the disbursement of such loan received by the institution exceeds the limit on such loan in effect on the day before the date of enactment of the Ensuring Continued Access to Student Loans Act of 2008; and

(F) exclude from revenues—

(i) the amount of funds the institution received under part C, unless the institution used those funds to pay a student's institutional charges;

(ii) the amount of funds the institution received under subpart 4 of part A;

(iii) the amount of funds provided by the institution as matching funds for a program under this title;

(iv) the amount of funds provided by the institution for a program under this title that are required to be refunded or returned; and

(v) the amount charged for books, supplies, and equipment, unless the institution includes that amount as tuition, fees, or other institutional charges.

[(3)**]** *(5)* PUBLICATION ON COLLEGE NAVIGATOR WEBSITE.—The Secretary shall publicly disclose on the College Navigator website—

(A) the identity of any proprietary institution of higher education that fails to meet a requirement of **[**subsection (a)(24)**]** *paragraph (3)*; and

(B) the extent to which the institution failed to meet such requirement.

[(4)] *(6)* REPORT TO CONGRESS.—Not later than July 1, 2009, and July 1 of each succeeding year, the Secretary shall submit to the authorizing committees a report that contains, for each proprietary institution of higher education that receives assistance under this title, as provided in the audited financial statements submitted to the Secretary by each institution pursuant to the requirements of [subsection (a)(24)] *paragraph (3)*—

(A) the amount and percentage of such institution's revenues received from [sources under this title] *Federal education assistance funds*; and

(B) the amount and percentage of such institution's revenues received from other sources.

(c) POSTSECONDARY VOCATIONAL INSTITUTION.—

(1) PRINCIPAL CRITERIA.—For the purpose of this section, the term "postsecondary vocational institution" means a school that—

(A) provides an eligible program of training to prepare students for gainful employment in a recognized occupation;

(B) meets the requirements of paragraphs (1), (2), (4), and (5) of section 101(a); and

(C) has been in existence for at least 2 years.

(2) ADDITIONAL INSTITUTIONS.—The term "postsecondary vocational institution" also includes an educational institution in any State that, in lieu of the requirement in section 101(a)(1), admits as regular students individuals—

(A) who are beyond the age of compulsory school attendance in the State in which the institution is located; or (B) who will be dually or concurrently enrolled in the institution and a secondary school.

SEC. 103. ADDITIONAL DEFINITIONS.

In this Act:

(1) AUTHORIZING COMMITTEES.—The term "authorizing committees" means the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Education and Labor of the House of Representatives.

(2) COMBINATION OF INSTITUTIONS OF HIGHER EDUCATION.—The term "combination of institutions of higher education" means a group of institutions of higher education that have entered into a cooperative arrangement for the purpose of carrying out a common objective, or a public or private nonprofit agency, organization, or institution designated or created by a group of institutions of higher education for the purpose of carrying out a common objective on the group's behalf.

(3) CRITICAL FOREIGN LANGUAGE.—Except as otherwise provided, the term "critical foreign language" means each of the languages contained in the list of critical languages designated by the Secretary in the Federal Register on August 2, 1985 (50 Fed. Reg. 31412; promulgated under the authority of section 212(d) of the Education for Economic Security Act (repealed by section 2303 of the Augustus F. Hawkins-Robert T. Stafford Elementary and Secondary School Improvement Amendments of 1988)), as updated by the Secretary from time to time and published in the Federal Register, except that in the implementation of this definition with respect to a specific title, the Sec-

retary may set priorities according to the purposes of such title and the national security, economic competitiveness, and educational needs of the United States.

(4) DEPARTMENT.—The term "Department" means the Department of Education.

(5) DIPLOMA MILL.—The term "diploma mill" means an entity that—

(A)(i) offers, for a fee, degrees, diplomas, or certificates, that may be used to represent to the general public that the individual possessing such a degree, diploma, or certificate has completed a program of postsecondary education or training; and

(ii) requires such individual to complete little or no education or coursework to obtain such degree, diploma, or certificate; and

(B) lacks accreditation by an accrediting agency or association that is recognized as an accrediting agency or association of institutions of higher education (as such term is defined in section 102) by—

(i) the Secretary pursuant to subpart 2 of part H of title IV; or

(ii) a Federal agency, State government, or other organization or association that recognizes accrediting agencies or associations.

(6) DISABILITY.—The term "disability" has the same meaning given that term under section 3(2) of the Americans With Disabilities Act of 1990.

(7) DISTANCE EDUCATION.—

(A) IN GENERAL.—Except as otherwise provided, the term"distance education"means education that uses one or more of the technologies described in subparagraph (B)—

(i) to deliver instruction to students who are separated from the instructor; and

(ii) to support regular and substantive interaction between the students and the instructor, synchronously or asynchronously.

(B) INCLUSIONS.—For the purposes of subparagraph (A), the technologies used may include—

(i) the Internet;

(ii) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;

(iii) audio conferencing; or

(iv) video cassettes, DVDs, and CD–ROMs, if the cassettes, DVDs, or CD–ROMs are used in a course in conjunction with any of the technologies listed in clauses (i) through (iii).

(8) EARLY CHILDHOOD EDUCATION PROGRAM.—The term "early childhood education program" means—

(A) a Head Start program or an Early Head Start program carried out under the Head Start Act (42 U.S.C. 9831 et seq.), including a migrant or seasonal Head Start program, an Indian Head Start program, or a Head Start

program or an Early Head Start program that also receives State funding;

(B) a State licensed or regulated child care program; or

(C) a program that—

(i) serves children from birth through age six that addresses the children's cognitive (including language, early literacy, and early mathematics), social, emotional, and physical development; and

(ii) is—

(I) a State prekindergarten program;

(II) a program authorized under section 619 or part C of the Individuals with Disabilities Education Act; or

(III) a program operated by a local educational agency.

(9) ELEMENTARY SCHOOL.—The term "elementary school" has the same meaning given that term under section 8101 of the Elementary and Secondary Education Act of 1965.

(10) GIFTED AND TALENTED.—The term "gifted and talented" has the same meaning given that term under section 8101 of the Elementary and Secondary Education Act of 1965.

(11) LOCAL EDUCATIONAL AGENCY.—The term "local educational agency" has the same meaning given that term under section 8101 of the Elementary and Secondary Education Act of 1965.

(12) NEW BORROWER.—The term "new borrower" when used with respect to any date means an individual who on that date has no outstanding balance of principal or interest owing on any loan made, insured, or guaranteed under title IV.

(13) NONPROFIT.—The term "nonprofit" as applied to a school, agency, organization, or institution means a school, agency, organization, or institution owned and operated by one or more nonprofit corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

(14) POVERTY LINE.—The term "poverty line" means the poverty line (as defined in section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)) applicable to a family of the size involved.

(15) SCHOOL OR DEPARTMENT OF DIVINITY.—The term "school or department of divinity" means an institution, or a department or a branch of an institution, the program of instruction of which is designed for the education of students—

(A) to prepare the students to become ministers of religion or to enter upon some other religious vocation (or to provide continuing training for any such vocation); or

(B) to prepare the students to teach theological subjects.

(16) SECONDARY SCHOOL.—The term "secondary school" has the same meaning given that term under section 8101 of the Elementary and Secondary Education Act of 1965.

(17) SECRETARY.—The term "Secretary" means the Secretary of Education.

(18) SERVICE-LEARNING.—The term "service-learning" has the same meaning given that term under section 101(23) of the National and Community Service Act of 1990.

(19) SPECIAL EDUCATION TEACHER.—The term "special education teacher" means teachers who teach children with disabilities as defined in section 602 of the Individuals with Disabilities Education Act.

(20) STATE; FREELY ASSOCIATED STATES.—

(A) STATE.—The term "State" includes, in addition to the several States of the United States, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the United States Virgin Islands, the Commonwealth of the Northern Mariana Islands, and the Freely Associated States.

(B) FREELY ASSOCIATED STATES.—The term "Freely Associated States" means the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau.

(21) STATE EDUCATIONAL AGENCY.—The term "State educational agency" has the same meaning given that term under section 8101 of the Elementary and Secondary Education Act of 1965.

(22) STATE HIGHER EDUCATION AGENCY.—The term "State higher education agency" means the officer or agency primarily responsible for the State supervision of higher education.

(23) UNIVERSAL DESIGN.—The term"universal design"has the meaning given the term in section 3 of the Assistive Technology Act of 1998 (29 U.S.C. 3002).

(24) UNIVERSAL DESIGN FOR LEARNING.—The term "universal design for learning" means a scientifically valid framework for guiding educational practice that—

(A) provides flexibility in the ways information is presented, in the ways students respond or demonstrate knowledge and skills, and in the ways students are engaged; and

(B) reduces barriers in instruction, provides appropriate accommodations, supports, and challenges, and maintains high achievement expectations for all students, including students with disabilities and students who are limited English proficient.

(25) FEDERAL EDUCATION ASSISTANCE FUNDS.— The term "Federal education assistance funds"—

(A) except as provided in subparagraph (B), means any Federal funds provided, under this Act or any other Federal law, through a grant, contract, subsidy, loan, or guarantee, or through insurance or other means (including Federal funds disbursed or delivered to an institution or on behalf of a student or to a student to be used to attend the institution); and

(B) does not include any monthly housing stipend provided under the Post-9/11 Educational Assistance Program under chapter 33 of title 38, United States Code.

PART B—ADDITIONAL GENERAL PROVISIONS

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SEC. 114. NATIONAL ADVISORY COMMITTEE ON INSTITUTIONAL QUALITY AND INTEGRITY.

(a) ESTABLISHMENT.—There is established in the Department a National Advisory Committee on Institutional Quality and Integrity (in this section referred to as the "Committee") to assess the process of accreditation and the institutional eligibility and certification of institutions of higher education (as defined in section 102) under title IV.

(b) MEMBERSHIP.—

(1) IN GENERAL.—The Committee shall have 18 members, of which—

(A) six members shall be appointed by the Secretary;

(B) six members shall be appointed by the Speaker of the House of Representatives, three of whom shall be appointed on the recommendation of the majority leader of the House of Representatives, and three of whom shall be appointed on the recommendation of the minority leader of the House of Representatives; and

(C) six members shall be appointed by the President pro tempore of the Senate, three of whom shall be appointed on the recommendation of the majority leader of the Senate, and three of whom shall be appointed on the recommendation of the minority leader of the Senate.

(2) QUALIFICATIONS.—Individuals shall be appointed as members of the Committee—

(A) on the basis of the individuals' experience, integrity, impartiality, and good judgment;

(B) from among individuals who are representatives of, or knowledgeable concerning, education and training beyond secondary education, representing all sectors and types of institutions of higher education (as defined in section 102); and

(C) on the basis of the individuals' technical qualifications, professional standing, and demonstrated knowledge in the fields of accreditation and administration in higher education.

(3) TERMS OF MEMBERS.—Except as provided in paragraph (5), the term of office of each member of the Committee shall be for six years, except that any member appointed to fill a vacancy occurring prior to the expiration of the term for which the member's predecessor was appointed shall be appointed for the remainder of such term.

(4) VACANCY.—A vacancy on the Committee shall be filled in the same manner as the original appointment was made not later than 90 days after the vacancy occurs. If a vacancy occurs in a position to be filled by the Secretary, the Secretary shall publish a Federal Register notice soliciting nominations for the position not later than 30 days after being notified of the vacancy.

(5) INITIAL TERMS.—The terms of office for the initial members of the Committee shall be—

(A) three years for members appointed under paragraph (1)(A);

(B) four years for members appointed under paragraph (1)(B); and

(C) six years for members appointed under paragraph (1)(C).

(6) CHAIRPERSON.—The members of the Committee shall select a chairperson from among the members.

(c) FUNCTIONS.—The Committee shall—

(1) advise the Secretary with respect to establishment and enforcement of the standards of accrediting agencies or associations under subpart 2 of part H of title IV;

(2) advise the Secretary with respect to the recognition of a specific accrediting agency or association;

(3) advise the Secretary with respect to the preparation and publication of the list of nationally recognized accrediting agencies and associations;

(4) advise the Secretary with respect to the eligibility and certification process for institutions of higher education under title IV, together with recommendations for improvements in such process;

(5) advise the Secretary with respect to the relationship between—

(A) accreditation of institutions of higher education and the certification and eligibility of such institutions; and

(B) State licensing responsibilities with respect to such institutions; and

(6) carry out such other advisory functions relating to accreditation and institutional eligibility as the Secretary may prescribe by regulation.

(d) MEETING PROCEDURES.—

(1) SCHEDULE.—

(A) BIANNUAL MEETINGS.—The Committee shall meet not less often than twice each year, at the call of the Chairperson.

(B) PUBLICATION OF DATE.—The Committee shall submit the date and location of each meeting in advance to the Secretary, and the Secretary shall publish such information in the Federal Register not later than 30 days before the meeting.

(2) AGENDA.—

(A) ESTABLISHMENT.—The agenda for a meeting of the Committee shall be established by the Chairperson and shall be submitted to the members of the Committee upon notification of the meeting.

(B) OPPORTUNITY FOR PUBLIC COMMENT.—The agenda shall include, at a minimum, opportunity for public comment during the Committee's deliberations.

(3) SECRETARY'S DESIGNEE.—The Secretary shall designate an employee of the Department to serve as the Secretary's designee to the Committee, and the Chairperson shall invite the Secretary's designee to attend all meetings of the Committee.

(4) FEDERAL ADVISORY COMMITTEE ACT.—The Federal Advisory Committee Act (5 U.S.C. App.) shall apply to the Committee, except that section 14 of such Act shall not apply.

(e) REPORT AND NOTICE.—

(1) NOTICE.—The Secretary shall annually publish in the Federal Register—

(A) a list containing, for each member of the Committee—

(i) the member's name;

(ii) the date of the expiration of the member's term of office; and

(iii) the name of the individual described in subsection (b)(1) who appointed the member; and

(B) a solicitation of nominations for each expiring term of office on the Committee of a member appointed by the Secretary.

(2) REPORT.—Not later than the last day of each fiscal year, the Committee shall make available an annual report to the Secretary, the authorizing committees, and the public. The annual report shall contain—

(A) a detailed summary of the agenda and activities of, and the findings and recommendations made by, the Committee during the fiscal year preceding the fiscal year in which the report is made;

(B) a list of the date and location of each meeting during the fiscal year preceding the fiscal year in which the report is made;

(C) a list of the members of the Committee; and

(D) a list of the functions of the Committee, including any additional functions established by the Secretary through regulation.

(f) TERMINATION.—The Committee shall terminate on September 30, [2020] *2021*.

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TITLE IV—STUDENT ASSISTANCE

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PART D—WILLIAM D. FORD FEDERAL DIRECT LOAN PROGRAM

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SEC. 458. FUNDS FOR ADMINISTRATIVE EXPENSES.

(a) ADMINISTRATIVE EXPENSES.—

(1) MANDATORY FUNDS FOR FISCAL YEAR 2006.—For fiscal year 2006, there shall be available to the Secretary, from funds not otherwise appropriated, funds to be obligated for—

(A) administrative costs under this part and part B, including the costs of the direct student loan programs under this part; and

(B) account maintenance fees payable to guaranty agencies under part B and calculated in accordance with subsections (b) and (c),

not to exceed (from such funds not otherwise appropriated) $820,000,000 in fiscal year 2006.

(2)

(3) AUTHORIZATION FOR ADMINISTRATIVE COSTS BEGINNING IN FISCAL YEARS 2007 THROUGH 2014.—For each of the fiscal years 2007 through 2014, there are authorized to be appropriated

such sums as may be necessary for administrative costs under this part and part B, including the costs of the direct student loan programs under this part.

(4) CONTINUING MANDATORY FUNDS FOR ACCOUNT MAINTENANCE FEES.—For each of the fiscal years 2007 through [2020] *2021*, there shall be available to the Secretary, from funds not otherwise appropriated, funds to be obligated for account maintenance fees payable to guaranty agencies under part B and calculated in accordance with subsection (b).

(5) ACCOUNT MAINTENANCE FEES.—Account maintenance fees under paragraph (3) shall be paid quarterly and deposited in the Agency Operating Fund established under section 422B.

(6) TECHNICAL ASSISTANCE TO INSTITUTIONS OF HIGHER EDUCATION.—

(A) PROVISION OF ASSISTANCE.—The Secretary shall provide institutions of higher education participating, or seeking to participate, in the loan programs under this part with technical assistance in establishing and administering such programs.

(B) FUNDS.—There are authorized to be appropriated, and there are appropriated, to carry out this paragraph (in addition to any other amounts appropriated to carry out this paragraph and out of any money in the Treasury not otherwise appropriated), $50,000,000 for fiscal year 2010.

(C) DEFINITION.—In this paragraph, the term "assistance" means the provision of technical support, training, materials, technical assistance, and financial assistance.

(7) ADDITIONAL PAYMENTS.—

(A) PROVISION OF ASSISTANCE.—The Secretary shall provide payments to loan servicers for retaining jobs at locations in the United States where such servicers were operating under part B on January 1, 2010.

(B) FUNDS.—There are authorized to be appropriated, and there are appropriated, to carry out this paragraph (in addition to any other amounts appropriated to carry out this paragraph and out of any money in the Treasury not otherwise appropriated), $25,000,000 for each of the fiscal years 2010 and 2011.

(8) CARRYOVER.—The Secretary may carry over funds made available under this section to a subsequent fiscal year.

(b) CALCULATION BASIS.—Account maintenance fees payable to guaranty agencies under subsection (a)(4) shall be calculated on the basis of 0.06 percent of the original principal amount of outstanding loans on which insurance was issued under part B.

(c) BUDGET JUSTIFICATION.—No funds may be expended under this section unless the Secretary includes in the Department of Education's annual budget justification to Congress a detailed description of the specific activities for which the funds made available by this section have been used in the prior and current years (if applicable), the activities and costs planned for the budget year, and the projection of activities and costs for each remaining year for which administrative expenses under this section are made available.

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PART G—GENERAL PROVISIONS RELATING TO STUDENT ASSISTANCE PROGRAMS

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SEC. 487. PROGRAM PARTICIPATION AGREEMENTS.

(a) REQUIRED FOR PROGRAMS OF ASSISTANCE; CONTENTS.—In order to be an eligible institution for the purposes of any program authorized under this title, an institution must be an institution of higher education or an eligible institution (as that term is defined for the purpose of that program) and shall, except with respect to a program under subpart 4 of part A, enter into a program participation agreement with the Secretary. The agreement shall condition the initial and continuing eligibility of an institution to participate in a program upon compliance with the following requirements:

(1) The institution will use funds received by it for any program under this title and any interest or other earnings thereon solely for the purpose specified in and in accordance with the provision of that program.

(2) The institution shall not charge any student a fee for processing or handling any application, form, or data required to determine the student's eligibility for assistance under this title or the amount of such assistance.

(3) The institution will establish and maintain such administrative and fiscal procedures and records as may be necessary to ensure proper and efficient administration of funds received from the Secretary or from students under this title, together with assurances that the institution will provide, upon request and in a timely fashion, information relating to the administrative capability and financial responsibility of the institution to—

(A) the Secretary;

(B) the appropriate guaranty agency; and

(C) the appropriate accrediting agency or association.

(4) The institution will comply with the provisions of subsection (c) of this section and the regulations prescribed under that subsection, relating to fiscal eligibility.

(5) The institution will submit reports to the Secretary and, in the case of an institution participating in a program under part B or part E, to holders of loans made to the institution's students under such parts at such times and containing such information as the Secretary may reasonably require to carry out the purpose of this title.

(6) The institution will not provide any student with any statement or certification to any lender under part B that qualifies the student for a loan or loans in excess of the amount that student is eligible to borrow in accordance with sections 425(a), 428(a)(2), and 428(b)(1) (A) and (B).

(7) The institution will comply with the requirements of section 485.

(8) In the case of an institution that advertises job placement rates as a means of attracting students to enroll in the institution, the institution will make available to prospective students, at or before the time of application (A) the most recent available data concerning employment statistics, graduation

statistics, and any other information necessary to substantiate the truthfulness of the advertisements, and (B) relevant State licensing requirements of the State in which such institution is located for any job for which the course of instruction is designed to prepare such prospective students.

(9) In the case of an institution participating in a program under part B or D, the institution will inform all eligible borrowers enrolled in the institution about the availability and eligibility of such borrowers for State grant assistance from the State in which the institution is located, and will inform such borrowers from another State of the source for further information concerning such assistance from that State.

(10) The institution certifies that it has in operation a drug abuse prevention program that is determined by the institution to be accessible to any officer, employee, or student at the institution.

(11) In the case of any institution whose students receive financial assistance pursuant to section 484(d), the institution will make available to such students a program proven successful in assisting students in obtaining a certificate of high school equivalency.

(12) The institution certifies that—

(A) the institution has established a campus security policy; and

(B) the institution has complied with the disclosure requirements of section 485(f).

(13) The institution will not deny any form of Federal financial aid to any student who meets the eligibility requirements of this title on the grounds that the student is participating in a program of study abroad approved for credit by the institution.

(14)(A) The institution, in order to participate as an eligible institution under part B or D, will develop a Default Management Plan for approval by the Secretary as part of its initial application for certification as an eligible institution and will implement such Plan for two years thereafter.

(B) Any institution of higher education which changes ownership and any eligible institution which changes its status as a parent or subordinate institution shall, in order to participate as an eligible institution under part B or D, develop a Default Management Plan for approval by the Secretary and implement such Plan for two years after its change of ownership or status.

(C) This paragraph shall not apply in the case of an institution in which (i) neither the parent nor the subordinate institution has a cohort default rate in excess of 10 percent, and (ii) the new owner of such parent or subordinate institution does not, and has not, owned any other institution with a cohort default rate in excess of 10 percent.

(15) The institution acknowledges the authority of the Secretary, guaranty agencies, lenders, accrediting agencies, the Secretary of Veterans Affairs, and the State agencies under subpart 1 of part H to share with each other any information pertaining to the institution's eligibility to participate in programs under this title or any information on fraud and abuse.

(16)(A) The institution will not knowingly employ an individual in a capacity that involves the administration of programs under this title, or the receipt of program funds under this title, who has been convicted of, or has pled nolo contendere or guilty to, a crime involving the acquisition, use, or expenditure of funds under this title, or has been judicially determined to have committed fraud involving funds under this title or contract with an institution or third party servicer that has been terminated under section 432 involving the acquisition, use, or expenditure of funds under this title, or who has been judicially determined to have committed fraud involving funds under this title.

(B) The institution will not knowingly contract with or employ any individual, agency, or organization that has been, or whose officers or employees have been—

(i) convicted of, or pled nolo contendere or guilty to, a crime involving the acquisition, use, or expenditure of funds under this title; or

(ii) judicially determined to have committed fraud involving funds under this title.

(17) The institution will complete surveys conducted as a part of the Integrated Postsecondary Education Data System (IPEDS) or any other Federal postsecondary institution data collection effort, as designated by the Secretary, in a timely manner and to the satisfaction of the Secretary.

(18) The institution will meet the requirements established pursuant to section 485(g).

(19) The institution will not impose any penalty, including the assessment of late fees, the denial of access to classes, libraries, or other institutional facilities, or the requirement that the student borrow additional funds, on any student because of the student's inability to meet his or her financial obligations to the institution as a result of the delayed disbursement of the proceeds of a loan made under this title due to compliance with the provisions of this title, or delays attributable to the institution.

(20) The institution will not provide any commission, bonus, or other incentive payment based directly or indirectly on success in securing enrollments or financial aid to any persons or entities engaged in any student recruiting or admission activities or in making decisions regarding the award of student financial assistance, except that this paragraph shall not apply to the recruitment of foreign students residing in foreign countries who are not eligible to receive Federal student assistance.

(21) The institution will meet the requirements established by the Secretary and accrediting agencies or associations, and will provide evidence to the Secretary that the institution has the authority to operate within a State.

(22) The institution will comply with the refund policy established pursuant to section 484B.

(23)(A) The institution, if located in a State to which section 4(b) of the National Voter Registration Act of 1993 (42 U.S.C. 1973gg–2(b)) does not apply, will make a good faith effort to distribute a mail voter registration form, requested and received from the State, to each student enrolled in a degree or

certificate program and physically in attendance at the institution, and to make such forms widely available to students at the institution.

(B) The institution shall request the forms from the State 120 days prior to the deadline for registering to vote within the State. If an institution has not received a sufficient quantity of forms to fulfill this section from the State within 60 days prior to the deadline for registering to vote in the State, the institution shall not be held liable for not meeting the requirements of this section during that election year.

(C) This paragraph shall apply to general and special elections for Federal office, as defined in section 301(3) of the Federal Election Campaign Act of 1971 (2 U.S.C. 431(3)), and to the elections for Governor or other chief executive within such State).

(D) The institution shall be considered in compliance with the requirements of subparagraph (A) for each student to whom the institution electronically transmits a message containing a voter registration form acceptable for use in the State in which the institution is located, or an Internet address where such a form can be downloaded, if such information is in an electronic message devoted exclusively to voter registration.

[(24) In the case of a proprietary institution of higher education (as defined in section 102(b)), such institution will derive not less than ten percent of such institution's revenues from sources other than funds provided under this title, as calculated in accordance with subsection (d)(1), or will be subject to the sanctions described in subsection (d)(2).]

(25) In the case of an institution that participates in a loan program under this title, the institution will—

(A) develop a code of conduct with respect to such loans with which the institution's officers, employees, and agents shall comply, that—

(i) prohibits a conflict of interest with the responsibilities of an officer, employee, or agent of an institution with respect to such loans; and

(ii) at a minimum, includes the provisions described in subsection (e);

(B) publish such code of conduct prominently on the institution's website; and

(C) administer and enforce such code by, at a minimum, requiring that all of the institution's officers, employees, and agents with responsibilities with respect to such loans be annually informed of the provisions of the code of conduct.

(26) The institution will, upon written request, disclose to the alleged victim of any crime of violence (as that term is defined in section 16 of title 18, United States Code), or a nonforcible sex offense, the report on the results of any disciplinary proceeding conducted by such institution against a student who is the alleged perpetrator of such crime or offense with respect to such crime or offense. If the alleged victim of such crime or offense is deceased as a result of such crime or

offense, the next of kin of such victim shall be treated as the alleged victim for purposes of this paragraph.

(27) In the case of an institution that has entered into a preferred lender arrangement, the institution will at least annually compile, maintain, and make available for students attending the institution, and the families of such students, a list, in print or other medium, of the specific lenders for loans made, insured, or guaranteed under this title or private education loans that the institution recommends, promotes, or endorses in accordance with such preferred lender arrangement. In making such list, the institution shall comply with the requirements of subsection (h).

(28)(A) The institution will, upon the request of an applicant for a private education loan, provide to the applicant the form required under section 128(e)(3) of the Truth in Lending Act (15 U.S.C. 1638(e)(3)), and the information required to complete such form, to the extent the institution possesses such information.

(B) For purposes of this paragraph, the term "private education loan" has the meaning given such term in section 140 of the Truth in Lending Act.

(29) The institution certifies that the institution—

(A) has developed plans to effectively combat the unauthorized distribution of copyrighted material, including through the use of a variety of technology-based deterrents; and

(B) will, to the extent practicable, offer alternatives to illegal downloading or peer-to-peer distribution of intellectual property, as determined by the institution in consultation with the chief technology officer or other designated officer of the institution.

(b) HEARINGS.—(1) An institution that has received written notice of a final audit or program review determination and that desires to have such determination reviewed by the Secretary shall submit to the Secretary a written request for review not later than 45 days after receipt of notification of the final audit or program review determination.

(2) The Secretary shall, upon receipt of written notice under paragraph (1), arrange for a hearing and notify the institution within 30 days of receipt of such notice the date, time, and place of such hearing. Such hearing shall take place not later than 120 days from the date upon which the Secretary notifies the institution.

(c) AUDITS; FINANCIAL RESPONSIBILITY; ENFORCEMENT OF STANDARDS.—(1) Notwithstanding any other provisions of this title, the Secretary shall prescribe such regulations as may be necessary to provide for—

(A)(i) except as provided in clauses (ii) and (iii), a financial audit of an eligible institution with regard to the financial condition of the institution in its entirety, and a compliance audit of such institution with regard to any funds obtained by it under this title or obtained from a student or a parent who has a loan insured or guaranteed by the Secretary under this title, on at least an annual basis and covering the period since the most recent audit, conducted by a qualified, independent orga-

nization or person in accordance with standards established by the Comptroller General for the audit of governmental organizations, programs, and functions, and as prescribed in regulations of the Secretary, the results of which shall be submitted to the Secretary and shall be available to cognizant guaranty agencies, eligible lenders, State agencies, and the appropriate State agency notifying the Secretary under subpart 1 of part H, except that the Secretary may modify the requirements of this clause with respect to institutions of higher education that are foreign institutions, and may waive such requirements with respect to a foreign institution whose students receive less than $500,000 in loans under this title during the award year preceding the audit period;

(ii) with regard to an eligible institution which is audited under chapter 75 of title 31, United States Code, deeming such audit to satisfy the requirements of clause (i) for the period covered by such audit; or

(iii) at the discretion of the Secretary, with regard to an eligible institution (other than an eligible institution described in section 102(a)(1)(C)) that has obtained less than $200,000 in funds under this title during each of the 2 award years that precede the audit period and submits a letter of credit payable to the Secretary equal to not less than ½ of the annual potential liabilities of such institution as determined by the Secretary, deeming an audit conducted every 3 years to satisfy the requirements of clause (i), except for the award year immediately preceding renewal of the institution's eligibility under section 498(g);

(B) in matters not governed by specific program provisions, the establishment of reasonable standards of financial responsibility and appropriate institutional capability for the administration by an eligible institution of a program of student financial aid under this title, including any matter the Secretary deems necessary to the sound administration of the financial aid programs, such as the pertinent actions of any owner, shareholder, or person exercising control over an eligible institution;

(C)(i) except as provided in clause (ii), a compliance audit of a third party servicer (other than with respect to the servicer's functions as a lender if such functions are otherwise audited under this part and such audits meet the requirements of this clause), with regard to any contract with an eligible institution, guaranty agency, or lender for administering or servicing any aspect of the student assistance programs under this title, at least once every year and covering the period since the most recent audit, conducted by a qualified, independent organization or person in accordance with standards established by the Comptroller General for the audit of governmental organizations, programs, and functions, and as prescribed in regulations of the Secretary, the results of which shall be submitted to the Secretary; or

(ii) with regard to a third party servicer that is audited under chapter 75 of title 31, United States Code, such audit shall be deemed to satisfy the requirements of clause (i) for the period covered by such audit;

(D)(i) a compliance audit of a secondary market with regard to its transactions involving, and its servicing and collection of, loans made under this title, at least once a year and covering the period since the most recent audit, conducted by a qualified, independent organization or person in accordance with standards established by the Comptroller General for the audit of governmental organizations, programs, and functions, and as prescribed in regulations of the Secretary, the results of which shall be submitted to the Secretary; or

(ii) with regard to a secondary market that is audited under chapter 75 of title 31, United States Code, such audit shall be deemed to satisfy the requirements of clause (i) for the period covered by the audit;

(E) the establishment, by each eligible institution under part B responsible for furnishing to the lender the statement required by section 428(a)(2)(A)(i), of policies and procedures by which the latest known address and enrollment status of any student who has had a loan insured under this part and who has either formally terminated his enrollment, or failed to re-enroll on at least a half-time basis, at such institution, shall be furnished either to the holder (or if unknown, the insurer) of the note, not later than 60 days after such termination or failure to re-enroll;

(F) the limitation, suspension, or termination of the participation in any program under this title of an eligible institution, or the imposition of a civil penalty under paragraph (3)(B) whenever the Secretary has determined, after reasonable notice and opportunity for hearing, that such institution has violated or failed to carry out any provision of this title, any regulation prescribed under this title, or any applicable special arrangement, agreement, or limitation, except that no period of suspension under this section shall exceed 60 days unless the institution and the Secretary agree to an extension or unless limitation or termination proceedings are initiated by the Secretary within that period of time;

(G) an emergency action against an institution, under which the Secretary shall, effective on the date on which a notice and statement of the basis of the action is mailed to the institution (by registered mail, return receipt requested), withhold funds from the institution or its students and withdraw the institution's authority to obligate funds under any program under this title, if the Secretary—

(i) receives information, determined by the Secretary to be reliable, that the institution is violating any provision of this title, any regulation prescribed under this title, or any applicable special arrangement, agreement, or limitation,

(ii) determines that immediate action is necessary to prevent misuse of Federal funds, and

(iii) determines that the likelihood of loss outweighs the importance of the procedures prescribed under subparagraph (D) for limitation, suspension, or termination,

except that an emergency action shall not exceed 30 days unless limitation, suspension, or termination proceedings are initiated by the Secretary against the institution within that pe-

riod of time, and except that the Secretary shall provide the institution an opportunity to show cause, if it so requests, that the emergency action is unwarranted;

(H) the limitation, suspension, or termination of the eligibility of a third party servicer to contract with any institution to administer any aspect of an institution's student assistance program under this title, or the imposition of a civil penalty under paragraph (3)(B), whenever the Secretary has determined, after reasonable notice and opportunity for a hearing, that such organization, acting on behalf of an institution, has violated or failed to carry out any provision of this title, any regulation prescribed under this title, or any applicable special arrangement, agreement, or limitation, except that no period of suspension under this subparagraph shall exceed 60 days unless the organization and the Secretary agree to an extension, or unless limitation or termination proceedings are initiated by the Secretary against the individual or organization within that period of time; and

(I) an emergency action against a third party servicer that has contracted with an institution to administer any aspect of the institution's student assistance program under this title, under which the Secretary shall, effective on the date on which a notice and statement of the basis of the action is mailed to such individual or organization (by registered mail, return receipt requested), withhold funds from the individual or organization and withdraw the individual or organization's authority to act on behalf of an institution under any program under this title, if the Secretary—

(i) receives information, determined by the Secretary to be reliable, that the individual or organization, acting on behalf of an institution, is violating any provision of this title, any regulation prescribed under this title, or any applicable special arrangement, agreement, or limitation,

(ii) determines that immediate action is necessary to prevent misuse of Federal funds, and

(iii) determines that the likelihood of loss outweighs the importance of the procedures prescribed under subparagraph (F), for limitation, suspension, or termination,

except that an emergency action shall not exceed 30 days unless the limitation, suspension, or termination proceedings are initiated by the Secretary against the individual or organization within that period of time, and except that the Secretary shall provide the individual or organization an opportunity to show cause, if it so requests, that the emergency action is unwarranted.

(2) If an individual who, or entity that, exercises substantial control, as determined by the Secretary in accordance with the definition of substantial control in subpart 3 of part H, over one or more institutions participating in any program under this title, or, for purposes of paragraphs (1) (H) and (I), over one or more organizations that contract with an institution to administer any aspect of the institution's student assistance program under this title, is determined to have committed one or more violations of the requirements of any program under this title, or has been suspended or debarred in accordance with the regulations of the Secretary, the

Secretary may use such determination, suspension, or debarment as the basis for imposing an emergency action on, or limiting, suspending, or terminating, in a single proceeding, the participation of any or all institutions under the substantial control of that individual or entity.

(3)(A) Upon determination, after reasonable notice and opportunity for a hearing, that an eligible institution has engaged in substantial misrepresentation of the nature of its educational program, its financial charges, or the employability of its graduates, the Secretary may suspend or terminate the eligibility status for any or all programs under this title of any otherwise eligible institution, in accordance with procedures specified in paragraph (1)(D) of this subsection, until the Secretary finds that such practices have been corrected.

(B)(i) Upon determination, after reasonable notice and opportunity for a hearing, that an eligible institution—

(I) has violated or failed to carry out any provision of this title or any regulation prescribed under this title; or

(II) has engaged in substantial misrepresentation of the nature of its educational program, its financial charges, and the employability of its graduates,

the Secretary may impose a civil penalty upon such institution of not to exceed $25,000 for each violation or misrepresentation.

(ii) Any civil penalty may be compromised by the Secretary. In determining the amount of such penalty, or the amount agreed upon in compromise, the appropriateness of the penalty to the size of the institution of higher education subject to the determination, and the gravity of the violation, failure, or misrepresentation shall be considered. The amount of such penalty, when finally determined, or the amount agreed upon in compromise, may be deducted from any sums owing by the United States to the institution charged.

(4) The Secretary shall publish a list of State agencies which the Secretary determines to be reliable authority as to the quality of public postsecondary vocational education in their respective States for the purpose of determining eligibility for all Federal student assistance programs.

(5) The Secretary shall make readily available to appropriate guaranty agencies, eligible lenders, State agencies notifying the Secretary under subpart 1 of part H, and accrediting agencies or associations the results of the audits of eligible institutions conducted pursuant to paragraph (1)(A).

(6) The Secretary is authorized to provide any information collected as a result of audits conducted under this section, together with audit information collected by guaranty agencies, to any Federal or State agency having responsibilities with respect to student financial assistance, including those referred to in subsection (a)(15) of this section.

(7) Effective with respect to any audit conducted under this subsection after December 31, 1988, if, in the course of conducting any such audit, the personnel of the Department of Education discover, or are informed of, grants or other assistance provided by an institution in accordance with this title for which the institution has not received funds appropriated under this title (in the amount necessary to provide such assistance), including funds for which reim-

bursement was not requested prior to such discovery or information, such institution shall be permitted to offset that amount against any sums determined to be owed by the institution pursuant to such audit, or to receive reimbursement for that amount (if the institution does not owe any such sums).

[(d) IMPLEMENTATION OF NON-TITLE IV REVENUE REQUIREMENT.—

[(2) SANCTIONS.—

[(A) INELIGIBILITY.—A proprietary institution of higher education that fails to meet a requirement of subsection (a)(24) for two consecutive institutional fiscal years shall be ineligible to participate in the programs authorized by this title for a period of not less than two institutional fiscal years. To regain eligibility to participate in the programs authorized by this title, a proprietary institution of higher education shall demonstrate compliance with all eligibility and certification requirements under section 498 for a minimum of two institutional fiscal years after the institutional fiscal year in which the institution became ineligible.

[(B) ADDITIONAL ENFORCEMENT.—In addition to such other means of enforcing the requirements of this title as may be available to the Secretary, if a proprietary institution of higher education fails to meet a requirement of subsection (a)(24) for any institutional fiscal year, then the institution's eligibility to participate in the programs authorized by this title becomes provisional for the two institutional fiscal years after the institutional fiscal year in which the institution failed to meet the requirement of subsection (a)(24), except that such provisional eligibility shall terminate—

[(i) on the expiration date of the institution's program participation agreement under this subsection that is in effect on the date the Secretary determines that the institution failed to meet the requirement of subsection (a)(24); or

[(ii) in the case that the Secretary determines that the institution failed to meet a requirement of subsection (a)(24) for two consecutive institutional fiscal years, on the date the institution is determined ineligible in accordance with subparagraph (A).]

(e) CODE OF CONDUCT REQUIREMENTS.—An institution of higher education's code of conduct, as required under subsection (a)(25), shall include the following requirements:

(1) BAN ON REVENUE-SHARING ARRANGEMENTS.—

(A) PROHIBITION.—The institution shall not enter into any revenue-sharing arrangement with any lender.

(B) DEFINITION.—For purposes of this paragraph, the term "revenue-sharing arrangement" means an arrangement between an institution and a lender under which—

(i) a lender provides or issues a loan that is made, insured, or guaranteed under this title to students attending the institution or to the families of such students; and

(ii) the institution recommends the lender or the loan products of the lender and in exchange, the lender pays a fee or provides other material benefits, including revenue or profit sharing, to the institution, an officer or employee of the institution, or an agent.

(2) GIFT BAN.—

(A) PROHIBITION.—No officer or employee of the institution who is employed in the financial aid office of the institution or who otherwise has responsibilities with respect to education loans, or agent who has responsibilities with respect to education loans, shall solicit or accept any gift from a lender, guarantor, or servicer of education loans.

(B) DEFINITION OF GIFT.—

(i) IN GENERAL.—In this paragraph, the term "gift" means any gratuity, favor, discount, entertainment, hospitality, loan, or other item having a monetary value of more than a de minimus amount. The term includes a gift of services, transportation, lodging, or meals, whether provided in kind, by purchase of a ticket, payment in advance, or reimbursement after the expense has been incurred.

(ii) EXCEPTIONS.—The term "gift" shall not include any of the following:

(I) Standard material, activities, or programs on issues related to a loan, default aversion, default prevention, or financial literacy, such as a brochure, a workshop, or training.

(II) Food, refreshments, training, or informational material furnished to an officer or employee of an institution, or to an agent, as an integral part of a training session that is designed to improve the service of a lender, guarantor, or servicer of education loans to the institution, if such training contributes to the professional development of the officer, employee, or agent.

(III) Favorable terms, conditions, and borrower benefits on an education loan provided to a student employed by the institution if such terms, conditions, or benefits are comparable to those provided to all students of the institution.

(IV) Entrance and exit counseling services provided to borrowers to meet the institution's responsibilities for entrance and exit counseling as required by subsections (b) and (l) of section 485, as long as—

(aa) the institution's staff are in control of the counseling, (whether in person or via electronic capabilities); and

(bb) such counseling does not promote the products or services of any specific lender.

(V) Philanthropic contributions to an institution from a lender, servicer, or guarantor of education loans that are unrelated to education loans or any contribution from any lender, guarantor, or

servicer that is not made in exchange for any advantage related to education loans.

(VI) State education grants, scholarships, or financial aid funds administered by or on behalf of a State.

(iii) RULE FOR GIFTS TO FAMILY MEMBERS.—For purposes of this paragraph, a gift to a family member of an officer or employee of an institution, to a family member of an agent, or to any other individual based on that individual's relationship with the officer, employee, or agent, shall be considered a gift to the officer, employee, or agent if—

(I) the gift is given with the knowledge and acquiescence of the officer, employee, or agent; and

(II) the officer, employee, or agent has reason to believe the gift was given because of the official position of the officer, employee, or agent.

(3) CONTRACTING ARRANGEMENTS PROHIBITED.—

(A) PROHIBITION.—An officer or employee who is employed in the financial aid office of the institution or who otherwise has responsibilities with respect to education loans, or an agent who has responsibilities with respect to education loans, shall not accept from any lender or affiliate of any lender any fee, payment, or other financial benefit (including the opportunity to purchase stock) as compensation for any type of consulting arrangement or other contract to provide services to a lender or on behalf of a lender relating to education loans.

(B) EXCEPTIONS.—Nothing in this subsection shall be construed as prohibiting—

(i) an officer or employee of an institution who is not employed in the institution's financial aid office and who does not otherwise have responsibilities with respect to education loans, or an agent who does not have responsibilities with respect to education loans, from performing paid or unpaid service on a board of directors of a lender, guarantor, or servicer of education loans;

(ii) an officer or employee of the institution who is not employed in the institution's financial aid office but who has responsibility with respect to education loans as a result of a position held at the institution, or an agent who has responsibility with respect to education loans, from performing paid or unpaid service on a board of directors of a lender, guarantor, or servicer of education loans, if the institution has a written conflict of interest policy that clearly sets forth that officers, employees, or agents must recuse themselves from participating in any decision of the board regarding education loans at the institution; or

(iii) an officer, employee, or contractor of a lender, guarantor, or servicer of education loans from serving on a board of directors, or serving as a trustee, of an institution, if the institution has a written conflict of interest policy that the board member or trustee must

recuse themselves from any decision regarding education loans at the institution.

(4) INTERACTION WITH BORROWERS.—The institution shall not—

(A) for any first-time borrower, assign, through award packaging or other methods, the borrower's loan to a particular lender; or

(B) refuse to certify, or delay certification of, any loan based on the borrower's selection of a particular lender or guaranty agency.

(5) PROHIBITION ON OFFERS OF FUNDS FOR PRIVATE LOANS.—

(A) PROHIBITION.—The institution shall not request or accept from any lender any offer of funds to be used for private education loans (as defined in section 140 of the Truth in Lending Act), including funds for an opportunity pool loan, to students in exchange for the institution providing concessions or promises regarding providing the lender with—

(i) a specified number of loans made, insured, or guaranteed under this title;

(ii) a specified loan volume of such loans; or

(iii) a preferred lender arrangement for such loans.

(B) DEFINITION OF OPPORTUNITY POOL LOAN.—In this paragraph, the term "opportunity pool loan" means a private education loan made by a lender to a student attending the institution or the family member of such a student that involves a payment, directly or indirectly, by such institution of points, premiums, additional interest, or financial support to such lender for the purpose of such lender extending credit to the student or the family.

(6) BAN ON STAFFING ASSISTANCE.—

(A) PROHIBITION.—The institution shall not request or accept from any lender any assistance with call center staffing or financial aid office staffing.

(B) CERTAIN ASSISTANCE PERMITTED.—Nothing in paragraph (1) shall be construed to prohibit the institution from requesting or accepting assistance from a lender related to—

(i) professional development training for financial aid administrators;

(ii) providing educational counseling materials, financial literacy materials, or debt management materials to borrowers, provided that such materials disclose to borrowers the identification of any lender that assisted in preparing or providing such materials; or

(iii) staffing services on a short-term, nonrecurring basis to assist the institution with financial aid-related functions during emergencies, including State-declared or federally declared natural disasters, federally declared national disasters, and other localized disasters and emergencies identified by the Secretary.

(7) ADVISORY BOARD COMPENSATION.—Any employee who is employed in the financial aid office of the institution, or who otherwise has responsibilities with respect to education loans or other student financial aid of the institution, and who serves

on an advisory board, commission, or group established by a lender, guarantor, or group of lenders or guarantors, shall be prohibited from receiving anything of value from the lender, guarantor, or group of lenders or guarantors, except that the employee may be reimbursed for reasonable expenses incurred in serving on such advisory board, commission, or group.

(f) INSTITUTIONAL REQUIREMENTS FOR TEACH-OUTS.—

(1) IN GENERAL.—In the event the Secretary initiates the limitation, suspension, or termination of the participation of an institution of higher education in any program under this title under the authority of subsection (c)(1)(F) or initiates an emergency action under the authority of subsection (c)(1)(G) and its prescribed regulations, the Secretary shall require that institution to prepare a teach-out plan for submission to the institution's accrediting agency or association in compliance with section 496(c)(3), the Secretary's regulations on teach-out plans, and the standards of the institution's accrediting agency or association.

(2) TEACH-OUT PLAN DEFINED.—In this subsection, the term "teach-out plan" means a written plan that provides for the equitable treatment of students if an institution of higher education ceases to operate before all students have completed their program of study, and may include, if required by the institution's accrediting agency or association, an agreement between institutions for such a teach-out plan.

(g) INSPECTOR GENERAL REPORT ON GIFT BAN VIOLATIONS.—The Inspector General of the Department shall—

(1) submit an annual report to the authorizing committees identifying all violations of an institution's code of conduct that the Inspector General has substantiated during the preceding year relating to the gift ban provisions described in subsection (e)(2); and

(2) make the report available to the public through the Department's website.

(h) PREFERRED LENDER LIST REQUIREMENTS.—

(1) IN GENERAL.—In compiling, maintaining, and making available a preferred lender list as required under subsection (a)(27), the institution will—

(A) clearly and fully disclose on such preferred lender list—

(i) not less than the information required to be disclosed under section 153(a)(2)(A);

(ii) why the institution has entered into a preferred lender arrangement with each lender on the preferred lender list, particularly with respect to terms and conditions or provisions favorable to the borrower; and

(iii) that the students attending the institution, or the families of such students, do not have to borrow from a lender on the preferred lender list;

(B) ensure, through the use of the list of lender affiliates provided by the Secretary under paragraph (2), that—

(i) there are not less than three lenders of loans made under part B that are not affiliates of each other included on the preferred lender list and, if the institution recommends, promotes, or endorses private edu-

cation loans, there are not less than two lenders of private education loans that are not affiliates of each other included on the preferred lender list; and

(ii) the preferred lender list under this paragraph—

(I) specifically indicates, for each listed lender, whether the lender is or is not an affiliate of each other lender on the preferred lender list; and

(II) if a lender is an affiliate of another lender on the preferred lender list, describes the details of such affiliation;

(C) prominently disclose the method and criteria used by the institution in selecting lenders with which to enter into preferred lender arrangements to ensure that such lenders are selected on the basis of the best interests of the borrowers, including—

(i) payment of origination or other fees on behalf of the borrower;

(ii) highly competitive interest rates, or other terms and conditions or provisions of loans under this title or private education loans;

(iii) high-quality servicing for such loans; or

(iv) additional benefits beyond the standard terms and conditions or provisions for such loans;

(D) exercise a duty of care and a duty of loyalty to compile the preferred lender list under this paragraph without prejudice and for the sole benefit of the students attending the institution, or the families of such students;

(E) not deny or otherwise impede the borrower's choice of a lender or cause unnecessary delay in loan certification under this title for those borrowers who choose a lender that is not included on the preferred lender list; and

(F) comply with such other requirements as the Secretary may prescribe by regulation.

(2) LENDER AFFILIATES LIST.—

(A) IN GENERAL.—The Secretary shall maintain and regularly update a list of lender affiliates of all eligible lenders, and shall provide such list to institutions for use in carrying out paragraph (1)(B).

(B) USE OF MOST RECENT LIST.—An institution shall use the most recent list of lender affiliates provided by the Secretary under subparagraph (A) in carrying out paragraph (1)(B).

(i) DEFINITIONS.—For the purpose of this section:

(1) AGENT.—The term "agent" has the meaning given the term in section 151.

(2) AFFILIATE.—The term "affiliate" means a person that controls, is controlled by, or is under common control with another person. A person controls, is controlled by, or is under common control with another person if—

(A) the person directly or indirectly, or acting through one or more others, owns, controls, or has the power to vote five percent or more of any class of voting securities of such other person;

(B) the person controls, in any manner, the election of a majority of the directors or trustees of such other person; or

(C) the Secretary determines (after notice and opportunity for a hearing) that the person directly or indirectly exercises a controlling interest over the management or policies of such other person's education loans.

(3) EDUCATION LOAN.—The term "education loan" has the meaning given the term in section 151.

(4) ELIGIBLE INSTITUTION.—The term "eligible institution" means any such institution described in section 102 of this Act.

(5) OFFICER.—The term "officer" has the meaning given the term in section 151.

(6) PREFERRED LENDER ARRANGEMENT.—The term "preferred lender arrangement" has the meaning given the term in section 151.

(j) CONSTRUCTION.—Nothing in the amendments made by the Higher Education Amendments of 1992 shall be construed to prohibit an institution from recording, at the cost of the institution, a hearing referred to in subsection (b)(2), subsection (c)(1)(D), or subparagraph (A) or (B)(i) of subsection (c)(2), of this section to create a record of the hearing, except the unavailability of a recording shall not serve to delay the completion of the proceeding. The Secretary shall allow the institution to use any reasonable means, including stenographers, of recording the hearing.

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GENERAL EDUCATION PROVISIONS ACT

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PART B—APPROPRIATIONS AND EVALUATIONS

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Subpart 2—Planning and Evaluation of Federal Education Activities

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[PROHIBITION AGAINST USE OF APPROPRIATED FUNDS FOR BUSING

[SEC. 426. No funds appropriated for the purpose of carrying out any applicable program may be used for the transportation of students or teachers (or for the purchase of equipment for such transportation) in order to overcome racial imbalance in any school or school system, or for the transportation of students or teachers (or for the purchase of equipment for such transportation) in order to carry out a plan of racial desegregation of any school or school system, except for funds appropriated pursuant to title VII of the Elementary and Secondary Education Act of 1965, but not including any portion of such funds as are attributable to children counted

under section 7003(d) of such Act or residing on property described in section 7013(10) of such Act.]

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ELEMENTARY AND SECONDARY EDUCATION ACT OF 1965

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TITLE IV—21ST CENTURY SCHOOLS

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PART D—MAGNET SCHOOLS ASSISTANCE

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SEC. 4407. USE OF FUNDS.

(a) IN GENERAL.—Grant funds made available under this part may be used by an eligible local educational agency, or consortium of such agencies—

(1) for planning and promotional activities directly related to the development, expansion, continuation, or enhancement of academic programs and services offered at magnet schools;

(2) for the acquisition of books, materials, and equipment, including computers and the maintenance and operation of materials, equipment, and computers, necessary to conduct programs in magnet schools;

(3) for the compensation, or subsidization of the compensation, of elementary school and secondary school teachers who are effective, and instructional staff where applicable, who are necessary to conduct programs in magnet schools;

(4) with respect to a magnet school program offered to less than the entire student population of a school, for instructional activities that—

(A) are designed to make available the special curriculum that is offered by the magnet school program to students who are enrolled in the school but who are not enrolled in the magnet school program; and

(B) further the purpose of this part;

(5) for activities, which may include professional development, that will build the recipient's capacity to operate magnet school programs once the grant period has ended;

(6) to enable the local educational agency, or consortium of such agencies, to have more flexibility in the administration of a magnet school program in order to serve students attending a school who are not enrolled in a magnet school program;

(7) to enable the local educational agency, or consortium of such agencies, to have flexibility in designing magnet schools for students in all grades;

(8) to enable the local educational agency, or consortium of such agencies, or other organizations partnered with such agency or consortium, to establish, expand, or strengthen interdistrict and regional magnet programs; and

[(9) notwithstanding section 426 of the General Education Provisions Act (20 U.S.C. 1228), to provide transportation to and from the magnet school, provided that—

[(A) such transportation is sustainable beyond the grant period; and

[(B) the costs of providing transportation do not represent a significant portion of the grant funds received by the eligible local educational agency under this part.]

(b) SPECIAL RULE.—Grant funds under this part may be used for activities described in paragraphs (2) and (3) of subsection (a) only if the activities are directly related to improving student academic achievement based on the challenging State academic standards or directly related to improving student reading skills or knowledge of mathematics, science, history, geography, English, foreign languages, art, or music, or to improving career, technical, and professional skills.

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CHANGES IN THE APPLICATION OF EXISTING LAW

Pursuant to clause 3(f)(1)(A) of rule XIII of the Rules of the House of Representatives, the following statements are submitted describing the effect of provisions in the accompanying bill that directly or indirectly change the application of existing law.

TITLE I—DEPARTMENT OF LABOR

Language is included under "Employment and Training Administration" providing that allotments to outlying areas are not required to be made through the Pacific Region Educational Laboratory as provided by section 127 of the Workforce Innovation and Opportunity Act (WIOA).

Language is included under "Employment and Training Administration" permitting the Secretary of Labor to waive certain requirements to allow the outlying areas to submit a single application for a consolidated grant to carry out activities described in subtitle B of title I of the WIOA.

Language is included under "Employment and Training Administration" providing amounts made available for dislocated workers may be used for State activities or across multiple local areas where workers remain dislocated.

Language is included under "Employment and Training Administration" providing that technical assistance and demonstration projects may provide assistance to new entrants in the workforce and incumbent workers.

Language is included under "Employment and Training Administration" providing that the Secretary may reserve a higher percentage of funds for technical assistance than what is provided in section 168(b) of the WIOA.

Language is included under "Employment and Training Administration" providing that the Department of Labor may take no action to limit the number or proportion of eligible applicants receiving related assistance services in the migrant and seasonal farmworkers programs.

Language is included under "Employment and Training Administration" providing that an individual may qualify as an "eligible

seasonal farmworker" under section 167(i)(3) of the WIOA if such individual is a member of a family with a total family income equal to or less than 150 percent of the poverty line.

Language is included under "Job Corps" providing that amounts made available for construction and rehabilitation may include acquisition and maintenance of major items of equipment.

Language is included under "Job Corps" providing authority to transfer up to 15 percent of construction and rehabilitation funds for operational needs with prior written notice to the Committee and that any such transfers are available for obligation through June 30, 2021.

Language is included under "Job Corps" providing that no funds from any other appropriation may be used for meal services at Job Corps.

Language is included under "Community Service Employment for Older Americans" allowing funds to be recaptured and reobligated.

Language in included under "Federal Unemployment Benefits and Allowances" providing that funding may be available beyond the current year in accordance with section 245(c) of the Trade Act of 1974.

Language is included under "State Unemployment Insurance and Employment Service Operations" providing for reemployment services and eligibility assessments.

Language is included under "State Unemployment Insurance and Employment Service Operations" providing funds to States to improve operations and modernize State Unemployment Insurance systems.

Language is included under "State Unemployment Insurance and Employment Service Operations" providing for additional administrative funds from the Unemployment Trust Fund if unemployment claims exceed certain levels.

Language is included under "State Unemployment Insurance and Employment Service Operations" providing authority for States to use funds to assist other States to carry out authorized activities in cases of a major disaster declared by the President under the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

Language is included under "State Unemployment Insurance and Employment Service Operations" providing that the Department of Labor may make payments on behalf of States for the use of the National Directory of New Hires.

Language is included under "State Unemployment Insurance and Employment Service Operations" providing that the Department of Labor may make payments from funds appropriated for States' grants on behalf of States to the entity operating the State Information Data Exchange System.

Language is included under "State Unemployment Insurance and Employment Service Operations" providing that the Department of Labor may make payments from funds appropriated for States' grants on behalf of States to the entity operating the Unemployment Insurance Integrity Center of Excellence.

Language is included under "State Unemployment Insurance and Employment Service Operations" providing that appropriations for establishing a national one-stop career system may be obligated in contracts, grants or agreements with States or non-State entities.

Language is included under "State Unemployment Insurance and Employment Service Operations" providing that States awarded grants to support national activities of the Federal-State unemployment insurance system may award subgrants to other States.

Language is included under "State Unemployment Insurance and Employment Service Operations" providing that funds available for integrated Unemployment Insurance and Employment Service automation may be used by States notwithstanding cost allocation principles prescribed under the Office of Management and Budget "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards."

Language is included under "State Unemployment Insurance and Employment Service Operations" providing that the Department of Labor may reallot funds among States participating in a consortium.

Language is included under "State Unemployment Insurance and Employment Service Operations" allowing the Secretary to collect fees for the costs associated with additional data collection, analyses, and reporting services related to the National Agricultural Workers Survey.

Language is included under "Pension Benefit Guarantee Corporation" providing for additional administrative funds if participants with plans terminated during the period exceed a certain level.

Language is included under "Pension Benefit Guarantee Corporation" providing that obligations may exceed amounts provided for unforeseen and extraordinary pre-termination or termination expenses or unforeseen and extraordinary multiemployer program expenses if approved by the Office of Management and Budget.

Language is included under "Special Benefits" providing that the Department of Labor may use authority to reimburse an employer who is not the employer at the time of injury for portions of the salary of a re-employed, disabled beneficiary.

Language is included under "Special Benefits" providing that unobligated balances of reimbursements shall remain available until expended for the payment of compensation, benefits, and expenses.

Language is included under "Special Benefits" providing that funds shall be transferred to the appropriation from entities required under 5 U.S.C. 8147(c) as determined by the Department of Labor.

Language is included under "Special Benefits" providing that funds transferred from entities under 5 U.S.C. 8147(c), specified amounts may be used by the Department of Labor for maintenance and data and communications systems, workload processing, roll disability management and medical review, and program integrity with remaining amounts paid into the Treasury.

Language is included under "Special Benefits" providing that the Secretary may prescribe regulations requiring identification for the filing of benefit claims.

Language is included under "Administrative Expenses, Energy Employees Occupational Illness Compensation Fund" providing that the Secretary may prescribe regulations for requiring identification for the filing of benefit claims.

Language is included under "Occupational Safety and Health Administration" providing that up to a certain amount of fees col-

lected from the training institute may be retained and used for related training and education.

Language is included under "Occupational Safety and Health Administration" providing that fees collected from Nationally Recognized Testing Laboratories may be used to administer laboratory recognition programs that ensure safety of equipment used in the workplace.

Language is included under "Mine Safety and Health Administration" providing that a specific amount may be collected by the National Mine Health and Safety Academy and made available for mine safety and health education and training.

Language is included under "Mine Safety and Health Administration" providing that a specific amount may be collected from the approval and certification of equipment and materials and made available for other such activities.

Language is included under "Mine Safety and Health Administration" providing that the Department of Labor may accept lands, buildings, equipment, and other contributions from public and private sources for cooperative projects.

Language is included under "Mine Safety and Health Administration" providing that the Department of Labor may promote health and safety education and training through cooperative agreements with States, industry and safety associations.

Language is included under "Mine Safety and Health Administration" providing that the Department of Labor may recognize the Joseph A. Holmes Safety Association as the principal safety association and may provide funds or personnel as officers in local chapters or the national organization.

Language is included under "Mine Safety and Health Administration" providing that the Department of Labor may use appropriated funds to provide for costs associated with mine rescue and survival operations in the event of a major disaster.

Language is included under "Departmental Management—Salaries and Expenses" providing that the Bureau of International Labor Affairs may administer international labor activities through grants, subgrants or other arrangements.

Language is included under "Departmental Management—Salaries and Expenses" providing that funds available for program evaluation may be used to administer grants for evaluation purposes subject to certain conditions.

Language is included under "Departmental Management—Salaries and Expenses" providing that funds available to the Women's Bureau may be used for grants to service and promote the interests of women in the workplace.

Language is included under "Departmental Management—Salaries and Expenses" providing that certain amounts made available to the Women's Bureau shall be used for grants authorized by the Women in Apprenticeship and Nontraditional Occupations Act.

Language is included under "Veterans Employment and Training" providing that up to three percent of States' grants may be used for federal expenditures for data systems and contract support.

Language is included under "Veterans Employment and Training" providing that funds may be used for support specialists providing intensive services to wounded service members.

Language is included under "Veterans Employment and Training" providing that Department of Labor may reallocate up to three percent of funds provided among appropriated accounts.

Language is included under "Veterans Employment and Training" providing that the Department may award grants under section 2023 of Title 38, United States Code.

Language is included under "Veterans Employment and Training" providing that services may be provided to certain homeless or recently incarcerated veterans under section 2021, 2021A, and 2023 of Title 38, United States Code.

Language is included under "Veterans Employment and Training" providing that funds made available to assist homeless veterans may be used for data systems and contract support track participant and performance information.

Language is included under "Veterans Employment and Training" providing that the fees assessed pursuant to the HIRE Vets Medallion Award Fund shall be available to the Secretary for expenses of the HIRE Vets Medallion Award Program and that the start date prescribed in the Act shall not apply.

Language is included under "General Provisions" prohibiting the use of Job Corps funds to pay the salaries and bonuses at a rate in excess of Executive Level II.

Language is included under "General Provisions" prohibiting the use funds for procurement of goods or services rendered by forced or indentured child labor.

Language is included under "General Provisions" prohibiting the use of any funds appropriated for grants under section 414(c) of the American Competitiveness and Workforce Improvement Act of 1998, for purposes other than competitive grants for training individuals over the age of 16 who are not currently enrolled in school in the occupations and industries for which employers are using H–1B visa to hire foreign workers.

Language is included under "General Provisions" prohibiting the use of any funds appropriated for Employment and Training Administration programs to be used to pay the salaries and bonuses at a rate in excess of Executive Level II, except under specific exclusions.

Language is included under "General Provisions" allowing the Secretary to furnish a certain amount of excess personal property to apprenticeship programs through grants, contracts, and other arrangements.

Language is included under "General Provisions" providing certain authorities related to the Secretary's security detail.

Language is included under "General Provisions" providing that the Secretary may dispose or divest of certain Job Corps center property and use the proceeds to carry out the program in the same geographic location.

Language is included under "General Provisions" rescinding a certain amount of the unobligated H–1B balance.

Language is included under "General Provisions" preventing appropriated funds from being used to close any Civilian Conservation Center, except when necessary for the health and safety of students.

Language is included under "General Provisions" prohibiting the Secretary from using any of the funds in the Act to implement the Joint Employer rule.

Language is included under "General Provisions" prohibiting the Secretary from using any of the funds in the Act to implement the Implementing Legal Requirements Regarding the Equal Opportunity Clause's Religious Exemption rule.

Language is included under "General Provisions" prohibiting the Secretary from using any of the funds in the Act to implement the "Wagner-Peyser Act Staffing Flexibility" final rule.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

Language is included under "Health Resources and Services Administration—Health Workforce" overriding the proportional funding requirements in the Public Health Service Act for sections 751 and 762.

Language is included under "Health Resources and Services Administration—Health Workforce" providing permissive authority to the Secretary to waive requirements for entities awarded funds from sections 751(02)(A) and 751 (d)(2)(B).

Language is included under "Health Resources and Services Administration—Health Workforce" prohibiting the use of Health Workforce appropriations to carry out section 340G–1.

Language is included under "Health Resources and Services Administration—Health Workforce" providing that fees collected for the disclosure of information under the information reporting requirement program authorized by section 1921 of the Social Security Act shall be sufficient to recover the full costs of the operation program and shall remain available until expended to carry out that Act.

Language is included under "Health Resources and Services Administration—Health Workforce" allowing funds for the Nurse Corps and National Health Service Corps Scholarship and Loan programs to be used to make prior year adjustments.

Language is included under "Health Resources and Services Administration—Health Workforce" providing funding under the National Health Service Corps Loan Repayment Program for substance use disorder counselors and placement in Indian Health Service facilities.

Language is included under "Health Resources and Services Administration—Health Workforce" to provide funds for the purpose of establishing or expanding optional community-based nurse practitioner fellowship programs.

Language is included under "Health Resources and Services Administration—Health Workforce" to provide funds for the purpose of supporting graduate education for physicians provided by public institutions of higher education and shall remain available until expended.

Language is included under "Health Resources and Services Administration—Ryan White HIV/AIDS Program" to make funds available to the Secretary to carry out grants and contracts under title XXVI or 311(c) for the purposes of ending the HIV/AIDS epidemic.

Language is included under "Health Resources and Services Administration—Rural Health" to provide funding for State Offices of Rural Health notwithstanding section 338J(k), which terminates the program after an aggregate funding amount.

Language is included under "Health Resources and Services Administration—Family Planning" to require the Secretary to carry out section 1001 solely in accordance with regulations or other conditions in effect as of January 18, 2017.

Language is included under "Health Resources and Services Administration—Family Planning" placing additional restrictions on the use of funds.

Language is included under "Centers for Disease Control and Prevention—Public Health Preparedness and Response" permitting CDC to operate and maintain an aircraft.

Language is included under "Centers for Disease Control and Prevention—Buildings and Facilities" providing the use of funds to support acquisition, renovation, or replacement, of the National Institute Occupational Safety and Health's underground and surface coal mining research capacity.

Language is included under "Centers for Disease Control and Prevention—Buildings and Facilities" providing funds from former employees with existing Individual Learning Accounts unobligated to be available to support acquisition, renovation, or replacement, of the National Institute for Occupational Safety and Health's underground and surface coal mining research capacity.

Language is included under "National Institutes of Health—National Institute on Minority Health and Health Disparities" allowing funds to be used to implement a reorganization.

Language is included under "National Institutes of Health—Office of the Director" allowing funds to be used for the Research Policy Board authorized by section 2034(f) of the 21st Century Cures Act (P.L. 114–255).

Language is included under "Substance Abuse and Mental Health Services Administration—Mental Health" requiring states to spend 10 percent of the Mental Health Block Grant for programs for individuals with early serious mental illness.

Language is included under "Substance Abuse and Mental Health Services Administration—Mental Health" requiring states to spend five percent of the Mental Health Block Grant for programs for crisis care programs for individuals with early serious mental illness and children with serious mental and emotional disturbances.

Language is included under "Substance Abuse and Mental Health Services Administration—Mental Health" exempting the Mental Health Block Grant from the evaluation set-aside in section 241 of the Public Health Service Act.

Language is included under "Substance Abuse and Mental Health Services Administration—Substance Abuse Treatment" exempting the Substance Abuse Prevention and Treatment Block Grant from the evaluation set-aside in section 241 of the Public Health Service Act.

Language is included under "Centers for Medicare and Medicaid Services—Program Management" limiting the amount of funding available under that heading for quality improvement organizations.

Language is included under "Centers for Medicare and Medicaid Services—Program Management" directing the Secretary to obligate funds collected through user fees to carry out the navigator program, as well as outreach, education, and advertising related to the Affordable Care Act Exchange open enrollment period.

Language is included under "Centers for Medicare and Medicaid Services—Health Care Fraud and Abuse Control Account" providing funds to support the cost of the Senior Medicare Patrol program.

Language is included under "Administration for Children and Families—Low Income Home Energy Assistance" modifying the formula distribution of funds.

Language is included under "Administration for Children and Families—Refugee and Entrant Assistance" to specify the purposes of specified funds.

Language is included under "Administration for Children and Families—Refugee and Entrant Assistance" to exempt the matching requirements of certain funds as required in section 235(c)(6)(C)(iii) of the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008.

Language is included under "Administration for Children and Families—Payments to States for the Child Care and Development Block Grant" increasing the tribal set-aside.

Language is included under "Administration for Children and Families—Children and Families Services Programs" providing for payments under the Head Start Act for a cost of living adjustment, the calculation of a base grant, quality improvement funding for Migrant and Seasonal Head Start, and the Tribal Colleges and Universities Head Start Partnership program, and for repurposing recaptured Migrant and Seasonal Head Start base grant funding.

Language is included under "Administration for Children and Families—Children and Families Services Programs" modifying the definition of the poverty line as defined in section 673(2) of the CSBG Act.

Language is included under Administration for Community Living continuing an assistive technology alternative financing program.

Language is included under Administration for Community Living prohibiting the use of the funds provided in the bill to pursue legal action on behalf of a protection and advocacy system described in section 103 of the Protection and Advocacy for Individuals with Mental Illness Act unless public notice has been provided within 90 of instituting action to the named person or their legal guardian.

Language is included under Administration for Community Living waiving the public notice requirement for individuals without a guardian, who are not competent to consent, who are wards of the State or subject to public guardianship.

Section 201 limits the amount available for official reception and representation expenses.

Section 202 limits the salary of an individual through an HHS grant or other extramural mechanism to not more than the rate of Executive Level II.

Section 203 prohibits the Secretary from using evaluation set-aside funds until the Committees on Appropriations of the House

of Representatives and the Senate receive a report detailing the planned use of such funds.

Section 204 sets the PHS evaluation set-aside to 3.0 percent.

Section 205 permits the Secretary of HHS to transfer up to one percent of any discretionary funds between appropriations, provided that no appropriation is increased by more than three percent by any such transfer to meet emergency needs. Notification must be provided to the Committees on Appropriations at least 15 days in advance of any transfer.

Section 206 modifies the 60 day flexibility for National Health Service Corps contract terminations to provide more flexibility.

Section 207 prohibits the use of Title X funds unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

Section 208 states that no provider of services under Title X shall be exempt from any state law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

Section 209 prohibits the Secretary from denying participation in the Medicare Advantage program to entities who do not provider coverage or referrals for abortion services.

Section 210 prohibits funds from being used to advocate or promote gun control.

Section 211 limits assignments of Public Health Service staff to assist in child survival activities to not more than 60 employees.

Section 212 permits funding for HHS international HIV/AIDS and other infectious disease, chronic and environmental disease, and other health activities abroad to be spent under the State Department Basic Authorities Act of 1956.

Section 213 provides the Director of NIH, jointly with the Director of the Office of AIDS Research, the authority to transfer up to three percent of human immunodeficiency virus funds.

Section 214 makes NIH funds available for human immunodeficiency virus research available to the Office of AIDS Research.

Section 215 grants authority to the Office of the Director of the NIH to enter directly into transactions in order to implement the NIH Common Fund for medical research and permitting the Director to utilize peer review procedures, as appropriate, to obtain assessments of scientific and technical merit.

Section 216 clarifies that funds appropriated to NIH institutes and centers may be used for minor repairs or improvements to their buildings, up to $3,500,000 per project with a total limit for NIH of $45,000,000.

Section 217 transfers one percent of the funding made available for National Institutes of Health National Research Service Awards to the Health Resources and Services Administration and Agency for Healthcare Research and Quality.

Section 218 continues the Biomedical Advanced Research and Development Authority ten year contract authority.

Section 219 requires HHS to include certain information concerning the number of full-time federal employees and contractors working on the ACA in the fiscal year 2020 budget request.

Section 220 includes specific report requirements for CMS's marketplaces activities in the fiscal year 2020 budget request.

Section 221 prohibits CMS Program Account from being used to support risk corridor payments.

Section 222 directs the spending and transfer of amount in the Prevention and Public Health fund.

Section 223 modifies a provision relating to breast cancer screening.

Section 224 requires the NIH to continue to use existing guidance for calculating indirect cost negotiated rates.

Section 225 permits transfer authority within NIH, to the Director of NIH for activities related to opioid misuse, opioid alternatives, pain management, and substance use disorder treatment.

Section 226 includes certain Congressional notification requirements.

Section 227 includes a provision related to a report on staffing.

Section 228 allows HHS to cover travel expenses when necessary for employees to obtain medical care when they are assigned to duty in a location with a public health emergency.

Section 229 allows certain donations for unaccompanied alien children.

Section 230 prohibits the use of funds for HHS to change policy directives related to the unaccompanied children program.

Section 231 prohibits funds from being used to house unaccompanied alien children in facilities that are not State-licensed.

Section 232 modifies a provision relating to Members of Congress and oversight of facilities responsible for the care of unaccompanied alien children.

Section 233 modifies a provision requiring monthly reports on unaccompanied alien children who were separated from their parents or legal guardians and transferred to the care of the Office of Refugee Resettlement.

Section 234 prohibits the use of funds for HHS to implement or enforce the Memorandum of Agreement between HHS and Department of Homeland Security related to information sharing in the unaccompanied children program.

Section 235 prohibits the use of funds for HHS to share information provided by unaccompanied alien children during mental health or therapeutic services with the Department of Homeland Security or with the Department of Justice for immigration enforcement purposes.

Section 236 requires the Department to make efforts to place unaccompanied alien children who are siblings together.

Section 237 requires the Department to report the death of any unaccompanied alien child in custody within 24 hours.

Section 238 requires the Department to submit a spend plan for the "Department of Health and Human Services—Administration for Children and Families—Refugee and Entrant Assistance" account every 60 days.

Section 239 allows for primary and secondary school costs for eligible dependents of HHS personnel stationed in a U.S. territory.

Section 240 allows for funding provided in the fiscal year 2020 appropriation for construction on the Centers for Disease Control and Prevention's Chamblee Campus to be available until September 30, 2024.

Section 241 rescinds balances from the Nonrecurring Expenses Fund.

Section 242 extends the availability of multi-year research grants awarded in fiscal year 2015.

Section 243 requires reporting on the current inventory of ventilators and personal protective equipment in the Strategic National Stockpile.

Section 244 prohibits funds from being used to implement, enforce, or otherwise give effect to a rule published on May 21, 2019.

Section 245 prohibits funds from being used to implement, enforce, or otherwise give effect to a rule published on June 19, 2020.

Section 246 prohibits funds from being used to publish a proposed rule relating to the Medicaid Non-emergency Medical Transportation benefit.

Section 247 prohibits funds from being used to implement, enforce, or otherwise give effect to a rule published on May 6, 2019.

Section 248 prohibits funds from being awarded to an organization that does not comply with Federal nondiscrimination regulations.

Section 249 prohibits funds from being used to relocate call center operations for the Centers for Medicare & Medicaid Services.

TITLE III—DEPARTMENT OF EDUCATION

Language is included under "Impact Aid" allowing continued eligibility for students affected by the deployment or death of their military parent so long as the children attend school in the same local education agency they attended prior to the parent's death or deployment.

Language is included under "School Improvement Programs" allowing the Secretary of Education to reserve up to 5 percent of Supplemental Education Grants funds to provide technical assistance for these grants.

Language is included under "Special Education" clarifying the amounts required to be transferred to the Department of the Interior under the Grants to States program.

Language is included under "Special Education" outlining procedures for reducing a State's award because of a failure to meet the maintenance of State financial support requirements of the Individuals with Disabilities Education Act.

Language is included under "Special Education" authorizing the Department to use certain funds to provide technical assistance and support to States to improve data collection capacity.

Language is included under "Special Education" authorizing the Department to use funds appropriated for the State Personnel Development Grants program to evaluate program performance.

Language is included under "Special Education" permitting States to subgrant funds that they reserve for "Other State-level activities" under the Grants to States, Preschool Grants to States, and Grants for Infants and Families programs.

Language is included under "Special Education" allowing the Department to provide all States that apply for the State Incentive Grants program, in years in which five or fewer States apply for funding, 20 percent of the funds reserved for the program.

Language is included under "Rehabilitation Services" allowing the Secretary to use amounts that remain available after the reallotment of funds to States under the Vocational Rehabilitation

State Grants program for innovative activities designed to improve the outcomes of individuals with disabilities.

Language is included under "Rehabilitation Services" requiring the Secretary to use amounts for one-time emergency relief and restoration grants consistent with the Randolph-Sheppard Act.

Language is included under "Special Institutions for Persons with Disabilities" allowing the National Technical Institute for the Deaf to use, at its discretion, funds for the endowment program as authorized under section 207 of the Education of the Deaf Act of 1986.

Language is included under "Special Institutions for Persons with Disabilities" allowing Gallaudet University to use, at its discretion, funds for the endowment program as authorized under section 207 of the Education of the Deaf Act of 1986.

Language is included under "Student Aid Administration" requiring the Secretary to allocate new student loan borrower accounts to eligible student loan servicers on the basis of their past performance and their compliance with Federal and State law.

Language is included under "Student Aid Administration" requiring the Secretary to allow student loan borrowers to have their consolidated Federal student loans serviced by any student loan servicer.

Language is included under "Student Aid Administration" requiring any new servicing environment, including FSA Next Generation Processing and Servicing Environment, to include the participation of multiple student loan servicers.

Language is included under "Student Aid Administration" requiring any new servicing environment, including FSA Next Generation Processing and Servicing Environment, to include accountability measures that account for the performance of the portfolio and contractor compliance with Federal Student Aid (FSA) guidelines and Federal and State law.

Language is included under "Student Aid Administration" requiring that servicers be evaluated on their ability to meet contract requirements, future performance on the contracts, and history of compliance with applicable consumer protections laws, including Federal and State law.

Language is included under "Student Aid Administration" requiring any new servicing environment, including FSA Next Generation Processing and Servicing Environment, to incentivize more support to borrowers at risk of delinquency or default.

Language is included under "Student Aid Administration" requiring that FSA hold prime contractors accountable for meeting the requirements of the contract where subcontracting is permitted, and that contractors have the capacity to meet and are held accountable for performance on service levels and have a history of compliance with applicable consumer protection laws, including Federal and State law.

Language is included under "Student Aid Administration" prohibiting the Department from interfering with State oversight of the Department's contractors, including loan servicers.

Language is included under "Student Aid Administration" requiring the Department to provide a strategic plan for the Next Generation Processing and Servicing Environment.

Language is included under "Student Aid Administration" requiring the Department to provide a detailed spend plan.

Language is included under "Higher Education" allowing funds to carry out Title VI of the Higher Education Act and section 102(b)(6) of the Mutual Educational and Cultural Exchange Act of 1961 to be used to support visits and study in foreign countries for participants in advanced foreign countries by individuals who are participating in advanced foreign language training and international studies in areas that are vital to United States national security and who plan to apply their language skills and knowledge of these countries in the fields of government, the professions, or international development.

Language is included under "Higher Education" allowing one percent of funds to carry out Title VI of the Higher Education Act and section 102(b)(6) of the Mutual Educational and Cultural Exchange Act of 1961 to be used for program evaluation, national outreach, and information dissemination activities.

Language is included under "Higher Education" allowing up to one-and-one-half percent of the funds made available under chapter 2 of subpart 2 of part A of Title IV of the Higher Education Act to be used for evaluation.

Language is included under "Higher Education" stating the section 313(d) of the Higher Education Act (HEA) does not apply to an institution of higher education that is eligible to receive funding under section 318 of the HEA.

Language is included under "Historically Black College and University Capital Financing Program Account" allowing for the deferment of loans made under part D of Title III of the Higher Education Act for private Historically Black Colleges and Universities who meet certain conditions.

Language is included under "Historically Black College and University Capital Financing Program Account" allowing for the deferment of loans made under part D of Title III of the Higher Education Act for public Historically Black Colleges and Universities who meet certain conditions.

Language is included under "Departmental Management" restricting the Department from dissolving the Budget Service of the Department of Education, relative to the organization and operation of the Budget Service as in effect on January 1, 2018.

Language is included under "General Provisions" authorizing the transfer of up to one percent of discretionary funds between programs, projects, or activities as long as the transfer does not increase any program, project, or activity by more than three percent and no new program, project, or activity is created by such transfer.

Language is included under "General Provisions" allowing ESEA funds consolidated for evaluation purposes to be available from July 1, 2021 through September 30, 2022.

Language is included under "General Provisions" allowing certain institutions to continue to use endowment income for student scholarships.

Language is included under "General Provisions" extending the authorization of the National Advisory Committee on Institutional Quality and Integrity.

Language is included under "General Provisions" extending the authority to provide account maintenance fees to guaranty agencies for Federal student loans.

Language is included under "General Provisions" allowing funds to be made available for payments for student loan servicing to an institution of higher education for loans under part E of Title IV of the HEA.

Language is included under "General Provisions" amending section 401(b)(7)(A)(iv)(XI) of the HEA.

Language is included under "General Provisions" prohibiting funds being use in contravention of section 203 of the Department of Education Organization Act.

Language is included under "General Provisions" providing funds for outreach to certain borrowers of loans made under part D of title IV of the Higher Education Act.

Language is included providing funds for providing loan cancellation for certain borrowers of loans under part D of title IV of the Higher Education Act.

Language is included under "General Provisions" striking section 426 of the General Education Provisions Act.

Language is included under "General Provisions" amending section 4407(a) of the Elementary and Secondary Education Act.

Language is included under "General Provisions" amending the HEA to provide for greater accountability of for-profit institutions of higher education.

Language is included under "General Provisions" prohibiting the Department from using funds to implement, enforce, or otherwise give effect to the final rule entitled, "Nondiscrimination on the Basis of Sex in Education Programs or Activities Receiving Federal Financial Assistance".

Language is included under "General Provisions" allowing individuals who are incarcerated to receive Pell Grants.

Language is included under "General Provisions" prohibiting the Department from withholding appropriated funds from an institution of higher education because of an institution's scientific research on marihuana.

Language is included under "General Provisions" requiring the Secretary to make certain information to be available through an open source description language.

TITLE IV—RELATED AGENCIES

Language is included under "The Committee for Purchase from People Who are Blind or Severely Disabled" requiring that written agreements, with certain oversight provisions, be in place in order for authorized fees to be charged by certified nonprofit agencies.

Language is included under "Corporation for National and Community Service" requiring the Corporation to make awards on a competitive basis pursuant to section 501(a)(4)(F) of the 1990 Act, section 198P notwithstanding.

Language is included under "Corporation for National and Community Service" regarding changes to program requirements or policy through rulemaking.

Language is included under "Corporation for National and Community Service" regarding National Service Trust minimum share requirements.

Language is included under "Corporation for National and Community Service" limiting the use of an educational award under section 148(a)(4) to individuals who are veterans.

Language is included under "Corporation for National and Community Service" related to criminal background checks.

Language is included under "Corporation for National and Community Service" related to 1,200 hour service positions.

Language is included under "Federal Mediation and Conciliation Service—Salaries and Expenses" providing that fees charged for special training and other services and be retained and used for authorized purposes, that fees for arbitration services may only be used for training agency personnel, and that the Director may accept gifts and services in aid of any projects under the Director's jurisdiction.

Language is included under "National Labor Relations Board" requiring funds provided in the Act are used to expand the number of full-time equivalent staff.

Language is included under "National Labor Relations Board" prohibiting the use of funds to restructure the agency.

Language is included under "National Labor Relations Board" prohibiting the use of funds to implement the Joint Employer rule.

Language is included under "National Labor Relations Board" prohibiting the use of funds to implement the Representation-Case Procedures rule.

TITLE V—GENERAL PROVISIONS

Section 501 permits the Secretaries of Labor, Health and Human Services, and Education to transfer unexpended balances of prior appropriations to accounts corresponding to current appropriations to be used for the same purpose and for the same periods of time for which they were originally appropriated.

Section 502 prohibits the obligation of funds beyond the current fiscal year unless expressly so provided.

Section 503 prohibits funds from being used to support or defeat legislation.

Section 504 limits the amount available for official reception and representation expenses for the Secretaries of Labor and Education, the Director of the Federal Mediation and Conciliation Service, and the Chairman of the National Mediation Board.

Section 505 requires grantees receiving Federal funds to clearly state the percentage of the total cost of the program or project that will be financed with Federal money.

Section 506 prohibits the use of funds for abortion services.

Section 507 provides exceptions to section 506 if the pregnancy is the result of an act of rape or incest, or is a threat to the life of the woman; clarifies that section 506 does not apply to State, locality, or private funds; and ensures that health care entities are not required to cover abortion services.

Section 508 prohibits use of funds for certain research involving human embryos.

Section 509 prohibits use of funds for any activity that promotes the legalization of any drug or substance included in schedule I of the schedules of controlled substances.

Section 510 prohibits use of funds to promulgate or adopt any final standard providing for a unique health identifier until legislation is enacted specifically approving the standard.

Section 511 prohibits funds to be obligated or expended on a contract with an entity that has not submitted a report on qualified veteran employees as required under 38 U.S.C. 4212(d).

Section 512 prohibits any transfer of funds made available in this Act except by the authority provided in this Act or another appropriation Act.

Section 513 limits funds in the bill for public libraries to those that comply with the requirements of the Children's Internet Protection Act.

Section 514 dictates the procedures for the reprogramming of any funds provided in the bill.

Section 515 continues a provision pertaining to appointments to federal scientific advisory committees to prevent the disclosure of information like political affiliation of candidates for appointment.

Section 516 requires each department and related agency funded through this Act to submit an operating plan within 45 days of enactment, detailing any funding allocations that are different than those specified in this Act, the accompanying detailed table, or budget request.

Section 517 requires the Secretaries of Labor, Health and Human Services, and Education to submit a quarterly report to the Committees on Appropriations of the House of Representatives and the Senate containing certain information on noncompetitive contracts, grants, and cooperative agreements exceeding $500,000 individually or in total.

Section 518 prohibits use of funds to process claims for credit for quarters of coverage based on work performed under a Social Security number that was not the claimant's number, where the performance of such work under such number has formed the basis for a conviction of the claimant of a violation of section 208(a)(6) or (7) of the Social Security Act.

Section 519 prohibits use of funds to implement a Social Security totalization agreement with Mexico.

Section 520 prohibits the use of funds for the downloading or exchanging of pornography.

Section 521 directs certain reporting requirements for conference expenditures.

Section 522 requires disclosure of U.S. taxpayer funding for programs used in advertising.

Section 523 authorizes performance partnership pilots.

Section 524 requires quarterly reports on the status of balances of appropriations from the Departments of Labor, Health and Human Services and Education.

Section 525 requires the Departments of Labor, Health and Human Services, and Education to provide a list of any new or competitive grant award notifications, including supplements, not less than three business days prior to the announcement of recipients of such awards.

Section 526 requires each Department and related agency funded through this Act to provide answers to questions submitted for the record by Members of the Committee within 45 business days after receipt.

Section 527 prohibits the use of funds for the Social Security Administration to finalize or implement a rule related to continuing disability reviews.

Section 528 prohibits the use of funds for the Social Security Administration to finalize or implement a rule related to benefits appeals hearings.

Section 529 rescinds unobligated funds from prior-year Children's Health Insurance Program State allotments.

Section 530 makes funds from the Children's Health Insurance Program Performance Bonus Fund unavailable for obligation in fiscal year 2020.

Section 531 defines apprenticeship as registered under the National Apprenticeship Act, including any requirement, standard or rule promulgated under the Act as such requirement, standard or rule was in effect on December 30, 2019.

APPROPRIATIONS NOT AUTHORIZED BY LAW

Pursuant to clause 3(f)(1)(B) of rule XIII of the Rules of the House of Representatives, the following table lists the appropriations in the accompanying bill which are not authorized by law for the period concerned (dollars in thousands):

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
DEPARTMENT OF LABOR:				
ETA:				
Adult Employment and Training Activities	FY2020	$899,987,000	$854,649,000	$864,649,000
Youth Employment and Training Activities	FY2020	963,837,000	913,130,000	925,130,000
Dislocated Worker Employment and Training Activities.	FY2020	1,436,137,000	1,052,053,000	1,080,053,000
Native Americans	FY2020	54,137,000	55,000,000	55,500,000
Migrant and Seasonal Farmworker programs.	FY2020	96,211,000	91,896,000	95,896,000
YouthBuild	FY2020	91,087,000	94,534,000	100,534,000
Reintegration of Ex-Offenders	FY2020	106,906,000	98,079,000	103,079,000
Job Corps	FY2020	1,983,236,000	1,743,655,000	1,755,655,000
One-Stop Career Centers/Labor Market Information.	FY2020	70,667,000	62,653,000	62,653,000
VETERANS' EMPLOYMENT AND TRAINING SERVICE:				
Homeless Veterans Reintegration Program	FY 2020	50,000,000	55,000,000	57,500,000
DEPARTMENT OF HEALTH AND HUMAN SERVICES:				
HRSA:				
Health Careers Opportunity Program	FY 2014	Such Sums	14,153,000	15,000,000
Faculty Loan Repayment	FY 2014	5,000,000	1,187,000	1,190,000
Scholarships for Disadvantaged Students	FY 2014	Such Sums	44,857,000	51,470,000
Primary Care Training and Enhancement	FY 2014	Such Sums	36,831,000	48,924,000
Oral Health Training Programs	FY 2012	25,000,000	40,673,000	40,673,000
Area Health Education Centers	FY 2014	125,000,000	30,250,000	43,499,000
Education & Training—Geriatrics			33,237,000	42,737,000
(Workforce Development)	FY 2014	10,800,000		
(Career Incentive Awards)	FY 2013	10,000,000		
National Center for Workforce Analysis	FY 2014	7,500,000	4,651,000	5,663,000
Nurse Education, Practice, Quality and Retention Program.	FY 2016	Such Sums	41,913,000	45,913,000
Nurse Practitioner OptionalFellowship Program.	N/A	N/A	N/A	5,000,000
NURSE Corps Scholarship and Loan Repayment Program.	FY 2007	Such Sums	87,135,000	91,635,000
Nurse Faculty Loan Program	FY 2014	Such Sums	24,500,000	28,500,000
Medical Student Education	N/A		N/A	55,000,000
Healthy Start	FY 2013	Formula	100,746,000	130,500,000
Emergency Relief—Part A	FY 2013	789,471,000	649,373,000	655,876,000

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
Comprehensive Care—Part B	FY 2013	1,562,169,000	1,314,446,000	1,315,005,000
Early Intervention—Part C	FY 2013	285,766,000	205,544,000	201,079,000
Coordinated Services and Access to Research for Women, Infants, Children and Youth—Part D.	FY 2013	87,273,000	75,088,000	75,088,000
Dental Reimbursement—Part F	FY 2013	15,802,000	12,991,000	13,122,000
AIDS Education and Training Centers—Part F.	FY 2013	42,178,000	33,275,000	33,611,000
Special Projects of National Significance—Part F.	FY 2013	25,000,000	25,000,000	25,000,000
Ending the HIV/AIDS Epidemic	N/A	N/A	N/A	95,000,000
Organ Transplantation	FY 1993	Such Sums	2,767,000	33,049,000
Rural Health Outreach Grants	FY 2012	45,000,000	55,553,000	79,500,000
Rural Hospital Flexibility Grants	FY 2012	Such Sums	41,040,000	55,609,000
State Offices of Rural Health	FY 2002	Such Sums	4,000,000	12,500,000
Telehealth	FY 2006	Such Sums	6,814,000	42,000,000
Family Planning Grants	FY 1985	158,400,000	142,500,000	286,479,000
CDC:				
Sexually Transmitted Diseases Grants	FY 1998	Such Sums	113,671,000	162,810,000
National Cancer Registries	FY 2003	Such Sums	N/A	51,440,000
National Center for Health Statistics	FY 2003	Such Sums	125,899,000	174,397,000
WISEWOMAN	FY 2003	Such Sums	12,419,000	28,120,000
Asthma (Environmental)	FY 2005	Such Sums	32,422,000	33,000,000
Folic Acid	FY 2005	Such Sums	2,188,000	3,150,000
Injury Prevention and Control	FY 2005	Such Sums	138,237,000	694,879,000
Oral Health Promotion	FY 2005	Such Sums	11,204,000	19,500,000
Safe Motherhood/Infant Health Promotion	FY 2005	Such Sums	44,738,000	68,000,000
Screening, Referrals, and Education Regarding Lead Poisoning.	FY 2005	40,000,000	36,474,000	40,000,000
Birth Defects, Developmental Disability, Disability and Health.	FY 2007	Such Sums	122,242,000	162,810,000
Breast and Cervical Cancer	FY 2012	275,000,000	204,779,000	225,000,000
Johanna's Law	FY 2014	18,000,000	4,972,000	10,000,000
Public Health Workforce and Career Development.	FY 2013	39,500,000	64,000,000	56,000,000
National Diabetes Prevention Program	FY 2014	Such Sums	10,000,000	30,300,000
Section 317 Immunization	FY 2014	Such Sums	610,847,000	613,647,000
Young Women's Breast Health Awareness and Support of Young Women Diagnosed with Breast Cancer (PHSA 399NN).	FY 2019	4,900,000	4,960,000	4,960,000
SAMHSA:				
Protection and Advocacy for Individuals with Mental Illness.	FY 2003	19,500,000	36,146,000	36,146,000
State Opioid Response Grants	N/A	N/A	N/A	1,500,000,000
AHRQ:				
Research on Health Costs, Quality, and Outcomes.	FY 2005	Such Sums	324,000,000	343,000,000
ACF:				
Low Income Home Energy Assistance Program.	FY 2007	5,100,000,000	2,161,170,000	3,765,304,000
Children and Families Services Programs.				
Adoption and Legal Guardianship Incentive Payments.	FY 2016	43,000,000	37,943,000	75,000,000
Native American Programs	FY 2002	Such Sums	45,826,000	60,000,000
Community Services Block Grant	FY 2003	Such Sums	645,762,000	750,000,000
Head Start	FY 2012	Such Sums	7,968,544,000	10,763,095,000
Runaway and Homeless Youth Programs	FY 2013	Such Sums	107,852,000	140,000,000
CAPTA programs	FY 2015	Such Sums	143,981,000	193,251,000
Family Violence Programs	FY 2015	178,500,000	139,500,000	185,000,000
Child Welfare Services	FY 2016	325,000,000	268,735,000	268,735,000
Refugee and Entrant Assistance.				
Transitional and Medical Services	FY 2002	Such Sums	227,243,000	354,000,000
Victims of Torture	FY 2007	25,000,000	9,817,000	17,000,000
ACL:				
Alzheimer's Diseases Demonstration	FY 2002	Such Sums	11,483,000	26,500,000

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
Lifespan Respite Care	FY 2011	94,810,000	2,495,000	10,000,000
State Health Insurance Assistance Program.	FY 1996	10,000,000	N/A	54,115,000
Developmental Disabilities	FY 2007	Such Sums	155,115,000	184,116,000
Voting Access for People with Disabilities	FY 2005	$17,410,000	$13,879,000	8,463,000
Elder Justice/ Adult Protective Services	FY 2014	129,000,000	0	17,874,000
Assistive Technology	FY 2010	Such Sums	25,000,000	37,000,000
PHSSEF:				
Preparedness and Emergency Operations	N/A	N/A	N/A	24,654,000
Policy and Planning	N/A	N/A	N/A	19,877,000
ASPR Operations	N/A	N/A	N/A	30,938,000
Cybersecurity	N/A	N/A	N/A	57,820,000
Office of National Security	N/A	N/A	N/A	8,510,000
DEPARTMENT OF EDUCATION:				
Helen Keller National Center for Deaf-Blind Youths and Adults.	FY 2004	Such Sums	8,666,000	17,000,000
National Technical Institute for the Deaf	FY 2015	Such Sums	67,016,000	81,000,000
Gallaudet University	FY 2015	Such Sums	120,275,000	139,861,000
Aid for Institutional Development	FY 2015	Such Sums	429,762,000	808,077,000
Aid for Hispanic-Serving Institutions	FY 2015	Such Sums	109,223,000	155,081,000
International Education And Foreign Language.	FY 2015	Such Sums	72,164,000	80,323,000
Teacher Quality Partnerships	FY 2011	Such Sums	43,000,000	52,092,000
Federal TRIO Programs	FY 2015	Such Sums	839,752,000	1,100,000,000
GEAR UP	FY 2015	Such Sums	301,639,000	370,000,000
Child Care Access Means Parents in School.	FY2015	Such Sums	15,134,000	55,000,000
Federal Work-Study Programs	FY 2015	Such Sums	989,728,000	1,210,000,000
Federal Supplemental Educational Opportunity Grants.	FY 2015	Such Sums	733,130,000	880,000,000
Discretionary Federal Pell Grant	FY 2018	Such Sums	22,475,352,000	22,475,352,000
Postsecondary Program for Students with Intellectual Disabilities.	FY 2015	Such Sums	11,800,000	12,300,000
Graduate Assistance in Areas of National Need.	FY 2015	Such Sums	29,293,000	24,047,000
Fund for the Improvement of Postsecondary Education.	FY 2015	Such Sums	$67,775,000	$31,000,000
Institute of Education Sciences	FY 2009	Such Sums	$658,247,000	$630,462,000
Student Aid Administration	FY 2015	Such Sums	$1,396,924,000	$1,768,943,000
IDEA National Activities	FY 2010	Such Sums	260,203,000	255,633,000
RELATED AGENCIES:				
Corporation for Public Broadcasting	FY 1996	425,000,000	275,000,000	515,000,000
Corporation for National and Community Service.	FY 2014	Such Sums	1,049,954,000	1,154,358,000

PROGRAM DUPLICATION

Pursuant to clause 3(c)(5) of rule XIII of the Rules of the House of Representatives, no provision of this bill establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

COMMITTEE HEARINGS

For the purposes of section 103(i) of H. Res. 6 of the 116th Congress—

The following hearings were used to develop or consider H.R. 7614:

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a budget hearing on February 26, 2020, entitled "Department of Health and Human Services Budget Request for Fiscal Year 2021." The Subcommittee received testimony from:

The Honorable Alex M. Azar II, Secretary, Department of Health and Human Services

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a budget hearing on February 27, 2020, entitled "Department of Education Budget Request for Fiscal Year 2021." The Subcommittee received testimony from:

The Honorable Betsy Devos, Secretary, Department of Education The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held an oversight hearing on March 3, 2020, entitled "Reducing Childhood Poverty." The Subcommittee received testimony from:

Dolores Acevedo-Garcia, Ph.D., Professor of Human Development and Social Policy, Brandeis University

Douglas Besharov, LL.M., Professor, University of Maryland School of Public Policy

Cheryl Brunson, Brookland Manor Tenants' Association, D.C. Poor People's Campaign

Autumn Burke, Assemblywoman, 62nd Assembly District, California State Assembly

Kathryn Edin, Ph.D., Professor of Sociology and Public Affairs, Princeton University

Irwin Garfinkel, Ph.D., Professor of Contemporary Urban Problems, Columbia University

Matt Wiedinger, M.A., Rowe Fellow, American Enterprise Institute

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held an oversight hearing on March 4, 2020, entitled "National Institutes of Health Fiscal Year 2020 Budget Request." The Subcommittee received testimony from:

Francis Collins, M.D., Ph.D., Director, National Institutes of Health

Diana Bianchi, M.D., Director, Eunice Kennedy Shriver National Institute of Child Health and Human Development

Anthony Fauci, M.D., Director, National Institute of Allergy and Infectious Diseases

Gary Gibbons, M.D., Director, National Heart, Lung, and Blood Institute

Ned Sharpless, M.D., Director, National Cancer Institute

Nora Volkow, M.D., Director, National Institute on Drug Abuse

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a budget hearing on February 27, 2019, entitled "Centers for Disease Control and Prevention Budget Request for Fiscal Year 2021." The Subcommittee received testimony from:

Robert Redfield, M.D., Director, Centers for Disease Control and Prevention.

Ileana Arias, Ph.D., Associate Deputy Director for Public Health Science and Surveillance, Centers for Disease Control and Prevention.

Debra Houry, M.D., M.P.H., Director, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Sherri Berger, M.S.P.H., Chief Strategy Officer and Chief Operating Officer, Centers for Disease Control and Prevention.

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a budget hearing on March 11, 2020, entitled "National Labor Relations Board Budget Request for Fiscal Year 2021." The Subcommittee received testimony from:

The Honorable John Ring, Secretary, Chairman, National Labor Relations Board

The Honorable Peter Robb, General Counsel, National Labor Relations Board

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held an oversight hearing on May 6, 2019 entitled "COVID–19 Response." The Subcommittee received testimony from:

Tom Frieden, M.D., M.P.H., CEO, Resolve to Save Lives

Caitlin Rivers, Ph.D., M.P.H., Senior Scholar, Johns Hopkins Center for Health Security

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held an oversight hearing on June 4, 2020, entitled "COVID–19 Response." The Subcommittee received testimony from:

Robert Redfield, M.D., Director, Centers for Disease Control and Prevention.

BUDGETARY IMPACT OF THE
FY 2021 LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS BILL
PREPARED IN CONSULTATION WITH THE CONGRESSIONAL BUDGET OFFICE PURSUANT TO
SEC. 308(a), PUBLIC LAW 93-344, AS AMENDED

[In millions of dollars]

COMPARISON WITH BUDGET RESOLUTION

Section 308(a)(1)(A) of the Congressional Budget Act requires the report accompanying a bill providing new budget authority to contain a statement comparing the levels in the bill to the suballocations submitted under section 302(b) of the Act for the most recently agreed to concurrent resolution on the budget for the applicable fiscal year.

[In millions of dollars]

	302 (b) Allocation		This Bill		
	Budget Authority	Outlays	Budget Authority		Outlays
Comparison of amounts in the bill with Committee allocations to its subcommittees: Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies					
General Purpose Discretionary	182,914	196,200	182,914	1/	195,731
Mandatory	907,880	907,266	907,880	1/	907,266

1/ Includes outlays from prior-year budget authority

NOTE.—Consistent with the funding recommended in the bill for program integrity initiatives, in accordance with section 251(b)(2) of the Balanced Budget and Emergency Deficit Control Act of 1985, and after the bill is reported to the House, the Chairman of the Committee on the Budget will provide a revised section 302(a) allocation reflecting an additional $1,881,000,000 in discretionary budget authority and $1,512,000,000 in associated outlays. That new allocation will eliminate the technical difference prior to floor consideration.

In addition, the amounts in this report do not include $404,000,000 in discretionary budget authority and $665,000,000 in associated outlays provided for the purposes specified in the 21st Century Cures Act (Public Law 114-255). Pursuant to title I of that act, such funding does not count for the purposes of the Congressional Budget Act of 1974 or the Balanced Budget and Emergency Deficit Control Act of 1985.

The amounts in this report also do not include $24,425,000,000 in discretionary budget authority and $8,970,000,000 in associated outlays from amounts provided in this bill that are designated as being for emergency requirements pursuant to section 251(b)(2) of the Balanced Budget Balanced Budget and Emergency Deficit Control Act of 1985. Further, the amounts in this report do not include an additional $125,340 million in discretionary outlays from such funding that was provided by the Families First Coronavirus Response Act (Public Law 116-127), the CARES Act (Public Law 116-136), and the Paycheck Protection and Health Care Enhancement Act (Public Law 116-139). Consistent with the Congressional Budget Act of 1974, in the House of Representatives such amounts do not count against the Committee's allocation.

Five-Year Outlay Projections

In compliance with section 308(a)(1)(B) of the Congressional Budget and Impoundment Control Act of 1974 (Public Law 93–344), as amended, the following table contains five-year projections associated with the budget authority provided in the accompanying bill.

[In millions of dollars]

		Outlays
Projection of outlays associated with the recommendation:		
2021	1/	829,563
2022		102,121
2023		32,722
2024		5,513
2025 and future years		1,367

1/ Excludes outlays from prior-year budget authority

Financial Assistance to State and Local Governments

In accordance with section 308(a)(1)(C) of the Congressional Budget Act of 1974, as amended, the Congressional Budget Office has provided the following estimates of new budget authority and outlays provided by the accompanying bill for financial assistance to State and local governments.

[In millions of dollars]

	Budget Authority		Outlays
inancial assistance to State and local governments for 2021	384,766	1/	347,643

1/ Excludes outlays from prior-year budget authority

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XIII of the House of Representatives, the results of each roll call vote on an amendment or on the motion to report, together with the names of those voting for and those voting against, are printed below:

Roll Call 1

Date: July 13, 2020
Measure: Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, FY 2021
Motion by: Mr. Cole
Description of Motion: Strike sections 114, 244, 245, and 248; strike new provisos under the HRSA Family Planning account; eliminate the Teen Pregnancy Prevention program and reduce funding for General Departmental Management by $101 million; and increase funding for NIH Office of the Director by $101 million.
Results: Defeated 22 yeas to 30 nays

Members Voting Yea	*Members Voting Nay*
Mr. Aderholt	Mr. Aguilar
Mr. Amodei	Mr. Bishop
Mr. Calvert	Mrs. Bustos
Mr. Carter	Mr. Cartwright
Mr. Cole	Mr. Case
Mr. Diaz-Balart	Ms. Clark
Mr. Fleischmann	Mr. Crist
Mr. Fortenberry	Mr. Cuellar
Ms. Granger	Ms. DeLauro
Mr. Graves	Ms. Frankel
Dr. Harris	Ms. Kaptur
Ms. Herrera Beutler	Mr. Kilmer
Mr. Hurd	Mrs. Kirkpatrick
Mr. Joyce	Mrs. Lawrence
Mr. Moolenaar	Ms. Lee
Mr. Newhouse	Mrs. Lowey
Mr. Palazzo	Ms. McCollum
Mr. Rogers	Ms. Meng
Mr. Rutherford	Ms. Pingree
Mr. Simpson	Mr. Pocan
Mr. Stewart	Mr. Price
Mr. Womack	Mr. Quigley
	Ms. Roybal-Allard
	Mr. Ruppersberger
	Mr. Ryan
	Mr. Serrano
	Mrs. Torres
	Mr. Visclosky
	Ms. Wasserman Schultz
	Mrs. Watson Coleman

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XIII of the House of Representatives, the results of each roll call vote on an amendment or on the motion to report, together with the names of those voting for and those voting against, are printed below:

Roll Call 2

Date: July 13, 2020
Measure: Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, FY 2021
Motion by: Ms. Kaptur
Description of Motion: Report the bill to the House, as amended.
Results: Adopted 30 yeas to 22 nays

Members Voting Yea
Mr. Aguilar
Mr. Bishop
Mrs. Bustos
Mr. Cartwright
Mr. Case
Ms. Clark
Mr. Crist
Mr. Cuellar
Ms. DeLauro
Ms. Frankel
Ms. Kaptur
Mr. Kilmer
Mrs. Kirkpatrick
Mrs. Lawrence
Ms. Lee
Mrs. Lowey
Ms. McCollum
Ms. Meng
Ms. Pingree
Mr. Pocan
Mr. Price
Mr. Quigley
Ms. Roybal-Allard
Mr. Ruppersberger
Mr. Ryan
Mr. Serrano
Mrs. Torres
Mr. Visclosky
Ms. Wasserman Schultz
Mrs. Watson Coleman

Members Voting Nay
Mr. Aderholt
Mr. Amodei
Mr. Calvert
Mr. Carter
Mr. Cole
Mr. Diaz-Balart
Mr. Fleischmann
Mr. Fortenberry
Ms. Granger
Mr. Graves
Dr. Harris
Ms. Herrera Beutler
Mr. Hurd
Mr. Joyce
Mr. Moolenaar
Mr. Newhouse
Mr. Palazzo
Mr. Rogers
Mr. Rutherford
Mr. Simpson
Mr. Stewart
Mr. Womack

MINORITY VIEWS

We appreciate the efforts of the Majority in producing a Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) Appropriations bill that addresses priorities of Members on both sides of the aisle. We are also pleased that the bill continues longstanding provisions that protect human life and other constitutional rights. Retention of such important protections is vital to ensuring a conference agreement can be approved by the House and the Senate and signed into law by the President. Unfortunately, despite the many good things achieved in this bill, we are unable to support it as written at this time.

The bill includes nearly $25 billion in emergency funding without consensus on spending levels exceeding the Bipartisan Budget Agreement enacted last year. Extensive use of emergency funds and other false budget assumptions in this and other bills will make it very difficult to come to agreement on final appropriations measures. For example, we were disappointed that almost the entire increase for the National Institutes of Health (NIH) is provided in the form of emergency spending. Continued steady growth, building on what is now the sixth year of bipartisan, bicameral investments in our nation's biomedical infrastructure is making a difference, and it is this investment that will ultimately lead our researchers to find critical cures and treatments for diseases. The increases provided over the last six years have positioned the NIH to begin rapid clinical trials for a vaccine for the current coronavirus pandemic, and it is vitally important this funding continues to prepare the nation for the next challenge. We fear that using an emergency designation, that has not been agreed upon by the other body and the Administration, creates a false sense of accomplishment.

We were also disheartened to see so many controversial provisions inserted throughout the bill. The bill forces a return to the previous Administration's policies in the Title X family planning program. The bill ties the hands of this Administration by not allowing them to enforce regulations and waivers that protect deeply held religious beliefs of institutions and religious organizations that provide vital services funded in this bill. The bill forces the Administration to reinstate grants awarded to controversial grantees, and it requires all grantees to provide information on abortion to all pregnant women they serve, even if there are religious objections. The bill also prevents the Administration from enforcing regulations relating to labor policy that can improve job training programs and clarify the meaning of a joint employer relationship.

The bill also includes several concerning provisions and spending levels related to education. Some of these proposed changes are far-reaching and significantly impact a student's ability to study at a higher education institution of his or her choice. Changes of this

magnitude should be made in the committee of jurisdiction, not in this bill. We were also disappointed to see funding for charter schools cut significantly, especially when the bill increases educational funding elsewhere. The sexual risk avoidance program was eliminated entirely, and language was inserted into the Teen Pregnancy Prevention program that will make it impossible for many faith-based organizations to compete for funds.

These are just a few of the policy and funding concerns that we hope to address in the weeks and months ahead. Our goal should be to work out our differences quickly and avoid a long-term continuing resolution.

KAY GRANGER.
TOM COLE.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE I--DEPARTMENT OF LABOR					
EMPLOYMENT AND TRAINING ADMINISTRATION					
Training and Employment Services					
Grants to States:					
Adult Training, current year appropriations.....	142,649	142,649	152,649	+10,000	+10,000
Available from prior year appropriations.....	712,000	712,000	712,000	---	---
Subtotal, available this fiscal year.....	854,649	854,649	864,649	+10,000	+10,000
Advance appropriation FY2022.....	712,000	712,000	712,000	---	---
less prior year appropriations.....	-712,000	-712,000	-712,000	---	---
Subtotal, appropriated in this bill.....	854,649	854,649	864,649	+10,000	+10,000
Youth Training.....	913,130	913,130	925,130	+12,000	+12,000
Dislocated Worker Assistance, current year appropriations.....	192,053	192,053	220,053	+28,000	+28,000
Available from prior year appropriations.....	860,000	860,000	860,000	---	---
Subtotal, available this fiscal year.....	1,052,053	1,052,053	1,080,053	+28,000	+28,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Advance appropriation FY 2022	860,000	860,000	860,000	---	---
less prior year appropriations	-860,000	-860,000	-860,000	---	---
Subtotal, appropriated in this bill	1,052,053	1,052,053	1,080,053	+28,000	+28,000
Total, Grants to States	2,819,832	2,819,832	2,869,832	+50,000	+50,000
Current year appropriations	(1,247,832)	(1,247,832)	(1,297,832)	(+50,000)	(+50,000)
Advance appropriations	(1,572,000)	(1,572,000)	(1,572,000)	---	---
National Programs:					
Dislocated Worker Assistance National Reserve:					
Current year appropriations	70,859	20,859	80,859	+10,000	+60,000
Available from prior year appropriations	200,000	200,000	200,000	---	---
Subtotal, available this fiscal year	270,859	220,859	280,859	+10,000	+60,000
Advance appropriations FY 2022	200,000	140,000	200,000	---	+60,000
less prior year appropriations	-200,000	-200,000	-200,000	---	---
Subtotal, appropriated in this bill	270,859	160,859	280,859	+10,000	+120,000
Total, Dislocated Worker Assistance	1,322,912	1,212,912	1,360,912	+38,000	+148,000
Native American programs	55,000	---	55,500	+500	+55,500
Migrant and Seasonal Farmworker programs	91,896	---	95,896	+4,000	+95,896
YouthBuild activities	94,534	84,534	100,534	+6,000	+16,000
Reintegration of Ex-Offenders	98,079	93,079	103,079	+5,000	+10,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Workforce Data Quality Initiative	6,000	---	6,000	---	+6,000
Apprenticeship programs	175,000	200,000	185,000	+10,000	-15,000
Total, National Programs	791,368	538,472	826,868	+35,500	+288,396
Current year appropriations	(591,368)	(398,472)	(626,868)	(+35,500)	(+228,396)
Advance appropriations	(200,000)	(140,000)	(200,000)	---	(+60,000)
Total, Training and Employment Services	3,611,200	3,358,304	3,696,700	+85,500	+338,396
Current year appropriations	(1,839,200)	(1,646,304)	(1,924,700)	(+85,500)	(+278,396)
Advance appropriations	(1,772,000)	(1,712,000)	(1,772,000)	---	(+60,000)
Job Corps					
Operations	1,603,325	883,334	1,603,325	---	+719,991
Construction, Rehabilitation and Acquisition	108,000	100,016	120,000	+12,000	+19,984
Administration	32,330	32,547	32,330	---	-217
Total, Job Corps	1,743,655	1,015,897	1,755,655	+12,000	+739,758
Community Service Employment For Older Americans	405,000	---	410,000	+5,000	+410,000
Federal Unemployment Benefits and Allowances (indefinite)	680,000	633,600	633,600	-46,400	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
State Unemployment Insurance and Employment Service Operations					
Unemployment Compensation (trust fund)					
State Operations	2,356,816	2,440,686	2,440,686	+83,870	---
Reemployment eligibility assessments--UI integrity	117,000	117,000	117,000	---	---
Program integrity (cap adjustment)	58,000	83,000	83,000	+25,000	---
UI Integrity Center of Excellence	9,000	6,000	9,000	---	+3,000
Subtotal, Unemployment Compensation	2,540,816	2,646,686	2,649,686	+108,870	+3,000
Federal-State UI National Activities (trust fund)	12,000	18,000	18,000	+6,000	---
Employment Service (ES):					
Grants to States:					
Federal Funds	21,413	21,413	21,413	---	---
Trust Funds	646,639	646,639	651,639	+5,000	+5,000
Subtotal, Grants to States	668,052	668,052	673,052	+5,000	+5,000
ES National Activities (trust fund)	22,318	19,818	24,818	+2,500	+5,000
Subtotal, Employment Service	690,370	687,870	697,870	+7,500	+10,000
Federal Funds	(21,413)	(21,413)	(21,413)	---	---
Trust Funds	(668,957)	(666,457)	(676,457)	(+7,500)	(+10,000)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Foreign Labor Certifications:					
Federal Administration	54,528	56,616	57,528	+3,000	+912
Federal Funds	---	6,000	---	---	-6,000
Grants to States	14,282	14,282	20,282	+6,000	+6,000
Federal Funds	---	3,000	---	---	-3,000
Subtotal, Foreign Labor Certification	68,810	79,898	77,810	+9,000	-2,088
One-Stop Career Centers/Labor Market Information	62,653	64,826	62,653	---	-2,173
Total, State Unemployment Insurance and Employment Service Operations	3,374,649	3,497,280	3,506,019	+131,370	+8,739
Federal Funds	(84,066)	(95,239)	(84,066)	---	(-11,173)
Trust Funds	(3,290,583)	(3,402,041)	(3,421,953)	(+131,370)	(+19,912)
Program Administration					
Training and Employment	62,040	74,377	62,040	---	-12,337
Trust Funds	8,639	8,693	8,639	---	-54
Employment Security	3,440	3,461	3,440	---	-21
Trust Funds	39,264	39,507	39,264	---	-243
Apprenticeship Services	36,160	36,390	36,160	---	-230

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Executive Direction	7,034	7,079	7,034	---	-45
Trust Funds	2,079	2,093	2,079	---	-14
Total, Program Administration	158,656	171,600	158,656	---	-12,944
Federal Funds	(108,674)	(121,307)	(108,674)	---	(-12,633)
Trust Funds	(49,982)	(50,293)	(49,982)	---	(-311)
Total, Employment and Training Administration	9,973,160	8,676,681	10,160,630	+187,470	+1,483,949
Federal Funds	6,690,595	5,307,347	6,771,695	+81,100	+1,464,348
Current year appropriations	(4,918,595)	(3,595,347)	(4,999,695)	(+81,100)	(+1,404,348)
Advance appropriations	(1,772,000)	(1,712,000)	(1,772,000)	---	(+60,000)
Trust Funds	3,340,565	3,452,334	3,471,935	+131,370	+19,601
Employee Benefits Security Administration (EBSA)					
Salaries and Expenses					
Enforcement and Participant Assistance	147,400	156,748	147,400	---	-9,348
Policy and Compliance Assistance	26,901	26,641	26,901	---	+260
Executive Leadership, Program Oversight and Administration	6,699	9,349	6,699	---	-2,650
Total, Employee Benefits Security Administration	181,000	192,738	181,000	---	-11,738

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Pension Benefit Guaranty Corporation (PBGC)					
Pension Benefit Guaranty Corporation Fund					
Consolidated Administrative budget.....	(452,858)	(465,289)	(465,289)	(+12,431)	---
Wage and Hour Division					
Salaries and Expenses.....	242,000	244,283	246,283	+4,283	+2,000
Office of Labor-Management Standard					
Salaries and Expenses.....	43,187	50,410	42,187	-1,000	-8,223
Office of Federal Contract Compliance Programs					
Salaries and Expenses.....	105,976	106,412	105,976	---	-436
Office of Workers' Compensation Programs					
Salaries and Expenses.....	115,424	114,962	115,424	---	+462
Trust Funds.....	2,177	4,350	2,177	---	-2,173
Total, Salaries and Expenses.....	117,601	119,312	117,601	---	-1,711
Federal Funds.....	(115,424)	(114,962)	(115,424)	---	(+462)
Trust Funds.....	(2,177)	(4,350)	(2,177)	---	(-2,173)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Special Benefits					
Federal Employees' Compensation Benefits.....	232,600	237,000	237,000	+4,400	---
Longshore and Harbor Workers' Benefits.....	2,000	2,000	2,000	---	---
Total, Special Benefits.....	234,600	239,000	239,000	+4,400	---
Special Benefits for Disabled Coal Miners					
Benefit Payments.....	16,000	36,000	36,000	+20,000	---
Administration.....	4,970	4,970	4,970	---	---
Advance from prior year appropriations.....	14,000	14,000	14,000	---	---
Subtotal, available this fiscal year.....	34,970	54,970	54,970	+20,000	---
Advance appropriations, FY 2022, 1st quarter.....	14,000	14,000	14,000	---	---
Less prior year advance appropriations.....	-14,000	-14,000	-14,000	---	---
Total, appropriated in this bill.....	34,970	54,970	54,970	+20,000	---
Energy Employees Occupational Illness Compensation Fund					
Administrative Expenses.....	59,846	62,507	62,507	+2,661	---
Black Lung Disability Trust Fund					
Benefit Payments and Interest on Advances.....	293,464	308,626	308,626	+15,162	---
Workers' Compensation Programs, Salaries and Expenses.	38,246	40,643	40,643	+2,397	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Departmental Management, Salaries and Expenses.....	32,844	33,033	33,033	+189	---
Departmental Management, Inspector General.....	330	333	333	+3	---
Subtotal, Black Lung Disability Trust Fund.....	364,884	382,635	382,635	+17,751	---
Treasury Department Administrative Costs.....	356	356	356	---	---
Total, Black Lung Disability Trust Fund.....	365,240	382,991	382,991	+17,751	---
Total, Workers' Compensation Programs.....	812,257	858,780	857,069	+44,812	-1,711
Federal Funds.....	810,080	854,430	854,892	+44,812	+462
Current year appropriations.....	(796,080)	(840,430)	(840,892)	(+44,812)	(+462)
Advance appropriations.....	(14,000)	(14,000)	(14,000)	---	---
Trust Funds.....	2,177	4,350	2,177	---	-2,173
Occupational Safety and Health Administration (OSHA)					
Salaries and Expenses					
Safety and Health Standards.....	18,000	18,133	18,000	---	-133
Federal Enforcement.....	221,711	223,848	231,711	+10,000	+7,863
Whistleblower enforcement.....	18,564	20,231	18,564	---	-1,667
State Programs.....	108,575	108,575	108,575	---	---
Technical Support.....	24,469	24,622	24,469	---	-153

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Compliance Assistance:					
Federal Assistance	74,481	75,410	74,481	---	-929
State Consultation Grants	61,500	61,500	61,500	---	---
Training Grants	11,537	---	13,537	+2,000	+13,537
Subtotal, Compliance Assistance	147,518	136,910	149,518	+2,000	+12,608
Safety and Health Statistics	32,900	34,950	32,900	---	-2,050
Executive Direction and Administration	10,050	9,544	10,050	---	+506
Total, Occupational Safety and Health Administration	581,787	576,813	593,787	+12,000	+16,974

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Mine Safety and Health Administration					
Salaries and Expenses					
Mine Safety and Health Enforcement	260,500	256,988	260,500	---	+3,512
Standards Development	4,500	5,416	4,500	---	-916
Assessments	6,627	7,555	6,627	---	-928
Educational Policy and Development	39,320	38,834	39,320	---	+486
Technical Support	35,041	34,548	35,041	---	+493
Program Evaluation and Information Resources (PEIR)	17,990	21,693	17,990	---	-3,703
Program Administration	15,838	16,553	15,838	---	-715
Total, Mine Safety and Health Administration	379,816	381,587	379,816	---	-1,771
Total, Worker Protection Agencies	1,651,367	1,671,555	1,666,650	+15,283	-4,905
Federal Funds	(1,649,190)	(1,667,205)	(1,664,473)	(+15,283)	(-2,732)
Trust Funds	(2,177)	(4,350)	(2,177)	---	(-2,173)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Bureau of Labor Statistics					
Salaries and Expenses					
Employment and Unemployment Statistics	221,000	228,261	221,000	---	-7,261
Labor Market Information (trust fund)	68,000	68,000	68,000	---	---
Prices and Cost of Living	210,000	218,503	210,000	---	-8,503
Compensation and Working Conditions	83,500	84,031	83,500	---	-531
Productivity and Technology	10,500	11,295	10,500	---	-795
Executive Direction and Staff Services	62,000	48,228	62,000	---	+13,772
Total, Bureau of Labor Statistics	655,000	658,318	655,000	---	-3,318
Federal Funds	587,000	590,318	587,000	---	-3,318
Trust Funds	68,000	68,000	68,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Office of Disability Employment Policy					
Salaries and Expenses	38,500	27,100	38,500	---	+11,400
Department Management					
Salaries and Expenses					
Executive Direction	30,250	32,342	30,250	---	-2,092
Departmental Program Evaluation	8,040	8,040	8,040	---	---
Legal Services	123,745	130,371	123,745	---	-6,626
Trust Funds	308	308	308	---	---
International Labor Affairs	96,125	18,660	96,125	---	+77,465
Administration and Management	28,450	29,158	28,450	---	-708
Adjudication	35,000	37,081	35,000	---	-2,081
Women's Bureau	14,050	3,525	15,050	+1,000	+11,525
Civil Rights Activities	6,880	6,927	6,880	---	-47
Chief Financial Officer	5,516	5,540	5,516	---	-24
Total, Salaries and Expenses	348,364	271,952	349,364	+1,000	+77,412
Federal Funds	(348,056)	(271,644)	(349,056)	(+1,000)	(+77,412)
Trust Funds	(308)	(308)	(308)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Veterans Employment and Training					
State Administration, Grants	180,000	180,000	180,000	---	---
Transition Assistance Program	29,379	29,379	29,379	---	---
Federal Administration	43,548	44,207	43,548	---	-659
National Veterans' Employment and Training Services Institute	3,414	3,414	3,414	---	---
Homeless Veterans Programs (trust fund)	55,000	55,000	57,500	+2,500	+2,500
Total, Veterans Employment and Training	311,341	312,000	313,841	+2,500	+1,841
Federal Funds	55,000	55,000	57,500	+2,500	+2,500
Trust Funds	256,341	257,000	256,341	---	-659
IT Modernization					
Departmental support systems	4,889	4,889	4,889	---	---
Infrastructure technology modernization	20,380	32,111	20,380	---	-11,731
Total, IT Modernization	25,269	37,000	25,269	---	-11,731

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
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	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Office of Inspector General					
Program Activities	85,187	87,833	86,187	+1,000	-1,646
Trust Funds	5,660	5,660	5,660	---	---
Total, Office of Inspector General	90,847	93,493	91,847	+1,000	-1,646
Trust funds	5,660	5,660	5,660	---	---
Total, Departmental Management	775,821	714,445	780,321	+4,500	+65,876
Federal Funds	513,512	451,477	518,012	+4,500	+66,535
Trust Funds	262,309	262,968	262,309	---	-659
Total, Workforce Investment Act Programs	5,354,855	4,374,201	5,452,355	+97,500	+1,078,154
Current year appropriations	(3,582,855)	(2,662,201)	(3,680,355)	(+97,500)	(+1,018,154)
Advance appropriations	(1,772,000)	(1,712,000)	(1,772,000)	---	(+60,000)
Total, Title I, Department of Labor	13,788,504	12,487,567	14,040,569	+252,065	+1,553,002
Federal Funds	10,115,453	8,699,915	10,236,148	+120,695	+1,536,233
Current year appropriations	(8,329,453)	(6,973,915)	(8,450,148)	(+120,695)	(+1,476,233)
Advance appropriations	(1,786,000)	(1,726,000)	(1,786,000)	---	(+60,000)
Trust Funds	3,673,051	3,787,652	3,804,421	+131,370	+16,769

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
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	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE II -- DEPARTMENT OF HEALTH AND HUMAN SERVICES					
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
Primary Health Care					
Community Health Centers	1,625,522	1,727,522	1,650,522	+25,000	-77,000
Mandatory budget authority (Public Law 115-123)	(4,000,000)	(4,000,000)	(4,000,000)	---	---
Total, Community Health Centers	(5,625,522)	(5,727,522)	(5,650,522)	(+25,000)	(-77,000)
Free Clinics Medical Malpractice	1,000	1,000	1,000	---	---
Total, Primary Health Care	1,626,522	1,728,522	1,651,522	+25,000	-77,000
Health Workforce					
National Health Service Corps	120,000	120,000	120,000	---	---
Training for Diversity:					
Centers of Excellence	23,711	23,711	23,711	---	---
Health Careers Opportunity Program	15,000	---	15,000	---	+15,000
Faculty Loan Repayment	1,190	---	1,190	---	+1,190
Scholarships for Disadvantaged Students	51,470	---	51,470	---	+51,470
Total, Training for Diversity	91,371	23,711	91,371	---	+67,660
Primary Care Training and Enhancement	48,924	---	48,924	---	+48,924
Oral Health Training	40,673	---	40,673	---	+40,673

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
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	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Interdisciplinary Community-Based Linkages:					
Area Health Education Centers	41,250	---	43,249	+1,999	+43,249
Geriatric Programs	40,737	---	42,737	+2,000	+42,737
Mental and Behavorial Health	36,916	36,916	38,916	+2,000	+2,000
Behavioral Health Workforce Education and Training	102,000	102,000	127,000	+25,000	+25,000
Total, Interdisciplinary Community Linkages	220,903	138,916	251,902	+30,999	+112,986
Workforce Assessment	5,663	4,663	5,663	---	+1,000
Public Health and Preventive Medicine programs	17,000	---	19,000	+2,000	+19,000
Subtotal, Health Professions Education and Training	424,534	167,290	457,533	+32,999	+290,243
Nursing Programs:					
Advanced Education Nursing	75,581	---	78,581	+3,000	+78,581
Nurse Education, Practice, and Retention	43,913	---	45,913	+2,000	+45,913
Nurse Practitioner Optional Fellowship Program	5,000	---	5,000	---	+5,000
Nursing Workforce Diversity	18,343	---	20,343	+2,000	+20,343
Nurse Corps Scholarship and Loan Repayment Program	88,635	83,135	91,635	+3,000	+8,500
Nursing Faculty Loan Program	28,500	---	28,500	---	+28,500
Total, Nursing programs	259,972	83,135	269,972	+10,000	+186,837
Children's Hospitals Graduate Medical Education	340,000	---	340,000	---	+340,000
Medical Student Education	50,000	---	55,000	+5,000	+55,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
National Practitioner Data Bank	18,814	18,814	18,814	---	---
User Fees	-18,814	-18,814	-18,814	---	---
Total, Health Workforce	1,194,506	370,425	1,242,505	+47,999	+872,080
Maternal and Child Health					
Maternal and Child Health Block Grant	687,700	760,700	712,700	+25,000	-48,000
Sickle Cell Disease Treatment Program	5,205	---	7,205	+2,000	+7,205
Autism and Other Developmental Disabilities	52,344	---	53,344	+1,000	+53,344
Heritable Disorders in Newborns and Children	17,883	---	21,883	+4,000	+21,883
Healthy Start	125,500	125,500	130,500	+5,000	+5,000
Universal Newborn Hearing Screening	17,818	17,818	17,818	---	---
Emergency Medical Services for Children	22,334	---	22,334	---	+22,334
Screening and Treatment for Maternal Depression	5,000	5,000	5,000	---	---
Pediatric Mental Health Care Access	10,000	10,000	10,000	---	---
Total, Maternal and Child Health	943,784	919,018	980,784	+37,000	+61,766
Ryan White HIV/AIDS Program					
Emergency Assistance (Part A)	655,876	655,876	655,876	---	---
Comprehensive Care Programs (Part B)	1,315,005	1,315,005	1,315,005	---	---
AIDS Drug Assistance Program (ADAP) (NA)	(900,313)	(900,313)	(900,313)	---	---
Early Intervention Program (Part C)	201,079	201,079	201,079	---	---
Children, Youth, Women, and Families (Part D)	75,088	75,088	75,088	---	---
AIDS Dental Services (Part F)	13,122	13,122	13,122	---	---
Education and Training Centers (Part F)	33,611	33,611	33,611	---	---
Special Projects of National Significance	25,000	25,000	25,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
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	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Domestic HIV/AIDS Initative	70,000	165,000	95,000	+25,000	-70,000
Total, Ryan White HIV/AIDS program	2,388,781	2,483,781	2,413,781	+25,000	-70,000
Health Care Systems					
Organ Transplantation	27,549	17,164	33,049	+5,500	+15,885
PHS Eval	---	(13,385)	---	---	(-13,385)
Total, Organ Transplantation	27,549	30,549	33,049	+5,500	+2,500
National Cord Blood Inventory	17,266	8,266	17,266	---	+9,000
C.W. Bill Young Cell Transplantation	30,009	30,009	30,009	---	---
340B Drug Pricing program/Office of Pharmacy Affairs	10,238	10,238	10,238	---	---
340B Drug Pricing	---	24,000	---	---	-24,000
User Fees	---	-24,000	---	---	+24,000
Poison Control Centers	22,846	22,846	24,846	+2,000	+2,000
Hansen's Disease Program	13,706	11,653	13,706	---	+2,053
Hansen's Disease Program - Buildings and Facilities	122	---	122	---	+122
Payment to Hawaii, Treatment of Hansen's	1,857	1,857	1,857	---	---
Subtotal, Health Care Systems Bureau, appropriation	123,593	102,033	131,093	+7,500	+29,060
PHS Eval Funding	---	(13,385)	---	---	(-13,385)
Subtotal, Health Care Systems, program level	123,593	115,418	131,093	+7,500	+15,675

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	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Rural Health					
Rural Outreach Grants	79,500	89,500	79,500	---	-10,000
Rural Health Research/Policy Development	10,351	5,000	10,351	---	+5,351
Rural Hospital Flexibility Grants	53,609	---	55,609	+2,000	+55,609
State Offices of Rural Health	12,500	---	12,500	---	+12,500
Black Lung Clinics	11,500	11,500	11,500	---	---
Radiation Exposure Screening and Education Program	1,834	1,834	1,834	---	---
Telehealth	29,000	29,000	42,000	+13,000	+13,000
Rural Communities Opioid Response	110,000	110,000	110,000	---	---
Rural Residency Program	10,000	---	11,000	+1,000	+11,000
Total, Rural Health	318,294	246,834	334,294	+16,000	+87,460
Family Planning	286,479	286,479	286,479	---	---
Program Management	155,300	151,993	155,300	---	+3,307
Total, Health resources and services (HRS)	7,037,259	6,289,085	7,195,758	+158,499	+906,673
Vaccine Injury Compensation Program Trust Fund					
Post-FY 1988 Claims	285,600	265,600	265,600	-20,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
HRSA Administrative expenses	10,200	16,200	10,200	---	-6,000
Total, Vaccine Injury Compensation Trust Fund	295,800	281,800	275,800	-20,000	-6,000
Total, Health Resources and Services Administration	7,333,059	6,570,885	7,471,558	+138,499	+900,673
(Evaluation Tap Funding)	---	(13,385)	---	---	(-13,385)
CENTERS FOR DISEASE CONTROL AND PREVENTION					
Immunization and Respiratory Diseases	433,105	527,160	469,705	+36,600	-57,455
Administrative transfer to Emerging and Zoonotic Infectious Diseases	(-13,400)	---	---	(+13,400)	---
Subtotal	419,705	527,160	469,705	+50,000	-57,455
Prevention and Public Health Fund 1/	(370,300)	(302,845)	(370,300)	---	(+67,455)
Subtotal	(790,005)	(830,005)	(840,005)	(+50,000)	(+10,000)
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention	1,273,556	1,552,556	1,287,556	+14,000	-265,000
Subtotal (including transfers)	1,273,556	1,552,556	1,287,556	+14,000	-265,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
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(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Emerging and Zoonotic Infectious Diseases	570,372	413,464	593,972	+23,600	+180,508
Administrative transfer from Immunization and Respiratory Diseases	(13,400)	---	---	(-13,400)	---
Subtotal	583,772	413,464	593,972	+10,200	+180,508
Prevention and Public Health Fund 1/	(52,000)	(137,000)	(52,000)	---	(-85,000)
Subtotal (including transfers)	635,772	550,464	645,972	+10,200	+95,508
Chronic Disease Prevention and Health Promotion	984,964	359,145	1,049,564	+64,600	+690,419
Prevention and Public Health Fund 1/	(254,950)	(454,105)	(256,850)	(+1,900)	(-197,255)
Subtotal	1,239,914	813,250	1,306,414	+66,500	+493,164
Birth Defects, Developmental Disabilities, Disabilities and Health	160,810	112,250	162,810	+2,000	+50,560
Subtotal	160,810	112,250	162,810	+2,000	+50,560
Public Health Scientific Services	555,497	58,000	593,497	+38,000	+535,497
Evaluation Tap Funding	---	(463,000)	---	---	(-463,000)
Administrative Transfer from Public Health Preparedness and Response	(23,000)	---	---	(-23,000)	---
Subtotal (including transfers)	(578,497)	(521,000)	(593,497)	(+15,000)	(+72,497)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Environmental Health	196,850	182,000	219,850	+23,000	+37,850
Prevention and Public Health Fund 1/	(17,000)	---	(17,000)	---	(+17,000)
Subtotal	213,850	182,000	236,850	+23,000	+54,850
Injury Prevention and Control	677,379	730,159	694,879	+17,500	-35,280
National Institute for Occupational Safety and Health.	342,800	111,362	344,700	+1,900	+233,338
EvaluationTap Funding	---	(78,638)	---	---	(-78,638)
Subtotal, National Institute for Occupational Safety and Health, program level	342,800	190,000	344,700	+1,900	+154,700
Energy Employees Occupational Illness Compensation Program	55,358	55,358	55,358	---	---
Global Health	570,843	532,222	572,843	+2,000	+40,621
Public Health Preparedness and Response	850,200	802,000	852,200	+2,000	+50,200
Administrative transfer to Public Health Scientific Services	(-23,000)	---	---	(+23,000)	---
Subtotal	827,200	802,000	852,200	+25,000	+50,200
Buildings and Facilities	25,000	30,000	30,000	+5,000	---
Transfers from Nonrecurring Expenses Fund	(225,000)	---	---	(-225,000)	---
Subtotal	250,000	30,000	30,000	-220,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
CDC-Wide Activities and Program Support					
Prevention and Public Health Fund 1/	(160,000)	---	(160,000)	---	(+160,000)
Office of the Director	113,570	105,000	113,570	---	+8,570
Infectious Diseases Rapid Response Reserve Fund	85,000	50,000	85,000	---	+35,000
Title VI Emergency Funding	---	---	(9,000,000)	(+9,000,000)	(+9,000,000)
Subtotal	(358,570)	(155,000)	(358,570)	---	(+203,570)
Total, Centers for Disease Control and Prevention	6,895,304	5,620,676	7,125,504	+230,200	+1,504,828
Discretionary	6,839,946	5,565,318	7,070,146	+230,200	+1,504,828
Prevention and Public Health Fund 1/	(854,250)	(893,950)	(856,150)	(+1,900)	(-37,800)
Transfers from Nonrecurring Expenses Fund	(225,000)	---	---	(-225,000)	---
Total, Centers for Disease Control Program Level	(7,974,554)	(7,056,264)	(7,981,654)	(+7,100)	(+925,390)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
NATIONAL INSTITUTES OF HEALTH					
National Cancer Institute (NCI)	6,245,442	5,686,173	6,299,155	+53,713	+612,982
NIH Innovation Account, CURES Act2/	195,000	195,000	195,000	---	---
Title VI Emergency Funding	---	---	(414,445)	(+414,445)	(+414,445)
Subtotal, NCI	6,440,442	5,881,173	6,908,600	+468,158	+1,027,427
National Heart, Lung, and Blood Institute (NHLBI)	3,624,258	3,298,004	3,655,428	+31,170	+357,424
Title VI Emergency Funding	---	---	(233,224)	(+233,224)	(+233,224)
Subtotal, NHLBI	3,624,258	3,298,004	3,888,652	+264,394	+590,648
National Institute of Dental and Craniofacial Research (NIDCR)	477,429	434,559	481,535	+4,106	+46,976
Title VI Emergency Funding	---	---	(30,723)	(+30,723)	(+30,723)
Subtotal, NIDCR	477,429	434,559	512,258	+34,829	+77,699

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)	2,114,314	1,924,211	2,132,498	+18,184	+208,287
Titl VI Emergency Funding	---	---	(136,058)	(+136,058)	(+136,058)
Juvenile Diabetes (mandatory)	(150,000)	(150,000)	(150,000)	---	---
Subtotal, NIDDK	2,114,314	1,924,211	2,268,556	+154,242	+344,345
National Institute of Neurological Disorders and Stroke (NINDS)	2,374,687	2,195,110	2,415,110	+40,423	+220,000
Title VI Emergency	---	---	(157,317)	(+157,317)	(+157,317)
NIH Innovation Account, CURES Act2/	70,000	50,000	50,000	-20,000	---
Subtotal, NINDS	2,444,687	2,245,110	2,622,427	+177,740	+377,317
National Institute of Allergy and Infectious Diseases (NIAID)	5,885,470	5,445,886	6,013,087	+127,617	+567,201
Title VI Emergency Funding	---	---	(378,734)	(+378,734)	(+378,734)
Subtotal, NIAID	5,885,470	5,445,886	6,391,821	+506,351	+945,935

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
National Institute of General Medical Sciences (NIGMS)	1,706,397	1,931,074	1,631,166	-75,231	-299,908
Evaluation Tap Funding	(1,230,821)	(741,000)	(1,341,313)	(+110,492)	(+600,313)
Title VI Emergency Funding	---	---	(189,012)	(+189,012)	(+189,012)
Subtotal, NIGMS	2,937,218	2,672,074	3,161,491	+224,273	+489,417
National Institute of Child Health and Human Development (NICHD)	1,556,879	1,416,366	1,570,269	+13,390	+153,903
Title VI Emergency Fundhing	---	---	(100,186)	(+100,186)	(+100,186)
Subtotal, NICHHD	1,556,879	1,416,366	1,670,455	+113,576	+254,089
National Eye Institute (NEI)	824,090	749,003	831,177	+7,087	+82,174
Title VI Emergency Funding	---	---	(53,031)	(+53,031)	(+53,031)
Subtotal, NEI	824,090	749,003	884,208	+60,118	+135,205
National Institute of Environmental Health Sciences (NIEHS)	802,598	730,147	809,501	+6,903	+79,354
Ttitle VI Emergency Funding	---	---	(51,648)	(+51,648)	(+51,648)
Subtotal, NIEHS	802,598	730,147	861,149	+58,551	+131,002
National Institute on Aging (NIA)	3,543,673	3,225,782	3,609,150	+65,477	+383,368
Title VI Emergency Funding	---	---	(228,038)	(+228,038)	(+228,038)
Subtotal, NIA	3,543,673	3,225,782	3,837,188	+293,515	+611,406

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)	624,889	568,480	630,263	+5,374	+61,783
Title VI Emergency Funding	---	---	(40,212)	(+40,212)	(+40,212)
Subtotal, NIAMS	624,889	568,480	670,475	+45,586	+101,995
National Institute on Deafness and Other Communication Disorders (NIDCD)	490,692	446,397	494,912	+4,220	+48,515
Title VI Emergency	---	---	(31,576)	(+31,576)	(+31,576)
Subtotal, NIDCD	490,692	446,397	526,488	+35,796	+80,091
National Institute of Nursing Research (NINR)	169,113	156,804	170,567	+1,454	+13,763
Title VI Emergency	---	---	(10,883)	(+10,883)	(+10,883)
Subtotal, NINR	169,113	156,804	181,450	+12,337	+24,646
National Institute on Alcohol Abuse and Alcoholism (NIAAA)	545,373	497,346	550,063	+4,690	+52,717
Title VI- Emergency Funding	---	---	(35,095)	(+35,095)	(+35,095)
Subtotal, NIAAA	545,373	497,346	585,158	+39,785	+87,812
National Institute on Drug Abuse (NIDA)	1,462,016	1,431,770	1,474,590	+12,574	+42,820
Title VI Emergency Funding	---	---	(94,082)	(+94,082)	(+94,082)
Subtotal, NIDA	1,462,016	1,431,770	1,568,672	+106,656	+136,902

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
National Institute of Mental Health (NIMH)	1,968,374	1,794,865	2,005,303	+36,929	+210,438
NIH Innovation Account, CURES Act2/	70,000	50,000	50,000	-20,000	---
Title VI-Emergency Funding	---	---	(131,171)	(+131,171)	(+131,171)
Subtotal, NIMH	2,038,374	1,844,865	2,186,474	+148,100	+341,609
National Human Genome Research Institute (NHGRI)	606,349	550,116	611,564	+5,215	+61,448
Title VI Emergency Funding	---	---	(39,019)	(+39,019)	(+39,019)
Subtotal, NHGRI	606,349	550,116	650,583	+44,234	+100,467
National Institute of Biomedical Imaging and Bioengineering (NIBIB)	403,638	368,111	407,109	+3,471	+38,998
Title VI Emergency Funding	---	---	(25,974)	(+25,974)	(+25,974)
Subtotal, NIBIB	403,638	368,111	433,083	+29,445	+64,972
National Center for Complementary and Integrative Health (NCCIH)	151,740	138,167	153,045	+1,305	+14,878
Title VI Emergency Funding	---	---	(9,765)	(+9,765)	(+9,765)
Subtotal, NCCIH	151,740	138,167	162,810	+11,070	+24,643
National Institute on Minority Health and Health Disparities (NIMHD)	335,812	305,498	343,700	+7,888	+38,202
Title VI Emergency Funding	---	---	(21,610)	(+21,610)	(+21,610)
Subtotal. NIMHD	335,812	305,498	365,310	+29,498	+59,812

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
John E. Fogarty International Center (FIC)	80,760	73,531	86,455	+5,695	+12,924
Title VI Emergency Funding	---	---	(5,197)	(+5,197)	(+5,197)
Subtotal, FIC	80,760	73,531	91,652	+10,892	+18,121
National Library of Medicine (NLM)	456,911	415,665	460,841	+3,930	+45,176
Title VI Emergency Funding	---	---	(29,403)	(+29,403)	(+29,403)
Subtotal, NLM	456,911	415,665	490,244	+33,333	+74,579
National Institute for Research on Safety and Quality (NIRSQ)	---	256,660	---	---	-256,660
National Center for Advancing Translational Sciences (NCATS)	832,888	787,703	840,051	+7,163	+52,348
Title VI Emergency Funding	---	---	(53,597)	(+53,597)	(+53,597)
Subtotal, NCATS	832,888	787,703	893,648	+60,760	+105,945
Office of the Director	2,239,787	2,086,463	2,324,548	+84,761	+238,085
Common Fund (non-add)	(626,511)	(583,867)	(631,899)	(+5,388)	(+48,032)
Office for Research on Women's Health (non-add)	(38,925)	---	(43,925)	(+5,000)	(+43,925)
Gabriella Miller Kids First Research Act (Common Fund add)	12,600	12,600	12,600	---	---
Title VI Emergency Funding	---	---	(2,275,000)	(+2,275,000)	(+2,275,000)
Subtotal, OD, program level with Title VI Emergency Funding	2,252,387	2,099,063	4,612,148	+2,359,761	+2,513,085
Transfers from Non-Recurring Expense Fund (non-add)	(2,086,463)	---	---	(-2,086,463)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
NIH Innovation Account, CURES Act2/	157,000	109,000	109,000	-48,000	---
Buildings and Facilities	200,000	300,000	200,000	---	-100,000
Title VI Emergency Funding	---	---	(225,000)	(+225,000)	(+225,000)
Subtotal, Buildings and Facilities	200,000	300,000	425,000	+225,000	+125,000
Total, National Institutes of Health (NIH)	40,228,179	37,630,491	40,617,687	+389,508	+2,987,196
(Evaluation Tap Funding)	(1,230,821)	(741,000)	(1,341,313)	(+110,492)	(+600,313)
Total, NIH Program Level	41,459,000	38,371,491	41,959,000	+500,000	+3,587,509
Transfers from Nonrecurring Expenses Fund	(225,000)	---	---	(-225,000)	---
Total, NIH Program Level (with transfer)	41,684,000	38,371,491	41,959,000	+275,000	+3,587,509
Title VI Emergency Funding	---	---	(5,000,000)	(+5,000,000)	(+5,000,000)
Total, NIH, program level with Title VI Emergency Funding	41,684,000	38,371,491	46,959,000	+5,275,000	+8,587,509

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)					
Mental Health					
Programs of Regional and National Significance	448,774	440,906	468,774	+20,000	+27,868
Prevention and Public Health Fund 1/	(12,000)	---	(12,000)	---	(+12,000)
Subtotal	460,774	440,906	480,774	+20,000	+39,868
Community Mental Health Services Block Grant (MHBG)	701,532	736,532	736,532	+35,000	---
Evaluation Tap Funding	(21,039)	(21,039)	(21,039)	---	---
Subtotal	(722,571)	(757,571)	(757,571)	(+35,000)	---
Certified Community Behavioral Health Clinics	200,000	225,000	225,000	+25,000	---
National Child Traumatic Stress Initiative	68,887	68,887	71,887	+3,000	+3,000
Children's Mental Health Services	125,000	125,000	125,000	---	---
Projects for Assistance in Transition from Homelessness (PATH)	64,635	64,635	64,635	---	---
Protection and Advocacy for Individuals with Mental Illness (PAIMI)	36,146	14,146	36,146	---	+22,000
Subtotal, Mental Health	1,644,974	1,675,106	1,727,974	+83,000	+52,868
(Evaluation Tap Funding)	(21,039)	(21,039)	(21,039)	---	---
(Prevention and Public Health Fund 1/)	(12,000)	---	(12,000)	---	(+12,000)
Subtotal, Mental Health program level	(1,678,013)	(1,696,145)	(1,761,013)	(+83,000)	(+64,868)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Substance Abuse Treatment					
Programs of Regional and National Significance.....	477,677	364,677	487,677	+10,000	+123,000
Evaluation Tap Funding.....	(2,000)	---	(2,000)	---	(+2,000)
Subtotal.....	(479,677)	(364,677)	(489,677)	(+10,000)	(+125,000)
Substance Abuse Prevention and Treatment Block Grant..	1,778,879	1,778,879	1,778,879	---	---
Evaluation Tap Funding.....	(79,200)	(79,200)	(79,200)	---	---
Subtotal. block grant.....	(1,858,079)	(1,858,079)	(1,858,079)	---	---
State Opioid Response grants.....	1,500,000	1,585,000	1,500,000	---	-85,000
Subtotal, Substance Abuse Treatment.....	3,756,556	3,728,556	3,766,556	+10,000	+38,000
(Evaluation Tap Funding).....	(81,200)	(79,200)	(81,200)	---	(+2,000)
Subtotal, Program level.....	(3,837,756)	(3,807,756)	(3,847,756)	(+10,000)	(+40,000)
Substance Abuse Prevention					
Programs of Regional and National Significance.....	206,469	96,985	209,469	+3,000	+112,484
Total, Substance Abuse Prevention.....	206,469	96,985	209,469	+3,000	+112,484

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Health Surveillance and Program Support	128,830	97,004	128,830	---	+31,826
Evaluation Tap Funding (NA)	(31,428)	(42,453)	(31,428)	---	(-11,025)
Subtotal	160,258	139,457	160,258	---	+20,801
Total, SAMHSA	5,736,829	5,597,651	5,832,829	+96,000	+235,178
(Evaluation Tap Funding)	(133,667)	(142,692)	(133,667)	---	(-9,025)
(Prevention and Public Health Fund 1/)	(12,000)	---	(12,000)	---	(+12,000)
Total, SAMHSA Program Level	(5,882,496)	(5,740,343)	(5,978,496)	(+96,000)	(+238,153)
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)3/					
Healthcare Research and Quality					
Research on Health Costs, Quality, and Outcomes:					
Federal Funds	196,709	---	---	-196,709	---
Evaluation Tap funding	---	---	(199,909)	(+199,909)	(+199,909)
Medical Expenditures Panel Surveys:					
Federal Funds	69,991	---	71,791	+1,800	+71,791

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Program Support:					
Federal Funds	71,300	---	71,300	---	+71,300
Total, AHRQ Program Level 3/	(338,000)	---	(343,000)	(+5,000)	(+343,000)
Federal funds 3/	(338,000)	---	(143,091)	(-194,909)	(+143,091)
(Evaluation Tap Funding)	---	---	(199,909)	(+199,909)	(+199,909)
Total, Public Health Service (PHS) appropriation	60,531,371	55,419,703	61,190,669	+659,298	+5,770,966
Total, Public Health Service Program Level	(63,212,109)	(57,765,753)	(63,733,708)	(+521,599)	(+5,967,955)
CENTERS FOR MEDICARE AND MEDICAID SERVICES					
Grants to States for Medicaid					
Medicaid Current Law Benefits	383,836,264	425,687,169	425,687,169	+41,850,905	---
State and Local Administration	22,522,603	23,168,636	23,168,636	+646,033	---
Vaccines for Children	4,761,408	4,951,369	4,951,369	+189,961	---
Total, Medicaid Program Level, available this fiscal year	411,120,275	453,807,174	453,807,174	+42,686,899	---
New advance, 1st quarter, FY 2022	139,903,075	148,732,315	148,732,315	+8,829,240	---
Less appropriations provided in prior years	-137,931,797	-139,903,075	-139,903,075	-1,971,278	---
Total, Grants to States for Medicaid, appropriated in this bill	413,091,553	462,636,414	462,636,414	+49,544,861	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Payments to Health Care Trust Funds					
Supplemental Medical Insurance	304,044,600	325,500,000	325,500,000	+21,455,400	---
Federal Uninsured Payment	109,000	95,000	95,000	-14,000	---
Program Management	913,000	904,000	904,000	-9,000	---
General Revenue for Part D Benefit	104,539,500	111,800,000	111,800,000	+7,260,500	---
General Revenue for Part D Administration	861,000	882,000	882,000	+21,000	---
HCFAC Reimbursement	324,000	328,000	328,000	+4,000	---
State Low-Income Determination for Part D	5,000	5,000	5,000	---	---
Total, Payments to Trust Funds	410,796,100	439,514,000	439,514,000	+28,717,900	---
Program Management					
Research, Demonstration, Evaluation	20,054	---	20,054	---	+20,054
Program Operations	2,519,823	2,478,823	2,824,823	+305,000	+346,000
State Survey and Certification	397,334	442,192	407,334	+10,000	-34,858
Federal Administration	732,533	772,533	732,533	---	-40,000
Total, Program management	3,669,744	3,693,548	3,984,744	+315,000	+291,196
Health Care Fraud and Abuse Control Account					
Centers for Medicare and Medicaid Services	610,000	628,356	615,000	+5,000	-13,356
HHS Office of Inspector General	93,000	101,644	98,000	+5,000	-3,644

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Department of Justice	83,000	83,000	94,000	+11,000	+11,000
Total, Health Care Fraud and Abuse Control					
(Trust funds)	786,000	813,000	807,000	+21,000	-6,000
Program integrity (cap adjustment)	(475,000)	(496,000)	(496,000)	(+21,000)	---
Total, Centers for Medicare and Medicaid Services	828,343,397	906,656,962	906,942,158	+78,598,761	+285,196
Federal funds	823,887,653	902,150,414	902,150,414	+78,262,761	---
Current year	(683,984,578)	(753,418,099)	(753,418,099)	(+69,433,521)	---
FY 2022 Advance	(139,903,075)	(148,732,315)	(148,732,315)	(+8,829,240)	---
Trust Funds	4,455,744	4,506,548	4,791,744	+336,000	+285,196
ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)					
Payments to States for Child Support Enforcement and Family Support Programs					
Payments to Territories	33,000	33,000	33,000	---	---
Repatriation	1,000	1,000	1,000	---	---
Subtotal	34,000	34,000	34,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Child Support Enforcement:					
State and Local Administration	3,648,494	3,788,273	3,788,273	+139,779	---
Federal Incentive Payments	597,506	606,727	606,727	+9,221	---
Access and Visitation	10,000	10,000	10,000	---	---
Subtotal, Child Support Enforcement	4,256,000	4,405,000	4,405,000	+149,000	---
Total, Family Support Payments Program Level, available this fiscal year	4,290,000	4,439,000	4,439,000	+149,000	---
New advance, 1st quarter, FY 2022	1,400,000	1,400,000	1,400,000	---	---
Less appropriations provided in prior years	-1,400,000	-1,400,000	-1,400,000	---	---
Total, Family Support Payments, available in this bill	4,290,000	4,439,000	4,439,000	+149,000	---
Low Income Home Energy Assistance Program (LIHEAP)					
Formula Grants	3,740,304	---	3,765,304	+25,000	+3,765,304
Total, LIHEAP, Program Level	3,740,304	---	3,765,304	+25,000	+3,765,304
Refugee and Entrant Assistance					
Transitional and Medical Services	354,000	278,559	354,000	---	+75,441
Refugee Support Services	207,201	150,821	207,201	---	+56,380
Victims of Trafficking	27,755	27,755	29,755	+2,000	+2,000
Unaccompanied Alien Children (UAC)	1,303,245	1,983,245	1,303,245	---	-680,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Victims of Torture	16,000	16,000	17,000	+1,000	+1,000
Total, Refugee and Entrant Assistance	1,908,201	2,456,380	1,911,201	+3,000	-545,179
Payments to States for the Child Care and Development Block Grant	5,826,000	5,826,000	5,926,000	+100,000	+100,000
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	10,613,095	10,613,095	10,763,095	+150,000	+150,000
Preschool Development Grants	275,000	---	300,000	+25,000	+300,000
Runaway and Homeless Youth Program	113,780	113,780	120,000	+6,220	+6,220
Service Connection for Youth on the Streets	18,641	18,641	20,000	+1,359	+1,359
Child Abuse State Grants	90,091	90,091	92,591	+2,500	+2,500
Child Abuse Discretionary Activities	35,000	51,000	37,500	+2,500	-13,500
Community Based Child Abuse Prevention	55,660	55,660	63,160	+7,500	+7,500
Child Welfare Services	268,735	268,735	268,735	---	---
Child Welfare Training, Research, or Demonstration projects	17,984	20,984	17,984	---	-3,000
Adoption Opportunities	42,100	42,100	42,100	---	---
Adoption Incentive Grants	75,000	75,000	75,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Social Services and Income Maintenance Research.....	7,012	6,512	7,512	+500	+1,000
Native American Programs.....	56,050	57,275	60,000	+3,950	+2,725
Community Services:					
Community Services Block Grant Act programs:					
Grants to States for Community Services.....	740,000	---	750,000	+10,000	+750,000
Economic Development.....	20,383	---	20,383	---	+20,383
Rural Community Facilities.....	10,000	---	10,000	---	+10,000
Subtotal, Community Services.....	770,383	---	780,383	+10,000	+780,383
Domestic Violence Hotline.....	12,000	12,000	14,000	+2,000	+2,000
Family Violence Prevention and Services.....	175,000	175,000	185,000	+10,000	+10,000
Chafee Education and Training Vouchers.....	43,257	43,257	43,257	---	---
Disaster Human Services Case Management.....	1,864	4,000	1,864	---	-2,136
Program Direction.....	206,000	209,000	206,000	---	-3,000
Total, Children and Families Services Programs..	12,876,652	11,856,130	13,098,181	+221,529	+1,242,051

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Promoting Safe and Stable Families	345,000	345,000	345,000	---	---
Discretionary Funds	92,515	59,765	59,765	-32,750	---
Total, Promoting Safe and Stable Families	437,515	404,765	404,765	-32,750	---
Payments for Foster Care and Permanency					
Foster Care	5,253,000	5,795,634	5,795,634	+542,634	---
Adoption Assistance	2,931,000	3,802,045	3,802,045	+871,045	---
Guardianship	217,000	270,858	270,858	+53,858	---
Independent Living	143,000	143,000	143,000	---	---
Total, Payments to States, available this fiscal year	8,544,000	10,011,537	10,011,537	+1,467,537	---
Advance appropriations, 1st quarter, FY 2022	3,000,000	3,000,000	3,000,000	---	---
less appropriations provided in prior years	-2,800,000	-3,000,000	-3,000,000	-200,000	---
Total, Payments to States, available in this bill	8,744,000	10,011,537	10,011,537	+1,267,537	---
Total, Administration for Children and Familiies	39,522,672	34,993,812	41,255,988	+1,733,316	+6,262,176
Current year appropriations	(35,122,672)	(30,593,812)	(36,855,988)	(+1,733,316)	(+6,262,176)
Advance appropriations	(4,400,000)	(4,400,000)	(4,400,000)	---	---
Total, ACF Program Level	39,522,672	34,993,812	41,255,988	+1,733,316	+6,262,176

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
ADMINISTRATION FOR COMMUNITY LIVING					
Aging and Disability Services Programs					
Grants to States:					
Home and Community-based Supportive Services.....	390,074	390,074	400,074	+10,000	+10,000
Preventive Health.....	24,848	24,848	24,848	---	---
Protection of Vulnerable Older Americans-Title VII	22,658	20,628	24,658	+2,000	+4,030
Subtotal.....	437,580	435,550	449,580	+12,000	+14,030
Family Caregivers.....	185,936	150,586	193,936	+8,000	+43,350
Native American Caregivers Support.....	10,306	10,306	12,306	+2,000	+2,000
Subtotal, Caregivers.....	196,242	160,892	206,242	+10,000	+45,350
Nutrition:					
Congregate Meals.....	510,342	510,342	520,342	+10,000	+10,000
Home Delivered Meals.....	266,342	266,342	276,342	+10,000	+10,000
Nutrition Services Incentive Program.....	160,069	160,069	160,069	---	---
Subtotal.....	936,753	936,753	956,753	+20,000	+20,000
Subtotal, Grants to States.....	1,570,575	1,533,195	1,612,575	+42,000	+79,380

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Grants for Native Americans	34,708	34,708	37,208	+2,500	+2,500
Aging Network Support Activities	12,461	11,503	12,461	---	+958
Alzheimer's Disease Program	11,800	26,500	11,800	---	-14,700
Prevention and Public Health Fund 1/	(14,700)	---	(14,700)	---	(+14,700)
Lifespan Respite Care	6,110	3,360	10,000	+3,890	+6,640
Chronic Disease Self-Management Program	---	---	---	---	---
Prevention and Public Health Fund 1/	(8,000)	---	(8,000)	---	(+8,000)
Elder Falls Prevention	---	---	---	---	---
Prevention and Public Health Fund 1/	(5,000)	---	(5,000)	---	(+5,000)
Elder Rights Support Activities	15,874	17,874	17,874	+2,000	---
Aging and Disability Resources	8,119	6,119	8,119	---	+2,000
State Health Insurance Program	52,115	36,115	54,115	+2,000	+18,000
Paralysis Resource Center	9,700	9,700	9,700	---	---
Limb Loss Resource Center	4,000	4,000	4,000	---	---
Traumatic Brain Injury	11,321	11,321	11,321	---	---
Developmental Disabilities Programs:					
State Councils	78,000	56,000	80,000	+2,000	+24,000
Protection and Advocacy	40,784	38,734	41,784	+1,000	+3,050
Voting Access for Individuals with Disabilities	7,463	7,463	8,463	+1,000	+1,000
Developmental Disabilities Projects of National Significance	12,250	1,050	12,250	---	+11,200
University Centers for Excellence in Developmental Disabilities	41,619	32,546	41,619	---	+9,073
Subtotal, Developmental Disabilities Programs	180,116	135,793	184,116	+4,000	+48,323
Workforce Innovation and Opportunity Act Independent Living	116,183	113,646	116,183	---	+2,537

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
National Institute on Disability, Independent Living, and Rehabilitation Research.....	111,970	90,371	111,970	---	+21,599
Assistive Technology.....	37,000	31,939	37,000	---	+5,061
Subtotal, Workforce Innovation and Opportunity Act.....	265,153	235,956	265,153	---	+29,197
Program Administration.....	41,063	42,063	41,063	---	-1,000
Total, Administration for Community Living.....	2,223,115	2,108,207	2,279,505	+56,390	+171,298
Federal funds.....	(2,171,000)	(2,072,092)	(2,225,390)	(+54,390)	(+153,298)
Trust Funds.....	(52,115)	(36,115)	(54,115)	(+2,000)	(+18,000)
(Prevention and Public Health Fund 1/).....	(27,700)	---	(27,700)	---	(+27,700)
Total, ACL program level.....	2,250,815	2,108,207	2,307,205	+56,390	+198,998
OFFICE OF THE SECRETARY					
General Departmental Management					
General Departmental Management, Federal Funds.....	196,419	200,895	194,419	-2,000	-6,476
Teen Pregnancy Prevention Community Grants.....	101,000	---	101,000	---	+101,000
Evaluation Tap Funding.....	(6,800)	---	(6,800)	---	(+6,800)
Subtotal, Grants.....	(107,800)	---	(107,800)	---	(+107,800)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Sexual Risk Avoidance	35,000	---	---	-35,000	---
Health Care Workforce Commission	---	---	3,000	+3,000	+3,000
Office of Minority Health	58,670	58,670	65,000	+6,330	+6,330
Office on Women's Health	33,640	33,640	36,640	+3,000	+3,000
Minority HIV/AIDS prevention and treatment	53,900	53,900	56,900	+3,000	+3,000
Embryo Adoption Awareness Campaign	1,000	---	1,000	---	+1,000
Planning and Evaluation, Evaluation Tap Funding	(58,028)	(73,840)	(58,028)	---	(-15,812)
Total, General Departmental Management	479,629	347,105	457,959	-21,670	+110,854
Federal Funds	(479,629)	(347,105)	(457,959)	(-21,670)	(+110,854)
(Evaluation Tap Funding)	(64,828)	(73,840)	(64,828)	---	(-9,012)
Total, General Departmental Management program level	544,457	420,945	522,787	-21,670	+101,842
Medicare Hearings and Appeals	191,881	196,381	191,881	---	-4,500
Office of the National Coordinator for Health Information Technology	60,367	50,717	60,367	---	+9,650

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Office of Inspector General					
Inspector General Federal Funds.....	80,000	90,000	80,000	---	-10,000
Office for Civil Rights					
Federal Funds.....	38,798	30,286	38,798	---	+8,512
Retirement Pay and Medical Benefits for Commissioned Officers					
Retirement Payments.....	491,090	524,818	524,818	+33,728	---
Survivors Benefits.....	31,650	31,925	31,925	+275	---
Dependents' Medical Care.....	100,851	96,280	96,280	-4,571	---
Total, Benefits for Commissioned Officers.....	623,591	653,023	653,023	+29,432	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Public Health and Social Services Emergency Fund (PHSSEF)					
Assistant Secretary for Preparedness and Response					
Operations	30,938	30,938	30,938	---	---
Preparedness and Emergency Operations	24,654	27,154	24,654	---	-2,500
National Disaster Medical System	57,404	88,404	67,404	+10,000	-21,000
Hospital Preparedness Cooperative Agreement Grants:					
Formula Grants	275,555	257,555	300,555	+25,000	+43,000
Biomedical Advanced Research and Development Authority (BARDA)	561,700	561,700	561,700	---	---
Policy and Planning	14,877	19,877	19,877	+5,000	---
Project BioShield	735,000	535,000	735,000	---	+200,000
Strategic National Stockpile	705,000	705,000	705,000	---	---
Medical Reserve Corps	6,000	3,900	6,000	---	+2,100
Preparedness and Response Innovation	---	15,000	---	---	-15,000
Subtotal, Preparedness and Response	2,411,128	2,244,528	2,451,128	+40,000	+206,600

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Assistant Secretary for Administration					
Assistant Secretary for Administration, Cybersecurity.	58,860	67,053	57,820	-1,040	-9,233
Administrative transfer to Office of Security and Strategic Information.....	(-1,040)	---	---	(+1,040)	---
Subtotal.....	57,820	67,053	57,820	---	-9,233
Office of Security and Strategic Information.....	7,470	8,884	8,510	+1,040	-374
Administrative transfer from Asst. Sec. for Admin. Cybersecurity.....	(1,040)	---	---	(-1,040)	---
Subtotal (including transfer).....	8,510	8,884	8,510	---	-374
Office of the Assistant Secretary of Health.....	---	11,000	---	---	-11,000
Public Health and Science					
Pandemic Influenza Preparedness.....	260,000	310,000	310,000	+50,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Title VI Emergency Funding	---	---	(4,500,000)	(+4,500,000)	(+4,500,000)
Title VI Emergency Funding - Public Health Emergency Fund	---	---	(5,000,000)	(+5,000,000)	(+5,000,000)
Subtotal, Non-pandemic flu/BioShield/SNS	1,037,458	1,091,465	1,077,458	+40,000	-14,007
Total, PHSSEF	2,737,458	2,641,465	2,827,458	+90,000	+185,993
Total, Office of the Secretary	4,211,724	4,008,977	4,309,486	+97,762	+300,509
Federal Funds	4,019,843	3,812,596	4,117,605	+97,762	+305,009
Trust Funds	191,881	196,381	191,881	---	-4,500
(Evaluation Tap Funding)	(64,828)	(73,840)	(64,828)	---	(-9,012)
Total, Office of the Secretary Program Level	4,276,552	4,082,817	4,374,314	+97,762	+291,497
Total, Title II, Department of Health and Human Services	934,832,279	1,003,187,661	1,015,977,806	+81,145,527	+12,790,145
Federal Funds	929,630,339	998,028,417	1,010,525,866	+80,895,527	+12,497,449
Current year appropriations	(785,327,264)	(844,896,102)	(857,393,551)	(+72,066,287)	(+12,497,449)
Advance appropriations	(144,303,075)	(153,132,315)	(153,132,315)	(+8,829,240)	---
Trust Funds	(4,709,940)	(4,755,244)	(5,047,940)	(+338,000)	(+292,696)
CURES Act2/	(492,000)	(404,000)	(404,000)	(-88,000)	---
Prevention and Public Health Fund 1/	(893,950)	(893,950)	(895,850)	(+1,900)	(+1,900)
Transfers from Nonrecurring Expenses Fund	(450,000)	---	---	(-450,000)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request

Title II Footnotes:
1/ Sec.4002 of Public Law 111-148
2/ 21St Century CURES Act (Public Law 114-255)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE III - DEPARTMENT OF EDUCATION					
IMPROVING ELEMENTARY AND SECONDARY EDUCATION					
Elementary and Secondary Education for the Disadvantaged Block Grant	---	6,840,812	---	---	-6,840,812
Advance appropriations, FY 2022	---	12,522,618	---	---	-12,522,618
Total	---	19,363,430	---	---	-19,363,430
EDUCATION FOR THE DISADVANTAGED					
Grants to Local Educational Agencies (LEAs)					
Basic Grants:					
Appropriations from prior year advances	1,440,776	990,776	990,776	-450,000	---
Forward funded	5,463,625	---	5,717,625	+254,000	+5,717,625
Current appropriation	5,000	---	5,000	---	+5,000
Subtotal, Basic grants available this fiscal year	5,468,625	---	5,722,625	+254,000	+5,722,625
Advance appropriations, FY 2022	990,776	---	736,776	-254,000	+736,776
less appropriations available from prior year advances	-1,440,776	-990,776	-990,776	+450,000	---
Subtotal, Basic grants, appropriated in this bill	6,459,401	---	6,459,401	---	+6,459,401

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Concentration Grants:					
Appropriations from prior year advances.....	1,362,301	1,362,301	1,362,301	---	---
Advance appropriations FY 2022.....	1,362,301	---	1,362,301	---	+1,362,301
less appropriations provided from prior year advances.....	-1,362,301	-1,362,301	-1,362,301	---	---
Subtotal, Concentration grants, appropriated in this bill.....	1,362,301	---	1,362,301	---	+1,362,301
Targeted Grants:					
Appropriations from prior year advances.....	4,019,050	4,244,050	4,244,050	+225,000	---
Advance appropriations FY 2022.....	4,244,050	---	4,371,050	+127,000	+4,371,050
less appropriations provided from prior year advances.....	-4,019,050	-4,244,050	-4,244,050	-225,000	---
Subtotal, Targeted Grants, appropriated in this bill.....	4,244,050	---	4,371,050	+127,000	+4,371,050

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Education Finance Incentive Grants:					
Appropriations from prior year advances.....	4,019,050	---	4,244,050	+225,000	+4,244,050
Advance appropriations, FY 2022.....	4,244,050	---	4,371,050	+127,000	+4,371,050
less appropriations provided from prior year advances.....	-4,019,050	---	-4,244,050	-225,000	-4,244,050
Subtotal, Education Finance Incentive Grants, appropriated in this bill.....	4,244,050	---	4,371,050	+127,000	+4,371,050
Subtotal, Grants to LEAs, program level appropriated in this bill.....	16,309,802	---	16,563,802	+254,000	+16,563,802
Innovative Approaches to Literacy.....	27,000	---	28,500	+1,500	+28,500
Comprehensive literacy development grants.....	192,000	---	192,000	---	+192,000
State Agency Programs:					
Migrant.....	374,751	---	378,501	+3,750	+378,501
Neglected and Delinquent/High Risk Youth.....	47,614	---	48,864	+1,250	+48,864
Subtotal, State Agency programs.....	422,365	---	427,365	+5,000	+427,365

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Special Programs for Migrant Students.....	45,623	---	46,623	+1,000	+46,623
Total, Education for the disadvantaged.....	16,996,790	---	17,258,290	+261,500	+17,258,290
Current Year appropriations.....	(6,155,613)	---	(6,417,113)	(+261,500)	(+6,417,113)
(Forward Funded).....	(6,077,990)	---	(6,336,990)	(+259,000)	(+6,336,990)
FY 2022 Advances.....	(10,841,177)	---	(10,841,177)	---	(+10,841,177)
IMPACT AID					
Basic Support Payments.....	1,340,242	1,340,242	1,345,242	+5,000	+5,000
Payments for Children with Disabilities.....	48,316	48,316	48,316	---	---
Facilities Maintenance (Sec. 8008).....	4,835	4,835	4,835	---	---
Construction (Sec. 8007).....	17,406	17,406	17,406	---	---
Payments for Federal Property (Sec. 8002).....	75,313	---	75,313	---	+75,313
Total, Impact aid.....	1,486,112	1,410,799	1,491,112	+5,000	+80,313
SCHOOL IMPROVEMENT PROGRAMS					
Supporting Effective Instruction State Grants.....	450,389	---	472,889	+22,500	+472,889
Appropriations from prior year advances.....	1,681,441	1,681,441	1,681,441	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Advance appropriations, FY 2022	1,681,441	---	1,681,441	---	+1,681,441
less appropriations provided from prior year advances	-1,681,441	-1,681,441	-1,681,441	---	---
Subtotal, Supporting Effective Instruction State Grants, program level appropriated in this bill	2,131,830	---	2,154,330	+22,500	+2,154,330
Supplemental Education Grants	16,699	16,699	16,699	---	---
Nita M. Lowey 21st Century Community Learning Centers	1,249,673	---	1,262,673	+13,000	+1,262,673
State Assessments	378,000	369,100	378,000	---	+8,900
Education for Homeless Children and Youth	101,500	---	102,650	+1,150	+102,650
Training and Advisory Services (Civil Rights)	6,575	6,575	6,575	---	---
Education for Native Hawaiians	36,897	---	37,897	+1,000	+37,897
Alaska Native Education Equity	35,953	---	35,953	---	+35,953
Rural Education	185,840	---	186,840	+1,000	+186,840
Comprehensive Centers	52,000	---	52,000	---	+52,000
Student Support and Academic Enrichment grants	1,210,000	---	1,220,000	+10,000	+1,220,000
Total, School Improvement Programs	5,404,967	392,374	5,453,617	+48,650	+5,061,243
Current Year appropriations	(3,723,526)	(392,374)	(3,772,176)	(+48,650)	(+3,379,802)
(Forward Funded)	(3,575,402)	(369,100)	(3,623,052)	(+47,650)	(+3,253,952)
Advance appropriations	(1,681,441)	---	(1,681,441)	---	(+1,681,441)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
INDIAN EDUCATION					
Grants to Local Educational Agencies	105,381	105,381	105,381	---	---
Federal Programs:					
Special Programs for Indian Children	67,993	67,993	67,993	---	---
National Activities	7,365	7,365	7,865	+500	+500
Subtotal, Federal Programs	75,358	75,358	75,858	+500	+500
Total, Indian Education	180,739	180,739	181,239	+500	+500
INNOVATION AND IMPROVEMENT					
Education Innovation and Research	190,000	---	195,000	+5,000	+195,000
American History and Civics Academies	1,815	---	2,315	+500	+2,315
American History and Civics National Activities	3,000	---	3,500	+500	+3,500
Charter Schools Grants	440,000	---	400,000	-40,000	+400,000
Magnet Schools Assistance	107,000	---	109,000	+2,000	+109,000
Teacher and School Leader Incentive Grants	200,000	---	200,000	---	+200,000
Ready-to-Learn Television	29,000	---	30,000	+1,000	+30,000
Supporting Effective Educator Development (SEED)	80,000	---	80,000	---	+80,000
Arts in Education	30,000	---	31,000	+1,000	+31,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Javits Gifted and Talented Students	13,000	---	14,000	+1,000	+14,000
Statewide Family Engagement Centers	10,000	---	10,000	---	+10,000
Total, Innovation and Improvement	1,103,815	---	1,074,815	-29,000	+1,074,815
SAFE SCHOOLS AND CITIZENSHIP EDUCATION					
Promise Neighborhoods	80,000	---	82,000	+2,000	+82,000
School Safety National Activities	105,000	---	106,000	+1,000	+106,000
Full-Service Community Schools	25,000	---	30,000	+5,000	+30,000
Total, Safe Schools and Citizenship Education	210,000	---	218,000	+8,000	+218,000
ENGLISH LANGUAGE ACQUISITION					
Current funded	51,181	---	51,831	+650	+51,831
Forward funded	736,219	---	745,569	+9,350	+745,569
Total, English Language Acquisition	787,400	---	797,400	+10,000	+797,400

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
SPECIAL EDUCATION					
State Grants:					
Grants to States Part B current year	3,481,009	3,581,009	3,674,509	+193,500	+93,500
Part B advance from prior year	(9,283,383)	(9,283,383)	(9,283,383)	---	---
Grants to States Part B (FY 2022)	9,283,383	9,283,383	9,283,383	---	---
Subtotal, program level	12,764,392	12,864,392	12,957,892	+193,500	+93,500
Preschool Grants	394,120	394,120	397,620	+3,500	+3,500
Grants for Infants and Families	477,000	477,000	481,850	+4,850	+4,850
Subtotal, program level	13,635,512	13,735,512	13,837,362	+201,850	+101,850
IDEA National Activities (current funded):					
State Personnel Development	38,630	38,630	38,630	---	---
Technical Assistance and Dissemination	44,345	44,345	44,345	---	---
Special Olympics Education Programs	20,083	20,083	25,000	+4,917	+4,917
Personnel Preparation	89,700	89,700	90,700	+1,000	+1,000
Parent Information Centers	27,411	27,411	27,411	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Educational Technology, Media, and Materials.....	29,547	29,547	29,547	---	---
Subtotal, IDEA National Activities.....	249,716	249,716	255,633	+5,917	+5,917
Total, Special education.....	13,885,228	13,985,228	14,092,995	+207,767	+107,767
Current Year appropriations.....	(4,601,845)	(4,701,845)	(4,809,612)	(+207,767)	(+107,767)
(Forward Funded).....	(4,352,129)	(4,452,129)	(4,553,979)	(+201,850)	(+101,850)
Advance appropriations.....	(9,283,383)	(9,283,383)	(9,283,383)	---	---
REHABILITATION SERVICES					
Vocational Rehabilitation State Grants.....	3,610,040	3,667,801	3,667,801	+57,761	---
Client Assistance State grants.....	13,000	13,000	13,000	---	---
Training.....	29,388	29,388	29,388	---	---
Demonstration and Training programs.....	5,796	5,796	5,796	---	---
Protection and Advocacy of Individual Rights (PAIR)...	17,650	17,650	18,650	+1,000	+1,000
Supported Employment State grants.....	22,548	---	22,548	---	+22,548
Independent Living:					
Services for Older Blind Individuals.....	33,317	33,317	33,317	---	---
Helen Keller National Center for Deaf/Blind Youth and Adults.....	16,000	16,000	17,000	+1,000	+1,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Temporary Grants to Blind Vendors	---	---	20,000	+20,000	+20,000
Total, Rehabilitation Services	3,747,739	3,782,952	3,827,500	+79,761	+44,548
(Discretionary)	137,699	115,151	159,699	+22,000	+44,548
(Mandatory)	3,610,040	3,667,801	3,667,801	+57,761	---
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES					
American Printing House for the Blind	32,431	32,431	32,931	+500	+500
National Technical Institute for the Deaf (NTID):					
Operations	79,500	79,500	81,000	+1,500	+1,500
Gallaudet University:					
Operations	137,361	137,361	139,861	+2,500	+2,500
Total, Special Institutions for Persons with Disabilities	249,292	249,292	253,792	+4,500	+4,500
CAREER, TECHNICAL, AND ADULT EDUCATION					
Career Education:					
Basic State Grants/Secondary & Technical Education					
State Grants	491,598	1,171,598	509,598	+18,000	-662,000
Appropriations available from prior year advances	791,000	791,000	791,000	---	---
Total, available this fiscal year	1,282,598	1,962,598	1,300,598	+18,000	-662,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Advance appropriations, FY 2022	791,000	791,000	791,000	---	---
less appropriations provided in prior years	-791,000	-791,000	-791,000	---	---
Subtotal, Basic State Grants, program level, appropriated in this bill	1,282,598	1,962,598	1,300,598	+18,000	-662,000
National Programs	7,421	90,000	7,421	---	-82,579
Subtotal, Career Education	1,290,019	2,052,598	1,308,019	+18,000	-744,579
Adult Education:					
State Grants/Adult Basic and Literacy Education:					
State Grants, forward funded	656,955	656,955	663,955	+7,000	+7,000
National Leadership Activities	13,712	13,712	13,712	---	---
Subtotal, Adult education	670,667	670,667	677,667	+7,000	+7,000
Total, Career, Technical, and Adult Education	1,960,686	2,723,265	1,985,686	+25,000	-737,579
Current Year appropriations	(1,169,686)	(1,932,265)	(1,194,686)	(+25,000)	(-737,579)
(Forward Funded)	(1,169,686)	(1,932,265)	(1,194,686)	(+25,000)	(-737,579)
Advance appropriations	(791,000)	(791,000)	(791,000)	---	---
STUDENT FINANCIAL ASSISTANCE					
Pell Grants -- maximum grant (NA)	(5,285)	(5,285)	(5,435)	(+150)	(+150)
Pell Grants	22,475,352	22,475,352	22,475,352	---	---
Federal Supplemental Educational Opportunity Grants	865,000	---	880,000	+15,000	+880,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Federal Work Study	1,180,000	500,000	1,210,000	+30,000	+710,000
Total, Student Financial Assistance	24,520,352	22,975,352	24,565,352	+45,000	+1,590,000
FEDERAL DIRECT STUDENT LOAN PROGRAM ACCOUNT	50,000	---	50,000	---	+50,000
STUDENT AID ADMINISTRATION					
Salaries and Expenses	878,943	1,148,604	878,943	---	-269,661
Servicing Activities	890,000	734,705	890,000	---	+155,295
Total, Student Aid Administration	1,768,943	1,883,309	1,768,943	---	-114,366
HIGHER EDUCATION					
Aid for Institutional Development:					
Strengthening Institutions	107,854	---	114,244	+6,390	+114,244
Hispanic Serving Institutions	143,081	---	155,081	+12,000	+155,081
Promoting Post-Baccalaureate Opportunities for Hispanic Americans	12,838	---	13,599	+761	+13,599
Conslidated MSI Grant	---	196,324	---	---	-196,324
Strengthening Historically Black Colleges (HBCUs)	324,792	324,792	344,034	+19,242	+19,242

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Strengthening Historically Black Graduate Institutions	83,995	83,995	88,971	+4,976	+4,976
Strengthening Predominantly Black Institutions	13,197	---	13,979	+782	+13,979
Asian American Pacific Islander	4,444	---	4,707	+263	+4,707
Strengthening Alaska Native and Native Hawaiian-Serving Institutions	18,320	---	19,405	+1,085	+19,405
Strengthening Native American-Serving Nontribal Institutions	4,444	---	4,707	+263	+4,707
Strengthening Tribal Colleges	36,633	36,633	38,804	+2,171	+2,171
Strengthening HBCU Masters programs	9,956	9,956	10,546	+590	+590
Subtotal, Aid for Institutional development	759,554	651,700	808,077	+48,523	+156,377
International Education and Foreign Language:					
Domestic Programs	68,103	---	70,762	+2,659	+70,762
Overseas Programs	8,061	---	9,561	+1,500	+9,561
Subtotal, International Education and Foreign Language	76,164	---	80,323	+4,159	+80,323
Postsecondary Program for Students with Intellectual Disabilities	11,800	11,800	12,300	+500	+500
Minority Science and Engineering Improvement	12,635	150,000	13,384	+749	-136,616
Tribally Controlled Postsec Voc/Tech Institutions	10,000	10,000	10,592	+592	+592
Federal TRIO Programs	1,090,000	950,000	1,100,000	+10,000	+150,000
GEAR UP	365,000	---	370,000	+5,000	+370,000
Graduate Assistance in Areas of National Need	23,047	---	24,047	+1,000	+24,047
Teacher Quality Partnerships	50,092	---	52,092	+2,000	+52,092

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Child Care Access Means Parents in School	53,000	15,134	55,000	+2,000	+39,866
Fund for the Improvement of Postsecondary Ed. (FIPSE)	24,500	---	31,000	+6,500	+31,000
Total, Higher Education	2,475,792	1,788,634	2,556,815	+81,023	+768,181
HOWARD UNIVERSITY					
Academic Program	209,288	209,288	213,288	+4,000	+4,000
Endowment Program	3,405	3,405	3,405	---	---
Howard University Hospital	27,325	27,325	37,325	+10,000	+10,000
Total, Howard University	240,018	240,018	254,018	+14,000	+14,000
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM	435	435	435	---	---
HISTORICALLY BLACK COLLEGE AND UNIVERSITY (HBCU) CAPITAL FINANCING PROGRAM ACCOUNT					
HBCU Federal Administration	334	334	334	---	---
HBCU Loan Subsidies	46,150	40,150	48,150	+2,000	+8,000
Total, HBCU Capital Financing Program	46,484	40,484	48,484	+2,000	+8,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
INSTITUTE OF EDUCATION SCIENCES (IES)					
Research, Development and Dissemination	195,877	195,877	197,877	+2,000	+2,000
Statistics	110,500	113,500	111,500	+1,000	-2,000
Regional Educational Laboratories	56,022	---	57,022	+1,000	+57,022
Research in Special Education	56,500	56,500	58,500	+2,000	+2,000
Special Education Studies and Evaluations	10,818	10,818	11,318	+500	+500
Statewide Data Systems	33,000	---	33,500	+500	+33,500
Assessment:					
National Assessment	153,000	181,000	153,000	---	-28,000
National Assessment Governing Board	7,745	7,745	7,745	---	---
Subtotal, Assessment	160,745	188,745	160,745	---	-28,000
Total, Institute of Education Sciences	623,462	565,440	630,462	+7,000	+65,022

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
DEPARTMENTAL MANAGEMENT					
Program Administration:					
Salaries and Expenses	430,000	433,723	430,000	---	-3,723
Building Modernization	---	15,000	---	---	-15,000
Total, Program administration	430,000	448,723	430,000	---	-18,723
Office for Civil Rights	130,000	130,000	132,000	+2,000	+2,000
Office of Inspector General	63,000	68,019	64,000	+1,000	-4,019
Total, Departmental management	623,000	646,742	626,000	+3,000	-20,742
Total, Title III, Department of Education	76,361,254	70,228,493	77,134,955	+773,701	+6,906,462
Current Year appropriations	(53,764,253)	(47,631,492)	(54,537,954)	(+773,701)	(+6,906,462)
Advance appropriations	(22,597,001)	(22,597,001)	(22,597,001)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE IV--RELATED AGENCIES					
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED	10,000	13,930	10,000	---	-3,930
(Office of Inspector General)	(1,650)	(2,300)	(1,650)	---	(-650)
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE					
Operating Expenses					
Domestic Volunteer Service Programs:					
Volunteers in Service to America (VISTA)	93,364	4,665	95,364	+2,000	+90,699
National Senior Volunteer Corps:					
Foster Grandparents Program	118,799	111	120,799	+2,000	+120,688
Senior Companion Program	50,863	111	58,863	+8,000	+58,752
Retired Senior Volunteer Program	51,355	111	59,355	+8,000	+59,244
Subtotal, Senior Volunteer Corps	221,017	333	239,017	+18,000	+238,684
Subtotal, Domestic Volunteer Service	314,381	4,998	334,381	+20,000	+329,383

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
National and Community Service Programs:					
AmeriCorps State and National Grants	428,510	2,224	446,510	+18,000	+444,286
Innovation, Assistance, and Other Activities	9,600	---	9,600	---	+9,600
Evaluation	4,000	---	4,000	---	+4,000
National Civilian Community Corps (NCCC)(subtitle E)	32,500	22,883	34,500	+2,000	+11,617
State Commission Support Grants	17,538	---	19,538	+2,000	+19,538
Subtotal, National and Community Service	492,148	25,107	514,148	+22,000	+489,041
Total, Operating expenses	806,529	30,105	848,529	+42,000	+818,424
National Service Trust	208,342	10,000	212,342	+4,000	+202,342
Salaries and Expenses	83,737	47,333	86,737	+3,000	+39,404
Office of Inspector General	5,750	4,258	6,750	+1,000	+2,492
Total, Corporation for National and Community Service	1,104,358	91,696	1,154,358	+50,000	+1,062,662

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
CORPORATION FOR PUBLIC BROADCASTING:					
Appropriation available from FY 2019 advance.....	(445,000)	(445,000)	(445,000)	---	---
Rescission.....	---	-415,000	---	---	+415,000
Total, available this fiscal year.....	445,000	30,000	445,000	---	+415,000
Advance appropriation, FY 2023.....	465,000	---	515,000	+50,000	+515,000
Public television interconnection system.....	20,000	---	20,000	---	+20,000
FEDERAL MEDIATION AND CONCILIATION SERVICE.....	47,200	48,600	48,600	+1,400	---
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION.....	17,184	17,184	17,184	---	---
INSTITUTE OF MUSEUM AND LIBRARY SERVICES.....	252,000	23,000	257,000	+5,000	+234,000
MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION.....	8,780	9,265	8,780	---	-485
MEDICARE PAYMENT ADVISORY COMMISSION.....	12,545	13,575	12,905	+360	-670
NATIONAL COUNCIL ON DISABILITY.....	3,350	3,350	3,350	---	---
NATIONAL LABOR RELATIONS BOARD.....	274,224	246,876	277,824	+3,600	+30,948
NATIONAL MEDIATION BOARD.....	14,050	13,900	14,300	+250	+400
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION.....	13,225	13,721	13,225	---	-496
RAILROAD RETIREMENT BOARD					
Dual Benefits Payments Account.....	16,000	13,000	13,000	-3,000	---
Less Income Tax Receipts on Dual Benefits.....	-1,000	-1,000	-1,000	---	---
Subtotal, Dual Benefits.....	15,000	12,000	12,000	-3,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Federal Payments to the Railroad Retirement Accounts..	150	150	150	---	---
Limitation on administratiive expenses.....	123,500	120,225	126,500	+3,000	+6,275
Limitation on the Office of Inspector General.....	11,000	11,499	11,000	---	-499
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds.....	11,000	11,000	11,000	---	---
Supplemental Security Income Program					
Federal Benefit Payments.....	56,982,000	55,451,434	55,451,434	-1,530,566	---
Beneficiary Services.....	45,000	45,000	45,000	---	---
Research and Demonstration.....	101,000	86,000	86,000	-15,000	---
Administration.....	4,286,889	4,625,743	4,490,058	+203,169	-135,685
Subtotal, available this fiscal year.....	61,414,889	60,208,177	60,072,492	-1,342,397	-135,685
less appropriations provided from prior year advances.	-19,700,000	-19,900,000	-19,900,000	-200,000	---
Subtotal, current year appropriation.....	41,714,889	40,308,177	40,172,492	-1,542,397	-135,685
Advance appropriations, 1st quarter, FY 2022.....	19,900,000	19,600,000	19,600,000	-300,000	---
Total, SSI program appropriated in this bill....	61,614,889	59,908,177	59,772,492	-1,842,397	-135,685

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Limitation on Administrative Expenses					
OASI/DI Trust Funds	5,715,042	5,447,159	5,283,271	-431,771	-163,888
HI/SMI Trust Funds	2,458,514	2,833,410	2,752,655	+294,141	-80,755
Social Security Advisory Board	2,500	2,700	2,500	---	-200
SSI	2,981,889	3,357,204	3,221,519	+239,630	-135,685
Subtotal	11,157,945	11,640,473	11,259,945	+102,000	-380,528
User Fees:					
SSI User Fee activities	130,000	135,000	135,000	+5,000	---
SSPA User Fee Activities	1,000	1,000	1,000	---	---
CBO adjustment	-1,000	-1,000	-1,000	---	---
Subtotal, User fees	130,000	135,000	135,000	+5,000	---
Subtotal, Limitation on administrative expenses	11,287,945	11,775,473	11,394,945	+107,000	-380,528

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Program Integrity:					
OASDI Trust Funds	277,000	306,461	306,461	+29,461	---
SSI	1,305,000	1,268,539	1,268,539	-36,461	---
Subtotal, Program integrity funding	1,582,000	1,575,000	1,575,000	-7,000	---
Base Program Integrity	(273,000)	(273,000)	(273,000)	---	---
Program Integrity (cap adjustment)	(1,309,000)	(1,302,000)	(1,302,000)	(-7,000)	---
Total, Limitation on Administrative Expenses	12,869,945	13,350,473	12,969,945	+100,000	-380,528
Total, Limitation on Administrative Expenses (less user fees)	12,739,945	13,215,473	12,834,945	+95,000	-380,528
Special Benefits for WW II Veterans	---	1,000	1,000	+1,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Office of Inspector General					
Federal Funds	30,000	33,000	30,000	---	-3,000
Trust Funds	75,500	83,000	75,500	---	-7,500
Total, Office of Inspector General	105,500	116,000	105,500	---	-10,500
Adjustment: Trust fund transfers from general revenues	-4,286,889	-4,625,743	-4,490,058	-203,169	+135,685
Total, Social Security Administration	70,314,445	68,760,907	68,369,879	-1,944,566	-391,028
Federal funds	61,785,889	60,088,177	59,949,492	-1,836,397	-138,685
Current year	(41,885,889)	(40,488,177)	(40,349,492)	(-1,536,397)	(-138,685)
New advances, 1st quarter, FY 2022	(19,900,000)	(19,600,000)	(19,600,000)	(-300,000)	---
Trust funds	8,528,556	8,672,730	8,420,387	-108,169	-252,343
Total, Title IV, Related Agencies	72,706,011	68,984,878	70,872,055	-1,833,956	+1,887,177
Federal Funds	64,030,410	60,166,849	62,301,263	-1,729,147	+2,134,414
Current Year	(43,665,410)	(40,566,849)	(42,186,263)	(-1,479,147)	(+1,619,414)
FY 2022 Advance	(19,900,000)	(19,600,000)	(19,600,000)	(-300,000)	---
FY 2023 Advance	(465,000)	---	(515,000)	(+50,000)	(+515,000)
Trust Funds	8,675,601	8,818,029	8,570,792	-104,809	-247,237

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE VI - EMERGENCY FUNDING					
HHS Emergency Funding	---	---	23,500,000	+23,500,000	+23,500,000
AWIU - Emergency	---	---	925,000	+925,000	+925,000
Total, Title VI, Emergency Funding	---	---	24,425,000	+24,425,000	+24,425,000
Grand Total	1,097,688,048	1,154,888,599	1,202,450,385	+104,762,337	+47,561,786

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
RECAP					
Mandatory, total in bill	902,255,048	978,255,385	979,955,385	+77,700,337	+1,700,000
Less advances for subsequent years	-164,217,075	-172,746,315	-172,746,315	-8,529,240	---
Plus advances provided in prior years	161,845,797	164,217,075	164,217,075	+2,371,278	---
Total, mandatory, current year	899,883,770	969,726,145	971,426,145	+71,542,375	+1,700,000
Discretionary, total in bill	195,433,000	176,633,214	222,495,000	+27,062,000	+45,861,786
Less advances for subsequent years	-24,834,001	-24,309,001	-24,884,001	-50,000	-575,000
Plus advances provided in prior years	24,814,001	24,814,001	24,814,001	---	---
Subtotal, discretionary, current year	195,413,000	177,138,214	222,425,000	+27,012,000	+45,286,786
Discretionary Scorekeeping adjustments:					
Average Weekly Insured Unemployment (AWIU) Contingent	20,000	65,000	---	-20,000	-65,000
Medicare Eligible Accruals (permanent,indefinite)1/	30,000	31,000	31,000	+1,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
SSI User Fee Collection	-130,000	-135,000	-135,000	-5,000	---
CBO adjustment	-1,000	1,000	1,000	+2,000	---
SSA proposed fee for issuance of new Social Security charge	---	-68,000	---	---	+68,000
Surplus property (Department of Labor)	2,000	2,000	2,000	---	---
Adult employment and training activities (rescission)	---	-60,000	---	---	+60,000
H-1B (rescission) (DOL)	-150,000	---	-349,000	-199,000	-349,000
H-1B transfer (DOL)	---	-9,000	---	---	+9,000
Nonrecurring expenses fund (rescission)	-350,000	-500,000	-600,000	-250,000	-100,000
Childrens Health Insurance Program performance bonus (rescission)	---	-3,490,339	-6,566,000	-6,566,000	-3,075,661
Childrens Health Insurance Program Annual Allotment to States (rescission)	-3,169,819	-5,299,661	-5,185,000	-2,015,181	+114,661
Child Enrollment contingency fund (rescission)	-6,093,181	---	---	+6,093,181	---
Pell unobligated balances (rescission)	-500,000	---	---	+500,000	---
Second Chance Pell	---	---	14,000	+14,000	+14,000
85/15	---	---	-21,000	-21,000	-21,000
Pell: Increase maximum award	50,000	---	28,000	-22,000	+28,000
Pell mandatory funds (rescission)	-50,000	---	-21,000	+29,000	-21,000
Traditional Medicare program	305,000	---	---	-305,000	---
CNCS National Service Trust unobligated balances (rescission)	---	-120,000	---	---	+120,000
21ST Century Cures Act adjustment (PL 114-255) (nonadd)(nonprint)	(492,000)	(404,000)	(404,000)	(-88,000)	---
21ST Century Cures Act adjustment (PL 114-255)	-492,000	-404,000	-404,000	+88,000	---
Adjustment to balance with CBO scoring	---	---	---	---	---
Less emergency appropriations	---	---	-24,425,000	-24,425,000	-24,425,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Plus rescissions of emergency appropriations.....	---	---	---	---	---
Total, discretionary.....	184,884,000	167,151,214	184,795,000	-89,000	+17,643,786
Grand Total, current year.....	899,883,770	969,726,145	971,426,145	+71,542,375	+1,700,000
302(b) General Purpose Allocation.....	183,042,000	---	182,914,000	-128,000	+182,914,000
Program Integrity (cap adjustment).....	1,842,000	1,881,000	1,881,000	+39,000	---
Total Anticipated 302(b) Allocation.....	183,042,000	---	182,914,000	-128,000	+182,914,000
Total: Discretionary, current year.....	184,884,000	167,151,214	184,795,000	-89,000	+17,643,786
Anticipated 302(b) allocation.....	184,884,000	1,881,000	184,795,000	-89,000	+182,914,000
Amount over(+)/under (-) 302(b) allocation.....	---	165,270,214	---	---	-165,270,214

Note: Budget Request includes amendments transmitted on May 13, 2019