GENERAL LEAVE

Mr. REGULA. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 5006, and that I may include tabular material on the same.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Ohio?

There was no objection.

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2005

The SPEAKER pro tempore. Pursuant to House Resolution 754 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the consideration of the bill, H.R. 5006.

□ 1152

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union for the consideration of the bill (H.R. 5006).

The Chair recognizes the gentleman from Ohio (Mr. REGULA).
their local school districts. We also hear from parents about the need to support adequate special education funding to ensure their special-needs children receive a quality and equal education opportunity.

In this bill, funding for special education totals nearly $11 billion, a nearly 380 percent increase since fiscal year 1996, and $1 billion more than last year.

Title III programs are designed to strengthen institutions of higher education that serve a high percentage of minority and students from low-income backgrounds. I want to point out that in fiscal year 2005, funding to Title III programs is at $519 million, and this, combined with the funding for Howard University and other historically black colleges and universities financing programs, our commitment to minority serving institutions exceeds $975 million.

The sharp rise in college costs continues to be a barrier to many students. Pell grants help ensure access to postsecondary education for low and middle-income undergraduate students by providing grants that help meet college education needs. The bill continues to support a maximum Pell grant level of $4,050, while also including $12.9 billion for Pell grants, an increase of $623 million over last year.

Health and Human Services. If you have good health, you have hope; and if you have hope, you have everything. Health care is a critical part of our Nation’s economic development. To assist in protecting the health of all Americans, and to provide essential human services, the bill provides the Department of Health and Human Services over $62 billion for fiscal year 2005.

Mr. Chairman, similar to the Department of Education, we have more than doubled the funding for HHS since fiscal year 1996: $28.9 billion in fiscal year 1999 to $62.2 billion for fiscal year 2005. I think that is a tremendous increase under the circumstances, but will meet real needs.

At the forefront of new progress in medicine, the National Institutes of Health supports and conducts medical research to understand how the human body works and to gain insight into countless diseases and disorders. As a result of our commitment to NIH, we have increased funding over the fiscal year 2004 level. In addition, the Ryan White AIDS Drug Assistance Program funding is increased by over $35 million, bringing its total to over $800 million. The increase in funding assists those infected with the virus in receiving medications throughout the drug assistance program. Overall, the Ryan White AIDS programs are funded at more than $2 billion.

The Centers for Medicare and Medicaid Services is the Federal agency responsible for overseeing Medicare, Medicaid, and the State Children’s Health Insurance Program. CMS is the largest purchaser of health care in the world and second only to Social Security in the level of Federal spending. The bill provides $80.7 billion for CMS programs. As the funding for CMS programs comes through the Committee on Ways and Means, this bill provides the costs for their administrative functions. Funding for CMS is at $2.7 billion, an increase of more than $100 million. That is important, because it will speed up processing of claims for people in Medicare, Medicaid, and so on.

Mortality rates in certain segments of our population are at least 11/2 times the national average. We have provided over $97 million for the Healthy Start Program, which uses community-designed and evidence-supported strategies aimed at reducing infant mortality.

Our commitment to a child’s well-being does not rest with Healthy Start. We have provided nearly $6.9 billion for Head Start, a program designed primarily for preschoolers from low-income families.

The Adoption Incentive Program has been successful in contributing to substantial increases in adoptions in recent years. Between fiscal year 1998 and fiscal year 2002, a total of 236,000 children were adopted. Think what that means. They got a home. They got a family. Mr. Chairman, 236,000! While the overall number of children being adopted has grown, the number of some children needing permanent homes remain less likely to be adopted. This bill provides $32 million for the Adoption Incentives Program so that States may continue their efforts to increase the number of children adopted by caring families.

Additional support for the President’s initiatives in this bill include: $55 million for the Compassion Capital Fund, which helps faith-based and community organizations increase their effectiveness and enhance their ability to provide social services to those most in need. Mr. Chairman, $129 million for violent crime reduction programs; $110 million for abstinence education, an increase of nearly $35 million over the fiscal year 2004 level.

The Low Income Home Energy Assistance Program ensures that low-income households are not without heat, lighting, cooling and protection to our most vulnerable populations: the elderly, households with small children, and persons with disabilities. The funds are distributed to the States through a formula grant program, and we have provided $2 billion for fiscal year 2005, an increase of $110 million over the fiscal year 2004 level. In addition, $227 million is included for the weatherization program.

Mr. Chairman, our society is judged not only by the care we provide to our young, but also by how we treat the elderly. This bill provides over $1.4 billion to the Administration on Aging to enhance health care, nutrition, and social supports to seniors and their family caregivers.

In the labor area.

We ought to support the aspirations of people: good health, security, meaningful work, creative and intellectual pursuits. The Department of Labor plays a key role in many important worker-training and protection programs. Therefore, we have restored...
funding to core job training and employment assistance programs.

A number of communities continue to experience plant closings and other layoffs, and we understand the need to support dislocated worker-training programs that can assist workers to return to gainful employment. In this bill, we restore funding for dislocated worker-assistance programs to nearly $1.5 billion, $25 million over fiscal year 2004, and an increase of over $96 million above the budget request.

This bill includes $19 million for a Homeless Veterans Reintegration program to operate employment programs that reach out to homeless veterans and help them become employed.

Worker-protection programs, including OSHA and MSHA, are funded at $462 million and $276 million, respectively.

The Social Security Administration receives its mandatory allocation through the Committee on Ways and Means; this bill provides the funding for their administrative costs. Effective administration of this agency ensures efficient services to recipients. We have included $485 million, an increase in the funding for the Social Security Administration to improve delivery of benefits and expedite the processing of disability claims. I am sure all of my colleagues have experienced this, where people very much need the funding and to get their disability claims taken care of, and we recognize that; and we have added money so that we can speed up the process.

Mr. Chairman, much more could be said about this bill which touches every American at some point in life. We are mindful of the fiscal limitations of our bill and have tried to use the allocation to fund our highest priorities.

The French philosopher de Touqueville came to America in the 1800s and wanted to see what makes this country different, and he observed, “America is great because she is good. If America ceases to be good, America will cease to be great.” This bill is about the goodness of America. This bill is a perfect example of how the taxpayers of this country are providing funds to help others. It is a perfect example of caring for each other, and I think that is very much a part of the goodness of America. As I stated earlier, this bill is about hope. Someone once said, “Hope deferred makes the heart sick, but a desire fulfilled is a tree of life.” We give hope to people who want better education. We give hope to people who want better health, and we give hope to those who are seeking retraining in order to get a job. This is very important in what this bill does for the people of this Nation. I think the people desire a good education, they desire meaningful jobs, and they desire good health.

Mr. Chairman, this bill does its best, within the constraints of what we had available, to meet the American people’s needs. It is responsible, it is fair, and it is balanced. I ask my colleagues to support it.

Mr. Chairman, at this time I will submit a detailed table of the bill into the Record.
### Title I - Department of Labor

#### Employment and Training Administration

##### Training and Employment Services

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
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<tbody>
<tr>
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<td>1,099,669</td>
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<td>+78,523</td>
</tr>
</tbody>
</table>

##### Federally Administered Programs:

**Dislocated Worker Assistance National Reserve:**
- Current year: 64,227 | 71,371 | 89,227 | +25,000 | +17,856
- Advance from prior year: (210,749) | (212,000) | (212,000) | (+1,251) | ---
- FY 2006: 212,000 | 212,000 | 212,000 | --- | ---
- Dislocated Worker Assistance Nat'l Reserve: 276,227 | 283,371 | 301,227 | +25,000 | +17,856

**Total, Dislocated Worker Assistance:** 1,454,419 | 1,383,040 | 1,479,419 | +25,000 | +98,379

- Native Americans: 54,675 | 55,000 | 54,675 | --- | -325
- Migrant and Seasonal Farmworkers: 76,370 | --- | 76,370 | --- | +76,370
- **Job Corps:**
  - Operations: 820,114 | 859,886 | 845,000 | +24,886 | -14,966
  - Advance from prior year: (587,513) | (591,000) | (591,000) | (+3,487) | ---
  - FY 2006: 591,000 | 591,000 | 591,000 | --- | ---
- Construction and Renovation: 30,038 | 36,321 | 36,321 | +23,717 | ---
- Advance from prior year: (99,410) | (100,000) | (100,000) | (+590) | ---
- FY 2006: 100,000 | 100,000 | 100,000 | --- | ---
- **Subtotal, Job Corps, program level:** 1,541,152 | 1,557,287 | 1,542,321 | +1,169 | -14,966

**National Activities:**
- Pilots, Demonstrations and Research: 57,751 | 30,000 | 48,474 | -9,277 | +18,474
- Responsible Reintegration of Youthful Offender: 49,705 | 50,000 | --- | -49,705 | -50,000
- Evaluation: 8,986 | 8,000 | 8,000 | -986 | ---
- Prisoner Re-entry: --- | 40,000 | --- | --- | -40,000
- Community College initiative: --- | 250,000 | --- | --- | -250,000
- Personal reemployment accounts: --- | 50,000 | --- | --- | -50,000
- Donnell Commission: 4,070 | --- | --- | --- | -4,070
- Other: 3,486 | 2,000 | 2,504 | -962 | +504
- **Subtotal, National activities:** 124,898 | 430,000 | 58,978 | -65,920 | -371,022

**Subtotal, Federal activities:** 2,073,322 | 2,325,658 | 2,033,571 | -39,751 | -292,087
- **Current Year:** 1,170,322 | 1,422,056 | 1,130,571 | -39,751 | -292,087
- **FY 2006:** 903,000 | 903,000 | 903,000 | --- | ---

**Total, Training and Employment Services:** 5,145,464 | 5,326,292 | 5,112,728 | -32,736 | -213,564
- **Current Year:** (2,682,464) | (2,863,292) | (2,649,728) | (-32,736) | (-213,564)
- **FY 2006:** (2,463,000) | (2,463,000) | (2,463,000) | --- | ---

**Community Service Employment for Older Americans:** 438,650 | 440,200 | 440,200 | +1,550 | ---

**Federal Unemployment Benefits and Allowances:** 1,338,200 | 1,057,300 | 1,057,300 | -280,900 | ---
## Labor-Health and Human Services-Education—FY 2005 (H.R. 5006)

### (Amounts in thousands)

<table>
<thead>
<tr>
<th>FY 2004 Comparable</th>
<th>FY 2005 Request</th>
<th>Bill vs. Comparable</th>
<th>Bill vs. Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Unemployment Insurance and Employment Service Operations</td>
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<td></td>
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<tr>
<td>Unemployment Compensation:</td>
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<td></td>
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<tr>
<td>State Operations</td>
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<td>2,699,714</td>
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<td>2,701,214</td>
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<td>Employment Service:</td>
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<tr>
<td>Allotments to States:</td>
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<td></td>
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</tr>
<tr>
<td>Federal Funds</td>
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<tr>
<td>Trust Funds</td>
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<td>672,700</td>
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<tr>
<td>Subtotal</td>
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<td>696,000</td>
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<tr>
<td>ES National Activities</td>
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<td>Subtotal, Employment Service</td>
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<td>Federal Funds</td>
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<td>Work Incentives Grants</td>
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<td>Subtotal, Federal Funds</td>
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<td>Trust Funds</td>
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<td>Total, State Unemployment &amp; Employment Services</td>
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<td>ADVANCES TO THE UI AND OTHER TRUST FUNDS 1/</td>
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### Program Administration

<table>
<thead>
<tr>
<th>FY 2004 Comparable</th>
<th>FY 2005 Request</th>
<th>Bill vs. Comparable</th>
<th>Bill vs. Request</th>
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</thead>
<tbody>
<tr>
<td>Adult Employment and Training</td>
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<td>38,382</td>
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<td>6,814</td>
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<tr>
<td>Youth Employment and Training</td>
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<td>39,009</td>
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<tr>
<td>Employment Security</td>
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<td>6,140</td>
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<td>20,760</td>
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<td>Executive Direction</td>
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<td>8,718</td>
<td>6,900</td>
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<td>Trust Funds</td>
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<td>2,041</td>
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<td>Welfare to Work</td>
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<td>376</td>
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<td>(4,917,353)</td>
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<td>FY 2006</td>
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<td>(2,463,000)</td>
<td>(2,463,000)</td>
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### EMPLOYEE BENEFITS SECURITY ADMINISTRATION

<table>
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<th>Bill Request</th>
<th>Bill vs. Comparable</th>
<th>Bill vs. Request</th>
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<td>Policy and Compliance Assistance</td>
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<td>Executive Leadership, Program Oversight &amp; Admin</td>
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<td>4,516</td>
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### PENSION BENEFIT GUARANTY CORPORATION

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<th>Bill Request</th>
<th>Bill vs. Comparable</th>
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<tr>
<td>Termination services not subject to limitation (NA)</td>
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<td>---</td>
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### EMPLOYMENT STANDARDS ADMINISTRATION

#### SALARIES AND EXPENSES

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<th>Bill vs. Comparable</th>
<th>Bill vs. Request</th>
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<td>Federal Programs for Workers' Compensation</td>
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<td>Program Direction and Support</td>
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#### SPECIAL BENEFITS

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<th>Bill vs. Comparable</th>
<th>Bill vs. Request</th>
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<td>Federal employees compensation benefits</td>
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<td>230,000</td>
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<tr>
<td>Longshore and harbor workers' benefits</td>
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<td>3,000</td>
<td>3,000</td>
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<td><strong>Total, Special Benefits</strong></td>
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### SPECIAL BENEFITS FOR DISABLED COAL MINERS

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<th>Bill</th>
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<td>Benefit payments</td>
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<td>Less funds advanced in prior year</td>
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<tr>
<td><strong>Total, Black Lung, current request, FY 2005</strong></td>
<td>299,991</td>
<td>188,000</td>
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<td>New advances, 1st quarter FY 2006</td>
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<td>81,000</td>
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<td><strong>Total, Special Benefits for Disabled Coal Miners</strong></td>
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### ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND

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<td>Administrative Expenses</td>
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<td><strong>Total, Energy Emp Occupational Illness Comp Fund</strong></td>
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### LABOR-HEALTH AND HUMAN SERVICES-EDUCATION—FY 2005 (H.R. 5006)

(Amounts in thousands)

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<td><strong>BLACK LUNG DISABILITY TRUST FUND</strong></td>
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<td>Benefit payments and interest on advances</td>
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<td><strong>OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION SALARIES AND EXPENSES</strong></td>
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<td>Bill vs.</td>
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<td>314</td>
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</table>
### VETERANS EMPLOYMENT AND TRAINING

<table>
<thead>
<tr>
<th>Item</th>
<th>FY 2004 Comparable</th>
<th>FY 2005 Request</th>
<th>Bill vs. Comparable</th>
<th>Bill vs. Request</th>
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<tbody>
<tr>
<td>State administration, Grants</td>
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<td>Homeless Workforce Programs</td>
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### OFFICE OF THE INSPECTOR GENERAL

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<tr>
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### WORKING CAPITAL FUND

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### VETERANS EMPLOYMENT AND TRAINING

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<tr>
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<th>FY 2005 Request</th>
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### VETERANS EMPLOYMENT AND TRAINING

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<th>Bill vs. Comparable</th>
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<td>(2,544,000)</td>
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<td>(262,565)</td>
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**Title I Footnotes:**

1/ Two year availability.
## TITLE II - DEPARTMENT OF HEALTH AND HUMAN SERVICES

### HEALTH RESOURCES AND SERVICES ADMINISTRATION

#### HEALTH RESOURCES AND SERVICES

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<td>Free Clinics Medical Malpractice</td>
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<td>National Health Service Corps:</td>
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<td>Field placements</td>
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<td>45,735</td>
<td>45,506</td>
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<td>Recruitment</td>
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<td>124,397</td>
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<td>Subtotal, National Health Service Corps</td>
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#### Health professions

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<tr>
<td>Training for Diversity:</td>
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<td>Centers of excellence</td>
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<td>Health careers opportunity program</td>
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<td>Faculty loan repayment</td>
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<td>Scholarships for disadvantaged students</td>
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<td>Subtotal, Training for Diversity</td>
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<td>Training in Primary Care Medicine and Dentistry</td>
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<td>Interdisciplinary Community-Based Linkages:</td>
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<td>Area health education centers</td>
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<td>Health education and training centers</td>
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<td>Allied health and other disciplines</td>
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<td>Quentin N. Burdick pgm for rural training</td>
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#### Health Professions Workforce Info & Analysis

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<td>Public Health Workforce Development:</td>
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<td>Public health, preventive med. &amp; dental pgms</td>
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#### Nursing Programs:

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<td>Advanced Education Nursing</td>
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#### Subtotal, Health Professions

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<td>436,080</td>
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#### Other HRSA Programs:

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<td>Hansen's Disease Services</td>
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<td>Universal Newborn Hearing</td>
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<td>Organ Transplantation</td>
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<td>Cord Blood Stem Cell Bank</td>
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<td>Telehealth</td>
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<td>State Offices of Rural Health</td>
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<td>Denali Commission</td>
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<td>Emergency medical services for children</td>
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<td>Poison control</td>
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<td>Traumatic Brain Injury</td>
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<td>Payment to Hawaii, treatment of Hansen's</td>
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<td>Early Intervention Program</td>
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<td>Pediatric HIV/AIDS</td>
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<td>AIDS Dental Services</td>
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<td>Children's Hospitals Graduate Medical Education</td>
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<td>Radiation Exposure Compensation Act</td>
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<td>National Practitioner Data Bank</td>
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<tr>
<td>User Fees</td>
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<td>Community Access Program</td>
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<td>(25,000)</td>
<td>(25,000)</td>
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<td><strong>HEALTH EDUCATION ASSISTANCE LOANS (HEAL) PROGRAM:</strong></td>
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<td><strong>CENTER FOR DISEASE CONTROL AND PREVENTION</strong></td>
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<td>Chronic Disease Prevention and Health Promotion</td>
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<td>Epidemic Services and Response</td>
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<td>(-101,421)</td>
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</tbody>
</table>

**NATIONAL INSTITUTES OF HEALTH**

<table>
<thead>
<tr>
<th>Institute</th>
<th>FY 2004</th>
<th>FY 2005</th>
<th>Bill</th>
<th>Bill vs. Comparable</th>
<th>Bill vs. Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Cancer Institute</td>
<td>4,739,255</td>
<td>4,870,025</td>
<td>4,870,025</td>
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<td>National Heart, Lung, and Blood Institute</td>
<td>2,679,681</td>
<td>2,963,953</td>
<td>2,963,953</td>
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<tr>
<td>National Institute of Dental &amp; Craniofacial Research</td>
<td>383,282</td>
<td>394,080</td>
<td>394,080</td>
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</tr>
<tr>
<td>National Institute of Diabetes and Digestive and Kidney Diseases</td>
<td>1,671,803</td>
<td>1,726,196</td>
<td>1,726,196</td>
<td>+54,393</td>
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<tr>
<td>Juvenile diabetes</td>
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<td>(150,000)</td>
<td>(150,000)</td>
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<td><strong>Subtotal, NIDDK</strong></td>
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<tr>
<td>National Institute of Neurological Disorders &amp; Stroke</td>
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<td>100,000</td>
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<td>4,440,007</td>
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<td>(6,300)</td>
<td>(6,300)</td>
<td>(+6,300)</td>
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CONGRESSIONAL RECORD—HOUSE  
September 8, 2004

LABOR-HEALTH AND HUMAN SERVICES-EDUCATION—FY 2005 (H.R. 5006)
(Amounts in thousands)

<table>
<thead>
<tr>
<th>FY 2004</th>
<th>FY 2005 Request</th>
<th>Bill</th>
<th>Bill vs. Comparable</th>
<th>Bill vs. Request</th>
</tr>
</thead>
<tbody>
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<td>National Institute of Biomedical Imaging and Bioengineering...</td>
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<td>196,780</td>
<td>+5,309</td>
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<tr>
<td>John E. Fogarty International Center...</td>
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<td>67,182</td>
<td>67,182</td>
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<td>316,947</td>
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<tr>
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<td>(8,200)</td>
<td>(8,200)</td>
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<tr>
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<td>Buildings and Facilities...</td>
<td>86,972</td>
<td>99,500</td>
<td>99,500</td>
<td>+10,528</td>
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</table>

**Total, N.I.H. appropriations...** | 27,800,048 | 28,526,871 | 28,526,871 | +726,823 | --- |
| Global HIV/AIDS Fund Transfer... | -149,115 | -100,000 | -100,000 | +49,115 | --- |
| Evaluation Tap Funding... | (14,500) | (14,500) | (14,500) | --- | --- |

**Total, N.I.H. Program Level...** | (27,659,133) | (28,441,371) | (28,441,371) | (+782,238) | --- |

**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMIN.**

**Mental Health:**
- Programs of Regional and National Significance... | 240,796 | 270,548 | 257,420 | +16,624 | -13,128 |
- Mental Health block grant... | 412,840 | 414,267 | 414,267 | +1,427 | --- |
- Evaluation Tap Funding... | (21,850) | (21,803) | (21,803) | (-47) | --- |
- Children's Mental Health... | 102,354 | 106,013 | 106,013 | +3,659 | --- |
- Grants to States for the Homeless (PATH)... | 49,760 | 55,251 | 55,251 | +5,491 | --- |
- Samaritan Initiative... | --- | 10,000 | --- | --- | -10,000 |
- Protection and Advocacy... | 34,620 | 34,620 | 36,000 | +1,380 | +1,380 |

**Subtotal, Mental Health...** | 840,370 | 890,699 | 888,951 | +26,748 | -21,748 |

**Substance Abuse Treatment:**
- Programs of Regional and National Significance... | 419,219 | 512,732 | 414,919 | -4,300 | -97,813 |
- Evaluation Tap Funding... | --- | (4,300) | (4,300) | (+4,300) | --- |
- Substance Abuse block grant... | 1,699,946 | 1,733,035 | 1,710,035 | +10,000 | -43,000 |
- Evaluation Tap Funding... | (79,200) | (79,200) | (79,200) | --- | --- |

**Subtotal, Substance Abuse Treatment...** | 2,119,165 | 2,265,767 | 2,124,954 | +5,812 | -140,813 |

**Subtotal, Program level...** | 2,119,165 | 2,349,267 | 2,208,454 | +10,000 | -140,813 |

**Substance Abuse Prevention:**
- Programs of Regional and National Significance... | 198,458 | 196,018 | 200,000 | +1,542 | +3,982 |
- Program Management and Buildings and Facilities... | 75,915 | 76,455 | 76,455 | +540 | --- |
- Evaluation Tap funding (NA)... | (16,000) | (16,000) | (16,000) | --- | --- |

**Subtotal, Program level...** | 91,915 | 92,455 | 92,455 | +540 | --- |

**Total, Substance Abuse and Mental Health...** | 3,233,088 | 3,428,939 | 3,270,360 | +36,452 | -158,579 |
- Evaluation Tap funding... | (117,050) | (121,303) | (121,303) | (+4,253) | --- |

**Total, SAMHSA program level...** | (3,350,058) | (3,550,242) | (3,391,663) | (+40,705) | (-158,579)
<table>
<thead>
<tr>
<th>FY 2004</th>
<th>FY 2005</th>
<th>Bill</th>
<th>Bill vs. FY 2004</th>
<th>Bill vs. FY 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comparable</td>
<td>Request</td>
<td>Comparable</td>
<td>Request</td>
<td></td>
</tr>
</tbody>
</table>

### AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

#### Research on Health Costs, Quality, and Outcomes:
- **Evaluation Tap funding (NA)**: (245,695) (245,695) (245,695) --- ---
- **Reducing medical errors (non-add)**: (79,500) (84,000) (84,000) (+4,500) ---

**Subtotal (including Evaluation Tap funding)**: (245,695) (245,695) (245,695) --- ---

#### Health Insurance and Expenditure Surveys:
- **Evaluation Tap funding (NA)**: (55,300) (55,300) (55,300) --- ---
- **Program Support**:
  - **Evaluation Tap funding (NA)**: (2,700) (2,700) (2,700) --- ---
  - **Total, AHRQ Evaluation Tap funding (NA)**: (303,695) (303,695) (303,695) --- ---

**Total, Public Health Service appropriation**: 42,066,961 42,264,643 42,403,768 +336,821 +139,145
**Total, Public Health Service program level**: (42,608,931) (42,882,241) (43,021,386) (+412,455) (+139,145)

### CENTERS FOR MEDICARE AND MEDICAID SERVICES

#### GRANTS TO STATES FOR MEDICAID
- **Medicaid current law benefits**: 172,706,067 167,013,865 167,013,865 -5,692,202 ---
- **State and local administration**: 9,067,320 9,318,602 9,318,602 +251,282 ---
- **Vaccines for Children**: 980,196 1,208,296 1,208,296 +228,100 ---

**Subtotal, Medicaid program level**: 192,753,563 177,540,763 177,540,763 -5,212,800 ---

- **Less funds advanced in prior year**: -51,861,366 -58,416,275 -58,416,275 -6,554,889 ---

**Total, Grants to States for medicaid**: 140,892,197 119,124,488 119,124,488 -11,767,709 ---

- **New advance, 1st quarter**: 58,416,275 58,517,290 58,517,290 +101,015 ---

### PAYMENTS TO HEALTH CARE TRUST FUNDS

#### Supplemental medical insurance:
- **Medicare reform funding 2/ 3/ 4/**: (1,000,000) (250,000) (250,000) (-750,000) ---
- **Research, Demonstration, Evaluation**: 77,781 88,274 88,400 -9,391 +126
- **Medicare Operations**: 1,701,038 1,793,879 1,793,879 +92,841 ---

**H.R. 3103 funding (NA)**: (720,000) (720,000) (720,000) --- ---

**Subtotal, Payments to Trust Funds, current law**: 95,084,100 114,608,900 114,608,900 +19,524,800 ---

- **New Advance FY 2006**: --- 5,216,900 5,216,900 +5,216,900 ---

**Total, Payments to Trust Funds, current law**: 95,084,100 119,825,800 119,825,800 +24,741,700 ---

### PROGRAM MANAGEMENT

- **Medicare reform funding 2/ 3/ 4/**: (1,000,000) (250,000) (250,000) (-750,000) ---
- **Research, Demonstration, Evaluation**: 77,781 88,274 88,400 -9,391 +126
- **Medicare Operations**: 1,701,038 1,793,879 1,793,879 +92,841 ---

**H.R. 3103 funding (NA)**: (720,000) (720,000) (720,000) --- ---

**Subtotal, Medicare Operations program level**: (2,421,038) (2,513,879) (2,513,879) (+92,841) ---

- **Revolitization plan**: 29,619 24,400 24,400 -5,219 ---
- **State Survey and Certification**: 291,252 270,392 270,392 +10,140 ---
- **Federal Administration**: 577,146 509,182 509,182 +12,036 ---

**Total, Program management, Limitation on new BA**: 2,636,846 2,746,127 2,746,253 +109,407 +126

**Total, Program management, program level**: (3,356,846) (3,466,127) (3,466,253) (+109,407) (+126)

### HHS PROGRAMS

- **Federal funds**
  - **Current year**: (225,976,297) (233,733,388) (233,733,388) (+7,757,091) ---
  - **New advance, FY 2006**: (58,416,275) (63,734,190) (63,734,190) (+5,317,915) ---

**Trust Funds**: 2,636,846 2,746,127 2,746,253 +109,407 +126
<table>
<thead>
<tr>
<th>ADMINISTRATION FOR CHILDREN AND FAMILIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMILY SUPPORT PAYMENTS TO STATES</td>
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<tr>
<td>Payments to territories</td>
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<tr>
<td>Repatriation</td>
</tr>
<tr>
<td>Subtotal, Welfare payments</td>
</tr>
<tr>
<td>Child Support Enforcement:</td>
</tr>
<tr>
<td>State and local administration</td>
</tr>
<tr>
<td>Federal incentive payments</td>
</tr>
<tr>
<td>Access and visitation</td>
</tr>
<tr>
<td>Subtotal, Child Support Enforcement</td>
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<tr>
<td>Prior year AFDC payments</td>
</tr>
<tr>
<td>Total, Family support payments program level</td>
</tr>
<tr>
<td>Less funds advanced in previous years</td>
</tr>
<tr>
<td>Total, Family support payments, current request</td>
</tr>
<tr>
<td>Plus New advance, 1st quarter, FY 2006</td>
</tr>
<tr>
<td>Total, Family support payments</td>
</tr>
</tbody>
</table>

**LOW INCOME HOME ENERGY ASSISTANCE**

|Formula grants | 1,799,380 | 1,800,500 | 1,900,000 | +110,620 | +99,500 |
|Emergency allocation:|
|Contingent emergency allocation | 99,410 | 200,000 | 100,000 | +50,000 | -100,000 |
|Department of Energy-Weatherization Assistance5/6 | 227,166 | 291,200 | 227,000 | -16,666 | -64,200 |
|Total, Low income home energy assistance | 2,115,956 | 2,291,700 | 2,227,000 | +111,044 | -64,700 |

**REFUGEE AND ENTRANT ASSISTANCE**

|Transitional and Medical Services | 168,975 | 193,577 | 193,577 | +24,602 | --- |
|Victims of Trafficking | 9,909 | 10,000 | 10,000 | +91 | --- |
|Social Services | 152,218 | 151,121 | 166,218 | +14,000 | +15,097 |
|Preventive Health | 4,792 | 4,835 | 4,835 | +43 | --- |
|Targeted Assistance | 49,025 | 49,477 | 49,477 | +452 | --- |
|Unaccompanied minors | 52,770 | 54,229 | 54,229 | +1,459 | --- |
|Victims of Torture | 9,909 | 10,000 | 13,000 | +3,091 | +3,000 |
|Total, Refugee and entrant assistance | 447,598 | 473,239 | 491,336 | +43,738 | +18,097 |

**CHILD CARE AND DEVELOPMENT BLOCK GRANT**

|20,087,310 | 2,099,729 | 2,099,729 | +12,419 | --- |

**SOCIAL SERVICES BLOCK GRANT (TITLE XX)**

|1,700,000 | 1,700,000 | 1,700,000 | --- |

**CHILDREN AND FAMILIES SERVICES PROGRAMS**

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<thead>
<tr>
<th>Programs for Children, Youth and Families:</th>
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<tr>
<td>Advance from prior year</td>
</tr>
<tr>
<td>FY 2006</td>
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<tr>
<td>Subtotal, Head Start, program level</td>
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<tr>
<td>Consolidated Runaway, Homeless Youth Program</td>
</tr>
<tr>
<td>Maternity Group Homes</td>
</tr>
<tr>
<td>Prevention grants to reduce abuse of runaway youth</td>
</tr>
<tr>
<td>Child Abuse State Grants</td>
</tr>
<tr>
<td>Child Abuse Discretionary Activities</td>
</tr>
<tr>
<td>Community based child abuse prevention</td>
</tr>
<tr>
<td>Abandoned Infants Assistance</td>
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### Labor-Health and Human Services-Education—FY 2005 (H.R. 5006)

<table>
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<th>FY 2005 Request</th>
<th>Bill</th>
<th>Bill vs. FY 2004 Comparable</th>
<th>Bill vs. FY 2005 Request</th>
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</thead>
<tbody>
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<td><strong>Child Welfare Services</strong></td>
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<td>291,986</td>
<td>291,986</td>
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<tr>
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<td>7,470</td>
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<tr>
<td><strong>Adoption Opportunities</strong></td>
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<td>27,343</td>
<td>27,343</td>
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<tr>
<td><strong>Adoption Incentive (no cap adjustment)</strong></td>
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<td>32,103</td>
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<td><strong>Adoption Awareness</strong></td>
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<td>12,906</td>
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<td>-5,982</td>
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<td>(5,982)</td>
<td>(18)</td>
<td>(+5,982)</td>
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<td>5,982</td>
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<tr>
<td><strong>Developmental Disabilities Program</strong></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>State Councils</strong></td>
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<td>73,081</td>
<td>73,081</td>
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<tr>
<td><strong>Protection and Advocacy</strong></td>
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<td>38,416</td>
<td>38,416</td>
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<td>---</td>
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<tr>
<td><strong>Voting access for individuals with disabilities</strong></td>
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<td>14,912</td>
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<td>+88</td>
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<td><strong>Developmental Disabilities Projects of National Significance</strong></td>
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<tr>
<td><strong>University Centers for Excellence in Developmental Disabilities</strong></td>
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<tr>
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<td><strong>Native American Programs</strong></td>
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<td>45,155</td>
<td>45,155</td>
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<tr>
<td><strong>Community Services</strong></td>
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<tr>
<td><strong>Grants to States for Community Services</strong></td>
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<td>494,946</td>
<td>627,500</td>
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<td>+132,554</td>
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<tr>
<td><strong>Community Initiative Program</strong></td>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td><strong>Economic Development</strong></td>
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<td>32,492</td>
<td>32,492</td>
<td>+154</td>
<td>---</td>
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<tr>
<td><strong>Individual Development Account Initiative</strong></td>
<td>24,695</td>
<td>24,912</td>
<td>24,912</td>
<td>+217</td>
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<tr>
<td><strong>Rural Community Facilities</strong></td>
<td>7,184</td>
<td></td>
<td>7,184</td>
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<tr>
<td><strong>Subtotal, Community Initiative Program</strong></td>
<td>64,217</td>
<td>57,404</td>
<td>64,588</td>
<td>+371</td>
<td>+7,184</td>
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<tr>
<td><strong>National Youth Sports</strong></td>
<td>17,884</td>
<td></td>
<td>18,000</td>
<td>+106</td>
<td>+18,000</td>
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<tr>
<td><strong>Community Food and Nutrition</strong></td>
<td>7,238</td>
<td></td>
<td>7,238</td>
<td>-7,238</td>
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<tr>
<td><strong>Subtotal, Community Services</strong></td>
<td>731,264</td>
<td>552,350</td>
<td>710,086</td>
<td>-21,196</td>
<td>+157,738</td>
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<tr>
<td><strong>Domestic Violence Hotline</strong></td>
<td>2,962</td>
<td>3,000</td>
<td>3,000</td>
<td>+18</td>
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<tr>
<td><strong>Family Violence/Battered Women's Shelters</strong></td>
<td>125,648</td>
<td>125,648</td>
<td>125,648</td>
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<tr>
<td><strong>Early Learning Fund</strong></td>
<td>33,560</td>
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<td>---</td>
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<tr>
<td><strong>Faith-Based Center</strong></td>
<td>3,386</td>
<td>1,400</td>
<td>1,400</td>
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<tr>
<td><strong>Mentoring Children of Prisoners</strong></td>
<td>49,701</td>
<td>50,000</td>
<td>50,000</td>
<td>+299</td>
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<tr>
<td><strong>Independent Living Training Vouchers</strong></td>
<td>44,734</td>
<td>60,000</td>
<td>50,000</td>
<td>+5,266</td>
<td>-10,000</td>
</tr>
<tr>
<td><strong>Promoting Responsible Fatherhood and healthy marriages</strong></td>
<td>---</td>
<td>50,000</td>
<td>---</td>
<td>-50,000</td>
<td>---</td>
</tr>
<tr>
<td><strong>Abstinence Education</strong></td>
<td>70,049</td>
<td>105,046</td>
<td>105,046</td>
<td>+34,997</td>
<td>-76,680</td>
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<tr>
<td><strong>Evaluation Tap Funding</strong></td>
<td>(4,500)</td>
<td>(4,500)</td>
<td>(4,500)</td>
<td>---</td>
<td>---</td>
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<tr>
<td><strong>Program Direction</strong></td>
<td>177,894</td>
<td>190,206</td>
<td>190,206</td>
<td>+12,312</td>
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<tr>
<td><strong>Total, Children and Families Services Programs</strong></td>
<td>8,841,469</td>
<td>9,106,025</td>
<td>8,985,863</td>
<td>+144,164</td>
<td>-120,362</td>
</tr>
<tr>
<td><strong>Current Year</strong></td>
<td>(7,441,469)</td>
<td>(7,706,025)</td>
<td>(7,555,863)</td>
<td>(+144,164)</td>
<td>(-120,362)</td>
</tr>
<tr>
<td><strong>FY 2006</strong></td>
<td>(1,400,000)</td>
<td>(1,400,000)</td>
<td>(1,400,000)</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Evaluation Tap Funding</strong></td>
<td>(10,500)</td>
<td>(4,500)</td>
<td>(10,482)</td>
<td>(-18)</td>
<td>(+5,982)</td>
</tr>
</tbody>
</table>

**PROMOTING SAFE AND STABLE FAMILIES**

| Discretionary Funds                                | 305,000 | 305,000         | 305,000 | ---                        | ---                      |

**Note:** All figures are in thousands of dollars.
## PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION

<table>
<thead>
<tr>
<th>Service Type</th>
<th>FY 2004</th>
<th>FY 2005 Request</th>
<th>Bill</th>
<th>Bill vs. Comparable</th>
<th>Bill vs. Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care</td>
<td>4,974,200</td>
<td>4,895,500</td>
<td>4,895,500</td>
<td>-78,700</td>
<td>-</td>
</tr>
<tr>
<td>Adoption Assistance</td>
<td>1,699,700</td>
<td>1,770,100</td>
<td>1,770,100</td>
<td>+70,400</td>
<td>-</td>
</tr>
<tr>
<td>Independent Living</td>
<td>140,000</td>
<td>140,000</td>
<td>140,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total, Payments to States</strong></td>
<td>6,813,900</td>
<td>6,805,600</td>
<td>6,805,600</td>
<td>-6,300</td>
<td>-</td>
</tr>
<tr>
<td>Less Advances from Prior Year</td>
<td>-1,745,600</td>
<td>-1,767,700</td>
<td>-1,767,700</td>
<td>-22,100</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total, Payments, current request</strong></td>
<td>5,068,300</td>
<td>5,037,900</td>
<td>5,037,900</td>
<td>-30,400</td>
<td>-</td>
</tr>
<tr>
<td>New Advance, 1st quarter</td>
<td>1,767,700</td>
<td>1,767,200</td>
<td>1,767,200</td>
<td>-500</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total, Administration for Children &amp; Families</strong></td>
<td>26,938,420</td>
<td>27,403,491</td>
<td>27,141,526</td>
<td>+203,106</td>
<td>-261,965</td>
</tr>
<tr>
<td>Current year</td>
<td>(22,570,720)</td>
<td>(23,036,291)</td>
<td>(22,774,326)</td>
<td>(+203,606)</td>
<td>(-261,965)</td>
</tr>
<tr>
<td>FY 2006</td>
<td>(4,367,700)</td>
<td>(4,367,200)</td>
<td>(4,367,200)</td>
<td>(-500)</td>
<td>-</td>
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</table>

## ADMINISTRATION ON AGING

### Grants to States:

<table>
<thead>
<tr>
<th>Service Type</th>
<th>FY 2004</th>
<th>FY 2005 Request</th>
<th>Bill</th>
<th>Bill vs. Comparable</th>
<th>Bill vs. Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive Services and Centers</td>
<td>353,889</td>
<td>357,000</td>
<td>357,000</td>
<td>+3,111</td>
<td>-</td>
</tr>
<tr>
<td>Preventive Health</td>
<td>21,790</td>
<td>21,919</td>
<td>21,919</td>
<td>+129</td>
<td>-</td>
</tr>
<tr>
<td>Protection of vulnerable older americans-Title VII</td>
<td>19,444</td>
<td>18,559</td>
<td>18,559</td>
<td>-885</td>
<td>-</td>
</tr>
<tr>
<td>Family Caregivers</td>
<td>152,736</td>
<td>155,512</td>
<td>157,000</td>
<td>+4,262</td>
<td>+1,488</td>
</tr>
<tr>
<td>Native American Caregivers Support</td>
<td>6,318</td>
<td>6,355</td>
<td>6,355</td>
<td>+37</td>
<td>-</td>
</tr>
<tr>
<td><strong>Subtotal, Caregivers</strong></td>
<td>159,056</td>
<td>161,867</td>
<td>163,355</td>
<td>+4,299</td>
<td>+1,488</td>
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</tbody>
</table>

### Nutrition:

<table>
<thead>
<tr>
<th>Service Type</th>
<th>FY 2004</th>
<th>FY 2005 Request</th>
<th>Bill</th>
<th>Bill vs. Comparable</th>
<th>Bill vs. Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congregate Meals</td>
<td>386,353</td>
<td>388,646</td>
<td>392,148</td>
<td>+5,795</td>
<td>+3,502</td>
</tr>
<tr>
<td>Home Delivered Meals</td>
<td>179,917</td>
<td>180,985</td>
<td>187,616</td>
<td>+7,629</td>
<td>+6,631</td>
</tr>
<tr>
<td>Nutrition Services Incentive Program</td>
<td>148,191</td>
<td>149,183</td>
<td>150,414</td>
<td>+2,233</td>
<td>+1,231</td>
</tr>
<tr>
<td><strong>Subtotal, Nutrition</strong></td>
<td>714,461</td>
<td>718,014</td>
<td>730,178</td>
<td>+15,717</td>
<td>+11,384</td>
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</tbody>
</table>

### Subtotal, Grants to States

<table>
<thead>
<tr>
<th>FY 2004</th>
<th>FY 2005 Request</th>
<th>Bill</th>
<th>Bill vs. Comparable</th>
<th>Bill vs. Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,268,840</td>
<td>1,278,159</td>
<td>1,291,011</td>
<td>+22,871</td>
<td>+12,852</td>
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</tbody>
</table>

### Grants for Native Americans

<table>
<thead>
<tr>
<th>FY 2004</th>
<th>FY 2005 Request</th>
<th>Bill</th>
<th>Bill vs. Comparable</th>
<th>Bill vs. Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>26,453</td>
<td>26,612</td>
<td>26,612</td>
<td>+159</td>
<td>-</td>
</tr>
<tr>
<td>Program Innovations</td>
<td>33,509</td>
<td>23,843</td>
<td>37,943</td>
<td>+4,434</td>
</tr>
<tr>
<td>Aging Network Support Activities</td>
<td>13,294</td>
<td>13,373</td>
<td>13,373</td>
<td>+79</td>
</tr>
<tr>
<td>Alzheimer’s Disease Demonstrations</td>
<td>11,883</td>
<td>11,500</td>
<td>11,500</td>
<td>-383</td>
</tr>
<tr>
<td>White House Conference on Aging</td>
<td>2,814</td>
<td>4,558</td>
<td>4,558</td>
<td>+1,744</td>
</tr>
<tr>
<td>Program Administration</td>
<td>17,324</td>
<td>18,482</td>
<td>18,482</td>
<td>+1,158</td>
</tr>
<tr>
<td><strong>Total, Administration on Aging</strong></td>
<td>1,373,917</td>
<td>1,376,527</td>
<td>1,403,479</td>
<td>+20,562</td>
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## OFFICE OF THE SECRETARY

### GENERAL DEPARTMENTAL MANAGEMENT:

<table>
<thead>
<tr>
<th>Service Type</th>
<th>FY 2004</th>
<th>FY 2005 Request</th>
<th>Bill</th>
<th>Bill vs. Comparable</th>
<th>Bill vs. Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Funds</td>
<td>174,811</td>
<td>180,045</td>
<td>180,045</td>
<td>+5,234</td>
<td>-</td>
</tr>
<tr>
<td>Trust Funds</td>
<td>5,816</td>
<td>5,851</td>
<td>5,851</td>
<td>+35</td>
<td>-</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>(180,627)</td>
<td>(185,896)</td>
<td>(185,896)</td>
<td>(+5,269)</td>
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### Adolescent Family Life (Title XX)

<table>
<thead>
<tr>
<th>FY 2004</th>
<th>FY 2005 Request</th>
<th>Bill</th>
<th>Bill vs. Comparable</th>
<th>Bill vs. Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>30,946</td>
<td>54,349</td>
<td>31,229</td>
<td>+283</td>
<td>-23,120</td>
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<tr>
<td>Minority health</td>
<td>55,190</td>
<td>47,236</td>
<td>47,236</td>
<td>-7,954</td>
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<tr>
<td>Office of women’s health</td>
<td>26,915</td>
<td>29,103</td>
<td>29,103</td>
<td>+188</td>
</tr>
<tr>
<td>Minority HIV/AIDS</td>
<td>49,544</td>
<td>52,838</td>
<td>52,838</td>
<td>+3,294</td>
</tr>
<tr>
<td>Health care information technology</td>
<td>14,847</td>
<td>18,400</td>
<td>14,847</td>
<td>-</td>
</tr>
<tr>
<td>IT Security and Innovation Fund</td>
<td>14,847</td>
<td>18,400</td>
<td>14,847</td>
<td>-</td>
</tr>
<tr>
<td>Evaluation tap funding (ASPE) (NA)</td>
<td>(21,552)</td>
<td>(21,552)</td>
<td>(21,552)</td>
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<tr>
<td><strong>Total, General Departmental Management</strong></td>
<td>360,069</td>
<td>437,822</td>
<td>386,149</td>
<td>+26,080</td>
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<tr>
<td>Federal Funds</td>
<td>354,253</td>
<td>331,971</td>
<td>380,298</td>
<td>+26,045</td>
</tr>
<tr>
<td>Trust Funds</td>
<td>5,816</td>
<td>5,851</td>
<td>5,851</td>
<td>+35</td>
</tr>
<tr>
<td></td>
<td>FY 2004 Comparable</td>
<td>FY 2005 Request</td>
<td>Bill</td>
<td>Bill vs. Comparable</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------</td>
<td>----------------</td>
<td>-------------</td>
<td>---------------------</td>
</tr>
<tr>
<td><strong>OFFICE OF THE INSPECTOR GENERAL:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal Funds</td>
<td>39,084</td>
<td>40,323</td>
<td>40,323</td>
<td>+1,229</td>
</tr>
<tr>
<td>HIPAA funding (NA)</td>
<td>(160,000)</td>
<td>(160,000)</td>
<td>(160,000)</td>
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<td>Total, Inspector General program level</td>
<td>(199,084)</td>
<td>(200,323)</td>
<td>(200,323)</td>
<td>(+1,229)</td>
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<td><strong>OFFICE FOR CIVIL RIGHTS:</strong></td>
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<tr>
<td>Federal Funds</td>
<td>30,607</td>
<td>32,043</td>
<td>32,043</td>
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<td>Trust Funds</td>
<td>3,284</td>
<td>3,314</td>
<td>3,314</td>
<td>+20</td>
</tr>
<tr>
<td>Total, Office for Civil Rights</td>
<td>33,891</td>
<td>35,357</td>
<td>35,357</td>
<td>+1,456</td>
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<tr>
<td><strong>POLICY RESEARCH:</strong></td>
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<td></td>
</tr>
<tr>
<td>Federal Funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation Tap funding (NA)</td>
<td>(20,750)</td>
<td>(26,750)</td>
<td>(20,750)</td>
<td></td>
</tr>
<tr>
<td>Total, Policy Research</td>
<td>20,750</td>
<td>26,750</td>
<td>20,750</td>
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<td><strong>MEDICAL BENEFITS FOR COMMISSIONED OFFICERS</strong></td>
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<tr>
<td>Retirement payments</td>
<td>228,064</td>
<td>241,294</td>
<td>241,294</td>
<td>+13,230</td>
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<tr>
<td>Survivors benefits</td>
<td>14,298</td>
<td>14,750</td>
<td>14,750</td>
<td>+452</td>
</tr>
<tr>
<td>Dependents’ medical care</td>
<td>79,401</td>
<td>74,592</td>
<td>74,592</td>
<td>-4,809</td>
</tr>
<tr>
<td><strong>Total, Medical benefits for Commissioned Officers</strong></td>
<td>321,763</td>
<td>330,636</td>
<td>330,636</td>
<td>+8,873</td>
</tr>
<tr>
<td><strong>PUBLIC HEALTH AND SOCIAL SERVICE EMERGENCY FUND</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HRSA Homeland security activities</td>
<td>542,649</td>
<td>503,649</td>
<td>542,649</td>
<td></td>
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<tr>
<td>CDC Homeland security activities</td>
<td>1,507,211</td>
<td>1,509,571</td>
<td>1,637,760</td>
<td>+130,549</td>
</tr>
<tr>
<td>NIH Homeland security activities</td>
<td></td>
<td>47,400</td>
<td>47,400</td>
<td></td>
</tr>
<tr>
<td>Office of the Secretary Homeland security activities</td>
<td>64,438</td>
<td>64,438</td>
<td>64,438</td>
<td></td>
</tr>
<tr>
<td>Other PHSSEF Homeland security activities</td>
<td>49,705</td>
<td>100,000</td>
<td>60,000</td>
<td>+10,295</td>
</tr>
<tr>
<td><strong>Total, PHSSEF</strong></td>
<td>2,164,003</td>
<td>2,225,058</td>
<td>2,352,247</td>
<td>+188,244</td>
</tr>
<tr>
<td><strong>Total, Office of the Secretary</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal Funds</td>
<td>2,909,720</td>
<td>3,009,651</td>
<td>3,144,712</td>
<td>+225,882</td>
</tr>
<tr>
<td>Trust Funds</td>
<td>9,110</td>
<td>9,165</td>
<td>9,165</td>
<td>+55</td>
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<tr>
<td><strong>Total, Title II, Dept of Health &amp; Human Services</strong></td>
<td>360,327,552</td>
<td>374,327,562</td>
<td>374,307,336</td>
<td>+13,979,784</td>
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<tr>
<td>Federal Funds</td>
<td>357,681,596</td>
<td>371,572,270</td>
<td>371,551,918</td>
<td>+13,870,322</td>
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<tr>
<td>Current year</td>
<td>(294,697,621)</td>
<td>(303,470,480)</td>
<td>(303,450,528)</td>
<td>+8,552,907</td>
</tr>
<tr>
<td>Trust Funds</td>
<td>2,649,956</td>
<td>2,755,292</td>
<td>2,755,418</td>
<td>+109,462</td>
</tr>
</tbody>
</table>

Title II Footnotes:
1/ Includes Mine Safety and Health.
2/ Funds provided in P.L. 108-173, the 2003 Medicare Prescription Drug, Improvement and Modernization Act
3/ $1 billion available for fiscal years 2004-2005.
5/ FY 2005 House jurisdiction change--account moved from Interior Appropriations.
6/ Weatherization assistance funds transferred to and administered by Department of Energy.
**TITLE III - DEPARTMENT OF EDUCATION**

**EDUCATION FOR THE DISADVANTAGED**

**Grants to Local Educational Agencies (LEAs)**

**Basic Grants**

<table>
<thead>
<tr>
<th>FY 2004</th>
<th>FY 2005</th>
<th>Bill</th>
<th>Bill vs. FY 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comparable</td>
<td>Request</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2,011,272)</td>
<td>(1,883,584)</td>
<td>(1,883,584)</td>
<td>(-127,688)</td>
</tr>
<tr>
<td>5,150,529</td>
<td>6,150,508</td>
<td>6,150,508</td>
<td>+999,979</td>
</tr>
<tr>
<td>3,479</td>
<td>3,500</td>
<td>3,500</td>
<td>+21</td>
</tr>
<tr>
<td>5,154,008</td>
<td>6,154,008</td>
<td>6,154,008</td>
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<tr>
<td>(7,165,260)</td>
<td>(8,037,592)</td>
<td>(8,037,592)</td>
<td>(+672,312)</td>
</tr>
<tr>
<td><strong>Basic Grants FY 2006 Advance</strong></td>
<td>1,883,584</td>
<td>883,584</td>
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<tr>
<td><strong>Subtotal, Basic grants, program level</strong></td>
<td>7,037,592</td>
<td>7,037,592</td>
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</table>

**Concentration Grants**

<table>
<thead>
<tr>
<th>FY 2004</th>
<th>FY 2005</th>
<th>Bill</th>
<th>Bill vs. FY 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1,365,031)</td>
<td>(1,365,031)</td>
<td>(1,365,031)</td>
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<tr>
<td>1,365,031</td>
<td>1,365,031</td>
<td>1,365,031</td>
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<tr>
<td><strong>Subtotal, Concentration Grants program level</strong></td>
<td>1,365,031</td>
<td>1,365,031</td>
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</table>

**Targeted Grants**

<table>
<thead>
<tr>
<th>FY 2004</th>
<th>FY 2005</th>
<th>Bill</th>
<th>Bill vs. FY 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1,670,239)</td>
<td>(1,969,843)</td>
<td>(1,969,843)</td>
<td>(+299,604)</td>
</tr>
<tr>
<td>1,969,843</td>
<td>4,146,187</td>
<td>2,469,843</td>
<td>+500,000</td>
</tr>
<tr>
<td><strong>Subtotal, Targeted Grants program level</strong></td>
<td>1,969,843</td>
<td>4,146,187</td>
<td>2,469,843</td>
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</tbody>
</table>

**Education Finance Incentive Grants**

<table>
<thead>
<tr>
<th>FY 2004</th>
<th>FY 2005</th>
<th>Bill</th>
<th>Bill vs. FY 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1,541,759)</td>
<td>(1,969,843)</td>
<td>(1,969,843)</td>
<td>(+426,084)</td>
</tr>
<tr>
<td>1,969,843</td>
<td>793,499</td>
<td>2,469,843</td>
<td>+500,000</td>
</tr>
<tr>
<td><strong>Subtotal, Education Finance Incentive Grants</strong></td>
<td>1,969,843</td>
<td>793,499</td>
<td>2,469,843</td>
</tr>
</tbody>
</table>

**Subtotal, Grants to LEAs, program level**

<table>
<thead>
<tr>
<th>FY 2004</th>
<th>FY 2005</th>
<th>Bill</th>
<th>Bill vs. FY 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>12,342,309</td>
<td>13,342,309</td>
<td>13,342,309</td>
<td>+1,000,000</td>
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</tbody>
</table>

**Even Start**

<table>
<thead>
<tr>
<th>FY 2004</th>
<th>FY 2005</th>
<th>Bill</th>
<th>Bill vs. FY 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>246,910</td>
<td>---</td>
<td>246,910</td>
<td>---</td>
</tr>
</tbody>
</table>

**Reading First:**

- **State Grants (forward funded)**
  - FY 2004: 828,923
  - FY 2005: 930,000
  - Bill: 930,000
  - Bill vs. FY 2005: +101,077

- **Advance from prior year**
  - FY 2004: (195,000)
  - FY 2005: (195,000)
  - Bill: (195,000)

- **FY 2006 Advance**
  - FY 2004: 195,000
  - FY 2005: 195,000
  - Bill: 195,000

- **Subtotal, Reading First State Grants**
  - FY 2004: 1,023,923
  - FY 2005: 1,125,000
  - Bill: 1,125,000
  - Bill vs. FY 2005: +101,077

**Early Reading First**

- FY 2004: 94,439
- FY 2005: 132,000
- Bill: 132,000
- Bill vs. FY 2005: +37,561

**Striving readers**

- FY 2004: ---
- FY 2005: 100,000
- Bill: 100,000
- Bill vs. FY 2005: +100,000

**Literacy through School Libraries**

- FY 2004: 19,842
- FY 2005: 19,842
- Bill: 19,842

**State Agency Programs**

- **Migrant**
  - FY 2004: 393,577
  - FY 2005: 393,577
  - Bill: 393,577

- **Neglected and Delinquent/High Risk Youth**
  - FY 2004: 48,395
  - FY 2005: 48,395
  - Bill: 48,395

- **Subtotal, State Agency programs**
  - FY 2004: 441,972
  - FY 2005: 441,972
  - Bill: 441,972

**Evaluation**

- FY 2004: 8,790
- FY 2005: 9,500
- Bill: 9,500
- Bill vs. FY 2005: +710

**Comprehensive School Reform Demonstration**

- FY 2004: 233,613
- FY 2005: ---
- Bill: 8,000
- Bill vs. FY 2005: -153,613

**Migrant Education**

- **High School Equivalency Program**
  - FY 2004: 18,888
  - FY 2005: 22,545
  - Bill: 22,545
  - Bill vs. FY 2005: +3,657

- **College Assistance Migrant Program**
  - FY 2004: 15,657
  - FY 2005: 15,657
  - Bill: 15,657
  - Bill vs. FY 2005: ---

- **Subtotal, Migrant Education**
  - FY 2004: 34,545
  - FY 2005: 38,202
  - Bill: 38,202
  - Bill vs. FY 2005: +3,657

---

**Total, Education for the disadvantaged**

- FY 2004: 14,466,343
- FY 2005: 15,205,188
- Bill: 15,535,735
- Bill vs. FY 2005: +1,089,392

---

**Current Year**

- FY 2006: (7,063,042)
- Bill: (8,152,434)
- Bill vs. FY 2006: +1,089,392

---

**Subtotal, forward funded**

- FY 2006: (6,901,947)
- Bill: (7,849,390)
- Bill vs. FY 2006: +947,443
## IMPACT AID

<table>
<thead>
<tr>
<th>Description</th>
<th>FY 2004</th>
<th>FY 2005</th>
<th>Bill vs. Comparable</th>
<th>Bill vs. Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Support Payments</td>
<td>1,063,667</td>
<td>1,063,667</td>
<td>+20,000</td>
<td>+20,000</td>
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<tr>
<td>Payments for Children with Disabilities</td>
<td>50,369</td>
<td>50,369</td>
<td>50,369</td>
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<tr>
<td>Facilities Maintenance (Sec. 8008)</td>
<td>7,901</td>
<td>7,901</td>
<td>7,901</td>
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</tr>
<tr>
<td>Construction (Sec. 8007)</td>
<td>45,936</td>
<td>45,936</td>
<td>45,936</td>
<td>+1</td>
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<tr>
<td>Payments for Federal Property (Sec. 8002)</td>
<td>61,634</td>
<td>61,634</td>
<td>63,000</td>
<td>+1,366</td>
</tr>
<tr>
<td><strong>Total, Impact aid</strong></td>
<td>1,229,526</td>
<td>1,228,527</td>
<td>1,250,893</td>
<td>+21,367</td>
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</table>

## SCHOOL IMPROVEMENT PROGRAMS

<table>
<thead>
<tr>
<th>Description</th>
<th>FY 2004</th>
<th>FY 2005</th>
<th>Bill vs. Comparable</th>
<th>Bill vs. Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Grants for Improving Teacher Quality</td>
<td>1,495,126</td>
<td>1,495,126</td>
<td>1,515,000</td>
<td>+19,874</td>
</tr>
<tr>
<td><strong>Advance from prior year</strong></td>
<td>(1,150,000)</td>
<td>(1,435,000)</td>
<td>(1,435,000)</td>
<td>(+285,000)</td>
</tr>
<tr>
<td><strong>FY 2006</strong></td>
<td>1,345,000</td>
<td>1,435,000</td>
<td>1,435,000</td>
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</tr>
<tr>
<td><strong>Subtotal, State Grants for Improving Teacher Quality, program level</strong></td>
<td>2,930,126</td>
<td>2,930,126</td>
<td>2,950,000</td>
<td>+19,874</td>
</tr>
<tr>
<td>Early Childhood Educator Professional Development.</td>
<td>14,814</td>
<td>14,814</td>
<td>14,814</td>
<td>---</td>
</tr>
<tr>
<td>Mathematics and Science Partnerships</td>
<td>149,115</td>
<td>269,115</td>
<td>269,115</td>
<td>+120,000</td>
</tr>
<tr>
<td>State Grants for Innovative Education (Education Block Grant)</td>
<td>296,548</td>
<td>296,548</td>
<td>---</td>
<td>-296,548</td>
</tr>
<tr>
<td><strong>Advance from prior year</strong></td>
<td>(285,000)</td>
<td>---</td>
<td>(285,000)</td>
<td>---</td>
</tr>
<tr>
<td><strong>FY 2006</strong></td>
<td>---</td>
<td>---</td>
<td>(285,000)</td>
<td>---</td>
</tr>
<tr>
<td><strong>Subtotal, Education Block Grant, program level</strong></td>
<td>296,548</td>
<td>296,548</td>
<td>---</td>
<td>-296,548</td>
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<tr>
<td>Educational Technology State Grants</td>
<td>691,841</td>
<td>691,841</td>
<td>600,000</td>
<td>-91,841</td>
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<tr>
<td>Supplemental Education Grants</td>
<td>18,330</td>
<td>18,330</td>
<td>18,330</td>
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<tr>
<td>21st Century Community Learning Centers</td>
<td>999,070</td>
<td>999,070</td>
<td>999,070</td>
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</tr>
<tr>
<td>State Assessments/Enhanced Assessment Instruments.</td>
<td>390,000</td>
<td>410,000</td>
<td>410,000</td>
<td>+20,000</td>
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<tr>
<td>Javits gifted talented education</td>
<td>11,111</td>
<td>11,111</td>
<td>11,111</td>
<td>---</td>
</tr>
<tr>
<td>Foreign language assistance</td>
<td>16,546</td>
<td>---</td>
<td>16,546</td>
<td>---</td>
</tr>
<tr>
<td>Education for Homeless Children &amp; Youth</td>
<td>59,846</td>
<td>59,846</td>
<td>70,000</td>
<td>+10,354</td>
</tr>
<tr>
<td>Training and Advisory Services (Civil Rights)</td>
<td>7,243</td>
<td>7,243</td>
<td>7,243</td>
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<tr>
<td>Education for Native Hawaiians</td>
<td>33,302</td>
<td>33,302</td>
<td>33,302</td>
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</tr>
<tr>
<td>Alaska Native Education Equity</td>
<td>33,302</td>
<td>33,302</td>
<td>33,302</td>
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</tr>
<tr>
<td>Rural Education</td>
<td>167,831</td>
<td>167,831</td>
<td>167,831</td>
<td>---</td>
</tr>
<tr>
<td>Comprehensive Centers</td>
<td>57,263</td>
<td>27,654</td>
<td>57,263</td>
<td>---</td>
</tr>
<tr>
<td><strong>Total, School improvement programs</strong></td>
<td>5,857,778</td>
<td>5,940,493</td>
<td>5,641,401</td>
<td>-216,377</td>
</tr>
<tr>
<td><strong>Current Year</strong></td>
<td>(4,422,776)</td>
<td>(4,505,493)</td>
<td>(4,206,401)</td>
<td>(-216,377)</td>
</tr>
<tr>
<td><strong>FY 2006</strong></td>
<td>(1,435,000)</td>
<td>(1,435,000)</td>
<td>(1,435,000)</td>
<td>---</td>
</tr>
<tr>
<td><strong>Subtotal, forward funded</strong></td>
<td>(4,249,177)</td>
<td>(4,389,179)</td>
<td>(4,031,016)</td>
<td>(-218,161)</td>
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## INDIAN EDUCATION

<table>
<thead>
<tr>
<th>Description</th>
<th>FY 2004</th>
<th>FY 2005</th>
<th>Bill vs. Comparable</th>
<th>Bill vs. Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants to Local Educational Agencies</td>
<td>95,933</td>
<td>95,933</td>
<td>95,933</td>
<td>---</td>
</tr>
<tr>
<td>Federal Programs:</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Special Programs for Indian Children</td>
<td>19,753</td>
<td>19,753</td>
<td>19,753</td>
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<tr>
<td>National Activities</td>
<td>5,170</td>
<td>5,170</td>
<td>5,170</td>
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<tr>
<td><strong>Subtotal, Federal Programs</strong></td>
<td>24,923</td>
<td>24,923</td>
<td>24,923</td>
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<tr>
<td><strong>Total, Indian Education</strong></td>
<td>120,856</td>
<td>120,856</td>
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## INNOVATION AND IMPROVEMENT

<table>
<thead>
<tr>
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<th>FY 2005</th>
<th>Bill vs. Comparable</th>
<th>Bill vs. Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troops-to-Teachers</td>
<td>14,911</td>
<td>14,911</td>
<td>14,912</td>
<td>+1</td>
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<tr>
<td>Transition to Teaching</td>
<td>45,295</td>
<td>45,295</td>
<td>45,295</td>
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</tr>
<tr>
<td>National Writing Project</td>
<td>17,894</td>
<td>17,894</td>
<td>17,894</td>
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</tr>
<tr>
<td>Teaching of Traditional American History</td>
<td>119,292</td>
<td>119,292</td>
<td>119,292</td>
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</tr>
<tr>
<td>School Leadership</td>
<td>12,346</td>
<td>15,000</td>
<td>15,000</td>
<td>+2,654</td>
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<tr>
<td>Advanced Credentialing</td>
<td>18,301</td>
<td>18,391</td>
<td>18,391</td>
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<tr>
<td>Charter Schools Grants</td>
<td>219,702</td>
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<tr>
<td>Credit Enhancement for Charter School Facilities</td>
<td>37,279</td>
<td>50,000</td>
<td>50,000</td>
<td>+12,721</td>
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<tr>
<td>Voluntary Public School Choice</td>
<td>26,757</td>
<td>26,757</td>
<td>26,757</td>
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</tr>
<tr>
<td>Program</td>
<td>FY 2004 Comparable</td>
<td>FY 2005 Request</td>
<td>Bill vs. FY 2005 Comparable</td>
<td>Bill vs. FY 2005 Request</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------------------</td>
<td>-----------------</td>
<td>----------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td><strong>Fund for the Improvement of Education (FIE):</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Current funded</td>
<td>356,197</td>
<td>170,185</td>
<td>-256,197</td>
<td>-70,185</td>
</tr>
<tr>
<td>Forward funded</td>
<td>74,073</td>
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<td>-74,073</td>
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<tr>
<td><strong>Subtotal, FIE</strong></td>
<td>430,270</td>
<td>170,185</td>
<td>-330,270</td>
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<td><strong>Ready to Learn television</strong></td>
<td>22,864</td>
<td>22,864</td>
<td>-22,864</td>
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<tr>
<td><strong>Dropout Prevention Programs</strong></td>
<td>4,970</td>
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<td>-4,970</td>
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<tr>
<td><strong>Close Up Fellowships</strong></td>
<td>1,481</td>
<td></td>
<td>-1,481</td>
<td></td>
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<tr>
<td><strong>Advanced Placement</strong></td>
<td>23,534</td>
<td>51,534</td>
<td>+28,000</td>
<td>-21,534</td>
</tr>
<tr>
<td><strong>Total, Innovation and Improvement</strong></td>
<td>1,102,626</td>
<td>885,181</td>
<td>-432,445</td>
<td>-215,245</td>
</tr>
<tr>
<td>Forward funded</td>
<td>(74,073)</td>
<td></td>
<td>(-74,073)</td>
<td></td>
</tr>
<tr>
<td><strong>SAFE SCHOOLS AND CITIZENSHIP EDUCATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Safe and Drug Free Schools and Communities:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Grants, forward funded</td>
<td>440,908</td>
<td>440,908</td>
<td>-440,908</td>
<td>-440,908</td>
</tr>
<tr>
<td>Advance from prior year</td>
<td>(330,000)</td>
<td></td>
<td>(-330,000)</td>
<td></td>
</tr>
<tr>
<td>FY 2006</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>State Grants, program level</strong></td>
<td>440,908</td>
<td>440,908</td>
<td>-440,908</td>
<td>-440,908</td>
</tr>
<tr>
<td><strong>National Programs</strong></td>
<td>153,767</td>
<td>175,069</td>
<td>-21,302</td>
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<tr>
<td><strong>Alcohol Abuse Reduction</strong></td>
<td>29,823</td>
<td></td>
<td>-29,823</td>
<td></td>
</tr>
<tr>
<td><strong>Mentoring Programs</strong></td>
<td>49,705</td>
<td>100,000</td>
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<td></td>
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<tr>
<td><strong>Character education</strong></td>
<td>24,691</td>
<td>24,691</td>
<td>+270</td>
<td>+270</td>
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<tr>
<td><strong>Elementary and Secondary School Counseling</strong></td>
<td>33,799</td>
<td></td>
<td>+33,799</td>
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<tr>
<td><strong>Carol M. White Physical Education Program</strong></td>
<td>69,587</td>
<td>69,587</td>
<td>-74,587</td>
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<tr>
<td><strong>Civic Education</strong></td>
<td>28,642</td>
<td>28,642</td>
<td>-28,642</td>
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<tr>
<td><strong>State Grants for Incarcerated Youth Offenders</strong></td>
<td>24,852</td>
<td></td>
<td>-24,852</td>
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</tr>
<tr>
<td><strong>Total, Safe Schools and Citizenship Education</strong></td>
<td>855,774</td>
<td>838,897</td>
<td>-54,877</td>
<td>-37,528</td>
</tr>
<tr>
<td>Current Year</td>
<td>(855,774)</td>
<td>(838,897)</td>
<td>(-54,877)</td>
<td>(-37,528)</td>
</tr>
<tr>
<td>FY 2006</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal, forward funded</strong></td>
<td>(465,760)</td>
<td>(440,908)</td>
<td>(-24,852)</td>
<td></td>
</tr>
<tr>
<td><strong>ENGLISH LANGUAGE ACQUISITION</strong></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Current funded</td>
<td>124,220</td>
<td>85,500</td>
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<tr>
<td>Forward funded</td>
<td>556,995</td>
<td>595,715</td>
<td>+38,720</td>
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<tr>
<td><strong>Total, English Language Acquisition</strong></td>
<td>681,215</td>
<td>681,215</td>
<td>-61,920</td>
<td></td>
</tr>
<tr>
<td><strong>SPECIAL EDUCATION</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>State Grants:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants to States Part B current year</td>
<td>4,655,106</td>
<td>5,655,106</td>
<td>+1,000,000</td>
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<tr>
<td>Part B advance from prior year</td>
<td>(5,672,000)</td>
<td>(5,413,000)</td>
<td>(-259,000)</td>
<td></td>
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<tr>
<td>Grants to States Part B (FY 2006)</td>
<td>5,413,000</td>
<td>5,413,000</td>
<td>-259,000</td>
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</tr>
<tr>
<td><strong>Subtotal, Grants to States, program level</strong></td>
<td>10,068,106</td>
<td>11,068,106</td>
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<td><strong>Preschool Grants</strong></td>
<td>387,699</td>
<td>387,699</td>
<td>-38,699</td>
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<tr>
<td><strong>Grants for Infants and Families</strong></td>
<td>444,363</td>
<td>466,581</td>
<td>+22,218</td>
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<tr>
<td><strong>Subtotal, State grants, program level</strong></td>
<td>10,900,166</td>
<td>11,922,386</td>
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<td>Bill vs. FY 2004 Comparable</td>
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<tr>
<td>--------------------------------------------------</td>
<td>---------------------</td>
<td>-----------------</td>
<td>-----------------------------</td>
<td></td>
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<tr>
<td>IDEA National Activities (current funded):</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>State Improvement</td>
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<td>51,061</td>
<td>51,061</td>
<td></td>
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<td>Technical Assistance and Dissemination</td>
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<td>52,819</td>
<td>52,819</td>
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<td>Personnel Preparation</td>
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<td>91,357</td>
<td>91,357</td>
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<td>Parent Information Centers</td>
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<td>26,173</td>
<td>26,173</td>
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<tr>
<td>Technology and Media Services</td>
<td>39,129</td>
<td>32,305</td>
<td>32,305</td>
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<td><strong>Subtotal, IDEA special programs</strong></td>
<td><strong>260,540</strong></td>
<td><strong>253,715</strong></td>
<td><strong>-6,825</strong></td>
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<td><strong>Total, Special education</strong></td>
<td><strong>11,160,208</strong></td>
<td><strong>12,176,101</strong></td>
<td><strong>12,176,101</strong> +1,015,393</td>
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<tr>
<td><strong>Current Year</strong></td>
<td><strong>(5,747,708)</strong></td>
<td><strong>(6,763,101)</strong></td>
<td><strong>(6,763,101)</strong> +1,015,393</td>
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<tr>
<td><strong>FY 2006</strong></td>
<td><strong>(5,413,000)</strong></td>
<td><strong>(5,413,000)</strong></td>
<td><strong>(5,413,000)</strong></td>
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<tr>
<td><strong>Subtotal, Forward funded</strong></td>
<td><strong>(5,538,229)</strong></td>
<td><strong>(6,560,447)</strong></td>
<td><strong>(6,560,447)</strong> +1,022,218</td>
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<tr>
<td>REHABILITATION SERVICES AND DISABILITY RESEARCH</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Vocational Rehabilitation State Grants</td>
<td>2,584,162</td>
<td>2,635,845</td>
<td>2,635,845</td>
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<td>Vocational Rehabilitation Incentive Grants</td>
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<td>11,997</td>
<td>11,997</td>
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<td>Client Assistance State grants</td>
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<td>61,800</td>
<td>61,800</td>
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<td>Training</td>
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<td>39,139</td>
<td>39,139</td>
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<tr>
<td>Demonstration and training programs</td>
<td>18,784</td>
<td>18,784</td>
<td>18,784</td>
<td></td>
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<tr>
<td>Migrant and seasonal farmworkers</td>
<td>2,321</td>
<td>2,321</td>
<td>2,321</td>
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<tr>
<td>Recreational programs</td>
<td>2,564</td>
<td>2,564</td>
<td>2,564</td>
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<tr>
<td>Protection and advocacy of individual rights (PAIR)</td>
<td>16,790</td>
<td>19,570</td>
<td>16,790</td>
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<td>Projects with industry</td>
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<td>21,799</td>
<td>21,799</td>
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<tr>
<td><strong>Subtotal, Independent living</strong></td>
<td>22,020</td>
<td>22,020</td>
<td>22,020</td>
<td></td>
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<tr>
<td>State grants</td>
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<td>25,000</td>
<td>25,000</td>
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<tr>
<td>Centers</td>
<td>75,000</td>
<td>75,000</td>
<td>75,000</td>
<td></td>
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<tr>
<td>Services for older blind individuals</td>
<td>35,000</td>
<td>35,000</td>
<td>35,000</td>
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<tr>
<td><strong>Subtotal, Independent living</strong></td>
<td><strong>127,394</strong></td>
<td><strong>127,394</strong></td>
<td><strong>127,394</strong></td>
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<td>Program Improvement</td>
<td>850</td>
<td>850</td>
<td>850</td>
<td></td>
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<tr>
<td>Evaluation</td>
<td>1,500</td>
<td>1,500</td>
<td>1,500 +512</td>
<td></td>
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<tr>
<td>Helen Keller National Center for Deaf/Blind Youth and Adults</td>
<td>8,666</td>
<td>8,666</td>
<td>8,666</td>
<td></td>
</tr>
<tr>
<td>Assistive Technology</td>
<td>15,000</td>
<td>15,000</td>
<td>15,000</td>
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<tr>
<td><strong>Subtotal, discretionary programs</strong></td>
<td><strong>427,108</strong></td>
<td><strong>411,352</strong></td>
<td><strong>418,742</strong></td>
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<tr>
<td><strong>Total, Rehabilitation services</strong></td>
<td><strong>3,011,270</strong></td>
<td><strong>3,047,197</strong></td>
<td><strong>3,054,587</strong> +43,317</td>
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<tr>
<td><strong>SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMERICAN PRINTING HOUSE FOR THE BLIND</td>
<td>16,403</td>
<td>16,403</td>
<td>17,000 +597</td>
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</tr>
<tr>
<td>Fiscal Year</td>
<td>FY 2004 Comparable</td>
<td>FY 2005 Request</td>
<td>Bill vs. FY 2004 Comparable</td>
<td>Bill vs. FY 2005 Request</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------------</td>
<td>----------------</td>
<td>-----------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Construction</td>
<td>365</td>
<td>685</td>
<td>1,685</td>
<td>1,320</td>
</tr>
<tr>
<td>Total, NTID</td>
<td>53,483</td>
<td>53,603</td>
<td>55,790</td>
<td>2,307</td>
</tr>
<tr>
<td>Gallaudet University</td>
<td>100,205</td>
<td>100,205</td>
<td>104,000</td>
<td>3,795</td>
</tr>
<tr>
<td>Total, Special Institutions for Persons with Disabilities</td>
<td>170,091</td>
<td>170,411</td>
<td>176,790</td>
<td>6,699</td>
</tr>
</tbody>
</table>

**VOCATIONAL AND ADULT EDUCATION**

**Vocational Education:**

- Basic State Grants/Secondary & Technical Education
  - State Grants, current funded | 404,008 | 221,000 | 424,008 | +20,000 | +203,008
  - Advance from prior year | (791,000) | (791,000) | (791,000) | --- | ---
  - FY 2006 | 791,000 | 791,000 | 791,000 | --- | ---
  - Subtotal, Basic State Grants, program level | 1,195,008 | 1,012,000 | 1,215,008 | +20,000 | +203,008

- National Programs | 11,852 | --- | 11,852 | --- | +11,852
- Tech-Prep Education Demonstration | 4,393 | --- | --- | -4,393 | ---
- Occupational and Employment Information Program | 9,382 | --- | --- | -9,382 | ---
- Subtotal, Vocational Education | 1,327,846 | 1,012,000 | 1,333,525 | +5,679 | +321,525

**Adult Education:**

- State Grants/Adult basic and literacy education
  - State Grants, current funded | 574,372 | 574,372 | 574,372 | --- | ---
  - National Programs
    - National Leadership Activities | 9,169 | 9,169 | 9,169 | --- | ---
    - National Institute for Literacy | 6,692 | 6,692 | 6,692 | --- | ---
  - Subtotal, National programs | 15,081 | 15,081 | 15,081 | --- | ---
- Subtotal, Adult education | 590,233 | 590,233 | 590,233 | --- | ---
- Smaller Learning Communities, current funded | 8,698 | --- | 5,085 | -3,613 | +5,085
- Smaller Learning Communities, forward funded | 165,269 | --- | 96,613 | -68,656 | +96,613
- Community Technology Centers | 9,941 | --- | --- | -9,941 | ---
- Total, Vocational and adult education | 2,101,987 | 1,602,233 | 2,025,456 | -76,531 | +423,223
- Current Year
  - (1,310,987) | (811,233) | (1,234,456) | (-76,531) | (+423,223)
- FY 2006
  - (791,000) | (791,000) | (791,000) | --- | ---
- Subtotal, forward funded | (1,292,348) | (811,233) | (1,229,371) | (-62,977) | (+418,138)

**STUDENT FINANCIAL ASSISTANCE**

- Pell Grants -- maximum grant (NA) | (4,050) | (4,050) | (4,050) | --- | ---
- Pell Grants -- Regular Program | 12,006,738 | 12,830,000 | 12,830,000 | +823,262 | ---
- Enhanced Pell grants for State scholars | --- | 33,000 | --- | --- | -33,000
- Federal Supplemental Educational Opportunity Grants | 770,455 | 770,455 | 794,455 | +24,000 | +24,000
- Federal Perkins Loans: Capital Contributions | 98,764 | --- | --- | -98,764 | ---
- Loan Cancellations | 66,665 | 66,665 | 66,665 | --- | ---
- Subtotal, Federal Perkins loans | 165,429 | 66,665 | 86,665 | -80,000 | ---
- LEAP program | 66,172 | --- | 66,172 | --- | +66,172
- Total, Student Financial Assistance | 14,007,296 | 14,098,822 | 14,755,794 | +748,498 | +57,172
## LABOR-HEALTH AND HUMAN SERVICES-EDUCATION—FY 2005 (H.R. 5006)
(Amounts in thousands)

<table>
<thead>
<tr>
<th>FY 2004 Comparable</th>
<th>FY 2005 Request</th>
<th>Bill vs. Comparable</th>
<th>Bill vs. Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs</td>
<td>116,727</td>
<td>934,639</td>
<td>120,247</td>
</tr>
<tr>
<td>Fed Direct Student Loan Reclassification (Leg prop)</td>
<td>---</td>
<td>-795,000</td>
<td>---</td>
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</tbody>
</table>

### HIGHER EDUCATION

<table>
<thead>
<tr>
<th>Aid for Institutional Development:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthening Institutions</td>
<td>80,986</td>
<td>80,986</td>
<td>80,986</td>
</tr>
<tr>
<td>Hispanic Serving Institutions</td>
<td>93,983</td>
<td>95,873</td>
<td>95,873</td>
</tr>
<tr>
<td>Strengthening Historically Black Colleges (HBCUs).</td>
<td>222,764</td>
<td>240,500</td>
<td>240,500</td>
</tr>
<tr>
<td>Strengthening historically black graduate ins...</td>
<td>53,100</td>
<td>58,500</td>
<td>58,500</td>
</tr>
<tr>
<td>Strengthening Alaska Native and Native Hawaiian-Serving Institutions</td>
<td>10,935</td>
<td>6,137</td>
<td>10,935</td>
</tr>
<tr>
<td>Strengthening Tribal Colleges</td>
<td>23,267</td>
<td>23,753</td>
<td>23,753</td>
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</table>

Subtotal, Aid for Institutional development | 485,065 | 505,749 | 510,547 | +25,482 | +4,798 |

<table>
<thead>
<tr>
<th>International Education and Foreign Language:</th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Programs</td>
<td>89,211</td>
<td>89,211</td>
<td>89,211</td>
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<tr>
<td>Overseas Programs</td>
<td>12,840</td>
<td>12,840</td>
<td>12,840</td>
</tr>
<tr>
<td>Institute for International/Public Policy</td>
<td>1,629</td>
<td>1,629</td>
<td>1,629</td>
</tr>
</tbody>
</table>

Subtotal, International Education & Foreign Language | 103,680 | 103,680 | 107,680 | +4,000 | +4,000 |

| Fund for the Improvement of Postsec. Ed. (FIPSE) | 157,700 | 32,011 | 32,011 | -125,689 |
| Minority Science and Engineering Improvement   | 8,889 | 8,889 | 8,889 | --- |
| Interest Subsidy Grants                        | 1,988 | 1,500 | 1,500 | -488 |
| Tribally Controlled Postsec Voc/Tech Institutions | 7,165 | 7,165 | 7,165 | --- |
| Federal TRIO Programs                           | 832,559 | 832,559 | 842,559 | +10,000 | +10,000 |
| GEAR UP                                         | 298,230 | 298,230 | 318,230 | +20,000 | +20,000 |
| Byrd Honors Scholarships                       | 40,758 | 40,758 | --- | -40,758 | -40,758 |
| Javits Fellowships                              | 9,876 | 9,876 | 9,876 | --- |
| Graduate Assistance in Areas of National Need   | 30,616 | 30,616 | 30,616 | --- |
| Teacher Quality Enhancement Grants             | 88,888 | 88,888 | 88,888 | --- |
| Child Care Access Means Parents in School       | 16,099 | 16,099 | 16,099 | --- |
| Demonstration in Disabilities / Higher Education | 6,913 | --- | --- | -6,913 |
| Underground Railroad Program                   | 2,222 | --- | --- | -2,222 |
| GPRA data/HEA program evaluation               | 968 | 968 | 968 | --- |
| B.J. Stupak Olympic Scholarships               | 968 | --- | 968 | +968 |

Total, Higher education | 2,092,642 | 1,977,028 | 1,976,056 | -116,586 | -972 |

### HOWARD UNIVERSITY

| Academic Program | 205,212 | 205,164 | 210,342 | +5,130 | +5,178 |
| Endowment Program | 3,552 | 3,600 | 3,552 | --- | -48 |
| Howard University Hospital | 29,999 | 29,999 | 29,999 | --- |

Total, Howard University | 238,763 | 238,763 | 243,993 | +5,130 | +5,130 |

<table>
<thead>
<tr>
<th>College Housing and Academic Facilities Loans Program:</th>
<th>CHAFL</th>
<th>HBCU Capital Financing Program -- Federal Adm.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>769</td>
<td>209</td>
</tr>
<tr>
<td></td>
<td>578</td>
<td>212</td>
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<td>-191</td>
<td>+3</td>
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### INSTITUTE OF EDUCATION SCIENCES

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<th>Funding Category</th>
<th>FY 2004 Comparable</th>
<th>FY 2005 Request</th>
<th>Bill</th>
<th>Bill vs. Comparable</th>
<th>Bill vs. Request</th>
</tr>
</thead>
<tbody>
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<td>Research, development and dissemination</td>
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<td>185,000</td>
<td>165,518</td>
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<td>91,664</td>
<td>91,664</td>
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<tr>
<td>Regional Educational Laboratories</td>
<td>66,065</td>
<td>---</td>
<td>66,065</td>
<td>---</td>
<td>+66,065</td>
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<tr>
<td>Research and innovation in special education</td>
<td>78,125</td>
<td>78,125</td>
<td>78,125</td>
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<td>---</td>
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<tr>
<td>Statewide data systems</td>
<td>---</td>
<td>---</td>
<td>30,000</td>
<td>+30,000</td>
<td>+30,000</td>
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<tr>
<td>Assessment:</td>
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<td></td>
<td></td>
<td></td>
<td>94,763</td>
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<tr>
<td>National Assessment</td>
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<td>89,703</td>
<td>89,703</td>
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<td>---</td>
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<tr>
<td>National Assessment Governing Board</td>
<td>5,129</td>
<td>5,129</td>
<td>5,129</td>
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<tr>
<td>Subtotal, Assessment</td>
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<td>94,832</td>
<td>94,832</td>
<td>+69</td>
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<tr>
<td>Total, IES</td>
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<td>449,621</td>
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### DEPARTMENTAL MANAGEMENT

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<tr>
<th>Funding Category</th>
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<th>FY 2005 Request</th>
<th>Bill</th>
<th>Bill vs. Comparable</th>
<th>Bill vs. Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Administration</td>
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<td>429,778</td>
<td>421,055</td>
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<td>-8,723</td>
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<tr>
<td>Office for Civil Rights</td>
<td>88,305</td>
<td>92,401</td>
<td>90,248</td>
<td>+1,943</td>
<td>-2,553</td>
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<tr>
<td>Office of the Inspector General</td>
<td>46,624</td>
<td>50,576</td>
<td>47,790</td>
<td>+1,166</td>
<td>-2,786</td>
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<tr>
<td>Total, Departmental management</td>
<td>555,308</td>
<td>573,155</td>
<td>559,093</td>
<td>+3,785</td>
<td>-14,062</td>
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</table>

Total: Elementary and Secondary Education Act programs

<table>
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<th>FY 2006</th>
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<tbody>
<tr>
<td>Current Year</td>
<td>FY 2006</td>
</tr>
<tr>
<td>Total, Title III, Department of Education</td>
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<td>Current Year</td>
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<tr>
<td>FY 2006</td>
<td>(15,022,301)</td>
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</table>
LABOR-HEALTH AND HUMAN SERVICES-EDUCATION--FY 2005 (H.R. 5006)
(Amounts in thousands)

<table>
<thead>
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<th>FY 2004 Comparable</th>
<th>FY 2005 Request</th>
<th>Bill</th>
<th>Bill vs. Comparable</th>
<th>Bill vs. Request</th>
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</thead>
<tbody>
<tr>
<td>Operations and Maintenance</td>
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<td>57,195</td>
<td>-5,728</td>
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<td>Capital Program</td>
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<td>4,000</td>
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</tr>
<tr>
<td>Total, AFRH</td>
<td>64,894</td>
<td>61,195</td>
<td>61,195</td>
<td>-3,699</td>
</tr>
</tbody>
</table>

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED 1/
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE 2/

| Volunteers in Service to America (VISTA) | 93,731 | 96,428 | 93,731 | --- | -2,697 |
| Volunteers in Homeland Security | 9,876 | 15,000 | 5,000 | -4,876 | -10,000 |

National Senior Volunteer Corps:
- Foster Grandparents Program | 110,121 | 106,700 | 112,323 | +2,202 | +5,623 |
- Senior Companion Program | 45,967 | 46,563 | 45,987 | --- | -576 |
- Retired Senior Volunteer Program | 58,156 | 60,084 | 58,156 | --- | -11,728 |
- Senior Demonstration Program | --- | 1,397 | --- | --- | -1,397 |

Subtotal, Senior Volunteers | 214,264 | 224,544 | 216,466 | +2,202 | -8,078 |

Program Administration | 36,469 | 39,363 | 38,000 | +1,531 | -1,363 |

Total, Domestic Volunteer Service Programs | 354,340 | 375,335 | 353,197 | -1,143 | -22,138 |

CORPORATION FOR PUBLIC BROADCASTING:
- FY 2007 (current) with FY 2006 comparable | 400,000 | --- | 400,000 | --- | +400,000 |
- FY 2006 advance with FY 2005 comparable (NA) | (390,000) | (400,000) | (400,000) | (+10,000) | --- |
- FY 2005 advance with FY 2004 comparable (NA) | (377,758) | (390,000) | (390,000) | (+12,242) | --- |
- Digitalization program, current funded 3/ | 49,705 | --- | --- | -49,705 | --- |
- Funds provided in P.L. 107-116 4/ | --- | (20,000) | (20,000) | (+20,000) | --- |
- Interconnection, current funded 3/ | 9,941 | --- | --- | -9,941 | --- |
- Funds provided in P.L. 107-116 4/ | --- | (75,000) | (60,000) | (+15,000) | --- |

Subtotal, FY 2005 appropriation | 59,646 | --- | --- | -59,646 | --- |

Subtotal, FY 2005 comparable | (59,646) | (95,000) | (80,000) | (+20,354) | (-15,000) |

FEDERAL MEDIATION AND CONCILIATION SERVICE | 43,129 | 43,964 | 43,964 | +835 | --- |
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION | 7,728 | 7,813 | 7,813 | +85 | --- |
INSTITUTE OF MUSEUM AND LIBRARY SERVICES | 262,240 | 261,743 | 261,743 | -497 | --- |
MEDICARE PAYMENT ADVISORY COMMISSION | 9,245 | 9,905 | 9,905 | +660 | --- |
NATIONAL COMMISSION ON LIBRARIES AND INFO SCIENCE | 994 | 1,000 | 1,000 | +6 | --- |
NATIONAL COUNCIL ON DISABILITY | 3,021 | 2,873 | 2,873 | -148 | --- |
NATIONAL LABOR RELATIONS BOARD | 242,633 | 248,765 | 248,765 | +6,152 | --- |
NATIONAL MEDIATION BOARD | 11,354 | 11,635 | 11,635 | +281 | --- |
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION | 9,805 | 10,516 | 10,516 | +711 | --- |
### LABOR-HEALTH AND HUMAN SERVICES EDUCATION—FY 2005 (H.R. 5006)

**Amounts in thousands**

<table>
<thead>
<tr>
<th></th>
<th>FY 2004 Comparable</th>
<th>FY 2005 Request</th>
<th>Bill</th>
<th>Bill vs. Comparable</th>
<th>Bill vs. Request</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RAILROAD RETIREMENT BOARD</strong></td>
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<td></td>
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<td>Dual Benefits Payments Account</td>
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<td>108,000</td>
<td>108,000</td>
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<tr>
<td>Less Income Tax Receipts on Dual Benefits</td>
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<td>-8,000</td>
<td>-8,000</td>
<td>-47</td>
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<td><strong>Subtotal, Dual Benefits</strong></td>
<td>110,345</td>
<td>100,000</td>
<td>100,000</td>
<td>-10,345</td>
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<td>Federal Payment to RR Retirement Account</td>
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<td>150</td>
<td>150</td>
<td>---</td>
<td>---</td>
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<tr>
<td>Limitation on Administration</td>
<td>100,702</td>
<td>102,600</td>
<td>102,202</td>
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<tr>
<td>Inspector General</td>
<td>6,561</td>
<td>7,200</td>
<td>6,561</td>
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<td>-639</td>
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<tr>
<td><strong>SOCIAL SECURITY ADMINISTRATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Payments to Social Security Trust Funds</td>
<td>21,658</td>
<td>20,454</td>
<td>20,454</td>
<td>-1,204</td>
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<tr>
<td><strong>SUPPLEMENTAL SECURITY INCOME</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal benefit payments</td>
<td>34,198,000</td>
<td>38,109,000</td>
<td>38,109,000</td>
<td>+3,911,000</td>
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<tr>
<td>Beneficiary services</td>
<td>100,000</td>
<td>45,929</td>
<td>45,929</td>
<td>-54,071</td>
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<tr>
<td>Research and demonstration</td>
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<td>27,000</td>
<td>27,000</td>
<td>-11,000</td>
<td>---</td>
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<tr>
<td>Administration</td>
<td>2,973,300</td>
<td>3,017,000</td>
<td>2,986,900</td>
<td>+13,600</td>
<td>-30,100</td>
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<tr>
<td><strong>Subtotal, SSI program level</strong></td>
<td>37,309,300</td>
<td>41,198,929</td>
<td>41,168,829</td>
<td>+3,859,529</td>
<td>-30,100</td>
</tr>
<tr>
<td>Less funds advanced in prior year</td>
<td>-11,080,000</td>
<td>-12,590,000</td>
<td>-12,590,000</td>
<td>-1,510,000</td>
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<tr>
<td><strong>Subtotal, regular SSI current year</strong></td>
<td>26,229,300</td>
<td>28,608,929</td>
<td>28,578,829</td>
<td>+2,349,529</td>
<td>-30,100</td>
</tr>
<tr>
<td>Plus User Fee Activities</td>
<td>120,000</td>
<td>124,000</td>
<td>124,000</td>
<td>+4,000</td>
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<tr>
<td><strong>Total, SSI, current request</strong></td>
<td>26,349,300</td>
<td>28,732,929</td>
<td>28,702,829</td>
<td>+2,352,529</td>
<td>-30,100</td>
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<td>New advance, 1st quarter, FY 2006</td>
<td>12,590,000</td>
<td>10,930,000</td>
<td>10,930,000</td>
<td>-1,660,000</td>
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<td><strong>Total, SSI program</strong></td>
<td>38,939,300</td>
<td>39,662,929</td>
<td>39,632,829</td>
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<tr>
<td><strong>LIMITATION ON ADMINISTRATIVE EXPENSES</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>OASDI Trust Funds</td>
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<td>4,454,000</td>
<td>4,412,700</td>
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<tr>
<td>HI/SMI Trust Funds</td>
<td>1,147,705</td>
<td>1,284,000</td>
<td>1,272,500</td>
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<td>Social Security Advisory Board</td>
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<td>2,000</td>
<td>+200</td>
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</tr>
<tr>
<td>SSI</td>
<td>2,973,300</td>
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<td>-30,100</td>
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<tr>
<td><strong>Subtotal, regular LAE</strong></td>
<td>8,193,174</td>
<td>8,757,000</td>
<td>8,674,100</td>
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<td>-82,900</td>
</tr>
<tr>
<td>User Fee Activities (SSI)</td>
<td>120,000</td>
<td>124,000</td>
<td>124,000</td>
<td>+4,000</td>
<td>---</td>
</tr>
<tr>
<td><strong>Total, Limitation on Administrative Expenses</strong></td>
<td>8,313,174</td>
<td>8,881,000</td>
<td>8,798,100</td>
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<td>-82,900</td>
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</table>

**MEDICARE REFORM FUNDING**

<table>
<thead>
<tr>
<th></th>
<th>FY 2004 Comparable</th>
<th>FY 2005 Request</th>
<th>Bill</th>
<th>Bill vs. Comparable</th>
<th>Bill vs. Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>HI/SMI trust funds mandatory spending 5/ 6/</td>
<td>(500,000)</td>
<td>---</td>
<td>---</td>
<td>(-500,000)</td>
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<tr>
<td>Medicare reform contingency fund 7/</td>
<td>---</td>
<td>100,000</td>
<td>---</td>
<td>100,000</td>
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### OFFICE OF INSPECTOR GENERAL

<table>
<thead>
<tr>
<th></th>
<th>FY 2004 Comparable</th>
<th>FY 2005 Request</th>
<th>Bill</th>
<th>Bill vs. Comparable</th>
<th>Bill vs. Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Funds</td>
<td>24,355</td>
<td>26,000</td>
<td>25,748</td>
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<tr>
<td>Trust Funds</td>
<td>63,324</td>
<td>66,000</td>
<td>65,359</td>
<td>+2,035</td>
<td>-641</td>
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<tr>
<td><strong>Total, Office of Inspector General</strong></td>
<td><strong>87,679</strong></td>
<td><strong>92,000</strong></td>
<td><strong>91,107</strong></td>
<td><strong>+3,428</strong></td>
<td><strong>-841</strong></td>
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<tr>
<td>Adjustment: Trust fund transfers from general revenues</td>
<td>-3,093,300</td>
<td>-3,141,000</td>
<td>-3,110,900</td>
<td>-17,600</td>
<td>+30,100</td>
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<tr>
<td><strong>Total, Social Security Administration</strong></td>
<td><strong>44,268,511</strong></td>
<td><strong>45,615,383</strong></td>
<td><strong>45,431,500</strong></td>
<td><strong>+1,637,879</strong></td>
<td><strong>-183,793</strong></td>
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<tr>
<td>Federal funds</td>
<td>38,985,313</td>
<td>39,808,383</td>
<td>39,679,031</td>
<td>+693,718</td>
<td>-130,352</td>
</tr>
<tr>
<td>Current year</td>
<td>(26,395,313)</td>
<td>(28,879,383)</td>
<td>(28,749,031)</td>
<td>(+2,355,718)</td>
<td>(-130,352)</td>
</tr>
<tr>
<td>New advances, 1st quarter</td>
<td>(12,590,000)</td>
<td>(10,930,000)</td>
<td>(10,930,000)</td>
<td>(-1,660,000)</td>
<td>---</td>
</tr>
<tr>
<td>Trust funds</td>
<td>5,283,106</td>
<td>5,806,000</td>
<td>5,752,559</td>
<td>+494,361</td>
<td>-53,442</td>
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<tr>
<td><strong>Total, Title IV, Related Agencies</strong></td>
<td><strong>45,959,995</strong></td>
<td><strong>46,864,769</strong></td>
<td><strong>47,057,801</strong></td>
<td><strong>+1,097,806</strong></td>
<td><strong>+193,032</strong></td>
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<tr>
<td>Federal Funds</td>
<td>40,560,289</td>
<td>40,939,064</td>
<td>41,186,574</td>
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<td>+247,510</td>
</tr>
<tr>
<td>Current Year</td>
<td>(27,570,289)</td>
<td>(30,009,064)</td>
<td>(29,856,574)</td>
<td>(+2,286,285)</td>
<td>(-152,490)</td>
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<tr>
<td>FY 2006 Advance</td>
<td>(12,590,000)</td>
<td>(10,930,000)</td>
<td>(10,930,000)</td>
<td>(-1,660,000)</td>
<td>---</td>
</tr>
<tr>
<td>FY 2007 Advance</td>
<td>(400,000)</td>
<td>---</td>
<td>(400,000)</td>
<td>---</td>
<td>(+400,000)</td>
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<tr>
<td>Trust Funds</td>
<td>5,399,766</td>
<td>5,925,705</td>
<td>5,871,227</td>
<td>+471,521</td>
<td>-54,478</td>
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</tbody>
</table>

**Title IV Footnotes:**

1/ FY 2005 House jurisdiction change—account moved from Transportation-Treasury Appropriations.
2/ Appropriations for Americorps are provided in the VA-HUD bill.
3/ Current funded.
4/ Requested funds for these activities are from previously appropriated funds.
5/ Funds provided in P.L. 108-173, the 2003 Medicare Prescription Drug, Improvement & Modernization Act
7/ Two-year availability. Funds may be transferred between CMS and SSA.
## Summary

<table>
<thead>
<tr>
<th>Description</th>
<th>FY 2004 Comparable</th>
<th>FY 2005 Request</th>
<th>Bill vs. FY 2004 Comparable</th>
<th>Bill vs. FY 2005 Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Funds</td>
<td>467,973,109</td>
<td>483,869,294</td>
<td>+16,202,197</td>
<td>+306,712</td>
</tr>
<tr>
<td>Current year</td>
<td>(374,625,833)</td>
<td>(387,271,603)</td>
<td>(387,178,315)</td>
<td>(+12,552,822)</td>
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<td>2006 advance</td>
<td>(92,947,276)</td>
<td>(96,597,691)</td>
<td>(96,597,691)</td>
<td>(+3,650,415)</td>
</tr>
<tr>
<td>2006 advance</td>
<td>(400,000)</td>
<td>(400,000)</td>
<td>(400,000)</td>
<td>---</td>
</tr>
<tr>
<td>Trust Funds</td>
<td>11,844,869</td>
<td>12,477,283</td>
<td>12,405,505</td>
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<td>Grand Total</td>
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<td>496,348,577</td>
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### Budget Enforcement Act Recap

<table>
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<tr>
<th>Description</th>
<th>FY 2004 Comparable</th>
<th>FY 2005 Request</th>
<th>Bill vs. FY 2004 Comparable</th>
<th>Bill vs. FY 2005 Request</th>
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</thead>
<tbody>
<tr>
<td>Mandatory, total in bill</td>
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<td>353,451,511</td>
<td>353,451,511</td>
<td>+13,409,690</td>
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<tr>
<td>Less advances for subsequent years</td>
<td>-74,061,975</td>
<td>-77,712,390</td>
<td>-77,712,390</td>
<td>-3,650,415</td>
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<tr>
<td>Plus advances provided in prior years</td>
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<td>74,061,975</td>
<td>74,061,975</td>
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<tr>
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<td>349,801,096</td>
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<td>Discretionary, total in bill</td>
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<tr>
<td>Less advances for subsequent years</td>
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<td>-18,885,301</td>
<td>-19,285,301</td>
<td>-400,000</td>
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<tr>
<td>Plus advances provided in prior years</td>
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<td>19,275,301</td>
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<td>Scorekeeping adjustments:</td>
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<td>SSA User Fee Collection</td>
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<td>-124,000</td>
<td>-124,000</td>
<td>-4,000</td>
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<tr>
<td>Vaccines for children legislative proposal</td>
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<td>-110,000</td>
<td>---</td>
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<tr>
<td>Medicaid/Medicare offsetting proposals</td>
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<td>---</td>
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<tr>
<td>HI/SMI user fees</td>
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<td>-165,000</td>
<td>-155,000</td>
<td>-15,000</td>
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<td>Medicare Hospital loans</td>
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<td>-200,000</td>
<td>-200,000</td>
<td>-200,000</td>
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<tr>
<td>CDC Management/IT Savings</td>
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<td>-15,000</td>
<td>-15,000</td>
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<td>Welfare to Work rescission</td>
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<td>+176,000</td>
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<tr>
<td>H-1B rescission</td>
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<td>-100,000</td>
<td>-100,000</td>
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<td>75 percent rule scoring</td>
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<td>9,000</td>
<td>+9,000</td>
<td>+9,000</td>
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<tr>
<td>75 percent rule offset in CMS</td>
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<td>-9,000</td>
<td>-9,000</td>
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<tr>
<td>Across the board admin. expenses reduction</td>
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<td>---</td>
<td>---</td>
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<tr>
<td>ESA Special benefits (offset. collections)</td>
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<td>---</td>
<td>---</td>
<td>+54</td>
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<tr>
<td>Total, discretionary</td>
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<td>142,324,066</td>
<td>142,526,000</td>
<td>+3,101,931</td>
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<tr>
<td>Adjustment to balance with 2004 enacted</td>
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<td>---</td>
<td>---</td>
<td>+252,080</td>
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<tr>
<td>Total, discretionary (FY 2004 enacted)</td>
<td>139,171,989</td>
<td>142,324,066</td>
<td>142,526,000</td>
<td>+3,354,011</td>
</tr>
</tbody>
</table>

**Grand total, current year (incl FY 2004 comparable)**... 471,287,901  492,125,162  492,327,096  +21,039,195  +201,934

**Grand total, current year (incl FY 2004 enacted)**... 471,035,821  492,125,162  492,327,096  +21,291,275  +201,934
Mr. Chairman, I reserve the balance of my time.

Mr. OBÉY. Mr. Chairman, I yield myself 30 seconds.

I will include at this point in the debate the supplemental views that I and my Democratic colleagues wrote on this bill which make it out of court about this bill's shortcomings. I think they will be sufficient to explain why so many of us have such grave misgivings about this bill.

MINORITY VIEWS OF THE HONORABLE DAVID L. LOWEY, ROSA DELAURO, JESSE JACKSON, JR., PATRICK KENNEDY, AND LUCILLE ROYBAL-ALLARD

While this bill is a modest improvement over the President's budget request, it fails to meet America's needs in education, health care, medical research, and human services. The bill's inadequacies, however, are not the fault of the Committee or Chairman Regula. This bill's shortcomings are the direct and foreseeable result of the Majority's reckless FY 2005 budget resolution which, as with each of the budgets the Majority produced over the past three years, abandons fiscal discipline, mortgages our nation's future, and neglects the critical investments that benefit all Americans. It is the product of the skewed priorities of the Majority, who value super-sized tax cuts for our wealthiest and most privileged citizens over honoring our commitments and protecting our most vulnerable citizens.

Even when provided with an opportunity to change course, the Majority held rigidly to its failed budget blueprint. Earlier this year, the Majority rejected a Democratic alternative to the FY 2005 budget that was financially sound and allowed a greater investment in education, health care, and many other critical priorities. Then, on June 24, the Majority defeated a Democratic resolution to revise the budget resolution that would have made a greater investment in education, training, and health by modestly scaling back tax cuts for those with annual incomes of $1 million or more.

Given the Majority Party's misguided budgetary choices, shortfalls in appropriations are inevitable. In fact, the Labor-HHS-Education appropriations received very little good-faith support from the Majority. Even as they failed to provide adequate funding for high-priority education programs, keeping up with rising costs in the Pell Grant program, partially covering increased research costs at NIH, and funding the administrative expenses of the Social Security Administration. After doing these things, the subcommittees had less than exhausted the additional funds it was allocated above the FY 2004 level. Consequently, other priorities in the bill had to be cut.

EDUCATION—WHERE TOP OF THE CLASS

Next year, K-12 and higher education enrollments will again reach record levels. Nearly 55 million students will attend the nation's elementary and secondary schools—4 million more than in 1965. Full-time college enrollment will reach 16.7 million students—14 percent more than a decade ago.

At the same time that schools are serving more students, the stakes are raised higher by the mandates of the No Child Left Behind Act (NCLB). During the 2005 school year, schools must actually test each student in grades 3-8 in reading and math or face federal sanctions. Student achievement must improve. And, every teacher of a core academic subject must become "highly qualified." Against the backdrop of record school enrollment nearly 30 million, the bill meets nearly all accountability requirements, and rising demand for college assistance, the Committee bill fails to match these growing demands. The Committee bill provides $1.6 billion (3.6 percent) increase over FY 2004 for the Department of Education's discretionary programs, continuing a downward slide in increasingly significant investments under the Bush Administration.

No Child Left Behind

While all 50 states and 15,500 school districts are striving to address NCLB's worthy goals, many others are falling short in many schools. Nonetheless, the Committee bill actually cuts NCLB funding $120 million below the Administration's request, while providing only $138 million (1.3 percent) more than FY 2004. In total, the bill provides $9.5 billion less than the funding promised in NCLB.

Fully funding Title I—which serves low-income children in schools with the greatest educational challenges—is the centerpiece of federal education reform efforts. Title I grants to school districts receive a $1 billion (8.1 percent) increase in the Majority bill, the same amount as the President's request. Despite this needed increase, Title I appropriations in FY 2005 would still fall $7.2 billion short of the promise—accounting for over 65 percent of the total $11.5 billion NCLB shortfall in the Committee bill.

A key concept in NCLB is that students who are falling behind should have access to a range of services in school and community-based after school centers. Yet the Committee bill rejects the Administration's request for $142 million (1.7 percent) increase over FY 2004 to support Learning Centers at $999 million—only half of the $2.1 billion authorized by NCLB. At the $2.0 billion level, an additional 1.3 million children could be served in such communities as Davenport, Iowa, Columbus, Ohio, Greenville, South Carolina, and Salt Lake City, Utah, all of which are struggling to keep existing after school centers open to serve children in working families.

The Committee bill freezes funding at last year's levels for many programs that are important to the success of NCLB. For example, English language learning assistance for more than 5 million children who must learn to read and speak English is frozen at $681 million, nearly 10 percent less than the safe and reasonable $762 million the Administration is requesting. The Committee bill rejects the Administration's proposal to cut vocational and career education, teacher training to improve American history instruction, drop out prevention, K-12 foreign language assistance, and community technology centers to bridge the digital divide in low-income communities—all priority activities reauthorized in NCLB—are terminated. Because of budget constraints, the bill provides only $100 million in education initiatives requested by the President.

Special Education

President Bush's Commission on Excellence in Special Education concluded, "children with disabilities remain those most at risk of being left behind." The Committee bill makes progress in fulfilling federal commitments in special education by providing a 4.9 percent increase over FY 2004 for IDEA Part B State Grants, the same amount as the President's request. Under the Committee bill, the federal contribution to the states for the cost of educating children with disabilities who are served by the nation's schools will increase from 18.7 percent in FY 2004 to 19.8 percent in FY 2005. Nonetheless, the Committee bill fails $2.5 billion to meet the Administration request of FY 1999 level last year by the Majority party when it passed H.R. 1350, the IDEA reauthorization bill.

College Assistance

In today's increasingly technological society, a college education is essential for a good paying job. For many working-class, middle-class, and poor families, however, the task of sending a child to college—which has never been easy—is now a daunting challenge, given an average 26 percent tuition increase in the last two years at 4-year public colleges and universities.

The Committee bill provides modest additional funding in making college more affordable for disadvantaged students. The bill freezes the maximum Pell Grant for low-income college students at $4,650 for the second year in a row, reduces College Work Study assistance, and cuts Perkins Loans by $90 million below last year's level.

College students will receive help with dramatically rising tuition by such a small amount as the President's request and $40 million less than last year, despite a loss of 1.8 million private sector jobs since President Bush took office.

In total, the Committee bill makes only modest improvements over last year's budget which has never been adequate for the needs of America.

CONGRESSIONAL RECORD — HOUSE

September 8, 2004

H6801

Mr. OBEY. Mr. Chairman, I yield myself 30 seconds.

I will include at this point in the debate the supplemental views that I and my Democratic colleagues wrote on this bill which make it out of court about this bill's shortcomings. I think they will be sufficient to explain why so many of us have such grave misgivings about this bill.
Unemployment remains unacceptably high with 6.0 million Americans out of work; however, the Committee bill actually cuts assistance for individuals seeking jobs through the Employment Service, a hallmark program for the nation's one-stop employment services delivery system. State Employment Service funding is cut to $596 million, a 10 percent reduction below FY 2004 and below the current-year level in more than 10 years. The Committee bill also rescinds $100 million in prior funding, as requested by the Administration, for the grants that help build the health care safety net, the public health, and advance medical research.

The measure does substantially increase funding for the National Institutes of Health, which expands a Global Disease Detection initiative at CDC, and provide modest increases for AIDS drug assistance and chronic disease prevention programs. In some respects it is an improvement over the President's budget—it rejects the Administration's proposal to cut bio-terrorism preparedness assistance to health care providers and hospitals, reduces the President's proposed cuts in rural health and health professions programs.

However, a number of health programs are still cut below the current-year level by the Committee bill. Examples include the Healthy Communities Access Program, several rural health programs, some health professions training programs (especially those related to primary care and public health), and block grants for public health services. A large number of other programs have their funding cut by only a second year in a row. These freezes, while health care costs and the number of people needing assistance continue to increase, mean real erosion in the health care safety net and public health protection.

The Committee bill terminates the Health Care for the Homeless Access Program (HCAP), which makes grants to local consortia of hospitals, health centers, and other providers to build better integrated systems of care for the uninsured. This means that roughly 70 communities will lose their existing three-year grants and about 35 new grants will not be made.

The Child Care Block Grant—Grants which support primary health care, dental health, mental health, and telemedicine projects—are cut by 24 percent. Grants to improve small rural hospitals are cut in half, funding to help rural communities acquire the defibrillators that can save the lives of heart attack victims are cut by more than half, and a small new program to help improve emergency medical services in rural areas is eliminated.

Apart from grants to Health Centers, the bill cuts support of most of the non-federal health care programs. The Maternal and Child Health Block Grant is funded slightly below its level of three years earlier, with no increases in 1999. The Children's Health Insurance Program can contract or not any other thing. These grants help support prenatal care and health and dental services for low-income children, and assist children with disabilities and other special health care needs. The National Health Service Corps—which helps bring doctors and dentists into a rural area—receives a cut even lower than in FY 2003. The Ryan White AIDS Care programs (other than drug assistance) is also slightly under its FY 2003 level (and it has been rising by about 7 percent per year), and the Title X family planning program is just 1.8 percent above FY 2003.

Further, funding to promote international labor standards and combat abusive child labor will be eviscerated with a 68 percent cut in the Committee bill, which adds only $5 million above its level three years earlier. The $35.5 million provided in the bill includes only $16 million for child labor projects compared with the $82 million allocated in FY 2004.

FALING SHORT OF THE PROMISE OF A SAFE AND HEALTHY NATION

For the health-related programs of the Department of HHS, the Committee's bill falls short of what is needed to maintain the health care safety net, protect the public health, and advance medical research.

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department through the Preventive Health and Health Services Block Grant. This funding is used for a range of priorities, from health screening to immunization to control of chronic diseases like diabetes and asthma to basic epidemiological investigations and public health laboratory operations. For the National Institutes of Health, the Committee bill is identical to the Administration's budget request. It provides an increase in the cost of research but below the smallest increase in 19 years and significantly less than the 3.5 percent needed to cover estimated inflation in biomedical research costs. Although the Administration's budget (and hence the Committee bill) would produce a 0.3 percent increase in FY 2005 over FY 2004, as proposed by the President. On the whole, however, the bill's human services appropriations fall short of what is needed.

For the health-related programs of the Department of HHS, the Committee bill includes increases for Low-Income Home Energy Assistance (LIHEAP), Refugee Assistance, Head Start, Abstinence-only Sex Education, and some programs of the Administration on Aging. It also rejects most (but not all) of the Administration on Aging. It also rejects most (but not all) of the President's proposed cuts in rural health and preventive medicine is cut 24 percent, despite the difficulties that public health departments are having recruiting and retaining qualified professionals. The Committee bill does include a small, $45 million (5.3 percent) increase for nurse education and training programs. While a step in the right direction, it pales in comparison to the national commitment envisioned under the Nurse Reinforcement Act, which was killed at stemming the looming nursing shortage.

CDC's childhood immunization program receives a real $11 million increase in the Committee bill. However, the bill's FY 2005 level is just 3.4 percent above FY 2002 while the cost to immunize a child with all recommended vaccines has will have increased 13.5 percent.

Also in CDC, although the bill roughly doubles an important Global Disease Detection initiative, funding for ongoing domestic activities to control and respond to infectious diseases like West Nile Virus, SARS and the flu are increased by just 1.1 percent.

The Committee bill increases spending by 17.5 percent above its level three years earlier. It does not fatten the Labor-HHS bill. However, this follows two years of even smaller increases, leaving spending more than 4.0 percent above its level three years earlier.

THE DEMOCRATIC ALTERNATIVE

The demands of the war on terrorism, the conflict in Iraq, homeland security needs, and a sluggish economy require a pragmatic and responsible approach to America's budget. Yet, even with all these competing needs and challenges, this bill's shortcomings were not fated.

The budget alternatives that Democrats offered earlier this year—including the package of budget resolution revisions that the House excluded from the Administration on Aging is up by 2.2 percent. However, this follows two years of even smaller increases, leaving spending more than 4.0 percent above its level three years earlier.

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Ensure that 2,500 low-performing schools receive the assistance they were promised to implement effective, comprehensive reforms to raise their academic performance.

In the area of workforce training, the Democratic amendment would have provided an additional $200 million to support training and job placement services for more jobless Americans. And, it would have fully restored funding to combat child labor and promote workers' rights around the world, which in turn would have helped workers here at home.

On the health and human services side, the Democratic amendment would have allowed us to provide more help to the 45 million people without health care, maintain momentum in biomedical research, and restore some of the lost purchasing power in key human services programs. For example, the amendment would do the following:

- Maintain the Healthy Communities Access Program, rather than terminating it as under the Committee bill, and add some funds to make up for lost ground in programs like the Maternal and Child Health Block Grant, Family Planning, and Community Mental Health Block Grant.
- Avoid any cuts in health professions training programs, add $35 million to Nurse Reinvestment Act programs to help stem the nursing shortage by providing more scholarships for nursing students and more support for nursing schools.
- Eliminate the proposed cuts in rural health programs, and add an additional $19 million to better support rural health clinics, hospitals and emergency services.
- Provide $50 million to help meet some of the most urgent unmet needs for dental care, through grants for rural dental clinics, scholarships and student loan repayment arrangements for dentists who locate in underserved areas, and grants and low-interest loans to help dentists who agree to participate in Medicaid establish and expand practices in areas with dental shortages.
- Add $500 million to the budget of the National Institutes of Health—enough to provide a full inflation adjustment, renew all ongoing research grants, and restore the number of new grants to the FY 2003 level. This would help maintain momentum in research to find better treatments for diseases like cancer, Parkinson’s disease, and Alzheimer’s.
- Provide $50 million more for child immunization, to help catch up with rising vaccine costs, and also add $50 million to other infectious disease control efforts at CDC (including those aimed at HIV/AIDS, tuberculosis, and sexually transmitted diseases).
- Add $200 million to the Low-Income Home Energy Assistance Program to help keep up with rising needs. Between the 2002 and 2004 winter heating seasons, average home heating costs rose 50 percent for natural gas users and 54 percent for users of fuel oil. As energy prices rise and the economy remains weak, the number of households seeking assistance is rising, but the program still serves only about 14 percent of the eligible population.

Budgets are as much about America’s values are they are about dollars and cents. By prioritizing massive tax cuts for the wealthiest among us, House Republicans have once again rejected traditional American values of shared sacrifice in difficult times and equal opportunity for all Americans. The Majority’s priorities will mean less opportunity through education and job training, decreased access to health care in rural and other underserved areas, and a nation that is less caring toward its most vulnerable children, families, and senior citizens.

The decisions that have led to this unhappy situation have, in fact, already been made by the Republican majority members who have voted for the Republican budget resolution and against our efforts to modify it. This bill is the inevitable unhappy result of those decisions. The only way to achieve a more favorable final outcome is for this bill to move to conference with the Senate and be greatly altered to produce a more responsible result.

DAVID OBEY.
STENY HOYER.
NITA LOWERY.
ROSA L. DELAUR.
JESSE L. JACKSON, JR.
PATRICK J. KENNEDY.
LUCILLE ROYBAL-ALLARD.
Democratic Amendment
to FY 2005 Labor-HHS-Education Appropriations

Education

Providing Title 1 reading and math instruction to 500,000 additional low-income children

Helping 267,000 additional children in working families to benefit from after-school learning opportunities

Increasing assistance to local communities for special education

Helping to put a highly qualified teacher in every classroom

Increasing the maximum Pell Grant by $450 to $4,500 to begin to restore the lost purchasing power of Pell Grants

Supporting effective school improvement through comprehensive school reforms at an additional 2,500 schools

Total, Department of Education $5,553

Employment and Training

Investing in training and job placement assistance for unemployed Americans

Promoting international labor standards and workers’ rights

Total, Department of Labor $200

Health and Human Services

Keeping up with costs of childhood immunization, and improving control of infectious diseases (including TB, STDs & AIDS) 100
Preserving critical investments in medical research at NIH  500

Maintaining core health care "safety net" programs, especially for children and rural residents (including Community Access Program, Family Planning, etc).  333

Improving critical dental services for children and others lacking access to care  50

Helping to alleviate the shortage of nurses  35

Training doctors, dentists and other health professionals, especially for rural and underserved areas  25

Improving public health preparedness for bio-terrorism & epidemics  56

Helping low-income families with energy costs through LIHEAP  200

Maintaining access to child care and Head Start  180

Improving economic opportunity and community services (CSBG)  30

Assisting communities with refugee resettlement  32

Meals-on Wheels, Senior Centers, Family Caregiver Assistance and other help for older Americans  70

Total, Department of HHS  $1,611

TOTAL  $7,364

Offset

The cost of these additions would be offset through a 30 percent reduction in the tax cuts received by people with annual incomes above $1 million as a result of the 2001 and 2003 tax legislation. Instead of annual tax cuts averaging $127,000, this group would receive tax cuts averaging $89,000.
## DEMOCRATIC AMENDMENT TO FULL COMMITTEE PRINT
### FY 2005 LABOR-HHS-EDUCATION APPROPRIATIONS

*Program Level, $ in millions*

<table>
<thead>
<tr>
<th>FY 2004</th>
<th>FY 2005</th>
<th>FY 2005 Committee</th>
<th>FY 2005 Democrats</th>
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<tbody>
<tr>
<td></td>
<td>Comparable</td>
<td>Request</td>
<td></td>
</tr>
</tbody>
</table>

### Education Investments

- **Title 1 Grants to School Districts**: $12,342 | $13,342 | $13,342 | $14,842 | $1,500 | 11.2% | $2,500 | 20.3%
- **21st Century After School Centers**: $999 | $999 | $999 | $1,199 | $200 | 20.0% | $200 | 20.0%
- **IDEA Part B State Grants**: $10,068 | $11,068 | $11,068 | $12,268 | $1,200 | 10.8% | $2,200 | 21.9%
  - Federal Contribution: 18.6% | 19.7% | 19.7% | 22.0% | 0% | 11.7% | 0% | 18.3%
- **Teacher Quality State Grants**: $2,930 | $2,930 | $2,950 | $3,175 | $225 | 7.6% | $245 | 8.4%
- **Pell Grants**: $12,007 | $12,830 | $12,830 | $15,030 | $2,200 | 17.1% | $3,023 | 25.2%
  - Maximum Award: $4,050 | $4,050 | $4,050 | $4,500 | $450 | 11.1% | $450 | 11.1%
- **Comprehensive School Reform**: $308 | $0 | $0 | $308 | $228 | 284.6% | $0 | 0.0%

Subtotal, Department of Education: $5,553 | $8,168

### Employment and Training Investments

- **Dislocated Worker Assistance**: $1,454 | $1,383 | $1,479 | $1,517 | $38 | 2.6% | $63 | 4.3%
  - Formula: $1,178 | $1,100 | $1,178 | $1,216 | $39 | 3.2% | $38 | 3.2%
  - National Reserve: $276 | $283 | $301 | $301 | 0% | 0.0% | $25 | 0.9%
  - Employment Service: $551 | $763 | $763 | $851 | $88 | 11.5% | $0 | 0.0%
- **International Labor Affairs**: $110 | $31 | $36 | $110 | $74 | 209.1% | $0 | 0.0%

Subtotal, Department of Labor: $200 | $63

### Health & Human Services Investments

- **Centers for Disease Control**: $1,142 | $1,143 | $1,149 | $1,184 | $35 | 3.0% | $43 | 3.7%
  - HIV/AIDS, STD and TB Control: $643 | $644 | $654 | $704 | $50 | 7.6% | $61 | 9.4%
  - Immunization: $369 | $401 | $401 | $416 | $15 | 3.7% | $47 | 12.6%
- **National Institutes of Health**: $27,808 | $28,541 | $28,541 | $29,041 | $500 | 1.8% | $1,233 | 4.4%
  - Community Health Centers: $1,617 | $1,836 | $1,836 | $1,867 | $31 | 1.7% | $250 | 15.5%
  - National Health Service Corps: $170 | $205 | $170 | $190 | $20 | 11.8% | $20 | 11.8%
  - Community Access Program: $104 | $10 | $0 | $104 | $104 | n.a. | $0 | 0.0%
  - Maternal and Child Health Block Grant: $730 | $730 | $730 | $770 | $40 | 5.5% | $40 | 5.5%
  - Healthy Start: $98 | $98 | $98 | $108 | $10 | 10.2% | $10 | 10.2%
  - Family Planning: $278 | $278 | $278 | $295 | $17 | 6.1% | $17 | 6.1%
  - Ryan White AIDS CARE Act: $2,065 | $2,080 | $2,100 | $2,130 | $30 | 1.4% | $65 | 3.1%

Democratic Amendment Compared To:

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<tr>
<th>Committee</th>
<th>FY 2004 Dollars</th>
<th>Percent</th>
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### Democratic Amendment to Full Committee Print

**FY 2005 Labor-HHS-Education Appropriations**

**Program Level, $ in millions**

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<thead>
<tr>
<th>Program</th>
<th>FY 2004</th>
<th>FY 2005 Request</th>
<th>FY 2005 Committee</th>
<th>FY 2005 Democrats</th>
<th>Democratic Amendment Compared To:</th>
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<td>Committee FY 2004 Dollars Percent</td>
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<td>Rural Health and Telemedicine</td>
<td>$111</td>
<td>$34</td>
<td>$88</td>
<td>$129</td>
<td>$41 47.2% $19 15.8%</td>
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<tr>
<td>(Above line restores all programs to FY 2004 level, plus $10 million for Rural Health Outreach, $5 million for Telemedicine, and $4 million for Rural EMS)</td>
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<tr>
<td>Substance Abuse and Mental Health Services</td>
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<td>$3,392</td>
<td>$3,432</td>
<td>$40 1.2% $81 2.4%</td>
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<td>Dental Care Initiative</td>
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<td>$50</td>
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<td>$50 n.a.</td>
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<td>(Above line adds $10 million to National Health Service Corps, $10 million to Rural Health Outreach and $6 million to Health Professions, all for dental care, plus $24 million for Dental Shortage Area Grants under PHSA sec. 340G)</td>
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<td>Nurse Education</td>
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<td>$147</td>
<td>$147</td>
<td>$182</td>
<td>$35 23.8% $40 28.2%</td>
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<td>(Above line adds $15 million to scholarship &amp; loan repayments, $5 million each to advanced education nursing and diversity, $4 million each to education-practice-retention and faculty loan repayments, and $3 million to geriatric nursing.)</td>
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<td>Health Professions Education</td>
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<td>(Above line adds $20 million to Supportive Services, $25 million to Nutrition, $10 million to Family Caregivers and $2 million to Native American Caregivers, $4 million each to Native Americans and Protection of Vulnerable Older Americans and $5 million to Alzheimer’s Disease grants)</td>
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<td>Subtotal, Department of Health and Human Services</td>
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### SUMMARY OF STATE EDUCATION FORMULA ALLOCATIONS

**DEMOCRATIC AMENDMENT COMPARED TO COMMITTEE BILL**

(Estimates, dollars rounded to nearest $000; amounts may not sum to totals)

<table>
<thead>
<tr>
<th>State</th>
<th>Title I</th>
<th>After School</th>
<th>IDEA Part B</th>
<th>Teacher Quality</th>
<th>Pell Grants</th>
<th>Total</th>
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<td>New Jersey</td>
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<td><strong>+$2,200,000,000</strong></td>
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*Note: Title I, After School, IDEA Part B, and Teacher Quality estimates from the Congressional Research Service based on data provided by the U.S. Department of Education. Pell Grant estimates from American Council on Education based on data provided by the U.S. Department of Education.*
Mr. Chairman, I yield 4 minutes to the distinguished gentlewoman from New York (Mrs. LOWEY), a member of the subcommittee.

Mrs. LOWEY. Mr. Chairman, I rise in support of the fiscal year 2005 Labor-HHS bill, and I first want to express my appreciation to the gentleman from Ohio (Chairman REGULA) and the gentleman from Wisconsin (Ranking Member OBEY). They are men of principle, great fairness and determination. It is a pleasure serving with them.

I also want to take a moment to convey my appreciation to the gentleman from Florida (Chairman YOUNG). After years of leading the Committee on Appropriations in a fair, bipartisan manner, my good friend is leaving the chairmanship at the end of the year, and while I look forward to continuing to work with the gentleman from Florida (Mr. YOUNG) in the future, I want him to know how much his leadership will be missed.

I also want to thank the staff on both sides of the aisle who continue to be so very helpful.

My colleagues, the programs funded in the Labor-HHS bill are critical, as we heard discussed by the gentleman from Ohio (Mr. REGULA). We provide the children of working parents with safe places to go after school. We lead the world in biomedical research. We recruit young professionals into nursing, a profession with a looming shortage that will affect all Americans who seek health services.

We allocate resources to State and local health departments, as well as hospitals, so they are equipped to respond to a mass incident, for which hospitals, so they are equipped to respond to a mass incident, for which respondents, gutting the patient protections included in the Title X family planning program, which require that all legal options are presented to a woman. It is my hope that this provision will be stripped from the final Labor-HHS spending bill.

Mr. Speaker, although I did discuss some significant flaws, I will support final passage, and I have said many times that I am truly honored to be a member of the Subcommittee on Labor, Health and Human Services, Education and Related Agencies. I believe that we have tried to work as a team and make the most of the inadequate allocation provided to us by the leadership.

I also continue to hope that through floor consideration today, Senate consideration and during conference we will continue to work together as a team to make additional improvements to the bill.

Mr. REGULA. Mr. Chairman, I yield 3 minutes to the gentleman from Mississippi (Mr. WICKER), a very valued member of our subcommittee.

Mr. WICKER. Mr. Chairman, as usual, the next 2 days of debate on the Labor-HHS education bill will be instructive.

First, the basics. We will authorize in this bill spending of $142 billion plus for health, for education and for the American workers of this country in three major departments. This amounts to $3 billion more than we spent just last year.

Mr. Chairman, an increase in the discretionary spending in these 3 areas of 2.4 percent. At the same time, we are keeping it within the subcommittee allocation and the limits of the budget resolution, and I think the chairman is to be commended for that.

I have enormous respect for the leadership of this subcommittee on both sides of the aisle certainly for the chairman, but also for my friend on the Democratic side who just spoke and for the ranking minority member.

What we will hear today amounts to sincerely held views and what it really comes down to, in the long run, is a difference in philosophies.

I have been on this subcommittee for 10 years now, the 10 years that the Republicans have been in the majority in this Congress. And each year when this bill comes up, the majority puts forward a bill that spends an amount of money over and above the last year, and our friends on the Democratic side of the aisle object to the bill based on the fact that they would like to spend more money and tax more than they object to the bill. Mr. Chairman, they will often say that it is not really the fault of the leadership of this committee, the fault of the chairman of the full committee or the subcommittee; that it is the underfunding of the Federal budget that we are complaining about which is at fault. What they really mean when they say this is that they wish a budget had been adopted so that taxes could be higher and that Federal spending could be higher, and indeed, that is the basic difference in philosophy on the two sides of the aisle.

Beginning in 2001, when we realized we were coming into a recession, and then certainly after 9/11 and the tragedy and the cost of that event, this majority on the Republican side decided to reduce the tax burden on Americans, reduce the tax burden on families with children, reduce the tax burden on married couples by eliminating the marriage penalty, reduce the tax burden on lower income workers and on every American who pays income tax, and, yes, to reduce taxes on the job creators.

What has that gotten us during this time? What it has gotten us, according to Chairman Greenspan’s testimony before the Committee on the Budget just this morning? Chairman Greenspan said, we are in a period of moderate to excellent economic growth and the shallowest recession in postwar history.

I would submit that this is the program we need, and is why we have adopted the budget and why we should adopt the bill today.

Mr. OBEY. Mr. Chairman, I yield 3 minutes to the distinguished gentleman from Connecticut (Ms. DELAUR). Ms. DELAUR. Mr. Chairman, of all the appropriations bill this body considers every year, it is the Labor-HHS and Education appropriations bill that best represents our Nation’s investment in the future. Education, health care, medical research, job training, these are the things that bind us as a
society and play formative roles in determining the course of this country.

So the choices that we make in this bill can help to expand opportunity for generations to come, making Americans live longer, healthier, more productive lives. That is the power of this bill.

At a time when so many families are faced with the rising costs of health care and college tuitions, a sluggish economy and falling wages, this bill has the opportunity to strengthen the economic, health and retirement security for every citizen in this country for generations to come.

Unfortunately, this bill provides $9.5 billion less than the funding promised in the No Child Left Behind Act, and most of the shortfall is in Title I, which serves low-income children and schools with the greatest educational challenges. With an average 26 percent tuition increase in the last 2 years at 4-year public colleges and universities, this represents a real opportunity to impact families’ lives. It freezes the Pell grant and college work study assistance program and cuts the Perkins loan program.

With a hesitant economic recovery that is creating too few jobs, that generally pay $9,000 less than the ones lost, we should be giving our 8 million unemployed workers the tools that they need to retrain for this new and changing economy. Instead, this bill invests $2 billion less than the administration’s own request for employment and training assistance programs, including a devastating cut of $88 million to the Employment Service, almost 10 percent, the building block for the Nation’s one-stop employment centers.

The shortfalls continue with appropriations for the Departments of Health and Human Services in the area of the National Institutes of Health. A few years ago we were actually moving good on the commitment to double that budget, but now we are barely keeping up with inflation. What that means is medical researchers, racing for lifesaving cures to diseases like cancer, Alzheimer’s, diabetes, find themselves having to cut corners so that they can complete their research.

NIH’s ability to continue its support for clinical trials will be endangered. I was someone who was diagnosed with the deadliest of all gynecological cancers, ovarian, more than 18 years ago. I know firsthand how this research can save lives. It changed and it saved my life. That is the power of the NIH.

I have said it before. For all their virtues, tax cuts do not save lives. Now, with our Nation at war, our economy failing millions of families, we are seeing the price all Americans have paid for these tax cuts. Child care funding is back to where it was 3 years ago. Home energy assistance is budgeted where we were 6 years ago. Healthy Start, which can only serve half the eligible children, is cut in real dollar terms. Tax cuts are quite literally mortgaging the future we pass on to our children and our children’s children.

No appropriations bill touches the American family like this. I believe we have a moral responsibility to do better for the people of this country with this bill before us.

Mr. REGULA. Mr. Chairman, for the moment, I reserve the balance of my time.

Mr. OBEY. Mr. Chairman, I yield 2 minutes to the distinguished gentleman from Texas (Mr. GREEN). Mr. GREEN of Texas. Mr. Chairman, I would like to thank my ranking member, also the chairman of the committee, for bringing this bill up today.

I rise to highlight an important program that this bill fails to fund. The Congress has supported and funded the Community Access Program since its inception in 2000. The CAP program, the Community Access Program, has provided communities with much-needed grant funding to provide both preventive and primary care to uninsured populations.

In communities like mine in Houston, and literally hundreds across the country, we utilize this funding to put together the necessary consortium or groups to help solve our health care access problems. For-profit, nonprofit and public health agencies coordinate services using CAP funds.

Unfortunately, this bill completely eliminates the CAP program at a time when the level of uninsured individuals in this country has reached 44 million and is growing. Now is not the time to cut off access to this important primary and preventive health care services in our communities.

Without this health care access, our uninsured constituents tend to seek health care from our hospital emergency rooms, where costs are skyrocketing and beds are scarce.

This is truly a case where an ounce of prevention is worth a pound of cure. I thank the committee for its work to increase funding for community health centers, which received $218 million over the President’s request, and that is great.

While the Community Health Center and Community Access Programs share similar missions, the Community Access Program really helps coordinate the services, whereas community healthcare centers are really important to a growing number in our community and even need more.

I urge our colleagues on the Committee on Appropriations to restore funding for the CAP program.

Mr. OBEY. Mr. Chairman, I yield myself 10 seconds.

Mr. Chairman, I simply want to say that I agree with the remarks of the gentleman from Texas, and I hope the committee will listen to what he said.

Mr. OBEY. Mr. Chairman, I yield 2 minutes to the distinguished gentlewoman from the District of Columbia (Ms. Norton).

Ms. NORTON. Mr. Chairman, I thank the gentleman for yielding me this time and for his very good and hard work on this bill. I thank the chairman of the committee, as well, for working against tremendous odds.

There was a previous question that focused on the Obey amendment that the bill offers all the millionaire’s amendment that would have helped restore some balance in paying for programs which the American people place particular priority on. I just want to use one of those programs to vivify my concern, and the concern, of course, comes because, unlike the Obey amendment, we are growing the deficit. The deficit is like a child you do not see grow, and then one day you say, oh, my, how you have grown. By that time, of course, the deficit could bring down our economy. So it is important to do what the Obey amendment would have done.

What the committee has done is to barely save, and I have come to thank you for saving the so-called VERB program, a program that deals with the most serious public health problem in the United States today, obesity and overweight. All this Congress has done for this problem is the so-called cheeseburger bill, the absurdity of suing somebody because you are too fat. But we are losing people to their own devices.

The experts say that by 2050 obesity and overweight will have overtaken smoking as the leading cause of death. We have our children left in the bill. Instead of allowing the administration to kill the so-called VERB bill, and all VERB stands for is action. There has been a 42 percent increase in obesity among children in the last 25 years. It takes $55 million to keep this program going. You have put $65 million in this rigorously evaluated program that is only now in year 3 of its 5-year period.

But the rigorous evaluation shows an increase in physical activity of at least 35 percent among children. So I thank you for saving this program and hope that adults will be saved sometime in the future.

Mr. REGULA. Mr. Chairman, I continue to reserve the balance of my time.

Mr. OBEY. Mr. Chairman, I yield myself 4 minutes.

Mr. Chairman, this Labor, Health and Education bill is supposed to be the reflection of the President, which invests in our children, which opens the door of opportunity for young people, which opens the door to the doctor’s office or to the hospital for people who live life on its underside and do not have access to regular health care. It is supposed to protect the interests of workers. This bill falls far short on all fronts.

This bill does nothing to help workers, to protect workers against the efforts of employers to chip away at overtime pay. It fails. It falls far short of the standards behind the No Child Left Behind legislation in terms of meeting our obligations to support the education of our
Mr. Chairman, I reserve the balance of my time to Mr. REGULA.

Mr. REGULA. Mr. Chairman, I yield myself such time as I may consume to remind my colleagues that in what is a relatively short period of 9 years, the total of this bill has gone from $65 billion to $133 billion. That is a dramatic increase, and I think it recognizes the commitment on the part of Members on both sides that these are important

Mr. WELDON of Florida. Mr. Chairman, I thank the gentleman for yielding me this time, and I rise to congratulate the gentleman. We have a difficult budget year this year; and he has made a noble effort. If we have to say almost like a skilled surgeon, I may be the doctor on the committee, but he handled this with the dexterity of a skilled surgeon, balancing the critical issues of education, health, and research against the budget realities.

Mr. Chairman, we are coming out of a recession. And to the gentleman of Wisconsin, I would simply say it is really unclear to me if we had not cut taxes that we would have more money in the economy. If we have to say almost like a skilled surgeon, I may be the doctor on the committee, but he handled this with the dexterity of a skilled surgeon, balancing the critical issues of education, health, and research against the budget realities.

Mr. WELDON of Florida. Mr. Chairman, I yield to the gentleman from Florida.

Mr. OBEY. Mr. Chairman, I yield myself 1 minute, and I would simply say that the majority, as I have pointed out, is not sure whether we should have cut taxes. Obviously, any time the economy is underperforming, it is perfectly legitimate to cut taxes over the short term. What I do not subscribe to is the idea that in the context of cutting taxes we have to give people who make $1 million a year; or do we provide a $120,000 tax cut to people making over $1 million a year; or do we think that we ought to use some of that money to provide better opportunity for education, better health care for 45 million people that do not have it, and some additional protection for our workers in what is becoming every day a more and more brutal world market?

Mr. Chairman, I yield 3 minutes to the gentleman from New York (Mrs. MCCRARY) of New York. Mr. Chairman, I appreciate the gentleman from Wisconsin yielding me this time, and I rise in support of the labor-HHS bill today. While I feel the bill falls short in many areas, particularly in education, I will support the final bill. However, I would also like to rise today and speak to an issue that has great personal meaning to me and has been ignored by our House leadership.

While my amendments reauthorizing the ban on assault weapons has not been found nongermane, I will still be speaking to it, because so few opportunities remain to do anything about it before it expires on Monday.

One week from today, I will be able to report this to you. It is taken from any number of Web sites and from our local gun stores, which means our gang and our police officers, and I just came back from a press conference with the police chiefs and the rank-and-file officers and, unfortunately, many victims, all calling on our President to make some calls over here to the House so that we can bring the bill up for a vote.

A poll released this weekend by the National Annenberg Election Survey says two-thirds of Americans support keeping the assault weapons bill in place. And, in fact, 57 percent of gun owners support the ban, putting to rest the notion the ban is somewhat a threat to our second amendment. Not one sportsman has missed a day in any hunting season due to the ban on assault weapons. President Bush says he supports the ban, but so far he has been doing the talk, but he has given us no action on it. The bill is in the President’s court. He needs to pick up the phone and put renewing the ban on to the House floor. Only President Bush can stay the assault weapons ban execution.

Every law enforcement agency in the country supports renewing the ban. That is all the evidence I need to be convinced the ban is working. The most immediate challenge relating to the ban expiring is our police departments, who are saying they are not ready for this. It is basically our police officers who are out there protecting us against terrorists and gangs, who protect our lives every day on the front lines that will be facing these assault weapons when they come back on the streets.

Since assault-style weapons do not need to be aimed, are designed to be moved back and forth in a sweeping...
Mr. BOEHRINGER, Mr. Chairman, let me congratulate the gentleman from Ohio (Mr. REGULA), the gentleman from Wisconsin (Mr. OBEY), and the other members of the Committee on Appropriations for a job well done on what is a very large and very difficult bill.

There has been much said today about education, and the good news is that No Child Left Behind is working and working very well. As we see the preliminary results coming in from around the country, we see increased test scores in both reading and math, especially for our most disadvantaged children. If we look at where the Federal education dollars go, by and large, they are aimed at those very children, those disadvantaged children who need extra help to have a chance at a good education.

But while the news is good from No Child Left Behind and test scores are going up, there has been this chorus of criticism from some of my colleagues about the funding unfunded and we are not spending enough. It is easy to stand here in the well of the House and talk about how the glass is half empty, but I am here to suggest it is almost full.

If we look at this bill, there is a $2 billion increase in overall education funding in this bill, bringing the total amount for education spending to the Department to $57.7 billion. Now that means in President Bush’s first term in office, the Department of Education overall funding will have increased by $15.5 billion. If we look back over the 9.5 years Republicans have been in control of Congress, we see education funding has skyrocketed by some $23 billion. That is an increase of more than 150 percent under the Republican Congress. Much of this increase in spending can be attributed to those programs in No Child Left Behind.

The most significant program is the Federal Government operates to help disadvantaged children under No Child Left Behind is title I. Again this year we see another $1 billion increase in Title I, about 8 percent over last year’s level. If we look at what has happened over the 4 years that the President has been in office, we will see these massive increases. But we can go back all of the way to the 10 years Republicans have been in Congress, and see that we have increased Title I for education disadvantaged children by some 96 percent. And the funding increases in just the first 2 years of President Bush’s term in office far outstrip the 8 years of the previous administration. Title I increases are continuing. That is our commitment to helping the disadvantaged students in our society get the kind of education they all deserve.

Then we have special education. When Republicans took control of Congress in 1995, we were spending $2.3 billion a year to help special education students around the country. This is 20 years after a Supreme Court case and Congress passing the Individuals with Disabilities in Education Act but never really funding it. Over the last 10 years, we have increased funding from $2.3 billion to this year’s $11.1 billion. That is a 378 percent increase in help for those students with special needs. Again, we are spending money to help our special-needs students and our disadvantaged students is money well spent because if we really truly believe no child should be left behind, the Federal Government has to do its share.

I am here to say that I believe the Federal Government is doing its share. We have had our increases over the last 4 years, we have kept our commitments to our Nation’s students. I would ask all of my colleagues today to stand up and support these numbers and support our bill.

Mr. OBEY. Mr. Chairman, I yield myself 3 minutes.

Mr. Chairman, I would simply like to say that I have been following the Gentleman’s numbers with a touch of humor because the argument he makes is similar to the child who kills his parents and then throws himself on the mercy of the court because he is an orphan. The fact is if you look at the historical record over the last 10 years under the Republican majority had its way, we would have appropriated about $20 billion less for education over the last 10 years than the Congress wound up appropriating. The House Republican majority had its way, the Federal Government would have to reduce the Federal Government’s half empty, but I am here to suggest it is almost full.

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putting into the education budget and borrow it so they can make on their own competing claims the education budget. I do not much care as long as we’ve got the money.

With that, Mr. Chairman, I urge Memory opposition, not possible to support more resources in this bill for education, health care, and worker protection.

Mr. OBEY. Mr. Chairman, I yield the balance of my time to the gentleman from Wisconsin (Mr. HOYER), the distinguished minority whip.

(Mr. HOYER asked and was given permission to revise and extend his remarks.)

Mr. HOYER. Mr. Chairman, I thank the distinguished ranking member for yielding me this time.

I start by reiterating the observation that the ranking member, the gentleman from Wisconsin (Mr. OBEY), has made. It is very nice to get up and say with what is what we have spent. Those figures are undoubtedly accurate. What is not accurate, as the gentleman from Wisconsin (Mr. OBEY) so correctly pointed out, was that those were not the figures that the Republican House budget proposed in years ago, and quite in fact, when they talk about the 10-year period of time, the fight almost every year between the Clinton administration and the Republican House and sometimes Senate was that we had not put in sufficient funds that ought to go to Title I and other educational objectives. Invariably, the President got his way. So, yes, the figures are higher, but they are not higher because the Republican Committee on the Budget proposed them as such.

Mr. Chairman, this bill, in my opinion, fails to meet the crucial priorities that the citizens of this great Nation expect and deserve in education, in health care, in medical research, and in many other areas, including the promotion of the quality and safety of work in America.

But as I have said before, this is not the fault, and I reiterate, not the fault of the subcommittee chairman, the gentleman from Ohio (Mr. REGULA). The gentleman from Ohio (Mr. REGULA) neither sits on the Budget Committee, nor, in my opinion, was he very enthusiastic about the Committee on the Budget’s product. And it is certainly not a fault of the gentleman from Florida (Mr. YOUNG). As a matter of fact, earlier this year the gentleman from Florida (Mr. YOUNG) made the correct observation that the budget was not real, and the numbers projected in the budget were insufficient to meet the obligations of the Committee on Appropriations to provide for the needs of the American people. That was the chairman of our committee speaking.

Instead, this bill’s deficiencies have been caused by the Republican majority’s irresponsible and unrealistic budget resolution for fiscal year 2005. This is not an unusual budget resolu-

tion. It is a political document, not a fiscal document. It was made for the purposes of making political points, not for investing in our people. It abandons fiscal discipline and makes cruel investments in the American people virtually impossible.

One would think that, because the Republicans have been in charge and they have proposed not spending appropriate funds even though they say they are going to, that we would have saved a lot of dollars. But in point of fact, as the ranking member pointed out, we have been going deeply into debt over the last 40 months.

In fact, the President’s acceptance speech in New York says he wants fiscal restraint, but he has led this country, along with the Republican majority in this House and this Senate, from a $5.6 trillion surplus to a $3 trillion to $4 trillion deficit in 40 months. That is almost a $10 trillion turnaround from fiscal responsibility to fiscal irresponsibility in less than 4 years.

Despising, as the gentleman from the other side of the aisle, the inescapable fact is that this bill underfunds the bipartisan No Child Left Behind Act by at least $9.5 billion this year. That is in the authorization bill, they imposed a transfer to the States. I supported that bill. We want accountability, we want performance, we want quality education for every one of our children.

We said we are going to require you to do certain things, States, but we are going to give you resources to help you accomplish those objectives. We are $9.5 billion short in that promise, and $25 billion short over the last 3 years, short from what the President, in signing the authorization bill, said we were going to do.

Unfortunately, we are falling behind in other areas as well. At a time when this Congress and this administration proudly tout the doubling of National Institutes of Health just a few years ago, NIH today only gets the President’s request represents the smallest increase in NIH funding in 19 years. As all of our citizens know, NIH is charged with the responsibility of finding a cure for cancer, making heart disease less fatal, finding a cure for diabetes, seeing if we can find how to prevent Alzheimer’s disease, and responding to the AIDS crisis in this country and around the world.

We are short-funding those critical efforts that afflict and threaten our people. Moreover, it is simply not enough to keep up with the medical innovation and will force NIH to lose momentum. As the scientific progress they gained from doubling that Republicans and Democrats all properly talked about.

In addition, Head Start, a program that Ronald Reagan said was a success, George Bush I said it was a success, and Bill Clinton, when it was a success, is cut by $45 million below the President’s request. Thousands of children will have no seat in Head Start, notwithstanding the fact that we think it works. Ryan White HIV/AIDS programs are largely frozen. The maximum Pell grant is frozen. And the Department of Labor is slated for an overall cut of $96 million.

Mr. HOYER. Mr. Chairman, I yield myself the balance of my time. One comment I would like to make, we are talking about a lot of programs here and an effort to improve education, but the bottom line is that the real work is done in the classroom. I just want to pay tribute to the teachers of America. I think we are so fortunate to have the dedicated people that are in the classroom. I have met many of them, as have you. As I said earlier, when I ask my constituents, how did you have a teacher that impacted your life, every hand in the room goes up.

So what our job is, with programs, provide support for those people that are out there and are dedicating their lives to educating their fellow people, our people, the people of this Nation, and we should say a big thank you to all of them.

Mrs. CHRISTENSEN. Mr. Chairman, I join my colleagues today in opposition to H.R. 5006, the LHHS appropriation bill. We know that Congress has not done its job here. This bill cuts the Clinton administration’s request during this fiscal year. And we implore Congress to make eliminating health and healthcare disparities top priorities. This LHHS bill, unfortunately, does not contain such investment in the health and welfare of Americans nor does it demonstrate unwavering commitment to well-being of our citizens, including those most in need. With this bill, it is clear that the Republicans do not see America’s greatest asset is its people, and refuse to invest in making its people as strong and healthy as possible.

Let me say at the outset, Mr. Chairman, that this great country of ours ranks at the bottom of all of the industrialized countries of the world with regard to the quality of our health care system, we are not where we should be given our resources in infant mortality, HIV/AIDS, immunization, substance abuse and many of the major diseases. In most cases the reason is because more than one third of our population remains outside of the healthcare mainstream.

Almost 45 million Americans are uninsured, of which 50 percent are minorities: 18 percent of the total elderly population has no coverage at all; 1 out of 6 Americans does not have health insurance; more than 100,000 people lose their health insurance every day; and an astounding 23 percent of African Americans have no health insurance at all.

Our health care system in this country is currently in peril. It is falling short on promise and contributing to the disabling illness and premature death of people it is supposed to serve. The picture is the worst for African Americans who for almost every illness are impacted most severely and disproportionately—in some cases more than all other minorities combined. Every day in this country
there are at least 200 African American deaths, which could have been prevented. Today we know that must of it happens because even when we have access to care, the medical evaluations and treatments that are made available to everyone else are denied to us—only in the private sector but in the public system as well.

What I am here to try to do today is to leave you with one indelible message: that there are gross inequities in healthcare which cause hundreds of preventable deaths in the African American community every day and which tear apart the lifeblood of communities, and breed an escalating and reverberating cycle of despair which this subcommittee has the power to end this today if it has the will to do so.

The choice if it can be considered that, is either to write off human beings—our brothers and sisters—who make up this segment of our population, or to make the requisite investment in fixing an inadequate, discriminating, dysfunctional health care system.

The current strongly held view of “cost-containment” which sounds good on the surface, has obviously not worked. We now have double digit increases in premiums in an industry that was to rein in its costs. What it did instead was create a multi-tiered system of care, both within managed care and without. Those who are sicker, the sicker, i.e. more costly, were and still are being dropped, and those who were the sickest were and remain locked out entirely. So not only are health care costs continuing to escalate, the overall health picture in this country is worse than ever.

What we now have is a system, which continues the failed paradigm in which African Americans and other people of color because they have long been denied access to quality health care, now experience the very worst health status. Not doing what is needed to change this is to threaten the health of not just African Americans and other people of color but every other person in this country, especially at a time when we live under the cloud of possible bioterrorism.

Creating a system of health care, which can only be done in the long term, will never be achieved without a major investment in prevention, and leveling the health care playing field for all Americans through fully funding a health care system that provides equal access to quality, comprehensive health care to everyone legally in this country, regardless of color, ethnicity or language.

The funding requests I am outlining today are the bare minimum to ensure that our children have the opportunity for good health, that there are professionals who can bridge the race, ethnicity and language gaps to bring wellness within reach of our now sick and dying communities, that states and communities will receive the help to fill the gaps and repair the deficiencies of access and services, and which will enable the affected communities themselves to take ownership of the problems as well as the solutions to their increasing healthcare crisis—a crisis that threatens the health and security of all Americans. Yet this bill fails to even meet this baseline obligation.

If we have learned nothing in the last 10 years, we should have learned that cost containment strategies in our unequal system of care can never bring down healthcare costs. We can only ensure that quality health care will be within the reach of future generations if we make a major investment in prevention and increasing access to care now.

On March 20, 2002, the Institute of Medicine (IOM) released a landmark report entitled: Eliminating Racial and Ethnic Disparities in Health Care which was requested by Congressman JACKSON. Among other key findings, the report documented that minorities in the United States receive fewer life-prolonging cardiac medications and surgeries, are less likely to receive dialysis and kidney transplants, and are less likely to receive adequate treatment for pain. Its first and most telling finding states that “racial and ethnic disparities in healthcare exist and, because they are associated with worse outcomes in many cases, are unacceptable.”

And so I urge the committee to give serious and favorable consideration to our funding requests. Because of time limitations, let me focus on just a few areas contained in the requests:

Sixty-six million dollars for the Office of Minority Health, OS, DHHS.

As the Department of Health and Human Services’ (DHHS) lead office for improving the health status of racial and ethnic minorities, the Office of Minority Health (OMH) conducts and supports health disparity research, prevention programs and activities designed to help reduce the high rates of death and disease in communities of color. OMH also serves as one of the focal points for the Department’s initiative to eliminate health disparities. By increasing funding to $20.9 million, this office will be able to expand OMH’s elimination of health programs in prevention, research, education and outreach, community building, and the development of community infrastructure. The increased funding is also needed to fund the State Partnership Initiative Grant Program; Cultural and Linguistic Best Practices Studies; State Health Data Management; Community Programs to Improve Minority Health Grants; Centers for Disease Control and Prevention; National Cancer Institute’s Minority Health and Disease Prevention Centers.

Two hundred twenty-five million dollars for the National Center for Minority Health and Health Disparities (NCMHD), NIH.

Funding is needed to develop and implement programs necessary to further address minority health and health disparities and to help improve the infrastructure associated with this research and outreach. In addition, the loan repayment funding is expanded and extended to include master degree graduates from schools of public health and public health programs to ensure that efforts to build and disseminate research-based health information are intensified. As required, the Center is currently developing a strategic plan to guide the Center’s efforts. To be effective, the plan must include and reflect the direct input of the NIH institutes and centers; consumer advocacy groups; the public; researchers; professional and scientific organizations; and industry. The resulting plan is needed to serve as a fundamental blueprint for the Center’s activities, as well as a vehicle for helping to ensure a coordinated and effective response to minority health and health disparities.

One hundred twenty million dollars for the Racial and Ethnic Approaches to Community Health (REACH), National Center for Chronic Disease Prevention and Health Promotion, CDC.

The REACH program is a cornerstone of CDC initiative aimed at helping to eliminate disparities in health status experienced by ethnic minority populations in cardiovascular disease, immunizations, breast and cervical cancer screening, and management of diabetes and HIV/AIDS and infant mortality. The increase is needed to fund additional Phase I planning grants, Phase II implementation and evaluation grants, expand and enhance technical assistance and training, and apply lessons learned. REACH received 211 applications in its first year, but it only had enough funding to make 31 awards, leaving a very large number of meritorious projects unfunded. REACH must have the resources necessary to capitalize on the strengths that national/multi-geographical minority organizations can provide.

Three hundred million dollars for the Agency for Healthcare Research and Quality (AHRQ). At a hearing before the Criminal Justice Subcommittee of the Government Reform Committee on May 21, 2002, AHRQ Acting Director Dr. Carolyn Clancy described the initiative as “a new, comprehensive approach to address diabetes care for Native Americans, health disparities in cancer among rural African American adults, and premature birth in ethnically diverse communities in Harlem, New York. According to Dr. Clancy, “EXCEED encouraged the formation of new research relationships as well as building on existing partnerships between researchers, professional organizations, and community-based organizations instrumental in helping to influence change in local communities.”

The EXCEED program exemplifies the type of innovative recommended in the report, which urged “further research to identify sources of racial and ethnic disparities and assess promising intervention strategies” (Recommendation 8-1). Yet the Administration’s 2003 budget would curtail these efforts. In the budget, total AHRQ funding falls from $300 million in 2002 to $251 million in 2003. About $192 million of the AHRQ budget is protected from the cutsbacks, meaning that $49 million must be trimmed from the remaining $108 million of spending, a 46 percent cut. The EXCEED program and other research grants to study and reduce health disparities fall into this vulnerable $108 million.

Increase of $14 million for the U.S. DHHS Office of Civil Rights (OCR) and a reworking of authorization language to tie it to disparity work in the U.S. DHHS Office of Civil Rights to enforce civil rights laws.

Enforcement of regulation and statute is a basic component of a comprehensive strategy to address racial and ethnic disparities in healthcare, but it has been relegated to low priority status. The U.S. DHHS Office of Civil Rights (OCR) charged with enforcing several relevant federal statutes and is charged with enforcing several relevant federal statutes and regulations that prohibit discrimination in healthcare (principally Title VI of the 1964 Civil Rights Act),
but the agency suffers from insufficient resources to investigate complaints of possible violations, and has long abandoned proactive, investigative strategies.

Despite an increasing number of complaints in recent years, funding for OCR remained constant. For example, Chairman Hinojosa notes that between fiscal years 1991 to fiscal year 2003, resulting in a 60 percent decline in funding after adjusting for inflation. The decrease has severely and negatively affected OCR’s ability to conduct civil rights enforcement strategies, such as on-site complaint investigations, compliance reviews, and local enforcement efforts. OCR is providing a substantial increasing in funding for the Office of Civil Rights is necessary for OCR to resume the practice of periodic, proactive investigation, both to collect data on the extent of civil rights violations and to provide a deterrent to would-be lawbreakers.

Increased funding for Initiatives for Health Professions Training: (1) $40 million for the Health Careers Opportunity Program ($5.2 million increase); (2) $40 million Minority Centers of Excellence ($7.4 million increase); (3) $52 million for the Cancer Control for Disadvantaged Students ($5.8 million increase); and (4) $3 million for Faculty Loan Repayment and Faculty Fellowships ($1.67 million increase). Diversity in the health professions offers numerous benefits, including “increasing the proportion of underrepresented U.S. racial and ethnic minorities among health professionals”. (IOM Report). Such efforts were supported by HHS in the past, but now are threatened with extinction.

The spring 1999 issue of the HHS Office of Minority Health’s newsletter Closing the Gaps focused on the theme of “Putting the Right People in the Right Places.” The newsletter highlighted the startling under-representation of ethnic and minority groups within the health professions and stressed the important role of three programs: (1) the Health Careers Opportunity Program, which trains more than 6,000 high school and undergraduate students each year and is associated with acceptance rates to health professional schools that are 20 percent higher than the national average; (2) the Minority Faculty Fellowships Program, which addresses the problem that “just four percent of faculty at U.S. health profession schools are minorities”; and (3) the Centers of Excellence Program, which works with Historically Black Colleges and Universities and Hispanic Serving Health Professions Schools to “recruit and retain minority faculty and students, carry out research specific to racial and ethnic minorities, provide culturally appropriate clinical education, and develop curricula and information resources that respond to the needs of minorities.”

Unfortunately, the very same programs highlighted by HHS in 1999 as successful have disappeared from the President’s 2004 budget. In fact, all of these programs received zero funding or were scheduled for elimination. To insure that no one is denied necessary health care because of race, ethnicity or language, they must have the tools to do their job. Bringing equity into our healthcare system demands a funding increase for this office.

Fifty million dollars for Territorial Hospitals and Health Departments.

Mr. Chairman, years of Medicaid caps have and continue to create a crisis in the healthcare systems in the offshore territories. To address and resolve this, last year I requested that the sum of $50 million be made available to the secretary for territorial hospitals and health departments to close some of their critical health care gaps and repair infrastructure deficiencies. I repeat this request again for this year’s appropriation.

Mr. Chairman, the intent of the MAHI is to ensure that its funds, which are only a small part of overall HIV/AIDS funding, are used to build capacity within African American and other communities of color which are the ones now being disproportionately impacted. The core of the language maintains that focus. We are therefore requesting that the original FY 1999 language be restored or be mirrored, in your 2005 bill, with the following change which I believe meets the concerns of the Department with regard to discrimination, while empowering our communities which is the only way we can effectively control this and the other diseases which create the disparities.

The cost in dollars today will be significant, but the cost in lives and to our economy in the future are risks that we must not take.

There is no question that health disparities are deeply rooted in our medical system and in our culture. Eliminating them is going to take a lot more than one leadership summit or one media campaign. It will take a long-term commitment. It will take a long-term investment.

Dr. Martin Luther King, Jr. once said, “Of all the forms of inequality, injustice in health care is the most shocking and inhumane.” We have a moral obligation to end injustice in health care and health disparities among Americans.

I urge my colleagues to support this request. On behalf of the Congressional Black Caucus, I urge a “no” vote on the rule and the underlying bill.

Ms. JACKSON-LEE of Texas. Mr. Chairman, a number of my colleagues have stood up today to speak out against various parts of the Labor, Health and Human Services and Education appropriations bill. I recognize that through our positions as legislators, we have the ability to create programs and new initiatives that can benefit our constituents and our country. It is within the scope of our job to debate which programs deserve particular funding. Appropriations bills are Congress’ vehicle to create programs, regulate the public, not for creating limitations and barriers for their basic rights afforded by the constitution.

Within this appropriation bill is a provision that effectively prohibits a federal agency or program, or State or local government, from enforcing any abortion-related laws or regulations as they apply to health care entities. “Healthcare entity” is defined to include individual physicians or other health care professionals, hospitals, provider-sponsored organizations, HMOs, insurance plans, or “any kind of health or care facility, plan.” This “refusal clause” permits a broad range of individuals and institutions—including hospitals, hospital employees, health care providers, employers, and insurers— to refuse to provide, pay, counsel or even issue referrals for abortion treatment based on their moral or religious views.

Refusal clauses affect a broad range of reproductive services, including: information and referrals for family planning, genetic counseling, infertility treatment, rape treatment, sterilization, STD and HIV testing and treatment and abortion.

Doctors and health care providers have a duty to ensure that women receive accurate

the long term the underpinnings of our communities are also strengthened.

There is a critical part of the Minority HIV/AIDS initiative request, which does not involve money. It is one of language.

To address and resolve this, last year I requested that the sum of $50 million be made available to the secretary for territorial hospitals and health departments to close some of their critical health care gaps and repair infrastructure deficiencies. I repeat this request again for this year’s appropriation.

Mr. Chairman, the intent of the MAHI is to ensure that its funds, which are only a small part of overall HIV/AIDS funding, are used to build capacity within African American and other communities of color which are the ones now being disproportionately impacted. The core of the language maintains that focus. We are therefore requesting that the original FY 1999 language be restored or be mirrored, in your 2005 bill, with the following change which I believe meets the concerns of the Department with regard to discrimination, while empowering our communities which is the only way we can effectively control this and the other diseases which create the disparities.

The cost in dollars today will be significant, but the cost in lives and to our economy in the future are risks that we must not take.

There is no question that health disparities are deeply rooted in our medical system and in our culture. Eliminating them is going to take a lot more than one leadership summit or one media campaign. It will take a long-term commitment. It will take a long-term investment.

Dr. Martin Luther King, Jr. once said, “Of all the forms of inequality, injustice in health care is the most shocking and inhumane.” We have a moral obligation to end injustice in health care and health disparities among Americans.

I urge my colleagues to support this request. On behalf of the Congressional Black Caucus, I urge a “no” vote on the rule and the underlining bill.

Ms. JACKSON-LEE of Texas. Mr. Chairman, a number of my colleagues have stood up today to speak out against various parts of the Labor, Health and Human Services and Education appropriations bill. I recognize that through our positions as legislators, we have the ability to create programs and new initiatives that can benefit our constituents and our country. It is within the scope of our job to debate which programs deserve particular funding. Appropriations bills are Congress’ vehicle to create programs, regulate the public, not for creating limitations and barriers for their basic rights afforded by the constitution.

Within this appropriation bill is a provision that effectively prohibits a federal agency or program, or State or local government, from enforcing any abortion-related laws or regulations as they apply to health care entities. “Healthcare entity” is defined to include individual physicians or other health care professionals, hospitals, provider-sponsored organizations, HMOs, insurance plans, or “any kind of health or care facility, plan.” This “refusal clause” permits a broad range of individuals and institutions—including hospitals, hospital employees, health care providers, employers, and insurers—to refuse to provide, pay, counsel or even issue referrals for abortion treatment based on their moral or religious views.

Refusal clauses affect a broad range of reproductive services, including: information and referrals for family planning, genetic counseling, infertility treatment, rape treatment, sterilization, STD and HIV testing and treatment and abortion.

Doctors and health care providers have a duty to ensure that women receive accurate
information and appropriate care. Failure to provide this care—even for religious, political or ideological reasons—jeopardizes women’s health and violates bedrock principles of medical ethics.

OBEY OVERTIME AMENDMENT

I would like to join many of my Democratic colleagues and Mr. O BEY amendment to restore overtime protection to the millions of workers who will otherwise lose it if the Bush administration regulation that went into effect on August 23 is allowed to remain in effect.

Workers who are likely to see their pay cut include 2.3 million “team” leaders; almost 2 million low-level supervisors; hundreds of thousands of loan officers and other financial service employees; more than 1 million employees who lack college or graduate degrees or who may not be considered “artistic” professionals; 90,000 computer employees, funeral directors and embalmers; and more than 30,000 nursery school and Head Start teachers across the country.

Those families that lose overtime protection will find they will have to work longer hours for significantly less money. Overtime accounted for approximately a quarter of the income, more than $8,000 a year, for families who earned overtime in 2000. As the pool of workers who are exempt from overtime is expanded, workers who are not directly affected by the regulation will lose income as their opportunity to be able to work overtime is diminished.

The Bush administration has justified the regulation on the basis of a proposed clarification of its long-term impact; however, virtually every observer of the regulation has acknowledged that the regulations will incorporate vague new terms, that provisions of the regulation are confusing and conflicting, and that the regulation will engender substantial litigation for years to come.

I will offer two amendments to this legislation that would address the horrific effects of hepatitis C and lupus—the silent killer.

The purpose of the Jackson-Lee amendment relating to hepatitis C is to increase the research activities at the Centers for Disease Control for patients who are particularly at risk for the disease or resistant to conventional treatments—African-Americans, children and adolescents, renal dialysis patients, HIV/HCV positive patients, and patients with hemophilia. Because hepatitis C is a communicable disease, I believe this is an important step in getting this public health issue under control.

Back in June of this year, I joined the “Hepatitis C Movement for Awareness” to call for a more aggressive, and better informed, national approach to hepatitis C epidemic in the United States. Hepatitis C infects 300 million people worldwide, including over 5.8 million Americans. Only 20 percent of those infected know they are infected, and scientists are still unsure how the virus is spread, or who is most likely to be infected. This deadly epidemic cannot be stopped any longer. We need action.

I commend the Hepatitis C Movement for Awareness for its tenacity and energy in galvanizing in Washington to make its case for change.

The second of my amendments relates to addressing the silent killer, lupus. The purpose of this amendment is twofold. First the amendment transfers $1,500,000 to the account of NIH’s National Center on Minority Health to increase educational programs on Lupus for health care providers and for the general public.

I believe that this will help to facilitate the diagnosis of lupus today—particularly among susceptible populations. Second, I am proposing to transfer $2,500,000 to the Centers for Disease Control to expand the operation of the National Lupus Registry. There are presently four pilot registry programs operating in Michigan and in Georgia. These pilot programs have been a good start, but additional data is needed to distinguish between environmental and other factors that cause Lupus.

Mr. Chairman, I urge my colleagues to support the two Jackson-Lee amendments. I hope that the deficiencies that relate to the treatment of hepatitis C and lupus can be addressed in conference.

Mrs. CHRISTENSEN. Mr. Chairman, I rise to urge my colleagues to oppose the previous question on H.R. 5006, the FY 2005 Labor-HHS-Education Appropriations bill in order that we could get an opportunity to debate an amendment by Ranking Member OBEY which the majority on the Rules Committee refused to make in order. The OBEY amendment would add $7.4 billion to the Labor-HHS-Education Appropriations bill for reducing the average tax cut for millions in FY 2005 from $127,000 to $89,000.

As a physician and the chair of the Congressional Black Caucus’ Health Braintrust, I am particularly supportive of the amendment’s proposed to add additional funds for health care. The amendment would increase health care and funding by $1.1 billion, including providing $500 million for critical investments in medical research at NIH; providing $333 million for maintaining access to health care, including restoring the Community Access Program for the Uninsured, eliminated by the Republican bill, increasing funding for rural health, and increasing funding for the Maternal and Child Health Block Grant and Healthy Start; and providing $100 million for childhood immunization and infectious disease programs.

Conversely, the majority bill shortchanges health care programs in some critical ways. It cuts rural health care activities by 21 percent from FY 2004. It cuts health care professions training by 8 percent. It cuts public and preventive health activities by 18 percent. And it only provides a piddling 4.6 percent increase in HIV/AIDS programs for the second year in a row.

My colleagues the majority bill clearly demonstrates that their rhetoric about supporting the middle class and families are not reflected in the legislation they propose. Democrats on the other hand have consistently fought on behalf of programs that would strengthen the middle class and families.

I urge my colleagues to defeat the previous question and support the OBEY substitute.

Mr. WELDON of Florida. Mr. Chairman, I rise to support this legislation.

Mr. Speaker, an important and necessary provision is included in the bill that is intended to protect health care entities from discrimination because they choose not to provide abortion services.

The amendment, adopted during full committee consideration, is intended to protect the delivery of public health services, hospitals, medical centers, and even health insurance providers from being forced by the government to provide, refer or pay for abortions.

This is reasonable federal policy and one that was overwhelmingly approved by this vote by a vote of 229–189.

The policy simply states that health care entities should not be forced to provide elective abortion—a practice to which a majority of health care providers object and which they will not perform as a matter of conscience.

But while 45 States and the Federal Government protect the right of health care providers to decline involvement in abortion, abortion advocates are working to abolish these legal protections.

Abortion advocates have launched a campaign to force hospitals and other health care entities to provide, refer, and pay for abortions.

They argue that the term “health care entity” only covers individuals and not institutions. They have also argued that because an entity receives Federal funds they are required to provide abortions. By twisting the law they have successfully used the courts and State and local governments to violate the objections to abortions of health care entities and providers.

This is why we need to strengthen Federal protections against discrimination based on objections to abortion.

The right of conscience is fundamental to our American freedoms. We should guarantee this freedom by protecting all health care providers from being required to perform, refer, or pay for elective abortions.

I urge my colleagues to support the language in the bill and support its passage.

Mr. GOODLATTE. Mr. Chairman, I rise today to show my support for the Community Services Block Grant, CSBG. CSBG funds the activity of community action agencies and family self-sufficiency efforts of a nationwide network of 1,100 community agencies. These organizations create, coordinate, and deliver comprehensive programs and services to as many as 27 percent of all people living in poverty in the United States.

Total Action Against Poverty is a community action agency whose service area includes Virginia’s Sixth Congressional District, which I represent. This agency offers more than 31 programs in housing, education, employment, training, rehabilitation, community development, neighborhood organization, child care, and family development.

The Community Services Block Grant provides flexible funding that enables community action agencies to pursue comprehensive, innovative approaches to help low-income Americans achieve self-sufficiency.

The demand for community action agencies’ services among impoverished individuals and families has not abated and, in fact, continues to increase dramatically.

Demand for core emergency CAA services, including food banks, clothing, emergency shelter, and utility assistance, continues to increase dramatically.

One of Total Action Against Poverty’s programs offers a diverse array of education and training programs for low-income, unemployed, and underemployed adults residing in the Roanoke Valley Alleghany Regional Planning District. The centerpiece of this initiative is the Center for Employment Training, CET, which provides individualized training tailored to the specific competencies in the local workforce. Local businesses help develop training and curricula, and facilitate the hiring of CET graduates.
I support the work and the difference that this agency, one of many like it across the U.S., is doing to make a difference in my district. I encourage my colleagues to support the Community Service Block Grant in the Labor-HHS bill.

The CHAIRMAN. All time for general debate has expired.

Pursuant to the rule, the bill shall be considered for amendment under the 5-minute rule.

During consideration of the bill for amendment, the Chair may accord priority to a Member of Congress requesting an amendment that he has printed in the designated place in the Congressional Record. Those amendments will be considered read.

The Clerk will read.

The Clerk read as follows:

H.R. 5006

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

That the following sums are appropriated, out of the Treasury not otherwise appropriated, for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2005, and for other purposes, namely:

TITLE I—DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

TRAINING AND EMPLOYMENT SERVICES (INCLUDING RESCISSION)

For necessary expenses of the Workforce Investment Act of 1998, including the purchase and hire of passenger motor vehicles, the construction, alteration, and repair of buildings and other facilities, and the purchase of real property for training centers as authorized by such Act, $2,640,728,000 plus reimbursements; of which $1,442,422,000 is available for obligation for the period July 1, 2005, through June 30, 2006, but expended on: of which $1,000,965,000 is available for obligation for the period April 1, 2005, through June 30, 2006, to carry out section 4 of such Act; $6,321,000,000, together with not to exceed $1,228,000,000 which may be used for amortization payments to States which had independent retirement plans in their State employment services system prior to 1980, which may be expended from the Employment Security Administration Account in the Unemployment Trust Fund in the current fiscal year, and which may be expended from the Employment Security Administration Account in the Unemployment Trust Fund in the current fiscal year, and such sums as may be necessary, for the payment of administrative expenses, through September 30, 2005, for essential expenses for the Employee Benefits Security Administration.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

For necessary expenses of administering State unemployment insurance programs, $111,934,000, together with not to exceed $5,440,914,000 (including not to exceed $1,228,000,000 which may be used for amortization payments to States which had independent retirement plans in their State employment services system prior to 1980, which may be expended from the Employment Security Administration Account in the Unemployment Trust Fund in the current fiscal year, and which may be expended from the Employment Security Administration Account in the Unemployment Trust Fund in the current fiscal year, and such sums as may be necessary, for the payment of administrative expenses, through September 30, 2005, for essential expenses for the Employee Benefits Security Administration.

PENSION BENEFIT GUARANTY CORPORATION

PROGCAM ACT

For expenses of administering pension benefit guarantee programs, $111,375,000, together with not to exceed $57,479,000 which may be expended from the Employee Benefits Security Administration Account in the Unemployment Trust Fund.

EMPLOYER BENEFITS SECURITY ADMINISTRATION

SALARIES AND EXPENSES

For necessary expenses of the Employee Benefits Security Administration, $132,345,000.

PENSION BENEFIT GUARANTY CORPORATION

PENSION BENEFIT GUARANTY CORPORATION ACT

The Pension Benefit Guaranty Corporation is authorized to make such expenditures, including financial assistance authorized by section 104 of Public Law 96-384, within limits of funds and borrowing authority available to such Corporation, and in accord with law, to make such contracts and commitments without regard to fiscal year limitations as provided by section 104 of the Government Corporation Control Act, as amended (31 U.S.C. 9104), for the Corporation.

EMPLOYMENT STANDARDS ADMINISTRATION

SALARIES AND EXPENSES

For necessary expenses of the Employment Standards Administration, including appropriation shall be used to provide meal services at or for Job Corps centers.

For necessary expenses of the Workforce Investment Act of 1998, including the purchase and hire of passenger motor vehicles, the construction, alteration, and repair of buildings and other facilities, and the purchase of real property for training centers as authorized by such Act, $2,640,728,000 plus reimbursements, of which $2,363,000,000 is available for obligation for the period October 1, 2005, through June 30, 2006, of which $300,000,000 is available for obligation for the period October 1, 2005, through June 30, 2008, for necessary expenses of construction, rehabilitation, and acquisition of Job Corps centers.

Provided further, That funds appropriated in this Act which are used to establish a national one-stop career center system, or which are used to support the operation of the Federal-State unemployment insurance or immigration programs, may be obligated in contracts, grants or agreements with non-State entities.

Provided further, That funds appropriated under this Act for activities authorized under the Wagner-Peyser Act, as amended, and the Trade Adjustment Act, as amended, may be used by the States to fund integrated Employment Service and Unemployment Insurance automation efforts, notwithstanding the cost of such automation efforts prescribed under Office of Management and Budget Circular A-87.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

For repayable advances to the Unemployment Trust Fund as authorized by sections 905(d) and 1203 of the Social Security Act, as amended, and to the Black Lung Disability Fund, as amended, and to the Black Lung Disability Trust Fund as amended by section 101 (d) of the United States Code, and to the “Federal unemployment benefits and allowances” account, to remain available until September 30, 2006, $517,000,000.

In addition, for making repayable advances to the Black Lung Disability Trust Fund in the current fiscal year and September 15, 2005, for costs incurred by the Black Lung Disability Trust Fund in the current fiscal year, such sums as may be necessary.

Provided further, That funds appropriated under this Act for activities authorized under the Wagner-Peyser Act, as amended, and the Trade Adjustment Act, as amended, may be used by the States to fund integrated Employment Service and Unemployment Insurance automation efforts, notwithstanding the cost of such automation efforts prescribed under Office of Management and Budget Circular A-87.

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In addition, for making repayable advances to the Black Lung Disability Trust Fund in the current fiscal year and September 15, 2005, for costs incurred by the Black Lung Disability Trust Fund in the current fiscal year, such sums as may be necessary.

At the beginning of this fiscal year, an appropriation was made to the Pension Benefit Guaranty Corporation to support the national activities of the one-stop career center system, or which are used to support the operation of the Federal-State unemployment insurance or immigration programs, may be obligated in contracts, grants or agreements with non-State entities.

Provided further, That funds appropriated in this Act which are used to establish a national one-stop career center system, or which are used to support the operation of the Federal-State unemployment insurance or immigration programs, may be obligated in contracts, grants or agreements with non-State entities.

Provided further, That funds appropriated under this Act for activities authorized under the Wagner-Peyser Act, as amended, and the Trade Adjustment Act, as amended, may be used by the States to fund integrated Employment Service and Unemployment Insurance automation efforts, notwithstanding the cost of such automation efforts prescribed under Office of Management and Budget Circular A-87.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

For repayable advances to the Unemployment Trust Fund as authorized by sections 905(d) and 1203 of the Social Security Act, as amended, and to the Black Lung Disability Fund, as amended, and to the Black Lung Disability Trust Fund as amended by section 101 (d) of the United States Code, and to the “Federal unemployment benefits and allowances” account, to remain available until September 30, 2006, $517,000,000.

In addition, for making repayable advances to the Black Lung Disability Trust Fund in the current fiscal year and September 15, 2005, for costs incurred by the Black Lung Disability Trust Fund in the current fiscal year, such sums as may be necessary.

At the beginning of this fiscal year, an appropriation was made to the Pension Benefit Guaranty Corporation to support the national activities of the one-stop career center system, or which are used to support the operation of the Federal-State unemployment insurance or immigration programs, may be obligated in contracts, grants or agreements with non-State entities.

Provided further, That funds appropriated in this Act which are used to establish a national one-stop career center system, or which are used to support the operation of the Federal-State unemployment insurance or immigration programs, may be obligated in contracts, grants or agreements with non-State entities.

Provided further, That funds appropriated under this Act for activities authorized under the Wagner-Peyser Act, as amended, and the Trade Adjustment Act, as amended, may be used by the States to fund integrated Employment Service and Unemployment Insurance automation efforts, notwithstanding the cost of such automation efforts prescribed under Office of Management and Budget Circular A-87.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

For repayable advances to the Unemployment Trust Fund as authorized by sections 905(d) and 1203 of the Social Security Act, as amended, and to the Black Lung Disability Fund, as amended, and to the Black Lung Disability Trust Fund as amended by section 101 (d) of the United States Code, and to the “Federal unemployment benefits and allowances” account, to remain available until September 30, 2006, $517,000,000.

In addition, for making repayable advances to the Black Lung Disability Trust Fund in the current fiscal year and September 15, 2005, for costs incurred by the Black Lung Disability Trust Fund in the current fiscal year, such sums as may be necessary.

At the beginning of this fiscal year, an appropriation was made to the Pension Benefit Guaranty Corporation to support the national activities of the one-stop career center system, or which are used to support the operation of the Federal-State unemployment insurance or immigration programs, may be obligated in contracts, grants or agreements with non-State entities.

Provided further, That funds appropriated in this Act which are used to establish a national one-stop career center system, or which are used to support the operation of the Federal-State unemployment insurance or immigration programs, may be obligated in contracts, grants or agreements with non-State entities.

Provided further, That funds appropriated under this Act for activities authorized under the Wagner-Peyser Act, as amended, and the Trade Adjustment Act, as amended, may be used by the States to fund integrated Employment Service and Unemployment Insurance automation efforts, notwithstanding the cost of such automation efforts prescribed under Office of Management and Budget Circular A-87.
reimbursement to State, Federal, and local agencies and their employees for inspection services rendered, $400,797,000, together with $2,021,000 which may be expended from the Special Disability Trust Fund to fund the expenses of](c), 4(d) and 4(e) of the Longshore and Harbor Workers’ Compensation Act: Provided, That $1,250,000 shall be for the development and implementation of an alternative system for electronic submission of reports required to be filed under the Labor-Management Reporting and Disclosure Act of 1959, as amended, and for the development of the information for each submission by whatever means, that is indexed and easily searchable by the public: Provided further, That the Secretary of Labor is authorized to accept, retain, and spend, until expended, in the name of the Department of Labor, all sums of money ordered to be paid to the Secretary of Labor, in accordance with the terms of the Consent Judgment in Civil Action No. 91-0027 of the United States District Court for the Southern District of Indiana.

**SPECIAL BENEFITS (INCLUDING TRANSFER OF FUNDS)**

For the payment of compensation, benefits, and expenses (except administrative expenses) authorized by the Black Lung Disability Trust Fund Act of 1977; and $356,000 for the Black Lung Disability Trust Fund; to remain available until expended.

**ADMINISTRATIVE EXPENSES, ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND (INCLUDING TRANSFER OF FUNDS)**

For necessary expenses to administer the Energy Employees Occupational Illness Compensation Act, $40,821,000, to remain available until expended.

**SPECIAL BENEFITS FOR DISABLED COAL MINERS (INCLUDING TRANSFER OF FUNDS)**

For carrying out title IV of the Federal Mine Safety and Health Act of 1977, as amended by Public Law 107-275, the “Act”, $278,000,000, to remain available until expended.

For making after July 31 of the current fiscal year, benefit payments to individuals under title IV of the Act, for costs incurred in the current fiscal year, such amounts as may be necessary.

For making benefit payments under title IV for the fiscal year ending September 30, $81,000,000, to remain available until expended.

**BLACK LUNG DISABILITY TRUST FUND (INCLUDING TRANSFER OF FUNDS)**

In fiscal year 2005 and thereafter, such sums as may be necessary from the Black Lung Disability Trust Fund, to remain available until expended.

**OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (INCLUDING TRANSFER OF FUNDS)**

For necessary expenses for the Occupational Safety and Health Administration, $461,590,000, including not to exceed $937,472,000, which shall be available for the expenses of the program of research and training and education grants: Provided further, That none of the funds appropriated under this paragraph shall be obligated or expended to prescribe, issue, administer, or enforce any standard, rule, regulation, or order under the Act: Provided further, That the provisions of sections 1801 et seq., 39(c), 4(d) and 4(e) of the Longshore and Harbor Workers’ Compensation Act: Provided, That $1,250,000 shall be for the development and implementation of an alternative system for electronic submission of reports required to be filed under the Labor-Management Reporting and Disclosure Act of 1959, as amended, and for the development of the information for each submission by whatever means, that is indexed and easily searchable by the public: Provided further, That the Secretary of Labor is authorized to accept, retain, and spend, until expended, in the name of the Department of Labor, all sums of money ordered to be paid to the Secretary of Labor, in accordance with the terms of the Consent Judgment in Civil Action No. 91-0027 of the United States District Court for the Southern District of Indiana.

**SPECIAL BENEFITS (INCLUDING TRANSFER OF FUNDS)**

For the payment of compensation, benefits, and expenses (except administrative expenses) authorized by the Black Lung Disability Trust Fund Act of 1977; and $356,000 for the Black Lung Disability Trust Fund; to remain available until expended.
Mrs. JOHNSON of Connecticut. Mr. Chairman, I offer an amendment.

The Clerk reads as follows:

AMENDMENT OFFERED BY MRS. JOHNSON OF CONNECTICUT

Mrs. JOHNSON of Connecticut. Mr. Chairman, I offer an amendment.

The Clerk reads as follows:

AMENDMENT OFFERED BY MRS. JOHNSON OF CONNECTICUT

In title II, in the item relating to OCCUPATIONAL HEALTH AND SAFETY ADMINISTRATION, after the aggregate dollar amount insert the following: (increased by $20,000,000).

In title II, in the item relating to OFFICE OF THE SECRETARY, after the aggregate dollar amount insert the following: (increased by $20,000,000).

Mrs. JOHNSON of Connecticut. Mr. Chairman, I rise in strong support of my amendment to accelerate the adoption of health information technology and to improve health care quality for all Americans. Technologically, we are far ahead of many other sectors, including our seniors under part B, with respect to the rising health care costs. My amendment would add $25 million to the Department of Health and Human Services to advance health information technology. This meets the Secretary’s budget request to fund State, regional, or local grants to develop health systems that coordinate with each other. This funding will also help unleash our creativity through grants to foster innovation in health information technologies that improve health care.

Mr. Chairman, this President and this Secretary of Health and Human Services, Tommy Thompson, have provided remarkable, aggressive, and visionary leadership to bring America’s health care system into the 21st century, to improve the quality of care available to all Americans, and to dramatically reduce administrative costs, medical errors, duplicate testing, duplicate record keeping, and address all those aspects of our health care system that have already been identified by the Institute of Medicine as being the source of poor-quality care and an enormous health care cost.

At this moment, with health care costs rising at an extraordinary rate, pressing premiums up for everyone, including our seniors under part B, we must push forward to develop interoperable electronic health records, e-prescribing and all those other applications of modern information technology to our health sector. It is indeed bizarre that other sectors of the economy, manufacturing, banking, many other sectors, are far ahead of the health care sector in integrating, absorbing, using and exploiting information technology to both improve the quality of operations in those sectors and the quality of the product as an outcome. Information technology will dramatically improve the health care available to all Americans and holds out the promise of reducing costs tremendously.

For example, health information technology will reduce medical errors which account for 44,000 to 98,000 deaths annually, more than motor vehicle accidents, breast cancer, or AIDS. It will reduce known medical errors that could easily be prevented, and in the aggregate, Health IT will save $9.4 billion a year annually. Health IT will save $5.4 billion a year annually that is spent on unnecessary services because tests or second opinions cannot be located. It will also eliminate costly defensive medical practices which account for as much as $108 billion annually in health care costs each year. Health IT will allow physicians to detect negative drug interactions which result in 7,000 deaths each year.

My friends in this body, we must do everything we possibly can to back Secretary Thompson and this President in moving health information technology into our health care sector as rapidly as possible. These innovative grants, the work that they are doing to establish the standards that they are putting on the private sector to develop interoperable technologies is all exactly what needs to happen; and it is my hope that we will be able to accomplish the goal of this amendment, to provide the full $25 million that the new office, of which Dr. Brailer is now the head as the national coordinator of information technology, that their full budget allocation request can be fulfilled.

I have talked with the gentleman from Ohio (Mr. REGULA) about this. Rather than pursuing this amendment further, I am going to withdraw it. But I did want to stress how important it is that that goal will be fulfilled.

Mr. REGULA. Mr. Chairman, I move to strike the last word. I commend the gentlewoman for what she is trying to do here. My concern is that if we diminish OSHA, we will have more people going into the hospital. Part of the objective of OSHA is to have safety in the workplace and get fewer people in. I think her desire to improve the quality programs that are embodied in the amendment here, we will be sensitive to this in conference. We have no idea what the other body’s bill is going to look like and where the emphasis is going to be. I appreciate the fact that the gentlewoman will withdraw her amendment, but we will keep this very much in mind.

Mrs. JOHNSON of Connecticut. Mr. Chairman, will the gentleman yield?

Mr. REGULA. Mr. Chairman, I yield to the gentlewoman from Connecticut.

Mrs. JOHNSON of Connecticut. I thank the chairman very much for his comments.

Mr. Chairman, I also want to say both to the gentleman from Ohio (Mr. REGULA) and also to the gentleman from Wisconsin (Mr. Obey) that you have brought forward for this body a very fine, balanced bill in a difficult era. The money that you have put into critical health care activities that the Federal Government funds, like the children’s hospitals and also into public education as well as job training and a number of other areas is really a tribute to the kind of thoughtful leadership that this bill would represent.

I do withdraw my amendment, recognizing the importance and value of OSHA, and I appreciate your willingness to look at this critical function as you move this bill toward its final conclusion.

Mr. REGULA. I thank the gentlewoman for her contribution.

The CHAIRMAN. Without objection, the amendment is withdrawn. There was no objection.

The CHAIRMAN. The Clerk will read. The Clerk reads as follows:

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

For necessary expenses for the Mine Safety and Health Administration, $275,567,000, including purchase and bestowal of certificates and trophies in connection with mine rescue and first-aid work, and the hire of passenger vehicles; not to exceed $750,000 may be collected by the National Mine Safety and Health Academy for room, board, tuition, and the sale of training materials, otherwise authorized to be collected, to be available for mine safety and health education and training activities, notwithstanding 31 U.S.C. 3322; and, in addition, the Mine Safety and Health Administration may retain up to $1,000,000 from fees collected for the approval and certification of equipment, materials, explosives for use in mines, and may utilize such sums for such activities; the Secretary is authorized to accept lands, buildings, equipment, and other contributions of public and private sources and to prosecute projects in cooperation with other agencies, Federal, State, or private; the Mine Safety and Health Administration is authorized to promote health and safety education and training in the mining community through cooperative programs with States, industry, and safety associations; and any funds available to the department may be used, with the approval of the Secretary, to provide for the costs of mine rescue and survival operations in the event of a major disaster.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

For necessary expenses for the Bureau of Labor Statistics, including advances or reimbursements to State, Federal, and local agencies and their employees for services rendered, $455,045,000, together with not to exceed $78,473,000, which may be expended from the Employment Security Administration Account in the Unemployment Trust Fund.

OFFICE OF DISABILITY EMPLOYMENT POLICY

SALARIES AND EXPENSES

For necessary expenses for the Office of Disability Employment Policy to provide leadership, develop policy and initiatives, and award grants furthering the objective of removing barriers to the training and employment of people with disabilities, $47,555,000.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

For necessary expenses for Departmental Management, including the hire of three seniors, and including the management or operation, through contracts, grants or other arrangements of Departmental activities conducted by or through the Bureau of International Labor Affairs, including bilateral
Mr. REGULA. Mr. Chairman, will the gentlewoman yield?

Ms. HOOLEY of Oregon. I yield to the gentleman from Ohio.

Mr. REGULA. Mr. Chairman, I think the gentlewoman has a good amendment. She wanted to accept it, and I think in light of all the circumstances, the need for veterans’ employment and training is growing, and, therefore, I think this is a very positive amendment, and we would be willing to accept it at this point.

Ms. HOOLEY. Mr. Chairman, I thank the chairman for accepting the amendment.

Mr. OBEY. Mr. Chairman, will the gentlewoman yield?

Ms. HOOLEY of Oregon. I yield to the gentleman from Wisconsin.

Mr. OBEY. Mr. Chairman, we also would be happy to accept it on this side of the aisle. It is a good amendment.

Ms. HOOLEY of Oregon. Mr. Chairman, just very briefly, this is so our Guard and Reserves can go back to the job they left when they went overseas. The men and women of our Armed Forces fought for their country. They should not have to fight for their jobs when they return home, and I thank them for accommodation.

Mr. McGOVERN. Mr. Chairman, I rise in support of the Hooley amendment.

All of us are incredibly grateful to the men and women of our armed forces, including members of the National Guard and Reserves. Thousands of our Guard members and Reserve members have been activated, taking them away not only from their families, but from their jobs, as well.

The Hooley amendment provides $5 million to the Department of Labor Veteran’s Employment and Training Program, specifically for a nationwide campaign to educate America’s employers about the Uniformed Services Employment and Reemployment Rights Act (USERRA).

USERRA spells out the responsibilities of employers of members of the National Guard and Reserve, and it explains the employment rights of those members. However, many employers and employees do not know about USERRA.

Mr. Chairman, the U.S. Chamber of Commerce has estimated that 70 percent of military reservists called to active-duty work in small or medium-size companies.

In response, I introduced H.R. 4477 with the bipartisan support of U.S. Representative JEB BRADLEY. H.R. 4477 is a simple, straightforward bill, amends the Hooley amendment. My bill seeks to promote understanding between employees and employers when it comes to their rights and obligations under USERRA. H.R. 4477 would require the Department of Labor to produce a poster—similar to the Family and Medical Leave Posters—for employers to post at work sites.

Mr. Chairman, many employers across the country either do not know about USERRA, or they are only vaguely aware of it. By not complying with USERRA, employers put themselves at risk of facing Department of Labor investigations. If employers and employees before potential violations, we can protect employers from costly litigation, potential fines, and public embarrassment.
the Medicare rural hospital flexibility grants program under section 1820 of such Act: Provided, That of the funds made available under this heading, $250,000 shall be available until expended for the provision of health care services at the Willis W. Long Hansen’s Disease Center: Provided further, That in addition to fees authorized by section 274(b) of the Health Care Quality Improvement Act of 1986, $25,000,000 shall be collected for the full disclosure of information under the Act sufficient to recover the full costs of operating the National Pracitioner Data Bank, and such amounts shall remain available until expended to carry out that Act: Provided further, That fees collected for the full disclosure of information under the “Health Care Fraud and Abuse Data Collection Program”, authorized by section 1128E(d)(2) of the Social Security Act, shall be sufficient to recover the full costs of operating the program, and shall remain available until expended to carry out that Act: Provided further, That no more than $45,000,000 to remain available until expended is available for carrying out the provisions of Public Law 104-73: Provided further, That of the funds made available under this heading, $275,283,000 shall be for the program under title XXVI of the Public Health Service Act to fund section 2691 Special Projects of National Significance: Provided further, That amounts provided for the program under such title shall not be expended for abortions, that such amounts shall not be expended for any activity excluding the publication or distribution of literature that in any way tends to promote public support or opposition to any legislative proposal or candidate for public office: Provided further, That $303,872,000 shall be for State AIDS Drug Assistance Programs authorized by section 2016 of the Public Health Service Act: Provided further, That no portion of amounts provided herein, $25,000,000 shall be available from amounts available under section 241 of the Public Health Service Act to carry out the Public Health Service Act to fund section 2691 Special Projects of National Significance: Provided further, That notwithstanding section 501(a)(2) of such Act.

Amendment offered by Mr. GREEN of Texas: Mr. GREEN of Texas. Mr. Chairman, I offer an amendment.

The Clerk reads as follows:

Amendment offered by Mr. GREEN of Texas: In title II, in the item relating to “HEALTH RESOURCES AND SERVICES ADMINISTRATION—HEALTH RESOURCES AND SERVICES”, insert after the first undesignated paragraph the following paragraph:

In addition, for carrying out section 340 of the Public Health Service Act (relating to the local health community access program), $100,000,000.

Mr. REGULA. Mr. Chairman, I re-serve a point of order.

Mr. GREEN of Texas. Mr. Chairman, I have an amendment that would restore the 24 percent funded funding for the Community Access Program, and, believe me, I appreciate what the chairman and the ranking member on the subcommittee and the full committee did with the resources that we have. I know that there are more demand resources, but tactically speaking, if we fund the Community Access Program I think is something that this House and this Congress should not do.

With more than 41 million Americans currently living without health insurance, there is no doubt that too many Americans are going without necessary preventative health care. This lack of access to care comes at an extremely high cost both in human and budgetary terms. Unless uninsured adults skip a recommended medical test or treatment. And 20 percent indicate that they have needed but have not received care for a serious health problem in the past year.

Without access to primary health care, the uninsured end up in our emergency rooms where treatment is extremely expensive and taxpayers are footing the bill, either that or the shareholders in our for-profit corporations.

This is where the Community Access Program, or the CAP program, comes in. This successful program was created 4 years ago to help local agencies coordinate preventative and primary health care services to uninsured individuals in their communities. CAP allows coordinating efforts between the for-profit hospitals, the nonprofit, and the public health providers and literally everyone in the community to serve the people throughout Grand Limestone and Green County.

Gateway has utilized this funding to provide health care to the uninsured in my hometown in Houston. Gateway to Care, the community access collaborative in Harris County, Texas, has used CAP funding to expand primary health care services by steering uninsured individuals to the county’s existing services, which the uninsured rarely take advantage of. From CAP funds, Gateway has developed a nurse triage service that individuals go to 7 days a week. So instead of someone showing up in the emergency room, they actually have a phone number to call, and maybe it is just a sinus infection and they can direct them to the closest clinic in their area instead of showing up at whether it is our for-profit or our public hospitals or our nonprofits. Instead of calling 911 and having an ambulance come to get them, these individuals can speak with a qualified nurse who can help them determine the type of care they required.

Gateway has utilized this funding to increase the enrollment in the State’s CHIP program and to develop a streamlined eligibility system among the four major safety net providers in our community. Gateway’s achievements have helped thousands of Houstonians access necessary health care services.

And yet Gateway is not alone in its successful use of this CAP funding. The program has funded more than 150 health care collaborative in 42 States; so it is clear that CAP has touched most of us in this Chamber. CAP collaborative are serving the uninsured across America from Jacksonville, Florida, to Portland, Maine, from Anchorage, Alaska, to Los Angeles, California. They serve small areas like Concord, North Carolina, and urban areas like Houston.

Mr. Chairman, I will include for the RECORD a list of the American cities that have benefited from this successful program.


Indianapolis, IN, South Bend, IN, Tribune, KS, Wichita, KS, Ashland, KY, Louisville, KY, Lexington, KY, Frankfort, KY, Louisville, KY, Orlie-

100s, LA, Boston, MA, Cambridge, MA, Springfield, MA, Yarmouth, MA, Lavele, MD, Rockville, MD, Portland, ME, Detroit, MI, Grand Rapids, MI, Canton, MI, Dearborn, MI, Lansing, MI, Marquette, MI, Muskegon, MI, Saginaw, MI, Ypsilanti, MI, Alexandria, MN, Mankato, MN, Minneapolis, MN, St. Cloud, MN, Kansas City, MO, Kirkville, MO, Missouri, MS, Clarksdale, MS, Billings, MT, Ashe-

village, NC, Concord, NC, Durham, NC, Greensboro, NC, Pinehurst, NC, Raleigh, NC, Nash-ville, TN, Bismarck, ND, Chadron, NE, Col-

umbus, NE, Omaha, NE, Concord, NH, Albu-

querque, NM, El Rito, NM, Santa Fe, NM, Amherst, NH, Binghamton, NY, Brooklyn, NY, New York, NY, Queens, NY, Tarrytown, NY, Warrensburg, NY, Cincinnati, OH, Columbus, OH, Dayton, OH, Tulsa, OK, Cave Junction, OR, Portland, OR, Blishburg, PA, Norris-
town, PA, Philadelphia, PA, Pittsburgh, PA, Scranton, PA, Cranston, RI, Columbia, SC, Greenville, SC, Orangeburg, SC, Chat-
ton, TN, Memphis, TN, Talladega, TN, Nash-
ville, TN, Austin, TX, Corpus Christi, TX, Dallas, TX, El Paso, TX, Galveston, TX, Houston, TX, Uvalde, TX, Salt Lake City, UT, Angleton, VA, Bardsley, VA, Falls Church, VA, Richond, VA, Winchester, VA, Olympia, WA, Seattle, WA, Spokane, WA, Wenatchee, WA, Milwaukee, WI, Huntington, WV, Martinsburg, WV, Charleston, WV, Hinton, WV.

As much success as these communities have achieved with CAP funding, the bill unfortunately eliminates that provision.

Last year the program received $104 million appropriation; yet the administration transferred $20 million of that, or roughly 20 percent of the total funding, to a pediatric AIDS initiative. One way to deny the pediatric AIDS patients the care they need. I am working with the Ranking Member on this committee, who I appreciate, to identify the problem we have with this bill. We are forced to rob one very worthy program to pay for another necessary program, and in the end the health of our community suffers.

Last year’s bill would restore the $104 million for CAP, restoring funding for the program to the fiscal year 2004 enacted levels.

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Because of the host of worthy health care programs in this bill, we do not have an offset, and I would like to withdraw the amendment.

I appreciate the chairman's courtesy in allowing me to talk about the amendment, what I want my colleagues to understand the tremendous strides this program has made in providing primary health care to those 44 million Americans currently living without insurance. The program is worthy of our support; I hope that funding will be restored in conference.

Again, to the gentleman from Ohio (Chairman REGULA) and the gentleman from Wisconsin (Mr. OBEY), I appreciate their allowing me the time, and I thank them for the funds for the community health centers, but we still need the dollars to coordinate these community health centers.

Mr. OBEY. Mr. Chairman, will the gentleman yield?

Mr. GREEN of Texas. I yield to the gentleman from Wisconsin.

Mr. OBEY. Mr. Chairman, let me simply say the gentleman is absolutely right. This is a program that was begun by Senator Ted Kennedy, who recognized that it is not enough to provide money to health centers if we do not also provide a thoughtful way to coordinate programs and services. This is what makes some of these efforts workable, and I think it is a disgrace that at a time when we have seen the number of uninsured increase from 40 to 45 million people, that we are eliminating a program that is crucial to providing service in more than 20 communities around the country.

Mr. GREEN of Texas. Mr. Chairman, I ask unanimous consent to withdraw the amendment.

The CHAIRMAN. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. REGULA. Mr. Chairman, I move to strike the last word.

I appreciate the fact that the gentleman is withdrawing the amendment because there is not an offset, but I want to commend him for his thoughts on this issue because it is important. These centers are very important, and it is a classic example of what confronted us in the subcommittee, and that is, there is so much in the way of good things that need to be done, and we had to make priority judgments. We will keep this in mind as we go to conference, but I certainly think the need is out there.

Mr. GREEN of Texas. Mr. Chairman, will the gentleman yield?

Mr. REGULA. I yield to the gentleman from Texas.

Mr. GREEN of Texas. Mr. Chairman, I thank the chairman for his comments.

Mrs. McCARTHY of New York. Mr. Chairman, I move to strike the last word.

I am sorry that my colleague has withdrawn the amendment, and I hope they are going to be able to work this out further down the road.

But with that I also want to bring up what health care costs are because of assault weapons. Unfortunately, I have not been allowed to bring up the bill for a vote on assault weapons, but I just want to give the Members some health care costs.

Death and injuries caused by firearms cost the U.S. about $100 billion a year. If we keep assault weapons off the streets, we can bring that down and use the money for our community centers in those areas that need it. This includes host age, hospital emergency care costs, rehabilitation, and lost productivity.

I hope that we can, before this week is over, bring up the assault weapons bill so that we can have the bill and reduce health care costs in this country.

The CHAIRMAN. Are there other amendments to this paragraph of the bill?

If not, the Clerk will read the amendment.

The Clerk reads as follows:

HEALTH EDUCATION ASSISTANCE LOANS PROGRAM ACCOUNT

Such sums as may be necessary to carry out the purpose of the program, as authorized by title II of the Public Health Service Act, as amended. For administrative expenses to carry out the guaranteed loan program, including section 709 of the Public Health Service Act, $3,270,000.

VACCINE INJURY COMPENSATION PROGRAM

For payments from the Vaccine Injury Compensation Program Trust Fund, such sums as may be necessary for claims associ ated with vaccine injury or death with respect to vaccines administered after September 30, 1988, pursuant to subtitle 2 of title XXI of the Public Health Service Act, to the Secretary of Health and Human Services.

CEN TERS FOR DISEASE CONTROL AND PREVENTION

DISEASE CONTROL, RESEARCH, AND TRAINING

To carry out titles II, III, VII, XI, XV, XVII, XVIII, and XXI of the Public Health Service Act, sections 101, 102, 103, 201, 202, 203, 301, and 501 of the Federal Mine Safety and Health Act of 1977, sections 20, 21, and 22 of the Occupational Safety and Health Act of 1970, title IV of the Immigration and Nationality Act, and section 501 of the Refugee Education Assistance Act of 1980; including purchase and insurance of official motor vehicles in foreign countries; and purchase, hire, maintenance, and operation of aircraft, $4,228,778,000, of which $81,500,000 shall remain available until expended for equipment and construction and renovation of facilities, and of which $142,808,000 for international HIV/AIDS shall remain available until September 30, 2006. In addition, such sums as may be derived from authorized user fees, which shall be credited to this account:

Provided further, That none of the funds made available for injury prevention and control at the Centers for Disease Control and Prevention may be used in whole or in part, to acquire or promote the sale or use of tobacco products.

Provided further, That the Director may redirect the total amount made available under authority of Public Law 101-522, section 3, dated November 3, 1989, to activities the Director may so designate: Provided further, That the Congress is to be notified promptly of any such transfer: Provided further, That not to exceed $12,500,000 may be mak ing grants under section 1509 of the Public Health Service Act to not more than 15 States, tribes, or tribal organizations: Provided further, That without regard to existing statute, funds appropriated may be used to proceed, at the discretion of the Centers for Disease Control and Prevention, with property acquisition, including a long-term ground lease for construction on non-Federal land, to support the construction of a replacement laboratory in the Fort Collins, Colorado area: Provided further, That notwithstanding any other provision of law, a single contract or related contracts for development and construction may be employed which collectively include the full scope of the project: Provided further, That the solicitation and contract shall contain the clause “availability of funds” found at 48 CFR 52.223-18.

AMENDMENT NO. 4 OFFERED BY MS. JACKSON-LEE OF TEXAS

Ms. JACKSON-LEE of Texas. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment as follows:

Amendment No. 4 offered by Ms. JACKSON-LEE of Texas:

In title II, in the item relating to “CENTERS FOR DISEASE CONTROL AND PREVENTION–DISEASE CONTROL, RESEARCH, AND TRAINING”, in paragraph (2) of the first proviso, insert after the dollar amount (relating to the National Center for Health Statistics surveys) the following: “(increased by $2,500,000)”.

In title II, in the item relating to “NATIONAL CENTER ON MINORITY HEALTH AND HEALTH DISPARITIES SERVICES PROGRAM” delete the dollar amount the following: “(increased by $1,500,000)”.

In title II, in the item relating to “CHILDREN AND FAMILIES SERVICES PROGRAMS”, insert “(decreased by $4,000,000)” after the aggregate dollar amount and insert “(decreased by $4,000,000)” after the dollar amount in the tenth proviso (relating to competitive grants to provide abstinence education).

Ms. JACKSON-LEE of Texas. Mr. Chairman, let me, because this is a very important debate, again add my appreciation to the members of the Committee on Appropriations, the chairman and ranking of the full committee, and, of course, the ranking and subcommittee chairman of this Labor-HHS.

I hope that the gentlewoman from New York (Mrs. McCARTHY) will rise to support this amendment and share her thoughts as well as the health, safety, and productivity health issue, and that is the use of guns and the resulting injuries and deaths that come about through that. I do add
my voice in this very short time for having the reauthorization of the assault weapons ban. I remember studying this issue in Houston, and I found that for an injured child, costs were at that time, some maybe 5 to 10 years ago, $60,000 per their care. I imagine it has only increased in this year. I hope that we will move in that direction.

I, too, raise an issue that I hope my colleagues will join me enthusiastically, and I also will acknowledge the hard work of a former colleague, Congresswoman Carrie Meek of Florida, who at most times when we came to the floor dealing with the appropriations, Labor-HHS, the Members can be assured she was speaking about the deadly disease of lupus.

Today I am proposing two amendments to the Labor-HHS-Education appropriations bill to further research and outreach on lupus, and I urge the Members to support these amendments. Lupus is a chronic, disabling, and an often fatal condition in which the immune system attacks the body’s own organs and tissues. Lupus strikes primarily women, and it is twice as common among people of color. Currently it is estimated that 1.5 million to 2 million Americans have lupus. There is no cure for lupus. No new drugs have been approved to treat the disease in nearly 40 years, and no medically validated measure to diagnose and track the disease’s progression and how it exists.

I, too, am concerned about the National Institutes of Health and the more opportunities for research, and I hope in conference we can alter the configuration so that many researchers in labs around the country and professors will not be denied their opportunity to find the cure for lupus. That is why I am adding this small amount of dollars that is budget-neutral as evidenced and indicated by CBO.

Early diagnosis and treatment of lupus are essential to minimizing life-threatening complications. Lack of understanding of lupus combined with the disease’s complexity leads to significant underdiagnosis. And I might say that it strikes young women in a potentially hardworking manner. I remember a young woman that I knew in my church, had two beautiful young children and a beautiful husband, was taken in the prime of her life not knowing that she had lupus, and it was too late in order to provide her with the treatment that she needed, and certainly there was no cure at the time.

Symptoms of the disease may resemble the flu or other less severe instances. In some instances, the patient’s apparent symptoms may seem to subside, leading up to a false sense of security. Some surveys indicate that some lupus patients may suffer for 4 years before a diagnosis, and visit 3 or more different physicians before obtaining a diagnosis. I know this personally, because I had a member of my family who I had to take to doctors trying to find out whether it was or whether it was not. And you can be assured in our frustration, but also our great concern and our fear, that we were overcome by the fact that it was really a diagnosis that was hard to pinpoint. The delay in obtaining this medical validated measure to diagnose the disease of lupus today, particularly among susceptible populations.

The purpose of these amendments is twofold. First, the amendment transfers $1.5 million to the account of the NIH’s National Institute of Minority Health to increase educational programs on lupus for health care providers and for the general public.

Let me assure you that we have yet addressed in this House the disparities in health care as it relates to minorities. We have yet to pass the equity to health care bill that has been promulgated or written by the Hispanic Caucus, the African American Caucus and the Asian Pacific Caucus and others. I believe this will help to facilitate the diagnosis of lupus today, particularly among susceptible populations.

Second, I am proposing to transfer $2.5 million to the Centers for Disease Control to expand the operation of the Lupus Patient Registry. There are presently four pilot registry programs in Michigan and in Georgia. These pilot programs have been a good start, but additional data is needed to distinguish between environmental and other factors that cause lupus.

Let me say to my colleagues, no one knows when their neighbor, their friend, their constituent may be diagnosed. There is one strong point about this disease: It is not easily diagnosed, and many people live with it for a very long period of time. Mr. Chairman, that is why we do not know how many people really have lupus. I would ask my colleagues to join me in this effort and support this amendment, very, very well balanced, and, might I say, not violating CBO. I ask for support of this amendment.

Mr. REGULA. Mr. Chairman, I rise in opposition to the amendment.

Mr. Chairman, there are a couple of things that I would point out in opposition to this. Number one, we are already recognizing the need for health statistics. In this bill, we have increased the amount for this purpose by $21,960,000. This is an increase of almost 20 percent over last year.

Secondly, we have increased the amount for monthly health and health disparities reports by $5.3 million.

So it is not the case that we have ignored the subject. I think we have tried to deal within the constraints of what we have available, and to take the money out of the other program, I think, would be just a mistake at this point. Therefore, I would be in opposition to the amendment.

Mr. Chairman, I move to strike the last word.

Mr. Chairman, I must also reluctantly oppose the amendment, because I think it has an unintended effect. The amendment, as I read it, would actually result in a small across-the-board reduction in funding for virtually all public health agency programs, including the National Institutes of Health. I do not think that is what we want to do.

Secondly, I would point out the gentlewoman has made quite clear in her remarks that she is attempting to add funding for a specific disease. In all of the years this subcommittee has funded the National Institutes of Health, it has never dictated to the National Institutes exactly how much money they should spend on any specific disease, and I do not think we ought to start now.

So I reluctantly would have to oppose the amendment and say that what we really need is an overall increase in funding for NIH so that we can attack lupus and dozens of other diseases that are causing great pain and suffering to people around the world.

Mrs. MCCAVERY of New York. Mr. Chairman, I move to strike the required number of words.

Mr. Chairman, I rise in support of the Jackson-Lee amendment. This amendment would increase funds for the National Center for Health Statistics surveys and for the National Center for Minority Health and Health Disparities.

The cost of health care for minorities is completely disproportionate. No wonder this is a truer than when it comes to the cost of gun violence. Although African Americans and Hispanics make up only 12.1 and 12.5 percent of the U.S. population respectively, these groups suffered 37 percent of all firearm deaths in 2000.

In 2000, homicide with firearms took the lives of 5,699 African Americans. In 2000, homicide with firearms took the lives of 1,958 Hispanics.

In 2000, the death rate for firearm injuries was two times higher for the African American population than the Caucasian population. In 2000, firearms homicide was the leading cause of death for African Americans age 15 to 34.

The assault weapons ban expires September 13, and we are not allowed to bring it up on the floor. This is something that could go into our communities, save lives and keep down health costs.

Ms. JACKSON-LEE of Texas. Mr. Chairman, will the gentlewoman yield?

Ms. MCCAVERY of New York. I yield to the gentlewoman from Texas.

Ms. JACKSON-LEE of Texas. Mr. Chairman, I thank the distinguished gentlewoman.

Mr. Chairman, let me carefully say this adds more money to the NIH. We respectfully add the fact that it is not necessarily a specific designation for a specific disease. But might I say that because of the discrepancies in access to health care for minorities and access to health care for those who are being treated for lupus and the definitive impact on minorities as it relates to minority women as it relates.
to lupus, I would offer to say that this is an amendment that has vibrancy and is necessary without in any way undermining or penalizing NIH.

I might also say that I have from the CBO that this is clearly budget-neutral and does not have an impact on the outlays.

So this is an amendment that is viable for my colleagues to support. I ask for all of my colleagues to look seriously at the opportunity for NIH to make its own determination on a very vital public health disease that is necessarily in need of both a cure and research.

I would also offer to say to my colleagues that when we speak about lupus, it is like a silent killer, because you can have it without knowing. You can have it without being diagnosed.

Therefore, it is extremely important to be able to provide these additional resources.

I ask my colleagues to provide support for this amendment.

Mr. OBEY. Mr. Chairman, will the gentlewoman yield?

Ms. McCARTHY of New York. I yield to the gentleman from Wisconsin.

Mr. OBEY. Mr. Chairman, I want to say to the gentleman from Wisconsin, I think that the intention of the gentlewoman from Texas to fund this amendment by providing for an actual reduction in NIH, but the way she has drawn the amendment, it has that effect. Therefore, I think that that is not her intention, but that is the effect of the amendment as written.

The CHAIRMAN. The question is on the amendment offered by the gentlewoman from Texas (Ms. JACKSON-LEE).

The question was taken; and the Chairman announced that the noes appeared to have it.

Ms. JACKSON-LEE of Texas. Mr. Chairman, I demand a recorded vote.

The CHAIRMAN. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentlewoman from Texas (Ms. JACKSON-LEE) will be postponed.

Mr. LANGEVIN. Mr. Chairman, I move to strike the last word.

Mr. Chairman, as we discuss the fine work that our doctors and scientists are performing with the help of federal assistance, I want to make sure that my colleagues are aware of the limitations on critical research that are currently in place. These restrictions, the current policy that guides the National Institutes of Health, are stifling progress into curing chronic conditions and diseases that affect up to 100 million Americans, a number that dramatically increases when you consider their families and loved ones. Unfortunately, rather than overturning these limitations, the committee report to today’s Labor, Health and Human Services, and Education appropriations bill instead reaffirms them.

For 3 years, the tremendously promising work in human embryonic stem cell research has been restricted to work on stem cell lines developed before August 9, 2001. Despite the limitations of this policy, our nation’s scientists have made tremendous progress. They have already shown that they can direct the development of human embryonic stem cells into insulin-producing cells that might help cure juvenile diabetes. This type of research has opened doors to potential therapies, even cures, for countless conditions and diseases such as diabetes, Alzheimer’s, Parkinson’s, ALS, heart disease, spinal cord injury and cancer.

Mr. Chairman, our scientists are maximally made available to them under the current policy, but we can do better. We must make it possible for researchers to engage in the responsible pursuit of human pluripotent stem cell research.

Earlier this summer, I was proud to join the gentleman from Delaware (Mr. CASTLE) and the gentlewoman from Colorado (Ms. DEGETTE) in introducing legislation that would achieve this goal by directing NIH to fund stem cell research that had been derived from excess human embryos created through the in vitro fertilization process for fertility treatment, embryos which otherwise would have been discarded. All tissue donations would be voluntary accompanied by informed consent and without compensation.

Under these principles, research could flourish. The Federal Government would maintain reasonable and ethical oversight and the promise of cures, and in some cases the promise of life itself would be extended and restored to millions of Americans.

Unfortunately, our current policies place limits on the hopes and dreams of these millions of Americans. Scientists are reporting that it is increasingly difficult to attract new scientists to this area of research because of concerns that funding restrictions will keep this research from being successful. Foreign countries, most notably Great Britain, have been far more supportive of stem cell research.

Mr. Chairman, we face the real danger that without Federal funding, the nation’s top academic researchers at universities, medical schools and teaching hospitals cannot join in the search for cures, which means much slower progress.

Mr. Chairman, we owe it to our constituents to ensure that this research takes place ethically and with the full support of the Federal Government and as soon as possible. For far too many Americans, there is no time to waste.

Mr. CUNNINGHAM. Mr. Chairman, I move to strike the last word.

Mr. Chairman, I do not totally disagree with my colleague but just a little bit that just spoke, because there are limited directions of stem cell research that I think that we could all support, whether you are prolife, pro-choice, which is not an issue in this case.

Dr. Larry Goldstein from the University of San Diego, California, my daughter interned with him, and he does genetic research.

I would like to remind my colleagues, first of all, that it was President George W. Bush that supported stem cell research in a certain line, that turned out to be tainted.

There are some folks and some doctors that would actually clone people for body parts, for the responsible pursuit of human pluripotent stem cell research.

Dr. Goldstein told me that quite often a woman invests her embryos because she is going to go through chemo or radiation treatments, and maybe she wants in-vitro fertilization at a later date. But they do not save those embryos for 1,000 years. They discard them. They throw them away, because they can’t save them. They are thrown down the toilet.

In that case, why can we not use those stem cells to further research? They are not going to become life. They are going to be discarded, but if they are going to be discarded, why can we not use those to enhance; save life?

I have asked the President, along with Mrs. Reagan and Mary Tyler Moore and others, to work in this direction.

There is a third area which Dr. Goldstein pointed out, which is some stem cells that are so diseased it would be unethical to implant them. Doctors and researchers want to use those stem cells to be able to eliminate those diseases in children, and that is another area in which we can come together. Unfortunately, many of my colleagues, in my opinion, want to go too far. But I think we can all get around it and embrace an area in which the stem cells are going to be thrown away, they are going to be discarded, and we are going to get rid of diabetes. Let us come together on the issue.

Mr. OBEY. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I want to say that I absolutely agree with the gentleman who just spoke, and I congratulate him for the comments that he made. Everyone who has looked with any care whatsoever at this issue understands that there are massive ethical considerations surrounding this question. We need to try to work through those ethical considerations in a way that will bring people together on some very fundamental questions, rather...
Our Nation is facing an epidemic of hepatitis C virus, or HCV infection. HCV is the most common blood-borne infection in the United States. Although many of them do not know it, nearly 4 million Americans are currently infected, and 35,000 new infections occur each year.

I have been told about this because of the sizable population of hepatitis C-infected veterans that I have come across. And I want to thank Ed Wendt, a constituent of mine, who has raised the question of what we are doing and how we are doing it and how we can do better by those who are infected and the many, many veterans who are infected by this disease.

This insidious virus takes thousands of lives annually, primarily through cirrhosis and liver cancer. HCV costs millions of dollars in health care and lost wages each year, but it receives inadequate attention from the public, the medical field, and the Federal Government.

Hepatitis is an inflammation of the liver. Inflammation of the liver with swelling, tenderness, and sometimes permanent damage can be caused by infection with various viruses or by substances such as drugs, and alcohol. Current concern over viral hepatitis stems from the serious long-term health consequences for long-term sufferers.

Hepatitis C virus is one of six known types of the hepatitis viruses. The C virus has emerged as a cause of chronic liver disease, both in the United States and worldwide. It is of concern because of its potential for serious long-term health consequences. It resorts, or causes, if you will, the need for liver transplants as evidenced by my constituent who has suffered long and had a difficult health history. Its pattern of infection among young, hard-to-reach risk groups and the current lack of vaccine or treatment compounds the impact. HCV-positive patients, and patients who are HCV-infected, and 35,000 new infections occur each year.

Some studies indicate that minority populations in the U.S. are disproportionately affected by hepatitis C virus, and some reports have shown that African Americans do not respond to the current treatment of chronic HCV infection with the same efficacy as whites. This is why I started out this debate by saying it is time now for us to pass the equity in health care and disparities in health care in America. But this amendment, as did the lupus amendment, attempts in some small way to address this divide.

HCV is a particular problem for patients coinfected with HIV. According to Dr. Raymond Chung, M.D., director of the Center for Liver Disorders at Massachusetts General Hospital, "About 25 percent of those with HIV are coinfected with HCV, largely because these viruses share modes of transmission." Treatment of patients with HCV and HIV is particularly challenging, because many of the retroviral treatments traditionally used in HIV therapies are toxic to the liver. Better information about HCV will help develop treatments that are effective for HIV and compatible with HCV. That is all I am asking for in this very simple and minimal amendment of asking for $1 million.

The purpose of this amendment is to increase the research opportunities and to be able to provide patients who are at risk for some control studies: African Americans, children, and adolescents, renal dialysis patients, HIV- and HCV-positive patients, and patients with hemophilia. Because hepatitis C is a communicable disease, I believe this is an important step in getting this public issue under control.

Back in June, I joined the Hepatitis C Movement for Awareness to call for more aggressive and better informed national approach to the hepatitis C epidemic in the United States. Hepatitis C infects 300 million people worldwide, including over 5.8 million Americans. We must do something more. And the percent of people who know they are infected, and scientists are still unsure how the virus is spread or who is most likely to be infected. This deadly epidemic cannot be ignored any longer. We need action, and I ask my colleagues to support this amendment.

The grass-roots movement of this organization is made up of veterans, victims of hepatitis C, and other health care advocates; and they came to Washington to simply ask the questions: Why don't we get help, working with the Veterans Administration, which I must say I applaud for looking at this issue more closely. This is not an issue for one person or two persons, it is for millions of people, and those who go infected who do not know they are infected.

I want to congratulate those who worked on this effort, including Ed Wendt and the whole hepatitis C movement, because they do it not for themselves. They do it for those who come after them. They ask that we have a wake-up call so that we can stop the tragedy of the hepatitis C epidemic.

Now it is time that we wake up together and move forward on an amendment that will simply help us move in that direction. I urge my colleagues to join me in supporting this important amendment.

Mr. Chairman, I have an amendment at the desk that relates to a very grave matter with respect to the status of minority health. Our Nation is facing an epidemic of Hepatitis C Virus (HCV) infection. HCV is the most common blood-borne infection in the United States. Although many of them do not know it, nearly 4 million Americans are currently infected, and 35,000 new infections occur each year. This insidious virus takes thousands of lives annually—primarily through cirrhosis and liver cancer. HCV costs millions of dollars in healthcare and lost wages each year, but it receives inadequate attention from the public, the medical field, and the federal government.

Inflammation of the liver, with swelling, tenderness, and sometimes permanent damage, can be caused by infection with various viruses or

than pulling them apart. I think the gentleman has pointed to one way that can be done.

I would caution those in this society who think that we can somehow stop science from engaging in the kind of research engaged by the gentleman from California, I would caution those who feel that we can stop that kind of research. We cannot. That kind of research will go forward. The only question is whether it will go forward in the United States or whether it will be somewhere else, and whether or not it will go forward under the auspices of the National Institutes of Health with all of the ethical considerations that they try to bring to bear on this issue, or whether it will be conducted by scientific teams that are not quite so careful about the ethical considerations involved.

I think that the gentleman from California has pointed out how we could move people on forward on this issue in a way which is not destructive of anyone's ethical values. We need to start recognizing that we are dealing with real situations, real human beings; and humanity is not going to allow us to get in the way of attacking some of the medical problems that have been discussed by the gentleman from Rhode Island or by the gentleman from California; and I congratulate both of them for raising the issue this afternoon.

AMENDMENT OFFERED BY MS. JACKSON-LEE OF TEXAS

Ms. JACKSON-LEE of Texas. Mr. Chairman, I offer an amendment. The Clerk read as follows: Amendment offered by Ms. Jackson-Lee of Texas:

Page 26, line 18, insert after the aggregate dollar amount the following: '(increased by $1,000,000)'

Page 46, line 4, insert after the aggregate dollar amount the following: '(decreased by $1,000,000)'

Page 48, line 2, insert after the dollar amount the following: '(decreased by $1,000,000)'

Mr. OBEY. Mr. Chairman, I reserve a point of order against the amendment. We do not have a copy.

The CHAIRMAN. Will the gentlewoman submit the amendment to the desk? We do not seem to have a copy of it either.

Mr. REGULA. Mr. Chairman, I reserve a point of order against the amendment.

The CHAIRMAN. A point of order is reserved by the gentleman from Wisconsin (Mr. OBEY) and the gentleman from Ohio (Mr. REGULA).

Ms. JACKSON-LEE of Texas. Mr. Chairman, let me again join the gentlewoman from New York (Mrs. McCARTHY) on the desire to attack another public issue under control. And I want to thank Ed Wendt, a constituent of mine, who has raised the question of what we are doing and how we are doing it and how we can do better by those who are infected and the many, many veterans who are infected by this disease.

This insidious virus takes thousands of lives annually, primarily through cirrhosis and liver cancer. HCV costs millions of dollars in health care and lost wages each year, but it receives inadequate attention from the public, the medical field, and the Federal Government.

Hepatitis is an inflammation of the liver. Inflammation of the liver with swelling, tenderness, and sometimes permanent damage can be caused by infection with various viruses or by substances such as drugs, and alcohol. Current concern over viral hepatitis stems from the serious long-term health consequences for long-term sufferers.

Hepatitis C virus is one of six known types of the hepatitis viruses. The C virus has emerged as a cause of chronic liver disease, both in the United States and worldwide. It is of concern because of its potential for serious long-term health consequences. It resorts, or causes, if you will, the need for liver transplants as evidenced by my constituent who has suffered long and had a difficult health history. Its pattern of infection among young, hard-to-reach risk groups and the current lack of vaccine or treatment compounds the impact. HCV-positive patients, and patients who are HCV-infected, and 35,000 new infections occur each year.

Some studies indicate that minority populations in the U.S. are disproportionately affected by hepatitis C virus, and some reports have shown that African Americans do not respond to the current treatment of chronic HCV infection with the same efficacy as whites. This is why I started out this debate by saying it is time now for us to pass the equity in health care and disparities in health care in America. But this amendment, as did the lupus amendment, attempts in some small way to address this divide.

HCV is a particular problem for patients coinfected with HIV. According to Dr. Raymond Chung, M.D., director of the Center for Liver Disorders at Massachusetts General Hospital, "About 25 percent of those with HIV are coinfected with HCV, largely because these viruses share modes of transmission." Treatment of patients with HCV and HIV is particularly challenging, because many of the retroviral treatments traditionally used in HIV therapies are toxic to the liver. Better information about HCV will help develop treatments that are effective for HIV and compatible with HCV. That is all I am asking for in this very simple and minimal amendment of asking for $1 million.

The purpose of this amendment is to increase the research opportunities and to be able to provide patients who are at risk for some control studies: African Americans, children, and adolescents, renal dialysis patients, HIV- and HCV-positive patients, and patients with hemophilia. Because hepatitis C is a communicable disease, I believe this is an important step in getting this public issue under control.

Back in June, I joined the Hepatitis C Movement for Awareness to call for more aggressive and better informed national approach to the hepatitis C epidemic in the United States. Hepatitis C infects 300 million people worldwide, including over 5.8 million Americans. We must do something more. And the percent of people who know they are infected, and scientists are still unsure how the virus is spread or who is most likely to be infected. This deadly epidemic cannot be ignored any longer. We need action, and I ask my colleagues to support this amendment.

The grass-roots movement of this organization is made up of veterans, victims of hepatitis C, and other health care advocates; and they came to Washington to simply ask the questions: Why don't we get help, working with the Veterans Administration, which I must say I applaud for looking at this issue more closely. This is not an issue for one person or two persons, it is for millions of people, and those who go infected who do not know they are infected.

I want to congratulate those who worked on this effort, including Ed Wendt and the whole hepatitis C movement, because they do it not for themselves. They do it for those who come after them. They ask that we have a wake-up call so that we can stop the tragedy of the hepatitis C epidemic.

Now it is time that we wake up together and move forward on an amendment that will simply help us move in that direction. I urge my colleagues to join me in supporting this important amendment.

Mr. Chairman, I have an amendment at the desk that relates to a very grave matter with respect to the status of minority health. Our Nation is facing an epidemic of Hepatitis C Virus (HCV) infection. HCV is the most common blood-borne infection in the United States. Although many of them do not know it, nearly 4 million Americans are currently infected, and 35,000 new infections occur each year. This insidious virus takes thousands of lives annually—primarily through cirrhosis and liver cancer. HCV costs millions of dollars in healthcare and lost wages each year, but it receives inadequate attention from the public, the medical field, and the federal government.

Inflammation of the liver, with swelling, tenderness, and sometimes permanent damage, can be caused by infection with various viruses or
by substances such as chemicals, drugs, and alcohol. Current concern over viral hepatitis stems from the serious long-term health consequences for long-term sufferers.

Hepatitis C virus is one of six known types of the hepatitis virus. Hepatitis C has emerged as a major cause of chronic liver disease both in the United States and worldwide. It is of concern because of its potential for serious long-term health consequences, its pattern of infection among young, hard-to-reach risk groups, and the current lack of a vaccine or cure.

Some studies indicate that minority populations in the U.S. are disproportionately affected by the hepatitis C virus (HCV), and some reports have shown that African-Americans do not respond to treatment of chronic HCV infection with the same efficacy as whites.

HCV is a particular problem for patients co-infected with HIV. According to Dr. Raymond Chung, MD, director of the Center for Liver Diseases at Massachusetts General Hospital, “About 25 percent of those with HIV are co-infected with HCV, largely because these viruses share modes of transmission.” Treatment of patients co-infected with HCV and HIV is particularly challenging because many of the retroviral treatments traditionally used in HIV therapies are toxic to the liver. Better information about HCV will help to develop treatments that are effective for HIV and compatible with HCV.

The purpose of this amendment is to increase the Hepatitis C research activities at the Center for Disease Control for patients who are particularly at risk for the disease or resistant to conventional treatments—African-Americans, children and adolescents, renal dialysis patients, HIV/HCV positive patients and patients with hemophilia. Because Hepatitis C is a communicable disease, I believe this is an important step in getting this public health issue under control.

Back in June of this year, I joined the “Hepatitis C Amendment for Awareness” to call for a more aggressive, and better informed, national approach to the Hepatitis C epidemic in the United States. Hepatitis C infects 300 million people worldwide, including over 5.8 million Americans. Only 20% of those infected know they are infected, and scientists are still unsure how the virus is spread, or who is most likely to be infected. This deadly epidemic cannot be ignored any longer. We need action. I commend the Hepatitis C Movement for Awareness for its tenacity and energy in galvanizing in Washington to make its case for change.

The grassroots movement made up of Veterans, victims of Hepatitis C, and other healthcare advocates, came to Washington to tell Congress about the pressing need for a viable national Hepatitis C policy. They feared that the present policies are based on worn-out assumptions, and untested hypotheses. I agreed that more information was needed to help lawmakers craft appropriate policy proposals. I am glad to see the pressing need for a viable national Hepatitis C policy. They feared that the present policies are based on worn-out assumptions, and untested hypotheses. I agreed that more information was needed to help lawmakers craft appropriate policy proposals. I am glad to see them drafted correctly so that they are realistic.

I think it is a disservice to the House of Representatives to bring this amendment. This amendment, if I can have amendments to offer that they at least provide each side of the committee with a copy of the amendment. I think it is a disservice to the House when amendments are sprung on the committee and we have no opportunity to review them. If we are shown them ahead of time, we can help Members draft them correctly so that they are in order.

It seems to me it is in the interests of both people who offer these amendments and it is in the interests of the House for Members who are planning to offer amendments to provide us copies. It would seem to me a simple matter of common courtesy.

Mrs. McCarthy of New York. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I would simply say that I would approve the motion if Members have amendments to offer that they at least provide each side of the committee with a copy of the amendment. I think it is a disservice to the House when amendments are sprung on the committee and we have no opportunity to review them. If we are shown them ahead of time, we can help Members draft them correctly so that they are in order.

Mrs. McCarthy of New York. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I support the Jackson-Lee amendment on hepatitis C. I spent over 30 years as a nurse before I came to Congress; and, unfortunately, hepatitis C is a disease of times, when it is diagnosed, it is far too late for so many of the patients. Unfortunately, the signs do not show up until the disease is very advanced, and because we are in a global world now and it is becoming a communicable disease, it is spreading more rapidly. Much more research needs to be done to see how we can stop this.

But I know one of the ways that we can have more money so we have the money for research is to try and stop the amount of money that is being spent every single year because of gun violence. And with the assault weapons ban expiring on September 13, we are going to see more violence on our streets; we are going to see more of these patients in our trauma hospitals, which is going to drive up the cost of health care all the way around. That is a shame. That is preventable. We need, certainly, the administration to back the health care providers around this country who all want to see the ban put in place.

If we do that, we can keep down health care costs because of the gun violence and have money go into research for hepatitis C and for so many other issues that all of us here care about.

Ms. Jackson-Lee of Texas. Mr. Chairman, will the gentlewoman yield?

Mrs. McCarthy of New York. I yield to the gentlewoman from Texas.

Ms. Jackson-Lee of Texas. Mr. Chairman, I thank the distinguished gentlewoman for yielding.

I ask my colleagues to simply help us. It is simply asking $1 million for the hepatitis C, and I thank the gentlewoman from New York (Mrs. McCarthy) for her information.

This bill, with all the hard work of the appropriators, and I really appreciate them, was sprung on Members on Labor Day weekend. My apologies for the amendment being at the leg of Congress and it is supposed to be at the desk. It is now there, but I really ask my colleagues to look at the need. I also know my staff gave the amendment to both managers of the bill. We are talking about 300 million worldwide, close to 10 million around the country, veterans, children and others infected with hepatitis C. The more we can do, the better off we are.

I believe this is a well-grounded amendment that should warrant the support of our colleagues on both sides of the aisle, and I would ask my colleagues to support this.

As I indicated, CBO has indicated this is revenue-neutral, has no impact with respect to the issues at hand, and I would simply ask that this amendment be supported.

Mr. Regula. Mr. Chairman, will the gentlewoman yield?

Mrs. McCarthy of New York. I yield to the gentlewoman from Ohio.

Mr. Regula. Mr. Chairman, I just want to point out that we have $225 million in the bill now for hepatitis C funding, and we recognize the importance of that, and we have done all that we could within the budget constraints, and there is a sizable amount that we could do.

Ms. Jackson-Lee of Texas. Mr. Chairman, will the gentlewoman yield?

Mrs. McCarthy of New York. I yield to the gentlewoman from Texas.

Ms. Jackson-Lee of Texas. Mr. Chairman, let me just quickly say, I respectfully do not think that $225 million is enough to do it. One of the problems we have is we are suffering because we have such a great percentage of our dollars going to the
tax cut. I think we can do more. Certainly what we have is what the gentleman has been able to do, but I believe this disease is so deadly that adding additional funds is a priority and should be a priority when we talk about health care and also inequity in health care, and I thank the distinguished gentleman.

The CHAIRMAN. Does any other Member wish to be heard on the Jackson-Lee amendment?

If not, the question is on the amendment offered by the gentlewoman from Texas (Ms. JACKSON-LEE).

The question was taken; and the Chairman announced that the noes appeared to have it.

Ms. JACKSON-LEE of Texas. Mr. Chairman, I demand a recorded vote.

The CHAIRMAN. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentlewoman from Texas (Ms. JACKSON-LEE) will be postponed.

Are there any other amendments to this paragraph of the bill?

Mr. REGULA. Mr. Chairman, I ask unanimous consent that the remainder of the bill through page 42, line 7 be considered as read, printed in the RECORD and open to amendment at any point.

The CHAIRMAN. Is there objection to the request of the gentleman from Ohio?

There was no objection.

The text of the bill from page 28, line 16 through page 42, line 7 is as follows:

**National Institutes of Health**

**National Cancer Institute**

For carrying out section 301 and title IV of the Public Health Service Act with respect to research, $4,866,002,000, and for construction of the National Institutes of Health Clinical Center, $544,000,000.

**National Heart, Lung, and Blood Institute**

For carrying out section 301 and title IV of the Public Health Service Act with respect to cardiovascular, lung, and blood diseases, and blood and blood products, $2,689,059,000.

**National Institute of Dental and Craniofacial Research**

For carrying out section 301 and title IV of the Public Health Service Act with respect to dental disease, $391,080,000.

**National Institute of Diabetes and Digestive and Kidney Diseases**

For carrying out section 301 and title IV of the Public Health Service Act with respect to diabetes and digestive and kidney disease, $1,724,190,000.

**National Institute of Neurological Disorders and Stroke**

For carrying out section 301 and title IV of the Public Health Service Act with respect to neurological disorders and stroke, $1,545,029,000.

**National Institute of Allergy and Infectious Diseases**

(INCLUDING TRANSFER OF FUNDS)

For carrying out section 301 and title IV of the Public Health Service Act with respect to infectious diseases, $4,440,007,000: Provided, That $100,000,000 may be made available to International Assistance Programs, "Global Fund to Fight HIV/AIDS, Malaria, and Tuberculosis", to remain available until expended: Provided further, That up to $150,000,000 shall be for additional grants for the global AIDS program to enhance the Nation’s capability to do research on biological and other agents.

**National Institute of General Medical Sciences**

For carrying out section 301 and title IV of the Public Health Service Act with respect to general medical sciences, $1,959,810,000.

**National Institute of Child Health and Human Development**

For carrying out section 301 and title IV of the Public Health Service Act with respect to child health and human development, $1,280,915,000.

**National Eye Institute**

For carrying out section 301 and title IV of the Public Health Service Act with respect to eye diseases and visual disorders, $671,578,000.

**National Institute of Environmental Health Sciences**

For carrying out sections 301 and 311 and title IV of the Public Health Service Act with respect to environmental health sciences, $650,027,000.

**National Institute on Aging**

For carrying out section 301 and title IV of the Public Health Service Act with respect to aging, $1,055,866,000.

**National Institute of Arthritis and Musculoskeletal and Skin Diseases**

For carrying out section 301 and title IV of the Public Health Service Act with respect to arthritis and musculoskeletal and skin diseases, $315,378,000.

**National Institute on Deafness and Other Communication Disorders**

For carrying out section 301 and title IV of the Public Health Service Act with respect to deafness and other communication disorders, $389,567,000.

**National Institute of Nursing Research**

For carrying out section 301 and title IV of the Public Health Service Act with respect to nursing research, $139,198,000.

**National Institute on Alcohol Abuse and Alcoholism**

For carrying out section 301 and title IV of the Public Health Service Act with respect to alcohol abuse and alcoholism, $441,911,000.

**National Institute on Drug Abuse**

For carrying out section 301 and title IV of the Public Health Service Act with respect to drug abuse, $1,012,760,000: Provided, That in addition to amounts provided herein, $6,300,000 shall be available from amounts under section 241 of the Act to carry out National Institutes of Health grants program any amount for indirect expenses in connection with such grants.

**National Institute on Drug Abuse**

For carrying out section 301 and title IV of the Public Health Service Act with respect to health information communications, $316,947,000, of which $1,000,000 shall be available until expended for improvement of information systems.

For fiscal year 2005, the Library may enter into personal services contracts for the provision of services in facilities owned, operated, or controlled under the jurisdiction of the National Institutes of Health: Provided further, That in addition to amounts provided herein, $800,000 shall be available from amounts under section 241 of the Act to carry out National Institutes of Health grants program any amount for indirect expenses in connection with such grants.

**National Library of Medicine**

For carrying out the activities at the John E. Fogarty International Center, $67,182,000.

**National Library of Medicine**

For carrying out the responsibilities of the Office of the Director, the National Institutes of Health, $559,645,000: Provided, That not more than $176,800,000 shall be used to carry out section 217 of this Act: Provided, That funding shall be available for the purchase of not to exceed 29 passenger motor vehicles for replacement only: Provided further, That the Director may direct up to 1 percent of the total amount made available in this or any other Act to National Institutes of Health appropriations to activities the Director may so designate: Provided further, That no such appropriation shall be decreased by more than 1 percent for any such increment that the Congress is promptly notified of the transfer: Provided further, That the National Institutes of Health is authorized to collect third party payments for the cost of clinical services that are incurred in National Institutes of Health research facilities and that such payments shall be credited to the National Institutes of Health Management Fund: Provided further, That all funds credited to the National Institutes of Health Management Fund shall remain available for one fiscal year after the fiscal year in which they are deposited: Provided further, That a uniform percentage of the amounts appropriated in this Act to each Institute and Center, as determined by the Director and totaling not more than $176,800,000, may be utilized for the National Institutes of Health Roadmap Initiative from the Director’s discretionary fund: Provided further, That amounts utilized under the preceding proviso shall be in addition to amounts made available for the Roadmap Initiative from the Director’s discretionary fund: Provided further, That up to $50,000 shall be available to carry out section 499 of the Public Health Service Act.

**National Institute on Aging**

For carrying out the activities at the National Institute on Aging, $75,295,000.

**National Institute of Child Health and Human Development**

For carrying out section 301 and title IV of the Public Health Service Act with respect to minority health and health disparities research, $196,760,000.

**John E. Fogarty International Center**

For carrying out the activities at the John E. Fogarty International Center, $67,182,000.

**National Library of Medicine**

For carrying out the responsibilities of the Office of the Director, the National Institutes of Health, $559,645,000: Provided, That not more than $176,800,000 shall be used to carry out section 217 of this Act: Provided, That funding shall be available for the purchase of not to exceed 29 passenger motor vehicles for replacement only: Provided further, That the Director may direct up to 1 percent of the total amount made available in this or any other Act to National Institutes of Health appropriations to activities the Director may so designate: Provided further, That no such appropriation shall be decreased by more than 1 percent for any such increment that the Congress is promptly notified of the transfer: Provided further, That the National Institutes of Health is authorized to collect third party payments for the cost of clinical services that are incurred in National Institutes of Health research facilities and that such payments shall be credited to the National Institutes of Health Management Fund: Provided further, That all funds credited to the National Institutes of Health Management Fund shall remain available for one fiscal year after the fiscal year in which they are deposited: Provided further, That a uniform percentage of the amounts appropriated in this Act to each Institute and Center, as determined by the Director and totaling not more than $176,800,000, may be utilized for the National Institutes of Health Roadmap Initiative from the Director’s discretionary fund: Provided further, That amounts utilized under the preceding proviso shall be in addition to amounts made available for the Roadmap Initiative from the Director’s discretionary fund: Provided further, That up to $50,000 shall be available to carry out section 499 of the Public Health Service Act.

**Building and Facilities**

(INCLUDING TRANSFER OF FUNDS)

For the study of, construction of, renovation of, and acquisition of equipment for, facilities of or used by the National Institutes
of Health, including the acquisition of real property, $99,500,000, to remain available until expended.

**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION**

**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES**

For carrying out titles V and XIX of the Public Health Service Act with respect to substance abuse and mental health services, the Protection and Advocacy for Mentally Ill Individuals Act, and section 301 of the Public Health Service Act with respect to program management, $2,370,360,000: Provided, That in addition to amounts made available herein, the following amounts shall be available from amounts available under section 241 of the Public Health Service Act: (1) $2,370,360,000 to carry out subpart II of title XIX of the Public Health Service Act to fund section 1935(b) technical assistance, data collection and evaluation activities, and further that the total amount made available under this Act for section 1935(b) activities shall not exceed 5 percent of the amount appropriated for subpart II of title XIX; (2) $21,803,000 to carry out subpart I of part B of title XIX of the Public Health Service Act to fund section 1920(b) technical assistance, data collection and evaluation activities, and further that the total amount available under this Act for section 1920(b) activities shall not exceed 5 percent of the amount appropriated for subpart I of part B of title XIX; (3) $16,000,000 to carry out national surveys on drug abuse; and (4) $4,500,000 for substance abuse treatment programs.

**AGENCY FOR HEALTHCARE RESEARCH AND QUALITY**

**HEALTHCARE RESEARCH AND QUALITY**

For titles III and IX of the Public Health Service Act, and part A of title XI of the Social Security Act, amounts received from Freedom of Information Act fees, and for research, intergovernmental agreements, and the sale of data shall be credited to this appropriation and shall remain available until expended: Provided, That the amount made available pursuant to section 927(c) of the Public Health Service Act shall not exceed $303,695,000.

**CENTERS FOR MEDICARE AND MEDICAID SERVICES**

**GRANTS TO STATES FOR MEDICAID**

For carrying out, except as otherwise provided, titles XI and XIX of the Social Security Act, $119,124,488,000, to remain available until expended.

For making, after May 31, 2005, payments to States under title XIX of the Social Security Act for the last quarter of fiscal year 2005 for unanticipated costs, incurred for the current fiscal year, such sums as may be necessary.

For making payments to States or in the case of section 1928 on behalf of States under title XII of the Social Security Act for the first quarter of fiscal year 2006, $58,517,290,000, to remain available until expended.

For carrying out subsections (d) and (e) of section 1938 of the Social Security Act, any amounts received by the Secretary in connection with loans and loan guarantees under title XII of the Public Health Service Act, to be available to States for the fiscal year for the payment of outstanding obligations. During fiscal year 2005, no commitments for direct loans or loan guarantees shall be made.

**ADMINISTRATION FOR CHILDREN AND FAMILIES**

**PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS**

For making payments to States for or other non-Federal entities under titles I, IV-D, X, XI, XIV, and XVI of the Social Security Act and the Act of July 5, 1960 (24 U.S.C. ch. 9), $2,673,802,000, to remain available until expended for the first quarter of fiscal year 2006, $1,200,000,000, to remain available until expended.

For making payments to each State for carrying out the program of Aid to Families with Dependent Children under title IV-A of the Social Security Act before the effective date of such title, pursuant to section 301 of the Public Health Service Act, and to Needy Families (TANF) with respect to such State, such sums as may be necessary: Provided, That the sum of the amounts available to a State with respect to such title IV-A in fiscal year 1997 under this appropriation and under such title IV-A as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 shall not exceed the limitations under section 116(b) of such Act.

For making, after May 31 of the current fiscal year, payments to non-Federal entities under titles I, IV-D, X, XI, XIV, and XVI of the Social Security Act and the Act of July 5, 1960 (24 U.S.C. ch. 9), for the last 3 months of the current fiscal year, for unanticipated costs, incurred for the current fiscal year, such sums as may be necessary.

**THE CHAIRMAN. Are there amendments to this section of the bill? If not, the Clerk will read.**

The Clerk read as follows:

**LOW-INCOME HOME ENERGY ASSISTANCE (INCLUDING TRANSFER OF FUNDS)**

For carrying out low-income home energy assistance activities, $2,227,000,000: Provided, That the total amount provided under this heading, $1,900,000,000 shall be for the low-income home energy assistance program under title XXVI of the Omnibus Reconciliation Act of 1981 (42 U.S.C. 8621 et seq.): Provided further, That of the total amount provided under this heading, $1,900,000,000, to remain available until expended, shall be for the low-income home energy assistance program under title XXVI of the Omnibus Budget Reconciliation Act of 1981 (42 U.S.C. 8621 et seq.) for the unanticipated home energy assistance needs of one or more States, as authorized by section 260(e) of such Act, and notwithstanding the designation requirement of section 260(e) of such Act: Provided further, That of the total amount provided under this heading, $227,000,000 is hereby transferred to the Department of Energy for the weatherization assistance program under part E of title IV of the Conservation and Production Act (42 U.S.C. 8661 et seq.), and shall remain available until expended.

**AMENDMENT OFFERED BY MR. SANDERS**

Mr. SANDERS. Mr. Chairman, I offer an amendment.

The Clerk read as follows:

Amendment offered by Mr. SANDERS: Page 42, line 11, after the dollar amount insert "(increased by $11,000,000)".

Page 42, line 12, after the dollar amount insert "(increased by $1,100,000,000)".

Page 42, line 25, after the dollar amount insert "(increased by $11,000,000)".

Page 50, line 12, after the dollar amount insert "(reduced by $26,000,000)".

Mr. SANDERS. Mr. Chairman, let me begin by thanking the gentleman from Ohio (Chairman REGULA) and the gentleman from Wisconsin (Ranking Member OBEY) for their very, very hard work on this important bill.

Mr. Chairman, as I think every American from Vermont to California knows, in a couple of weeks as winter approaches, people are going to have a very, very rude surprise when they try to amount provide for their heating bills. I do not have to tell anybody here or anybody in America that the cost of home heating fuels are skyrocketing...
out of control, and I do not have to tell anybody here that millions and millions of Americans are going to find it increasingly difficult to pay these outrageously high costs in order to keep warm this winter.

Mr. Chairman, according to the Energy Information Administration, the price of heating oil, natural gas and propane are expected to skyrocket. They are going to go off the wall.

The amendment that I am offering today provides relief to hundreds of thousands of families by increasing funding for the highly successful and widely supported Low Income Home Energy Assistance Program, the LIHEAP program, as well as the Weatherization Assistance Program, by $22 million. This increase, I should point out to my friends, would still be $42 million below the President’s request. The amendment would be offset by a $26 million reduction in departmental management at the Department of Health and Human Services, which would still provide, with that reduction, level funding for this program.

This amendment has tripartisan support and is being cosponsored by my colleagues, the gentleman from Connecticut (Mr. SIMMONS), the gentleman from New Hampshire (Mr. BRADLEY), the gentleman from Massachusetts (Mr. MARKEY), and the gentleman from New York (Mrs. MCCARTHY), the gentleman from New Hampshire (Mr. BRADLEY), the gentleman from Massachusetts (Mr. MARKEY), and the gentleman from New York (Mrs. MCCARTHY).

Mr. Chairman, from California to Vermont, every American knows that energy costs are only going to go up this winter. Here is what the Energy Information Administration is predicting: Compared to the winters of 1998 to 2000, the price of natural gas will be 55 percent higher; the price of heating oil will be 45 percent higher; and the price of propane will be 41 percent higher.

LIHEAP is the primary program that provides assistance to help lower-income families pay their energy bills, and there has been no time when more people are going to need LIHEAP assistance than now. We are facing a crisis, and if we do not act, large numbers of Americans could well go cold this winter.

Mr. Chairman, in this country no American family should go without heat this winter. Not one senior citizen should choose between heating their homes and paying for the prescription drugs they need.

Mr. Chairman, LIHEAP and weatherization enjoy broad bipartisan support in Congress. Last March, more than 70 Members of both the House and Senate, including 20 Republicans, cosigned letters calling for $3 billion in funding for LIHEAP. Even if this amendment were signed into law, LIHEAP would still be more than $500 million short of that mark.

Similar amendments that I have offered in the past to increase funding for weatherization have been very successful because I think they have strong tripartisan support, understanding that it is absurd that people lose their heat through faulty windows or roofs, and that it makes sense economically and environmentally to substantially increase the money in this program.

Mr. Chairman, for those of us concerned about protecting the financial well-being of lower-income Americans and for those of us concerned about the environment, this is a very important amendment. It would mean that more homes throughout this country energy-efficient through proper insulation. This is good for low-income people, it is good for the government, it is good for our environment.

The weatherization program also creates good-paying jobs, increases property values, and decreases U.S. energy use by the equivalent of some 15 million barrels of oil every year.

Under this program, 105,000 homes will be weatherized this year, but much more can and must be done, and while 48 million families received LIHEAP assistance this year, over 25 million eligible families did not receive any help due to lack of funding from the Federal Government.

Mr. Chairman, we can do better than that, we must do better than that, and I urge my colleagues to vote “yes” on this important amendment.

Mrs. MCCARTHY of New York. Mr. Chairman, I move to strike the last word.

I rise in support of the Sanders-Simmons-McCarthy amendment and am honored to be a cosponsor.

This vital amendment would increase funding for the Low Income Energy Assistance Program and Weatherization Assistance Program by $26 million.

Recent predictions indicate that this winter may be one of the harshest in many years in the Northeast, and the Energy Information Administration is predicting the price of heating oil, natural gas and propane will skyrocket. By the way, those prices have already skyrocketed.

LIHEAP provides the needed warmth for our most vulnerable communities, the poor, the elderly and the disabled. These disadvantaged communities are also, unfortunately, the most affected by gun violence.

When we have seen over the last several months that unemployment has gone up in certain areas of our country, our seniors are facing higher medical costs, higher prescription drug costs, now a 17 percent increase on their Medicare. Adding any little bit, amount, as far as increases on heating is going to be a problem for them.

As my colleague from Vermont has said, there is no one in this country that should be cold, but also another thing that happens, unfortunately, in this poorest of the poor communities is the gun violence we see on a daily basis. I could speak about that in my own district of Long Island. I know they say the suburban areas do not have gun violence. Well, unfortunately, after September 13 we are probably going to start seeing an increase of that because we are not allowed to bring up the assault weapons bill here on the House floor.

It is a shame that our seniors and our most vulnerable, who are our children and the poor that live in the communities, will be facing these guns again. It is a shame that our police officers who patrol these areas will also be facing these problems again.

I am sorry that we are not allowed to bring up the assault weapons bill that will expire on September 13. I hope that the leadership will change its mind.

Mr. REGULA. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I want to point out that we recognized in our bill the importance of LIHEAP. We did increase it by $111 million over last year. The formula grant in the bill is now $1.9 billion, a lot of money, and that is the formula grants that go right out to the States. In addition, there is $100 million for the contingent emergency fund, and, lastly, in the weatherization and LIHEAP, the formula grant to us from the Subcommittee on the Interior and Related Agencies, we are funded at $227 million.

None of us know exactly what the needs will be in the coming winter. It could be severe, it could be mild; and if it is a mild winter, I think this is more than adequate. If it is a severe winter, we may want to do a supplemental appropriation.

Mr. SANDERS. Mr. Chairman, will the gentleman yield?

Mr. REGULA. I yield to the gentleman from Vermont.

Mr. SANDERS. Mr. Chairman, I thank my friend for his support for these programs over the years, and I am not going to argue with him about the value of these programs because I know he appreciates the value of the programs.

But what my friend cannot deny is that the cost of heating fuels are skyrocketing. There is no debate about that, and the problem is that if we simply increase weatherization and LIHEAP by a little bit, it is not going to keep up with 30, 40, 50 percent increases in home heating fuel. I want to raise with my friend the fact that heating fuels are soaring will mean that fewer dollars will be available to people, or we are going to have to cut back on the number of people that we provide the programs.

All I am doing, this is not a multibillion-dollar increase, and I know my friend’s heart is in the right place on this issue. It is a relatively modest increase of $22 million. I would appreciate support for it.

Mr. REGULA. Mr. Chairman, reclaiming my time, it seems easy to take this out of the administrative

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people living in poverty has increased by 4.3 million, and the median family income has dropped by over $1,500. The median family is the exact midpoint among our roughly 100 million American families, and all families with income below that median family’s income are already struggling to pay high and rising gasoline and health care costs.

So the Low-Income Home Energy Assistance Program, the LIHEAP program, is the primary program that provides income assistance for families who pay their energy bills. There has been no time when more people are going to need LIHEAP assistance than now. This amendment would provide modest, but important, relief to thousands of these families by increasing funding for the LIHEAP and Weatherization Assistance Program by about $22 million. The increase proposed by this amendment would still leave that LIHEAP account $42 million below the President’s request, but it could help thousands of low-income families pay their energy bills.

Mr. OLIVER. Mr. Chairman, I move to strike the requisite number of words. Mr. Sanders, I want to express my support of the amendment of the gentleman from Vermont, and thank also the chairman, the gentleman from Ohio (Mr. REGULA), for his support of LIHEAP funding, both in this budget and in the past. However, given the recent run-up in the cost of all kinds of petroleum products, gasoline, to say nothing of natural gas and the price of oil, this is a very important issue for all of us in the Northeast and in the cold-weather States.

Before I became a Member of Congress, I served in the New Hampshire legislature, and I chaired the committee that dealt with all of the energy issues, so I know firsthand how important LIHEAP funding on a Federal basis is for all of the cold-weather States. We have seen over the last several years the price of natural gas increase by over 50 percent, the price of oil by 45 percent, propane by 40 percent, and the stick to heat an average home this winter with natural gas, oil, and propane. So this modest amount of money, $22 million, which would come out of overhead and administration, is very important to my region of the country, and I ask my colleagues to support this amendment.

Mr. SIMMONS. Mr. Chairman, I rise to support this important amendment, which I am pleased to join in cosponsoring. This amendment would provide a modest boost to the funding levels for these two programs—$11 million more for LIHEAP and $11 million more for Weatherization. This additional funding is desperately needed, but it would still leave many needs unmet. LIHEAP needs $1 billion more for this level in this bill to simply maintain the purchasing power it enjoyed in 1982. Meanwhile, we are seeing greatly increased volatility in oil and natural gas markets which threaten consumers with higher home heating prices this winter. The Department of Energy reports that consumers are expected to pay 25 percent more for natural gas; 45 percent more for heating oil; and 41 percent more for propane than they did in the years between 1998 and 2000. As a result, heating a home with natural gas will cost an average of $1,049 this winter; heating with fuel oil will cost $1,094; and, heating with propane will cost $1,361.

According to the Census Bureau, nearly 36 million Americans—including almost 13 million Americans—would face severe hardships this winter because of high fuel costs.
children—now live in poverty. That is an increase of over a million people in the last year alone. Faced with a growing number of families in poverty, the Republican leadership has brought to the floor an appropriations bill that does little to help those Americans who have fallen behind the passage of utility bills—which will indeed be postponed. Many families and seniors will once again be faced with the difficult decision between heating and eating.

Two crucial programs that help low-income families and seniors deal with the high cost of heating their homes in the winter are the Low Income Home Energy Assistance Program (LIHEAP) and the Weatherization Assistance Program. This appropriations bill’s funding levels for these two crucial programs are inadequate to meet the current and growing needs of low-income Americans. Republicans reject requests from legislators representing warm and cold climates to raise LIHEAP’s funding to $3 billion, but this appropriations bill is nowhere near that level of funding. I urge my colleagues to pass this amendment today as a first step to meeting LIHEAP needs in the very near future. We owe the low-income families that rely on this program no less.

I urge adoption of the amendment.

The CHAIRMAN. Does any other Member wish to be heard on the Sanders amendment?

If not, the question is on the amendment offered by the gentleman from Vermont (Mr. SANDERS).

The question was taken; and the Chairman announced that the noes appeared to have it.

Mr. SANDERS. Mr. Chairman, I demand the recorded vote.

The CHAIRMAN. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from Vermont (Mr. SANDERS) will be postponed.

Are there further amendments to this paragraph of the bill?

If not, the Clerk will read.

The Clerk read as follows:

PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT BLOCK GRANT

For carrying out sections 658A through 658R of the Omnibus Budget Reconciliation Act of 1981 (The Child Care and Development Block Grant Act), $710,088,000 shall be used to supplement, not supplant state general revenue funds for child care assistance for low-income families: Provided, That $120,000,000 shall be available to support resource and referral and school-aged child care activities, of which $1,000,000 shall be for the Child Care Aware toll-free hotline: Provided further, That to the amounts required to be reserved by the States under section 658G, $272,672,000 shall be reserved by the States for activities authorized under which $100,000,000 shall be for activities that improve the quality of infant and toddler care: Provided further, That $9,864,000 shall be for the Secretary for child care research, demonstration, and evaluation activities.

SOCIAL SERVICES BLOCK GRANT

For making grants to States pursuant to section 2002 of the Social Security Act, for carrying out section 462 of the Homeland Security Act of 2002 for grants to States to support data collection and evaluations (including longitudinal evaluations) hereunder for abstinence education for adolescents, $710,088,000 shall be available to carry out the provisions of section 1110 of the Social Security Act; Provided further, That to the extent Community Services Block Grant funds are distributed as grant funds by a State to an entity for activities provided under the Act, and have not been expended by such entity, they shall remain with the original grant: Provided further, That funds appropriated for section 680(a)(2) of the Community Services Block Grant Act, as amended, shall be available for financing construction and rehabilitation and loans or investments in private business enterprises owned by community development corporations; Provided further, That $55,000,000 is for a compassion capital fund to provide grants to charitable organizations to emulate model social service programs and to purchase research contracts or services of social service organizations; Provided further, That $15,000,000 shall be for activities authorized by the Help America Vote Act of 2002 of which $10,000,000 for payments to States to promote access for voters with disabilities, and of which $5,000,000 shall be for payments to States for protection and services for individuals with disabilities: Provided further, That $10,000,000 is only for making competitive grants to provide abstinence education as defined by section 516(b)(2) of the Social Security Act) to adolescents, and for Federal costs of administering the grant: Provided further, That $10,000,000 shall be for payments to States to support data collection for a study of the system’s effectiveness.

promoting safe and stable families

For carrying out section 436 of the Social Security Act, $350,000,000 and for section 437, $105,000,000.

Payments to States for Foster Care and Adoption Assistance

For making payments under the Safe Families Act of 1997 (Public Law 105–89), the Adoption and Safe Families Act of 1997 (Public Law 105–89), sections 1201 and 1202 of the Children’s Health Act of 2000, the Abandoned Infants Assistance Act of 1988, sections 261 and 291 of the Help America Vote Act of 2002, part B(1) of title IV and sections 413, 429A, 1110, and 1115 of the Social Security Act, and sections 40155, 40211, and 40241 of Public Law 105–32, for making grants to States to support data collection and evaluations (including longitudinal evaluations) hereunder for abstinence education for adolescents, $1,767,200,000 to the extent Community Services Block Grant funds are distributed as grant funds by a State to an entity for activities provided under the Act, and have not been expended by such entity, they shall remain with the original grant: Provided further, That funds appropriated for section 680(a)(2) of the Community Services Block Grant Act, as amended, shall be available for

September 8, 2004
the Nutrition Services Incentive Program;" after "reactions;".
Page 50, line 12, insert "(reduced by $10,000,000)" after the dollar amount.
Mr. STUPAK (during the reading). Mr. Chairman, I so con-
sent that the amendment be considered as read and printed in the RECORD.
The CHAIRMAN. Is there objection to the request of the gentleman from Michigan?
There was no objection.
Mr. STUPAK, Mr. Chairman, I rise to offer an amendment to increase fund-
ing for seniors' meals programs by $10 million. The Meals on Wheels program is a critical lifeline to our Nation's sen-
iors who are most in need of our assist-
ance.
The bill includes $730 million for sen-
or nutrition programs, $16 million more than last year, or a 2.2 percent in-
crease. I wish to thank the chairman, Mr. REGULA, and the ranking member, the gen-
tleman from Wisconsin (Mr. OBEY), for including these additional funds and rec-
ognizing the importance of these programs to our seniors. I am offering this amendment because, despite the increase in the bill, the funding falls far too short.
I am sure that all of us have met and spoken with seniors in our districts. I am sure that the seniors have told my colleagues how much they depend on the Nutrition Services Incentive Program by $10 million to $160 million. The House approved a similar amendment of mine back in 2001. Unfortunately, that amendment back in the 2001 appropriation bill to increase funding for the program to $160 million was dropped in conference. That was 4 years ago, and funding for senior meals programs has stayed basi-

I encourage NIH to move expedi-
tiously to finalize its proposal after considering the comments it receives on its policy. The public deserves noth-
ing less.
Mr. ISTOOK. Reclaiming my time, Mr. Chairman, I thank the gentleman for his comments. The CHAIRMAN. The Clerk will read. The Clerk reads as follows:
ADMINISTRATION ON AGING
AGING SERVICES PROGRAMS
For carrying out, to the extent not other-
wise provided, the Older Americans Act of 1965, as amended, and section 302 of the Public

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be cut last year because of lack of funding. These decreases in funding ignore the 25 percent increase in the number of Americans who are expected to be eligible for the Older Americans Act programs in the next 5 years.

It is critical that we include the highest level of funding possible for senior nutrition programs. I understand and I appreciate the work of the committee and what they have done to increase funding. I appreciate the fact that both the ranking member and the chairman have indicated that, if possible, they will try to increase funding in the conference report.

Mr. Chairman, I will ask unanimous consent to withdraw my amendment with the understanding that we will continue to work to increase funding in the future. This program is critically important to our seniors. While I appreciate the appropriators’ work, I think we need to continue to highlight the concerns that we have for the lack of funds for the Senior Meal Program.

Mr. Chairman, I ask unanimous consent to withdraw my amendment. The amendment is withdrawn.

There was no objection.

Mrs. McCARTHY of New York. Mr. Chairman, I move to strike the last word.

Mr. Chairman, when I hear my colleagues from both sides of the aisle offering all of these amendments obviously to help our constituents from all over the country, and I thank my chairman and the ranking member for working so hard to bring us everything we need. I think more of us as Members should sit here instead of trying to watch this on television. I know that we are working very hard to keep the people of the United States comfortable to know that they have a job to do and do research to keep them healthy, and yet we have a program in place that is going to expire on September 13, which is the assault weapons bill. Yet we are not allowed to bring it up on the floor to talk about it. That is a shame. This is something that is working, does not cost any money, and yet as Members of Congress we are not allowed to bring the bill up for a vote, and the American people want it.

I thank the committee and subcommittee for doing the good work they are doing, but I wish we could debate the assault weapons ban. The police officers on the street want to keep this ban in place. The health care professionals want to keep this ban in place. Every help organization wants to keep this ban in place. All of the different organizations which represent children want to keep the ban in place. I do not understand why we do not bring that issue to the floor for a vote. I hope by Monday, September 13, the White House will heed our call. I hope that the Speaker of the House will heed our call and answer to the American people.

The CHAIRMAN. The Clerk will read. The Clerk read as follows:

OFFICE OF INSPECTOR GENERAL

For expenses necessary for the Office of Inspector General, including the hire of passenger motor vehicles for investigations, in carrying out section 1110 of the Social Security Act, $60,323,000: Provided, That of such amount, necessary sums are available for providing protective services to the Inspector General when investigating the non-payment of child support cases for which non-payment is a Federal offense under 18 U.S.C. 226.

OFFICE FOR CIVIL RIGHTS

For expenses necessary for the Office for Civil Rights, $32,043,000, together with not to exceed $3,314,000, transferred and expended as authorized by section 201(g)(1) of the Social Security Act from the Hospital Insurance Trust Fund and the Supplemental Medical Insurance Trust Fund.

POLICY RESEARCH

For carrying out, to the extent not otherwise provided for by the Public Health Service Act, section 1110 of the Social Security Act and title III of the Public Health Service Act, $20,750,000, which shall be available from amounts available under section 420a of the Social Security Act to carry out national health or human services research and evaluation activities: Provided, That the expenditure of any of the funds authorized by section 241 of the Public Health Service Act is subject to the requirements of section 206 of this Act.

Retirement Pay and Medical Benefits for Commissioned Officers

For retirement pay and medical benefits of Public Health Service Commissioned Officers as authorized by law, for payments under the Retired Serviceman’s Family Protection Plan, for medical care of dependents and retired personnel under the Dependents’ Medical Care Act (10 U.S.C. ch. 55 and 56), and for payments pursuant to section 229(b) of the Social Security Act (42 U.S.C. 429(b)), such amounts as may be required during the current fiscal year. The following are definitions for the medical benefits of the Public Health Service Commissioned Officers that apply to 10 U.S.C. chapter 55, section 1116(c). The source of funds for the monthly accrued payments into the Department of Veterans Affairs Eligible Retiree Health Care Fund shall be the Retirement Pay and Medical Benefits for Commissioned Officers.

For retirement pay and medical benefits of Public Health Service Commissioned Officers who are retired for age, disability, or length of service; payments to survivors of deceased officers; medical care to active duty and retired members and dependents and beneficiaries, and for payments to the Social Security Administration for military service credits; all of which payments are provided for by the Retirement Pay and Medical Benefits for Commissioned Officers.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

(INCLUDING TRANSFER OF FUNDS)

For expenses necessary to support activities related to bioterrorism, biological, chemical, disease, nuclear, radiological, and chemical threats to civilian populations, $1,842,427,000: Provided, That this amount is distributed, as follows: Centers for Disease Control and Prevention, $1,187,760,000; Office of the Secretary, $64,438,000; National Institutes of Health, $47,400,000; and Health Resources and Services Administration, $524,629,000: Provided further, That employees of the Centers for Disease Control and Prevention or the Public Health Service, both civilian and Commissioned Officers, detailed to States or municipalities, or other organizations under authority of section 214 of the Public Health Service Act, whose activities related to homeland security, shall be treated as non-Federal employees for reporting purposes only and shall not be included within any Federal civilian or Federal employee payroll statistics, Agenecy, Service, or the Department of Health and Human Services during the period of detail or assignment.

In addition, $450,000,000, to remain available until expended, for the Strategic National Stockpile: Provided, That subject to 31 U.S.C. 1531, there shall be transferred to the Department of Health and Human Services the assets, unexpended balances (including those from appropriations authorized under section 1213 of Public Law 107-188 and amendments made by section 623(i) of the Public Health and Social Services Emergency Fund), $69,000,000, to remain available until expended.

GENERAL PROVISIONS

Snc. 201. Funds appropriated in this title shall be available for not to exceed $50,000 for official reception and representation expenses when specifically approved by the Secretary.

Snc. 202. The Secretary shall make available through assignment not more than 60 employees of the Service to assist in child survival activities and to work in AIDS programs through and with funds provided by the Agency for International Development, the United Nations International Children’s Emergency Fund or the World Health Organization.

Snc. 203. None of the funds appropriated under this Act may be used to implement section 399F(b) of the Public Health Service Act or section 1503 of the National Institutes of Health Revitalization Act of 1993, Public Law 103-43.

Snc. 204. None of the funds appropriated in this Act for the National Institutes of Health for Research on Women’s Health and Quality, and the Substance Abuse and Mental Health Services Administration shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level I.

Snc. 205. None of the funds appropriated in this Act for Head Start shall be used to pay the compensation of an individual, other than direct costs or any proration as an indirect cost, at a rate in excess of Executive Level II.

Snc. 206. None of the funds appropriated in this Act may be expended pursuant to section 241 of the Public Health Service Act, except for funds specifically provided for in this Act, or for other taps and assessments made by any office located in the Department of Health and Human Services, prior to the Secretary’s preparation and submission of a report to the Committee on Appropriations of the Senate and of the House detailing the planned uses of such funds.

Snc. 207. Notwithstanding section 241(a) of the Public Health Service Act, such portion of the Act shall be made available for the evaluation (directly, or by grants or contracts) of...
the implementation and effectiveness of such programs.

(TRANSFER OF FUNDS)

SEC. 208. Not to exceed 1 percent of any discretionary funds (pursuant to the Balanced Budget and Deficit Control Act of 1985, as amended) which are appropriated for the current fiscal year for the Department of Health and Human Services in this Act may be transferred between appropriations, but no such appropriation shall be increased by more than 3 percent by any such transfer: Provided, That the appropriation may be increased by up to 2 percent subject to approval by the House and Senate Committees on Appropriations: Provided further, That the Appropriations Committees of both Houses of Congress are notified at least 15 days in advance of any transfer.

SEC. 209. The Director of the National Institutes of Health, jointly with the Director of the Office of AIDS Research, may transfer up to 3 percent among institutes and centers from the total amounts identified by these two Directors as funding for research pertaining to the human immunodeficiency virus: Provided, That the Congress is promptly notified of the transfer.

SEC. 210. Of the funds made available in this Act for the National Institutes of Health, the amount for research related to the human immunodeficiency virus, as jointly determined by the Director of the National Institutes of Health and the Director of the Office of AIDS Research, shall be made available to the “Office of AIDS Research” account within the Office of the Director of AIDS Research. The funds shall be transferred from each account amounts necessary to carry out section 233(d)(3) of the Public Health Service Act.

SEC. 211. Funds appropriated in this Act may be made available to any entity under title X of the Public Health Service Act 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. 212. None of the funds appropriated by this Act (except funds appropriated by a trust fund) may be used to carry out the Medicare+Choice program if the Secretary denies participation in such program to an entity (including a Medicare+Choice Program Sponsor Organization) because the entity informs the Secretary that it will not provide, pay for, provide coverage of, or provide care to individuals: Provided, That the Secretary shall make appropriate prospective adjustments to the capitation payment to such an entity (based on an actuarially sound estimate of the expected costs of providing the service to such entity’s enrollees): Provided further, That nothing in this section shall be construed to change the Medicare program’s coverage for such services and a Medicare+Choice organization described in this section shall be responsible for informing enrollees where to obtain information about all Medicare covered services.

SEC. 213. Notwithstanding any other provision of law, no provider of services under title XXI of the Social Security Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

SEC. 214. (a) Except as provided by subsection (e) none of the funds appropriated by this Act may be used to withhold substance abuse funding pursuant to section 1996 of title XIX of the Social Security Act, or to reduce any allotment to a State for such purposes: Provided, That the Secretary of Health and Human Services by May 1, 2005 that the State will commit additional State funds, in accordance with subsection (b), to ensure compliance with State laws prohibiting the sale of tobacco products to individuals under 18 years of age.

(b) The amount of funds to be committed by a State shall be equal to 1 percent of such State’s substance abuse block grant allocation for each percent point by which the State exceeds the retailer compliance rate established by the Secretary of Health and Human Services under section 1926 of such Act.

(c) The Secretary shall expend in fiscal year 2005 for tobacco prevention programs and for compliance activities at a level that is not less than the level of expenditures for such programs by such State in fiscal year 2004, and adding to that level the additional funds for tobacco compliance activities required under subsection (a). The State is to submit a report to the Secretary on all fiscal year 2004 State expenditures and all fiscal year 2005 obligations for tobacco prevention programs in the activities by program activity by July 31, 2005.

(d) The Secretary shall exercise discretion in enforcing the timing of the State obligations as determined by the certification described in subsection (a) as late as July 31, 2005.

(e) None of the funds appropriated by this Act may be used to withhold substance abuse funding pursuant to section 1926 from a territory that receives less than $1,000,000.

SEC. 215. The Centers for Disease Control and Prevention to carry out international health activities, including HIV/AIDS and other infectious disease, chronic and environmental disease, and other health activities abroad during fiscal year 2005, the Secretary of Health and Human Services shall:

(1) exercise authority equivalent to that available to the Secretary of State in section 21(c) of the Department of State Basic Authorities Act of 1956 (22 U.S.C. 2666(c)): Provided, That the Secretary shall cooperate fully with the Secretary of Health and Human Services to ensure that the Department of Health and Human Services has sole authority to pay for, provide, pay for, provide coverage of, or pro vide care to such activities:

(2) is authorized to provide funds for advance or reimbursement to the Secretary of State as may be necessary to pay the costs of equipment, renovation, and management of facilities outside of the United States for the use of the Department of Health and Human Services.

The Department of State shall cooperate fully with the Secretary of Health and Human Services to ensure that the Department of Health and Human Services has sole authority to pay for, provide, pay for, provide coverage of, or provide care to such activities.

SEC. 216. None of the funds appropriated by this Act may be used to enter into transactions (other than contracts, cooperative agreements, or grants) to carry out research in support of the NIH Roadmap Initiative of the National Institutes of Health unless the Director determines to be appropriate to obtain assessments of scientific and technical merit. Such proposals shall apply to such transactions in lieu of the peer review and advisory council review procedures that would otherwise be required under sections 301(a)(3), 405(b)(1)(B), 405(b)(2), 406(a)(3)(A), 492, and 494 of the Public Health Service Act (42 U.S.C. 241, 248a(b)(1)(B), 248a(b)(2), 248a(a)(3)(A), 265n, and 230c).

SEC. 217. (a) Authority—Notwithstanding any other provision of law, the Director of the National Institutes of Health may use funds available under section 402(c) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173) to enter into transactions (other than contracts, cooperative agreements, or grants) to carry out research in support of the NIH Roadmap Initiative of the National Institutes of Health unless the Director determines to be appropriate to obtain assessments of scientific and technical merit. Such proposals shall apply to such transactions in lieu of the peer review and advisory council review procedures that would otherwise be required under sections 301(a)(3), 405(b)(1)(B), 405(b)(2), 406(a)(3)(A), 492, and 494 of the Public Health Service Act (42 U.S.C. 241, 248a(b)(1)(B), 248a(b)(2), 248a(a)(3)(A), 265n, and 230c).

(b) Peer Review.—In entering into transactions under subsection (a), the Director of the National Institutes of Health may utilize such peer review procedures (including consultation with appropriate scientific experts) as the Director determines to be appropriate to obtain assessments of scientific and technical merit. Such proposals shall apply to such transactions in lieu of the peer review and advisory council review procedures that would otherwise be required under sections 301(a)(3), 405(b)(1)(B), 405(b)(2), 406(a)(3)(A), 492, and 494 of the Public Health Service Act (42 U.S.C. 241, 248a(b)(1)(B), 248a(b)(2), 248a(a)(3)(A), 265n, and 230c).

The unobligated balance of the funds appropriated by section 189(g) of the Social Security Act, as added by section 1016 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173), is rescinded.

Mr. REGULA (during the reading). Mr. Chairman, I ask unanimous consent that the remainder of the bill through page 63, line 13, be considered as read, printed in the RECORD, and open to amendment at any time.

The CHAIRMAN. Is there objection to the request of the gentleman from Ohio?

There was no objection.

The CHAIRMAN. Are there any amendments to the portion of the bill now open?

If not, the Clerk will read.

The Clerk read as follows:

SEC. 219. (a) CMS PROGRAM MANAGEMENT ACCOUNT.—The amount otherwise provided by this Act for “Centers for Medicare and Medicaid Services—Program Management” is hereby reduced by $5,000,000.

(b) MEDICARE CLAIMS PROCESSING FEE.—

(1) IN GENERAL.—Notwithstanding section 1842(c)(4) of the Social Security Act, each claim submitted by an entity furnishing items or services for which payment may be made under part A or part B of title XVIII of such Act is subject to a processing fee of $5.00 if that claim:

(A) is a claim that cannot be processed and must be returned by the medicare claims processing contractor involved to the individual or entity for completion or correction of the claim or additional information required to complete the claim;

(B) is a claim that cannot be processed and must be returned by the medicare claims processing contractor involved to the individual or entity for completion or correction of the claim or additional information required to complete the claim;

(C) is a claim that cannot be processed and must be returned by the medicare claims processing contractor involved to the individual or entity for completion or correction of the claim or additional information required to complete the claim;

(2) DEDUCTION AND TRANSFER.—The Secretary of Health and Human Services shall deduct any fees assessed pursuant to paragraph (1) against an individual or entity from amounts otherwise payable from a trust fund under such title to such individual or entity, and shall transfer the amount so deducted from such trust fund to the Program Management account of the Centers for Medicare & Medicaid Services.

(3) AVAILABILITY.—Fees collected under this subsection shall remain available until expended.
(5) EXCLUSION OF FERS IN ALLOWABLE COSTS.—An entity may not include a fee assessed pursuant to this subsection as an allowable item on a cost report under the Social Security Act.

(6) EFFECTIVE DATE.—This subsection shall apply to claims referred to in paragraph (1) submitted on or after a date, specified by the Secretary of Health and Human Services, that is not later than 3 months after the date of the enactment of this Act.

POINT OF ORDER

Mr. BILIRakis. Mr. Chairman, I make a point of order.

The CHAIRMAN. Mr. Chairman will state his point of order.

Mr. BILIRakis. Mr. Chairman, reluctantly, quite frankly, I raise this point of order, but it is necessary to do so.

My point of order is against section 216(b) of the bill on the grounds that this provision violates clause 2(b) of House rule XXI because it is legislation included in a general appropriations bill. The rule, as I understand it, does not protect against that.

My point of order is this proposes to change existing law and constitutes legislating in an appropriations bill and violates clause 2(b) of rule XXI.

The CHAIRMAN. Does any other Member wish to be heard on the point of order?

Mr. REGULA. Mr. Chairman, reluctantly we concede the point of order, but I would point out this is part of the President’s request. It is a management tool to let the user pay for a service being used by the government. But the gentleman is correct, it does violate the right of the authorizers to deal with this subject, and it is not a proper part of the bill.

The CHAIRMAN. The point of order is conceded and sustained. The proviso is stricken from the bill.

The Clerk will read.

The Clerk read as follows:

SEC. 220. The amount appropriated in this Act for “Centers for Disease Control and Prevention—Control and Prevention Research and Training” is hereby reduced by $15,000,000, to be derived from the amounts made available for administrative and related information technology expenses: Provided, That the Director of the Centers for Disease Control and Prevention shall determine the allocation of the reduction among Agency activities, and shall submit to the Committees on Appropriations a report specifying the proposed allocation.

SEC. 221. LIMITATION ON USE OF FUNDS; STUDY.

(a) LIMITATION ON FUNDS.—Notwithstanding any other provision of law, none of the funds appropriated by this Act or any other Act may be expended by the Secretary of Health and Human Services or by a Medicare fiscal intermediary or administrative contractor—

(1) to apply the criteria (commonly known as the “75 percent rule”) that are used to determine whether a hospital or unit of a hospital is an inpatient rehabilitation facility (as defined in section 1886(d)(1)(B) of the Social Security Act) for purposes of medicare payments for conditions such as arthritis and joint replacement which will qualify for this care, an important element in the overall recovery process. It is simply wrong not to do something about this.

(b) STUDY AND REPORT.—(1) The Secretary of Health and Human Services shall contract with the Institute of Medicine of the National Academy of Sciences to study and make recommendations (and submit a report under paragraph (3)—

(A) a clinical consensus on how to modernize the medicare criteria used to distinguish an inpatient rehabilitation facility from an acute care hospital and other providers of intensive medical rehabilitation;

and

(B) appropriate medical necessity criteria for determining clinical appropriateness of inpatient rehabilitation facility admission and discharge. The report is to be submitted by chapter 1, section 110 of the Medicare Benefit Policy Manual, the current capabilities of treatments and modalities performed by acute and post-acute providers, and the combined medical and functional needs of patients.

(2) Under such contract the Institute shall conduct a study of a multi-disciplinary group of expert researchers and clinicians in the field of medical rehabilitation.

(3) Under such contract the Institute shall submit a report to the Secretary and the Congress on the study and recommendations described in paragraph (1) not later than October 1, 2005.

AMENDMENT OFFERED BY MR. LOBIONDO

Mr. LOBIONDO. Mr. Chairman, I offer an amendment.

The Clerk read as follows:

Amendment offered by Mr. LOBIONDO:

In title II, amend section 221 (page 65, line 19, through page 68, line 2) to read as follows:

Sec. 221. Limitation on use of funds; study. (a) Limitation on funds.—Notwithstanding any other provision of law, none of the funds appropriated under title II of the Medicare and Medicaid Services—Program Management is hereby reduced by $3,500,000.

Amendment offered by Mr. LOBIONDO:

In title II, amend section 221 (page 65, line 19, through page 68, line 2) to read as follows:

Sec. 221. Limitation on use of funds; study. (a) Limitation on funds.—Notwithstanding any other provision of law, none of the funds appropriated under title II of the Medicare and Medicaid Services—Program Management is hereby reduced by $3,500,000.

Mr. LOBIONDO (during the reading). Mr. Chairman, I ask unanimous consent that the amendment be considered as read and printed in the RECORD.

The CHAIRMAN. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. LOBIONDO. Mr. Chairman, I rise today in strong support of the LoBiondo-Lowey-Wamp amendment. The gentleman from New York (Mrs. LOWEY) and the gentleman from Tennessee (Mr. WAMP) have joined together in trying to bring this to the attention of our colleagues.

Before I discuss the amendment, I would like to thank the gentleman from Florida (Mr. YOUNG) and the gentleman from Ohio (Mr. REGULA) for their support on this critical issue. I would also like to thank the gentleman from California (Mr. THOMAS) and the staff for their willingness to work with me and my colleagues on this issue, and to help in crafting an amendment which will help rehab patients across the country.

The LoBiondo-Lowey-Wamp amendment would halt the Centers for Medicare and Medicaid Services, CMS, on the implementation of the so-called 75 percent rule until a study is completed on the issue. As many know, rehabs provide essential care to patients recovering from conditions such as a stroke, hip replacement or cardiopulmonary disease. This policy, commonly known as the 75 percent rule, sets limits on which patients would be eligible for care at these facilities.

Under the current rule which went into effect on July 1, fewer Americans will have access to rehab care. This is because the current rule does not take into account the unique needs of patients and hospitals providing treatment for conditions such as arthritis and joint replacement which will qualify for this care, an important element in the overall recovery process. It is simply wrong not to do something about this.

In addition, access to rehab care for patients recovering from cancer, cardiac conditions, transplant and pulmonary conditions is also threatened.

This amendment is by no means the first attempt to deal with the issue. Over the past year, many Members of Congress not once, but twice has called on CMS to withhold implementation of the 75 percent rule until a thorough independent assessment by medical experts is completed.

The directive was included in both the Medicare Modernization Act passed last November and the fiscal year 2004 omnibus appropriations bill. Yet despite the will of Congress, CMS finalized the 75 percent rule in April and implemented it on July 1 without either commissioning a study in advance or making significant, much-needed updates.
Our amendment seeks to ensure that Congress’ intent is carried out and that patients across America continue to have access to the rehab care they need. It will ensure that experts in the field of rehabilitative care study the issue and make recommendations that will evolve for rehab hospitals and that reflects the advances medicine has made in the area of rehabilitative care.

I would like all of my colleagues to think what it would be like for them if they had to go to one of their constituencies for rehab care, and they were denied access to the rehab hospital in their district; or worse yet, that rehab hospital had to close. What would my colleagues think if they had a family member, someone in their family, that was denied rehabilitative care, very good care, because of a stupid rule that we were not able to fix? People across America who need these services will not accept that Congress stood back and did nothing when there is something we can do.

I thank all Members in this Chamber who have supported our efforts to change the 75 percent rule, and I urge Members to cast a yes vote for the LoBiondo-Lowey-Wamp amendment.

Mr. REGULA. Mr. Chairman, will the gentleman yield?

Mr. LOBIONDO. I yield to the gentleman from Ohio.

Mr. REGULA. Mr. Chairman, with the understanding that this has been cleared with the Committee on Ways and Means, we are prepared to accept this amendment.

Mr. LOBIONDO. Mr. Chairman, I thank the gentleman from Ohio.

Mrs. LOWEY. Mr. Chairman, I rise in support of the amendment.

First of all, I would like to thank our distinguished chairman because he has worked with us and understands the importance of this very critical issue in so many Members’ districts across the country. We are in strong support of the amendment, and I am appreciative for all of us who have been working together. Just a few words on it, and again I thank our chairman.

Last year CMS decided to change and reinstate the patient rehabilitation facilites 75 percent rule, a rule which was enforced inconsistently and intermittently until it was fully suspended in 2002 because rehabilitation care had evolved so far beyond the original rule’s edge. Sometimes we put limitations on things that need to be completely looked at and all the science needs to be brought to bear before this rule is actually implemented.

Let me just say that one of the greatest areas of innovation in our health care delivery system in this country is our rehabilitation hospitals where virtually every family in America has had somebody benefit from one of those hospitals, and they are wowed at what we are doing. It is a very fluid area of health care. It is changing every month because of new technologies and new procedures. Yet some of these rules are antiquated in these 13 categories. They need to be changed based on what is happening in health care, not a bean counter at OMB saying, we only have this much money or we want to reduce this much money, therefore, this is what you are going to be reimbursed for.

In our health care delivery system, we need to reimburse wherever the innovation is, wherever the patient is, wherever the need is, wherever the cure is; and that is what this does is allow science to prevail and not some arbitrary limitation that is set down the street by any administration or any government bureaucrat.

That is, frankly, why the Congress is doing this, because we are sensitive to these things; and, frankly, sometimes the Appropriations Committee can be very helpful by using the power of the money flow and the appropriations process to say, wait a second, stop the trains, we are going in the wrong direction.

This is a win-win. Congratulations to all and thanks especially to Ways and Means for letting us have this opportunity and to the gentlewoman from New York (Mrs. LOWEY) and the gentleman from New Jersey (Mr. LOBIONDO). It is always a pleasure to work with them.

Mrs. MCCARTHY of New York. Mr. Chairman, I move to strike the requisite number of words.

Mr. WAMP. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I will be very brief, just to add that this is one of those rare opportunities for the Appropriations Committee and the Ways and Means Committee to meet at the water’s edge. Sometimes we put limitations on appropriations bills and they strike those through a point of order, which they have the right to do here. Yet they chose to agree with us and say that this GAO study needs to be completed and all the science needs to be brought to bear before this rule is actually implemented.

Let me just say that one of the greatest areas of innovation in our health care delivery system in this country is our rehabilitation hospitals where virtually every family in America has had somebody benefit from one of those hospitals, and they are wowed at what we are doing. It is a very fluid area of health care. It is changing every month because of new technologies and new procedures. Yet some of these rules are antiquated in these 13 categories. They need to be changed based on what is happening in health care, not a bean counter at OMB saying, we only have this much money or we want to reduce this much money, therefore, this is what you are going to be reimbursed for.

In our health care delivery system, we need to reimburse wherever the innovation is, wherever the patient is, wherever the need is, wherever the cure is; and that is what this does is allow science to prevail and not some arbitrary limitation that is set down the street by any administration or any government bureaucrat.

That is, frankly, why the Congress is doing this, because we are sensitive to these things; and, frankly, sometimes the Appropriations Committee can be very helpful by using the power of the money flow and the appropriations process to say, wait a second, stop the trains, we are going in the wrong direction.

This is a win-win. Congratulations to all and thanks especially to Ways and Means for letting us have this opportunity and to the gentlewoman from New York (Mrs. LOWEY) and the gentleman from New Jersey (Mr. LOBIONDO). It is always a pleasure to work with them.

Mrs. MCCARTHY of New York. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I want to thank the chairman for accepting this amendment. It is extremely important for someone that has spent so much time in a rehab unit taking care of patients, even to the point of taking care of my son going back a number of years ago. Medical technology and the science of taking care of those that never had a chance to learn how to walk again or possibly feed themselves again is now possible. It is mainly because of rehab.

I know a lot of people think that they would lay around after a hip operation. Today you have a hip operation, and you go to a rehab unit. It actually saves money, mainly because the patient is getting the rehab that they need so they can get up and walk and have a quality-of-life issue.

On the other end of it, unfortunately going back not that many years ago, even for a simple hip operation, especially with the elderly, they ended up getting pneumonia and unfortunately needed more long-term care.

With that being said, the majority of our rehab hospitals and rehab units in an awful lot of our larger cities are filled, unfortunately, with patients because of gun violence in this country.

On September 13, we are going to see the assault weapons bill expire unless this Congress, the Speaker of the House, the President of the United States get involved and allow us to debate this. We can save billions of dollars just on health care costs if we can bring down gun violence. We have seen a 60 percent drop since the assault weapons bill was passed on the use of those guns on our officers in our communities.

Large capacity clips, we are going to have them back out on the streets again. These are the large capacity clips that we see our men and women using that are serving this country so well over in the war in Iraq. We saw yesterday in the paper where someone with a gun had a large capacity clip that had 50 rounds. This is what we are going to go back to unless we stop by September 13, on Monday, to be able to renew the ban on assault weapons, to protect our communities, protect our police officers and to a very, very large extent make our emergency rooms, make more room in the trauma centers, make more room in the rehab units, because today because
of medical technology. Thank goodness, people like my son are surviving these horrific wounds. A lot of our police officers are surviving these horrific wounds. But unfortunately the rehab, the expense to get those victims back on their feet certainly is extremely expensive.

The CHAIRMAN. The question is on the amendment offered by the gentleman from New Jersey (Mr. LoBIONDO). The amendment was agreed to.

The CHAIRMAN. The Clerk will read.

The Clerk reads as follows:

SEC. 222. None of the funds appropriated in this title may be used to impede the exchange of information between the Office of the Actuary of the Centers for Medicare & Medicaid Services and Congress, including its members, committees, and staff.

AMENDMENT OFFERED BY MR. ALLEN

Mr. ALLEN. Mr. Chairman, I offer an amendment.

The Clerk reads as follows:

Amendment offered by Mr. ALLEN: At the end of title II (before the short title), insert the following:

Sec. 222. None of the funds appropriated in this title may be used to impede the exchange of information between the Office of the Actuary of the Centers for Medicare & Medicaid Services and Congress, including its members, committees, and staff.

The $50 million we seek would fund new research and literature surveys to improve scientific evidence about the comparative effectiveness and safety of prescription drugs and other treatments. Additionally, funds would be used to communicate the results of this research to health practitioners, health care purchasers and consumers. All we are asking is for better information to be available to doctors and patients. And if we can make that better information, independent research available to the pharmaceutical industry, if we make that information available, we will have better health care quality in this country; and we will have lower prices as well.

It is very important that we ensure that our prescription drug spending is not based on the latest television or glossy magazine advertisement, but on science-based and tested information.

Physicians and their patients need access to credible, unbiased, evidence-based data on the comparative effectiveness of prescription drugs so they can make informed decisions about their purchases. As the cost of health care continues to rise, obtaining the greatest health value is essential. More objective research will improve the quality of care and help to reduce costs.

This spring, Members from both sides of the aisle joined me in sending a letter to the chairman and ranking member urging $75 million for this provision. In addition, the Senate approved an amendment in support of $75 million for prescription drug comparative effectiveness studies, indicating the high level of bipartisan support for this initiative.

I do hope that the chairman agrees that this provision, which has been authorized, is a worthy initiative. I look forward to working with him and the committee to provide some funding in conference and to encourage the administration to support this purpose in next year’s budget.

Though I would urge support for this amendment, I do intend to withdraw the amendment, but first I would like to give an opportunity to my friend from Missouri (Mrs. EMERSON) to speak on it.

Mrs. EMERSON. Mr. Chairman, I move to strike the request for the comparative effectiveness research amendment. As my colleague said, as the costs of health care continue to rise, we really do need to make sure that our Nation’s health care providers have every possible tool at hand so that they can understand the best, most efficient level of quality care to give their patients.

We obviously in Congress have recognized that need because we authorized $75 million for this provision. As my colleague said, as the costs of health care continue to rise, we really do need to make sure that our Nation’s health care providers have every possible tool at hand so that they can understand the best, most efficient level of quality care to give their patients.

The Medicare Prescription Drug Improvement and Modernization Act provides for research on outcomes of health care items and services, including the comparative clinical effectiveness of prescription drugs, as authorized by section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173), $50,000,000.

Mr. REGULA. Mr. Chairman, I reserve a point of order on this amendment.

The CHAIRMAN. The gentleman from Ohio reserves a point of order.

Mr. ALLEN. Mr. Chairman, when Americans turn on their televisions today, they are inundated by television advertisements promoting particular prescription drugs. Doctors are overwhelmed by detailers from the pharmaceutical industry coming to praise the virtues of the particular drugs that are manufactured by the people who employ them. But what patients and physicians really need is quality information, evidence-based information about the comparative effectiveness of different drugs that are advertised to treat the same illness or condition.

The Medicare Prescription Drug Improvement and Modernization Act provides for research on outcomes of health care items and services, including the comparative clinical effectiveness of prescription drugs. Today I am pleased to join my colleague from Missouri (Mrs. EMERSON) in offering an amendment to fund that provision in the new Medicare law.

Section 1013 of the new Medicare law authorizes $50 million in fiscal year 2004 for the Agency For Health Care Research and Quality to conduct outcomes research on prescription drugs and other treatments. Unfortunately, the President’s fiscal year 2005 budget contained no funding for this initiative. Currently, there really is a dearth of evidence-based information available to assist practitioners in choosing the most appropriate medication for their patients.

There are many drugs on the market that are over 10 to 15 years old that work just as well. People have to realize that. Unfortunately, even our doctors now, they are given information, thinking, wow, if this can help my patient. Let us hope that is what they are thinking. But we have to reevaluate this whole thing. It used to be you went to your doctor, the doctor knew which particular drug would work for you, if you had a heart attack and you took it. Now we see TV, the doctors tell me, they want this drug, they want this drug, they want this drug.
Aspirin still works very, very well. Ibuprofen when I was working, gosh, a long time ago, that was a prescription drug. It is now over the counter. But there are still many prescription drugs that work just as well. Obviously, sometimes they are not going to work for the patient. That is when we should try a new drug. The research and development and the research that is needed to see what these actual new drugs do, I think, is extremely important.

With that being said, also, September 13, the weapons bills is going to expire. The reason I bring it up towards the health care section is mainly because how much health care money is expended on, unfortunately, these horrific wounds that we see. We also know with a lot of these types of assault weapons, there are head injuries. People do not realize when you have a head injury, a lot of times these patients have to be on an awful lot of different drugs that might even put the patient to sleep where they think they might be schizophrenic. It does fit and tie in with these bills.

The important thing is the assault weapons bill costs absolutely no money. We can renew it. It does not cost the taxpayers anything except saving lives, saving health care costs; and I hope that the President of the United States will ask the Speaker of the House to allow this bill to come up on the floor for a vote.

Mr. ALLEN. Mr. Chairman, I ask unanimous consent to withdraw the amendment.

Mr. ALLEN. Mr. Chairman, I ask unanimous consent to withdraw the amendment.

The CHAIRMAN. Is there objection to the request of the gentleman from Maine?

There was no objection.

Mr. ALLEN. Mr. Chairman, I move to strike the last words.

It astounding that the fact that the gentleman is withdrawing the amendment. I think it has been a good discussion about what is a continuing problem.

We have recognized it to some extent by putting $12 million plus or minus in HHSQ to do this very thing, and it is something we should keep in mind for the future. But the problem here is there is no offset for the $50 million. I think the intention is good, but this has been a tough bill to make all the dollars fit.

Mr. ALLEN. Mr. Chairman, will the gentleman yield?

Mr. REGULA. Mr. Chairman, I yield to the gentleman from Maine.

Mr. ALLEN. Mr. Chairman, I thank the chairman for his comments.

AMENDMENT OFFERED BY MR. UDALL OF NEW MEXICO

Mr. UDALL of New Mexico. Mr. Chairman, I offer an amendment.

The Clerk read as follows:

Amendment offered by Mr. UDALL of New Mexico:

At the end of title II, insert after the last section (preceding the short title) the following section:

SEC. ___. Of the amount made available in this title for the account "Office of the Secretary—General Departmental Management", $23,000,000 is transferred and made available as an additional amount under the account "Centers for Disease Control and Prevention—Disease Control, Research, and Training".

Mr. UDALL of New Mexico. Mr. Chairman, I rise today to offer an amendment to increase funding in the fiscal year 2005 Labor-HHS appropriations bill before us for the CDC's Preventive Health Care Block Grant. This important grant is one of the few grants that allows States the flexibility to address their own unique health care challenges in exciting and innovative ways.

Unfortunately, H.R. 5006 cuts the amount of funding for the Preventive Block Grant by $23 million from the fiscal 2004 amount of $133 million to $110 million for fiscal year 2005. The funding provided in the legislation is also $33 million below the administration's request for fiscal year 2005.

My amendment would restore the funding to last year's level. It would offset the increase in the Preventive Health Care Block Grant by reducing the level of the Department of Health and Human Services' administrative management by the same amount.

Mr. Chairman, this block grant has allowed State health departments to address a wide variety of public health issues, including cardiovascular disease, diabetes, physical activity, suicide prevention, just to name a few. States have documented that investment of block grant dollars has resulted in improved health care outcomes and in some significant cost savings.

I strongly believe that the Preventive Health Care Block Grant is exactly the type of program we should be supporting. The national investment in prevention is currently estimated to be less than 2 percent of total health care costs despite strong evidence that prevention can be cost effective and helps people enhance the quality of their lives.

In addition, this block grant is excellent public policy because it provides States with great flexibility in addressing the public health care needs their populations face.

Mr. Chairman, I am a strong supporter of health care promotion programs that have the potential to improve the quality of life, reduce health care costs, and boost productivity. I believe it is time for America to increase its investment in health care prevention strategies. It is a fact that adaptable lifestyle factors, such as smoking, sedentary lifestyle, poor nutrition, unmanaged stress, and obesity, account for approximately half the premature deaths in the United States. Moreover, spending on chronic diseases related to lifestyle and other preventable diseases accounts for an estimated 70 percent of total health care spending. With the pending retirement of the baby boom generation, the financial burden of these preventable diseases will further threaten the solvency of the Medicare program.

It is my hope that with a greater focus on prevention, we will be able to greatly reduce the number of individuals who suffer from all types of ailments, including heart disease, strokes just to name a few areas where preventative health care can make the difference. The CDC's Preventive Health Care Block Grant goes a long way towards achieving this goal.

One of the other key components of the block grant is that it is the primary source of flexible funding that provides States the latitude to fund any of 265 national health care objectives available in the Nation's Healthy People 2010 Health Improvement Plan.

Mr. Chairman, I know the chairman and ranking member of the Labor, Health and Human Services, Education and Related Agencies Subcommittee did the best they possibly could in stretching the dollar as far as they could in this bill, and for that I applaud them. However, a cut of this magnitude, nearly 18 percent, will force States and local health departments to eliminate or severely reduce some very important public health activities.

I look forward to working with the chairman and ranking member to restore funding to this account in some way.

Mr. Chairman, I ask unanimous consent to withdraw the amendment.

The CHAIRMAN. Is there objection to the request of the gentleman from New Mexico?

There was no objection.

Mrs. MCCARTHY of New York. Mr. Chairman, I move to strike the last words.

I thank my colleague for bringing up this very important issue, preventative care and the research that needs to go into it. Any of us that have ever been in the health care field know preventative care and the best techniques is the best thing that we can all offer anyone. There are so many things that we can do today to prevent, unfortunately, diseases that certainly could cost us as people and human beings in quality of life and, of course, the health care system millions and billions of dollars every single year.

With that being said, preventative care is what we should be looking at—how are we going to stop gun violence in this country. The one thing that we can take is making sure the assault weapons ban is renewed by September 13. That alone will save so much money every single year. Our police officers, our children, and even those that live in the poorest communities where some of these health care communities are being closed down because of a lack of funds, people do not realize on the mental end the stress of living in these communities, what it costs.

I am hoping that we in time will have enough money to run the programs that we need; but to be honest, we can save money by cutting down on gun violence. We can save emotional stress
by cutting down on gun violence. We certainly can protect our police officers in this country by making sure the assault weapons ban comes up for a vote, passes here in the House. It has already been passed in the Senate, and the President said he would sign the bill if it gets on his desk.

AMENDMENT OFFERED BY MS. BORDALLO

Ms. BORDALLO. Mr. Chairman, I offer an amendment.

The Clerk reads as follows:

Amendment offered by Ms. BORDALLO: At the end of section 213 (before the short title), insert the following:

SEC. 2. For “Centers for Medicare and Medicaid Services—Grants to States for Medicaid,” $8,000,000 to be used for an increase in the amount available under section 1108 of the Social Security Act for fiscal year 2005 of $2,500,000 for Guam, $2,500,000 for the Virgin Islands, $2,000,000 for American Samoa, and $1,000,000 for the Northern Mariana Islands, and the amount otherwise provided by this title for “John E. Fogarty International Center” is hereby reduced by $8,000,000.

Mr. REGULA. Mr. Chairman, I re-

serve a point of order.

Ms. BORDALLO. Mr. Chairman, I re-

spectfully request that the House adopt the Bordallo-Faleomavaega amendment to the fiscal year 2005 Departments of Labor, Health and Human Services appropriations bill.

For years, Mr. Chairman, citizens of the Insular areas territories have ex-

perienced numerous disparities with re-

spect to health care access and quality. While many of the reasons for such dis-

parities must be resolved at the local level, there are several Federal pro-

grams whose administration in the ter-

ritories contribute to these observed disparities. The most notable and glaring
deficiency are Medicaid funding ceilings to the U.S. territories as mandated by section 1108 of the Social Security Act.

In American Samoa and the SCHIP combined cover only about 25 percent of all estimated costs eligible for Med-

icaid-matching grants. Similar Federal funding shortages have been experi-

enced in all U.S. territories as a result of section 1108 funding caps. U.S. terri-

tories were hit particularly hard by the previous recession where unemploy-

ment caused territorial governments to cover the spiraling uninsured health care costs despite shrinking revenues.

The limited funding would provide a temporary boost in Medicaid funding to Guam, the U.S. Virgin Islands, Amer-

ican Samoa, and the Commonwealth of the Northern Mariana Islands in order to assist those governments in meeting critical medical care in public health funding. This amendment is offset by reducing by 8 million funding for the John E. Fogarty International Center.

Mr. Chairman, while I support the mission of the John E. Fogarty Inter-

national Center. I feel that it is impor-

tant to concentrate on providing ade-

quate health care to citizens in the U.S. territories before investing fur-

ther in international health care re-

search. Funding for the John E. Fogarty International Center would be reduced to just under fiscal year 2003 levels, at which time the center had experienced consecutive years of double-digit percentage funding increases.

Mr. Chairman, this amendment has bipartisan support and is in the hear-

ing that we had chaired by the gen-

tleman from Indiana (Mr. BURTON).

Mr. FALEOMAVAEGA. Mr. Chair-

man, I move to strike the last word.

Mr. Chairman, I rise in support of the gentlewoman’s amendment that we have sponsored together with the gen-
tlewoman from the Virgin Islands.

Mr. Chairman, in fiscal year 2003 American Samoa’s Medicaid program cost $12.2 million. If American Samoa were treated like a State, the Federal Government would have been responsible for $6.1 million or half the cost; but the American Samoa government would have been responsible for the other half about $6.1 million. As it is, a Federal ceiling is in place, unfor-

tunately. So for fiscal year 2003, the Federal ceiling for American Samoa was $3.7 million. The Federal Govern-

ment only paid out $3.7 million, and we had to meet the rest of the obligation of the total of $12.2 million.

The bottom line, Mr. Chairman, is there is definitely a need for this addi-
tional appropriations for our Medicaid needs, and I ask my colleagues to please support this proposed amendment.

Mrs. CHRISTENSEN. Mr. Chairman, I rise to join my colleagues MADELEINE BORDALLO and ENI FALEOMAVAEGA in strong support of our amendment to provide some additional re-

tuition to our constituents in the form of additional health care dollars. It remains a national shame in my view, that because of where they live, my low-income and indigent constituents, as well as those of my colleagues, are not able to receive the same level of Medicaid as-

sistance as other parts of the country.

My colleagues and I while the national per capita expenditure for Medicaid is $3,862, the expenditure for the Virgin Islands is only $436. The total cost of Medicaid in the Virgin Islands is about $15 million per year but the Federal government only covers about $6 million of that amount. According to the Virgin Islands Medicaid Director, the 18,000 Medicaid recipi-

ents she serves receive an absolute “bare bones” service.

Mr. Chairman, a report 3 years ago entitled the Access Improvement Project of the Virgin Islands revealed that eligible children in the Virgin Islands compared to the continental United States. The report shows that while the Nation as a whole spends an average of $76 for EPSDT screen-

ing per Medicaid eligible child, the U.S. Virgin Islands only spent $1.20. Additionally, the total Medicaid expenditures per child also shows an astonishing disparity.

In the age group 15 to 20, national Medicaid expenditures were approximately 599 percent more than what is being spent in the Virginia Islands. We also received a 50 percent match, whereas, a State like Mississippi where the average income is $1,500 higher than ours. They receive 80 percent match. And the Virgin Islands Medicaid program cannot provide wheelchairs, hearing aids or prosthetic de-

vices, and only provides physical and occupa-
tional therapy to a limited degree because of the limited funding.

Mr. Chairman, this modest amendment which we are offering today, would provide about a 25 percent increase in Medicaid pay-

ments to the Virgin Islands and Guam, Amer-

ican Samoa so that our most vulnerable con-

stituents could receive better health care serv-

ices which they otherwise would have to do without because of our already overburdened local governments.

Mr. Chairman, I urge my colleagues to support this amend-

ment.

POINT OF ORDER

Mr. REGULA. Mr. Chairman, I make a point of order against the amend-

ment because it provides an appropria-
tion for an unauthorized program and therefore violates clause 2 of rule XXI.

The pertinent part of clause 2 of rule XXI is as follows: An appropriation may not be in order as an amendment for an expenditure not previously au-

thorized by law.

Mr. Chairman, the authorization for this program has not been signed into law, and therefore it violates clause 2 of rule XXI.

I ask for a ruling from the Chair.

The CHAIRMAN. Does the gentleman from American Samoa (Mr. FALEOMAVAEGA) wish to be heard on the point of order? Yes, Mr. Chairman.

The CHAIRMAN. The gentleman is recognized.

Mr. FALEOMAVAEGA. Mr. Chair-

man, I kindly respect the decision the Chairman has made concerning his opinion that has been expressed concern-

ing the proposed amendment. We realize there is no authorization. But I thought that this was part of the appro-

priations process, that we have made in the past precedents where ap-

propriations have been made without any authorization. But again I have to respect my good chairman’s decision on this and sincerely hope that maybe down the line we will be able to work something out to give due assistance to the insular areas on this very important issue.

Mr. BURTON. Mr. Chairman, I rise in support of the amendment.

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Mr. Chairman, the modest amendment which we are offering today, would provide a 25 percent increase in Medicaid payments to the Virgin Islands and Guam, American Samoa so that our most vulnerable constituents could receive better health care services which they otherwise would have to do without because of our already overburdened local governments.

Mr. Chairman, I urge my colleagues to support this amend-

ment.

The CHAIRMAN. The point of order is sustained.

Mr. BURTON. Mr. Chairman, I make a point of order against the amend-

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Mr. Chairman, the authorization for this program has not been signed into law, and therefore it violates clause 2 of rule XXI.

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The CHAIRMAN. Does the gentleman from American Samoa (Mr. FALEOMAVAEGA) wish to be heard on the point of order? Yes, Mr. Chairman.

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Mr. Chairman, I urge my colleagues to support this amend-

ment.
The Clerk read as follows:

This title may be cited as the “Department of Health and Human Services Appropriations Act, 2005.”

TITLE III—DEPARTMENT OF EDUCATION

EDUCATION FOR THE DISADVANTAGED

For carrying out title I of the Elementary and Secondary Education Act of 1965 ("ESEA") and section 418A of the Higher Education Act of 1965, $15,535,735,000, of which $7,869,900,000 shall become available on July 1, 2005, and shall remain available through September 30, 2006, and of which $7,383,501,000 shall become available on October 1, 2005, and shall remain available through September 30, 2006, for academic year 2005–2006: Provided, That $7,037,592,000 shall be available for construction under section 6111 of the Elementary and Secondary Education Act of 1965, shall not be less than $400,000,000. Provided further, That $2,469,843,000 shall be available for formula grants under section 6151 of the Elementary and Secondary Education Act of 1965, shall not be less than $390,000,000: Provided further, That $80,000,000 shall be available for comprehensive school reform grants under part E of the ESEA.

IMPACT AID

For carrying out programs of financial assistance to federally affected schools authorized by title VIII of the Elementary and Secondary Education Act of 1965, $1,250,000,000, of which $1,083,687,000 shall be for basic grants under section 8007 and shall remain available through September 30, 2006, for school year 2004:

AMENDMENT OFFERED BY MRS. MALONEY

In the item relating to “SCHOOL IMPROVEMENT PROGRAMS”, insert before the period at the end the following:

: Provided, That, of the funds made available under this heading, $20,000,000 shall be for technology improvement grants under section 6111 of the Elementary and Secondary Education Act of 1965, not to exceed $100,000,000:

AMENDMENT OFFERED BY MRS. MALONEY

Mrs. MALONEY. Mr. Chairman, I offer an amendment.

The Clerk read as follows:

Amendment offered by Mrs. MALONEY:

In the item relating to “SCHOOL IMPROVEMENT PROGRAMS”, insert before the period at the end the following:

: Provided, That, of the funds made available under this heading, $3,500,000 of these funds shall be available for education finance incentive grants under section 8007, $45,936,000 shall be available for basic grants under section 6111, $80,000,000 shall be available for comprehensive school reform grants under part E of the ESEA.

37th Congress. Vote yes on the Maloney-Woolsey amendment.

AMENDMENT OFFERED BY MRS. MALONEY

Mrs. MALONEY. Mr. Chairman, I reserve a point of order against the amendment.

The CHAIRMAN. The gentleman from Ohio (Mr. REGULA) reserves a mark before us, and this has no offset program that was taken out in the Dingell-Malone report, that showed that there was a consistent gap between the earnings between men and women for the past 20 years, a consistent 40 percent gap. After making up for time for pregnancy and child care, as well as years of sick parents, there is still a 20 percent unexplained gap between men and women's pay. This translates into pensions.
I would consider a vote against this amendment a vote against women, a vote against equity and opportunity for women in the workforce. It begins in the classroom. This program is as needed today as when Patsy Mink first wrote it. So I call upon my colleagues on both sides of the aisle to vote for their daughters, their sisters and their friends, and to support this amendment.

Mr. Chairman, I will place in the RECORD the Dingell-Maloney report that tells us that the persistent 20 percent pay gap, which can only be explained as discrimination.

I want to thank very much my colleague, the gentlewoman from California (Ms. WOOLSEY) for her excellent leadership and help on this issue through many Congresses, and the gentleman from Wisconsin (Mr. OBEY) for his fine help.

GAO PAY GAP REPORT HIGHLIGHTS
(Briefing by Reps. Maloney & Dingell)

The General Accounting Office (GAO) examined earnings over 95 years among Americans for an earnings study commissioned by Representatives Carolyn Maloney (D-NY) and John Dingell (D-MI). The new study is a follow-up to the narrowly-focused 2002 GAO report on the earnings gap between female and male managers.

Results of the GAO study show: The pay gap is real. Women working full-time today are paid an average of 80 cents for every dollar that men are paid, even when accounting for demographic and work-related factors such as occupation, industry, race, marital status and job tenure. This 20 percent earnings gap cannot be explained due to differences in work patterns or histories.

Differing work patterns lead to an even larger earnings gap between men and women—suggesting that working women are penalized for their dual role as wage earners and those who disproportionately care for home and family obligations. The GAO study confirms that women in the workforce are less likely to work a full-time schedule and are more likely to leave the labor force for longer periods of time than men, suppressing women’s earnings even further. And, men with children are paid about 2 percent more than men without children, whereas women with children are paid about 2.5 percent less than women without children.

The pay gap has persisted for past two decades. The GAO study confirms that the earnings gap between men and women has been consistent from 1983-2000, despite a sense of continued progress toward gender equality in the workplace.

The GAO also reviewed other studies and interviewed employers and earnings experts to resolve this paradox, leading the GAO to troubling questions about the persistent pay gap. Why do workplaces still maintain the same pay structures for men and women that could not be explained, even after accounting for factors such as occupation, industry, marital status, and job tenure.

Mr. Chairman, I rise in support of the amendment.

Mr. Chairman, I rise in strong support of this amendment, because we need to continue to give women the boost they must have yet to succeed in this global economy that we are living in.

Our late colleague, Patsy Mink, authored the Women’s Educational Equity Act (WEEA) and other equity provisions have been doing a very, very good job. But, do you know what? That good job has made this program vulnerable, because it appears that their success could be an excuse to eliminate this good program.

It is hard to believe that the Members of this Congress think that gender equity provisions can be eliminated today because more women are enrolled in college, are graduating from college and becoming the brains of the things, have reading scores that are not as good as girls. That is a very shortsighted view.

Women are still underrepresented in math and science and in engineering-related fields, fields that actually pay higher salaries and oftentimes require overseas hiring to fill the positions.

Many girls and women shy away from these fields for any sort of stereotype activity, despite the importance of these areas in modern society. We need to fix that, because research has shown that interest in math and science begins to wane in early adolescence.

We need to make sure that girls and women keep all their options open. They do not have to be engineers, they do not have to be mathematicians, they do not have to be engineers, but when they are ready to go to college, they should have the option, just like the guys do.

The National Bureau of Economic Research reports that students who do well in math outearn their nonmathematical counterparts even if they do not pursue mathematics careers. A survey of graduating high school in 1980, young men with strong basic math skills were earning 53 cents more per hour than those with average math skills. The difference between women with strong math skills and women whose average math skills was even more significant, with women earning 74 cents more per hour.

It is clear that increased comprehension in math and science benefits women. The Women’s Educational Equity Act program is critical to helping promote equal education opportunities for girls and women by providing funds and assistance to educational agencies. It is important that our amendment would protect this successful program by leveling out funding for WEEA at $3 million. We would be taking funds from the Fund for the Improvement of Education, or PIE. These funds fund individual Member projects. I can tell you that every single Member in this body will better serve their constituents if they are serving the women in their school districts.

If our schools do not continue to receive this support, females and minorities will continue to dominate the low-wage jobs, while America’s high-wage, high-tech jobs go to foreign undergraduates and foreign graduates. Women will continue to have fewer economic opportunities than men and less access to the careers that will support them and their families. Without these opportunities, this country will be deprived of the highly-educated, highly-skilled workforce we need in the United States to compete in the global economy.

Gender equity in education is not a women’s thing. All Americans, men and women alike, have a stake in making sure that all students gain the skill and self-confidence they need in elementary and secondary school to become productive, self-supporting adults.

Mr. Chairman, I urge my colleagues to support our amendment, to protect this important program from becoming yet another unnecessary casualty of a very shortsighted budget.
The CHAIRMAN. Does the gentleman from Ohio continue to reserve his point of order?

Mr. REGULA. Mr. Chairman, I withdraw my point of order.

Mrs. MCCARTHY of New York. Mr. Chairman, I move to strike the last word.

I rise in support of the Maloney-Woolsey-Sanchez amendment. This amendment would provide funds for the Patsy Mink Women’s Educational Equity Act program. This is an important program promoted and named after our dearly missed colleague Patsy Mink, who I served with on the Committee on Education and the Workforce.

It is designed to promote gender equality in providing counseling and guidance, physical education and the development of the classroom materials.

A lot of people in Title IX kind of made fun of us women, and yet when you look at the women in the Olympics, these programs work. So we have to make sure that we keep them going.

I understand that I am lucky. I work in Congress. With that being said, I get equal pay. But an awful lot of my colleagues that are my friends that are working on the outside world doing the hard work right next to their male colleagues, they do not get the same pay.

So women are disadvantaged in many parts of our society, and equal education offers them the opportunity to grow.

Our women also are living, unfortunately, sometimes in a violent society, especially those in the low-income areas. Think about all the women that right now possibly will be losing their husbands either from the war in Iraq or even from September 11, where we need to and we still continue the trend of educating them so they can educate themselves and have a job. But the majority of firearm homicides are the result of intimate partner violence.

With this in mind, on September 13 the assault weapons bill will expire in this country. We know it has saved lives. We know that basically it has certainly put women at less risk, especially those that are in low-income areas and their children.

I do not understand why we cannot bring up the bill for a vote. I do not understand why. The President of the United States has said that he will sign the bill if it got onto his desk.

Well, we are the ones here who are holding it up. He is going to sign the bill. That is a good sign. So I think that we absolutely have to work on this then today and Monday afternoon and be able to get this vote done so we can continue something that works. A program like this works. We have seen equal education getting better and better. Why are we even looking at a program like this? Is it out of date? Is it time to see it expire when a program works?

Police chiefs from all over the country were here today. The rank-and-file were here today. Unfortunately, victims were here today too. I mentioned them many times today. We can cut down on health care costs; we can cut down on those who are in rehab hospitals, some who never leave. We can cut down on the amount of people who are injured because of large-capacity clips and assault weapons. The bottom line is, why did we have an assault weapons ban in the beginning? Because too many of our police officers were being mowed down. We are putting that risk right back on the streets again. We are putting that risk to our police officers today, when things are actually even worse than they were 10 years ago.

This is when we should be renewing this ban. This is when we should be making sure our police officers who are protecting us because terrorists are in this country. This is what we should be doing. The American people care about this issue. They count on us, in Congress, our representatives, to take a lead on this. And we are letting them down, unless somebody has a change of heart. Do not think this is going to go away, because it is not. It will not, unfortunately, because one day we will be standing here and people will be crying, why did we not do something about it, and that is going to be, unfortunately, when we have a tragedy in our school or our police officers are mowed down, and people say, why didn’t you do something?

Ms. JOHNSON of California. Mr. Speaker, I rise today in strong support of the Maloney/Woolsey/Sanchez amendment to restore Women’s Educational Equity Act, or WEEA, funding in the Labor HHS bill.

I am standing here again, as I did in 1999 with my late colleague Patsy Mink, to urge Congress to provide $3 million in funding for this vitally important program.

WEEA was established in 1974 to promote educational equity for girls and women, including those at risk of sex discrimination based on gender, race, ethnicity, national origin, disability, or age. The program was also established to ensure compliance with Title IX which prohibits sex discrimination in federally funded education programs and activities.

In the last 29 years, WEEA has funded more than 700 projects throughout the United States. And, unlike a number of programs and activities this Congress has funded, the results speak for themselves.

Girls and women in this country are doing better. For the first time, women are outachieving men when we look at the experiences, achievements, or concerns of women and, in most cases, are not written by women.

Studies show that women teachers, especially those in the low-income areas, are unfortunately injured because of large-capacity clips and assault weapons. The bottom line is, why did we have an assault weapons ban in the beginning? Because too many of our police officers were being mowed down. We are putting that risk right back on the streets again. We are putting that risk to our police officers today, when things are actually even worse than they were 10 years ago.

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Ms. LORETTA SANCHEZ of California. Mr. Chairman, I move to strike the last word.

Mr. BURTON of Indiana. Mr. Chairman, I understand why. The amendment was agreed to.
from Guam to Honolulu to get health care. Otherwise, he would have died. That is the Speaker of the House over there.

I know that there was a point of order raised against this, and I understand that we cannot legislate on an appropriation bill. But I would just like to say to the chairman, this is not a political thing. This is not a Democrat or Republican thing. The people of that area of the world, American citizens are dying because they cannot get adequate health care, and the economy has been hit very hard over there in that region of the world, and they cannot reach the matching grant requirement which is much lower than in the 48 States that we have right here.

So I would just like to say to my good friend, the gentleman from Ohio (Mr. REGULA), and the Committee on Appropriations and all of the members of the Committee on Appropriations, something has to be done about the problem in Guam, Salipan, and the Northern Marianas and American Samoa, because those people over there simply are not getting health care. It is not a question of quality of health care. They do not have enough dialysis machines, they do not have enough equipment to take care of people with heart trouble and, as I said before, they are having to go all the way to Hawaii, 4, 5, 6, 7 hours on a plane to have their lives saved.

So I just wanted to bring this to the attention of my colleagues on the Committee on Appropriations, and I will bring it to the attention of the authorizing committee as well; I know it is important to do that. But I am sorry I was not on the floor to discuss this when it came up. I know it would not have done any good, because it is subject to a point of order. But this is something that they are suffering from over there.

SEQUENTIAL VOTES POSTPONED IN COMMITTEE OF THE WHOLE

The CHAIRMAN. Pursuant to clause 6 of rule XVIII, proceedings will now resume on those amendments on which further proceedings were postponed in the following order: amendment No. 4 offered by Ms. JACKSON-LEE of Texas; the following order: amendment No. 4 of rule XVIII, proceedings will now resume on those amendments on which further proceedings were postponed in the following order: amendment No. 4 offered by Ms. JACKSON-LEE of Texas; an amendment offered by Mr. SANDERS of Vermont.

The Chair will reduce to 5 minutes the time for any electronic vote after the first vote in this series.

AMENDMENT NO. 4 OFFERED BY MS. JACKSON-LEE OF TEXAS

The CHAIRMAN. The pending business is the demand for a recorded vote on amendment No. 4 offered by the gentlewoman from Texas (Ms. JACKSON-LEE) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment. The Clerk redesignated the amendment.
The CHAIRMAN pro tempore (Mr. WALDEN of Oregon). The pending business is the demand for a recorded vote on the amendment offered by the gentleman from Texas (Ms. JACKSON-LEE) on which further proceedings were postponed and on which the nays prevailed by voice vote.

The Clerk will designate the amendment. The Clerk designated the amendment. The recorded vote was ordered. The CHAIRMAN pro tempore. A recorded vote was ordered. The CHAIRMAN. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 156, noes 261, answered “present” 1, not voting 15, as follows: (Roll No. 426)

AYES—156

Abercrombie
Gutierrez
VerDate Aug 04 2004 05:16 Sep 09, 2004 Jkt 029060 PO 00000 Frm 00087 Fmt 4634 Sfmt 0634 E:\CR\FM\K08SE7.123 H08PT1

Amendments Offered by Ms. Jackson-Lee of Texas

The vote was taken by electronic device, and there were—ayes 156, noes 261, answered “present” 1, not voting 15, as follows: (Roll No. 426)

AYES—156

Abercrombie
Gutierrez
VerDate Aug 04 2004 05:16 Sep 09, 2004 Jkt 029060 PO 00000 Frm 00087 Fmt 4634 Sfmt 0634 E:\CR\FM\K08SE7.123 H08PT1

VerDate Aug 04 2004 05:16 Sep 09, 2004 Jkt 029060 PO 00000 Frm 00087 Fmt 4634 Sfmt 0634 E:\CR\FM\K08SE7.123 H08PT1
Mr. GRIJALVA. Mr. Chairman, on September 7th and 8th, 2004, I was delayed in re-
turning from my district due to official business and I missed roll call votes Nos. 422, 423, 424, 425, 426, 427. If I had been here I would have voted in favor of roll call vote No. 422, to name the Har-
vey and Bernice Jones Post Office Building, and roll call vote No. 423, to name the General
William Carey Lee Post Office Building.
I would have voted “no” on roll call vote No. 424, the Previous Question regarding the Rule for the Labor Health and Human Services and Education Appropriations bill for Fiscal Year 2005.
I would have voted in favor of roll call vote No. 425, Ms. JACKSON-LEE’s amendment to in-
crease funding in the CDC and NIH for Lupus.
I would have voted in favor of roll call vote No. 426, Ms. JACKSON-LEE’s amendment to in-
crease funding in the CDC for Hepatitis C.
I would have voted in favor of roll call vote No. 427, Mr. SANDER’s amendment to in-
crease funding for the low-income home energy assistance program and the weatheriza-
tion assistance program by $22,000,000.
That Mr. REGULA. Mr. Chairman, I ask unanimous consent that the remainder of the bill through page 95, line 21, be considered as read, printed in the RECORD, and open to amendment at any point.
The CHAIRMAN. Is there objection to the request of the gentleman from Ohio?
There was no objection.
The text of the remainder of the bill through page 95, line 21, is as follows:
INDIAN EDUCATION
For expenses necessary to carry out, to the extent not otherwise provided, title VII, part A of the Elementary and Secondary Education Act of 1965, $120,856,000.
INNOVATION AND IMPROVEMENT
For carrying out activities authorized by part G of title I, subpart 5 of part A and parts C and D of title II, parts B, C, and D of title V, and section 1504 of the Elementary and Secondary Education Act of 1965, $130,856,000.
That $18,391,000 shall be available to carry out section 215(c) of the ESEA, of which not less than $10,000,000 shall be provided to the National Institute of Educational Leadership, and not less than $7,000,000 shall be provided to the American Board for the Certification of Teacher Excellence, and up to $1,300,000 may be available to the Secretary to conduct an evaluation of activities au-
thorized by such section: Provided further, That $30,000,000 shall be for subpart 2 of part B of title V: Provided further, That $100,000,000 shall be available to carry out part D of title V of the ESEA.
SAFE SCHOOLS AND CITIZENSHIP EDUCATION
For carrying out activities authorized by subsections 3(a) and 3(b) of section 1504 of the Elementary and Secondary Education Act of 1965, $801,369,000, of which $647,369,000 shall be available for academic year 2005-06 and shall remain available through September 30, 2006.
ANNUAL INTELLIGENCE ACT OF 2006
Provided, That for the purpose of maintaining the quality of education, $2,344,546,000 of which $1,344,546,000 shall become available on July 1, 2005, and shall remain available through September 30, 2006.
Provided, That $40,908,000 shall be provided for the 21st Century Community Learning Centers Program: Provided further, That of the funds available to carry out the subpart 2 of part G of title I of the ESEA: Provided further, That of the funds available to carry out the subpart 2 of part C of title II, up to $11,852,000 may be used to carry out section 2455.
ENGLISH LANGUAGE ACQUISITION
For carrying out part A of title III of the ESEA, $681,215,000, of which $585,715,000 shall become available on July 1, 2005, and shall remain available through September 30, 2006:
Provided, That funds reserved under section 311(c)(1)(D) of the ESEA that are not in used in accordance with such reserve shall be added to the funds that are available July 1, 2005, through September 30, 2006, for State allo-
lots under section 311(c)(3).
SPECIAL EDUCATION
For carrying out parts B and D of the Individuals with Disabilities Education Act, $12,176,101,000, of which $5,650,447,000 shall become available for obligation on July 1, 2005, and shall remain available through September 30, 2006, for the provision of special education and related services to qualified individuals with disabilities:
Provided, That $11,400,000 shall be for Record-
ing for the Blind and Dyslexic, Inc. to sup-
port the development, production, and circu-
lation of recorded educational materials: Pro-
vided further, That the amount for section 611(c) of the Act shall be equal to the amount available for that section during fiscal year 2004, increased by the amount of inflation as specified in section 611(f)(1)(B)(ii) of the Act.
REHABILITATION SERVICES AND DISABILITY RESEARCH
For carrying out, to the extent not other-
wise provided, the Rehabilitation Act of 1973, the Assistive Technology Act (“the AT Act”), and the Helen Keller National Center Act, $3,034,878,000, of which $15,000,000 shall be for grants to States under title III of the AT Act: Provided, That the Federal share of such grants shall not exceed 75 percent, and that the requirements in sections 301(c)(2) and section 302 of the AT Act shall not apply to such grants.
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES
AMERICAN PRINTING HOUSE FOR THE BLIND
For carrying out the Act of March 3, 1879, as amended (20 U.S.C. 101 et seq.), $77,000,000.
NATIONAL TECHNICAL INSTITUTE FOR THE DEAF
For the National Technical Institute for the Deaf under titles I and II of the Education of the Deaf Act of 1986 (20 U.S.C. 3401 et seq.), $55,790,000, of which $1,685,000 shall be for construction and instructional services provided through the AT Act: Provided, That the total amount available, the Institute may at its discretion use funds for the employment program as authorized in section 207.
GALLAUDET UNIVERSITY
For the Kendall Demonstration Element-
ary School, the Model Secondary School for the Deaf, and the partial support of Gal-
laudet University under titles I and II of the Education of the Deaf Act of 1986 (20 U.S.C. 3401 et seq.), $104,000,000: Provided, That from the total amount available, the University may at its discretion use funds for the endowment program as authorized in section 207.
VOCATIONAL AND ADULT EDUCATION
For carrying out, to the extent not other-
wise provided, the Carl D. Perkins Vocational and Technical Education Act of 1998, the Adult Education and Family Literacy Act, and subsection 4 of the Education Act of 1965 (20 U.S.C. 101 et seq.), $85,000,000.
For carrying out, to the extent not other-
wise provided, the Act of May 11, 1966, $280,000,000, of which $275,000,000 shall be for integrated English literacy and civics education services to immigrants and other limited
English proficient populations: Provided further, that of the amount reserved for integrated English literacy and civics education, notwithstanding section 211 of the Adult Education and Literacy Act of 1965 (‘HEA’), as amended, section 1543 of the Higher Education Amendments of 1992, the Mutual Educational and Cultural Exchange Act of 1961, which is made available to the Department of Education for grants to local educational agencies to carry out activities to establish smaller learning communities in high schools.

STUDENT FINANCIAL ASSISTANCE

For carrying out subparts 1, 3 and 4 of part A, part C and part E of title IV of the Higher Education Act of 1965, as amended, $9,159,000 shall be for national leadership activities under section 243 and $6,692,000 shall be for the National Literacy Institute for Literacy under section 242. Provided further, that $101,698,000 shall be available to support the activities authorized under subpart 4 of part D of title V of the Elementary and Secondary Education Act of 1965, as amended, which shall become available October 1, 2004, and shall remain available through September 30, 2006, for evaluation, technical assistance, school desktop computer and software programs, and program outreach activities, and of which not less than 95 percent shall be available on or before July 1, 2005, and remain available through September 30, 2006, for grants to local educational agencies: Provided further, That funds made available to local education agencies under this subpart shall be for activities relating to establishing smaller learning communities in high schools.

HIGHER EDUCATION

For carrying out, to the extent not otherwise provided, section 121 and titles II, III, IV, V, VI, and VII of the Higher Education Act of 1965 (‘HEA’), as amended, section 1543 of the Higher Education Amendments of 1992, the Mutual Educational and Cultural Exchange Act of 1961, and section 117 of the Carl D. Perkins Vocational and Technical Education Act of 1974, $5,197,000,000, of which $357,000,000, and the cost, as defined in section 344 of title III, part D of the Higher Education Act of 1965, shall not exceed $357,000,000, and the cost, as defined in section 502 of the Congressional Budget Act of 1974, of such bonds shall not exceed zero.

For Federal administrative expenses authorized under section 121 of the Higher Education Act of 1965, $578,000 to carry out activities (including such activities necessary to enter into) under such Act of 1965. Historically Black College and University Capital Financing Program Account

That the amount of outstanding bonds insured pursuant to section 341 of title III, part D of the Higher Education Act of 1965, shall not exceed $557,000,000, and the cost, as defined in section 502 of the Congressional Budget Act of 1974, of such bonds shall not exceed zero.

For administrative expenses to carry out the Historically Black College and University Capital Financing Program entered into pursuant to section 341 of title III, part D of the Higher Education Act of 1965, as amended, $212,000.

INSTITUTE OF EDUCATION SCIENCES

For carrying out activities authorized by Public Law 97-279 and section 672 of the Individuals with Disabilities Education Act, $526,804,000: Provided, That, of the amount appropriated, $135,518,000 shall be available for obligation through September 30, 2006.

DEPARTMENTAL MANAGEMENT

OFFICE OF CIVIL RIGHTS

For expenses necessary for the Office of Civil Rights for fiscal year 2005 pursuant to section 205 of the Department of Education Organization Act, $5,205,000.

OFFICE OF THE INSPECTOR GENERAL

For expenses necessary for the Office of the Inspector General, as authorized by section 212 of the Department of Education Organization Act, $47,790,000.

GENERAL PROVISIONS

SEC. 301. No funds appropriated in this Act 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.

SEC. 302. Any funds contained in this Act shall be used to require, directly or indirectly, the transportation of any student to a school other than the school which is nearest the student's home, except for a student requiring special education, to the school offering such special education, in which case the provisions of title VI of the Civil Rights Act of 1964. For the purpose of this section an indirect requirement of transportation includes the transportation of students to carry out a plan involving the reorganization of the grade structure of schools, the pairing of schools, or the clustering of schools, or the conversion of schools or school districts to a new structure.

SEC. 303. No funds appropriated under this Act shall be used to prevent the implementation of plans for the transfer of students for match-
carry out the provisions of the Domestic Volunteer Service Act of 1973, as amended, $353,197,000; Provided, That none of the funds made available to the Corporation for National and Community Service in this Act for activities authorized by section 122 of part C of title I and part E of title II of the Domestic Volunteer Service Act of 1973 shall be used to sponsor or otherwise provide incentive to volunteers or volunteer leaders whose incomes exceed 125 percent of the national poverty level.

Corporation for Public Broadcasting
For the Corporation for Public Broadcasting, as authorized by the Communications Act of 1934, an amount which shall be available within limitations specified by that Act, for calendar year 2007, $490,000; Provided, That no funds made available to the Corporation for Public Broadcasting by this Act shall be used to pay for receptions, parties, or similar forms of entertainment for Government officials or employees: Provided further, That none of the funds contained in this paragraph shall be available or used to aid or support any program or activity from which any person is excluded, or is denied benefits, or is discriminated against, on the basis of race, color, national origin, religion, or sex.

Of the amounts made available to the Corporation for Public Broadcasting for fiscal year 2005 by Public Law 108-7, up to $23,000,000 is available for grants associated with the transition of public broadcasting to digital broadcasting, including costs related to transmission equipment and program production, management, and distribution, to be awarded as determined by the Corporation in consultation with public radio and television licensees or permittees, or their designees, and, in the case of amounts available after calendar year 2007, up to $60,000,000: Provided, That no funds made available to the Corporation for Public Broadcasting by this Act shall be used to pay for receptions, parties, or similar forms of entertainment for Government officials or employees: Provided further, That none of the funds contained in this paragraph shall be available or used to aid or support any program or activity from which any person is excluded, or is denied benefits, or is discriminated against, on the basis of race, color, national origin, religion, or sex.

Federal Mediation and Conciliation Service
Salaries and Expenses
For expenses necessary for the Federal Mediation and Conciliation Service to carry out the functions vested in it by the Labor Management Relations Act, 1947 (29 U.S.C. 173–180, 182–183), including hire of passenger motor vehicles; for expenses necessary for the Labor-Management Cooperation Act of 1970 (29 U.S.C. 175a); and for expenses necessary for the Service to carry out the functions vested in it by the Labor-Management Cooperation Act of 1970 (29 U.S.C. 175a), fees charged, up to full-cost recovery, for special training activities and other conflict resolution services and technical assistance, and for representation services, or administrative services for the purpose of representing employees, whether provided to governments and international organizations, and for arbitration services shall be credited to and merged with this account, and shall be available until expended: Provided further, That fees that are paid for arbitration services shall be available only for education, training, and professional development necessary for the successful operation of the Federal Mediation and Conciliation Service in carrying out the functions vested in it: Provided further, That the Director of the Service is authorized to accept and use on behalf of the United States gifts of services and real, personal, or intangible property, or to have carried out projects or functions within the Director's jurisdiction.

National Commission on Libraries and Information Science
Salaries and Expenses
For necessary expenses for the National Commission on Libraries and Information Science, established by the Act of June 20, 1970 (Public Law 91-945, as amended), $1,000,000.

National Council on Disability
Salaries and Expenses
For necessary expenses for the National Council on Disability as authorized by title IV of the Rehabilitation Act of 1973, as amended, $2,873,000.

National Labor Relations Board
Salaries and Expenses
For expenses necessary for the National Labor Relations Board to carry out the functions vested in it by the Labor-Management Relations Act, 1947, as amended (29 U.S.C. 141–167), and other laws, $248,785,000; Provided, That no part of that appropriation shall be available to organize or assist in organizing agricultural laborers or used in connection with investigations, hearings, directives, or orders concerning bargaining units composed of agricultural laborers as referred to in section 2(3) of the Act of July 5, 1935 (29 U.S.C. 152), and as amended by the Labor-Management Relations Act, 1947, as amended, and as defined in section 9(1) of the Act of June 25, 1938 (29 U.S.C. 205), and including in said definition employees engaged in the maintenance and operation of ditches, canals, reservoirs, and waterways when maintained or operated on a mutual, nonprofit basis and at least 5 percent of the water stored or supplied thereby is used for farming purposes.

National Mediation Board
Salaries and Expenses
For expenses necessary to carry out the provisions of the Railway Labor Act, as amended (45 U.S.C. 151–188), including emergency boards appointed by the President, $11,835,000.

Occupational Safety and Health Review Commission
Salaries and Expenses
For expenses necessary for the Occupational Safety and Health Review Commission (29 U.S.C. 661), $10,316,000.

Railroad Retirement Board
Dual Benefits Payments Account
For payment to the Dual Benefits Payments Account, authorized under section 15(d) of the Railroad Retirement Act of 1974, $108,000,000, which shall include amounts becoming available in fiscal year 2005 pursuant to section 220(c)(1)(B) of Public Law 98-76; and in addition, not to exceed 2 percent of the amount provided in the preceding sentence, shall be available proportional to the amount by which the product of recipients and the average benefit received exceeds $108,000,000: Provided, That the total amount provided herein shall be credited in 12 approximately equal amounts on the first day of each month in the fiscal year.

Social Security Administration
Payments to Social Security Trust Funds
For payment to the Federal Old-Age and Survivors Insurance Trust Fund and the Federal Disability Insurance trust funds, as provided under sections 210(m), 223(g), and 1311(b)(2) of the Social Security Act, $277,704,000.

Supplemental Security Income Program
For carrying out titles XI and XVI of the Social Security Act, Public Law 92-603, section 212 of Public Law 93-66, as amended, and section 405 of Public Law 95-216, including payment to the Social Security trust funds for administrative expenses incurred pursuant to section 210(g)(1) of the Social Security Act, $278,146,000; provided, That none of the funds provided to a State in the current fiscal year and not obligated by the State during that year shall be returned to the Treasury.

For making, after June 15 of the current fiscal year, benefit payments to individuals under title XVI of the Social Security Act, for unexpected costs incurred for the current fiscal year, such sums as may be necessary.

For making benefit payments under title XVI of the Social Security Act for the first quarter of fiscal year 2006, $122,202,000, to remain available until expended.
Mr. SHADEGG (during the reading). Mr. Chairman, I ask unanimous consent that the amendment be considered as read and printed in the RECORD.

The CHAIRMAN. Is there objection to the request of the gentleman from Arizona?

There was no objection. Mr. SHADEGG. Mr. Chairman, this is an amendment offered by myself and the gentlewoman from Colorado (Mrs. MUSGRAVE), and we believe it is extremely important at this particular time in our Nation’s history.

Mr. Chairman, the base bill we have before us omits any funding for title V, part A education block grants, and that program has previously been funded at the level of $296 million. That program is one of the few places where educators in America have flexibility to spend money as they see fit. Indeed, these title V block grants are critical, and they give local educators the flexibility to address local needs. They are used to reduce class size, buy computers, provide teacher training, and they are used to support remedial reading efforts.

It is the flexibility of these grants that makes the difference. When the last child left behind bill is being funded across our Nation, and some people say there is not sufficient funding. Many local educators have spoken up and said this program needs to be funded.

Indeed, in a letter from the American Association of School Administrators, which represents more than 14,000 school administrators and local education leaders across the country, in a letter dated just yesterday, they said, “At a time when every dollar flowing from the Federal Government to local districts has a specific purpose, only this funding stream...the title V education block grant, “allows districts the flexibility to use the dollars to meet the unique needs of their local school district.” The letter went on to say every district benefits from funding under this block grant; therefore, every district would be affected by its elimination, and they reiterate these dollars are helping local school districts implement No Child Left Behind.

I believe there is no opposition to the addition of the funding which this amendment offers. What there is a debate about the source of that funding. The amendment would reduce the $20 million from the Even Start Program and puts it into this title V education block program. We chose that because it was the only source we could find. We would note that Even Start is already funded at $247 million, and that is a sufficient amount to continue the programs already funded. I urge my colleagues to support the amendment.

AMENDMENT OFFERED BY MR. OBEY TO AMENDMENT OFFERED BY MR. SHADEGG

Mr. OBEY. Mr. Chairman, I offer this amendment to illustrate that the budget resolution adopted by the majority has put this committee in a position where each time a Member of the majority or minority party tries to save a deserving program, they are forced to gouge another deserving program in order to pay for it.
I am extremely supportive of giving our local educators flexibility with their funding so they can make decisions that truly benefit students. These innovative education funds can be used for anything to improve academic achievement. I urge my colleagues to support this amendment and restore these funds.

Mr. REGULA. Mr. Chairman, I move to strike the requisite number of words.

I rise in support of this amendment. I think it is a fairness issue because we want to give all the children in the schools of the United States an opportunity. What this does, and unfortunately we had to drop it from the original bill, it was $296 million last year and down to zero, in an effort to beef up a lot of programs that are very important to Members.

But I think in fairness this is a very modest amendment that is being proposed by the gentleman from Arizona. It is $20 million. It is a small number, but it is still a number that would help. We are doing this at a time when the Congress never gets to deal with the trade-offs between revenues and expenditures. That, I think, is a fundamental corruption of the original intention of the Budget Act.

I wish that the majority party had not determined to walk down this road, but they have; and under the approach that they have established in the House, I must concede the point of order, but it is too bad because it means that we are going to be gouging one good Republican program in order to pay for one good national program.

Mr. SHADEGG. Mr. Chairman, I ask unanimous consent to strike the requisite number of words.

The CHAIRMAN. Without objection, the gentleman from Arizona is recognized for 5 minutes.

There was no objection.

Mr. SHADEGG. Mr. Chairman, I thank the chairman of the subcommittee for his support of this amendment; and to my friend from the opposite side of the aisle, I want to make it clear to him, we did propose a much more modest amendment, only $20 million. Our original goal had been to restore the entire $296 million. I would hope that in negotiations with the other body you would find, as I know the chairman will look to find, a way to support a block grant program. I understand and sympathize with the remarks he made in his effort. Hopefully, as this bill moves forward and he will be in the conference and I will not, you can restore these funds even above the $20 million level here.

The Even Start program will still have $20 million. If not as if we are putting it way behind. In light of all that, I strongly support the amendment proposed by the gentleman from Arizona.

Mr. SHADEGG. Mr. Chairman, I move to strike the last word.

Mr. Chairman, I am pleased to offer this amendment today with the gentleman from Arizona to restore much-needed funding for the Title V block grant program. These funds allow local educators the flexibility to address local needs, whether it is school safety, remedial reading, dropout prevention, professional development or support for clearly working teachers.

This innovative education program is the most flexible program contained within the Elementary and Secondary Education Act. It is the only formula program that allows recipients to use the funds to benefit any and all student populations in any and all schools. In 2001–2002, 23 percent of the money provided to Colorado through this block grant was used for literacy programs, and 11 percent was used for library materials. Other States have used the money to improve computer labs and teachers. Many States are now using the money to meet the academic requirements of the No Child Left Behind.
part with Federal money, all grantees receiving Federal funds included in this Act, including but not limited to State and local governments and recipients of Federal research grants, for any—
(1) the percentage of the total costs of the program or project which will be financed with Federal money;
(2) the dollar amount of Federal funds for the project or program; and
(3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

SEC. 509. (a) None of the funds appropriated under this Act, and none of the funds in any trust fund to which funds are appropriated under this Act, shall be expended for any abortion.
(b) None of the funds appropriated under this Act, and none of the funds in any trust fund to which funds are appropriated under this Act, shall be expended for health benefits coverage that includes coverage of abortion.
(c) The term “health benefits coverage” means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement.

SEC. 510. (a) The limitations established in the preceding section shall not apply to an abortion—
(1) if the pregnancy is the result of an act of rape or incest; or
(2) in the case where a medical professional certifies, in the case where a woman suffers from medical conditions that result from a physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

(b) Nothing in the preceding section shall be construed as prohibiting the expenditure by a State, or locality, of State, local, or private funds (other than a State’s or locality’s contribution of Medicaid matching funds).
(c) Nothing in the preceding section shall be construed as restricting the ability of any managed care provider from offering abortion coverage or the ability of a State or locality to contract separately with such a provider for such coverage with State funds (other than a State’s or locality’s contribution of Medicaid matching funds).

(d)(1) None of the funds made available in this Act may be made available to a Federal agency or program, or to a State or local government, if such agency or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions.
(2) In this subsection, the term “health care entity” includes an individual physician or other professional provider of health care (whether or not employed by a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, service, or plan).

SEC. 511. (a) None of the funds made available in this Act may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established by section 202 of the Controlled Substances Act.
(b) The limitation in subsection (a) shall not apply when there is significant medical evidence that the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

SEC. 512. None of the funds made available in this Act may be obligated or expended to enter into or renew a contract with an entity if—
(1) such entity is otherwise a contractor with the United States derived by the collection of fees available to the agencies funded by this Act, that shall be available for obligation or expenditure through a reprogramming of funds.

SEC. 513. None of the funds provided under this Act, or provided under previous appropriations Acts to the agencies funded by this Act that remain available for obligation or expenditure in fiscal year 2005, or provided from any accounts in the Treasury of the United States derived by the collection of fees available to the agencies funded by this Act, shall be available for obligation or expenditure through a reprogramming of funds in excess of $500,000 or 10 percent, whichever is less.

Mr. TOM DAVIS of Virginia. Mr. Chairman, I offer an amendment.

The Clerk read as follows:

AMENDMENT OFFERED BY MR. TOM DAVIS OF VIRGINIA

Notwithstanding the inability of a local educational agency to meet the minimum eligibility criteria described in section 1125(a)(1) for a fiscal year, if sufficient funds are appropriated, the amount made available to the agency under section 1125 for that year shall be—
(i) if the agency meets such minimum eligibility criteria and received a grant under section 1125 for the preceding fiscal year, not less than 67 percent of the amount of such grant; or
(ii) if the agency meets such minimum eligibility criteria and received a grant under section 1125 for the second preceding fiscal year (but not the preceding fiscal year), not less than 34 percent of the amount of such grant.

(C) EDUCATION FINANCE INCENTIVE GRANTS.—Notwithstanding the inability of a local educational agency to meet the minimum eligibility criteria described in section 1125(a)(1) for a fiscal year, if sufficient funds are appropriated, the amount made available to the agency under section 1125A for that year shall be—
(i) if the agency met such minimum eligibility criteria and received a grant under section 1125, the grants made available to such local educational agency under section 1125 for the preceding fiscal year, not less than 7 percent of the amount of such grant; or
(ii) if the agency met such minimum eligibility criteria and received a grant under section 1125 for the second preceding fiscal year (but not the preceding fiscal year), not less than 34 percent of the amount of such grant.

Amendment offered by Mr. Tom Davis of Virginia: At the end of the bill, insert after the last section (preceding the short title) the following:

SEC. 514. None of the funds made available in this Act to any department, agency, or instrumentality of the United States Government, except pursuant to a transfer made by, or transfer authority provided in, this Act or any other appropriation Act.

SEC. 515. None of the funds made available by this Act to carry out the Library Services and Technology Act may be made available to any library covered by paragraph (1) of section 228(f) of such Act (20 U.S.C. 9134(f)), as amended by the Children’s Internet Protection Act, or by the National Institute of Standards and Technology, that promotes the legalization of any drug or other substance included in schedule I of the Controlled Substances Act.

SEC. 516. None of the funds made available under this Act shall be used to fund any program or activity which has made the certifications required by paragraph (4) of such section.

SEC. 517. (a) None of the funds made available by this Act to carry out part D of title II of the Elementary and Secondary Education Act of 1965 may be made available to any elementary or secondary school covered by paragraph (1) of section 1122(c) of such Act (20 U.S.C. 7777(a)), as amended by the Children’s Internet Protection Act and the No Child Left Behind Act, unless the local educational agency, upon which responsibility for such covered school has made the certifications required by paragraph (2) of such section, has transferred to the Secretary of Education the amount required by paragraph (1) of such section.

Notwithstanding the inability of a local educational agency to meet the minimum eligibility criteria described in section 1125(a)(1) for a fiscal year, if sufficient funds are appropriated, the amount made available to the agency under section 1125 for that year shall be—
(i) if the agency met such minimum eligibility criteria and received a grant under section 1125 for the preceding fiscal year, not less than 67 percent of the amount of such grant; or
(ii) if the agency met such minimum eligibility criteria and received a grant under section 1125 for the second preceding fiscal year (but not the preceding fiscal year), not less than 34 percent of the amount of such grant.
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Section 1125A for the preceding fiscal year, not less than 67 percent of the amount of such grant; or

(ii) if the agency met such minimum eligibility criteria and received a grant under section 1125A for the second preceding fiscal year (but not the preceding fiscal year), not less than 34 percent of the amount of such grant.

(b) The amendments made by this section apply only with respect to funds appropriated for fiscal year 2005 or any subsequent fiscal year.

Mr. TOM DAVIS of Virginia (during the reading). Mr. Chairman, I ask unanimous consent that the amendment be considered as read and printed in the Record.

The CHAIRMAN. Is there objection to the request of the gentleman from Virginia?

There was no objection.

Mr. REGULA. Mr. Chairman, I reserve a point of order.

The CHAIRMAN. The gentleman from Ohio reserves a point of order.

Mr. OBRY. Mr. Chairman, I also reserve a point of order.

The CHAIRMAN. The gentleman from Wisconsin reserves a point of order.

Mr. TOM DAVIS of Virginia. Mr. Chairman, first let me state I realize this amendment is subject to a point of order so I will withdraw the amendment, but I want to take the opportunity to raise an important issue that is of great importance to the Fairfax County school districts which I represent.

Mr. Chairman. No Child Left Behind requires the Department of Education to use the most up-to-date poverty data from the Census Bureau when determining eligibility for Title I grants. The intent behind this requirement is sensible. We want Title I funds going where they are most needed.

That said, two of the four available Title I grant programs, Targeted Grants and Education Finance Incentive Grants, have a 5 percent cutoff for eligibility. If a school district falls below this level, they lose all funding through these grants. There are no hold-harmless provisions for a drop in poverty rates.

In the case of Fairfax County, our most recent poverty figures fell about 1 percent to 4.94 percent. While this figure represents a small number of students, 106 students to be exact, it has equated to a 26 percent reduction in Title I funds.

We lose almost $3.2 million for losing 106 students. That is about $33,000 a student. My concern is not just that my local school district has lost $3.2 million this coming school year. It is that a school district like Fairfax County can hover at around the 5 percent level year after year, and this makes it impossible to plan effectively since it is unclear from one year to the next whether these funds will be available.

Our amendment would hold harmless provisions for targeted and EIG grants. The first year the school district fell below the 5 percent level, it would still be eligible for two-thirds of the amount they received the previous year. The second year it would be eligible for one-third. The third year it would lose eligibility.

In my view, a stair-step system would better reflect a true change in the demographics of a given school district and allow better planning from year to year. As I said, this equates to almost $33,000 a student for a loss of 106 students. I will withdraw the amendment, but hope that the members on the authorizing committee and appropriation committees will work with us in the future to look at such a stepped approach, which I think makes for better planning.

Mr. MORAN of Virginia. Mr. Chairman, I rise in strong support of this amendment which will help to correct an “unfair penalty” relating to Title I funding for some of our nation’s most deserving schools.

There are four different grant categories which deliver Title I funds to school districts: Basic Grants, Targeted Grants, Education Finance Incentive Grants (EFIG), and Concentration Grants. The Department of Education maintains a 5 percent poverty level “cliff” for Education Finance Incentive Grants and targeted grants.

This means that if a school district’s poverty line falls below five percent, they lose a significant portion of their Title I funds.

The Davis-Momentum Amendment would provide a phase out of funds over several years, for example, if the school district falls below the 5 percent requirement, they would only lose 33 percent the following fiscal year. After the second consecutive year, they would lose 66 percent. After the third year, they would lose all funding. If a school district’s poverty data rose above the 5 percent minimum level, it would be fully eligible to receive education finance incentive grants and targeted grants.

As a representative of one of the largest public school systems in the country, Fairfax County, I am deeply troubled that they are set to lose over $3 million in Title I funds because their poverty level is 4.96 percent, slightly below the 5 percent floor required for most Title I grants.

This loss of Title I funds is going to have a devastating impact on several school districts and comes at a particularly critical time. School districts are facing the public choice and supplemental services sanctions mandated by No Child Left Behind, and these same schools are going to be forced to redirect Title I funds out of the very classrooms where they are needed the most.

No Child Left Behind stipulates that the Department of Education must use the most up-to-date poverty data from the Census Bureau in determining a school district’s eligibility to receive Title I funds.

Because of this, the Department of Education is using data from census year 2000 for their calculations of poverty rates. Unfortunately it is 2004 and we do not have the same economy they had 4 years ago.

In Fairfax County alone, the student population eligible for the free and reduced-price lunch program has increased by 18 percent since FY 2000. This data more clearly reflects the need of the Fairfax County school system to receive Title I funds than old census data.

Because Title I funds are allocated on the basis of poverty and not the basis of free and reduced price lunch eligibility, this school system stands to see their Title I funds decreased by 26 percent, the largest dollar decrease of any school district division.

This poverty threshold calculation actually under emphasizes significant pockets of poverty in otherwise relatively wealthy school districts. The Fairfax County Public School System is a perfect example of a school district which includes the wealthy areas of Great Falls and McLean but also the traditionally underserved areas of the Route 1 Corridor and Baileys Crossroads, where a majority of students on free and reduced lunch reside.

This calculation is not fair to those students in the poor sections of a wealthy county, and does not accurately portray the needs of them, their teachers and their schools.

I urge all my colleagues to adopt the Davis-Moran amendment and make the Title I funding formula more equitable in order to ensure there are no child left behind.

Mr. TOM DAVIS of Virginia. Mr. Chairman, I ask unanimous consent to withdraw the amendment.

The CHAIRMAN. Is there objection to the request of the gentleman from Virginia?

There was no objection.

AMENDMENT OFFERED BY MR. GEORGE MILLER OF CALIFORNIA

Mr. GEORGE MILLER of California. Mr. Chairman, I offer an amendment.

The Clerk read as follows:

Amendment offered by Mr. GEORGE MILLER of California:

At the end of the bill, before the short title, insert the following:

SNC. None of the funds appropriated by this Act may be used by the Pension Benefit Guaranty Corporation to enforce section 4010(c) of the Employee Retirement Income Security Act of 1974.

Mr. REGULA. Mr. Chairman, I reserve a point of order.

Mr. GEORGE MILLER of California. Mr. Chairman, I rise to offer an amendment to better protect the pension benefits of millions of Americans. Workers’ retirement security has been taking it on the chin for the last 4 years. First, tens of thousands of workers and retirees lost their retirement savings after the Enron and WorldCom debacles. Then the Bush administration tried to restart the cash balance conversions and cut the pensions of millions of older workers. Under this proposal millions of older workers would have seen their pension benefits cut up to in half, and they would have had no way to return and repair the amount of money that they were planning to retire on. And now we find out that thousands of pension plans are, in fact, underfunded, and many are considering the termination and the dumping of billions of dollars of liability on the Pension Benefit Guaranty Corporation, the agency that ensures the work- ers’ retirement security in this country.

The Pension Benefits Guaranty Corporation has gone from a $7 billion surplus to a $10 billion deficit in just 2
years. The GAO has it on its watch list of high-risk agencies. And a handful of airlines, including United, Delta, and US Air, may soon dump more liabilities on the Pension Benefits Guaranty Corporation that reach as high as $30 billion.

One of the worst parts of this is that the workers have no idea that their pension funds are underfunded and at risk, that their employer could default on their pension promises. Let me say that again. That while these plans are underfunded and while they are at risk, the workers are not informed of that information. Pension law requires underfunded pension plans to report their underfunding to the government, but not to the workers.

My amendment is simple. I prohibit the Pension Benefit Guaranty Corporation from enforcing the part of the law that prohibits them from disclosing to workers and to retirees the funding status of their pension plan. After all, this is their money. This is money that they have contributed to those pension plans. It is money that they are planning on for their retirement. It is money that they are planning on for their future, and it is money that they cannot replace. They are an older worker. They ought to have this information.

Most interesting is the fact that the Pension Benefit Guaranty Corporation wants to make this information public. The current administration has said that they support making it public. But this provision in the law prevents them from doing this.

There is no reason why the government should know the status of company pension plans, but the workers should not. Workers are losing more and more each day under the administration’s proposals on pension. Their jobs are being outsourced overseas. Their wages are falling. They have no protections and inadequate minimum wage. They are either losing their health care benefits or paying more in copays and deductibles and more of their wages on skyrocketing health insurance premiums, and they are losing their retirement security.

We have got to be able to provide them this information. This is very analogous to the workers at the Enron Corporation. The corporation knew that their 401(K) plans were in serious jeopardy. The administration has said that they support making it public. But this provision in the law prevents them from doing this. They took care of their golden enterprise that they were engaged in in the 401(K) plans. It is money that they are planning on for their retirement. It is money that they are planning on for their future, and it is money that they cannot replace. They are an older worker. They ought to have this information.

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idea that is supported, to my understanding, by the administration. I hope it would be supported by both sides of the aisle here. I would urge a ‘yes’ vote.

Mr. REGULA. Mr. Chairman, I continue to reserve a point of order.

Mr. BOEHNER. Mr. Chairman, I move to strike the requisite number of words.

Mr. GEORGE MILLER of California. Mr. Chairman, will the gentleman yield?

Mr. OBEY. Mr. Chairman, I move to strike the requisite number of words.

Mr. GEORGE MILLER of California. Mr. Chairman, I thank the gentleman for yielding, and I thank the comments of my chairman, the gentleman from Ohio (Mr. BOEHNER), on this situation. But I must say I continue to disagree with the gentleman, and I disagree on two grounds.

First and foremost, we have made several requests to him to ask the PBGC, and we have specifically have asked, the Democrats on the committee have asked the PBGC for this information, we do not make it available to the committee, much less the public. They will not make it available to the committee because the chairman of the committee must make that request to them.

So when you talk about us going into long-term pension reform, Mr. Chairman, at a minimum we ought to have this information about the magnitude of the problem and the variations among the various corporations and the industries that are involved in this, and in this information that has to be supplied to the Pension Benefit Guaranty Corporation is not just information about where the pension fund is. It also includes all types of detailed information about the finances of the company itself.

For private companies who may be in this position, this is very sensitive information.

The reason we have not dealt with the issue as yet is we have been working on a long-term fix for the defined benefit pension plans. As we get into those conversations, we have had a number of hearings over the past couple of years, we passed the Pension Equity Funding Act earlier this year, signed by the President, to fix the most immediate problems.

But as the gentleman from California (Mr. BOEHNER), on this situation, the author of the amendment, well knows, we have had a number of hearings last year and for this year about the long-term problems facing defined benefit pension plans, a traditional pension plan, and what we hope to do is to have a bill next year that would revise all of the funding rules to make it easier for companies to comply with the rules and, most importantly, to ensure that companies are funding their pension plans.

As part of this overall bill, I think there may be a way to address the concerns raised by the gentleman from California (Mr. GEORGE MILLER) in terms of who the companies are or the extent of their pension issue, without disclosing all of the sensitive financial data that must be submitted to the Pension Benefit Guaranty Corporation.

So I would urge my colleagues to vote no on the Miller amendment, and my colleagues should know that a commitment is on my part to the gentleman from California (Mr. GEORGE MILLER), some of my colleagues of my concern that we will address that portion that is not nearly as sensitive on the financial data as we deal with the broader

overhaul of our defined benefit pension laws and regulations.

I would urge my colleagues to vote no.

Mr. OBEY. Mr. Chairman, I move to strike the requisite number of words.

Mr. GEORGE MILLER of California. Mr. Chairman, will the gentleman yield?

Mr. OBEY. I yield to the gentleman from California.

Mr. REGULA. Mr. Chairman, will the gentleman yield?

Mr. OBEY. I yield to the gentleman from Ohio.

Mr. REGULA. If I understand this correctly, the corporation would have to disclose information under the requirements of this section that would go beyond the pension part of their liability.

Mr. GEORGE MILLER of California. Mr. Chairman, if the gentleman would yield further, I appreciate that argument, but in reviewing the case, the Bush administration said they support the closure under the provision of the law, and the PBGC supports that. I do not think these two entities are interested in destroying these corporations.

The fact of the matter is this information was made available for many years.

Mr. OBEY. Mr. Chairman, reclaiming my time, I thank the gentleman from California, and I fully agree with his statement.

Mrs. MCCARTHY of New York. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, all day today we have been hearing so many different issues coming up on the floor that are concerning so many people, and I thank the ranking member, and I thank the chairman, and I thank the ranking minority ranking member on the Committee on Education and the Workforce for bringing these issues up.

I am here because I am not allowed to bring up the assault weapons bill onto the floor. With that, I will continue for the rest of the evening and all day tomorrow and all day Monday to talk about how we need to get the President involved to be able to make some phone calls to the Speaker of the House. I know that he supposedly is going to be meeting with all the police officers and chiefs that we met this morning to try and convince them that this is what the American people want, this is what our police officers want.

It comes down to a safety issue. There are so many things that we have to handle here, and we actually, in my opinion, have wasted an awful lot of time this year. We have done more politicking than we have done actual work, and that is too bad, because the only one that suffers is the American people.

If the assault weapons ban is not renewed, the American people in the end will suffer, our children will suffer, our communities will suffer, our health care system will suffer.
Mr. Chairman, I rise in support of the amendment offered by our colleague from California (Mr. George Miller). This amendment follows very closely legislation that the gentleman from California (Mr. George Miller) and I introduced last year to address this problem.

The moment that we gather here in Congress, I suppose, tens of millions of Americans who are out working, trying to ensure that their families have a better future. As they do their work and they look forward to payday to get their paycheck, one of the things that should be foremost in their minds is that they can look to the future and know that they will have the security that they deserve to have at the end of their career. Their retirement is coming, okay, Mr. Secretary, if you want to put a date to it. It will. And when it comes, they want to know that it will, in fact, allow them to retire in dignity and enjoy the fruits of their labor after they have provided for their family and community, to be able to enjoy a decent, dignified retirement.

In recent years, American employees, American workers, have had good reason to be fearful that that very significant benefit of retirement that they have worked for, with some companies perhaps for 20 or 30 years, will not be there when they need it in full amount.

First there were the employees of Enron. Thousands of them, through no fault of their own, lost their retirement. Then the same thing happened at WorldCom. Thousands of people who had worked for that company almost since its origin losing their retirement future, the hope of a dignified retirement, many of them having to go back into the workforce.

Realistically, when we look back over the activities of this Congress since the Enron debacle, as far as preventing another debacle for employees at Enron and their retirement futures, or WorldCom, this Congress has done next to nothing to prevent other employees from suffering the same fate.

As the years have gone by and Congress has been inactive, our economy has struggled, and we have begun to see more major companies, particularly in the airline industry, begin to raise questions as to whether they were going to put their pension plan into bankruptcy, whether they were going to stop making pension payments. This amendment does not solve all those problems. It is a very modest amendment. It simply expresses confidence in the employees, that they deserve to know the same information that their employer is filing with the government.

As my colleague from California just pointed out, were it not for the fine print in legislation that was approved in 1994, we would have the right to know this information. This amendment simply says, if the employee has the information, they can choose to go to another employer who has a fully funded pension plan, or they can turn to their employer and ask, why not? Why am I being given a false promise of a secure retirement, when, in fact, this plan is not funded at a sufficient level to assure that all workers who work here and retire will be able to enjoy their retirement with dignity?

Of course, there is another public policy consideration here, and that is that there is a government agency, the Pension Benefit Guaranty Corporation, that is responsible for ensuring and protecting against those plans that are not safe. From reading of the recent reports on the status of that corporation, we face the potential of something that will make the savings and loan bailout of a few decades back look modest in comparison. Major pension funds, one after another, going under and placing a burden on that corporation.

The Bush administration came out in support of the very kind of amendment that I introduced last year. At least, once some special interest began to question the wisdom of this provision, they fell moot. But their recommendation is a matter of public policy; it is clear, and it is out there. The Governor’s Office, the Pension Benefit Guaranty Corporation itself, all of these have recommended that this information that they get be made available to the employee so that the employee will be empowered.

This amendment is based on the principle that the workers that are out there deserve the right to know, they deserve the right to be empowered about their pension futures, and I can see no good reason not to provide that information.

The suggestion by the chairman of the committee that he has a long-term plan to deal with this is great, but it is a little too long for the term of those who are concerned about their retirement safety and, one after another, pension plans failing.

I urge adoption of the amendment.

The CHAIRMAN. Does the gentleman from Ohio (Mr. Regula) insist on his point of order?

Mr. Regula. Mr. Chairman, I do. But we recognize that since it is a limitation amendment, that it would not be in order. On that basis, I withdraw it.

The CHAIRMAN. The gentleman withdraws his reservation.

The question is on the amendment offered by the gentleman from California (Mr. George Miller).

The question was taken; and the Chairman announced that the ayes appeared to have it.

Mr. Regula. Mr. Chairman, I demand a recorded vote.

The CHAIRMAN. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from California (Mr. George Miller) will be postponed.

AMENDMENT OFFERED BY MR. STEARNS

Mr. Stearns. Mr. Chairman, I offer an amendment.

The Clerk read as follows:

Amendment offered by Mr. Stearns:

At the end of the bill (before the short title), insert the following:

SEC. None of the funds appropriated by this Act may be expended by the Secretary of Health and Human Services to carry out the modification of coverage policy number 36-28 of the Medicare Coverage Improvement Manual R1250c and amended by the Secretary on July 15, 2004, in the press release entitled ‘‘HHS ANNOUNCES REVISED MEDICARE OBESITY COVERAGE POLICY—Policy Opens Doors to Evidence’’ until the date on which the Secretary submits to Congress a report containing the best estimate of the increased costs to the Medicare program by reason of such modification of coverage policy.

Mr. Regula. Mr. Chairman, I reserve a point of order against the amendment.

The CHAIRMAN. The gentleman from Ohio (Mr. Regula) reserves a point of order against the amendment.

The gentleman from Florida (Mr. Stearns) is recognized for 5 minutes in support of his amendment.

Mr. Stearns asked and was given permission to revise and extend his remarks.

Mr. Stearns. Mr. Chairman, this is a very simple amendment. Obviously the chairman has reserved a point of order. He might want to listen to my arguments. Perhaps persuasiveness of what I have to say will change his mind.

All of us know that on July 15, 2004, the Secretary of Health and Human Services announced that Medicare would allow for the coverage of antiobesity treatments and interventions by Medicare.

He said this would go on as long as scientific and medical evidence demonstrates their effectiveness in improving the health of beneficiaries on Medicare.

Now, the question I have, and part of my amendment here is, we do not know what this means. Does this mean that, for example, taking an immediate impact on Medicare’s coverage? Does this mean there are new benefits? We just do not know. Because the Secretary is saying, let us just take a look at this treatment or at that treatment, evaluate it on the basis of improving the health of individuals.

So my amendment is basically saying, okay, Mr. Secretary, if you want...
to go ahead and look at the coverage of somebody who is overweight, give them treatments or intervention and use taxpayers' good, hard-earned dollars to do so and you want to do it on the basis of scientific and medical evidence, what should we do?

So I would urge the chairman to put this in the mix, maybe perhaps in conference or something, because we all know that Medicare is increasing, in light of obesity contributions, which is in the billions of dollars to Medicare, the No. 1 cost is Medicare, the higher we go, the higher may be the thing that increases it dramatically. Part B premiums are rising at 17 percent. We have heard Senator Kerry talk about that on the campaign trail. So what is the cost of this new benefit that we are speculating might occur after we prove the scientific and medical evidence to use it?

I think that, besides information about health outcomes, information about the possible consequences and obesity policy changes in future premiums would be useful and also should be part of this debate.

Now, all of us in this Chamber and throughout America believe in preventive health treatments, and for Medicare, I believe that, Medicare beneficiaries are now offered "Welcome to Medicare" physicals and screening for diabetes and heart disease. But, obviously, these new benefits are passed along in premiums to beneficiaries, and we should talk about that.

Now, I remind my colleagues that on August 27, Federal Reserve Chairman Greenspan was speaking about Social Security and Medicare entitlements, and he warned his audience at that point, he said, "If we have promised more than our economy has the ability to deliver to retirees, as I fear we have, we must recalibrate our public programs so that pending retirees have time to adjust."

Let's talk about what we propose and what we decide as a Nation to cover and, more importantly, what is the price tag for these new benefits for the beneficiaries.

With 64 percent of the American population that is overweight, a substantial number of beneficiaries may likely qualify for this new coverage, and that will increase the cost. Moreover, with the declaration of obesity as a disease, we tread into public funding and issues involving personal behavior. Now, science certainly points to biological contributions to obesity, for example, genetics or uncontrolled metabolism. But still, there are undoubtedly behavioral choices involving what we eat and whether we exercise. These are a matter of personal preference and choice, and I think it is dangerous to say that, just because Medicare is a public program, it can insert itself into private decisions.

Recently, in an article in Reason Magazine on "The War on Fat," they write that the argument based on taxpayer-funded health insurance proves too much. It gives the government an open-ended license to tax, regulate, or ban any behavior that might lead to disease or injury. If diet is a political issue, what is not? The same logic suggests that government should take an interest in how much we sleep or whether we floss regularly.

So many of my colleagues, that we should find the cost of this new benefit to Medicare and, obviously, triad lawyers also may use the policy change as another weapon in their arsenal.

So, Mr. Chairman, in light of your distinguished leadership here and you are saying that it is out of order, I am willing to withdraw this amendment. I recognize that this is perhaps not the appropriate place, but I urge the chairman and his colleagues on the conference committee to consider defining the cost before we allow this new benefit to continue.

Mr. REGULA. Mr. Chairman, I move to strike the last word.

Mr. Chairman, I understand what the gentleman's concern is. I think it is a very difficult definition as to what obesity would be because there are so many factors, but what we might consider and will look at in the conference would be some language just asking the Secretary to get us some idea of what kind of costs are going to be involved in implementing a program of this type, without putting a huge burden on the Secretary to implement or to go ahead with the program.

So I think the gentleman from Florida has served a useful purpose of causing us to focus on what could be a significant challenge prospectively.

Mr. STEARNS. Mr. Chairman, will the gentleman yield?

Mr. REGULA. I yield to the gentleman from Florida.

Mr. STEARNS. Mr. Chairman, I thank the gentleman for his leadership and consideration on this; and I think perhaps that is a compromise, to ask the Secretary how much it will cost to implement this. I think this is a significant kind of general understanding of what he is going to do. So I thank the chairman. Mr. Chairman, I ask unanimous consent to withdraw my amendment.

The CHAIRMAN. Is there objection to the request of the gentleman from Florida?

There was no objection.

AMENDMENT OFFERED BY MR. HEFLEY

Mr. HEFLEY. Mr. Chairman, I offer an amendment.

The Clerk read as follows:

Amendment offered by Mr. Hefley:

At the end of the 1st section (before the short title), strike the following:

SEC. 1. Total appropriations made in this Act (other than appropriations required to be made by provision of law) are hereby reduced by $425,000,000.

Mr. Hefley. Mr. Chairman, I rise today to offer an amendment that would cut discretionary spending in this appropriations bill by $1.4 billion, out of the $142.5 billion discretionary spending price tag. As many of my colleagues know, I have offered a similar amendment on many of the appropriations bills.

Let me begin by saying, however, that I recognize the difficult job the committee has had in putting together this bill. It is complex, it is big, it is a lot of money, it is important, and there are many who would say that I am reaching a bit by doing this; and I commend the chairman and the ranking member, particularly, for their effort in this, to produce a bill with as many good things in it as there are.

However, the fact remains that the Federal budget for fiscal year 2005 is going to be too large. Until we can make a dent in the outrageous level of the Federal deficit, we must be even more diligent in reining in spending. I do not think it is too much to ask to trim the budget for this spending bill by a mere 1 percent and prove to the American public that we want to make a priority of balancing the Federal budget.

I also want to point out that this amendment is structured so that the administration would maintain the ability to determine which accounts should be cut or scaled back in order to achieve this rescission, rather than cutting all programs across the board. The amendment is not to single out all programs for reduction, but I am confident that we can eliminate some of the waste and abuse and find a way to trim 1 percent of the total spending.

Thus, I ask my colleagues to support this amendment and think about the amount of discretionary spending in this bill by 1 cent on the dollar.

Mr. REGULA. Mr. Chairman, I move to strike the last word.

Mr. Chairman, I understand the gentleman's concern, and it is a worthy objective, but we have tried already to cut back. When we know that we are bringing out a bill of this magnitude that affects the lives of 280 million Americans in terms of their education, their health and their jobs, in terms of the ability to find new employment opportunities, we have already pushed that as hard as we can; and we are under the cost of living. It is only a 2.2 percent increase over last year.

I think we have worked very hard to meet the needs of the American people in a very responsible way. While it seems like 1 percent is not a lot, it is $1.4 billion. And do we start taking it out of programs for special needs children, do we take it out of the title I, or do we take it out of health research? We realize the difficulty of applying something like this across the board.

Reluctantly, I oppose the amendment because I think we have already made a real effort to make this bill as financially responsible as possible, given the challenges of meeting the needs of the people of this Nation.

The CHAIRMAN. The question is on the amendment offered by the gentleman from Colorado (Mr. Hefley).

The question was taken; and the Chairman announced that the noes appeared to have it.
CONGRESSIONAL RECORD — HOUSE
H6857
September 8, 2004
RECORDED VOTE
Mr. HEFLEY. Mr. Chairman, I demand a recorded vote. A recorded vote was ordered.

The CHAIRMAN. Pursuant to clause 6 of rule XVIII, this 15-minute vote on the Hefley amendment will be followed by one 5-minute vote, as ordered on the amendment offered by the gentleman from California (Mr. GEORGE MILLER). The vote was taken by electronic device, and there were—aye 79, noes 333, not voting 21, as follows:

(Roll No. 428)

AYES—79

Akin
Barrett (SC)
Bartlet (MD)
Barton (TX)
Bashe
Beaurepas
Bilirakis
Bishop (UT)
Blackburn
Bradley (KY)
Burger
Burnett
Chabot
Chocola
Coble
Coyle
Cox
Davis (TN)
Davis, Jo Ann
DeMint
Dias-Balart, M.
Duncan
Evers
Terry
Fleake
Neugebauer

Abercrombie
Ackert
Aderholt
Alexander
Aliot
Andrews
Baca
Baird
Baker
Ballding
Beccerra
Bell
Berkley
Berman
Berry
Biggert
Bishop (GA)
Bishop (NY)
Blumenauer
Blunt
Boehlert
Boehner
Bomilla
Bonner
Bowser
Boehlert
Boswell
Boucher
Bowser
Brad(RH)
Bradley (PA)
Brown (NC)
Brown (SC)
Brown, Corrine
Brown, Corrine (NY)
Carter

Akin
Barrett (SC)
Bartlet (MD)
Barton (TX)
Bashe
Beaurepas
Bilirakis
Bishop (UT)
Blackburn
Bradley (KY)
Burger
Burnett
Chabot
Chocola
Coble
Coyle
Cox
Davis (TN)
Davis, Jo Ann
DeMint
Dias-Balart, M.
Duncan
Evers
Terry
Fleake
Neugebauer

Abercrombie
Ackert
Aderholt
Alexander
Aliot
Andrews
Baca
Baird
Baker
Ballding
Beccerra
Bell
Berkley
Berman
Berry
Biggert
Bishop (GA)
Bishop (NY)
Blumenauer
Blunt
Boehlert
Boehner
Bomilla
Bonner
Bowser
Boehlert
Boswell
Boucher
Bowser
Brad(RH)
Bradley (PA)
Brown (NC)
Brown (SC)
Brown, Corrine
Brown, Corrine (NY)
Carter

in time for voting. Had I been present, I would have voted "no."

AMENDMENT OFFERED BY MR. GEORGE MILLER OF CALIFORNIA

The CHAIRMAN. The pending business is a demand for a recorded vote on the amendment offered by the gentleman from California (Mr. GEORGE MILLER). The vote was taken by electronic device, and there were—aye 268, noes 148, not voting 17, as follows:

(Roll No. 429)

AYES—268

Abercrombie
Ackerman
Aderholt
Allen
Andrews
Baca
Baird
Baldwin
Beccerra
Bell
Berkley
Berman
Berry
Bilirakis
Boehlert
Bowser
Boucher
Boyd
Brailey
Braley (NY)
Brown (NY)
Brown, Corrine
Brown-Waite
Browne
Bunten
Burke
Burton
Butler
Butlerfield
Caldwell
Camp
Cantor
Capito
Cardin
Cardona
Cardona (NY)
Carter

ANNOUNCEMENT BY THE CHAIRMAN

The CHAIRMAN (during the vote). Members are advised that 2 minutes remain in this vote.

[1752]

MESSRS. RUSH, BRADY of Pennsylvania, FRANK of Massachusetts, Ms. SCHAKOWSKY, and Messrs. OWENS, LYNCH and ISRAEL changed their vote from "aye" to "no."

MESSRS. SULLIVAN, OTTER, MARIO DIAZ-BALART of Florida, and WHITFIELD changed their vote from "no" to "aye."

So the amendment was rejected.

The result of the vote was announced as above recorded.

Stated against:

Ms. MILLENDE-MCDONALD. Mr. Chairman, on rollocall No. 428 I was within my constituencies and was unable to get to the floor
So the amendment was agreed to.

The result of the vote was announced as above recorded.

□ 1800

Mr. OBEY. Mr. Chairman, I move to strike the last word.

Mr. Chairman, there are now more than 8 million people out of work in this country; 3 million have been out of work for so long they have exhausted their unemployment compensation benefits. We have more than 1.5 million fewer private sector jobs than we had 4 years ago, and the administration’s response to that has been to impose new regulations allowing employers to chisel employees on overtime protection, despite the fact that cost of living has risen twice as much this year as last year, despite the fact that gas prices, college tuition, and health care costs are going through the roof.

I had planned at this point to offer an amendment with the gentleman from California (Mr. GEORGE MILLER) which would block most of the sections of that new rule with one exception: We would have allowed the changes to go forward that improve the situation for workers who make between $8,000 and $23,000 a year. But now I have been told that if I intend to offer that amendment tonight, the majority will shut down the House for the evening.

The record will show that the minority on every single appropriation bill has cooperated procedurally with the majority, even when we have not agreed with the content of those bills, in the interest of comity in the hopes that somehow we could reach compromise and accommodation as we move through the process.

In spite of that cooperation, the majority by the end of this fiscal year will have to be able to show that they have passed 1 and possibly 2 of the 13 appropriation bills. I was made clear that the reason for that miserable record is because of the rigidity of the majority and because of their refusal to work with the minority or even other members of the majority in the other body. This is part of a long pattern of procedural abuse.

On prescription drugs, the majority held the vote open for 3 hours when they did not get the result they wanted. On the PATRIOT Act, the Sanders amendment was held open for 40 minutes until enough arms could be broken on the majority side. On vouchers on the majority side. On vouchers on the majority side.

The amendment was agreed to.

The result of the vote was announced as above recorded.
September 8, 2004

CONGRESSIONAL RECORD—HOUSE

H6859

Hastings (WA)  McInnis
Hayes  McKeon
Hayworth  Mica
Hefley  Miller (FL)
Hensarling  Miller (MI)
Herrero  Miller, Gary
Hobson  Moran (KS)
Hoecke  Moroney
Houshia  Murkowski
Hulshof  Neugebauer
Hunt  Northup
Hyde  Nunes
Isakson  Osborne
Isett  Otter
Jenkins  Oxley
Johnston (CT)  Pangman
Johnston, Sam  Petri
Jones (NC)  Pickering
Kelly  Pitts
Kennedy (MN)  Pombo
King (IA)  Porter
King (NY)  Portman
Kirk  Pryce (OH)
Kline  Putnam
Knollenberg  Quin
Kolbe  Radanovich
LaHood  Ramstad
Latham  Regula
LaTourette  Reichert
Leach  Reynolds
Linder  Rogers
Lobiondo  Rogers (MI)
Lucas (OK)  Rogers (NY)
Manzullo  Rohrabacher
McCulloch  Royce
McCrey  Ryan (WI)
McHugh  Ryan (KS)

NOES—195

Abercrombie  Emanuel
Ackerman  Erlenbach
Allen  Etheridge
Andrews  Evans
Baca  Farr
Baird  Fattah
Balduin  Filner
Becerra  Ford
Bell  Frank (MA)
Berkeley  Frost
Berman  Gonzalez
Berry  Gordon
Bishop (EA)  Green (TX)
Bishop (NV)  Grijalva
Blumenauer  Gutiérrez
Boswell  Harman
Boucher  Hansen (FL)
Boyd  Hefley
Braday (PA)  Hill
Brown (OH)  Hoeferl
Brown, Corrine  Holder
Butterfield  Holden
Capuano  Honda
Cardin  Hoyle (OR)
Cardona  Hoyer
Carson (IN)  Inlsee
Carson (OK)  Issa
Case  Isselby
Chandler  Jackson (IL)
Clay  Jackson–Lee
Conyers  Jefferson
Cooper  John
Costello  Johnson, R. B.
Cramer  Jones (OH)
Crowley  Kanjorski
Cummings  Kaptur
Davis (AL)  Kennedy (RI)
Davis (CA)  Kildee
Davis (FL)  Kustoff
Davis (IL)  Kind
Davis (TN)  Kucinich
DeFazio  Langevin
DeGeete  Langer
DeJahnnt  Lantos
DeLauro  Larsen (WA)
Deutsch  Larson (CT)
Dicks  Lee
Dingell  Levin
Dougget  Lewis (GA)
Dooley (CA)  Louisa
Doyle  Lowey

Sanchez, Loretta  Spratt
Sanders  Stark
Sandlin  Stenholm
Schakowsky  Stupak
Schrif  Tanner
Scott (GA)  Tanner (NC)
Scott (VA)  Taylor (MS)
Serrano  Thompson (CA)
Sherman  Thompson (MS)
Sielton  Tierney
Slaughter  Towns (TX)
Snyder  Turner (IN)
Solis  Udall (CO)

Rangel  Kinkema
Cannon  McGovern
Clay  Mica
Crane  Moran (VA)
Engel  Nethercutt
Gephardt  Ney
Gosar  Norwood

Nye

NOT VOTING—23

Ballenger  McKinney
Bono  Kekacka
Cannon  McGovern
Chairman  Moran (VA)
Engel  Nethercutt
Gephardt  Ney

Nye

The CHAIRMAN (during the vote). Members are advised that 2 minutes remain in this vote.

So the vote was announced as above recorded.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. SIMPSON) having assumed the chair, Mr. LATOURETTE, Chairman of the Committee of the Whole House on the State of the Union, reported that Committee, having had under consideration the bill (H.R. 5025) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2005, and for other purposes; had come to no resolution thereon.

MAKING IN ORDER AT ANY TIME CONSIDERATION OF HOUSE RESOLUTION 757, EXPRESSING SENSE OF THE HOUSE ON ANNIVERSARY OF TERRORIST ATTACKS LAUNCHED AGAINST UNITED STATES ON SEPTEMBER 11, 2001

Mr. DREIER. Mr. Speaker, I ask unanimous consent that it shall be in order at any time to consider House Resolution 757 in the House; the resolution shall be considered as read for amendment; the previous question shall be considered as ordered on the resolution and preamble to final adoption without intervening motion or demand for division of the question except: (1) 1 hour of debate on the resolution equally divided and controlled by the chairman and ranking minority member of the Committee on International Relations; and (2) one motion to recommit which may not contain instructions.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

REPORT ON H.R. 5025, DEPARTMENTS OF TRANSPORTATION AND TREASURY AND INDEPENDENT AGENCIES APPROPRIATIONS ACT, 2005

Mr. ISTOOK, from the Committee on Appropriations, submitted a privileged report (Rept. No. 108-671) on the bill (H.R. 5025) making appropriations for the Departments of Transportation and Treasury, and independent agencies for the fiscal year ending September 30, 2005, and for other purposes, which was referred to the Union Calendar and ordered to be printed.

The SPEAKER pro tempore. Pursuant to clause 7 of rule XXII, all points of order are reserved on the bill.

MOTION TO INSTRUCT CONFERREES ON H.R. 1308, TAX RELIEF, SIMPLIFICATION, AND EQUITY ACT OF 2003

Mr. HILL. Mr. Speaker, I offer a motion to instruct.

The SPEAKER pro tempore. The Clerk will report the motion. The Clerk reads as follows:

Mr. HILL moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the House amendment to the Senate amendment to the bill H.R. 1308 be instructed to agree, to the maximum extent possible within the scope of conference, to a conference report that—

(1) extends the tax relief provisions which expire at the end of 2004, and
(2) does not increase the Federal budget deficit.

The SPEAKER pro tempore. Pursuant to clause 7 of rule XXII, the gentleman from Indiana (Mr. HILL) and the gentleman from Pennsylvania (Mr. ENGLISH) each will control 30 minutes.

The Chair recognizes the gentleman from Indiana (Mr. HILL).

Mr. HILL. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, today I am here to introduce a simple, but important, motion before us. My motion calls on Congress to extend expiring middle- and low-income tax cuts set to expire at the end of this year without increasing the deficit. We have seen broad and bipartisan support for extending the middle-class tax cuts. We have also seen bipartisan support for the concept of pay-as-you-go to avoid further increasing the ballooning budget deficits facing our Nation. The motion before us asks the conferees to be sure that Congress achieves both of these goals.

We have already seen a bipartisan proposal from the Senate extending for a year middle-class tax cuts without increasing the deficit. And the Blue Dogs have offered a corresponding bill in the House.

There are some simple solutions to making these cuts budget neutral, and I would suggest that they are relatively noncontroversial, such as closing various tax shelters that are being abused.