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

SEPTEMBER 7, 2004.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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

R E P O R T

together with

MINORITY VIEWS

[To accompany H.R. 5006]

The Committee on Appropriations submits the following report in explanation of the accompanying bill making appropriations for the Departments of Labor, Health and Human Services (except the Food and Drug Administration and the Indian Health Service), and Education, Armed Forces Retirement Home, Committee for Purchase from People Who are Blind or Severely Disabled, Corporation for National and Community Service, Corporation for Public Broadcasting, Federal Mediation and Conciliation Service, Federal Mine Safety and Health Review Commission, Institute of Museum and Library Services, Medicare Payment Advisory Commission, National Commission on Libraries and Information Science, National Council on Disability, National Labor Relations Board, National Mediation Board, Occupational Safety and Health Review Commission, Railroad Retirement Board, and the Social Security Administration for the fiscal year ending September 30, 2005, and for other purposes.

95–685

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SUMMARY OF ESTIMATES AND APPROPRIATIONS

The following table compares on a summary basis the appropriations including trust funds for fiscal year 2005, the budget estimate for fiscal year 2005 and the Committee recommendation for fiscal year 2005 in the accompanying bill.

2005 LABOR, HHS, EDUCATION APPROPRIATIONS BILL

[In millions of dollars]

	Fiscal year—			2005 committee compared to—	
	2004 comparable	2005 budget	2005 committee	2004 comparable	2005 budget
Department of Labor	$15,278	$15,186	$14,906	−$372	−$280
Advances	2,545	2,551	2,551	+6	0
Department of Health and Human Services	353,642	369,010	368,990	+15,348	−20
Advances	56,099	62,784	62,784	+6,685	0
Department of Education	58,236	59,975	60,317	+2,081	+342
Advances	15,011	15,022	15,022	+11	0
Related Agencies	44,428	48,915	48,708	+4,280	−207
Advances	11,458	12,980	12,980	+1,522	0
Grand Total, current year	471,584	493,086	492,921	+21,337	−165
Advances	85,113	93,337	93,337	+8,224	0
Current year total using 302(b) scorekeeping	471,288	492,125	492,327	+21,039	+202
Mandatory	331,864	349,801	349,801	+17,937	0
Discretionary	139,424	142,324	142,526	+3,102	+202

PROGRAM LEVEL DISCRETIONARY

[In millions of dollars]

	Fiscal year—			2005 committee compared to—	
	2004 comparable	2005 budget	2005 committee	2004 comparable	2005 budget
Department of Labor	$11,821	$12,003	$11,723	−$98	−$280
Department of Health and Human Services	62,201	63,231	63,210	1,009	−21
Department of Education	55,662	57,339	57,681	2,019	342
Related Agencies	10,070	10,712	10,505	435	−207
Subtotal Program Level	139,754	143,285	143,119	3,365	−166

GENERAL SUMMARY OF THE BILL

Funding levels in the fiscal year 2005 appropriation bill for the Departments of Health and Human Services, and Education and Related Agencies reflect the Committee's attempt to establish priorities within the very stringent limitations. As in past years, the

Committee has increased funding for programs that work for people and represent a core Federal responsibility.

Bill total.—Total funding, including offsets, for fiscal year 2005 in the Departments of Health, and Human Services and Education and Related Agencies Appropriations Act, 2005 is $492,327,096,000.

Discretionary Programs.—For Discretionary accounts for 2005 the bill provides $142,526,000,000, including offsets. This is $3,101,931,000 above the fiscal year 2004 comparable level. After adjusting for fluctuations in advance appropriations, the comparable program increase is $3,366,085,000, or 2.41 percent, over fiscal year 2004.

Mandatory programs.—The bill provides $349,801,096,000 for entitlement programs in fiscal year 2005. This is $17,937,264,000 above the fiscal year 2004 comparable level, or an increase of 5.4 percent. Over two thirds of the funding in the bill is for these mandatory costs. Funding requirements for entitlement programs are determined by the basic authorizing statutes. Mandatory programs include general fund support for the Medicare and Medicaid programs, Supplemental Security Income, Trade Adjustment Assistance and Black Lung payments. The following chart indicates the funding levels for the major mandatory programs in fiscal years 2004 and 2005 and the growth in these programs.

MANDATORY

[Dollars in thousands]

Program	Fiscal Year 2004	Fiscal Year 2004	Change
Department of Labor:			
Federal Unemployment Benefits and Allowances	1,338,200	1,057,300	−280,900
Advances to the UI and other trust funds	467,000	517,000	+50,000
Special Benefits	163,000	233,000	+70,000
Special Benefits for Disabled Coal Miners	299,991	188,000	−111,991
Energy Employees Occupational Illness Compensation Fund	51,651	40,821	−10,830
Black Lung Disability Trust	1,055,000	1,059,000	+4,000
Department of Health and Human Services:			
Vaccine Injury Compensation Trust fund	66,000	66,000	0
Medicaid current law benefits	172,706,067	167,013,865	−5,692,202
Medicaid State and Local Administration	9,067,320	9,318,602	+251,282
CMS Vaccines for Children	980,196	1,208,296	+228,100
Medicare Payments to Healthcare Trust Funds	95,084,100	114,608,900	+19,524,800
Child Support Enforcement	4,361,674	4,398,698	+37,024
Social Services Block Grant	1,700,000	1,700,000	0
Promoting Safe and Stable Families	305,000	305,000	0
Payments to States for Foster Care and Adoption	5,068,300	5,037,900	−30,400
Medical Benefits for Commissioned Officers	321,763	330,636	+8,873
Department of Education:			
Vocaltional Rehabilitation	2,584,162	2,635,845	+51,683
Related Agencies:	34,336,000	38,181,929	+3,845,929

Department of Labor.—The bill appropriates $11,723,237,000 for the discretionary programs of the Labor Department.

Employment and Training.—The Committee recommends $5,112,728,000 to carry out the provisions of the Workforce Investment Act of 1998. This is $32,736,000 below the fiscal year 2004 comparable level and $213,564,000 below the request. The Committee recommends an increase in funding over fiscal year 2004 for dislocated worker re-employment assistance of $25,000,000.

Employee Benefits Security Administration.—The Committee recommends $132,345,000 for the EBSA to carry out their responsibil-

ities to American workers and their families who are covered by private sector pension, health, and other employee benefit plans. This is $8,305,000 above the fiscal year 2004 comparable level and the same as the request.

Employment Standards Administration.—The Committee recommends $402,818,000 for ESA. This level is $10,802,000 above the fiscal year 2004 comparable level and $6,476,000 below the President's program level request for the Agency.

Occupational Safety and Health Administration.—The Committee recommends funding for OSHA at $461,599,000, $4,058,000 above the fiscal year 2004 comparable level and the same as the request.

Department of Health and Human Services.—The bill appropriates $63,210,324,000 for discretionary programs of the Department.

Health Resources and Services Administration.—Funding for the Health Resources and Services Administration (HRSA) programs is $6,330,333,000, $287,970,000 below the fiscal year 2004 comparable level and $282,500,000 above the request. Within HRSA, the community health centers funding is at $1,835,925,000, an increase of $218,544,000 above the fiscal year 2004 comparable level and the same as the request. Health professions training is funded at $416,365,000, $19,715,000 below last year's comparable level and $258,582,000 above the request. Ryan White AIDS Care Act programs are funded at $2,099,861,000, $35,000,000 above last year's comparable level and $20,000,000 above the request. In addition, $542,649,000 is recommended for HRSA's bioterrorism preparedness and response activities. This is the same as the fiscal year 2004 comparable level and $39,000,000 above the request.

Centers for Disease Control and Prevention.—The bill provides a total program level of $4,477,878,000 directly to the Centers for Disease Control and Prevention (CDC). This is $101,421,000 below the fiscal year 2004 comparable level and $15,244,000 above the request. In addition, $1,637,760,000 is available for CDC homeland security activities funded through the Public Health and Social Services Emergency Fund. CDC programs and activities include: Immunization; bioterrorism preparedness and response; chronic disease prevention; domestic and Global HIV/AIDS; surveillance, prevention, and control of infectious diseases, such as hepatitis, SARS, and the West Nile Virus.

National Institutes of Health.—The Committee recommends $28,441,371,000 for the biomedical research activities of the National Institutes of Health (NIH). This is $782,238,000 above the fiscal year 2004 comparable level and the same as the request. The Committee continues to support strongly the research and training activities of the NIH. The Committee has maintained its policy of resisting disease specific earmarks in the bill and report, believing that decisions as to appropriate levels of funding and appropriate avenues of research are best left to the scientific managers at NIH. It is the view of the Committee that this is the best means available for advancing our understanding of human health and disease and improving the quality of life for affected individuals and families.

Substance Abuse and Mental Health Services Administration.—The bill provides $3,270,360,000 for the Substance Abuse and Men-

tal Health Services Administration (SAMHSA), an amount $36,452,000 above the fiscal year 2004 level and $158,579,000 below the request.

Agency for Healthcare Research and Quality.—The bill provides $303,695,000 for the Agency for Healthcare Research and Quality (AHRQ), an amount that is the same as the fiscal year 2004 comparable level and the request.

Medicare and Medicaid.—The bill provides $177,540,763,000 for Medicaid and $114,608,900,000 in Federal funds for the Government's share of payments to Medicare in fiscal year 2005.

Low Income Home Energy Assistance.—The Committee provides $1,900,000,000 for the Low Income Home Energy Assistance Program formula grants to States in fiscal year 2005. This is $110,620,000 more than the fiscal year 2004 level and $99,500,000 more than the request. The Committee includes $100,000,000 in contingent emergency funding for heating and cooling emergencies, which is $590,000 more than last year's level and $100,000,000 less than the request.

Child Care and Development Block Grant.—The Committee includes $2,099,729,000 for the Child Care and Development Block Grant for fiscal year 2005. This is $12,419,000 above the fiscal year 2004 level and the same as the request.

Social Services Block Grant.—The Committee provides $1,700,000,000 for the Social Services Block Grant, the same as both the fiscal year 2004 level and the request.

Head Start.—The bill includes $6,898,580,000 for Head Start, $123,732,000 above last year's level and $45,000,000 below the request.

Human Embryo Research.—The bill includes the same language included for the past several years to prohibit the use of federal funds for research involving human embryos. This language also has the effect of prohibiting the use of funds in the bill to support human cloning.

Needle Exchange.—The bill includes a prohibition on the use of Federal funds for needle exchange programs, which is the same as last year.

Title X Family Participation in Decisions of Minors to Seek Family Planning.—The bill includes language requiring recipients of title X funding, family planning funding, to certify 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. This language has been included in the bill for several years.

Title X Compliance With State Laws.—The bill includes a provision, continued from last year, requiring Title X clinics to comply with State laws relating to notification or reporting of child abuse, child molestation, sexual abuse, rape or incest.

Department of Education.—The bill funds programmatic and support activities in the Department of Education at $57,681,171,000, an increase of $342,119,000 above the request and $2,018,710,000 above last year's comparable level (adjusted for advance appropriations in fiscal year 2004).

Education for the Disadvantaged.—The bill provides $13,342,309,000, for grants to local education agencies under title I of the Elementary and Secondary Education Act. This level is

$1,000,000,000 above the fiscal year 2004 amount and the same as the request level.

Impact Aid.—The bill provides $1,250,893,000 for school districts that are impacted by Federal activities, such as military bases or Indian lands. This is an increase of $21,367,000 above the fiscal year 2004 level, and the President's request.

School Improvement Programs.—The bill provides $5,641,401,000 for the school improvement programs. The bill includes $2,950,000,000 for state grants for improving teacher quality, $19,874,000 above last year's level and the request. The bill also includes $269,115,000 for math and science partnerships, an increase of $120,000,000 above last year's level and the same as the request.

Innovation and Improvement.—The bill provides $669,936,000 for innovation and improvement programs. Included within this account is $268,702,000 for charter schools, an increase of $12,721,000 above last year's levels.

Special Education.—The Committee recommends an overall program funding level for special education programs of $12,176,101,000, $1,015,393,000 above last year's level and the same as the President's request. The bill provides a $1,000,000,000 increase for grants to states under part B of the Individuals with Disabilities Education Act.

Vocational and Adult Education.—Vocational education state grants are funded at $1,215,008,000 and adult education state grants are funded at $574,372,000.

Student Financial Assistance and Higher Education.— For Student Financial Aid, the Committee provides $14,755,794,000, $748,498,000 above last year and $57,172,000 above the President. For Higher Education, the Committee provides $1,976,056,000. This level is $116,586,000 below last year and $972,000 below the request. The bill allows the maximum Pell grant to be maintained at $4,050—the highest in history.

Institute of Education Sciences.—The Committee proposes $526,804,000 for education research and statistics. For on-going activities, this level is $30,069,000 above last year and $77,183,000 above the request level.

TITLE IV—RELATED AGENCIES

Institute of Museum and Library Services.—Funding for the Institute of Museum and Library Services is $261,743,000 including $23,000,000 for a librarian recruitment initiative.

Social Security Administrative Costs.—Funding provided for the cost of administering the Social Security programs is $8,798,100,000, $484,926,000 above the fiscal year 2004 level and $82,900,000 below the request.

GOVERNMENT PERFORMANCE AND RESULTS ACT

The Committee commends the Departments and Agencies under its jurisdiction for the progress they have made toward the establishment of goals and other benchmarks as required by the Government Performance and Results Act. However, these Departments and Agencies remain a long way from meeting its overall intent. The Committee continues to feel that quantifiable and measurable

individual performance indicators need to be developed for each program. Individual indicators need to be specific and measurable wherever possible, need to be consistent with other measures used in similar programs and need to be supported by systems that can provide annual information on the progress being made toward achieving the stated goals. There are still far too many programs with indicators using the terms "increase," or "decrease," or "improve" rather than specific numerical goals.

In addition, these indicators must increasingly focus on the improvements in employment and income, worker safety, health status, biomedical discoveries, the quality of life of various populations, educational achievement, and the many other goals that are the primary purpose of the programs funded by this bill. Again, the indicators are far too often related to the issuance of program guidance or focus on the number of individuals served.

Finally, the Committee continues to urge the Departments and Agencies under its jurisdiction to manage themselves based on performance and outcomes. They should use outcome and performance measures as the primary management tool for resource allocation and the evaluation of programs and individuals. The Committee expects that each Department and office funded in the bill will be prepared to testify during the fiscal year 2005 cycle on how performance and outcome measures are being used to manage their programs, including:

How outcome and performance goals are being established for individual offices within departments and how they are held accountable for the achievement of these goals;

How such data is used to establish individual performance goals; and

How actual performance is measured against these goals and the kinds of incentives, both positive and negative, that are in place to assure the achievement of overall goals.

EFFECT STATEMENTS

The Committee directs the Departments and agencies identified in the report accompanying the fiscal year 1998 bill to continue to provide it with effects statements within 45 days of enactment of this Act.

TITLE I—DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

TRAINING AND EMPLOYMENT SERVICES

(INCLUDING RESCISSION)

The Committee recommends $5,112,728,000 for this account, which provides funding authorized primarily by the Workforce Investment Act of 1998 (WIA). This is $32,736,000 below the fiscal year 2004 level and $213,564,000 below the budget request.

The Training and Employment Services account is comprised of programs that enhance the employment and earnings of those in need of such services, operated through a decentralized system of skill training and related services. The account is mostly forward-funded on a July to June cycle, with funds provided for fiscal year

2005 supporting the effort from July 1, 2005 through June 30, 2006.

The Committee directs that Department take no action in fiscal year 2005 to amend, through regulatory or other administrative action, the definition established in 20 CFR 667.220 for functions and activities under title I of the Workforce Investment Act until such time as legislation reauthorizing the Act is enacted.

Adult employment and training activities

For adult employment and training activities, the Committee recommends $900,000,000. This is $1,109,000 above the fiscal year 2004 level and the same as the budget request. Of the amount recommended $712,000,000 will become available on October 1, 2005. This program is authorized by the Workforce Investment Act of 1998. The funds are allocated by formula to States and further distributed to local workforce investment boards. Services for adults will be provided through the One-Stop system and most customers receiving training will use their individual training accounts to determine which programs and providers fit their needs. The Act authorizes core services, available to all adults with no eligibility requirements, and intensive services, for unemployed individuals who are not able to find jobs through core services alone.

Dislocated worker employment and training activities

For dislocated worker employment and training activities, the Committee recommends $1,479,149,000. This is $25,000,000 above the fiscal year 2004 level and $96,379,000 above the budget request. Of the amount recommended, $1,060,000,000 will become available on October 1, 2005. Of the total, $1,178,192,000 is designated for State formula grants that support core services, intensive services, training, and supportive services. In addition, States use these funds for rapid response assistance to help workers affected by mass layoffs and plant closures. The bill includes $301,227,000 for the National Reserve, which supports National Emergency Grants to respond to mass layoffs, plant and/or military base closings, and natural disasters across the country, which cannot be otherwise anticipated, as well as technical assistance and training and demonstration projects.

Within funds available under the dislocated worker national reserve, the Secretary may use up to $50,000,000 to carry out the Community College/Community-Based Job Training Initiative. The Committee encourages the Secretary to ensure that funds used for Initiative strengthen partnerships between community colleges, employers, and local workforce investment boards. Within the total for the National Reserve, the Committee also intends that up to $30,000,000 shall be available to the Secretary of Labor to support health insurance coverage assistance authorized in the Trade Act of 2002.

Youth activities

For youth activities, the Committee recommends $1,000,965,000. This is $5,906,000 above the fiscal year 2004 level and the same as the budget request.

The Workforce Investment Act of 1998 consolidated the Summer Youth Employment and Training Program and Youth Training

Grants under the Job Training Partnership Act into a single youth training activity. The funds are allocated by formula to States and further distributed to local workforce investment boards.

Job Corps

For Job Corps, the Committee recommends $1,542,321,000. This is $1,169,000 above the fiscal year 2004 level and $14,966,000 below the budget request. Of the amount recommended, $691,000,000 will become available on October 1, 2004.

The Job Corps, authorized by the Workforce Investment Act of 1998, is a nationwide network of residential facilities chartered by Federal law to provide a comprehensive and intensive array of training, job placement and support services to at-risk young adults. The mission of Job Corps is to attract eligible young adults, teach them the skills they need to become employable and independent, and place them in meaningful jobs or further education. Participation in the program is open to economically disadvantaged young people in the 16 to 24 age range who are unemployed and out of school. Most Job Corps students come from disruptive or debilitating environments, and it is important that they be relocated to residential facilities where they can benefit from the highly structured and carefully integrated services provided by the Job Corps program. A limited number of opportunities are also available for non-residential participation. The Committee supports the effort of the Workforce Investment Act of 1998 to more fully integrate Job Corps centers in their local communities.

The Committee recognizes the significant impact of the home building industry on the economic recovery, and its efforts to house our nation's working families, notwithstanding an ongoing shortage of labor in the construction trades. The Committee recognizes the essential role of the National Training Contractors (NTCs) such as the Home Builders Institute (HBI), the workforce development arm of the National Association of Home Builders, in training Job Corps youth for careers in this high growth industry. The Committee commends HBI on its 30 years of proven results in building our nation's workforce by providing at-risk youth with the skills training and employment opportunities they need to succeed. The Committee encourages the Department to identify existing and future sites for potential expansion of construction trades training by the NTCs to help alleviate the industry's worker shortages and to impel its continued prosperity.

The Committee applauds Job Corps' proactive approach to protecting America's homeland security, including offering the security trade at many of the 118 Job Corps centers. The Committee believes that the Job Corps program is in an excellent position to provide a substantial human resource pool of certified entry-level screeners for the Transportation Security Administration (TSA). The Committee recognizes that Job Corps is training a quality workforce of entry-level employees with the skills in high demand by TSA for our nation's municipal, national, and international airports. The Committee directs the U.S. Department of Labor and the U.S. Department of Homeland Security to enter into a memorandum of understanding that establishes the parameters for Job Corps and TSA to: cost-effectively leverage resources, create customized training curriculum, and enhance the labor pool. These

steps will enable TSA to locate and hire qualified entry-level airport screeners from Job Corps for local, national and international airports.

The Committee commends the Job Corps program for establishing cost-effective national and local partnerships with the U.S. Army, Navy and Coast Guard to recruit high quality military personnel. Job Corps students' average scores on military entrance exams exceed the national average. Twenty-eight centers are former military installations, and many of the program's basic training and residential practices are based on a military model. The residential component of Job Corps instills discipline, responsibility, and group cohesion, preparing students in a way that is conducive to military life. The Committee encourages the Department to establish Junior Reserve Officers Training Corps (JROTC) programs that would be located near existing military installations. Together, Job Corps and the JROTC program would offer training in leadership skills, organizational management, and physical fitness for students pursuing advanced military careers. Job Corps centers that have expressed interest in a JROTC program include Shriver (MA), Cassadaga (NY), New Haven (CT) and Atterbury (IN).

The Committee commends the Job Corps for developing programs to help address the nation's shortfall of staff in health professions, including nursing, pharmacy, and lab technician trades. Private sector companies including HCR Manor Care, HCA, CVS, and Walgreens and others have formed partnerships with Job Corps to help fill nursing and other allied heath care vacancies (such as facilities maintenance and dietary management). The Committee supports training Job Corps students in the health sciences, including CNAs, LPNs, health records technicians, dieticians, pharmacy technicians, healthcare facilities maintenance, and medical billing. The Committee understands several Job Corps Centers have expressed interest in being designated health care magnet centers, including the Columbia Basin (WA), Keystone (PA), and the Miami (FL) Job Corps Centers.

The Committee believes that Job Corps' partnerships with national non-profit faith founded organizations such as Joint Action in Community Services (JACS), Women in Community Services, and the YWCA are essential to the success of Job Corps. The Committee commends JACS and its national network of nearly 3,000 volunteers for their proven record in providing at-risk young adults supportive services as they transition from Job Corps back to their home communities and into the world of work. As such, the Committee encourages the Department to expand its Job Corps partnership with such national volunteer programs in order to ensure the continued availability to youth to transition services that are national in scope, yet local in focus.

Native Americans

For Native Americans, the Committee recommends $54,675,000. This is the same as the fiscal year 2004 level and $325,000 below the budget request. This program, authorized by the Workforce Investment Act of 1998, is designed to improve the economic well being of Native Americans (Indians, Eskimos, Aleuts, and Native Hawaiians) through the provision of training, work experience, and

other employment-related services and opportunities that are intended to aid the participants to secure permanent, unsubsidized jobs. The Department of Labor allocates formula grants to Indian tribes and other Native American groups whose eligibility for such grants is established in accordance with Department regulations.

Migrant and seasonal farmworkers

For Migrant and Seasonal Farmworkers, the Committee recommends $76,874,000. This is the same as the fiscal year 2004 level. The budget request did not include funds for this program. The Committee recommendation includes bill language directing that $4,583,000 for migrant and seasonal farmworker housing grants. The bill language further directs that not less than 70 percent of this amount be used for permanent housing grants. The recommendation also provides that the remaining amount be used for State service area grants, including funding grantees in those States impacted by formula reductions at no less than eighty-five percent of the comparable 1998 levels for such States. Within the National Activities/Other line item, the Committee includes $504,000 to be used for Section 167 training, technical assistance and related activities, including continuing funding for migrant rest center activities at the current level.

This program, authorized by the Workforce Investment Act of 1998, is designed to serve members of economically disadvantaged families whose principal livelihood is derived from migratory and other forms of seasonal farmwork, or fishing, or logging activities. Enrollees and their families are provided with employment training and related services intended to prepare them for stable, year-round employment within and outside of the agriculture industry.

National programs

This activity includes Workforce Investment Act authorized programs in support of the workforce system including technical assistance and incentive grants, evaluations, pilots, demonstrations and research.

Pilots, Demonstrations and Research: The Committee recommends $48,474,000 for grants or contracts to conduct research, pilots or demonstrates that improve techniques or demonstrate the effectiveness of programs. This is $9,277,000 below the fiscal year 2004 level and $18,474,000 above the budget request.

Evaluation: The Committee recommends $8,000,000 to provide for the continuing evaluation of program conducted under the Workforce Investment Act of 1998, as well as of federally funded employment-related activities under other provisions of law. This is $986,000 below the fiscal year 2004 level and the same as the budget request.

Responsible Reintegration of Youthful Offenders: The Committee does not include funding for the Responsible Reintegration of Youthful Offenders program. The fiscal year 2004 level was $49,705,000 and the budget request is $50,000,000.

Technical Assistance: The Committee recommends $2,000,000. The funds recommended support the development of performance management systems, the provision of quality services, and promoting accountability and collaboration. This is $1,486,000 below the fiscal year 2004 level and the same as the budget request.

The Committee has not included separate funding for new programs requested by the Administration. The Administration requested $50,000,000 for Personal Reemployment Accounts and $40,000,000 for the Prisoner Re-entry Initiative. The Committee has deferred action on these two new programs until after the passage of authorizing legislation. In addition, the Administration requested $250,000,000 for the Community College Initiative. The Committee has provided up to $50,000,000 of National Reserve funds for this purpose.

Rescission: The Committee has included language rescinding $100,000,000 of the unobligated funds contained in the H1–B Nonimmigrant Petitioner Account. The Committee understands that the authorization for this program has expired and that the Administration does not intend to seek reauthorization of this program.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

The Committee recommends $440,200,000 for community service employment for older Americans. This is $1,550,000 above the fiscal year 2004 level and the same as the budget request.

The community service employment for older Americans program provides grants to public and private nonprofit organizations that subsidize part-time work in community service activities for unemployed persons aged 55 and older, whose family's annual income does not exceed 125 percent of the poverty level.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

The Committee recommends $1,057,300,000. This is $280,900,000 below the fiscal year 2004 level and the same as the budget request.

The Trade Adjustment Assistance Program provides assistance to certified workers adversely affected by imports and trade with countries covered by the North America Free Trade Agreement. Funding will continue the implementation of the TAA program with an emphasis on integrating the program into the One-Stop System. The Trade Adjustment Assistance Reform Act of 2002 increased the possibility of training and income support benefits.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

The Committee recommends $3,582,848,000 for this account. This is $5,056,000 below the fiscal year 2004 level and $10,586,000 less than the budget request. Included in the total availability is $3,440,914,000 authorized to be drawn from the Employment Security Administration Account of the Unemployment Trust Fund and $141,934,000 to be provided from the general fund of the Treasury. The funds in this account are used to provide administrative grants and assistance to State agencies that administer Federal and State unemployment compensation laws and operate the public employment service.

For Unemployment Insurance Services, the Committee recommends $2,701,214,000. This is $82,685,000 above the fiscal year 2004 level and $10,000,000 below the budget request. The total includes $2,690,714,000 for State Operations and $10,500,000 for national activities. Included in the amount provided for State Oper-

ations is up to $10,000,000 to station staff in One-Stop Centers to conduct Unemployment Insurance eligibility interviews.

For the Employment Service, the Committee recommends $763,000,000, which includes $23,300,000 in general funds together with an authorization to spend $739,700,000 from the Employment Security Administration Account of the Unemployment Trust Fund. This is $87,995,000 below the fiscal year 2004 level and the same as the budget request. Included in the bill for the Employment Service grants to States is $696,000,000, available for the program year of July 1, 2005 through June 30, 2006. This is $90,887,000 below the fiscal year 2004 level and the same as the budget request.

The Committee recommends $67,000,000 for ES national activities. This is $3,029,000 above the fiscal year 2004 level and the same as the budget request.

The Committee recommends $98,764,000 for America's Labor Market Information System. This is the same as the fiscal year 2004 level and $586,000 below the budget request. This funding supports core employment statistics, universal access for customers, improving efficiency in labor market transactions, and measuring and displaying WIA performance information.

The Committee recommendation includes $19,870,000 for the Work Incentives Grants program, $117,000 above the fiscal year 2004 level and the same as the budget request, to help persons with disabilities find and retain jobs through the One-Stop Career Center system mandated by the Workforce Investment Act. Funding will support systems building grants intended to ensure that One-Stop systems integrate and coordinate mainstream employment and training programs with essential employment-related services for persons with disabilities.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

The Committee recommends $517,000,000. This is $50,000,000 above the fiscal year 2004 level and the same as the budget request. The appropriation is available to provide advances to several accounts for purposes authorized under various Federal and State unemployment compensation laws and the Black Lung Disability Trust Fund, whenever balances in such accounts prove insufficient.

PROGRAM ADMINISTRATION

The Committee recommends $170,354,000. This is $1,995,000 below the fiscal year 2004 level and $10,664,000 below the budget request. This includes $111,375,000 in general funds and authority to expend $57,479,000 from the Employment Security Administration Account of the Unemployment Trust Fund. Within the amounts provided, the Committee has included $6,900,000 for Executive Direction. This is $1,500,000 below the fiscal year 2004 comparable level and $1,818,000 below the request. General funds in this account provide the Federal staff to administer employment and training programs under the Workforce Investment Act of 1998, the Older Americans Act, the Trade Act, and the National Apprenticeship Act. Trust funds provide for the Federal administration of employment security functions under title III of the Social Security Act and the Immigration and Nationality Act.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION

SALARIES AND EXPENSES

The bill provides $132,345,000 for the Employee Benefits Security Administration, an increase of $8,305,000 over the fiscal year 2004 level and the same amount as the budget request.

The Employee Benefits Security Administration (EBSA) is responsible for the enforcement of Title I of the Employee Retirement Income Security Act of 1974 (ERISA) in both civil and criminal areas. This involves ERISA fiduciary and reporting/disclosure requirements. EBSA is also responsible for enforcement of sections 8477 and 8478 of the Federal Employees' Retirement Security Act of 1986. The agency was also given responsibilities under the Health Insurance Portability and Accountability Act of 1996.

The Committee is interested in policy initiatives that enhance personal retirement readiness and security of the Nation's workforce. The Committee is aware of an innovative proposal of the International Foundation for Retirement Education to identify the real rate of retirement readiness of the workforce and the Committee encourages EBSA to consider supporting such a project.

PENSION BENEFIT GUARANTY CORPORATION

The Corporation's budget for fiscal year 2004 is $266,330,000, which is $33,558,000 above the fiscal year 2004 level and the same as the budget request.

The Corporation is a wholly owned government corporation established by the Employee Retirement Income Security Act of 1974 (ERISA). The law places it within the Department of Labor and makes the Secretary of Labor the chairperson of its board of directors. The Corporation receives its income from insurance premiums collected from covered pension plans, collections of employer liabilities imposed by ERISA, and investment earnings. It is also authorized to borrow up to $100,000,000 from the United States Treasury. The primary purpose of the Corporation is to guarantee the payment of pension plan benefits to participants if covered plans fail or go out of existence.

The bill includes language permitting obligations in excess of the amount provided in the bill after approval by both the Office of Management and Budget as well as the Committee on Appropriations. The Committee has an interest in approving obligations that may change the total amount available to any agency.

EMPLOYMENT STANDARDS ADMINISTRATION

SALARIES AND EXPENSES

The bill includes $402,818,000 for this account. This is $10,802,000 above the budget request and $6,476,000 below the fiscal year 2004 comparable level. The bill includes $400,797,000 in general funds for this account and contains authority to expend $2,021,000 from the Special Fund established by the Longshore and Harbor Workers' Compensation Act.

The Employment Standards Administration is involved in the administration of numerous laws, including the Fair Labor Standards Act, the Immigration and Nationality Act, the Migrant and Sea-

sonal Agricultural Workers' Protection Act, the Davis-Bacon Act, the Family and Medical Leave Act, the Federal Employees' Compensation Act, the Longshore and Harbor Workers' Compensation Act, and the Federal Mine Safety and Health Act (black lung). The agency also administers Executive Order 11246 related to affirmative action by Federal contractors and the Labor-Management Reporting and Disclosure Act.

The Committee requests the Department submit a report that details: (1) the specific changes that have been made to the wage determination process, the costs associated with those changes, and the effectiveness of those changes; (2) what additional changes are planned for the future and the proposed schedule for implementation; and (3) any recommendations for further changing the wage determination process.

SPECIAL BENEFITS

The bill includes $233,000,000. This is the same $70,000,000 above the fiscal year 2004 appropriation and the same as the budget request. This appropriation primarily provides benefits under the Federal Employees' Compensation Act (FECA). The payments are required by law. In fiscal year 2004, an estimated 155,000 injured Federal workers or their survivors will file claims; 55,500 will receive long-term wage replacement benefits for job-related injuries, diseases, or deaths.

The total amount to be available in fiscal year 2004 for FECA payments is expected to be $3,561,963,000, an increase of $113,202,000 over the fiscal year 2004 comparable level.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

The Committee recommends an appropriation of $276,000,000 for special benefits for disabled coal miners. This is in addition to the $88,000,000 appropriated last year as an advance for the first quarter of fiscal year 2004, the same as the budget request. These funds are used to provide monthly benefits to coal miners disabled by black lung disease and to their widows and certain other dependents, as well as to pay related administrative costs.

The Committee recommends an advance appropriation of $81,000,000 for the first quarter of fiscal year 2005, the same as the budget request. These funds will ensure uninterrupted benefit payments to coal miners, their widows, and dependents.

The Black Lung Consolidation of Administrative Responsibility Act of 2002 amends the Black Lung Benefits Act to transfer part B black lung benefits responsibility from the Commissioner of Social Security to the Secretary of Labor.

ADMINISTRATIVE EXPENSES, ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND

The bill includes $40,821,000 for the Energy Employees Occupational Illness Compensation Program authorized by Title XXXVI of the National Defense Authorization Act of 2001. This is $10,830,000 below the fiscal year 2004 level and the same as the budget request. Funds will be used to administer the program that provides compensation to employees or survivors of employees of the Department of Energy (DOE), its contractors and subcontrac-

tors, companies that provided beryllium to DOE, and atomic weapons employees who suffer from a radiation-related cancer, beryllium-related disease, or chronic silicosis as a result of their work in producing or testing nuclear weapons, and uranium workers covered under the Radiation Exposure Compensation Act.

BLACK LUNG DISABILITY TRUST FUND

The bill includes $1,058,644,000 for this account, of which $57,049,000 is definite budget authority and $1,001,951,000 is indefinite budget authority. The bill language provides such sums as may be necessary to pay for benefits.

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

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

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

The bill includes $461,599,000 for the Occupational Safety and Health Administration. This is $4,058,000 above the fiscal year 2004 level and the same as the budget request. This agency is responsible for enforcing the Occupational Safety and Health Act of 1970 in the Nation's workplaces.

The Committee has included language prohibiting OSHA from obligating or expending any of these funds to enforce the annual fit test requirement of the General Industry Respiratory Protection Standard with respect to exposure to tuberculosis.

The Committee commends OSHA, EPA and the private-sector participants who are supporting the Alliance on Identification and Management of Chemical Reactivity Hazards as an outstanding example of joint cooperative public/private efforts to improve health and safety in the workplace and community. The Committee directs the Director of the Occupational Safety and Health Administration to assure that sufficient resources will be made available to support this Alliance's objectives to develop and disseminate materials to assist in the identification and management of reactive chemical hazards, including electronic assistance resources (e.g., interactive software e-Tools, technology-based training), training and materials for OSHA staff, and the customization of these tools and resources for specific workplace sectors, such as small and medium enterprises.

The Committee is disappointed by OSHA's decision to proceed with enforcement of the General Industry Respiratory Protection Standard as it applies to occupational exposure to tuberculosis

(TB). The Committee strongly urges the agency to delay enforcement of the Respiratory Standard as it applies to TB. Personal respiratory protections have been in place in healthcare facilities for over 10 years, as recommended by the Centers for Disease Control and Prevention (CDC), and as enforced through OSHA's General Duty Clause. Additionally, the Committee strongly advises OSHA to take no further action with regard to occupational exposure to TB until such time as the CDC has completed the ongoing revisions of its TB guidelines. Subsequent actions should only be taken in accordance with the CDC's recommendations.

The Committee continues to be concerned with the lack of progress on the agency's regulation concerning Employer Payment for Personal Protective Equipment, the public comment period for which ended over five years ago. The Committee is especially concerned because the rate of worker deaths and injuries, which has decreased in the last decade for all American workers, has increased during that same time among Hispanic workers, many of whom work in the nation's most dangerous professions, including the construction industry. The Committee urges the agency to move expeditiously toward the completion of this regulation.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

The bill includes $275,567,000 for this agency. This is $6,710,000 above the fiscal year 2004 comparable level and the same as the budget request. This agency enforces the Federal Mine Safety and Health Act in underground and surface coal and metal and nonmetal mines.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

The total funding recommended by the Committee for the Bureau of Labor Statistics (BLS) is $533,518,000. This is $15,022,000 above the fiscal year 2004 comparable level and the same as the budget request. The bill includes $455,045,000 in general funds for this account and authority to spend $78,473,000 from the Employment Security Administration Account of the Unemployment Trust Fund. The BLS is the principal fact-finding agency in the Federal government in the broad field of labor economics. Its principal surveys include the Consumer Price Index and the monthly unemployment series.

OFFICE OF DISABILITY EMPLOYMENT POLICY

SALARIES AND EXPENSES

The bill includes $47,555,000 for the Office of Disability Employment Policy, which is $531,000 above the fiscal year 2004 comparable level and the same as the budget request. The Office provides leadership to eliminate employment barriers to people with disabilities.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

The bill includes $259,967,000 for Departmental Management activities. This is $90,352,000 below the fiscal year 2004 level and $27,201,000 below the budget request. The bill includes $259,653,000 in general funds for this account along with authority to transfer $314,000 from the Employment Security Administration Account of the Unemployment Trust Fund.

The Departmental Management appropriation finances staff is responsible for formulating and overseeing the implementation of Departmental policy and management activities. In addition, this appropriation includes a variety of operating programs and activities that are not involved in Departmental Management functions, but for which other salaries and expenses appropriations are not suitable.

The Committee recommendation includes $27,084,000 for Executive Direction, the same as the fiscal year 2004 level and $6,122,000 below the budget request.

The bill provides $30,000,000 for the Department-wide information technology crosscut, which is $18,219,000 below the fiscal year 2004 comparable level and $3,565,000 below the budget request. The Committee commends the Department in streamlining its information technology infrastructure into a single, uniform system and encourages the Department in this effort.

The bill provides $5,000,000 for the Departmental Management Crosscut. This is $35,000 above the fiscal year 2004 level and $5,100,000 below the budget request.

The bill includes $32,675,000 for the Administration and Management program that provides leadership and policy guidance for a number of Department-wide activities. This is $478,000 above the fiscal year 2004 level and the same as the budget request.

The bill includes $35,545,000 for the Bureau of International Labor Affairs (ILAB), which is $5,000,000 above the budget request and $74,317,000 below the fiscal year 2004 comparable level. At the level in this bill, ILAB will continue to coordinate the Department's global responsibilities in 2004 and to provide expert support for many of the Administration's international initiatives, including the promotion of core labor standards and the elimination of exploitative child labor.

The Committee recognizes the importance of fostering economic growth in developing regions of the world and recommends that the International Labor Affairs Bureau ensure that the United States Government recognizes and promotes international standards of excellence, and encourages public-private partnerships that focus on capacity building in priority areas such as labor standards and human rights, rule of law, trade facilitation, and workforce training and education. The Committee is aware of the work being performed by the Global Training Partnership (GTP) to promote capacity building for jobs and economic growth in developing regions globally. The Committee recommends that the agency expand the work of the Global Training Partnership to build regional capacity in Sub-Saharan Africa, Central America, the Caribbean and Andean regions, in order to maximize benefits from improvement of

sound policies and practices conducive to economic growth, poverty reduction, and the rule of law.

The Committee intends that the Women's Bureau increase funding for Women Work! training and technical assistance services for programs that assist women in transition to reenter the workforce. Women Work! has valuable experience, is uniquely qualified to deliver these services through its national network, and has demonstrated results through outcome assessments. An increase in funding is needed to meet the needs of more than 1,000 programs in the Women Work! Network.

The Committee is aware of ongoing discussions concerning the mandatory expensing of stock options and believes that further information is needed about the possible consequences of such expensing for the high technology workforce. The Committee has provided $50,000 to initiate this study to examine the role of broad-based stock option plans in the recruitment and retention of skilled workers. The study shall be provided to the Committee on Appropriations by December 31, 2004.

ASSISTANT SECRETARY FOR VETERANS EMPLOYMENT AND TRAINING

The Committee recommends $220,648,000 for veteran employment and training activities. This is $2,002,000 above the fiscal year 2004 level and the same as the budget request. Within this amount, the bill includes $194,098,000 to be expended from the Employment Security Administration account of the Unemployment Trust Fund for the traditional State and Federal administration of veterans' employment and training activities.

For State grants the Committee recommends $162,415,000. This is $1,007,000 above the fiscal year 2004 level and the same as the budget request.

For Federal administration, the Committee recommends $29,683,000. This is $826,000 above the fiscal year 2004 level and the same as the budget request. The Committee recommends $2,000,000 for the National Veterans Training Institute, the same as the budget request. The Committee recommends $19,000,000 for the homeless veterans reintegration program assisting homeless veterans to find jobs, the same as the budget request. The Committee recommends $7,550,000 for veterans workforce investment programs, the same as the budget request.

The Committee is interested in ensuring that qualified job training programs of the Department of Labor fully extend priority of service for veterans as required by the Jobs for Veterans Act. Toward this effort, the Committee urges the Secretary to develop a guide for veterans in accessing workforce investment services; a guide for assisting veterans service organizations and homeless veteran service providers in accessing workforce investment funds and workforce investment planning processes; and a guide to inform workforce systems on the employment services needs of veterans and the responsibility of such systems to prioritize veterans for services and to collaborate with veterans organizations and providers.

The Committee urges the Secretary to instruct state workforce agencies to increase their outstationing of disabled veterans outreach program specialists and local veterans employment representatives in locations where homeless veterans congregate, in-

cluding grantees under the homeless provider grant and per diem program and the homeless veterans reintegration program.

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

OFFICE OF THE INSPECTOR GENERAL

The bill includes $69,590,000 for the Office of the Inspector General (OIG). This is $4,251,000 above the fiscal year 2004 comparable level and the same as the budget request. This includes $64,029,000 in general funds for this account along with the authority to transfer $5,561,000 from the Employment Security Administration Account of the Unemployment Trust Fund.

The OIG was created by law to protect the integrity of Departmental programs as well as the welfare of beneficiaries served by those programs. Through a program of audits, investigations, and program evaluations, the OIG attempts to reduce the incidence of fraud, waste, abuse, and mismanagement, and to promote economy, efficiency, and effectiveness throughout the Department.

WORKING CAPITAL FUND

The Committee includes $10,000,000 for a new core accounting system for the Department of Labor, including hardware and software infrastructure.

GENERAL PROVISIONS

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

Sec. 102. The Committee includes a provision to permit transfers of up to one percent between appropriations, the same as the budget request.

Sec. 103. The Committee includes a provision directing the Secretary to provide to the Department of Labor employees in the National Capital Region the full transit subsidy that they are eligible to receive.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HEALTH RESOURCES AND SERVICES

The bill includes $6,266,982,000 for health resources and services programs, which is $326,321,000 below the fiscal year 2004 comparable level for these activities and $244,149,000 above the budget

request. In addition, the Committee provides $542,649,000 in the Public Health and Social Services Emergency Fund for two programs administered by the Health Resources and Services Administration (HRSA)—$514,944,000 for hospital preparedness and $27,705,000 for education incentives for medical school curriculum.

HRSA supports programs which provide health services to disadvantaged, medically undeserved, and special populations; improve infant mortality rates; direct the education, supply, and distribution of a wide range of health professionals; and provide technical assistance regarding the utilization of health resources and facilities.

Community health centers

The Committee provides $1,835,925,000 for community health centers, which is $218,544,000 above the fiscal year 2004 comparable level and the same as the budget request. These funds support programs which include community health centers, migrant health centers, health care for the homeless and public housing health service grants.

The Committee includes bill language similar to previous years limiting the amount of funds available for the payment of claims under the Federal Tort Claims Act to $45,000,000, which is the same as the budget request and the limitation in the fiscal year 2004 bill. The Committee recognizes the value of this program for health centers and as additional health centers participate in the program, the number of claims submitted and paid also increases.

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

Although the Committee continues to support the expansion of the health center program to double the number of patients served, the Committee is concerned that current funding methodologies may not recognize the increased cost of providing services for current patients at existing health centers. The Committee urges HRSA to use a portion of the increased funding provided to increase support for existing health centers based on performance-related criteria in addition to site and service expansion applications.

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

The Committee is pleased with the success of the school-based health center initiative, but is concerned that in the last fiscal year only 3 of 43 applications were funded. The Committee expects HRSA to continue to target funds for school-based health centers operated by fully qualified organizations and expresses concern that school-based health centers often experience difficulty completing the complex application process for community health center funding. The Committee requests that HRSA establish a separate application process for school-based health centers that recog-

nizes the distinct patient volume, productivity, scope of service, and staffing requirements that are more appropriate to school-based delivery systems.

Community health centers are encouraged to make ultrasound services available to their patients.

Free clinics medical malpractice

The Committee does not provide fiscal year 2005 funding for payments of claims under the Federal Tort Claims Act to be made available for volunteer free clinic health care professionals. $4,821,000 was provided for this purpose in fiscal year 2004 and claims are not expected against the fund until at least fiscal year 2006. The program extends Federal Tort Claims Act coverage to health care professional volunteers in free clinics in order to expand access to health care services to low-income individuals in medically underserved areas. According to Title 42, Section 233(o), a free clinic must apply, consistent with the provisions applicable to community health centers, to have each health care professional 'deemed' an employee of the Public Health Service Act, and therefore eligible for coverage under the Federal Tort Claims Act. The Committee will be interested to learn how many health care professionals apply to be deemed for coverage under the program as it begins operation this year.

National Health Service Corps: Field placements

The Committee provides $45,506,000 for field placements, which is the same as the fiscal year 2004 comparable level and $229,000 below the budget request. These funds are used to support the activities of National Health Service Corps (NHSC) obligors and volunteers in the field, including travel and transportation costs of assignees, training and education, recruitment of students, residents and clinicians and retention activities. Salary costs of most new assignees are paid by the employing entity.

National Health Service Corps: Recruitment

The Committee provides $124,397,000 for recruitment activities, which is the same as the fiscal year 2004 comparable level and $34,735,000 below the budget request. The program awards scholarships to health professions students and assists graduates in repaying their student loans. In return for every year of support, these individuals are obligated to provide a year of service in health professional shortage areas of greatest need. The minimum obligation is two years. The Committee does not include the bill language requested by the Administration to establish a flexible Commissioned Corps reserve within the NHSC and does not expect funds to be used for this purpose.

The Committee is pleased by the increasing proportion of NHSC assignees being placed at community, migrant, homeless, and public housing health centers. The Committee encourages HRSA to further expand this effort to ensure that the health center expansion effort has access to a sufficient level of health professionals through the NHSC.

The Committee is concerned that the current HPSA scoring process used by HRSA may disadvantage some health centers located in medically underserved areas of the country. The Committee en-

courages HRSA to consider using alternative data to score Federally qualified health centers under the automatic designation process.

Health professions

The Committee provides $416,365,000 for all health professions training programs, which is $19,715,000 below the fiscal year 2004 comparable level and $258,582,000 above the budget request. The Committee was unable to restore completely the $278,297,000 reduction in health professions funding proposed by the Administration, but intends to continue all the programs at manageable operating levels with the funds provided. The Committee felt it was especially important to support diversity and nurse training programs. The Bureau of Health Professions provides both policy leadership and support for health professions workforce enhancement and educational infrastructure development.

The Committee commends HRSA for its continuing efforts to address the growing gap between the size of the Nation's aging baby boom population and the number of pulmonary/critical care physicians. The Committee continues to encourage HRSA to address the critical care workforce shortage issue and use the pulmonary/critical care specialty as a model for developing and testing policy approaches to address workforce shortage issues.

The Committee is concerned that too few clinics and physicians are prepared to treat patients with rare diseases. Therefore, the Committee encourages HRSA to include "treatment of patients with rare diseases" and "training of health professionals to recognize and treat patients with rare diseases" as priority areas in its selection of health professions training grants.

Centers of excellence

The Committee provides $33,882,000 for centers of excellence, which is the same as the fiscal year 2004 comparable level. The Administration did not request funding for this program. The program is designed to strengthen the national capacity to educate underrepresented minority (URM) students in the health professions by offering special support to those institutions which train a significant number of URM individuals, including African-Americans, Hispanics and Native Americans. Funds are used for the recruitment and retention of students and faculty, information resources and curricula, faculty and student research, and the development of plans to achieve institutional improvements.

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

Health careers opportunity program

The Committee provides $35,935,000 for the health careers opportunity program, which is the same as the fiscal year 2004 comparable level. The Administration did not request funding for this

program. This program provides grants and contracts to eligible health professions schools for identifying, recruiting, and selecting individuals from the various racial and ethnic populations who are from disadvantaged backgrounds for education and training in a health profession and facilitating their entry into, retention and completion of their education at a health professions school.

The Committee encourages HRSA to give priority consideration to awarding grants to those institutions with a historic mission of training minorities in the health professions. The Committee encourages the program to consider applications that are responsive to allied health professions that are experiencing shortages and high vacancy rates, such as laboratory personnel.

Faculty loan repayments

The Committee provides $1,313,000 for loan repayments and fellowships regarding faculty positions, which is the same as the fiscal year 2004 comparable level. The Administration did not request funding for this program. The program provides for the repayment of educational loans of individuals from disadvantaged backgrounds who are health professions students or graduates, and who have agreed to serve for not less than two years as a faculty member of an eligible health professions school. The school matches the Federal contribution toward loan repayment. The program also supports fellowships for URM faculty members.

Scholarships for disadvantaged students

The Committee provides $47,510,000 for scholarships for disadvantaged students, which is the same as the fiscal year 2004 comparable level and $37,613,000 above the budget request. The program provides grants to eligible health professions and nursing schools to provide scholarships to eligible individuals from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups. By statute, not less than 16 percent of the funds must go to schools of nursing.

Training in primary care medicine and dentistry

The Committee provides $63,857,000 for training in primary care medicine and dentistry, which is $17,885,000 below the fiscal year 2004 comparable level. The Administration did not request funding for this program. The program is comprised of four elements: (1) family medicine programs; (2) general internal medicine and general pediatrics (GIM/GP) training; (3) physician assistants (PA) training; and (4) general or pediatric dentistry training. Family medicine grants and contracts promote the predoctoral training of medical students, support family medicine residency programs and their trainees, train physicians who plan to teach in family medicine programs, and assist in establishing or improving family medicine academic administrative units. GIM/GP grants and contracts are to plan and operate residency programs and to provide financial assistance for residents, meet the costs of training programs for physicians who plan to teach in GIM/GP, as well as to support the faculty trainees, and develop programs to support predoctoral activities. PA training grants and contracts are to plan, develop, and operate programs for the training of PAs and for the training of individuals who will teach in programs to provide such training.

General or pediatric dentistry training grants and contracts are to meet the costs of planning, developing, or operating programs and to provide financial assistance to residents in such programs.

The Committee recognizes the important role that HRSA centers for leadership in pediatric dentistry education provide in preparing dentists with dual training in pediatric dentistry and dental public health. Dentists in the three currently funded programs concentrate on working with federal, state and local programs that provide services for vulnerable populations including low-income children and women and children with special health care needs. Dentists trained through these centers provide State and community leadership in maternal and child oral health programs, and become future faculty specializing in pediatric dentistry and maternal and child health.

The Committee recognizes there will be a major increase in the pediatric population through 2020 and an increased percentage of the children will be under-privileged. The roughly one of every six children living in poverty today has about five times the level of untreated dental disease compared to their more affluent peers. Pediatric dentistry residency programs provide both treatments for underprivileged children and training opportunities for pediatric dentists. In fact, two-thirds of the patients treated in these programs are Medicaid recipients. Recruitment and retention of pediatric dental educators is vital to pediatric dental residency programs. While pediatric dentists treat about 30 percent of the children in this country, they train 100 percent of the dentists who treat children. The Committee encourages HRSA to develop innovative programs, such as faculty development initiatives and a faculty loan repayment pilot program.

Area health education centers

The Committee provides $29,206,000 for area health education centers (AHEC), which is the same as the fiscal year 2004 comparable level. The Administration did not request funding for this program. The program links university health science centers with community health service delivery systems to provide community-based training sites for students, faculty, and practitioners. The program supports two types of projects: (1) basic/core AHEC cooperative agreement projects to plan and implement new and developing programs; and (2) model programs to extend AHEC cooperative agreement projects, with not less than 50 percent of the project costs supported by non-Federal monetary contributions. The Committee encourages AHEC programs to coordinate with the rural health outreach program for the greater effectiveness of both programs.

Health education and training centers

The Committee has provided $3,851,000 for health education and training centers, the same as fiscal year 2004. The Administration did not request funds for this program. The program funds schools of medicine and osteopathy to conduct training and education programs for health professions students to improve the access, diversity, and quality of health personnel along the border between the United States and Mexico, in the State of Florida, and in other urban and rural areas with populations with serious unmet health

care needs. The program also provides educational support to health professionals, including nursing, practicing in the area.

Allied health and other disciplines

The Committee provides $11,849,000 for allied health and other disciplines, which is the same as the fiscal year 2004 comparable level. The Administration did not request funding for this program. The program is comprised of three elements: (1) allied health special projects; (2) podiatric primary care residency training; and (3) chiropractic demonstration projects. Allied health special projects assist entities in meeting the costs associated with expanding or establishing programs that will increase the number of individuals trained in allied health professions. Activities included are those that: (1) expand enrollments; (2) provide rapid transition and career advancement training programs; (3) establish community-based training programs; (4) expand or establish interdisciplinary training programs, demonstration centers, and clinical training sites in medically underserved or rural communities; (5) provide traineeships to students; and (6) plan, develop, and operate or maintain graduate programs in behavioral and mental health practice. Podiatric primary care residency training grants and contracts are for planning and implementing projects in residency programs and providing traineeships to residents who plan to specialize in primary care. Chiropractic demonstration grants and contracts are to carry out demonstration projects in which chiropractors and physicians collaborate to identify and provide effective treatment of spinal and lower-back conditions.

The Committee intends that the same amounts as in fiscal year 2004 be provided for the graduate psychology education program to train health service psychologists as well as the geropsychology training program. The Committee understands that this is the only federally funded psychology training program, and for this reason, considers its continuation a high priority. This competitive program will continue to provide grant awards for work with underserved populations, particularly in rural communities, including elderly, children, the chronically ill, and victims of abuse or terror.

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

Geriatric programs

The Committee provides $31,805,000 for geriatric programs, which is the same as the fiscal year 2004 comparable level. The Administration did not request funding for this program. The program provides grants and contracts to eligible entities to: (1) establish geriatric education centers to provide training for health care professionals who provide treatment and for training and retraining of faculty who teach geriatrics; (2) provide support for geriatric training projects to train physicians, dentists, and behavioral and mental health professionals who plan to teach geriatrics; and (3) establish a program to provide Geriatric Academic Career Awards to eli-

gible individuals to promote the career development of such individuals as academic geriatricians.

The Committee intends that the same amounts as in fiscal year 2004 be provided to geriatric education centers, geriatric training programs, and geriatric academic career awards. The Committee is concerned that there is an insufficient number of health care providers trained to address the health care needs of the growing older population. With only a small number of new physicians going into the field and those already in the field approaching retirement age, incentives are needed to increase the number of academic geriatricians to competently train health professionals from a variety of disciplines, including geriatric medicine. The Committee believes that to meet the needs of an aging population, HRSA needs to improve the training of all health professionals in geriatrics.

Quentin N. Burdick program for rural interdisciplinary training

The Committee provides $2,255,000 for the Quentin N. Burdick program for rural interdisciplinary training, which is $3,871,000 below the fiscal year 2004 comparable level. The Administration did not request funding for this program. The program provides grants and contracts to entities for the purpose of funding interdisciplinary training projects that are designed to train, recruit, and retain teams of interdisciplinary professionals to work in underserved areas.

Health professions workforce information and analysis

The Committee has not provided funding for health professions workforce information and analysis. The Administration requested $999,000 for this program, and the fiscal year 2004 comparable level is $722,000. The Department is encouraged to use policy evaluation funds to support this program. The program provides grants and contracts to eligible entities to provide for the collection and analysis of targeted information, research on high priority workforce questions, the development of a non-Federal analytic and research infrastructure, and the conduct of program evaluation and assessment.

Public health, preventive medicine and dental public health programs

The Committee provides $6,970,000 for public health, preventive medicine and dental public health programs, which is $2,200,000 below the fiscal year 2004 comparable level. The Administration did not request funding for this program. The program is comprised of three elements: (1) public health training centers; (2) public health traineeships; and (3) preventive medicine and dental public health residencies. Grants or contracts for the operation of public health training centers are awarded to an accredited school of public health, or another public or nonprofit private institution accredited for the provision of graduate or specialized training in public health, that plans, develops, operates, and evaluates projects in the areas of preventive medicine, health promotion and disease prevention, or improving access to and quality of health services in medically underserved communities. Public health traineeship grants provide graduate or specialized public health training to individuals in the fields of epidemiology, environmental health, biostatis-

tics, toxicology, nutrition, and maternal and child health. Preventive medicine and dental public health residency grants and contracts assist schools in developing new residency training programs or improving existing programs and in providing financial assistance to residency trainees.

Health administration programs

The Committee provides $1,045,000 for health administration programs, which is $34,000 below the fiscal year 2004 comparable level. The Administration did not request funds for this program. These programs provide grants to eligible entities with an accredited program in health administration, hospital administration, or health policy analysis and planning to provide traineeships to students and to assist accredited health administration programs in the development or improvement of programs to prepare students for employment with public or nonprofit private agencies.

Advanced education nursing

The Committee provides $53,634,000 for advanced education nursing, which is $5,002,000 below the fiscal year 2004 comparable level and $9,997,000 above the budget request. The program provides grants and contracts to eligible entities to meet the costs of: (1) projects that support the enhancement of advanced nursing education and practice; and (2) traineeships for individuals in advanced nursing education programs. The program prepares nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists, nurse educators, nurse administrators, public health nurses or other nurse specialists for advanced practice roles. Within the allocation, the Committee encourages HRSA to allocate funding at least at the fiscal year 2001 levels for nurse anesthetist education.

Nurse education, practice and retention

The Committee provides $36,765,000 for nurse education, practice and retention, which is $4,997,000 above the fiscal year 2004 comparable level and $5,000,000 below the budget request. As amended by the Nurse Reinvestment Act of 2002, the nurse education, practice and retention program is a broad authority with targeted purposes under three priority areas—education, practice and retention—in response to the growing nursing shortage. Under this authority, purposes identified under the Education Priority Area include: (1) expanding enrollment in baccalaureate nursing programs to increase the number of registered nurses; (2) developing and implementing internship and residency programs with mentoring components designed to retain new nurses, bring nurses back into the workforce and support the development of specialties for experienced nurses; and (3) providing education in new technologies, including distance learning methodologies. Purposes identified under the Practice Priority Area include: (1) establishing or expanding nursing practice arrangements, commonly referred to as nurse managed centers, in noninstitutional settings to demonstrate methods to improve access to primary health care in medically underserved communities; (2) providing care for underserved populations and other high risk groups such as the elderly, individuals with HIV/AIDS, substance abusers, the homeless, and victims of

domestic violence; (3) providing managed care, quality improvement, and other skills needed to practice in existing and emerging organized health care systems; and (4) developing cultural competencies among nurses. Purposes identified under the Retention Priority Area include: (1) career ladder programs to promote advancement in a variety of training settings and assisting individuals in obtaining education and training required to enter the nursing profession; and (2) projects to improve the retention of nurses and enhance patient care that is directly related to nursing activities.

Nursing workforce diversity

The Committee provides $16,402,000 for nursing workforce diversity, which is the same as the fiscal year 2004 comparable level and $4,997,000 below the budget request. The program provides grants and contracts to schools of nursing and other eligible entities to meet the costs of special projects to increase nursing education opportunities for individuals who are from disadvantaged backgrounds, including racial and ethnic minorities, by providing student scholarships or stipends, pre-entry preparation, and retention activities. The program also contributes to the basic preparation of disadvantaged and minority nurses for leadership positions within the nursing and health care community.

Loan repayment and scholarship program

The Committee provides $31,738,000 for nurse loan repayment for shortage area service, which is $5,002,000 above the fiscal year 2004 comparable level and the same as the budget request. This program offers student loan repayment to nurses in exchange for an agreement to serve not less than two years in an Indian Health Service health center, Native Hawaiian health center, public hospital, community or migrant health center, or rural health clinic.

Comprehensive geriatric education

The committee provides $3,478,000 for comprehensive education, which is the same as the fiscal year 2004 comparable level and the Administration request. The comprehensive geriatric education program supports grants to develop and implement, in coordination with Title VII geriatric education programs, to train and educate individuals providing care for the elderly. Funds are to be used for (1) providing training to individuals who will provide geriatric care for the elderly; (2) develop and disseminate curricula relating to the treatment of the health care problems of elderly individuals; (3) train faculty members in geriatrics; or (4) provide continuing education to individuals who provide geriatric care.

Nurse faculty loan program

The Committee provides $4,870,000 for the nurse faculty loan program, which is the same as the fiscal year 2004 comparable level and the Administration request. The nurse faculty loan program addresses the problem of a growing shortage of nursing faculty. Both the National League for Nursing and the American Association of Colleges of Nursing have published data on the severity of the shortage and the implications. Potential nursing students are being turned away from nursing schools because faculty are not

available. The nurse faculty loan program supports the development of a student loan fund in schools of nursing to increase the number of qualified nursing faculty. Students may receive loans up to $30,000 per year for a maximum of 5 years. The program has a cancellation provision for up to 85 percent of the loan for recipients working full-time as nursing faculty for a period of 4 years. Twenty percent of the principal and interest may be canceled for each of the first, second and third year, and 25 percent may be canceled for the fourth year of full-time employment as nursing faculty.

Hansen's disease services

The Committee provides $17,413,000 for the Hansen's disease program, which is the same as the fiscal year 2004 comparable level and the budget request. This program offers Hansen's disease treatment to about 35 long term residents who continue to receive care from the National Hansen's Disease Center and to others who receive care from grant-supported outpatient regional clinics. Other former long term residents have been offered and elected to receive a living allowance from the program and now live independently. These programs provide treatment to about 3,000 of the 6,000 Hansen's disease sufferers in the continental United States.

Maternal and child health block grant

The Committee provides $729,817,000 for the maternal and child health (MCH) block grant, which is the same as the fiscal year 2004 comparable level and the budget request. The MCH block grant provides funds to States to meet a broad range of basic and enabling health services, including personal health services; general, population-wide health services, such as screening; family support services; and integrated systems of care. The authorizing statute provides that, up to a funding level of $600,000,000, 85 percent of the funds are distributed to the States, with 15 percent of the funds set aside for special projects of regional and national significance (SPRANS). When the appropriation exceeds $600,000,000, 12.75 percent of the amount over $600,000,000 is directed to the Community Integrated Service Systems set-aside program. The remaining 87.25 percent is distributed by the same 85/15 percent allocation as in the basic block grant formula.

The Committee has included bill language identifying $119,158,000 for the SPRANS set-aside. Within that total, $5,000,000 is provided for the continuation of oral health programs in the States. Through grants, cooperative agreements or contracts, these funds may be used to increase access to dental care for the most vulnerable low-income children, such as Medicaid, SCHIP, and Head Start children and to implement state identified objectives for improving oral health. Anticipated activities include those targeting the reduction of early childhood caries and strengthening school-linked dental sealant programs. The Committee has also provided $4,000,000 within the SPRANS set-aside to support the continuation of the locally based newborn screening follow-up and community based sickle cell disease outreach and supportive service initiative. The Committee also provides $3,000,000 for the continuation of model demonstration programs and public awareness campaigns on epilepsy. The Committee recognizes epilepsy, a

chronic neurological condition, as a significant public health concern affecting over 2.5 million persons in the United States. As 125,000 new cases of epilepsy are diagnosed annually, delayed diagnosis, along with inadequate seizure treatment, greatly increases the risk of subsequent seizures, brain damage, disability, and death. Therefore, timely, effective treatment is essential. The Committee is supportive of services that would improve access to health and other services to encourage early detection and treatment for children and others residing in rural, urban and otherwise medically underserved areas. The Committee is pleased that HRSA has partnered with a national voluntary epilepsy agency to carry out these activities. In addition, the Committee provides $2,000,000 to continue the newborn screening for heritable disorders demonstrations begun last year. Newborn screening is used for early identification of infants affected by certain genetic, metabolic, hormonal and or functional conditions for which there is effective treatment or intervention. Screening detects disorders in newborns that, left untreated, can cause death, disability, mental retardation and other serious illnesses. The Committee is aware of the wide disparity that exists between state newborn screening programs that can result in children suffering irreversible injury or death versus children receiving successful diagnosis and treatment, depending upon whether their state tests for certain disorders. The Committee encourages HRSA to work with States to facilitate the development of educational materials that inform parents and health care providers of the benefits of newborn screening, about which conditions are screened for in their state, and about options to have babies screened for additional conditions that are not covered by their state programs. The Committee commends the department on the establishment of the Advisory Committee on Heritable Disorders and Genetic Diseases in Newborns and Children and the appointment by the Secretary of fifteen members. The Committee urges the advisory committee to work promptly in order to provide States with valuable guidance and recommendations regarding newborn screening.

Biliary atresia is a pediatric liver disease which affects one in 10,000 infants. If identified and treated before the infant reaches the age of 60 days, biliary atresia has a high cure rate. If left untreated, it will result in liver failure, a liver transplant or death. The Committee is aware that other nations, such as Japan, have instituted infant screening for biliary atresia. The Committee requests a report by March 15, 2005 on the steps taken to validate a screening tool.

It has come to the Committee's attention that NIH has developed a technology to screen newborns for severe combined immune deficiency disease (SCID). The Committee commends the work that the Advisory Committee on Heritable Disorders and Newborn Screening under HRSA is doing in developing a list of recommended diseases to be screened for at birth. Since SCID is a pediatric emergency that can now be detected at birth and successfully treated, and is fatal without immediate diagnosis and treatment, the Committee recommends that the Advisory Committee include SCID newborn screening in its list of recommended newborn screening tests.

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

The Committee commends HRSA for its support of the Sudden Infant Death Syndrome (SIDS) program support center and encourages the Maternal and Child Health Bureau to continue its efforts in this area of service. The Committee is pleased that the SIDS and Other Infant Death Support Center is collaborating with the National Institutes of Health to address the disproportionately high incidence of SIDS among African Americans.

The Committee restates its long-standing interest in the support that MCHB has provided to comprehensive treatment centers for thalassemia patients under the SPRANS program and notes that the current funding is due to expire in FY05. The Committee encourages MCHB to continue this program and to coordinate its activities with relevant voluntary health organizations.

The Committee recognizes the contributions of the long-standing Provider's Partnership program. The Partnership includes a series of state-level projects initiated to address female psychosocial issues. The morbidity and mortality attributed to these issues such as a woman's depression, tobacco use, substance abuse and domestic violence are becoming increasingly apparent. Obstetrician-gynecologists can play a critical role in addressing these problems within their current practice, however because of their complexity, and the importance of promptly linking at-risk women with appropriate services, responsibility for full psychosocial assessment and treatment cannot fall solely to obstetrician-gynecologists. Partnerships between these women's health care providers and community programs are needed that allow for integration of medical care with psychosocial services. The Committee encourages continued funding of the Provider's Partnership program.

Since 1990, the Maternal and Child Health Bureau has worked in cooperative agreement to run the National Fetal Infant Mortality Review (NFIMR) program. NFIMR provides training and assistance to enhance cooperative partnerships among local community health professionals, public health officers, community advocates and consumers to reduce infant mortality. The goal is to improve local services and resources for women, infants and families, to remove barriers to care, and to ensure culturally appropriate, family friendly services. Such efforts are crucial to understanding and addressing infant health disparities in communities at highest risk. The Committee encourages HRSA to continue to use Healthy Start funds to support the NFIMR project.

The Committee encourages ACF's Head Start Bureau and the Maternal and Child Health Bureau to continue and expand their successful interagency agreement to jointly address dental disease, the number one unmet health need of Head Start children. This partnership has brought together Head Start and the dental community at the national, state and local levels to seek solutions to improve access to oral health care for these children through the public and private sectors.

Abstinence education

The Committee does not provide funding for abstinence education within the Health Resources and Services Administration. As requested by the Administration, this account is now funded within the Administration for Children and Families.

Healthy Start

The Committee provides $97,751,000 for Healthy Start, which is the same as the fiscal year 2004 comparable level and the budget request. Healthy Start provides grants to select communities with high rates of infant mortality to help them identify, plan, and implement a diverse range of community-driven strategies that can successfully and significantly reduce disparities in perinatal health that contribute to the Nation's high infant mortality rate.

Universal newborn hearing

The Committee provides $9,872,000 for the universal newborn hearing screening program, which is the same as the fiscal year 2004 comparable level. The Administration did not request funding for this program. The program provides competitive grants to States for the purpose of implementing a national program of universal newborn hearing screening by means of physiologic testing prior to hospital discharge, audiologic evaluation by three months of age, and entry into a program of early intervention by six months of age.

Organ transplantation

The Committee provides $24,632,000 for organ transplantation activities, which is the same as the fiscal year 2004 comparable level and the budget request. The program supports a scientific registry of organ transplant recipients; the National Organ Procurement and Transplantation Network, which matches organ donors with potential recipients; and grants and contracts with public and private non-profit organizations to promote and improve organ donation.

The Committee is encouraged by the initial success of the organ donation collaborative project. This project is focused on the nation's largest hospitals and has adopted the goal of assisting these hospitals achieve organ donation rates of 75% or higher, which will result in at least 6,000 additional organs available for transplantation. The Committee also encourages HRSA to consider adopting a national system of simultaneous referrals of available organs as opposed to the current system of sequential or serial referrals, as this will further guarantee that all available organs are utilized.

The Committee also encourages HRSA to continue to support studies and demonstration projects to increase and maximize organ donation and recovery rates, including living donation.

The Committee encourages the Division of Transplantation to enhance its partnership with the pulmonary hypertension (PH) community aimed at increasing awareness about the need for increased heart and lung donations. The Committee is aware that the Organ Procurement and Transplantation Network/United Network for Organ Sharing has issued a proposed rule governing the allocation of lungs for transplantation. The Committee encourages OPTN/UNOS to work with the PH community to address its concerns re-

garding the methodology used to determine transplantation eligibility for PH patients.

Cord blood bank

The Committee does not provide additional funding for the cord blood program pending the completion of the Institute of Medicine report on the structure and administration of such a program. $9,941,000 was provided for this purpose in fiscal year 2004 to remain available until expended and requested by the President's budget.

Bone marrow program

The Committee provides $25,662,000 for the bone marrow program, which is $3,000,000 above the fiscal year 2004 comparable level and the budget request. In addition to funding from HRSA in fiscal year 2004, the National Marrow Donor Program (NMDP) is expected to receive $17,350,000 from the U.S. Navy. Funds are used for donor medical costs, donor centers, tissue typing, research, minority recruitment, and program administration. The Committee recognizes the important life-saving role of the Registry in the lives of thousands of Americans. The National Marrow Donor Program (NMDP), which operates the Registry through a contract with HRSA, anticipates facilitating its 20,000th transplant by November 2004. The Committee understands that the Registry lists three sources of blood forming non-embryonic stem cells used in transplantation: marrow and peripheral blood from adult donors, and umbilical cord blood units. The NMDP now lists 5,000,000 potential volunteer, adult donors of marrow and peripheral blood stem cells on the Registry. In addition, 16 of the 19 public cord banks are or have applied to become NMDP network members. The Committee urges the NMDP to continue innovative, technological, and scientific advances in non-embryonic cell therapies that have the potential to help some of the hundreds of thousands of Americans with leukemia or other life threatening blood diseases. The Committee also strongly encourages the NMDP to continue the enhancement of the Registry through its umbilical cord blood program. In addition, the Committee supports the NMDP's important role in conducting and supporting research to improve the availability, efficiency, safety, and cost of transplants and the effectiveness of Registry operations; maintaining and expanding its medical emergency contingency response capabilities for our nation's national security; and increasing donor and patient outreach programs, especially for minorities and medically underserved population groups.

Rural outreach grants

The Committee provides $30,124,000 for rural outreach grants, which is $9,477,000 below the fiscal year 2004 comparable level and $19,026,000 above the budget request. The program supports projects that provide health services to rural populations not currently receiving them and that enhance access to existing services.

Rural health research

The Committee provides $8,902,000 for rural health research, which is the same as the fiscal year 2004 comparable level and the

budget request. The activity supports several rural health research centers and the Secretary's rural health advisory committee as well as staffing for the Secretary's rural initiative.

Telehealth

The Committee provides $3,949,000 for telehealth, which is the same as the fiscal year 2004 comparable level and the budget request. The telehealth program works with and supports communities in their efforts to develop cost-effective uses of telehealth technologies. These technologies bring health services to residents of the Nation who are isolated from health care, and health-related education to the practitioners who serve them.

The Committee strongly supports HRSA's numerous rural telehealth initiatives and continues to encourage the agency to work in partnership with medical librarians, the National Library of Medicine, and other health information specialists in the development and implementation of its telehealth projects.

Rural hospital flexibility grants

The Committee provides $32,500,000 for rural hospital flexibility grants, which is $6,999,000 below the fiscal year 2004 comparable level and $32,500,000 above the budget request. The program is comprised of two parts: (1) flexibility grants to States to assist small, at risk rural hospitals that wish to convert to Critical Access Hospitals and receive cost-based payments from Medicare and (2) small hospital improvement grants that provide very modest amounts to hospitals to assist them in automation and compliance with confidentiality requirements. $25,000,000 is provided for the flexibility grants and $7,500,000 is provided for the small hospital improvement grants.

Rural and community access to emergency devices

The Committee provides $5,000,000 for the public access defibrillation demonstration grant program, which is $5,933,000 below the fiscal year 2004 comparable level and $2,985,000 above the budget request. The program assists both urban and rural communities in increasing survivability from sudden cardiac arrest by providing funding for the purchase, placement, and training in the use of automated external defibrillators (AEDs). The Committee intends that $1,000,000 of this total should be allocated to the community program and $4,000,000 should be directed to the rural program.

Rural EMS

The Committee does not provide funding for the new rural emergency training and equipment assistance program, which is $497,000 lower than the fiscal year 2004 comparable level and the same as the budget request. The Committee does not believe the program at its current level can provide adequate assistance nationwide and believes there are other emergency programs funded in the bill that can address some of these problems in rural areas.

State offices of rural health

The Committee provides $8,390,000 for State offices of rural health, which is the same as the fiscal year 2004 comparable level

and the budget request. The State office of rural health program creates a focal point for rural health within each of the fifty States. In each State, the office collects and disseminates information on rural health, coordinates rural health resources and activities, provides technical assistance to rural providers and communities, and helps communities recruit and retain health professionals.

Denali Commission

The Committee has not included funding for the Denali Commission, which is $34,793,000 below the fiscal year 2004 comparable level and $22,000,000 below the budget request.

Emergency medical services for children

The Committee provides $19,860,000 for emergency medical services for children, which is the same as the fiscal year 2004 comparable level and the Administration request. The program supports grants for the delivery of emergency medical services to acutely ill and seriously injured children.

Poison control centers

The Committee provides $23,696,000 for poison control centers, which is the same as the fiscal year 2004 comparable level and the Administration request. These funds support a grant program for poison control centers. In addition, funds are used to maintain a national toll-free number and implement a media campaign to advertise that number, as well as to support the development of uniform patient management guidelines and the improvement of data collection.

Traumatic brain injury

The Committee provides $9,375,000 for the traumatic brain injury (TBI) program, which is the same as the fiscal year 2004 comparable level and the budget request. The TBI program funds the development and implementation of statewide systems to ensure access to care including prehospital care, emergency department care, hospital care, rehabilitation, transitional services, and long-term community support. Grants also go to State protection and advocacy systems.

Black lung clinics

The Committee provides $5,963,000 for black lung clinics, which is the same as the fiscal year 2004 comparable level and the budget request. The program supports fifteen grantees that treat a declining population of coal miners with respiratory and pulmonary impairments. The clinics presently receive more than one-third of their funding from other sources, such as Medicaid and Medicare. Of the fifteen grantees, seven actually receive health center funding as well as black lung grants.

Trauma care

The Committee provides $3,449,000 for the trauma care program, which is the same as the fiscal year 2004 comparable level. The Administration did not request funds for this program. The program provides small grants to States to establish State offices to coordinate trauma systems within the States.

Payment to Hawaii for treatment of Hansen's disease

The Committee provides $2,033,000 for the treatment of persons with Hansen's disease in the State of Hawaii, which is the same as the fiscal year 2004 comparable level and the Administration request. The program, which provides a partial matching payment to the State of Hawaii, dates to the period of Father Damien's facility for sufferers of Hansen's disease (leprosy). That facility now has only 43 residents who live there by choice, and the grounds have been converted to a historical site. Most patients diagnosed with Hansen's disease in Hawaii are now treated in the same manner as new patients on the mainland; their care is handled on an outpatient basis, with the program paying for about 300 active ambulatory Hansen's Disease cases.

Ryan White AIDS programs

The Committee provides $2,074,861,000 for Ryan White AIDS programs, which is $35,000,000 above the fiscal year 2004 comparable level and $20,000,000 above the budget request. The bill also makes available $25,000,000 in program evaluation funding under section 241 of the Public Health Service for special projects of national significance. The Committee's allocation among the various titles of the Ryan White program reflect the high priority the Committee places on providing resources for the AIDS drug assistance program. Within the total provided, the Committee expects that Ryan White AIDS activities that are targeted to address the growing HIV/AIDS epidemic and its disproportionate impact upon communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders will be supported at no less than the fiscal year 2004 level.

The Committee is aware that, for a number of eligible metropolitan areas, the amount of their supplemental grant under title I of the Ryan White CARE Act has fluctuated markedly from year to year, thereby disrupting ongoing programs and services. Accordingly, the Committee directs HRSA to review the processes it uses to evaluate applications and award supplemental grants and to take appropriate steps to reduce such fluctuations and disruptions.

Emergency assistance

The Committee provides $615,023,000 for the Part A, emergency assistance program, which is the same as the fiscal year 2004 comparable level and the budget request. These funds provide grants to metropolitan areas with very high numbers of AIDS cases for outpatient and ambulatory health and social support services. Half of the amount appropriated is allocated by formula and half is allocated to eligible areas demonstrating additional need through a competitive grant process.

Comprehensive care programs

The Committee provides $1,140,900,000 for Part B, comprehensive care programs, which is $35,000,000 above the fiscal year 2004 comparable level and $20,000,000 above the budget request. The funds provided support formula grants to States for the operation of HIV service delivery consortia in the localities most heavily affected, for the provision of home and community-based care, for

continuation of health insurance coverage for infected persons, and for purchase of therapeutic drugs.

The Committee has included bill language identifying $803,872,000 specifically to support State AIDS Drug Assistance Programs. In fiscal year 2004, $768,872,000 was designated for this purpose.

Early intervention program

The Committee provides $197,170,000 for Part C, the early intervention program, which is the same as the fiscal year 2004 comparable level and the budget request. Funds are used for discretionary grants to migrant and community health centers, health care for the homeless grantees, family planning grantees, hemophilia centers and other private non-profit entities that provide comprehensive primary care services to populations with or at risk for HIV disease. The grantees provide testing, risk reduction counseling, transmission prevention, and clinical care; case management, outreach, and eligibility assistance are optional services.

Pediatric HIV/AIDS

The Committee provides $73,108,000 for Part D, pediatric AIDS demonstrations, which is the same as the fiscal year 2004 comparable level and the budget request. The program supports demonstration grants to foster collaboration between clinical research institutions and primary community-based medical and social service providers for the target population of HIV-infected children, pregnant women and their families. The projects are intended to increase access to comprehensive care, as well as voluntary participation in NIH and other clinical trials.

AIDS dental services

The Committee provides $13,325,000 for AIDS dental services, which is the same as the fiscal year 2004 comparable level and the budget request. The program provides reimbursements to dental schools and postdoctoral dental education programs to assist with the cost of providing unreimbursed oral health care to patients with human immunodeficiency virus disease. Dental students and residents participating in this program receive extensive training in the understanding and management of the oral health care needs of people living with HIV/AIDS.

Education and training centers

The Committee provides $35,335,000 for AIDS education and training centers (AETCs), which is the same as the fiscal year 2004 comparable level and the budget request. The centers train health care personnel who care for AIDS patients and develop model education programs.

Family planning

The Committee provides $278,283,000 for the family planning program, which is the same as the fiscal year 2004 comparable level and the budget request. The program provides grants to public and private non-profit agencies to support a range of family planning and reproductive services, as well as related preventive health services such as patient education and counseling, breast

and cervical cancer examinations, STD and HIV prevention education, counseling and testing and referral, and pregnancy diagnosis and counseling. The program also supports training for providers, an information and education program, and a research program which focuses on family planning service delivery improvements. The Committee encourages HRSA to work with CDC to implement HIV/AIDS testing and counseling as a part of the services provided in family planning centers.

The bill repeats language from the 2004 appropriations bill making clear that these funds shall not be expended for abortions, that all pregnancy counseling shall be nondirective, and that these funds shall not be used to promote public opposition to or support of any legislative proposal or candidate for public office.

Children's hospitals graduate medical education program

The Committee provides $303,258,000 for the children's hospitals graduate medical education program, which is $88,000 above the fiscal year 2004 comparable bill and the same as the budget request. The program provides a more adequate level of support for health professions training in children's teaching hospitals that have a separate Medicare provider number ("free-standing" children's hospitals). Children's hospitals are statutorily defined under Medicare as those whose inpatients are predominantly under the age of 18. The funding in this program is intended to make the level of Federal Graduate Medical Education support more consistent with other teaching hospitals, including children's hospitals which share provider numbers with other teaching hospitals. Payments are determined by formula, based on a national per-resident amount. Payments support training of resident physicians as defined by Medicare in both ambulatory and inpatient settings.

Health care facilities and other programs

The Committee has not included funding for health care facilities. A total of $371,536,000 was provided for this purpose in fiscal year 2004; no funding was included in the budget request. This program provides funds to public and private nonprofit entities for construction or modernization of outpatient medical facilities.

Buildings and facilities

The Committee provides $249,000 for buildings and facilities, which is the same as the fiscal year 2004 comparable level and the budget request. These funds are used to finance the repair and upkeep of buildings at the Gillis W. Long Hansen's Disease Center at Carville, Louisiana.

Radiation exposure compensation act

The Committee provides $1,974,000 for the radiation exposure compensation act, which is the same as the fiscal year 2004 comparable level and the budget request. This program provides grants for the education, prevention and early detection of radiogenic cancers and diseases resulting from exposure to uranium during its mining and milling at nuclear test sites.

National practitioner data bank

The Committee does not provide funding for the national practitioner data bank for fiscal year 2005, which is the same as both the fiscal year 2004 action on appropriations and the budget request. The Committee recommendation and the budget request assume that the data bank will be self-supporting, with collections of $15,700,000 in user fees. The national data bank receives, stores and disseminates information on paid medical malpractice judgments and settlements, sanctions taken by Boards of Medical Examiners, losses of membership in professional societies, and certain professional review actions taken by health care entities. Insurance companies, State licensure boards and authorities, and other health care entities and professional societies are required to report information to the data bank within 30 days of each action. The coverage of the data bank includes dentists and physicians, and, with respect to malpractice settlements and judgments, other categories of licensed health professionals. Hospitals are required to search the data bank when a health care provider applies for employment and once every two years thereafter. State licensing boards, other health care entities, licensing authorities, and professional societies also have access to the data bank. Traditional bill language is included to ensure that user fees are collected to cover the full costs of the data bank operations.

Health care integrity and protection data bank

The Committee does not provide funding for the health care integrity and protection data bank (HIPDB) for fiscal year 2005. The Committee recommendation and the budget request assume that the data bank will be self-supporting, with collections of $4,000,000 in user fees. HIPDB receives, stores, and disseminates information on final adverse actions taken against health care providers, suppliers, and practitioners. This information is collected from and made available to Government agencies and health plans. In addition, disclosure of the information is made available, upon request, to health care providers, suppliers, and practitioners who wish to self-query.

Community access program

The Committee does not provide funding for the community access program, which is $83,674,000 below the fiscal year 2004 comparable level and $9,998,000 below the Administration request. The program is designed to increase the capacity and effectiveness of the variety of community health care institutions and providers who serve patients regardless of their ability to pay through development of community consortia.

State planning grants for health care

The Committee provides $14,810,000 for state planning grants, which is the same as the fiscal year 2004 comparable level. The Administration did not request funding for this program. The program makes grants to states to gather and analyze information on problems of access to health insurance within the state and develop plans for providing access to affordable health insurance coverage to all their residents.

The Committee intends that, as in fiscal year 2004, these funds will be used for contination grants to assist states in completing or expanding their research and planning activities, and for grants to support the design and planning for pilot projects to expand health insurance coverage to a significant uninsured population within the state, as well as for initial grants to any states that have not yet received funding and wish to participate.

Program management

The Committee provides $151,317,000 for the cost of Federal staff and related activities to coordinate, direct and manage the programs of the Health Resources and Services Administration, which is $2,784,000 above the comparable 2004 action and the same as the budget request. The Committee includes funding for new HRSA activities proposed by the Administration.

The Committee requested a report last year from HRSA detailing HRSA's response to a January 2002 report submitted by HRSA regional dental consultants. That report identified the decline in oral health leadership and personnel. The report requested by the Committee was due by February 1, 2004. The Committee is very disappointed that it has not received this report. The Committee has received testimony from various organizations concerned about the lack of access to dental care, the increase in oral disease among vulnerable populations and the decrease in state dental programs. The Committee expects HRSA to submit this report without further delay.

MEDICAL FACILITIES GUARANTEE AND LOAN FUND

FEDERAL INTEREST SUBSIDIES FOR MEDICAL FACILITIES

The Committee does not provide funding for the Medical Facilities Guarantee and Loan Fund, which is the same as the budget request. Appropriations are used to pay interest subsidies on loans made or guaranteed prior to fiscal year 1977 for hospital construction. There are sufficient carryover funds from prior years' appropriations to pay defaults and interest subsidy payments; therefore, no appropriation is required to cover these payments.

HEALTH EDUCATION ASSISTANCE LOANS PROGRAM

The Health Education Assistance Loans (HEAL) program insured loans provided by non-Federal lenders to students in health professions schools. Under the accounting rules established in the Budget Enforcement Act of 1990, one account is maintained to pay the obligations arising from loans guaranteed prior to fiscal year 1992. A second account pays obligations and collects income from premiums on loans guaranteed in fiscal year 1992 and beyond. Each annual cohort of loans is independently tracked in this account. The authority for this program expired in fiscal year 1999. Fiscal year 1998 was the last year in which loans were obligated to previous borrowers under the HEAL authority.

The Committee provides $4,000,000 to liquidate obligations from loans guaranteed prior to 1992, which is $21,000,000 below the fiscal year 2004 level and the same as the budget request.

The Committee provides $3,270,000 for HEAL program management, which is $83,000 below the fiscal year 2004 comparable level and the same as the budget request.

NATIONAL VACCINE INJURY COMPENSATION PROGRAM

The Committee makes available the release of $66,000,000 from the Vaccine Injury Compensation Trust Fund in fiscal year 2004, which is the same as the fiscal year 2004 level and the budget request.

The National Vaccine Injury Compensation Program provides a system of compensation for individuals with vaccine-associated injuries or deaths. Funds for claims from vaccines administered on or after October 1, 1988 are generated by a per-dose excise tax on the sale of selected prescribed vaccines. Revenues raised by this tax are maintained in a Vaccine Injury Compensation Trust Fund.

Trust funds made available in the bill will support the liability costs of vaccines administered after September 30, 1988. They will also support the $3,176,000 in costs incurred by the agency in the operation of the program, which is $14,000 below fiscal year 2004 level and the same as the budget request.

CENTERS FOR DISEASE CONTROL

DISEASE CONTROL, RESEARCH AND TRAINING

The Committee provides a program level of $4,477,878 for the Centers for Disease Control and Prevention (CDC), which is $101,421,000 below the fiscal year 2004 comparable level and $15,224,000 above the request. Of the funds provided, $249,100,000 shall be derived from evaluation set-aside funds available under Section 241 of the Public Health Service Act, as proposed in the request.

The CDC assists State and local health authorities and other health-related organizations to control and reduce disease and other health problems. The activities of CDC focus on several major priorities, including providing core public health functions, responding to urgent health threats, monitoring the Nation's health using scientific methods, building the Nation's health infrastructure to insure our national security against bioterrorist threats, promoting women's health, and providing leadership in the implementation of nationwide prevention strategies to encourage responsible behavior and adoption of lifestyles that are conducive to good health.

The Committee considers the table accompanying this report to be determinative of the CDC budget. Funds should be apportioned and allocated consistent with the table, and any changes in funding are subject to the normal reprogramming and notification procedures.

Birth defects, developmental disabilities, disability and health

The Committee provides $119,214,000 for birth defects, developmental disabilities, disability and health, which is $6,471,000 above the fiscal year 2004 comparable level and $6,242,000 above the request. This program collects, analyzes, and makes available data on the incidence and causes of birth defects and developmental disabilities.

Within the total provided, $2,054,000 above the fiscal year 2004 comparable level is to expand autism and developmental disabilities activities.

Within the total provided, $1,500,000 above the fiscal year 2004 comparable level is to expand surveillance, epidemiological and education efforts of Duchenne and Becker muscular dystrophy in the United States.

Within the total provided, $907,000 above the fiscal year 2004 comparable level is to support activities related to the National Spina Bifida Program.

Within the total provided, not less than $1,000,000 is for studies involving Down Syndrome.

Within the total provided, $2,000,000 is to continue and expand the public health education initiative related to Tourette Syndrome.

Within the total provided, $500,000 above the fiscal year 2004 comparable level is to enhance the national campaign to increase the number of women taking folic acid daily.

Attention Deficit/Hyperactivity Disorder (AD/HD).—The Committee continues to support the National Resource Center on AD/HD and has provided sufficient funds to continue the activities at the Center to respond to the overwhelming demand for information and support services; to better reach special populations in need; to develop on-line educational tools for professionals; and, to enable CDC to expand its population-based research and surveillance.

Autism.—The Committee is aware of the progress that has been made with the autism programs at the CDC. The Committee acknowledges the importance of this work in the area of autism surveillance and research and urges it to continue in a timely manner. Within the funds provided, $15,300,000 is for the autism epidemiology program, including the CADDRE and ADDM Network, and $2,700,000 is to build upon last year's launch of the Autism Awareness and Education Campaign.

Diamond Blackfan Anemia.—The Committee encourages the CDC to establish a public health outreach and surveillance program for Diamond Blackfan Anemia as authorized under Title III of the Public Health Services Act.

Down Syndrome.—The Committee understands that in FY2004 the CDC initiated planning for two epidemiological studies on Down syndrome. The first study will obtain an accurate estimate of the number of people in the United States living with the disorder and identify them by age and ethnic group. The second study will document the onset and course of secondary and related developmental and mental disorders in individuals with Down syndrome. The Committee has included $1,000,000 above the request to initiate these studies in FY2005.

Duchenne and Becker Muscular Dystrophy.—The Committee is concerned with the pace of the development of the CDC Birth Defects Surveillance program covering the muscular dystrophies and is aware that the agency has made the commitment to enhance the internal staff commitment to the program. The Committee is encouraged by that new commitment and expects that CDC dedicate its efforts to organize, coordinate and implement the agency's Duchenne MD surveillance program. In addition, within the $1,500,000 increase provided for fiscal year 2005, the Committee

has provided $500,000 to initiate a coordinated education and outreach initiative through the Parent Project Muscular Dystrophy.

Folic Acid.—The Committee is pleased to learn that severe brain and spinal defects have dropped 27 percent in the U.S. since certain food producers have been required to fortify their foods with folic acid. The Committee encourages CDC to work with producers of suitable ethnic foods, such as tortillas, so ethnic populations may also benefit from folic acid fortification.

Fragile X.—The Committee supports the CDC's focus on maximizing prevention potential, minimizing impact on families and promoting early intervention through developmental screening and encourages CDC to incorporate individuals affected by fragile X. In addition, the Committee encourages the CDC to consider developing a fragile X public health program to expand surveillance and epidemiological study of fragile X, as well as provide patient and provider outreach on fragile X syndrome and other developmental disabilities.

Hemophilia.—The Committee urges CDC to continue working closely with voluntary health organizations, such as the National Hemophilia Foundation, concerned about carrying out disease management, prevention, outreach, and blood safety surveillance programs for persons with bleeding and clotting disorders. The Committee encourages the CDC to maintain its support for surveillance of the bleeding disorders community to address concerns about inhibitor development and prevention within this population.

Early Hearing Detection and Intervention.—The Committee continues to support the work of the CDC related to the early detection of hearing loss in infants. The recommendation provides $7,361,000 to maintain support for the program and its activities in FY2005.

Limb Loss Information Center.—The Committee recognizes that one of the greatest challenges facing individuals with limb loss is access to necessary health and rehabilitative services. The Committee urges CDC to work with the Amputee Coalition of America (ACA) to identify strategies to remove these barriers. The Committee applauds the partnerships developed between the ACA and the CDC, Walter Reed, and Johns Hopkins University to advance the quality of life through research and support programs for people living with limb loss. The Committee continues to support the CDC's resource and information center which assists individuals living with disabilities, and their families, in need of information on medical, physical, and emotional needs, and resources and support to reintegrate socially and economically into society.

Spina Bifida.—Spina Bifida and related neural tube defects are highly preventable through proper nutrition, including appropriate folic acid consumption, and its secondary effects can be mitigated through appropriate and proactive medical care and management. In an effort to improve the quality-of-life for individuals affected by Spina Bifida and reduce and prevent the occurrence of, and suffering from, this birth defect, $907,000 is provided above FY2004 for the CDC's National Spina Bifida Program. The Committee continues to support the partnership between CDC and the Spina Bifida Association of America (SBAA) and urges the CDC to establish a National Spina Bifida Clearinghouse and Resource Center at the SBAA to meet the current and growing demand for information

and support services for individuals and families affected by Spina Bifida.

Tourette Syndrome.—The Committee commends CDC for its partnership with the national Tourette Syndrome Association in developing a public health education and research program and has provided $2,000,000 in FY2005 to continue to educate parents, physicians, educators and other health care workers about the disorder and to expand on the scientific knowledge base on prevalence, risk factors and co-morbidities of Tourette Syndrome. The Committee intends that these resources be used to support the partnership between the TSA and CDC

Vision Loss.—The Committee encourages the Director to consider the creation of a National Information Center on Vision Loss to address the need for appropriate public health information to prevent further impairment and disability among individuals who are blind or who have low vision. The Committee further encourages CDC to partner with a national non-profit organization that is recognized for leadership in providing information to persons who are blind or visually impaired, including published resource guides, directories of services for consumers in the field, scholarly journals on blindness and vision loss, assistive technology magazines, and talking books. Particular attention should be paid to entities that have successfully implemented interactive and accessible information resources or comprehensive libraries for persons who are blind or visually impaired.

Chronic disease prevention and health promotion

The Committee provides $915,711,000 for chronic disease prevention and health promotion, which is $62,333,000 above the fiscal year 2004 comparable level and $286,000 and above the request.

Chronic diseases have had a profound human and economic toll on our nation. Nearly 125 million Americans today are living with some form of chronic condition, including cancer, cardiovascular disease, diabetes, arthritis, obesity and various neurological conditions such as epilepsy. Complications from these conditions include vision loss, kidney disease, limb loss, oral disease and paralysis.

The National Center for Chronic Disease Prevention and Health Promotion at CDC implements research and programs to prevent the leading causes of death and disability (e.g., heart disease and stroke, cancer, diabetes, and arthritis) which are among the most prevalent, costly, and preventable of all health problems. CDC plays a leadership role in coordinating and catalyzing the efforts of numerous public and private partners, which allows CDC to substantially extend its effectiveness in reaching people at highest risk for chronic disease. The Committee recognizes the essential infrastructure that CDC has built in state health departments and encourages CDC to expand its state-based leadership in surveillance, public health education, communications and model programs and research.

Within the total provided, the Committee has included the following amounts above the fiscal year 2004 comparable level:

Heart Disease and Stroke	$3,000,000
Diabetes	4,000,000
Cancer Prevention and Control	13,000,000
Arthritis and Other Chronic Diseases	1,300,000
Glaucoma/Visual Screening Education	170,000

Childhood Obesity Prevention—Verb Campaign	29,238,000
Steps to a Healthier U.S.	12,000,000
Oral Health	1,000,000
Safe Motherhood/Infant Health	413,000

Alzheimer's disease.—The Committee encourages the CDC to work with the NIH to further research and investigate links between a healthy lifestyle and the prevention of Alzheimer's disease in an effort to develop an Alzheimer's specific segment of the Healthy Aging Program. The ultimate goal of the Alzheimer's Program would be to aggressively educate the public and health professionals as to research-based ways to reduce the risks of developing Alzheimer's by maintaining a healthy lifestyle.

Arthritis.—The National Arthritis Action Plan (NAAP) supports programs to improve the quality of life of persons affected by arthritis and to improve the availability of information and self-management programs nationwide for Americans affected by the disease. The Committee recommendation includes $15,564,000 to support and expand CDC arthritis program activities, an increase of $800,000 over FY2004.

Breast and Cervical Cancer Screening.—Given the high vacancy rates of qualified laboratory personnel who prepare and interpret tissue and cell samples, the Committee encourages CDC to consider expanding its education component and develop a partnership with HRSA's Allied Health and Special Projects program. The Committee provides an increase of $10,000,000 for the National Breast and Cervical Cancer Early Detection Program.

Childhood and Adolescent Obesity.—The Committee recognizes that childhood and adolescent obesity is a serious and growing health concern. It is linked to the recent rise in Type 2 diabetes and exposes them to greater risk for 42 diseases as an adult, including coronary heart disease and some cancers. The Committee urges the CDC to undertake an epidemiological study of the long-term impact of childhood and adolescent obesity. The Committee also encourages the CDC to fund school and community pilot programs that will increase nutritional awareness and that emphasize the importance of limiting non-nutritive carbohydrates.

Colorectal Cancer.—The Committee is very pleased with the leadership of CDC's National Colorectal Cancer Roundtable in promoting the availability and advisability of screening to both health care providers and the general public. The Committee encourages the CDC to continue to expand its partnerships with state health departments, professional and patient organizations, and private industry to combat this devastating disease.

Diabetes.—The Committee applauds CDC for its new cooperative agreement with the American Association of Diabetes Educators (AADE), which is intended to ensure early diagnoses of people with diabetes and the best treatment and care of those trying to manage the disease. The Committee encourages CDC to work in partnership with AADE to identify strategies for evaluating the effectiveness of diabetes education in improving the self-care of people with diabetes and in reducing risk factors for diabetes.

The Committee commends the CDC for its efforts to develop a standardization program to improve the measurement of portable blood glucose monitoring systems. The accuracy of these devices is crucial for assisting diabetic individuals to avoid acute episodes of

dangerously low blood glucose levels and to reduce the risk of debilitating, long-term complications.

Epilepsy.—The Committee acknowledges and applauds CDC's partnership with the Epilepsy Foundation in developing a strategic vision for epilepsy programs in Living Well With Epilepsy II. Funding has been provided to enhance CDC's epilepsy efforts in partnership with a leading non-profit and to begin to implement the recommendations from Living Well With Epilepsy II. The Committee recommendation includes $8,674,000 for epilepsy activities, an increase of $500,000 over FY2004.

Heart Disease and Stroke.—The Committee commends the CDC for convening national leaders across federal and state governments and voluntary and professional organizations to develop and release A Public Health Action Plan to Prevent Heart Disease and Stroke. The Committee recommendation includes funds above FY2004 for the CDC to expand, intensify and coordinate heart disease and stroke prevention activities, such as enhancing both the State Heart Disease and Stroke Prevention Program and the Paul Coverdell National Acute Stroke Registry.

Inflammatory Bowel Disease.—For the past five years, the Committee has encouraged CDC to work in partnership with the IBD community to establish a national IBD epidemiology program to further our understanding of these diseases. The Committee understands that the Crohn's and Colitis Foundation of America has provided financial support through the CDC Foundation to initiate this important program. Now that the project is established, the Committee encourages CDC to contribute to the project in order to expand the work in FY2005.

Interstitial Cystitis.—The Committee is pleased that the CDC has been working closely with the interstitial cystitis (IC) patient community to develop a program to expand both the public's and professional community's understanding of IC. The Committee encourages the CDC to formalize its partnership with a national nonprofit voluntary health association dedicated to assisting persons with IC. This would allow the CDC to develop a long term, sustainable awareness campaign that has a measurable impact on patients, physicians, researchers and the general public.

Lung Cancer.—The Committee encourages the CDC through its Cancer Registries program and in coordination with the Comprehensive Cancer Control program to conduct a study, or studies, that would examine: the current trends of lung cancer screening and evaluate the number of people currently getting screened for lung cancer; how lung cancer screening is being promoted; which screening methods are being promoted; how the benefits and risks of screening are communicated by health professionals to at risk populations; trends in the number of biopsies being performed following screening exams; and trends in the stage of lung cancer diagnosis.

Lupus.—The Committee recommendation includes $993,000 within Arthritis and Other Chronic Diseases to continue support for the National Lupus Patient Registry.

Oral Health.—The Committee recognizes that to effectively reduce disparities in oral disease will require improvements at the State and local levels. The Committee has provided $13,428,000 to allow the States to target their capacities to assess the prevalence

of oral diseases, to target interventions, like additional water fluoridation and school-linked sealant programs, and resources to the underserved, and to evaluate changes in policies, programs and disease burden. The Committee also expects the Division to advance efforts to reduce the disparities and the health burden from oral cancers and oral diseases that are closely linked to chronic diseases like diabetes and heart disease.

Pulmonary Hypertension.—The Committee continues to be interested in pulmonary hypertension (PH), a rare, progressive and fatal disease that predominantly affects women, regardless of age or race. Because early detection of PH is critical to a patient's survival and quality of life, the Committee continues to encourage CDC to give priority consideration to supporting a cooperative agreement with the pulmonary hypertension community designed to foster greater awareness of the disease.

Prevention of Preterm Birth.—The Committee encourages the CDC to expand research on the causes of preterm birth, the prevention of preterm delivery for women at risk and the social and environmental factors exacerbating higher rates of preterm delivery in African-American women.

School Health.—The Committee urges the Centers for Disease Control and Prevention to prioritize abstinence education among adolescents served through the Divisions of Adolescent School Health. Abstinence Education is consistent with the strategic direction of CDC in providing greater holistic health protection for young people and should be prioritized in activities funded through grants, cooperative agreements and other partnerships with DASH.

The Committee encourages the continued support of center activities aimed at improving the health and well being of adolescents. The Committee has learned of concerns that CDC decided not to continue funding the State Adolescent Health Coordinators Network (SAHCN) Annual Meeting. This meeting provides a focus on the unique needs and assets of the adolescent population, bringing together specific expertise on the health issues that face adolescents and on the special programmatic considerations for this population. The Committee urges CDC to consider renewing its support of this activity to promote adolescent health, providing that the meeting organizers provide the necessary assurances to be eligible for federal funding.

Sleep Disorders.—The Committee is concerned about the prevalence of sleep disorders and recognizes the need for enhanced public and professional awareness on sleep and sleep disorders. The Committee encourages CDC to work with other agencies, such as the National Center on Sleep Disorders Research (NIH), and voluntary health organizations, such as the National Sleep Foundation, to support the development of a sleep education and public awareness initiative.

Steps for a Healthier U.S.—The Committee commends CDC for its work on the Steps program, including its partnerships with national organizations, such as the YMCA, aimed at coordinating and delivering program models to additional communities across America, including rural and disadvantaged communities. In order to expand the reach and impact of the STEPS program, the Committee urges the CDC to continue and increase funding for these national

partnerships. The Committee provides an increase of $12,000,000 to expand the Steps program in FY2005.

Sudden Infant Death Syndrome.—The Committee notes the work of CDC, the National Institute of Child Health and Human Development and the Health Resources and Services Administration in developing model guidelines for death scene protocol for Sudden Infant Death Syndrome. The Committee continues to encourage CDC to implement projects to demonstrate the effectiveness of the death scene protocol in a variety of locales (urban, suburban, and rural) throughout the nation.

VERB.—The Committee recommendation includes $65,000,000 for the Childhood Obesity Prevention Program, known as VERB. The Committee understands that evaluation results from the first year of funding for VERB demonstrate that the campaign has directly resulted in improved physical activity among the targeted age group, 9-to-13 year-olds. Funds will be used to support the fourth year of this national campaign, including updating the campaign's creative positioning and messages as well as marketing strategies and tactics in order to keep up with the rapidly changing target audience. Funds also will be used to continue a rigorous evaluation of the campaign's effectiveness.

Vision Screening and Education.—The Committee recommendation includes $3,000,000 to enhance the national vision screening and education program, and commends CDC for its partnership with Prevent Blindness America, a national voluntary health agency, in building a public health action plan for vision health. The Committee intends that CDC dedicate at least half of the funds provided to further expand this partnership through the existing cooperative agreement to jointly further develop public, patient and professional education, community programs, research and the necessary infrastructure to deliver vision screening and education.

Environmental health

The Committee provides $186,113,000 for environmental health, which is $2,901,000 above the fiscal year 2004 comparable level and $2,318,000 above the request.

Within the total provided, the Committee provides the following amounts above the FY2004 comparable level:

Environmental Health Laboratory	$2,000,000
Asthma	901,000

Alpha–1 Antitrypsin Deficiency.—The Committee is aware that Alpha–1 Antitrypsin Deficiency is a genetic disorder that can result in devastating and fatal lung and/or liver disease. Early detection allows individuals to engage in preventative health measures and receive appropriate therapies that significantly improve their health status. The Committee encourages CDC to consider supporting an Alpha–1 screening and detection program that utilizes public and professional education regarding lung disease, both genetic and tobacco related.

Asthma.—The Committee is pleased with the work that the CDC has done to address the increasing prevalence of asthma. However, the increase in asthma among children remains alarming. The Committee urges CDC to expand its outreach aimed at increasing public awareness of asthma control and prevention strategies, par-

ticularly among at-risk populations in underserved communities. To further facilitate this effort, CDC is urged to partner with voluntary health organizations, such as the American Lung Association to support program activity consistent with the CDC's efforts to fund community-based interventions that apply effective approaches demonstrated in research projects within the scientific and public health community.

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

Biomonitoring.—Limited information exists about chemical exposures in humans and how these chemicals affect people's health. Without this information, public health officials cannot effectively identify and prevent diseases that result from chemical exposures. With prior CDC funding, 36 state public health labs developed plans for increasing biomonitoring capacity—the testing of body fluids, hair and skin for chemical exposure. In 2004, CDC reports providing support for the implementation of those plans for three grantees. The Committee has provided $770,000 above the FY2004 level to enhance public health laboratory biomonitoring capacity and to provide adequate technical assistance and training to states in assessing exposure to chemicals.

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

Lead poisoning among Hispanic children in the nation is a significant problem. Oklahoma and Texas have a unique outreach program to the Hispanic community to help identify at-risk children and educate their parents about the source of the lead poisoning. The CDC is encouraged to work with the State Public Health Departments in Oklahoma and Texas to further develop this pilot program.

Environmental Health Laboratory.—The Committee recognizes the extraordinary services of CDC's Environmental Health Laboratory, and has provided an additional $2,000,000 above FY2004 to expand its work in preventing disease from toxic exposures, assessment of exposure to priority toxic chemicals, including mercury and arsenic, and to provide expanded and more effective laboratory response to toxic emergencies.

Human Exposure to Environmental Chemicals.—The CDC's National Report on Human Exposure to Environmental Chemicals is a significant new exposure tool that provides invaluable information for setting research priorities and for tracking trends in human exposures over time. The Committee continues to support the CDC environmental health laboratories efforts to provide exposure information about environmental chemicals. However, as CDC has recognized, this information does not by itself provide information on causes for effects in humans and communicating these results in context is vitally important. The Committee applauds the

CDC's efforts in this regard and encourages the agency to continue to do so.

Primary Immunodeficiency Diseases.—In each of last three years, Congress has made available funds for CDC to support the national physician education and public awareness campaign developed by the Jeffrey Modell Foundation. The Committee understands that the Foundation has leveraged more than seven dollars from donors and the media for every federal dollar appropriated and is a model of public-private cooperation. The Committee encourages the CDC to expand the reach of the Foundation's campaign to underserved communities, including African-American and Hispanic populations, and has provided sufficient funding to reach that critical goal. The Committee also encourages CDC to expand its programmatic activity on primary immune deficiency diseases to include pilot programs focused on newborn screening and school wellness.

Severe Combined Immune Deficiency.—The Committee understands that scientists working in the intramural program at the NHGRI have developed the technology to screen newborns for severe combined immune deficiency disease (SCID) or "the bubble boy disease." The Committee commends the CDC for the work begun on the development of a newborn screening program for SCID. Further, the Committee encourages the CDC to complete the development of the program and work in collaboration with relevant voluntary health organizations in developing a treatment protocol for any newborns that test positive for SCID.

Epidemic services and response

The Committee provides $91,776,000 for epidemic services and response, which is the same as the fiscal year 2004 comparable level and $709,000 below the request.

The objectives of the program include the prevention and control of epidemics, the maintenance of surveillance systems, the training of public health epidemiologists, and the operation of the quarantine program. The program supports the Epidemic Intelligence Service program, the publication of the Morbidity and Mortality Weekly Report, and a variety of infant and minority health programs.

Landmine Survivor Network.—The Committee commends CDC for its partnership with the Landmine Survivor Network that has developed peer support networks for landmine survivors in six mine-affected countries around the world. The Committee recommendation assumes continued support for the Network at not less than the fiscal year 2004 level.

Health statistics

The Committee provides a total of $149,600,000 for health statistics, which is $21,966,000 above the fiscal year 2004 comparable level and the same as the request. All funds provided shall be derived from section 241 evaluation set-aside funds, as proposed in the request.

The Health Statistics program is responsible for collecting, interpreting, and disseminating data on the health status of the U.S. population and the use of health services. Surveys include the National Vital Statistics System, the National Health Interview Sur-

vey, the National Survey of Family Growth, the National Health and Nutrition Examination Survey, and the National Health Care Survey.

The Committee supports the efforts to strengthen health statistics programs. The Committee is aware that the data systems of the National Center for Health Statistics require additional investment in order to sustain ongoing operations as well as to make needed improvements in content and technology. The Committee recognizes that the data provided by the Center are important to the ability of the Congress to set health priorities, evaluate funding requests, and provide oversight to the performance of Federal health agencies. They are equally important to the day to day planning and management of health programs of CDC and to the biomedical research conducted by NIH. The Committee commends Secretary and Director for the increased request and encourages each to ensure that continued support of these data systems is provided and to make needed improvements in content and technology.

HIV/AIDS, STD and TB prevention

The Committee provides $1,149,330,000 for HIV/AIDS, STD and TB prevention, which is $7,669,000 above the fiscal year 2004 comparable level and $6,031,000 above the request. Of the amount provided, $837,725,000 is for the HIV/AIDS programs, of which $142,808,000 is for global HIV/AIDS programs; $172,935,000 is for the STD program; and $138,670,000 is for the TB program.

The HIV/AIDS programs support HIV research, surveillance, epidemiologic and laboratory studies, and prevention activities. CDC provides funds to state and local health departments to develop and implement integrated community prevention plans. The STD program awards grants to state and local health departments and other nonprofit entities to support a wide variety of public health activities to prevent and treat STDs. CDC directly conducts special investigations, surveillance and epidemiologic research. The tuberculosis program provides grants to States and large cities for a broad range of tuberculosis control activities. In addition, the CDC supports state and local laboratories and conducts research, epidemiological investigations, and education and training seminars.

Domestic HIV/AIDS Prevention.—The Committee applauds CDC's steps to emphasize HIV testing to identify infected persons who are not aware of their own infection and to get them into treatment and prevention services. The Committee encourages the CDC to work specifically with federal programs providing reproductive health services to women to implement HIV/AIDS testing and counseling as a part of the Advancing HIV Prevention Initiative.

The Committee is concerned, however, that while support for HIV/AIDS has increased over the past decade, CDC estimates that there has been no decline in the incidence of HIV, leading to concerns about the effectiveness of these programs. The Committee is pleased that the Director has acknowledged the need for greater accountability and the establishment of methods of measuring the effectiveness of the programs that receive CDC funding.

The Committee requests that the CDC prepare and submit a report to the Committee by June 1, 2005 outlining the steps CDC has taken, or plans to take, to ensure that the programs receiving CDC

support are effective in preventing the spread of HIV. The Committee requests that the report: (1) demonstrate how the CDC will ensure that HIV-prevention program evaluations include verifiable data to demonstrate how the funded projects will prevent or reduce risk behaviors and disease transmission; (2) describe how the CDC will evaluate the impact of both the actual program and its advertising and promotion in eliminating risk taking behaviors; (3) describe how such programs will be evaluated in a scientifically sound method to ensure that these programs reduce the transmission rates for sexually transmitted disease (STDs) including HIV/AIDS; (4) describe how the CDC will collect and evaluate data to demonstrate that each funded program will lower HIV and STD rates; and (5) describe how the CDC will make available to the public, information on which program and approaches have demonstrated success or failure in preventing the spread of HIV and STDs.

Mother and Child HIV/AIDS Prevention.—The Committee recommendation does not include funds for the Mother and Child HIV/AIDS prevention initiative. Funding for this initiative was requested within the Global AIDS Coordinator's Office at the Department of State.

Minority HIV/AIDS Initiative.—Within the total provided, the Committee expects the CDC to allocate not less than the fiscal year 2004 level for activities that are targeted to address the growing HIV/AIDS epidemic and its disparate impact on communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders. The Committee expects CDC to follow the fiscal year 2002 report accompanying this bill regarding the disbursement of these funds.

Infertility Prevention Program.—The Committee provides an increase of $5,000,000 above the FY2004 comparable level to expand the infertility prevention activities for uninsured and underinsured women. The Committee understands that in six regions, which represent the most highly populated areas, screening activities reach only 36 percent of women in need.

Tuberculosis.—The Committee provides $138,670,000 for Tuberculosis (TB) prevention and control, $2,465,000 above the fiscal year 2004 comparable level and $2,269,000 above the request.

The Committee is pleased with the efforts of the TB control program, which has reduced the number of new TB cases for the past ten years but is concerned with the number of new TB cases in foreign-born individuals in the U.S. The Committee urges CDC to work with the U.S. Citizenship and Immigration Services (USCIS) to develop novel TB screening strategies for individuals emigrating from high TB incidence countries. The Committee also encourages CDC to consider implementing screening programs for high-risk individuals residing in the U.S. for latent TB.

The Committee also recognizes that despite increased attention to the disease globally, the expansion of DOTS (Directly Observed Therapy—Short course) therapeutic regimes, and the widespread use of an existing vaccine against TB, TB continues to be a worldwide pandemic. The Committee is aware of modeling studies showing that a modestly effective vaccine (50%–70% efficacious) used in combination with drug therapy could save tens of millions of lives, and a highly effective vaccine could eventually control the disease.

The Committee urges the CDC to continue its support for the TB vaccine research cooperative agreement in partnership with the leading private foundation conducting clinical field site trial work on TB vaccines. The Committee expects CDC will provide leadership and technical assistance on field site development and surveillance.

The Committee understands that State of Oklahoma has a unique program, based upon a program that was successful in Florida, of outreach through the Catholic Church community to undocumented workers to better prevent and control TB among foreign-born individuals. CDC is encouraged to work with the State of Oklahoma, and other states wishing to participate, to support these model programs aimed at preventing and controlling TB in the population. The CDC is also encouraged to work with the country of Mexico to help them eradicate this problem within their own country.

Immunization

The Committee provides a program level of $654,070,000 for immunization, which is $10,726,000 over the fiscal year 2004 comparable level and $10,000,000 above the request. Of the amount provided, $14,000,000 is to be derived from section 241 evaluation set-aside funds, as proposed in the request. In addition, the Vaccines for Children (VFC) program is expected to provide $1,208,000,000 in vaccine purchases and distribution support in fiscal year 2005.

Immunization project grants are awarded to States and local agencies for planning, developing, and conducting childhood immunization programs including enhancement of the vaccine delivery infrastructure. CDC directly maintains a stockpile of vaccines, supports consolidated purchase of vaccines for state and local health agencies, and conducts surveillance, investigations, and research into the safety and efficacy of new and presently used vaccines. The Committee notes that there are other Federal programs that provide immunizations to children, including the State Children's Health Insurance Program (SCHIP), the Maternal and Child Health Block Grant, and community health centers.

Meningococcal disease.—The Committee is aware of recent CDC efforts to consider increasing information on meningococcal disease and ways to prevent it so that the general public will be better educated on the symptoms and prevention methods. The Committee recommends that CDC work to improve education and immunization programs and encourages the CDC to partner with the National Meningitis Association to ensure that all families, especially those with adolescents and young adults, are effectively educated on this disease, vaccine availability, and all methods of prevention.

Vaccine Safety Datalink Sharing Program.—The Committee is aware of sensitivities about research involving the safety of childhood vaccines. CDC's Vaccine Safety Datalink Data Sharing Program allows external researchers to assess vaccine safety by analyzing data from managed care organizations. The Committee believes that it is essential that these data be available in a way that allows for independent review while at the same time protect confidentiality and comply with regulations for the protection of human subjects involved in research. The Committee urges the

CDC to assure access to these data. The Committee is concerned that some of the restrictions placed on outside researchers preclude independent researcher from being able to independently validate internal research conducted by the CDC's VSD project team. The Committee urges the CDC to reexamine the restrictions placed on external researchers so that these researchers may be able to validate the internal researcher's findings. The Committee recognizes that validating research findings requires that external researchers also have access to original datasets, not simply final datasets, and it directs that the CDC make such datasets available to external researchers in such a way as to assure compliance with the privacy protections set forth in Title 45, Part 46, Code of Federal Regulations.

Infectious diseases control

The Committee provides $398,439,000 for infectious diseases control, which is $28,954,000 above the fiscal year 2004 comparable level and $2,340,000 below the request.

The program supports national surveillance of infectious diseases, the development of new or improved prevention and control methods and techniques, the acceleration of the general application of accepted prevention technologies, and strengthening of the capability to respond to outbreaks of new and re-emerging infectious diseases.

Within the total provided, not less than $4,000,000 above the fiscal year 2004 comparable level is to continue planned activities and expand efforts to prevent and control the West Nile virus.

Antimicrobial Resistance.—The Committee encourages the CDC to expand support for training and education of medical and public health personnel related to antimicrobial resistance and public health emergencies, including training laboratory personnel in the recognition of resistance in pathogens.

Chronic Fatigue Syndrome.—The Committee is pleased that CDC is restoring funds for CFS research and that these funds are being used in substantive areas. The Committee encourages CDC to continue the establishment of a national registry to examine such things as: studies of etiologic agents, diagnostic markers, natural history, and risk factors using specialized molecular epidemiology techniques and advanced surveillance methodologies.

Cooley's Anemia.—The Committee is pleased with the progress that CDC has made with regard to the establishment of a blood safety surveillance program for Cooley's anemia patients, who are the largest consumers of red blood cells. As the program moves forward and one time costs are met, the Committee expects CDC to direct an increasing amount of the funds available to active patient recruitment, education and awareness, and related services.

Global Disease Detection.—The Committee commends the CDC for moving rapidly to improve the capacity for disease detection and outbreak response. The Committee believes that the CDC's work in expanding both domestic and international surveillance and response capabilities were critical factors in mitigating adverse health effects in this country and abroad from outbreaks, such as SARS and Monkeypox. The Committee recommendation provides an increase of $24,895,000 to further enhance CDC's global disease detection capacity as proposed in the request.

Hepatitis.—The Committee encourages CDC fully implement the National Hepatitis C Prevention Strategy. This prevention strategy includes enhancing state and local health department and community-based organizations' efforts to provide counseling, testing, partner notification, health education and medical referral to persons at risk of or infected with hepatitis C, and to enable state health departments to establish surveillance systems to monitor the burden of disease. While most States have designated a state Hepatitis C Coordinator, the Committee is concerned that coordinators are still lacking in 6 states. CDC is urged to work with these States to ensure the availability of hepatitis C coordinators. The Committee also notes that hepatitis C counseling and testing programs are not universally available, and encourages that CDC address this gap. Further, the Committee is concerned about reports that the CDC may reduce the number of Hepatitis C prevention demonstration project sites from 15 to 5 in FY2005 and urges the Director to continue support for all 15 sites. The Committee also encourages more aggressive HCV outreach linkages to care are available in all states to those seeking hepatitis C prevention services. Finally, the Committee is pleased that several States, in collaboration with community stakeholders, have developed State plans to address hepatitis, but understand that funding has not been made available to implement these plans. Funds have been included above the request to support and expand the abovementioned hepatitis C activities.

In addition, the Committee is concerned with increasing rates of adult infection with hepatitis A and B, and urges that the CDC consider launching an expanded vaccination program in response to this health issue.

Lyme Disease.—The Committee continues to be concerned about the increase in tick-borne illnesses, including Lyme disease and Southern Tick-Associated Rash Illnesses. The Committee urges the Director, in collaboration with other relevant Departmental Operating Divisions, to consider the establishment of a comprehensive, multi-agency, five-year plan that lays out a blueprint for making progress toward effective surveillance, prevention, and control of tick-borne illnesses.

Sepsis.—The Committee understands that sepsis remains a leading cause of death, in part because too few medical personnel know how to diagnose and treat it properly. The Committee encourages the CDC to work with State health departments to expand surveillance efforts related to sepsis. Furthermore, the Committee encourages the CDC work with relevant voluntary health organizations to examine effective means of educating infectious disease physicians, emergency room doctors, and critical care nurses, especially those in rural and traditionally underserved areas, in use of the new guidelines to identify sepsis and improve patient outcomes.

West Nile Virus.—The Committee supports the CDC's efforts to complete a national plan for West Nile virus response, including surveillance, prevention, and control of the virus nationwide. The Committee is aware of concerns that political subdivisions of states, such as local and county/parish governments have not had the necessary resources to combat outbreaks, even though they have a significant responsibility for response. The Committee urges the Di-

rector to factor in the needs of local governments in the allocation of West Nile response funds in FY2005.

Injury prevention and control

The Committee provides $155,591,000 for the injury control program, which is $2,000,000 above the fiscal year 2004 comparable level and $1,712,000 above the request. The injury prevention and control program supports intramural research, injury control research centers, extramural research grants, and technical assistance to state and local health departments.

Gun Control Advocacy.—The Committee recommendation maintains language carried in the fiscal year 2004 bill and prior years prohibiting federal funds from being used to lobby for or against the passage of specific federal, state or local legislation intended to advocate or promote gun control. The Committee understands that the CDC's responsibility in this area is primarily data collection and the dissemination of that information and expects that research in this area to be objective and grants to be awarded through an impartial, scientific peer review process. The Committee requests that the Director be prepared to report on the steps taken to ensure this restriction is followed during the FY2006 budget hearings.

National Violent Death Reporting System.—The Committee commends the CDC for working with several academic institutions to develop and implement model population-based violent injury reporting systems, and to develop systems that link information from law enforcement agencies, medical examiners, and coroners, health providers, crime laboratories, and other agencies. The Committee is pleased with the progress that has been made towards implementation of a system of more timely, complete, objective and accurate information about violent deaths and injuries. The Committee encourages CDC to continue to work with both State and private partners in its implementation of this model plan.

Prevention of Child Maltreatment.—The Committee recommendation includes sufficient funds to support public health surveillance and research for child maltreatment prevention programs at not less than the FY2004 level. The Committee provides $1,000,000 above the request for child maltreatment and other intentional injury activities.

Traumatic Brain Injury.—Within the funds provided, $1,000,000 above the fiscal year 2004 comparable level is for expanding the activities of the Traumatic Brain Injury program.

Occupational safety and health

The Committee provides a program level of $278,587,000 for occupational safety and health, which is the same as the request and $1,599,000 above the FY2004 comparable level. Of the amount provided, $41,900,000 is to be derived from section 241 evaluation setaside funds, as proposed in the request.

This program conducts applied research, develops criteria for occupational safety and health standards, and provides technical services to government, labor and industry, including training for the prevention of work-related diseases and injuries. This appropriation supports surveillance, health hazard evaluations, intra-

mural and extramural research, instrument and methods development, dissemination, and training grants.

National Occupational Research Agenda (NORA).—The Committee recommendation continues support for research associated with NIOSH's NORA program at not less than the FY2004 level.

Personal Protective Equipment.—The Committee strongly supports NIOSH's efforts for program activities in domestic terrorism preparedness. The Committee believes significant work must be done to continue to protect emergency responders from biological and chemical terrorism exposures, as well as industrial accidents. Firefighters, emergency medical personnel, and other on-site workers need reliable personal protective equipment, principally protective masks and respirators, but also protective clothing and detection devices to be able to effectively help victims in case of exposure to biological or chemical terrorist agents.

NIOSH has made significant progress in the past year and is to be commended for working closely with manufacturers and first-responder representatives to create equipment that will protect our nation's workers. The self-contained breathing apparatus (SCBAs) are now approved and on the market, and the upgrade kits for items in current service are being approved. NIOSH should investigate the feasibility of the use of the military masks about to be surplused as the U.S. military moves to a new mask that NIOSH and Fort Detrick are cooperatively creating.

Preventive health and health services block grant

The Committee provides $110,000,000 for the preventive health and health services block grant, which is $23,298,000 below the fiscal year 2004 comparable level and the budget request. This program provides grants to States by formula for a wide range of public and preventive health activities.

Public health improvement

The Committee provides a program level of $128,774,000 for public health improvement, which is $43,788,000 below the fiscal year 2004 comparable level, and $15,482,000 above the request. Of the amount provided, $43,600,000 is to be derived from section 241 evaluation set-aside funds, as proposed in the request.

This program funds activities designed to close the Nation's gap in public health capacity and strengthen the practice of public health at the front lines, develop improved interventions and services, help racial and ethnic minority communities mobilize and organize their resources to support effective and sustainable programs that will contribute to the elimination of health disparities, and develop and implement national data standards for surveillance reporting.

Extramural Prevention Research.—The Committee provides $483,000 for extramural prevention research. The Committee understands that no new grants will be funded through the program in FY2004 and that the grant periods for all but one of the 25 grants supported expire on September 30, 2004. As a result, $483,000 is provided for continuation requirements in FY2005.

Public Health Research.—The Committee recommendation provides a total of $30,000,000 for public health research. Of this

amount, $15,000,000 is to be derived from section 241 evaluation set-aside funds as proposed in the request.

Buildings and facilities

The Committee provides $81,500,000 for buildings and facilities, which is $178,954,000 below the fiscal year 2004 comparable level and the same as the request.

These funds support construction and ongoing maintenance projects, as well as essential safety repairs and equipment purchases. The funds provided will support high priority work identified in the CDC's Buildings and Facilities Master Plan phased planning effort. Funds also will be used to support the 2nd year costs of replacing the CDC's Vector Borne Infectious Diseases Laboratory in Ft. Collins, CO.

The Committee recommendation includes bill language to allow the CDC to enter into a single contract or related contracts for the full scope of development and construction of facilities. It also carries language included in the Departments of Labor, Health and Human Services and Education, and Related Agencies Appropriations Act, 2004 to allow funds appropriated to the CDC to be used to enter into a long-term ground lease for construction on non-Federal land, in order to replace their laboratory in the Fort Collins, Colorado area.

Data Security and Storage.—Within the amount provided sufficient funds are available for data center storage infrastructure hardware and software upgrades. This funding is to provide further for the remote mirroring of information between CDC data centers and recovery sites, and to provide heterogeneous connectivity to existing systems in use at the CDC, in order to ensure the protection, recovery, and availability of critical resources; as well as to provide for enhanced security-specific technologies and services in concert with critical infrastructure protection requirements.

Office of the Director

The Committee provides $59,173,000 for the activities of the Office of the Director, which is the same as the fiscal year 2004 comparable level and $500,000 below the request.

The Committee intends this amount to be a ceiling. The Director may transfer these funds to non-administrative, programmatic activities at her discretion.

The Committee recommendation includes a provision, sec. 220 that reduces funds available for information technology and administrative management by $15,000,000. The Committee included this provision to partially offset funds provided within public health improvement to support high priority public health research. The Committee expects the Director to submit a report regarding the allocation by budget activity of the administrative and information technology savings across the CDC prior to the obligation of FY2005 public health research funds.

Cooperative Agreements.—The Committee is concerned that CDC is considering altering the cooperative agreement that has effectively supported research, fellowships, training, preparedness and other activities at schools of public health over the past 23 years. The Schools of Public Health are an integral part of the public health infrastructure through preparation of future public health

leaders and through key research and training activities. The Committee notes that the competitive, peer-reviewed projects funded through this mechanism are results-oriented and have positive evaluations. The Committee is aware that this cooperative agreement was one of the first such funding models at CDC that allow flexibility to meet unanticipated public health needs at the community level and rapidly respond to emerging situations while ensuring accountability and integrity. The Committee expects that CDC will not proceed with any modification to this arrangement without prior justification and consultation with the Committee.

Futures Initiative.—The Committee understands that since June 2003, CDC has been engaged in a strategic planning process called the, "Futures Initiative." The process has yielded a series of organizational recommendations to ensure that CDC will continue to have the capacity to effectively and efficiently protect and improve the health of the American people. The Committee understands that the organizational recommendations may require changes to the manner in which funds are appropriated to the CDC and will work to incorporate those changes before the funding recommendations for FY2005 are finalized.

Terrorism

The Committee provides $1,637,760,000 for CDC terrorism preparedness and response activities within the Public Health and Social Services Emergency Fund (PHSSEF). This is $130,549,000 above the FY2004 comparable amount and $128,189,000 above the request.

Within the total provided: $934,300,000 is for State and Local Capacity, including $871,900,000 to be provided to State and local health departments through grants and cooperative agreements; $142,160,000 is for Upgrading CDC Capacity; $11,300,000 for Anthrax; $100,000,000 for the Biosurveillance Initiative and $450,000,000 for the Strategic National Stockpile.

Poison Control Centers.—For many years the Committee has recognized the importance of the national network of poison control centers in the early identification of potential public health incidents and domestic terrorist events. The centers, which operate around the clock, have developed a national, real-time data collection, analysis and surveillance capability. The Committee urges the CDC to continue to incorporate these unique capabilities and to provide sufficient support to enable the centers to participate fully in the BioSense program as it develops.

NATIONAL INSTITUTES OF HEALTH

The Committee provides $28,526,871,000 for the twenty-six appropriations which together fund the programs of the National Institutes of Health (NIH). The total in the bill is $726,823,000 above the fiscal year 2004 comparable level and the same as the budget request. The bill also includes $47,400,000 in the Public Health and Social Services Emergency Fund as requested by the Administration for targeted research activities to develop radiological and nuclear threat countermeasures. NIH would manage and oversee this work.

Roadmap.—The Committee endorses the Administration's proposal of supporting the NIH Roadmap for Biomedical Research at

a funding level of $236,800,000, from funding contributed by the Institutes and Centers based on less than one percent of their budgets and out of the Director's Discretionary Fund. The Committee believes the Roadmap is an important step to moving biomedical research forward to the next level of discovery at a pace that hastens its delivery to patients. The Roadmap addresses common needs across all disease areas and should produce research advances that will benefit many diseases and conditions. The Committee expects to be to notified on a quarterly basis if the contribution from the Institutes and Centers or the allocation of funding by initiative changes from what is presented in the congressional justification.

Biodefense.—The Administration's FY05 budget for NIH includes $1,694,200,000 for bioterrorism activities. The Committee has not identified a specific funding level for biodefense research, choosing to give the Director of NIH flexibility in determining what share of NIH resources should be considered biodefense activities.

Balance in the research portfolio.—The Committee reiterates its longstanding view that NIH should distribute funding on the basis of scientific opportunity. The Committee urges the Director and the Administration to continue to resist pressures to earmark, set aside and otherwise politicize these resources. To enhance NIH's flexibility to allocate funding based on scientific opportunity, the Committee has attempted to minimize the amount of direction provided in the report accompanying the bill. For example, there are no directives to fund particular research mechanisms, such as centers or requests for applications, or specific amounts of funding for particular diseases.

In stating that scientific opportunity should be the basis for allocating research funding, the Committee understands that other factors also are relevant to NIH's decisions, including such considerations as the infectious nature of a disease, the number of cases and deaths associated with a particular disease, the Federal and other costs of treating a disease, the years of productive life lost due to a particular disease, and the estimated proximity to research breakthroughs. The Committee does not presume to judge which criteria should take precedence or carry the greatest weight in individual funding decisions, but urges NIH to consider the full array of relevant criteria as it constructs its research portfolio.

AIDS funding.—Consistent with the philosophy outlined above, the Committee has chosen not to earmark a specific dollar amount for AIDS research. The Committee understands that it would be NIH's intent to allocate AIDS funding consistent with the Director's recommendations. The Committee understands that this allocation may change before the beginning of the fiscal year.

The Committee intends that the funds allocated for AIDS should be spent in a manner fully consistent with the AIDS research plan developed by the Office of AIDS Research (OAR) and expects the Director of NIH to use the full authority of his office to ensure that this occurs. The Committee has provided the Director of OAR, jointly with the Director of NIH, transfer authority to reallocate up to three percent of funds designated for AIDS research among Institutes, subject to normal reprogramming procedures. The Committee encourages NIH to use this authority whenever it believes that an adjustment in the allocation of AIDS funding between In-

stitutes is appropriate to achieve scientific objectives or to facilitate promising research efforts.

The Committee continues to support OAR, its leadership, and its coordinated budget planning process and expects the individual institutes, centers and divisions to fully cooperate with OAR's work. The Committee has provided funding for the OAR within the Office of the Director and intends that the OAR will maintain its current structure and responsibilities, including the allocation of an emergency discretionary fund.

Conflict of Interest.—The integrity of NIH's scientists is of paramount importance. The Committee commends NIH for forthrightly addressing the issue and supports the NIH proposals announced at the June 22 hearing of the House Energy and Commerce Health Subcommittee. The proposals, several of which would require regulatory changes, would properly restrict some consulting and other outside arrangements while creating a rigorous management process for monitoring the remaining interactions with outside interests.

NATIONAL CANCER INSTITUTE

The Committee provides $4,870,025,000 for the National Cancer Institute (NCI), which is $130,770,000 above the fiscal year 2004 comparable level and the same as the budget request. The bill includes language requested by the Administration identifying up to $8,000,000 for repairs and improvements to the NCI intramural facility in Frederick, Maryland.

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

Prostate cancer.—The Committee recognizes NCI's commitment to prostate cancer research as laid forth in its "Prostate Cancer Research Plan, FY 2003–FY 2008". The Committee requests that NCI provide an annual update every January on its progress in prostate cancer research as it reflects the goals outlined in the plan for years FY04–FY08.

Pediatric cancer.—To expedite the progress and further improvements in outcomes for children with cancer, the conferees encourage NCI to increase its support of dedicated translational research to accelerate the pace of pediatric cancer clinical trials. The conferees also urge NCI to place a significant focus on genomic and proteomic approaches to identifying and validating potential molecular targets for therapeutic exploitation and evaluation in a controlled clinical trial setting. The existing, NCI-supported national clinical trials infrastructure and network, the Children's Oncology Group, should be the dominant participant in this accelerated effort.

Pancreatic cancer.—The Committee is concerned that there are too few scientists researching pancreatic cancer, which is the country's fourth leading cause of cancer deaths. Tragically, 99 percent of people diagnosed with this disease die within six months. The

Committee compliments the NCI's past efforts for increasing the research field through its program of a 50 percent formalized extended payline for grants that were 100 percent relevant to pancreatic cancer, an initiative that was an important method for attracting both young and experienced investigators to develop careers in pancreatic cancer. The Committee understands that NCI is adjusting this policy for the current year and looks forward to learning whether this revised approach is even more successful in increasing the number of prostate cancer grants.

Cancer centers.—The Committee commends NCI on the success of its cancer centers program. Given that minority populations suffer disproportionately from virtually every form of cancer, the Committee encourages NCI to give consideration to the establishment of a comprehensive center at a minority institution focused on research, treatment, and prevention of cancer in African American and other minority communities.

Neurofibromatosis (NF).—The Committee is pleased that NCI is conducting phase II clinical trials of NF1 patients with plexiform neurofibromas. Recognizing NF's connection to many of the most common forms of human cancer, the Committee encourages NCI to increase its NF research portfolio in such areas as further development of animal models, natural history studies, therapeutic experimentation, and clinical trials. The Committee hopes that NCI will aggressively pursue clinical and translational research while still maintaining a solid basic research portfolio.

Liver cancer.—The Committee notes with concern the number of people who develop and die from liver cancer. As the symptoms of liver cancer often do not appear until the disease is advanced, only a small number of liver cancer cases are found in the early stages of the disease when they can be easily treated. The Committee is aware that NCI, in collaboration with NIDDK, convened an Experts Conference in April, 2004 to help define the most pressing areas requiring additional research, professional education and public awareness initiatives. The Committee encourages NCI to pursue the research initiatives that result from the Conference.

Kidney cancer.—The Committee is concerned that the incidence of kidney cancer has increased significantly over the last decade. The Committee encourages NCI to develop a strategic plan to combat kidney cancer, including implementing the NCI Progress Review Group's (PRG) recommendations in order to bolster research efforts to fight this disease. The Committee requests that NCI report in March 2005 on its progress in developing a strategic plan.

Lymphoma.—Hodgkin's lymphoma and non-Hodgkin's lymphoma (NHL) represent a serious health burden, because of their persistent high incidence and the inadequate improvement in survival rates. The Committee encourages NCI to strengthen its support for translational and clinical lymphoma research which can utilize laboratory discoveries in lymphoma biology specifically to develop new approaches in the clinic for patients. The Committee recommends that NCI evaluate its current investment in lymphoma clinical research and expand or initiate programs that would ensure support for translational and clinical research efforts.

The Committee encourages NCI to enhance and expand its commitment to investigation of the etiology and prevention of lymphoma. In the past decade there has been a dramatic and unex-

plained increase in the incidence of the disease; this epidemic is particularly evident in young and middle-aged persons. Evidence suggests that these cancers develop from genetic damage caused by environmental factors such as chemicals, toxins and ultraviolet light, and infectious organisms such as hepatitis C, as well as immune dysfunction.

Angiogenesis.—The Committee is pleased with the progress of angiogenesis research across the institute to involve both intramural and extramural researchers and encourages NCI to continue to pursue efforts to establish greater collaboration between angiogenesis researchers in the fields of cancer biology and diabetes. The trans-NIH angiogenesis workshop is an important step toward promoting multidisciplinary research on this important topic.

Blood cancers.—The Committee is pleased that important new therapies have been developed for the blood cancers—leukemia, lymphoma, and multiple myeloma. Despite the introduction of these new therapies—including monoclonal antibody, radioimmunotherapies, and a proteasome inhibitor—far too many Americans still die from the blood cancers. The Leukemia, Lymphoma, and Myeloma Progress Review Group, a blue ribbon advisory panel of the National Cancer Institute (NCI), recommended in May 2001 the establishment of new multi-disciplinary and multi-institutional structures to shorten the timeline for new blood cancer drug development. The Committee encourages NCI to develop new strategies to accelerate the development of new blood cancer therapies, which might include, among other options, public-private partnerships, multi-disciplinary collaborations, and multi-institutional initiatives. NCI should consider flexible uses of current funding mechanisms in order to respond to the key recommendation of the blood cancer Progress Review Group, which was to reduce dramatically the time required to develop new therapies.

Myelodysplasia and myeloproliferative disorders research.—The Committee recognizes NCI's support for a new research initiative in myeloproliferative disorders, which are chronic diseases of bone marrow cells that can develop into acute leukemia. The Committee encourages NCI and NHLBI to bring together scientific and clinical experts in these fields to explore collaborative and crosscutting research mechanisms to further this research agenda. The Committee also urges NCI to utilize the Surveillance, Epidemiology, and End Results (SEER) program to collect data on the incidence and distribution of these diseases.

Chronic lymphocytic leukemia (CLL).—This incurable disease is the most common form of adult leukemia in the U.S. The Committee encourages NCI to strengthen research efforts into CLL, including improved therapies and their rapid movement from the laboratory to the bedside. The Committee is pleased to learn that the unique multidisciplinary and multi-institutional research consortium funded by the Institute for the past five years is proceeding with a competing renewal of its initial grant to permit continued study of CLL at the cellular and clinical levels. The Committee encourages NCI to consider enhancing the scope of research activities funded through the CLL Research Consortium as it works to defeat this devastating blood disorder.

Tuberous sclerosis complex.—Tuberous sclerosis complex (TSC) is a genetic disorder that triggers uncontrollable tumor growth in

multiple organs of the body, including the brain, heart, kidneys, lungs, liver, eyes or skin. In light of its similarities to the uncontrolled growth of cancer cells, many scientists believe that determining the cause of tumor growth in TSC could open the way for cures and treatments for cancer as well. The Committee encourages NCI to support programs examining the molecular and cellular basis of TSC, and the role of TSC in tumor development.

Cancer genomics.—The Committee is aware of the potential for improved understanding and treatment of cancer presented by the use of microarray technology in both basic research and the clinical setting. The Committee understands that the use of this technology can help accelerate the development of effective cancer drugs, the prediction of drug response, and ultimately the early detection and improved treatment of cancer. The Committee recommends that NCI continue to employ these enabling technologies to identify, characterize, and validate the gene pathways that cause cancer and that it continue to work cooperatively with public and private sector entities in this effort.

American Russian Cancer Alliance.—The Committee recognizes the contribution of the American Russian Cancer Alliance (ARCA) in its pursuit of novel research activities that ultimately benefit cancer patients worldwide. The Alliance has brought together the scientific strengths, expertise, and particular resources of both nations for the benefit of humankind through its effort to diagnose, treat and prevent cancer. The Committee notes in particular the unique ARCA projects in molecular imaging and radionuclide therapy that capitalize on the exceptional scientific expertise and technical capabilities of the leading Russian nuclear research centers and American cancer centers. The Committee encourages NCI to establish a mechanism to support the continued development of this collaboration between the United States and Russian cancer researchers and to develop a plan to support the necessary infrastructure at U.S. institutions for the Alliance and its activities.

Bone metastasis study.—The Committee encourages NCI to develop an integrated approach to study bone metastasis, leveraging the expertise of cancer and bone biologists, clinical oncologists and metastasis experts and representatives from pharmaceutical industry. Key issues to address include the generation of novel models which mimic tumor/bone interaction and which delineate mechanisms to determine why tumor cells prefer bone for metastasis. The Committee also urges NCI to expand research on osteosarcoma to improve survival and quality of life and to prevent metastatic osteosarcoma for children and teenagers who develop this cancer.

Tobacco harm reduction.—The Committee continues to encourage research about tobacco products intended to reduce the harm caused by cigarette smoking and encourages NCI to expedite its research and review of existing literature regarding tobacco harm reduction. The Committee is particularly interested in what can be done from a public policy perspective to reduce tobacco related mortality and morbidity in that ten to fifteen percent of the adult population who cannot or will not quit smoking. The Committee encourages NCI to focus on the difference in harm caused by cigarettes versus potential reduced exposure tobacco products and how effective these products are or could be in smoking cessation efforts. NCI should consider exploring why Sweden has been so successful

in reducing smoking and smoking related disease and what has been the impact of non-combustion products on smoking cessation in Sweden.

Human embryonic stem cell research.—The Committee understands that NCI will soon begin implementing a human embryonic stem cell program. The Committee requests NCI to submit a report to the Committee by December 1, 2004 listing the human embryonic stem cell research grants that NCI has awarded, the requests for proposals on human embryonic stem cell research that have been developed by NCI, and a plan describing how NCI will further develop its human embryonic stem cell research program.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

The Committee provides $2,963,953,000 for the National Heart, Lung, and Blood Institute (NHLBI), which is $85,262,000 above the fiscal year 2004 comparable level and the same as the budget request.

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

Cardiovascular diseases.—The Committee continues to regard research into the causes, cure, prevention and treatment of heart disease, stroke and other cardiovascular diseases as a top priority. Cardiovascular diseases remain the leading cause of death and a major cause of permanent disability. The Committee continues to believe that an intensive research program in these areas is necessary.

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

Heart failure management.—The Committee is concerned that heart failure is a major cause of hospitalization and readmission. Medicare recipients represent about 65 percent of repeat hospitalizations within one year. Yet, perhaps 50 percent of these hospitalizations are avoidable. The Committee encourages NHLBI to consider initiating a randomized trial to evaluate management strategies for heart failure patients in terms of their ability to prevent death or hospital readmission.

Cardiovascular risk in American Indians and Alaskan Natives.—The Committee is aware that American Indian and Alaska Native communities bear a heavy burden of heart disease, stroke and other cardiovascular diseases and few preventive interventions have been tested. The Committee encourages NHLBI to evaluate approaches to reducing behavioral cardiovascular disease risk fac-

tors such as obesity, diet, smoking, sleep restriction, stress, and sedentary lifestyle in the American Indian and Alaskan Native populations.

Tissue engineered blood vessel replacement and repair.—The Committee is aware that a need exists to develop alternatives to natural blood vessels for the adults who endure heart artery bypass surgery and for the children born with complex heart defects who need multiple blood vessel grafts. The Committee encourages NHLBI to begin an initiative to complement existing tissue engineered research programs to stimulate efforts to "grow" small-diameter, functional blood vessels.

Cooley's anemia.—The Committee remains supportive of the focused research effort that is being undertaken by the Thalassemia Clinical Research Network, which is comprised of the leading research institutions in the field of thalassemia, or Cooley's anemia. In addition, the Committee suggests that NHLBI should consider including patients with related hemoglobinopathies whenever such inclusion will enhance the scientific validity of the research being conducted.

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

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

COPD education and prevention program.—The Committee encourages NHLBI to implement an education and prevention program for chronic obstructive pulmonary disease (COPD). In developing such an education and prevention program, NHLBI is encouraged to work closely with patient and physician organizations and existing coalitions to coordinate with on-going activities in the community. Early identification of those at-risk for or who have COPD is essential in the effort to stem the growth of the population with COPD. The Committee encourages NHLBI to enhance its efforts in this area, including epidemiological studies of patients who are at-risk for or who have this disease as well as a national education campaign for providers and the public about COPD.

Coronary heart disease and diabetes.—The Committee is aware that more than 18 million Americans are currently living with diabetes, a chronic condition that can lead to life-threatening illness. People with diabetes are two to four times more likely than others to develop heart disease and are more likely to die from heart attacks than people who do not have diabetes. Further, patients with diabetes may be asymptomatic or present with atypical symptoms of coronary heart disease, such as fatigue, indigestion, or shortness of breath. This may be due in part to the effects of diabetes on the heart, which may blunt the pain response to ischemia. Given the significant morbidity and mortality associated with coronary heart disease among patients with diabetes, the Committee recognizes the importance of diagnosing coronary heart disease in patients with diabetes whether or not these patients present with typical chest pain symptoms. The Committee encourages NHLBI to de-

velop research initiatives to examine coronary artery disease in at-risk patients with diabetes, including studies of high diabetes incidence populations such as African-Americans, Hispanic Americans, and Native Americans. The Committee also encourages NHLBI to support educational programs directed to health professionals, patients, and the public to raise awareness of increased risk for heart disease and stroke for diabetics.

Juvenile diabetes.—The Committee commends NHLBI and NIDDK for launching an initiative to stimulate research on the progression of cardiovascular disease, a significant long-term complication of juvenile diabetes.

Angiogenesis.—The Committee is encouraged with the progress of angiogenesis research at the institute and encourages NHLBI to collaborate more closely with NCI in this area.

Wound healing.—The Committee commends the institute for its research on the acceleration of vascular disease in type 1 diabetes. The Committee also encourages the Institute to be a key player in initiatives to advance wound healing, with particular emphasis on wounds associated with juvenile diabetes.

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

Transmissible spongiform encephalopathies.—The Committee encourages NHLBI to enhance its efforts to develop a diagnostic test for TSE that would be suitable for screening the blood supply. Currently, there is no suitable method for identifying TSE-infected blood. In addition, the Committee encourages NHLBI to seek new technologies and procedures for inactivating blood-borne causative agents for human TSEs, further ensuring a safe blood supply. Human TSEs, for which there are no known treatments, include Creutzfeld-Jakob disease and new variant Creutzfeldt-Jakob disease.

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

Neurofibromatosis (NF).—Significant advances continue to be made in research on NF's implications with heart disease and in particular its involvement with hypertension and congenital heart disease which together affect over fifty million Americans. Accordingly, the Committee urges NHLBI to enhance its NF research portfolio.

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

Obstructive sleep apnea.—The Committee commends the Institute for its work on obstructive sleep apnea. This disorder affects approximately 80 percent of the elderly and if left untreated it significantly increases risk for hypertension, coronary artery disease, heart failure and stroke. The Committee encourages the Institute to include surgical treatments in its work to define useful treatments for this disorder.

Sleep disorders.—The Committee commends the National Center on Sleep Disorders Research for its progress and is pleased that the Center has sponsored the translational conference, Frontiers of Knowledge in Sleep and Sleep Disorders. The Committee encourages the National Center to partner with other Federal agencies, such as the Centers for Disease Control and Prevention, as well as voluntary organizations, to develop a sleep education and public awareness initiative that will provide a forum for dissemination of the outcomes of the sleep translational conferences.

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

Alpha–1 antitrypsin deficiency.—The Committee is aware that Alpha–1 antitrypsin deficiency is often misdiagnosed as asthma or Chronic Obstructive Pulmonary Disease (COPD). Individuals with Alpha–1 exhibit symptoms of advanced emphysema between 30 and 50 years of age, even in the absence of tobacco use. Alpha–1 is a major cause of transplantation in adults and a leading cause of liver transplantation in children. The Committee commends NHLBI for its plans to conduct a state-of-the-science conference on Alpha–1 leading towards a five-year research agenda. NHLBI is also encouraged to collaborate with NIDDK and other institutes to enhance its research portfolio, encourage screening and detection, raise public awareness about Alpha–1 and provide appropriate information to health professionals.

Duchenne muscular dystrophy.—The Committee encourages NHLBI, in collaboration with the Office of Rare Diseases, to enhance the research and related activities surrounding pulmonary and cardiac complications associated with Duchenne muscular dystrophy. The Committee requests that NHLBI report to the Com-

mittee on its approach to this issue not later than January 15, 2005.

Primary immunodeficiency diseases.—The Committee understands that NHLBI has begun to work with a national voluntary organization as part of a national physician education and public awareness campaign for primary immunodeficiency diseases. The Committee encourages NHLBI to take further action in this regard and to be an active participant in the development of educational materials and future conferences, as appropriate.

Lung repair.—Respiratory failure is often a result of irreversible lung injury. This may occur acutely in conditions such as acute respiratory distress syndrome (ARDS) or chronically with disorders such as COPD or pulmonary fibrosis. The Committee encourages NHLBI to promote the use of stem cells in animal models to study lung repair and organogenesis as a method to reverse respiratory failure.

Allied health personnel.—Given the existing and growing shortages of qualified allied health professionals who serve as laboratory personnel, NHLBI is encouraged to enhance program activity at research institutions training these individuals, which contributes to the alleviation of this problem.

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

Heart disease and kidney disease.—There is a well-established and significant link between heart disease, hypertension and kidney disease. With 41 million people having decreased kidney function, and in the face of an ever aging population, the need to develop better treatment and prevention strategies to address this linkage will only increase over the coming decade. The Committee encourages NHLBI to collaborate more fully with NIDDK to develop appropriate research initiatives that can be undertaken cooperatively, and encourages NHLBI to sponsor a workshop on hypertension as it relates to heart and kidney disease with input from the renal community to address these issues.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

The Committee provides $394,080,000 for the National Institute of Dental and Craniofacial Research (NIDCR), which is $10,798,000 above the fiscal year 2004 comparable level and the same as the budget request.

Mission.—The NIDCR conducts and supports research and research training to improve craniofacial, oral and dental health. The Institute's programs reflect the genetic, behavioral and environmental factors that result in complex human disease and are clustered into the following areas: inherited disorders; infection and immunity; oral, pharyngeal and laryngeal cancers; chronic and disabling conditions such as bone and joint diseases and chronic pain; behavioral science, epidemiology and health promotion; and tissue engineering and biomimetics research to improve diagnostics and tissue repair and regeneration.

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

Saliva.—The Committee is aware that research on saliva has progressed rapidly and holds the potential to be an inexpensive non-invasive diagnostic tool for early detection of breast cancer, osteoporosis, hepatitis, HIV, and Sjogren's disease. The Committee encourages NIDCR to work cooperatively with NCI and other appropriate institutes in pursuing research initiatives on the development of saliva as a diagnostic tool.

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

Mucolipidosis Type IV.—The Committee urges NIDCR to continue its efforts to create a strain of mice which has the same genetic characteristics as that of humans with this debilitation genetic disorder. This research offers promise for the eventual development of treatments or cures for this and similar genetic disorders in humans.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

The Committee provides $1,726,196,000 for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), which is $54,393,000 above the fiscal year 2004 comparable level and the same as the budget request. In addition, $150,000,000 in mandatory funds are available for juvenile diabetes research.

Mission.—The NIDDK supports research in three major disease categories: diabetes, endocrinology, and metabolic diseases; digestive diseases and nutrition; and kidney, urologic, and hematologic diseases. The NIDDK supports a coordinated program of fundamental and clinical research and demonstration projects relating to

the causes, prevention, diagnosis, and treatment of diseases within these categories. The Institute also supports efforts to transfer the knowledge gained from its research program to health professionals, patients, and the general public.

Juvenile diabetes.—The Committee is pleased that the Immune Tolerance Network (ITN) and the TrialNet diabetes trial network have established a joint evaluation process, which allows the same proposals to be considered simultaneously by both networks. The Committee hopes that TrialNet will be able to use some of the expertise and structure already established at the ITN in the design/execution of the TrialNet trials, especially if any mechanistic studies are being performed. The Committee requests that TrialNet provides a report on the progress made by the network thus far, and comments on any plans for internal/external evaluation, which should promote the effective operation of the network. The Committee encourages TrialNet to expedite their proposal review and implementation processes. In addition, the Committee recommends that TrialNet consider funding of Phase I studies in order to fill in the scientific gap between basic discoveries and clinical trials to generate more extensive opportunities for translational research within the field of juvenile diabetes.

Irritable bowel syndrome.—The Committee remains concerned about the increasing frequency of irritable bowel syndrome (IBS), a chronic complex of disorders that malign the digestive system. This common disorder strikes people from all walks of life affecting between 25 to 45 million Americans and results in significant human suffering and disability. The Committee encourages NIDDK to support irritable bowel syndrome/functional bowel disorders research and to give priority consideration to funding grants that will continue to increase the IBS portfolio. The Committee requests that NIDDK actively pursue the development of a strategic plan for IBS research, and would like to receive a report on the progress made by NIDDK to develop this plan in next year's hearings.

Inflammatory bowel disease.—The Committee has been encouraged in recent years by discoveries related to Crohn's disease and ulcerative colitis, collectively known as inflammatory bowel disease (IBD). These extremely complex disorders represent the major cause of morbidity and mortality from intestinal illness. The Committee commends NIDDK for its strong leadership in this area and encourages the Institute to continue to give priority consideration to the following areas of IBD research: (1) investigation into the cellular, molecular and genetic structure of IBD, (2) identification of the genes that determine susceptibility or resistance to IBD in various patient subgroups, and (3) translation of basic research findings into patient clinical trials as outlined in the research agenda developed by the scientific community entitled, "Challenges in Inflammatory Bowel Disease." Finally, the Committee also encourages NIDDK to continue to strengthen its partnership with the IBD community on innovative research projects.

Interstitial cystitis.—The Committee is pleased by the unprecedented scientific advances in the area of interstitial cystitis (IC) research, particularly in the area of urinary markers. The Committee understands that this progress is due in large part to investments in basic science research. Therefore, the Committee encourages NIDDK to continue to aggressively support IC-specific basic science

initiatives, particularly through program announcements. The Committee also encourages NIDDK to work closely with the IC patient community on developing and funding an IC awareness campaign for both the public and professional community, as well as to host a consensus conference on the definition of IC. The absence of a uniform definition which accurately captures the condition and the affected population is negatively impacting patients in terms of diagnosis and treatment as well as researchers in terms of literature review and their research activities. The Committee was very encouraged by the progress reported at the 2003 NIDDK-sponsored scientific symposium on IC and encourages NIDDK to further this scientific momentum by hosting the next international symposium on IC in 2005.

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

Scleroderma.—The Committee encourages NIDDK to support scleroderma-relevant research. Scleroderma is a chronic and progressive disease that predominantly strikes women. It is estimated that ninety percent of patients with systemic sclerosis have gastrointestinal (GI) involvement and that of that number fifty percent have clinically significant manifestations. GI involvement can manifest as gastroesophageal reflux disease, dysphagia, Barrett's esophagus, gastroparesis, "watermelon stomach", malabsorption, and fibrosis of the small and large intestines. Renal crisis affects twenty percent of those with systemic sclerosis often within the first five years after diagnosis. More research is needed in order to develop safe and effective treatments and to identify the cause or causes of the complications of scleroderma.

Acute liver failure.—The Committee is pleased that NIDDK has funded an Acute Liver Failure Study Group (ALFSG) that will improve medical knowledge necessary to prevent and treat acute liver failure. The Committee is pleased with the progress of the ALFSG, and encourages increased attention to pediatric issues.

Auto-immune liver diseases.—These diseases are the primary indication for liver transplantation in adolescents. The Committee encourages targeted research to improve the prevention and treatment of auto-immune liver diseases in children.

Alpha-1 antitrypsin deficiency.—The Committee is aware that alpha–1 antitrypsin deficiency liver disease is a leading cause of pediatric transplantation and can manifest at any age. The Committee is encouraged that NIDDK has invested in research on this devastating disorder. The Committee encourages NIDDK to maintain its research funding and encourages NIDDK to collaborate with NHLBI and other institutes to enhance its research portfolio, encourage screening and detection, raise public awareness about alpha-1 and provide appropriate information to health professionals.

Fatty liver disease.—The Committee notes that there is an emerging obesity-related chronic liver disease—nonalcoholic fatty liver disease, which may affect as many as one in every four adults

over the age of eighteen. This diagnosis encompasses a spectrum of severity, with many cases evolving into non-alcoholic steatohepatitis (NASH) and, ultimately, cirrhosis. NASH-related liver disease has already become an important indicator for liver transplantation, and, in the absence of better treatments, the need for NASH-related liver transplantation will increase significantly over time. The Committee appreciates NIDDK's existing programs in this area but encourages additional basic and clinical research focused both on interventions needed to prevent the onset of NASH and improved protocols for treatment of established cases. The Committee also suggests that the Institute review opportunities to expand current clinical programs, where appropriate, to permit the enrollment and follow up of larger numbers of patients. Finally, the Committee suggests a public awareness campaign with a voluntary health agency to address this growing and preventable public health problem.

Pediatric liver transplant—national database and registry.—The Committee is pleased that NIDDK has funded the Studies in Pediatric Liver Transplantation Registry. This database and registry follow the natural history of infants and children who receive liver transplants until they are eighteen years of age. This National Database and Registry will permit more hypothesis testing and outcomes research to determine both the health and financial impact of liver transplants on the child and the child's family.

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

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

Kidney disease clinical research.—The Committee previously noted the problem in conducting kidney disease research due to lack of a permanent infrastructure, such as a Clinical Trials Cooperative Group. The Committee wishes to command NIDDK for its leadership in moving forward in this area, by holding an initial workshop and developing strategies that will strengthen kidney research. The Committee encourages NIDDK to work with the renal community to continue these efforts in important research areas such as hypertension, uremic toxicity, diabetic nephropathy and transplant—immunology.

Pediatric kidney disease.—Chronic kidney disease is the ninth leading cause of death and one of the costliest illnesses in the U.S. Although significant strides have been made in understanding kidney disease in adults, much less is known about its manifestations in children. This breach has taken on greater significance in recent years as the number of children who are overweight and obese has skyrocketed, giving rise to an increased incidence of type 2 diabe-

tes, hypertension and chronic kidney disease in this population. Given the long-term implications of diabetes-related kidney problems initiating in childhood, NIDDK is encouraged to undertake longitudinal studies of the natural history, prevention and treatment of kidney disease in type 2 diabetes and its antecedents in children and adolescents. The Committee is pleased that NIDDK has assigned priority to clinical studies related to the treatment of focal segmental glomerulosclerosis, the most common acquired cause of kidney disease in children, and to longitudinal epidemiological studies of children. In both instances, NIDDK is encouraged to support ancillary studies aimed at discovering new prevention and treatment strategies for children.

Polycystic kidney disease.—The Committee is pleased that a series of synergistic events in PKD research has culminated in the development of therapies to potentially halt disease progression for the 600,000 Americans who suffer from PKD. Key to such therapies is the discovery that an existing drug controlling other abnormal fluid-retention diseases in humans also retards the production of cysts and disease progression in all forms of PKD in the laboratory. Also, the NIDDK funded CRISP study for PKD proves the value of innovative imaging methods to measure disease progression, thus reducing by forty-fold the number of patients needed to adequately assess clinical research outcomes. Moreover, the possibility that future PKD clinical trials can be conducted simultaneously with other research protocols under the NIDDK funded Halt-PKD Interventional Trials infrastructure, is also encouraging. The Committee has encouraged public-private research partnerships, thus in this instance the collaborative efforts by the NIDDK, patient advocacy and industry organizations, are positive examples of how new strategies to energize clinical research enterprises has the potential to benefit PKD sufferers, save billions of Federal dollars otherwise paid by Medicare and Medicaid for renal replacement therapy and free-up several thousand spots on the kidney transplant waiting list. Given these exciting scientific developments, the Committee encourages NIDDK to aggressively pursue clinical trials regarding these recent breakthroughs and to expand its infrastructure for PKD clinical research, while expeditiously implementing the new PKD Strategic Plan it recently developed.

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

Tuberous sclerosis complex.—Tuberous sclerosis complex (TSC) is a genetic disorder that triggers uncontrollable tumor growth in multiple organs of the body including the kidneys, where patients are at risk for polycystic kidney disease, cancer or, most commonly, benign growths known as angiomyolipoma that can result in kidney failure. The Committee encourages NIDDK to support studies

examining the molecular and cellular basis of these manifestations of TSC as well as pre-clinical and clinical studies.

Celiac disease.—The Committee commends NIDDK for recognizing the lack of understanding, and under-diagnosis of the genetic, autoimmune disorder, Celiac disease (CD), and for including CD in the NIH Consensus Development Program for 2004. Although readily diagnosed in European countries, it takes on average eleven years for Americans to be properly diagnosed. Delays in diagnosis place individuals at risk for osteoporosis, anemia, miscarriages, and small bowel cancer. Current evidence demonstrates that CD is the most common genetic disorder in the world, with a treatment—strict, gluten-free diet—that can be managed almost exclusively by the individual, or family. Education about CD is needed for health care professionals and patients. The Committee encourages NIDDK to coordinate informational and educational programs directed at health professionals, patients and the public to raise awareness and understanding about CD, and the need for early diagnosis.

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

Digestive diseases.—Diseases of the digestive system continue to affect more than one-half of all Americans at some time in their lives. Serious disorders such as colorectal cancer, inflammatory bowel disease, irritable bowel syndrome, hemochromatosis, celiac disease, and hepatitis take a tremendous toll in terms of human suffering, mortality, and economic burden. The Committee commends NIDDK on the success of its Digestive Disease Centers program in addressing a wide range of disorders. The Committee continues to encourage NIDDK to expand this important program, with an increased emphasis on irritable bowel syndrome.

Cystic fibrosis.—Advances have been achieved in the treatment of cystic fibrosis (CF), resulting in significant improvements in life expectancy for individuals with CF. This progress can be attributed to strong public and private sector investment in CF research, including clinical trials evaluating a wide range of possible new treatments. The Committee encourages NIDDK to continue its support for CF researchers engaged in basic and clinical CF research.

Mucopolysaccharidosis (MPS).—The Committee recognizes the efforts of NIDDK to enhance research efforts to achieve a greater understanding of and pursue development of effective therapies for MPS disorders. In addition to the general overall support of broad-based MPS research, the Committee supports studying bone and joint disease in MPS disorders. Research into the underlying pathophysiology of bone and joint lesions, the gene mutations and substrates that are stored and potential therapeutic approaches should also be studied. The Committee encourages NIDDK's continued efforts to collaborate with NIAMS on bone and joint research in lysosomal storage disorders.

Gastroesophogeal reflux disease (GERD).—The Committee is aware of new research which indicates a controlled carbohydrate diet may dramatically reduce the incidence of gastroesophogeal reflux (heartburn). The Committee encourages NIDDK to support research into the effectiveness of this approach in treating GERD.

Adhesion related disorder.—This little known condition commonly leads to abnormal attachments between the organs inside the abdomen. The adhesions generally are composed of scar tissue resulting from previous operations. Very little is known about why adhesions form more aggressively in some people. Diagnosis of the disease is typically difficult, and surgical correction is often unsuccessful. The Committee encourages NIDDK to investigate this disease, supporting research to find treaments and understand causation and to communicate these findings to broaden knowledge of the disease in the medical community.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

The Committee provides $1,545,623,000 for the National Institute of Neurological Disorders and Stroke (NINDS), which is $44,416,000 above the fiscal year 2004 comparable level and the same as the budget request.

Mission.—The NINDS supports and conducts basic and clinical neurological research and research training to increase understanding of the brain and improve the prevention and treatment of neurological and neuromuscular disorders. The NINDS mission encompasses over 600 disorders, including stroke; head and spinal cord injury; epilepsy; multiple sclerosis; and neurodegenerative disorders such as Parkinson's disease.

Stroke.—The Committee continues to regard research into the causes, cure, prevention, treatment and rehabilitation of stroke as a major concern for our nation and urges NINDS to make stroke a top priority. The Committee commends NINDS for convening a Stroke Progress Review Group that subsequently developed and released a 2002 report identifying critical gaps in stroke knowledge and outlining research priorities and resource priorities.

Epilepsy.—Epilepsy remains a major, unsolved public health problem affecting the lives of millions of Americans and their families. The Committee seeks intensified efforts by the Institute to produce breakthroughs in the prevention, treatment, and eventual cure of epilepsy. The Committee applauds the development of benchmarks for epilepsy research resulting from the "Curing Epilepsy: Focus on the Future" conference held in March, 2000 and encourages the Institute to address important research issues raised at the "Living Well with Epilepsy II" conference held in July, 2003. The Committee encourages NINDS to develop specific research plans and goals for the anti-epileptic drug development program. The Committee requests the Institute for an update on its plans to advance these areas of research at the fiscal year 2006 appropriations hearing.

Alzheimer's disease.—NINDS continues to play an integral role in widening the scientific base of knowledge about Alzheimer's disease. One emerging theme in the study of Alzheimer's disease and other neurodegenerative diseases such as Parkinson's and Huntington's disease, is the overlap researchers have observed in the pathology underlying these conditions. Scientific reports are showing

evidence that these disorders may be caused by similar abnormalities in protein folding and accumulation. On another front, working with NIA in the area of immunotherapy for Alzheimer's disease, NINDS has funded a collaborative group of Alzheimer's disease centers that will investigate the differences which may involve the production of antibodies that reduce the cellular and behavioral effects of the disease. The Committee encourages NINDS to continue to assign a high priority to its Alzheimer's research portfolio, and to continue to work closely with NIA and other institutes.

Parkinson's disease.—The Committee encourages NINDS, in addition to pursuing all promising therapeutic avenues, such as gene therapy, stem cells, surgical approaches, non-human models, and biomarkers, to continue to identify and study neuroprotectant compounds, such as Coenzyme Q10, creatine, and minocycline. Furthermore, the Committee encourages NINDS to work with NIBIB to discover a biomarker (particularly a molecular one) for Parkinson's. Participation by NIBIB in clinical trials could greatly enhance the value of these trials, as imaging technology facilitates a better understanding of the physical effects of tested drugs. Finally, the Committee commends NINDS for funding the Morris K. Udall Parkinson's Disease Research Centers of Excellence. These centers support additional research opportunities and discoveries that will lead to improved diagnosis and treatment of patients with Parkinson's disease. The centers vary in their basic and clinical objectives, but together they foster an environment that enhances research effectiveness in a multidisciplinary setting.

Transmissible spongiform encephalopathies (TSE).—The Committee recognizes the efforts of NINDS, in collaboration with NHLBI, to fund contracts for the development of a biological assay for TSE. The Committee requests that the Director of the Institute be prepared to provide a report on the progress made toward the development of a TSE bioassay at the fiscal year 2006 appropriations hearing. The Committee is particularly interested in the success in detecting disease-causing agents in blood, saliva, cerebrospinal fluid, and other bodily fluids, as well as lymphoid tissue, especially tonsils.

Peripheral neuropathy.—The Committee is aware that an estimated 20 million Americans suffer from peripheral neuropathy, a neurological disorder that causes debilitating pain, weakness in the arms and legs, and difficulty walking. For most of its victims, the only recourse is pain medication, physical therapy or assistive devices to help maintain strength and improve mobility. In light of the large number of individuals affected and the attendant costs of this disease to society, the Committee encourages NINDS to develop a neuropathy research agenda, coordinated with work being done through other institutes, and report how much funding NIH is devoting to research in this area. The Committee expects to receive a report on this effort at next year's hearings.

Dystonia.—The Committee continues to support the expansion of research and treatment developments regarding the neurological movement disorder dystonia, the third most common movement disorder after tremor and Parkinson's disease. The Committee encourages NINDS to support research on both focal and generalized dystonia, and commends NINDS for its study of the DYT1 gene. The Committee commends NINDS for the release with other Insti-

tutes of the joint dystonia research program announcement. The Committee would like NINDS to be prepared to report on the dystonia research portfolio at the FY06 budget hearings. The Committee encourages the Institute to continue its collaboration with the dystonia research community in supporting epidemiological studies on dystonia and in increasing public and professional awareness.

Spina bifida.—The Committee encourages NINDS to enhance research to address issues related to the outcome of the spina bifida conference held in May 2003 and to expand its research efforts in the prevention, and treatment of spina bifida and associated secondary conditions. The Director should be prepared to testify on NINDS efforts to advance these areas of research at the fiscal year 2006 appropriations hearing

Tuberous sclerosis complex.—Tuberous sclerosis complex (TSC) is a genetic disorder that triggers uncontrollable tumor growth in multiple organs of the body. Its victims—many of whom are infants and young children—face a lifetime of suffering with kidney failure, seizures, behavioral disorders, autism and mental retardation. Because of the effects of TSC on multiple organ systems, the Committee last year called upon the NIH Director to formulate an NIH-wide research agenda. The Committee understands that NINDS has been assigned to implement and coordinate that effort. NINDS is encouraged to support research examining the molecular and cellular basis of central nervous system manifestations in TSC, including studies examining TSC-associated epilepsy and brain tumor formation, and the effect of tubers and seizures on cognition and behavior. The Committee looks forward to a report on NINDS's coordinating activities and progress towards implementing the research agenda prior to the FY2006 hearings.

Neurofibromatosis (NF).—Advances in NF research have linked NF to cancer, brain tumors, learning disabilities and heart disease. Because NF plays a pivotal role both in disorders of the brain and in cancer and because the promise of NF research is now being achieved in the testing of potential therapies, the Committee encourages NINDS to enhance its NF clinical and basic research portfolios. The Committee commends NINDS for its leadership role in NF research and in coordinating efforts with other Institutes engaged in NF research. The Committee applauds NINDS and the Office of Rare Diseases for holding a major conference on NF in December, 2003. The Committee also applauds NINDS on issuing major program announcements in fiscal year 2004 pursuing the creation of NF research centers and NF translational research.

Spinal muscular atrophy (SMA).—SMA is the leading genetic killer of infants and toddlers. The Committee understands that the severity of the disease, its relatively high incidence, and the possibility of imminent treatments have led NINDS to initiate the SMA Therapeutics Development Program. The Committee is pleased that initial work has begun on the program and encourages NINDS to move forward with the mission to develop a treatment for SMA to be ready for clinical trials within four years. The Committee further encourages NINDS to develop a strategy for executing effective clinical trials for future therapies. The Committee encourages NINDS to integrate therapeutics development efforts with the

biotech and pharmaceuticals industry, academic medical centers and collaborations with voluntary health organizations.

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

Mucolipidosis Type IV (ML4).—Since the gene causing this debilitating genetic metabolic disorder has been identified, the Committee encourages NINDS to support both extramural and intramural research which will lead to possible treatments and cures for those with ML4. In particular, NINDS is encouraged to conduct research involving other organisms which bear genes resembling the one whose mutation in humans causes ML4.

Mucopolysaccharidosis (MPS).—The Committee encourages NINDS to collaborate with all appropriate Institutes and Centers to support mucopolysaccharidosis research, to study the blood brain barrier as an impediment to treatment, and to use all available mechanisms to further stimulate and enhance efforts to better understand and treat MPS disorders.

Friedreich's ataxia.—The Committee commends NINDS efforts to translate research from bench to bedside, collaborating between its intramural and extramural programs and with patient advocacy groups to bring promising basic research into clinical applications so treatments can be developed. The Committee further notes that NINDS co-funded and co-hosted with a patient advocacy group this year an international scientific conference on Friedreich's ataxia, bringing together one hundred leading scientists from twelve countries to share insights and accelerate progress toward treatments for this disease. The Committee commends NINDS for these types of collaborative, translational efforts.

Neuronal ceroid lipofuscinoses (NCLs).—The Committee encourages NINDS to support research projects on NCLs, focusing particularly on Batten Disease. The Committee is pleased by recent scientific conferences focusing on NCLs and encourages NINDS to continue to sponsor these gatherings.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

The Committee provides $4,440,007,000 for the National Institute of Allergy and Infectious Diseases (NIAID), which is $135,445,000 above the fiscal year 2004 comparable level and the same as the budget request. $150,000,000 is provided as requested in the President's budget for the construction of extramural biodefense research facilities. No funds were provided for this purpose in fiscal year 2004. In addition, bill language is repeated from last year that permits the transfer of $100,000,000 to the global AIDS, tuberculosis, and malaria fund.

Mission.—The NIAID supports and conducts basic and clinical research and research training programs in infectious diseases

caused by, or associated with, disorders of the immune system. NIAID supported research includes research on acquired immunodeficiency syndrome (AIDS), asthma and allergies, tuberculosis, sexually transmitted diseases, tropical diseases, and emerging microbes. The goals of NIAID research are to better understand disease pathogenesis, to improve disease diagnosis, to develop new and improved drugs to treat diseases, and to develop new and improved vaccines to prevent disease, many of which significantly affect public health.

Tuberculosis.—The World Health Organization estimates that nearly one billion people will become infected with tuberculosis (TB), 200 million will become sick, and 70 million will die worldwide between now and 2020 of this disease. The Committee is pleased with NIAID's efforts to develop an effective TB vaccine. The Committee encourages the Institute to continue its TB vaccine development work and to expand efforts to develop new drugs to treat TB.

Hemophilia.—The Committee appreciates NIAID's efforts to improve HIV and hepatitis C virus (HCV) treatment for persons with hemophilia or other bleeding disorders and encourages NIAID to work with private non-profit groups to strengthen support for research on liver disease progression.

Hepatitis C vaccine.—The Committee is encouraged to learn that a small hepatitis C vaccine human trial has been awarded and urges the consideration of other creative approaches and new paradigms, including the development of DNA vaccines.

Primary immune deficiency diseases.—The Committee notes that more than one hundred primary immune deficiency diseases have been identified to date. These diseases, which impair the body's immune system, strike most severely at children, many of whom do not survive beyond their teens or early twenties. The Committee commends NIAID for the establishment of its primary immunodeficiency disease research consortium in partnership with a private foundation and encourages continued support for this program.

Inflammatory bowel disease.—The Committee continues to note with interest a scientific research agenda for Crohn's disease and ulcerative colitis (collectively known as inflammatory bowel disease) entitled "Challenges to Inflammatory Bowel Disease (IBD)." This report identifies strong linkages between the functions of the immune system and IBD. The Committee encourages the Institute to enhance its support of research focused on the immunology of IBD, as well as the interaction of genetics and environmental factors in the development of the disease.

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

Transplantation research.—The Committee encourages NIAID to convene an expert conference to develop a transplantation research action plan identifying the most urgently needed research to facilitate an increase in the success of organ transplantation.

Scleroderma.—The Committee encourages NIAID to conduct research to study the cause and treatment of scleroderma, a chronic progressive disease that predominantly strikes women. Scleroderma is disfiguring and can be life-threatening, affecting multiple systems. More research is needed in order to develop safe, effective treatments and to identify the causes of scleroderma and its complications. NIAID is encouraged to consider including scleroderma as one of the diseases in the Autoimmune Centers of Excellence (ACE) program in order to address these important questions.

Atopic dermatitis.—Atopic dermatitis (AD) is one of the most common skin disorders experienced in infants and children. Over 90% of cases are diagnosed before the age of five. Patients with AD suffer with chronic skin inflammation and itching that disrupt sleep and reduce quality of life. An estimated 17 percent of children in the United States have atopic dermatitis, a dramatic increase above the pre–1960s level of approximately 3 percent. The reason for this increase is unknown, but mirrors the increased rates of asthma and requires greater study. Of additional concern, individuals who have active or dormant AD are at high risk for serious adverse reaction to the smallpox vaccine. The Committee encourages NIAID to work with NIAMS to spearhead a multidisciplinary, multi-institute initiative to encourage investigator-initiated research on AD as it relates to smallpox vaccination as well as the progression to asthma and other allergic diseases.

Nasal aerosol and spray vaccine delivery systems.—Recent developments exploring new routes of immunization such as delivery of measles vaccine via aerosol and nasal spray may generate significant savings and result in fewer side effects than immunization by injection. The Committee encourages NIAID to support research in developing and testing these new approaches, building upon the testing already completed in older children, to investigate this delivery method in younger children.

Meningococcal disease.—Although meningococcal disease is vaccine-preventable in most cases, approximately 30 percent of the deaths and disabilities from this bacterial infection are attributed to serogroup B, which is not vaccine-preventable. The Committee encourages NIAID to increase research efforts to develop an effective, low-cost vaccine against serogroup B that will help protect infants and adolescents.

Genomics.—The Committee is pleased that NIAID has focused on research efforts associated with multiple categories of pathogens. The Committee understands that microarray technology has enhanced the progress of pathogen-related research. The Committee encourages NIAID to continue to use this technology to further support an aggressive agenda of pathogen research activities.

Condom effectiveness.—The Committee recognizes the interest in the June 2000 NIH–STD Condom Report and the attention that this report calls to the epidemic of sexually transmitted diseases (STDs) that the nation is experiencing. The Committee encourages NIH to continue its practice of making advances in STD research

available to the public and to health practitioners through web sites and other publications.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

The Committee provides $1,959,810,000 for the National Institute of General Medical Sciences (NIGMS), which is $54,972,000 above the fiscal year 2004 comparable level and the same as the budget request.

Mission.—The NIGMS supports research and research training in the basic biomedical sciences. Institute grantees, working in such fields as cell biology, biophysics, genetics, developmental biology, pharmacology, physiology, and biological chemistry, study normal biological processes to better understand what goes wrong when disease occurs. In this way, NIGMS supports the new knowledge, theories, and technologies that can then be applied to the disease-targeted studies supported by other NIH components. NIGMS-supported basic research advances also find applications in the biotechnology and pharmaceutical industries. The Institute's training programs help provide the scientists needed by industry and academia.

Training programs.—The Committee continues to be pleased with the quality of NIGMS's training programs, particularly those that have a special focus on increasing the number of minority scientists, such as the Minority Access to Research Careers (MARC) and Minority Biomedical Research Support (MBRS) programs. The Committee encourages NIGMS to continue to support these important initiatives, and is particularly pleased that NIGMS has supported biomedical research career opportunity programs for high school and undergraduate college students in conjunction with historically black health professions schools. The Committee encourages continued, long-term support of this program.

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

The Committee provides $1,280,915,000 for the National Institute of Child Health and Human Development (NICHD), which is $38,544,000 above the fiscal year 2004 comparable level and the same as the budget request.

Mission.—The NICHD conducts and supports laboratory and clinical research on the reproductive, developmental, and behavioral processes that determine and maintain the health and well-being of children, adults, families and populations. In addition, research in medical rehabilitation is supported.

Sudden infant death syndrome.—The Committee is pleased with NICHD's continued efforts to extend the reach of its "Back to Sleep" campaign to underserved populations and daycare providers. The Committee encourages NICHD to transition from its SIDS five-year research plan to a more comprehensive plan focusing on SIDS, stillbirth, and miscarriage. The Committee requests that NICHD determine an appropriate means of including research on these causes of infant mortality into one inclusive plan.

Prematurity.—The Committee encourages NICHD to support genomic and proteomic research in the area of prematurity to hasten a better understanding of the pathophysiology of premature birth, discover novel diagnostic biomarkers, and ultimately aid in

formulating more effective interventional strategies to prevent premature birth.

Preterm labor and delivery.—The rates of premature birth have increased 29 percent since 1981 to over 480,000 babies in 2002. African-American infants are nearly twice as likely as non-Hispanic white infants to be born prematurely. Premature birth is the leading cause of death in the first month of life. Premature birth can happen to any pregnant woman and the causes of nearly half of all preterm births are unknown. The Committee commends NICHD for its work on preterm birth and encourages enhanced efforts to research the underlying causes of preterm delivery, to identify prevention strategies and improve the treatment and outcomes for infants born preterm.

Maternal Fetal Medicine Units Network (MFMU).—The Committee was encouraged about the research results from NICHD' Maternal Fetal Medicine Units Network on the identification of a therapy, progesterone, that prevents recurrent preterm birth in high-risk women. The Committee understands that this is one of the first advances in this area, despite extensive efforts over decades. The Committee encourages NICHD to build on this finding through continued support of the MFMU Network.

Stillbirth.—The Committee applauds NICHD efforts in addressing stillbirth, a major public health issue with morbidity equal to that of all infant deaths. The Committee understands that NICHD has established a cooperative network of clinical centers and a data center to address this issue with a standard protocol. The Committee encourages NICHD to strongly support this effort.

Pediatric liver disease.—The Committee urges the Institute to aggressively pursue opportunities to participate with NIDDK and other Institutes in pediatric liver disease research, particularly related to the optimal timing and medical treatment regimens for children infected with the hepatitis C virus. The Committee also encourages NICHD support of biliary atresia research.

Spina bifida.—The Committee is pleased that NICHD cosponsored the spina bifida research conference in May 2003 and urges adequate follow-up on the conference findings and recommendations. The Committee encourages NICHD to enhance research related to the outcome of the conference and to significantly expand its research efforts in the prevention and treatment of spina bifida and associated secondary conditions. The Director should be prepared to testify on the Institute's efforts to advance these areas of research at the fiscal year 2006 appropriations hearing.

Primary immunodeficiency diseases.—The Committee continues to be impressed with the dedication of resources by NICHD to address the research and awareness issues that surround this class of more than one hundred diseases. The Committee is particularly encouraged by the Institute's research commitment to develop newborn screening procedures for primary immunodeficiency through microarray technologies and encourages NICHD to press ahead with this initiative.

Neurofibromatosis (NF).—Learning disabilities occur with high frequency in children with NF. Recent advances in NF research describe how the NF gene is related to learning disabilities, advancing the prospects of finding a treatment for learning disabilities not only in children with NF but in the general population as well. The

Committee encourages NICHD to enhance this promising NF research.

Down syndrome.—The Committee encourages NICHD to enhance funding for Down syndromes research as it relates to gene expression of chromosome 21, the effects on cell function and cognition, and possible medical treatments to eliminate or reduce the cognitive abnormalities associated with the disorder. The Committee is aware of the shortage of mice used in the research of Down syndrome and encourages NICHD to strengthen its support for greater production of the Ts65Dn mouse model and for the research and development of other mouse models. The Committee also encourages NICHD to work closely with NINDS, NIA, NIH and NHGRI to establish a new, multi-year research initiative to fund Down syndrome biomedical research on cognition, behavior and early dementia.

Limb loss.—The Committee is aware of the development of the Amputee Care Center at Walter Reed Army Medical Center to improve the level of care within military medicine for those who are injured and lose limbs. The Committee urges NICHD, working through the National Center for Medical Rehabilitation Research, to work in partnership with Walter Reed to support its efforts to conduct clinical research focused on developing new amputee-care metrics applicable to the rehabilitation of highly active persons with limb loss. Additional clinical research is also needed to better understand the applicability of new technology to various segments of the limb-loss population, ranging from highly functional military personnel who have been injured in Operation Iraqi Freedom to older Americans who might not otherwise ambulate with traditional prosthetic technology. Advances have recently been made by the private sector to develop breakthrough prosthetic limb technologies which have dramatically improved the functionality, stamina and psycho-social well being of patients, in particular, the microprocessor-controlled hydraulic fluid swing and stance phase knee device technology. The Committee encourages NICHD to consider supporting this type of research, using all appropriate mechanisms.

Spinal muscular atrophy.— Spinal muscular atrophy [SMA] is the leading genetic killer of infants and toddlers and is the most prevalent genetic motor neuron disease. Over 25,000 Americans, mostly children, suffer from significant physical disability and impairment as a result of SMA. The Committee encourages NICHD to work closely with NINDS to develop collaborations which will support the SMA Therapeutics Development project, including an expansion of the scope and level of SMA research at NICHD. In addition, NICHD is encouraged to develop formal programs that increase public and professional awareness of SMA.

National children's study.—The Committee remains interested in the national children's study, which aims to quantify the impacts of a broad range of environmental influences, including physical, chemical, biological and social influences, on child health and development. The Committee encourages NICHD to continue to coordinate closely with the CDC, EPA, other institutes and agencies and non-Federal partners conducting research on children's environmental health and development.

Fragile X.—The Committee believes that the National Center on Birth Defects and Developmental Disabilities' focus on maximizing prevention potential, minimizing impact on families and promoting early intervention through developmental screening should incorporate individuals affected by fragile X. To support this effort, the Committee recommends that NICHD develop a fragile X public health program to expand surveillance and epidemiological study of fragile X, as well as provide patient and provider outreach on fragile X syndrome and other developmental disabilities.

Bone diseases.—The Committee encourages NICHD to support research on the effects of drugs on the growing skeleton and to work to ensure that the impact on the ongoing skeleton is investigated for all therapeutic agents. The Committee also encourages NICHD to participate in trans-NIH research about other factors—including genetics, diet and exercises—affecting the determination of peak bone mass in children with and without the metabolic bone diseases of osteoporosis and osteogenesis imperfecta.

Demographic research.—The Committee commends NICHD for its support of demographic research. This research has provided critical scientific knowledge on issues such as work-family conflicts, family formation and structure, childcare, adolescent health and wellness, family and household behavior, the role of maternal employment, and parental involvement on child development. The Committee encourages NICHD to continue support for the Population Research Infrastructure program. The diverse research supported by this program has yielded key findings in areas such as fertility, health disparities, immigration and migration trends, and family dynamics.

NATIONAL EYE INSTITUTE

The Committee provides $671,578,000 for the National Eye Institute (NEI), which is $18,526,000 above the fiscal year 2004 comparable level and the same as the budget request.

Mission.—The NEI conducts and supports basic and clinical research, research training, and other programs with respect to blinding eye diseases, visual disorders, mechanisms of visual function, preservation of sight, and the special health problems and needs of individuals who are visually-impaired or blind. In addition, the NEI is responsible for the dissemination of information, specifically public and professional education programs aimed at the prevention of blindness.

Gene therapy.—The Committee is aware of progress made in demonstrating the effectiveness of gene therapy to reverse and cure several retinal diseases, including diabetic retinopathy, macular degeneration, and retinopathy of prematurity. Diabetic retinopathy and macular degeneration are leading causes of blindness and visual disability in the United States, with an additional 165,000 people losing their vision each year due to these disorders. Additionally, each year more than 500 infants are blinded by retinopathy of prematurity. This gene therapy intervention has been successfully demonstrated in laboratory animals. The Committee encourages the Institute to facilitate clinical trials in primates and humans to further validate gene therapy interventions to reverse and cure retinal diseases.

Juvenile diabetes.—The Committee is aware of the serious problem of retinopathy in individuals with juvenile diabetes and encourages NEI to continue to collaborate with other institutes on efforts to identify the genes for diabetic retinopathy, by collecting and analyzing human samples and by developing animal models of diabetic retinopathy.

Ocular albinism.—Ocular albinism is a hereditary, blinding disease that causes severely distorted vision in children. Victims, who are usually boys and receive the defective gene from their mother, experience nystagmus, photophobia, lack of stereoscopic vision, strabismus, and other symptoms which deny these children normal vision. In recent years, research has made great strides in the search for improved diagnostic tools and treatments. Recently, the OA1 gene, responsible for most cases of the disease, was identified, and a diagnostic screening test was created to help women determine if they are at risk of passing the disease on to their children. As researchers move closer to understanding how this disease works and developing potential treatments that could improve the vision of children with the condition, the Committee requests NEI to be prepared to report on advances in research on ocular albinism in the fiscal year 2006 hearing.

Diabetic retinopathy.—The Committee commends NEI for establishing the Diabetic Retinopathy Clinical Research Network, which serves to expedite the evaluation of new approaches to address vision-related complications of diabetes. The Committee encourages NEI to continue to enhance its efforts to detect, prevent and treat diabetic retinopathy by collaborating with NIBIB on the development and application of scanning technologies that will be affordable and accessible to allow for early detection.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

The Committee provides $650,027,000 for the National Institute of Environmental Health Science (NIEHS), which is $17,635,000 above the fiscal year 2004 comparable level and the same as the budget request.

Mission.—The NIEHS mission is to reduce the burden of environmentally related illness and dysfunction by understanding how environmental exposures affect health, how individuals differ in their susceptibility to these effects, and how these susceptibilities change over time. This mission is achieved through multidisciplinary biomedical research programs, prevention and intervention efforts, and communication strategies that encompass training, education, technology transfer, and community outreach.

Environmental exposures and lung disease.—The Committee is pleased to note NIEHS's support of studies that establish epidemiological links between environmental exposures and the development of lung disease like asthma and COPD. The Committee encourages the Institute to enhance its research into how environmental stimuli interact with the lung to produce lung disease, with emphasis on cellular responses to inhaled pollutants and the subsequent cell signaling steps that lead to disease.

Juvenile diabetes.—The Committee commends NIEHS efforts on the Environmental Genome Project (EGP), which seeks to understand how individuals differ in their susceptibility to environmental agents and how these susceptibilities change over time.

This project may help to identify environmental triggers for diseases such as Type 1 diabetes. The Committee encourages enhanced efforts to interact and coordinate EGP with efforts like NIDDK's Environmental Determinants of Diabetes in the Young (TEDDY) Study, to investigate genetic and gene-environment interactions in the development of prediabetic autoimmunity and Type 1 diabetes.

Mercury.—In order to properly research gaps in the area of mercury exposure and brain chemistry, and given recent hearings on mercury exposure and relationships between autism and Alzheimer's disease and mercury exposure, NIEHS is encouraged to pursue studies of how inorganic mercury and organic mercury compounds (including ethyl, methyl, and other forms of mercury from all sources) are processed in the bodies of children and adults. NIEHS is also encouraged to support studies of the toxic effects of inorganic mercury and organic mercury compounds on the nervous systems of young children, adults, and the elderly and methods of properly removing mercury and mercury-containing compounds from the brains of affected humans.

Toxic exposure and brain development.—Notwithstanding the Institute of Medicine May 2004 report on autism, the Committee believes it is important to develop a more complete understanding of the impact that toxic exposures may have on brain development. There is a convergence of findings from tissue culture studies, animal models, and clinical studies of immune dysfunction in children with autism that suggests a biological link between genetic sensitivity and damage to developing brains from certain toxins. It is important that NIH continue this research to better understand the impact that exposures to mercury (including thimerosal) and other toxins have on brain development. A more complete understanding of the impact of these exposures through research, including animal models, will help to develop more effective interventions.

National Toxicology Program.—In order for the Interagency Coordinating Committee for the Validation of Alternative Methods (ICCVAM) to carry out its responsibilities under the ICCVAM Authorization Act, the Committee encourages NIEHS to strengthen the resources provided for ICCVAM activities in order to ensure that new and alternative test methods used or recommended for federal regulatory agencies, and those under consideration or planned for use within the National Toxicology Program's toxicity testing project, are validated prior to their use.

Parkinson's disease.—The Committee encourages NIEHS in collaboration with NINDS to gain a greater understanding of the environmental underpinnings of Parkinson's disease. The Committee also encourages NIEHS to intensify its efforts in the Collaborative Centers for Parkinson's Disease Research Program. This initiative facilitates significant collaboration between genetics, clinical medicine, epidemiology, and basic science so that the most promising leads may be investigated more quickly in pursuit of a cure or to reduce the incidence of harmful toxins.

NATIONAL INSTITUTE ON AGING

The Committee provides $1,055,666,000 for the National Institute on Aging (NIA), which is $30,912,000 above the fiscal year 2004 comparable level and the same as the budget request.

Mission.—The NIA conducts biomedical, behavioral, and social research related to the aging process to prevent disease and other problems of the aged, and to maintain the health and independence of older Americans.

Alzheimer's Disease.—The number of Americans with Alzheimer's—4.5 million today—will increase to between 11.2 million and 16 million by 2050. Within a decade, total annual Medicare costs for people with Alzheimer's will increase by almost 55 percent to nearly $50 billion. The Committee notes that rapid advances in basic science are helping to identify multiple targets for therapies that may help slow or halt the progression of Alzheimer's disease. Before these promising advances can be put to use preventing or treating the disease, they must be tested and validated in controlled clinical trials. The Committee encourages NIA to launch simultaneous clinical trials on therapies it determines to be most promising. The Committee also encourages NIA to work collaboratively with other institutes and the CDC to educate Americans about the ways they can maintain their brain as they age.

Down syndrome.—Research has shown that many people with Down syndrome develop the neuropathological findings of Alzheimer's disease, and that many go on in later life to show cognitive decline. The Committee encourages NIA to study the connection between Alzheimer's disease and Down syndrome and to work closely with NINDS, NICHD, NIMH and NHGRI to establish an initiative to support Down syndrome research on improving cognition and preventing early dementia through biomedical treatments.

End-of-life/palliative care.—The Committee encourages NIA to expand research, implementation of insights in practice, and training programs, aiming to understand the mechanisms of disability and suffering in fatal chronic illness and to prevent and relieve that disability and suffering, particularly with respect to pain management.

Hematology research.—The Committee remains interested in advancing research opportunities into blood disorders in the elderly population. The Committee is particularly concerned that the incidence and prevalence of anemia increases with age; after age 85, one-quarter of the population is anemic. Research is needed to better understand the basic biology and adverse quality of life complications of anemia and other blood diseases in the elderly. The Committee is supportive of the ongoing collaboration between a voluntary organization and NIA, with the participation of NHLBI, NCI and NIDDK, to develop a research agenda in this field. The Committee requests a report on the priority research areas identified in anemia in the elderly that offer promising clinical opportunities and the steps to be taken to accelerate research in these areas.

Bone diseases.—The Committee encourages NIA to strengthen support of research into the pathophysiology of osteoporosis, Paget's disease and osteogenesis imperfecta. Research is needed in

the areas of genetics, the role of cell aging and altered metabolism, environmental and lifestyle factors, bone responsiveness to weight bearing, bone quality and fracture incidence, bone marrow changes, new agents to increase bone mass, the therapeutic use of new technology, and the comorbidity of metabolic bone diseases with chronic diseases of aging.

Parkinson's disease.—The Committee encourages NIA to collaborate with NINDS in developing a greater understanding of the overlap in benefits that current research could provide to understanding both Alzheimer's and Parkinson's disease. The Committee applauds the significant investment by NIA in understanding the role of genes, including alpha-synuclein, in the causation and manifestation of Parkinson's. Work of this nature is critical for better comprehension of the disease process, identification of potential pharmaceutical agents, improved diagnostic ability, especially during the nearly stages of the disease, and the development of accurate animal models.

Demographic and economic research.—The Committee commends NIA for supporting demographic and economic research and, in particular, the NIA Demography of Aging Centers program. This program has supported invaluable research to enhance knowledge about the well being of older Americans, especially information about their health and socioeconomic status, including their income, savings, work, and retirement decisions. The Demography Centers are now in a unique position to collaborate with several of the NIA Roybal Centers program to help translate findings into interventions and improve quality of life for older people. The Committee encourages NIA to continue its support of the demography centers program.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

The Committee provides $515,378,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), which is $14,312,000 above the fiscal year 2004 comparable level and the same as the budget request.

Mission.—The NIAMS conducts and supports basic and clinical research and research training, and the dissemination of health information on the more than 100 forms of arthritis; osteoporosis and other bone diseases; muscle biology and muscle diseases; orthopaedic disorders, such as back pain and sports injuries; and numerous skin diseases.

Bone diseases.—The Committee encourages NIAMS to support trans-NIH research into all aspects of genetics and gene therapies for the treatment of metabolic bone diseases, the role of environmental and lifestyle factors in bone disease, the effects of depression and cardiovascular disease on bone disease, the impact of mechanical loading of bone, and on bone health and osteoporosis in special groups, such as non-Caucasian ethnic groups.

Scoliosis.—The Committee encourages NIAMS, in coordination with other institutes, to enhance research relevant to scoliosis to identify bio-mechanical causes and to develop genetic strategies to prevent the condition.

Scleroderma.—The Committee is encouraged by NIAMS's growing interest in scleroderma, a chronic and progressive disease that

predominantly strikes women. Scleroderma is disfiguring and can be life-threatening, and effective treatments are lacking. The Committees encourages NIAMS to collaborate with other institutes, including NHLBI, NIAID, NIDDK, and NIDCR, to generate additional research opportunities for scleroderma to identify genetic risk factors and safe and effective treatments.

Vitiligo treatments for children.—Vitiligo is an environmental and genetic auto-immune disease of unknown origin which affects about three to six million Americans. Almost fifty percent develop the disease in childhood, with the median age of onset at four years of age. In its most severe forms, patients have milky white patches covering widespread areas of the body due to the loss of pigment in these areas. Especially for young children, the physical pain caused by severe burns from the harmful effects of sunlight and the emotional pain caused by people confusing vitiligo with an infectious disease diminishes the quality of a patient's life. There are no FDA-approved treatments for children. The Committee urges NIAMS to enhance research efforts through all available mechanisms, as appropriate, to identify the causes of this disease and develop pediatric treatment options for vitiligo.

Marfan syndrome.—The Committee commends NIAMS for its collaboration with other institutes to support research on Marfan syndrome, a life-threatening, progressive and degenerative genetic disorder. Marfan syndrome is characterized by cardiovascular, skeletal and ocular manifestations and its cardiovascular complications can result in premature death. Insights gained from research in this area may have implications for the understanding of other connective tissue disorders, other genetically mediated diseases, and the larger population of aging adults with thoracic aneurysms from a variety of causes. The Committee encourages NIAMS to focus on research opportunities which have the potential to advance non-surgical treatment options, through all appropriate mechanisms.

Pemphigus registry.—The Committee encourages NIAMS to consider establishing a national pemphigus registry, which would be important to the scientific community and patients in identifying the epidemiology, improving the understanding of the potential causes, and assessing the value of therapies for this chronic and life-threatening autoimmune disease. The Committee requests a report from NIAMS about whether such a registry will be established and under what timeframe.

Tuberous sclerosis complex.—Tuberous sclerosis complex (TSC) is a genetic disorder that triggers uncontrollable tumor growth in multiple organs of the body, including the skin. The Committee encourages NIAMS to support programs examining the molecular and cellular basis of dermatological lesions in TSC as well as the development of non-surgical treatments for skin manifestations.

Atopic dermatitis.—Atopic dermatitis (AD) is one of the most common skin disorders experienced by infants and children. Over 90 percent of cases are diagnosed before the age of five. Patients with AD suffer with chronic skin inflammation and itching that disrupt sleep and reduce quality of life. An estimated 17 percent of children in the United States have atopic dermatitis, a dramatic increase above pre–1960s levels. The reason for this increase is unknown, but mirrors the increased rates of asthma and requires greater study. Of additional concern, individuals who have active

or dormant AD are at high risk for serious adverse reaction to the smallpox vaccine. The Committee encourages NIAMS to work with NIAID to spearhead an initiative to encourage investigator-initiated research on AD as it relates to smallpox vaccination as well as the progression to asthma and other allergic diseases.

Burden of skin diseases.—The Committee commends NIAMS for conducting a workshop on the burden of skin diseases. The participants in the workshop recommended that skin disease-specific measures be developed in order to generate data on the incidence, prevalence, economic burden and disability attributable to these diseases. The Committee encourages NIAMS to continue to work with the scientific community to implement the recommendations of the workshop participants.

Psoriasis.—Psoriasis is a chronic, immune-mediated disease that affects more than five million Americans. A 1999 NIMH-supported study found that patients with psoriasis reported reduction in physical and mental functioning comparable to that seen in cancer, arthritis, hypertension, heart disease, diabetes, and depression. The Committee considers research on psoriasis and psoriatic arthritis important, and is pleased that NIAMS helped create a psoriasis tissue bank from which the first several psoriasis genes have been identified. The Committee encourages NIAMS to support additional research into the identification of other genes expected to play a role in psoriasis pathogenesis and to strengthen clinical research on potential therapies for psoriasis and psoriatic arthritis.

Mucolipidosis Type IV (ML4).—The Committee commends NIMH for its efforts to create a strain of mice which replicates the genetic mutation which in humans causes this debilitating genetic metabolic disorder, and encourages NIMH to complete this work. Now that the gene which causes this disorder has been identified, research on such organisms is crucial to the eventual development of treatments or cures for this and similar genetic disorders.

Mucopolysaccharidosis (MPS).—The Committee is aware of NIAMS's recent efforts with NIDDK to facilitate communication between MPS and Lysosomal Storage Disorder investigators with bone pathology and connective tissue scientists to examine problematic issues in this area of study. The Committee encourages NIAMS to enhance its efforts to directly support and collaborate with NIDDK on bone and joint diseases in MPS disorders.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS

The Committee provides $393,507,000 for the National Institute on Deafness and Other Communication Disorders (NIDCD), which is $11,454,000 above the fiscal year 2004 comparable level and the same as the budget request.

Mission.—The NIDCD funds and conducts research in human communication. Included in its program areas are research and research training in the normal and disordered mechanisms of hearing, balance, smell, taste, voice, speech and language. The Institute addresses special biomedical and behavioral problems associated with people who have communication impairments or disorders. In addition, the NIDCD is actively involved in health promotion and disease prevention, dissemination of research results, and supports

efforts to create devices that substitute for lost and impaired sensory and communication functions.

Dysphonia.—The Committee continues to be pleased with NIDCD's expanding intramural research program with respect to dysphonia. The Committee commends NIDCD on the release of a joint program announcement with NINDS, which will lead to a more active extramural research effort on dysphonia, and collaboration with other NIH Institutes on this important disorder. The Committee requests a report on the number of dysphonia grant proposals received and funded as a result of the joint program announcement.

Inner ear protection, rescue and regeneration.—The Committee encourages NIDCD to continue to support research in the areas of inner ear protection, rescue, and regeneration, such as noise-induced hearing loss, ototoxicity and hair cell regeneration, as well as research on the central auditory system. In addition, NIDCD is encouraged to continue research on rehabilitative technologies and strategies, leading to improved prevention, treatment and management of hearing loss, tinnitus and dizziness.

Stuttering.—The Committee received testimony concerning stuttering which affects approximately three million people in this country. It was learned that healthy individuals who stutter are often labeled as unintelligent, eccentric, mentally ill and/or emotionally disturbed. NIDCD is encouraged to conduct a consensus conference to examine the current state of science as well as to identify future research opportunities in the field of stuttering and to report to the Committee on the outcome of this conference prior to next year's hearings.

Neurofibromatosis (NF).—NF accounts for approximately five percent of genetic forms of deafness and, unlike other genetic forms of deafness, NF2-associated deafness is potentially preventable or curable if tumor growth is halted before damage has been done to the adjacent nerve. Research is now being conducted to cure deafness in NF mice through gene therapy, which could prove beneficial for gene therapy in general and for patients suffering from meningiomas and other tumors. The Committee encourages NIDCD to enhance its NF research portfolio through all suitable mechanisms, including clinical trials and RFAs.

NATIONAL INSTITUTE OF NURSING RESEARCH

The Committee provides $139,198,000 for the National Institute of Nursing Research (NINR), which is $4,474,000 above the fiscal year 2004 comparable level and the same as the budget request.

Mission.—The NINR supports and conducts scientific research and research training to reduce the burden of illness and disability; improve health-related quality of life; and establish better approaches to promote health and prevent disease.

Nurse management of chronic illness.—The Committee is aware of the increasing role nurses play in patient education and management of chronic diseases like asthma and chronic obstructive pulmonary disease (COPD). The Committee encourages NINR to partner with other institutes to develop effective patient education and management models for nurses to use in the care and management of asthma and COPD.

Health disparities.—The Committee commends NINR for its longstanding support of research to reduce health disparities among minorities. Along with research in promoting the health of minority men, NINR has focused past efforts on identifying risk factors and strategies to reduce the high rates of low birth-weight babies born to minority women. The Committee encourages NINR to expand these efforts to study other women's health issues and to measure health indicators such as physiological, socioeconomic, emotional, environmental, cultural, and genetic factors.

The seventeen recently-initiated Nursing Partnership Centers to Reduce Health Disparities are of special interest to the Committee. NINR's goal of bringing together research-intensive schools of nursing and minority-serving schools of nursing into partnerships to promote health disparities research and expand the number of minority nurse researchers is commendable. The Committee looks forward to learning more about this creative approach.

Self-management.—The Committee encourages NINR to continue its strong focus on self-management for patients who live with chronic illness. Advancing knowledge of technological innovations that help people manage their own health and promote their quality of life is a key area for research.

End-of-life care.—Dissatisfaction with care during the last stages of life has been widely reported by recent studies. The Committee applauds NINR's plans to focus on children during the end-of-life, especially since the Institute of Medicine recently identified this population as being overlooked by research.

Nurse shortage.—The nursing shortage is of serious concern to the Committee, not only because of its effects on the health care system, but because it has reduced the number of nurse researchers and educators. NINR's activities to confront this issue by increasing support for training programs, such as fast-track baccalaureate-to-doctoral training and promotion of careers in patient-oriented research, are encouraging. These efforts will play an important role in ensuring an adequate number of nurse researchers and faculty for the future.

Genetics.—Advances in genetics will revolutionize many aspects of health and healthcare. The Committee is pleased that NINR is integrating genetics into nursing research, practice, and education. NINR's annual eight-week Summer Genetics Institute increases expertise in genetics and conveys genetic knowledge that ranges from tailoring drugs according to genotype to providing genetic counseling for individuals and families.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

The Committee provides $441,911,000 for the National Institute on Alcohol Abuse and Alcoholism (NIAAA), which is $13,242,000 above the fiscal year 2004 comparable level and the same as the budget request.

Mission.—The NIAAA supports research to generate new knowledge to answer crucial questions about why people drink; why some individuals are vulnerable to alcohol dependence or alcohol-related diseases and others are not; the relationship of genetic and environmental factors involved in alcoholism; the mechanisms whereby alcohol produces its disabling effects, including organ damage; how to prevent alcohol misuse and associated damage and how alco-

holism treatment can be improved. NIAAA addresses these questions through a program of biomedical, behavioral, and epidemiologic research on alcoholism, alcohol abuse, and related problems. This program includes various areas of special emphasis such as medications development, fetal alcohol syndrome, genetics, and moderate drinking.

Asian American and Pacific Islander (AAPI) populations.—The Committee suggests that NIAAA take further steps to meet the research needs of the rapidly growing AAPI populations in the fifty states and the six Pacific Island jurisdictions. NIAAA should consider creating an NIAAA Asian American and Pacific Islander Workgroup to develop an AAPI research agenda and implementation plan for alcohol and alcohol abuse issues.

Nonalcoholic steatohepatitis (NASH).—The Committee notes that the mechanisms that cause NASH and the treatment protocols that are effective with regard to NASH also offer promise for treating alcoholic liver disease (ALD). The Committee encourages additional research focused on NASH and ALD to address both these diseases as well as to further test the hypothesis that the mechanisms causing these diseases are similar.

Underage rural drinking.—The Committee understands that alcohol is the number one drug of choice among children and adolescents in this country. The Committee commends NIAAA for being one of the scientific leaders in developing prevention/intervention programs for young people with alcohol and risky behavior problems. It encourages NIAAA to continue to provide leadership in developing model longitudinal prevention/intervention community-based programs focusing on how individual families, school and community networks can help reduce high-risk behavior among nine- to fifteen-year olds in rural and small urban areas. The Committee encourages NIAAA to continue to utilize the expertise of academic health centers in this effort.

NATIONAL INSTITUTE ON DRUG ABUSE

The Committee provides $1,012,760,000 for the National Institute on Drug Abuse (NIDA), which is $21,807,000 above the fiscal year 2004 comparable level and the same as the budget request. In addition, $6,300,000 is made available as requested by the Administration from program evaluation funds to carry out surveys of drug abuse.

Mission.—NIDA-supported science addresses questions about drug abuse and addiction, which range from its causes and consequences to its prevention and treatment. NIDA research explores how drugs of abuse affect the brain and behavior and develops effective prevention and treatment strategies; the Institute works to ensure the transfer of scientific data to policy makers, practitioners, and the public.

Asian American and Pacific Islander (AAPI) populations.—The Committee suggests that NIDA take further steps to meet the research needs of the rapidly growing AAPI populations in the fifty states and the six Pacific Island jurisdictions. In particular, AAPI research with respect to substance abuse prevention, treatment, services and training is needed to help address the public health needs of these populations. The NIDA AAPI Workgroup has provided important recommendations to NIDA critical to developing

the needed body of scientific knowledge regarding AAPIs, and the Committee encourages NIDA to consider carefully these recommendations and take action where warranted.

NATIONAL INSTITUTE OF MENTAL HEALTH

The Committee provides $1,420,609,000 for the National Institute of Mental Health (NIMH), which is $38,835,000 above the fiscal year 2004 comparable level and the same as the budget request.

Mission.—The NIMH is responsible for research activities that seek to improve diagnosis, treatments, and overall quality of care for persons with mental illnesses. Disorders of high priority to NIMH include schizophrenia, depression and manic depressive illness, obsessive-compulsive disorder, anxiety disorders and other mental and behavioral disorders that occur across the lifespan; these include childhood mental disorders such as autism and attention-deficit/hyperactivity disorder; eating disorders; Alzheimer's disease; and other illnesses. NIMH supports and conducts fundamental research in neuroscience, genetics, and behavioral science. In addition to laboratory and controlled clinical studies, the NIMH supports research on the mental health needs of special populations and health services research.

Mental health research and the aging.—The Committee is aware that demographics will demand a greatly increased focus on mental disorders in older persons, and consequently the Committee continues to be interested in supporting funding for late-life mental health research at NIMH. The committee encourages NIMH to strengthen the resources supporting aging research and to provide data on existing funds targeted toward geriatric mental health research.

Down syndrome.—The Committee encourages NIMH to research the mental health symptoms of persons with Down syndrome and to investigate risk factors and possible treatments for autism, obsessive-compulsive disorder, attention deficit disorder, anxiety and depression. The Committee urges NIMH to include Down syndrome in its studies on related disorders and to coordinate its work with the National Center on Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention. The Committee encourages NIMH to work closely with NINDS, NICHD, NIA and NHGRI to establish a research initiative to fund Down syndrome research relating to cognition and behavior through biomedical interventions.

Alzheimer's disease.—Recently, NIMH launched a trial of antidepressant medications designed identify the best medication regimen of treating the behavioral problems that often occur in Alzheimer patients. Initial results should be available in late 2004. In addition, NIMH intramural researchers identified a promising new method for early detection of Alzheimer's disease. Long-term studies now underway will determine whether this biomarker can be used as a predictive and diagnostic tool. The Committee encourages NIMH to continue to place significant priority on studies of Alzheimer's disease.

Parkinson's disease.—The Committee encourages NIMH to enhance its research on the role of depression in Parkinson's disease. Depression may be a very early symptom of Parkinson's, sometimes appearing before other traditional symptoms. NIMH should also

continue its ongoing research into the proper treatment of depression and other serious mental disorders that often co-occur with Parkinson's, such as dementia and anxiety.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

The Committee provides $492,670,000 for the National Human Genome Research Institute (NHGRI), which is $13,597,000 above the fiscal year 2004 comparable level and the same as the budget request.

Mission.—NHGRI coordinates extramural and intramural research, as well as research training, in the areas of genomics and genetics. The Division of Extramural Research supports research on genetic sequences of both human and non-human genomes, DNA sequencing technology development, database management and analysis, and research on the ethical, legal, and social implications of human genome research. The Division of Intramural Research focuses on applying the tools and technologies of the Human Genome Project to understanding the genetic basis of disease and developing DNA-based diagnostics and gene-based therapies.

Targeting disease prevention.—The Committee commends NHGRI for creating the Encyclopedia of DNA Elements (ENCODE) project, which has a long-term goal of creating a comprehensive catalogue of the functional components encoded in the human genome. This project will help scientists mine and fully utilize the human sequence, gain a deeper understanding of human biology, predict potential disease risk, and stimulate the development of new genome technologies as well as strategies for the prevention and treatment of disease. The Committee is also pleased with the progress of the international haplotype mapping (HapMap) project and looks forward to its completion in 2005. In each of these areas, the Committee recognizes that advances in the use of new genomic technologies, including different types of microarrays, can enhance NHGRI's global leadership in meeting these goals.

Neurogenomics and neuroinformatics.—The Committee encourages NHGRI to assist private efforts to collect and integrate the various repositories of neuroscience information, including brain imaging, with genome information and cross-referencing this with human disease to advance knowledge along a broad front of neurologic, psychiatric and neurodegenerative diseases, their causes and cures.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

The Committee provides $297,647,000 for the National Institute of Biomedical Imaging and Bioengineering (NIBIB), which is $10,518,000 above the fiscal year 2004 comparable level and the same as the budget request.

Mission.—The mission of the Institute is to improve health by promoting fundamental discoveries, design and development, and translation and assessment of technological capabilities in biomedical imaging and bioengineering, enabled by relevant areas of information science, physics, chemistry, mathematics, materials science, and computer sciences.

NIBIB growth.—The Committee recognizes the important role of new imaging and engineering techniques and technologies both in improving health care delivery and enabling progress in biomedical

research. The Committee believes that NIBIB has worked effectively with the extramural community to identify important research opportunities and challenges. Through workshops and conferences NIBIB has produced an ambitious research agenda that will produce new technologies with clinical applications to a broad spectrum of biological processes, disorders, and diseases and across organ systems as well as facilitate advanced research in virtually all other NIH institutes. The NIH leadership has recognized the central role of imaging by including the development of molecular imaging and molecular libraries as an initiative in the NIH Roadmap for Medical Research. The important innovations envisioned in the imaging and biomedical engineering agenda are unlikely to be achieved in the foreseeable future, however, unless additional resources are available to NIBIB. Because NIBIB was created at the end of the congressional effort to double the NIH budget over five years, it faces special challenges as funding growth slows. The Committee urges the Director of NIH to give NIBIB special attention so that it can achieve its potential. For that reason, the Committee requests NIH to develop a five-year professional judgment budget that would enable NIBIB to grow at an appropriate rate. The Committee expects to receive the report by May 1, 2005.

Bone imaging.—The Committee encourages NIBIB to make new bone imaging techniques a primary focus, speeding the development of new imaging modalities that better capture bone quality, including bone micro- and macro-architecture, quantification of bone mass and crystalline composition, which are necessary to develop diagnostic and treatment therapies for patients with metabolic bone diseases. The Committee encourages NIBIB to participate actively in trans-NIH initiatives that address these priorities.

Organ imaging.—The Committee encourages the Institute to focus on improved tissue and organ imaging technologies and on the growth of artificial tissues. Progress in these fields will have multiple benefits, including addressing issues such as invasive diagnostic tests now required for liver diseases and the need to address the shortage of livers and other organs available for transplantation.

Diabetic retinopathy.—The Committee encourages NIBIB to collaborate with NEI on the development and application of scanning technologies that will be affordable and accessible to allow for early detection of diabetic retinopathy.

NATIONAL CENTER FOR RESEARCH RESOURCES

The Committee provides $1,094,141,000 for the National Center for Research Resources (NCRR), which is $84,917,000 below the fiscal year 2004 comparable level and the same as the budget request. The Committee does not include bill language identifying funding for extramural facility construction, which is the same as the Administration request. $118,497,000 was provided in fiscal year 2004 for extramural construction.

Mission.—The NCRR develops and supports critical research technologies and shared resources that underpin biomedical research. The NCRR programs develop a variety of research resources; provide resources for complex biotechnologies, clinical research and specialized primate research; develop research capacity

in minority institutions; and enhance the science education of pre-college students and the general public.

Institutional development awards (IDeA).—The Committee has identified $222,000,000 for this program, which is the same as the Administration request and $8,000,000 above the fiscal year 2004 level. The program is comprised of the Centers of Biomedical Research Excellence (COBRE) program and Biomedical Research Infrastructure Network (BRIN) program. The focus of IDeA should continue to be on improving the necessary infrastructure and strengthening the biomedical research capacity and capability of research institutions within the IDeA states.

National primate research centers.—The Committee values the important role played by the eight national primate centers. In the past several years, there has been an extensive expansion of the breadth and volume of demands for primate center resources. The Committee encourages NCRR to strengthen the base support for these centers and to conduct an assessment of primate center resource needs. This assessment should be submitted to the Committee at the time of the FY 2006 budget request.

Health disparities centers.—The Committee commends NCRR for its proposal to establish comprehensive centers for health disparities research and looks forward to learning more about this important new initiative.

Research centers at minority institutions (RCMI).—The Committee continues to recognize the important role played by minority institutions at both the graduate and undergraduate level in addressing the health research and training needs of minority populations. These programs help facilitate the preparation of a new generation of scientists at these institutions. The RCMI program continues to address these problems. The Committee encourages NCRR to strengthen participation from minority institutions. The Committee also encourages NCRR to work with minority institutions with a track record of producing minority scholars in science and technology.

General clinical research centers (GCRCs).—The 79 NCRR-funded general clinical research centers across the country are important to NIH efforts to translate basic science discoveries into vaccines, treatments, and cures for disease. Approximately 10,000 researchers use GCRCs each year for patient-oriented research focused on a wide variety of diseases. The Committee is concerned that NCRR has in the past included activities not related to GCRCs in NCRR-reported funding totals for the GCRCs. In the future, the Committee expects NCRR to restrict its reporting to funds that go directly to GCRCs instead of including general clinical research activities in those totals.

Islet resource centers.—The Committee encourages NCRR to accelerate the efforts of the islet cell resource centers to improve the quality and yield of islets, to improve the storage and transportability of islets to enhance regional distribution of these cells, and to serve as national resource centers to support national efforts in islet transplantation by providing human islets for both basic research and clinical islet transplantation.

Cystic fibrosis.—NCRR has played a leadership role in providing clinical researchers with the tools they need to conduct their research and to undertake and complete clinical trials efficiently.

NCRR has supported the development of shared resources for clinical researchers, an activity that has strengthened the nation's clinical research capabilities. The Committee commends NCRR for its support of clinical trials networks, including the cystic fibrosis clinical trials network. The Committee suggests that NCRR consider supporting a cystic fibrosis biospecimen repository, which would serve as an important resource to CF researchers and function as a model for other diseases.

NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE

The Committee provides $121,116,000 for the National Center for Complementary and Alternative Medicine (NCCAM), which is $4,138,000 above the fiscal year 2004 comparable level and the same as the budget request.

Mission.—The Center was established to stimulate, develop, and support rigorous and relevant research of high quality and open, objective inquiry into the safety and effectiveness of complementary and alternative medicine practices in order to provide the American public with reliable information about these practices.

Ameliorating liver disease.—The Committee notes that NIDDK has completed efforts to synthesize and calibrate the production of milk thistle, which will now make possible clinical trials to demonstrate its value in slowing the progression of nonalcoholic steatohepatitis and to reduce the side effects of hepatitis C interferon treatments. The Committee urges NCCAM to pursue research to demonstrate the value of milk thistle to ameliorate liver disease.

Osteoporosis.—The Committee encourages NCCAM to conduct research on women in their thirties and forties with respect to bone health and nutrition, including the use of supplements and nutraceuticals, in an effort to determine whether such strategies can prevent osteoporosis and fractures in later life. In addition, the Committee encourages support for research on the effects of complementary and alternative medicine on bones and pain management in people with metabolic bone diseases.

Chromium nutrition and diabetes.—Recent research has demonstrated that chromium picolinate can restore normal glucose metabolism by enhancing insulin sensitivity. Impaired insulin sensitivity is a major factor leading to the development of type 2 diabetes and cardiovascular disease. In clinical studies in people with type 2 diabetes, chromium supplementation has been shown to significantly reduce elevated blood sugar levels and improve long-term blood sugar control. The beneficial effects were predominantly seen in populations who were overweight and insulin resistant. Since it has been shown that many Native Americans have severely impaired insulin sensitivity and are overweight, a strong case can be made to support the hypothesis that chromium supplementation can significantly help Native American populations. In addition to potential treatment benefits, chromium supplementation in overweight pediatric populations may restore normal glucose metabolism, and thereby reduce or delay the onset of diabetes. Therefore, NCCAM is encouraged to expand upon these early findings to support research on chromium supplementation as a safe, effective, low cost nutritional therapy for type 2 diabetes.

Parkinson's disease.—The Committee encourages NCCAM to continue exploration of the neuroprotective qualities of B vitamins and antioxidant phytochemicals in berries via animal models. Research with animals has shown that diets containing berry fruits (such as blueberries) in addition to B vitamins can forestall and perhaps reverse many of the neurological changes associated with age-related neurodegenerative conditions, such as Parkinson's and Alzheimer's disease.

NATIONAL CENTER ON MINORITY HEALTH AND HEALTH DISPARITIES

The Committee provides $196,780,000 for the National Center on Minority Health and Health Disparities (NCMHD), which is $5,309,000 above the fiscal year 2004 comparable level and the same as the budget request.

Mission.—The Center conducts and supports research, training, information dissemination and other programs aimed at reducing the disproportionately high incidence and prevalence of disease, burden of illness and mortality experienced by certain American populations, including racial and ethnic minorities and other groups, such as the urban and rural poor, with disparate health status.

Cancer in minority communities.—The Committee commends NCMHD for its leadership in addressing the disproportionate impact of cancer in minority communities. The Committee encourages NCMHD to consider collaborating with NCRR and NCI in supporting the establishment of a cancer center at a historically minority institution focused on research, treatment and prevention of cancer in African American and other minority communities.

Glomerular injury.—The Committee understands that glomerular injury, a group of diseases which affect the filtering mechanisms of the kidney, is more prevalent among African Americans than the general population. The Committee encourages NCMHD to collaborate with NIDDK to conduct and support research activities related to glomerular injury.

Latinos.—The Committee recognizes that Latinos are the fastest-growing ethnic group in the United States and encourages NCMHD to increase its training of bilingual and bicultural researchers. The Committee encourages NCMHD to focus on research benefiting the diverse subgroups of the Latino population.

Scleroderma.—The Committee encourages NCMHD to support research that furthers the understanding of causes and consequences of scleroderma, a chronic, degenerative disease of collagen production, present among African Americans, Hispanic and Native American men and women. NCMHD is encouraged to establish epidemiological studies to address the prevalence of scleroderma among these populations, as statistics indicate that African Americans have a slightly higher incidence of scleroderma. This population is also likely to be diagnosed at a younger age and tends to be diagnosed more often with the diffuse form of scleroderma.

Liver disease.—The Committee remains concerned about the disproportionate burden of liver disease among African Americans, Hispanics, Asians and Native Americans. Among younger Native Americans liver disease is the second major cause of death, and the sixth leading cause of death among all Native American age

groups. Furthermore, among most Asian populations hepatitis B is a major cause of death. The Committee encourages NCMHD, in collaboration with NIDDK, to enhance research to improve liver disease treatment effectiveness among minority populations.

Research endowment.—The Committee commends NCMHD for its leadership in addressing the longstanding problem of health status disparities in minority and medically underserved populations. The Committee continues to encourage NCMHD to implement its successful research endowment program as an ongoing initiative.

Project EXPORT.—The Committee commends NCMHD for its successful "Project EXPORT" initiative and urges continued support for this important program.

JOHN E. FOGARTY INTERNATIONAL CENTER

The Committee provides $67,182,000 for the Fogarty International Center (FIC), which is $1,800,000 above the fiscal year 2004 comparable level and the same as the budget request.

Mission.—The FIC was established to improve the health of the people of the United States and other nations through international cooperation in the biomedical sciences. In support of this mission, the FIC pursues the following four goals: mobilize international research efforts against global health threats; advance science through international cooperation; develop human resources to meet global research challenges; and provide leadership in international science policy and research strategies.

Chronic obstructive pulmonary disease (COPD).—The Committee notes that COPD is the fourth leading cause of death worldwide, and encourages the Fogarty International Center to strengthen its COPD research and training activities.

Tuberculosis training.—The Committee is pleased with the Fogarty International Center's efforts to supplement grants in the AIDS International Training and Research Program (AITRP) or International Training and Research Program in Emerging Infectious Diseases (ERID), which trains tuberculosis experts in the developing world. Given the magnitude of global tuberculosis, the Committee encourages FIC to consider developing a specific freestanding TB training program.

NATIONAL LIBRARY OF MEDICINE

The Committee provides $316,947,000 for the National Library of Medicine (NLM), which is $7,902,000 above the fiscal year 2004 comparable level and the same as the budget request. In addition, $8,200,000 is made available from program evaluation funds as requested by the Administration to support the National Center on Health Services Research. The same amount was provided last year.

Mission.—The National Library of Medicine collects, organizes, disseminates, and preserves biomedical literature in all forms, regardless of country of origin, language, or historical period. The Library's collection is widely available; it may be consulted at the NLM facility on the NIH campus; items may be requested on interlibrary loan; and the extensive NLM bibliographic databases may be searched online by health professionals around the world. NLM has a program of outreach to acquaint health professions with available NLM services. The Library also is mandated to conduct

research into biomedical communications and biotechnology; to award grants in support of health science libraries and medical informatics research and training; and to create specialized information services in such areas as health services research, environmental health, AIDS, hazardous substances, and toxicology.

Outreach.—The Committee encourages NLM to continue its outreach activities aimed at educating health care professionals and the general public about the Library's products and services, in coordination with medical librarians and other health information specialists.

PubMed Central.—The Committee commends NLM for its leadership in developing PubMed Central, an electronic online repository for life science articles. Because of the high level of expertise health information specialists have in the organization, collection, and dissemination of medical information, the Committee believes that health sciences librarians have a key role to play in the further development of PubMed Central. The Committee encourages NLM to work with the medical library community regarding issues related to copyright, fair use, peer-review and classification of information on PubMed Central.

Minority health.—The Committee encourages NLM to enhance its support of annual conferences sponsored by the minority health professions community designed to foster increased interest among minority students in the fields of biomedical science and bioinformatics.

Access to research results.—The Committee is very concerned that there is insufficient public access to reports and data resulting from NIH-funded research. This situation, which has been exacerbated by the dramatic rise in scientific journal subscription prices, is contrary to the best interests of the U.S. taxpayers who paid for this research. The Committee is aware of a proposal to make the complete text of articles and supplemental materials generated by NIH-funded research available on PubMed Central (PMC), the digital library maintained by the National Library of Medicine (NLM). The Committee supports this proposal and recommends that NIH develop a policy, to apply from FY 2005 forward, requiring that a complete electronic copy of any manuscript reporting work supported by NIH grants or contracts be provided to PMC upon acceptance of the manuscript for publication in any scientific journal listed in the NLM's PubMed directory. Under this proposal, NLM would commence making these reports, together with supplemental materials, freely and continuously available six months after publication, or immediately in cases in which some or all of the publication costs are paid with NIH grant funds. For this purpose, "publication costs" would include fees charged by a publisher, such as color and page charges, or fees for digital distribution. NIH is instructed to submit a report to the Committee by December 1, 2004 about how it intends to implement this policy, including how it will ensure the reservation of rights by the NIH grantee, if required, to permit placement of the article in PMC and to allow appropriate public uses of this literature.

OFFICE OF THE DIRECTOR

The Committee provides $359,645,000 for the Office of the Director (OD), which is $32,141,000 above the fiscal year 2004 com-

parable level and the same as the budget request. The bill repeats language included in prior years authorizing the collection of third party payments for the cost of clinical services, providing the Director of NIH with one percent transfer authority, and allocating up to $500,000 of funds within the Office of the Director appropriation for the Foundation for the National Institutes of Health.

The Committee provides $70,000,000 within the Office of the Director for the Director's Discretionary Fund (DDF), which is the same as the Administration request and $25,763,000 above the fiscal year 2004 comparable level. $60,000,000 of this funding is intended to be used for Roadmap initiatives. The Committee has repeated last year's bill language making up to $7,500,000 of this total available through the flexible research authority provided in section 217 of the Act.

The Committee includes bill language identifying the maximum funding that may be used for Roadmap activities and the method of calculating each Institute or Center's contribution.

The Committee has not approved the Administration proposal to give NIH authority to fund the multi-year cost of grants in the first year of their award and has not included the proposed general provision authorizing this action. In a budget with modest increases for Institutes, multi-year funding of the awards that are made would have an unacceptable impact on the volume of awards. The Committee suggests that the Administration not propose this approach without the funding increases necessary to stabilize the number of new grants awarded. Multi-year funding should not be expanded to grants beyond the limited number of small grants that historically are multi-year funded.

Mission.—The Office of the Director provides leadership to the NIH research enterprise and coordinates and directs initiatives which cross-cut the NIH. The OD is responsible for the development and management of intramural and extramural research and research training policy, the review of program quality and effectiveness, the coordination of selected NIH-wide program activities, and the administration of centralized support activities essential to operations of the NIH.

Office of Research on Women's Health.—The Office of Research on Women's Health (ORWH) works in collaboration with the Institutes and Centers of NIH to promote and foster efforts to address gaps in knowledge related to women's health through the enhancement and expansion of funded research and/or the initiation of new investigative studies. The ORWH is responsible for ensuring the inclusion of women in clinical research funded by NIH, including the development of a computerized tracking system and the implementation of guidelines on such inclusion. This Office is also involved in promoting programs to increase the number of women in biomedical science careers, and in the development of women's health and sex and gender factors in biology as a focus of medical/scientific research.

The Committee is pleased with the increased focus on irritable bowel syndrome (IBS) at the ORWH. It is estimated that between 25 and 45 million Americans, disproportionately women, suffer from IBS.

Twenty to thirty percent of women in the U.S. of reproductive age suffer from uterine fibroids, a benign tumor that affects their

reproductive health. Research on treatment has been limited, and often women have unnecessary hysterectomies when less costly and invasive treatments may be possible. In conjunction with NICHD, NIEHS, and NCMHD, ORWH is encouraged to intensify and coordinate programs to support research on uterine fibroids.

Office of AIDS Research.—The Office of AIDS Research (OAR) is responsible for coordination of the scientific, budgetary, legislative, and policy elements of the NIH AIDS research program. The OAR develops a comprehensive plan for NIH AIDS-related research activities which is updated annually. The plan is the basis for the President's budget distribution of AIDS-related funds to the Institutes, and centers within NIH. The Committee expects the Director of NIH to use this plan and the budget developed by OAR to guide his decisions on the allocation of AIDS funding among the Institutes. The Director of NIH also should use the full authority of his office to ensure that the Institutes and Centers spend their AIDS research dollars in a manner consistent with the plan. In addition, the OAR allocates an emergency AIDS discretionary fund to support research that was not anticipated when budget allocations were made.

The Committee has included the same general provisions in bill language that were contained in the 2004 appropriations bill. This language permits the Director of OAR, jointly with the Director of NIH, to transfer between Institutes and Centers up to three percent of the funding determined by NIH to be related to AIDS research. This authority could be exercised throughout the fiscal year subject to normal reprogramming procedures, and is intended to give NIH flexibility to adjust the AIDS allocations among Institutes if research opportunities and needs should change. The Committee also repeats language from last year's bill making the research funds identified by NIH as being AIDS related available to the OAR account for transfer to the Institutes. This provision permits the flow of funds through the OAR in the spirit of the authorization legislation without requiring the Congress to earmark a specific dollar amount for AIDS research.

The Committee encourages OAR to strengthen science-based HIV prevention research for African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders. The Office is also encouraged to focus on existing and developing areas of culturally appropriate research that seeks to reduce the risk of contracting HIV through high-risk behaviors and the transmission of HIV infection in the targeted minority populations.

Office of Dietary Supplements.—The Office of Dietary Supplements (ODS) was established in recognition that dietary supplements can have an important impact on the prevention and management of disease and on the maintenance of health. ODS is charged with promoting, conducting, and coordinating scientific research within NIH relating to dietary supplements.

Office of Behavioral and Social Sciences Research.—The Office of Behavioral and Social Sciences Research (OBSSR) provides leadership and direction for the development of a trans-NIH plan to increase the scope of and support for behavioral and social science research and in defining an overall strategy for the integration of these disciplines across NIH institutes and centers; develops initiatives to stimulate research in the behavioral and social sciences

arena and integrate a biobehavioral perspective across the research areas of NIH; and promotes studies to evaluate the contributions of behavioral, social and lifestyle determinants in the development, course, treatment, and prevention of illness and related public health problems.

Office of Rare Disease Research.—The Office of Rare Disease Research (ORD) was established in recognition of the need to provide a focal point of attention and coordination at NIH for research on rare diseases. ORD works with Federal and non-Federal national and international organizations concerned with rare disease research and orphan products development; develops a centralized database on rare diseases research; and stimulates rare diseases research by supporting scientific workshops and symposia to identify research opportunities.

The Committee commends the Director of NIH and ORD for the rapid progress over the past eighteen months since the office was created in statute and given additional responsibilities. The Committee appreciates the initiation of the rare disease clinical research network, and encourages research aimed at the development of interventions for orphan diseases, including cystic fibrosis. The Committee also encourages NIH to pursue exploratory grants and proof of concept studies for the development of new therapeutics in the treatment of rare diseases and to intensify support of the training of clinical research investigators in rare diseases.

The Committee is concerned about the development of diagnostic tests for rare diseases and requests that ORD evaluate this situation and report to the Committee on what steps have been taken to increase NIH involvement in this area.

The Committee is pleased with the ORD support of the biliary atresia research network. The Committee encourages ORD to continue to address rare liver diseases, including primary biliary cirrhosis, primary sclerosing cholangitis, and auto-immune hepatitis.

Amyloidosis.—The Committee encourages NIH to expand its research efforts into the amyloidoses—a group of rare diseases characterized by abnormally folded protein deposits in tissues. These diseases are often fatal and there is no known cure. Treatment involving large-dose intravenous chemotherapy followed by stem cell replacement or rescue is effective for many patients, but this procedure is risky, unsuitable for many patients, and not a cure. The Committee is aware that NIH has recently created a Trans-NIH Working Group on Rare Diseases Research. Accordingly the Committee urges NIH to consider holding a conference led by the Office of Rare Diseases with support from NIH institutes and centers with a research focus on amyloidosis and related diseases, to assess the current state of the science and to determine the next steps to increase the understanding, prevention, and treatment of this devastating group of diseases. Results and recommendations from this conference should be sent to the Committee before October 1, 2005.

Public health relevance of awards.—The Committee is encouraged by steps NIH is taking to improve communications regarding the public health relevance of its research awards. Specifically, the Committee is pleased NIH has proposed a modification to its standard grant application, PHS Form 398, requiring all grantees to include a statement of public health significance. The Committee urges the Department and the Office of Management and Budget

to approve the proposed revision and support the agency in its efforts to implement this important change in the grant application form.

Cooperation with the Veterans Health Administration.—The Committee believes that closer collaboration with the Veterans Health Administration (VHA) will significantly facilitate, accelerate, and leverage research to develop more effective treatments and cures for liver disease. The Committee notes that the VHA has developed a significant database of veterans with hepatitis C that includes demographic, diagnostic, laboratory, drug treatment and co-morbidity population statistics that could be used to support NIH-funded research efforts. The Committee is pleased that NIDDK has begun efforts to develop a cooperative agreement with the VHA as a vehicle for collaborative efforts to facilitate liver disease research on a trans-NIH basis.

Hepatitis C consensus conference implementation.—The Committee notes that the Hepatitis C consensus development conference recommended the creation of a Hepatitis Clinical Research Network (HCRN) and commends NIDDK for expanding Hepatitis C-related clinical research studies. The Committee requests a report by April 28, 2005 identifying NIH's response to the original recommendations of the Hepatitis C consensus conference.

NIH roadmap and clinical practice.—The Director of NIH is commended for his Roadmap efforts to re-engineer clinical research as currently supported by NIH. The Committee recognizes that it is essential that study results be rapidly disseminated into clinical practice. The Director is encouraged to work directly with the medical community, including the surgical community, in order to utilize existing networks as a way to accelerate the transfer of information for the treatment of patients.

Best pharmaceuticals for children.—The Committee recognizes the importance of ensuring that drugs are safe and effective for use by children. The Committee supports continued implementation by NIH of the Best Pharmaceuticals for Children Act of 2002 to support the pediatric testing of off-patent drugs, as well as on-patent drugs not being studied through existing mechanisms. In implementing this responsibility, NICHD should act as coordinator for all other institutes within NIH for which pediatric pharmacological drug research may have therapeutic relevance. NICHD is also encouraged to consult with the Food and Drug Administration to ensure that the studies conducted are designed to yield improved pediatric labeling. The Committee requests NIH to provide an update during its annual appropriations testimony on the number of studies supported; the estimated cost of each study undertaken; the number of label changes resulting from completed studies; the patent status of the drugs studied; and the number of drugs remaining on the priority list. NICHD should focus its resources on encouraging the study of drugs where there is a medical necessity to conduct clinical pediatric studies, consistent with ethical concerns. The Committee also urges NICHD to give full consideration to existing information that supports the safe use of drugs in children and use of conditions contained in the Pediatric Research Equity Act to identify drugs for study and to determine the scope and magnitude of those studies.

Clinical research loan repayment program.—The Committee is pleased that NIH has moved forward with the clinical research loan repayment program. As the program completes its third year, the Committee would like to assess outcomes to date as well as areas for potential improvement. The Committee requests a report profiling award recipients, including their training experience; degrees held; medical/scientific disciplines; academic positions; and the funding support by which they were eligible to apply. The report should also include an evaluation of alternative strategies for assuring that recipients of loan repayment actually pursue careers in clinical research.

Graduate training in clinical investigation awards.—In an effort to reverse the shortage of well-trained clinical investigators, the Committee encourages NIH to continue and strengthen support for K12 mentored clinical scientist development awards which provide tuition and stipend support for students.

Duchenne/Becker muscular dystrophy.—The Committee notes that Duchenne muscular dystrophy (DMD) and its milder form, Becker muscular dystrophy (BMD), are the most common, lethal genetic childhood disorders known. The Committee urges NINDS, in collaboration with NIAMS, to enhance resources to improve treatments for patients with muscular dystrophy. The conferees strongly encourage NIH to consider funding additional centers of excellence and to strengthen the funding for existing centers of excellence. In addition, the Committee notes that the NIH interagency coordinating committee for muscular dystrophy has missed its one-year deadline to submit a plan for conducting and supporting research and education on muscular dystrophy. The Committee urges the coordinating committee to finalize and submit this plan, as well as include representation from the Department of Defense on the panel, as soon as possible.

In addition, the Committee encourages NIH to increase its commitment to DMD translational research and clinical trials, separate from support in the centers of excellence program. Based on the severity of this disorder, its high incidence in children, and the prospect of important new treatments, the Committee encourages NIH, through NINDS and NIAMS, to follow the accelerated model for funding DMD translational research that was used for motor neuron diseases, including ALS and SMA.

Finally, the Committee encourages the institutes to further develop opportunities for clinical trials and to help make available all existing and emerging patient care options. The institutes are encouraged to work with other institutes and Federal agencies to develop formal programs that increase public and professional awareness of the disease. The Committee requests that NIH report back to the Committee by April, 2005 with a progress report on all aspects of DMD translational and clinical research.

Autism spectrum disorders.—The Committee is pleased with NIH's autism research matrix and encourages NIH to devote sufficient resources to this research agenda. When implementing the autism research matrix, the Committee encourages NIH to coordinate with autism organizations already funding research initiatives to ensure the most efficient use of resources. The Committee also notes the promise of particular areas cited in the matrix, including

genetic and behavioral characterization of the disorder, screening and early diagnosis.

Autism and vaccine.—The Committee continues to be aware of concerns about reports of a possible association between the measles component of the measles-mumps-rubella (MMR) vaccine and a subset of autism termed autistic entercolitis. The Committee continues its interest in this issue and encourages the Interagency Coordinating Committee to continue to give serious attention to these reports. The Committee is aware that research is underway, supported by NIH, and encourages NIH to avoid delays in this research.

The Committee is also concerned that there is some evidence that infant exposures to thimerosal in the 1990s may be related to the epidemic of neurodevelopmental disorders in children. CDC's most extensive review of Vaccine Safety Datalink data concluded that more research needs to be conducted in this arena to answer these questions with certainty and the Committee concurs with the need for this continued research.

The Committee encourages NIH to dedicate significant resources to pursue the recommended research initiatives outlined in the Institute of Medicine's (IOM) Immunization Review. These reports have identified the research needed to better understand why a number of children suffer severe adverse reactions to childhood vaccines. Continuation of this research to develop a better understanding of biological mechanisms is critical for knowing with certainty whether or not thimerosal and other vaccines exposures might cause increased risks for some children.

Microbicides.—Microbicides, a class of products that would be applied topically to prevent HIV, represent a promising prevention strategy, with the potential to be especially significant in preventing HIV in women, who now account for more than half of the individuals newly infected with HIV globally. Once developed, microbicides and vaccines would serve as complementary HIV prevention technologies. The Committee is concerned that microbicide research at NIH is currently conducted with no single line of administrative accountability or specific funding coordination. The Committee urges NIH to consider establishing a lead office to coordinate research among institutes and with other Federal agencies.

Autoimmune diseases.—The Committee appreciates the NIH Autoimmune Diseases Coordinating Committee (ADCC) and the comprehensive Autoimmune Diseases Research Plan it prepared. The Autoimmune Diseases Coordinating Committee (with representation from each NIH Institute, Centers for Disease Control and Prevention, Food and Drug Administration, Veterans Administration, and patient advocacy organizations) has been effective in fostering collaborative, integrated multi-Institute research on issues affecting the entire genetically related family of autoimmune diseases. The ADCC's effectiveness in promoting inter-Institute collaboration on high priority cross-cutting research identified in the Autoimmune Diseases Research Plan has been a significant factor in achieving recent advances in the understanding, diagnosis and treatment of the autoimmune family of diseases. The Committee hopes that NIH will target the high-priority cross-cutting research identified in the Autoimmune Diseases Research Plan research.

Research infrastructure at minority health professions institutions.—The Committee continues to be pleased with the NIH Director's implementation of various programs focused on developing research infrastructure at minority health professions institutions. The Committee encourages the NIH Director to work closely with the Director of the NCMHD to ensure coordination among these various mechanisms to partner with minority health professions schools to address their infrastructure needs.

Heart disease, stroke and other cardiovascular diseases.—The Committee recognizes that the problems associated with heart disease, stroke and other cardiovascular diseases involve many institutes and centers, including NHLBI, NINDS, NIA, NIDCR, and NCRR. The Committee urges the Director of NIH to intensify his coordination of cross-cutting research on these diseases in all institutes and centers as appropriate and requests that the Director be prepared to report to the Committee on these initiatives in the FY2006 budget hearings.

Vascular biology.—The Committee recognizes the importance of advancing research in the field of vascular biology, the study of blood and blood vessels and their interactions. Not only is the maintenance of the blood supply critical to the functioning of all organs of the body, understanding the mechanisms and treatment of diseases that interrupt the blood supply is relevant to all organ systems and their disorders. Research into vascular biology can provide the scientific basis for new therapies to prevent thrombosis, therapies that are important to the prevention and control of heart disease, stroke, recurrent fetal loss, and complications associated with sickle cell anemia and diabetes, and therapies related to the interruption of the blood supply to tumors and cancers. The Committee encourages the NIH director, working with the individual institutes and relevant voluntary health organizations, to develop a comprehensive NIH-wide approach to identify and pursue research opportunities in this field.

Parkinson's disease.—The Committee is interested in the development of NIH's Parkinson's disease "matrix." The Committee encourages NIH to extend the matrix to include concrete steps toward better treatments and a cure. Since five years have elapsed since the last NIH conference on Parkinson's disease, the Committee encourages the Director to hold another conference, similar to the one held in November of 1999, to examine the path to a cure, working with patient advocacy, scientific, and non-profit communities. The results of the conference should produce a strategic plan setting forth the programs required to secure the earliest possible development of effective therapies, prevention, and a cure for Parkinson's disease.

Lupus.—Lupus is a disabling and life-threatening autoimmune disease which affects more than 1.5 million Americans, 90 percent of whom are women. It causes the immune system to attack the body's own cells and organs, including the kidneys, heart, lungs, brain, blood and skin. Lupus is two to three times more common among African Americans, Native Americans, Hispanics, and Asians, than among Caucasians. Lupus is a disease of rampant, uncontrolled inflammation caused by multiple genes. Scientists know some of the specific proteins that trigger lupus and are approaching a time when new strategies in molecular medicine can

be applied to improve the function of these proteins and prevent lupus flares. Because lupus is a multifaceted disease, the Committee encourages the Director to ensure that all relevant institutes work closely and collaboratively to maximize the output of our national investment in lupus research. To ensure that progress is maximized, the Committee requests NIH to develop a five-year trans-NIH research plan for the full spectrum of lupus research. Among the institutes to be involved should be NIAMS, NHLBI, NIDDK, NINDS, NIAID, NIEHS, and NCMHD.

Spina bifida.—The Committee recognizes that spina bifida is the leading permanently disabling birth defect in the U.S. and encourages NIH to put a higher priority on research into primary and secondary prevention of this condition. While through research we have learned that Spina Bifida is highly preventable through proper nutrition, including appropriate folic acid consumption, too many pregnancies are still affected each year by this devastating birth defect. The Committee also acknowledges that prevention does not assist the more than 70,000 individuals living with spina bifida and therefore urges NIH, particularly through NINDS and NICHD, to focus research into secondary prevention for spina bifida.

Tuberous sclerosis complex.—The Committee is aware that NIH released a strategic plan for tuberous sclerosis complex (TSC) last summer. The Committee encourages NIH to expand the scope of this effort to broaden the research to multiple institutes beyond NINDS and to emphasize research efforts that are specific to TSC.

Obesity.—Obesity is epidemic in America today, adding an estimated $117 billion to our nation's health care costs. To combat this epidemic, the Committee strongly supports providing Americans with safe and effective alternatives for controlling their weight. NIH has conducted research on the controlled carbohydrate nutritional approach in the short-term. The Committee commends the collaborative efforts of NIH to undertake a more, definitive long-term study of the safety and effectiveness of controlled carbohydrate nutrition. The study, funded by NCCAM, NIDDK and NHLBI, is a multi-site, randomized controlled long-term study of low- versus higher-carbohydrate diet. The Committee looks forward to learning the results of this study when completed.

Rett syndrome.—Rett syndrome is a genetically inherited neurological disorder seen almost exclusively in females and found in many racial and ethnic groups worldwide. It is believed that Rett syndrome affects approximately one in ten thousand live births per year, although recent discoveries about the underlying genetic cause of this disorder may reveal significantly more affected people than previously diagnosed. The Committee is very encouraged by the most recent advances that have taken place in Rett syndrome research. Important breakthroughs in methods to detect previously undetected genetic variations and, most importantly, critical new discoveries in understanding the genetics of Rett syndrome are likely to catapult treatments not only for Rett syndrome but pave the way for greater understanding of other neurological impairments ranging from autism to schizophrenia. The Committee applauds the excellent program area developed by the NIH and encourages NIH to continue to target its research efforts to ascertain how the genes involved in Rett syndrome and the associated proteins affect other genes and tissues during the development of the

nervous system. Furthermore, NIH is encouraged to support the development of animal models, as well as genotype and phenotype investigations of Rett syndrome that could hasten progress in eliminating this and other neurologically based disorders The Committee notes there is also need for expanded research on the daily problems that affect children with Rett syndrome, including autonomic disorders, such as respiratory, gastrointestinal, circulatory and cardiac disorders, seizures, and scoliosis. Additionally, the Committee recognizes that research in applied areas such as interventions and technological aids for improved literacy and communication will improve the quality of life for Rett syndrome patients and those with other communicative disorders. Since Rett syndrome is a multi-faceted disorder, the Committee encourages NIH to partner with existing advocacy groups and to continue to work to promote continuity across Institutes in their Rett syndrome research.

Cystic fibrosis.—The NIH Roadmap identifies the re-engineering of the clinical research system as a top priority. One of the strategies that the Roadmap recommends to enhance clinical research is establishing clinical trials networks that share informatics and other technologies. These networks are envisioned to include a significant number of institutions, in order to facilitate efficient recruitment and rapid enrollment of trial participants. An existing clinical trials network for testing therapies for cystic fibrosis (CF) includes many of the elements that have been cited in the Roadmap as critical for any model clinical trials system. The CF system includes: (1) centralized data management and analysis capability, (2) centralized data safety monitoring, and (3) the participation of eighteen institutions, which ensures rapid accrual to trials. The Committee believes that there are important opportunities for collaboration between NIH and this clinical trials network and encourages NIH to pursue this potential collaboration. One benefit of this collaboration would be the ability for NIH to evaluate the impact and benefits of this clinical trials network, its cost efficiencies, and the application of its core features to other diseases and in other settings.

Charcot-Marie-Tooth disorder.—Charcot-Marie-Tooth disorder (CMT) is one of the most common inherited neurological disorders, affecting approximately one in 3,500 people in the United States. The Committee is concerned about the prevalence of this disease and its effect on people across the age spectrum and recognizes the value of CMT research for advancing understanding into other neuromuscular disorders. The Committee encourages NIH to identify new research opportunities on CMT that could lead to a relevant program announcement or request for applications. The Committee requests a report on NIH efforts on CMT and CMT-related disorders by March, 2005.

Traumatic brain injury.—The Committee encourages NIH to build upon its work in brain injury rehabilitation at the National Center on Medical Rehabilitation and Research and to continue conducting basic research and translational clinical research on traumatic brain injury through NINDS.

Lymphatic system research.—Despite the central role of the lymphatic system in human health and disease, this focus of research and medical care has, until recently, been relatively neglected. The

Committee believes that scientists and clinical educators should be alerted to the scientific opportunities and resources that exist to undertake basic and clinical investigation into the role of the lymphatic system in human health and disease. Therefore, the Committee encourages the Trans-NIH Coordinating Committee for the Lymphatic System, in collaboration with the OD Office of Communications and relevant institute offices of communications, to implement a comprehensive lymphatic research awareness campaign to inform academia, governmental agencies, industry and scientific and medical professional organizations and to create a heightened comprehension of the central role occupied by the lymphatic system in the maintenance of human health.

Lymphangioleiomyomatosis (LAM).—The Committee remains very interested in efforts to find a cure for LAM, a progressive and often fatal lung disease of women with no effective treatment. The Committee understands that very recent scientific findings have presented new treatment approaches for clinical testing, and that experimental trials with the drug sirolimus have begun. The Committee encourages NCI, ORD, NINDS and NHLBI to explore opportunities for funding clinical treatment trials through both intramural and extramural means and to use all available mechanisms as appropriate, including support of state-of-the-science symposia and facilitating access to human tissues, to stimulate a broad range of clinical and basic LAM research. The Committee also commends NCRR and ORD for their roles in supporting the Rare Lung Disease Consortium.

Cost-effectiveness research.—Another round of cost increases threatens the healthcare delivery system, and many health care experts predict nine percent increases for the foreseeable future. Unfortunately, the same new biomedical research discoveries that provide new remedies for health problems may in some cases contribute to higher health care costs. The Committee recognizes the need to ensure that increased investment in biomedical research does not price quality health care out of the reach of many Americans. Providers, patients, and health care payers need objective, scientific information to understand which new interventions are more effective than existing practices, which groups of patients are most likely to benefit, the degree of improvement compared to the cost, and the relative risks for the patient of alternative interventions. The Director is encouraged to make this type of research a higher priority across each of the institutes and centers and report to the Committee at the end of fiscal year 2005 a summary of grants awarded with a focus on findings related to reducing the cost of health care.

Hyperbaric oxygen therapy (HBOT).—HBOT is currently in widespread use in medical practice. NIH is encouraged to support meritorious research in this area, especially in basic science, in order to gather evidence regarding the efficacy of HBOT. In particular, studies should consider HBOT as a treatment for various manifestations of reperfusion injury, hemorrhagic shock, trauma injury, surgery patients, stroke and dementia. When appropriate, clinical studies to test the safety and efficacy of this treatment for a variety of conditions should include adult and pediatric populations. NIH is also encouraged to work with professional organizations interested in HBOT as this research moves forward.

Sepsis.—The Committee is aware that sepsis, an overwhelming systemic response to infection that leads to organ dysfunction and death, kills more than 215,000 Americans every year, with direct annual medical costs estimated to exceed $17 billion. Septicemia, a form of sepsis that infects the blood, has been identified by the Centers for Disease Control as the tenth leading cause of death in the United States; sepsis resulting from pneumonia and chemotherapy causes tens of thousands of additional deaths annually. Until recently, therapies proved ineffective. New treatments have been developed which significantly improve prognosis when sepsis is diagnosed in a timely fashion, and new guidelines have been developed to aid health care professionals in identifying the syndrome. Sepsis remains a leading cause of death, however, because too few medical personnel know how to identify and diagnose it. To improve recognition of sepsis among health care providers, the Committee encourages the Office of the Director to work with a national alliance that is focused on sepsis education to create and implement a program to train infectious disease physicians, emergency room doctors, critical care nurses, and oncologists, especially those in rural and traditionally underserved areas, in the use of the new guidelines to identify sepsis and improve patient outcomes. In particular, the Committee requests the support of NIAID, NHLBI and NCI in these provider education efforts.

Ataxia-telangiectasia (A–T).—A–T is a rare, fatal genetic disease that affects children, causing progressive loss of muscle control, immune system problems, and a high rate of cancer. Recent advances show that A–T research is important not just for patients with A–T, but also for more prevalent diseases including cancer and neurodegenerative diseases such as Alzheimer's and Parkinson's. The Committee supports the development of an inter-institute coordinating committee for research on A–T comprised of representatives from all the institutes relevant to A–T, including but not limited to NINDS, NICHD, NCI, NHGRI, NEI, NIA and NHLBI. The Committee encourages the inter-institute coordinating committee on A–T to conduct workshops with members of the scientific and medical communities to identify important, unanswered scientific question about A–T and to develop and regularly revise an inter-institute NIH research plan for A–T.

Sex-based biology.—The Institute of Medicine has released a study demonstrating that all biological research must be cognizant of the differences that result from the sex of the patient, tissue or cell. One of the areas where such differences are most pronounced is in the field of neuroscience. For this reason, the Committee encourages the institutes involved in brain research to include sex-based biology as a part of the research conducted and to analyze and report research results in this manner, when appropriate. The Committee would like a report from the Director on the progress of this effort in next year's hearings.

Disease collections.—The Committee is aware that NIH has now published on its web site spending levels for its entire disease collection. The Committee commends the agency for making this information available and believes it will be of benefit to many advocacy groups and individuals with an interest in NIH's research portfolio.

BUILDINGS AND FACILITIES

The Committee provides $99,500,000 for buildings and facilities, which is $10,528,000 above the fiscal year 2004 comparable level and the same as the Administration request.

Mission.—The Buildings and Facilities appropriation provides for the design, construction, improvement, and major repair of clinical, laboratory, and office buildings and supporting facilities essential to the mission of the National Institutes of Health. The funds in this appropriation support the 77 buildings on the main NIH campus in Bethesda, Maryland; the Animal Center in Poolesville, Maryland; the National Institute of Environmental Health Sciences facility in Research Triangle Park, North Carolina; and other smaller facilities throughout the United States.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES

The Committee provides a program level of $3,391,663,000 for the Substance Abuse and Mental Health Services Administration (SAMHSA), which is $40,705,000 above the fiscal year 2004 comparable level and $158,579,000 below the budget request. Within the total, $121,303,000 is provided through the evaluation set-aside as requested.

SAMHSA is responsible for supporting mental health and alcohol and drug abuse prevention and treatment services nationwide through discretionary targeted capacity expansion and knowledge application grants, formula block grants to the States and associated technical assistance efforts. The agency consists of three principal centers: the Center for Mental Health Services, the Center for Substance Abuse Treatment, and the Center for Substance Abuse Prevention. The Office of the Administrator is responsible for overall agency management.

The Committee expects that no less than the amounts allocated in fiscal year 2004 will be spent in fiscal year 2005 for activities throughout SAMHSA that are targeted to address the growing HIV/AIDS epidemic and its disparate impact on communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders. These activities include treatment of mental health disorders related to HIV disease and expansion of service capacity of substance abuse treatment and prevention programs that provide services to high-risk communities of color.

The Committee recommends that SAMHSA address the lack of culturally competent substance abuse prevention, education, and treatment services, including co-occurring disorders, for the over 12 million Asian American and Pacific Islander (AAPI) populations in the 50 States and the six Pacific Islander jurisdictions by developing a comprehensive strategic plan with input from an AAPI Workgroup. The majority of the AAPI populations are immigrant, refugee, or indigenous Pacific Islanders with limited access to culturally competent substance abuse services. This SAMHSA strategic plan should implement a special AAPI substance abuse initiative to collect data and document underserved populations, facilitate the development of culturally competent services, including

replication of evidence-based programs whenever AAPI populations are underserved, and to develop a cadre of AAPI substance abuse professionals. In carrying out the strategic plan, SAMHSA should form partnerships with other appropriate HHS agencies as well as the Department of Justice and other agencies with knowledge of or experience with substance abuse.

Center for Mental Health Services

The Committee provides a program level total of $890,754,000 for the Center for Mental Health Services (CMHS), which is $28,534,000 above the fiscal year 2004 comparable level and $21,748,000 below the budget request. Within the total, $21,803,000 is provided through the evaluation set-aside as requested.

Programs of regional and national significance

The Committee provides $257,420,000 for mental health programs of regional and national significance, which is $16,624,000 above the fiscal year 2004 comparable level and $13,128,000 below the budget request. The program includes studies that identify the most effective service delivery practices, knowledge synthesis activities that translate program findings into useful products for the field, and knowledge application projects that support adoption of exemplary service approaches throughout the country.

The Committee provides $20,000,000 for the State incentive grants for transformation, which is $23,732,000 below the budget request. The Committee supports the recommendations made in the July 2003 New Freedom Commission on Mental Health's report on transforming mental health care in America. These grants will support the development of comprehensive State mental health plans that will enhance services and supports to persons with mental illnesses.

Within funds provided, the Committee has included $30,000,000 for the National Child Traumatic Stress Initiative. This program has established 54 treatment development and community service centers to treat children who have experienced trauma. It is estimated that up to 40,000 traumatized children and their families will directly benefit from services delivered as a result of this initiative.

The mental health needs of our Nation's seniors are largely ignored within our mental health system. Outreach to elderly persons conducted in places frequented by seniors, such as senior centers, meals sites, primary care settings and others is needed. The Committee recommends that no less than the level provided in fiscal year 2004 be allocated to continue and expand the work that SAMHSA began in prior fiscal years to provide evidence-based mental health outreach and treatment services to the elderly.

Within funds provided, the Committee recommends that no less than level allocated in fiscal year 2004 be provided for grants for jail diversion programs. This program provides grants to States or localities, Indian tribes, and tribal organizations, acting directly or through agreements with other public or nonprofit entities, to develop and implement programs to divert individuals with a mental illness from the criminal justice system to community-based services.

The Committee notes that while minorities represent 30 percent of the population and are projected to increase to 40 percent of the population by 2025, they are significantly underrepresented in the field of psychology and other professional mental health disciplines. The President's New Freedom Commission on Mental Health stated that the mental health system should be "making strong efforts to recruit, retain, and enhance an ethnically, culturally, and linguistically competent mental health workforce throughout the country." Within the funds provided, the Committee has included $5,320,000 for the Minority Fellowship Program.

The Committee recognizes the need to continue to support grants to community-based providers operating in traditional and non-traditional settings who provide direct mental health services to racial and ethnic minorities suffering from HIV/AIDS and associated mental health problems, including dementia and depression, and the chronic, progressive neurological disabilities that often accompany HIV/AIDS. Individuals suffering from HIV/AIDS and co-occurring disorders present unique and unmet treatment needs necessitating specialized training for providers. Therefore, within the level provided, the Committee has included funding for training mental health professionals to provide integrated mental health and substance abuse services for persons suffering from HIV/AIDS and co-occurring disorders.

The Committee is deeply concerned that 5% to 9% of all children suffer from a mental, behavioral or emotional disorder, which, if undiagnosed and untreated, can substantially interfere with academic achievement, or lead to student dropout, substance abuse, violent behavior, or suicide. In its July 2003 report, the President's New Freedom Commission on Mental Health concluded that greater reliance on early detection, assessment and links with adequate treatment and support systems can help avoid or ameliorate these outcomes. The report concluded that schools are in a unique position to identify mental health problems in their early stages and can provide a link to appropriate services. The report also cited examples of evidence-based screening techniques and tools already being utilized by some schools. The Committee is aware that SAMHSA is overseeing a very promising pilot study utilizing evidence-based screening techniques and tools to screen and identify teenagers who are at risk. The Committee urges SAMHSA to evaluate the effectiveness of that pilot study and, if proven successful, expand to additional sites. The Committee expects SAMSHA to work in collaboration with the Office of Safe and Drug-free Schools, and to report on concrete steps being taken to promote early screening and detection programs available in schools prior to the fiscal year 2006 appropriations hearings.

Mental health block grants

The Committee provides a program level total of $436,070,000 for mental health block grants, which is $1,380,000 above the fiscal year 2004 comparable level and the same as the budget request. The block grants provide funds to States to support mental health prevention, treatment, and rehabilitation services. Funds are allocated according to statutory formula among the States that have submitted approved annual plans. The Committee notes that the mental health block grant funding represents less than 2 percent

of total State mental health funding and less than 3 percent of State community-based mental health services. Within the total, $21,803,000 is provided through the evaluation set-aside as requested.

Children's mental health

The Committee provides $106,013,000 for the grant program for comprehensive community mental health services for children with serious emotional disturbance, which is $3,659,000 above the fiscal year 2004 comparable level and the same as the budget request. Funding for this program supports grants and technical assistance for community-based services for children and adolescents up to age 22 with serious emotional, behavioral, or mental disorders. The program assists States and local jurisdictions in developing integrated systems of community care. Each individual served receives an individual service plan developed with the participation of the family and the child. Grantees are required to provide increasing levels of matching funds over the six-year grant period.

Grants to states for the homeless (PATH)

The Committee provides $55,251,000 for the grants to States for the homeless (PATH) program, which is $5,491,000 above the fiscal year 2004 comparable level and the same as the budget request. PATH grants to States provide assistance to individuals suffering from severe mental illness and/or substance abuse disorders and who are homeless or at imminent risk of becoming homeless. Grants may be used for outreach, screening and diagnostic treatment services, rehabilitation services, community mental health services, alcohol or drug treatment services, training, case management services, supportive and supervisory services in residential settings, and a limited set of housing services.

Samaritan initiative

The Committee does not provide funding for the Samaritan Initiative. The budget request is $10,000,000. Legislation authorizing this program is pending Congressional action.

Protection and advocacy

The Committee provides $36,000,000 for the protection and advocacy program, which is $1,380,000 above the budget request and the fiscal year 2004 comparable level. This funding is distributed to States according to a formula based on population and income to assist State-designated independent advocates to provide legal assistance to mentally ill individuals during their residence in State-operated facilities and for 90 days following their discharge.

Center for Substance Abuse Treatment

The Committee provides a program level total of $2,208,454,000 for the Center for Substance Abuse Treatment (CSAT), which is $10,089,000 above the fiscal year 2004 comparable level and $140,813,000 below the budget request. Within the total, $83,500,000 is provided through the evaluation set-aside as requested.

Programs of regional and national significance

The Committee provides a program level total of $419,219,000 for substance abuse treatment programs of regional and national significance, which is the same as the fiscal year 2004 comparable level and $97,813,000 below the budget request. Within the total, $4,300,000 is provided through the evaluation set-aside as requested. The program supports activities to improve the accountability, capacity and effectiveness of substance abuse treatment services and services delivery. These activities include targeted capacity expansion initiatives to help communities respond to serious, emerging and unmet treatment needs and best practices initiatives to translate science into services through monitoring and accreditation of treatment programs, training, dissemination and knowledge application activities. The program promotes the adoption of science- and evidence-based treatment practices by developing and field-testing new treatment models in order to facilitate the provision of quality treatment services and service delivery. These activities are undertaken in actual service settings rather than laboratories and results are disseminated to State agencies and community treatment providers. The goal is to promote continuous, positive treatment service delivery change for those people who use and abuse alcohol and drugs.

The Committee provides $100,000,000 for the Access to Recovery (ATR) substance abuse treatment voucher initiative; this is $590,000 more than the fiscal year 2004 level and $100,000,000 below the budget request. The Committee supports the Administration's commitment to increase substance abuse treatment capacity, consumer choice, and comprehensive treatment options and looks forward to hearing from SAMHSA about the various State programs once they have been established. While this is the second year of funding for this program, due to the funding cycle, first year grants have not yet gone out to States. To the extent that data become available, the Committee encourages SAMHSA to report to the Committee regularly on the status of the programs in those States that receive ATR funding.

Substance abuse block grants

The Committee provides a program level total of $1,789,235,000 for the substance abuse block grants, which is $10,089,000 above the fiscal year 2004 comparable level and $43,000,000 less than the budget request. Within the total, $79,200,000 is provided through the evaluation set-aside as requested. The substance abuse block grants provide funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated among the States according to a statutory formula. State applications including comprehensive State Plans must be approved annually by SAMHSA as a condition of receiving funds.

Center for Substance Abuse Prevention

Programs of regional and national significance

The Committee provides $200,000,000 for the substance abuse prevention programs of regional and national significance, which is $3,982,000 above the budget request and $1,542,000 above the fis-

cal year 2004 comparable level. The program identifies and disseminates science-based substance abuse prevention approaches.

Program management and buildings and facilities

The Committee provides a program level total of $92,455,000 for program management and buildings and facilities, of which $16,000,000 is provided through the evaluation set-aside as requested. The fiscal year 2005 level is $540,000 above the fiscal year 2004 comparable level and the same as the budget request. The appropriation provides funding to coordinate, direct, and manage the agency's programs. Funds are used for salaries, benefits, space, supplies, equipment, travel and overhead.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

The Committee provides a total of $303,695,000 for the Agency for Healthcare Research and Quality (AHRQ), which is the same as the fiscal year 2004 comparable level and the budget request. This amount is funded from one percent evaluation funding.

The mission of the Agency is to generate and disseminate information that improves the delivery of health care. Its research goals are to determine what works best in clinical practice; improve the cost-effective use of health care resources; help consumers make more informed choices; and measure and improve the quality of care.

The Committee provides $245,695,000 for research on health costs, quality, and outcomes, which is the same as the fiscal year 2004 comparable level and the budget request. This program identifies the most effective and efficient approaches to organize, deliver, finance, and reimburse health care services; determines how the structure of the delivery system, financial incentives, market forces, and better information affects the use, quality, and cost of health services; and facilitates the translation of research findings for providers, patients, plans, purchasers, and policymakers. It also funds research that determines what works best in increasing the cost effectiveness and appropriateness of clinical practice; supports the development of tools to measure and evaluate health outcomes, quality of care, and consumer satisfaction with health care system performance; and facilitates the translation of information into practical uses through the development and dissemination of research databases.

Within the total for research on health costs, quality, and outcomes, the Committee provides $84,000,000 for patient safety activities, which is $4,500,000 above the fiscal year 2004 comparable level and the same as the budget request. This amount includes funding for the patient safety hospital information technology initiative. As part of its patient safety activity, the Committee encourages AHRQ to conduct pilot projects to demonstrate the feasibility and value of standards-based electronic health care data interchange.

The Committee commends AHRQ for its collaborative efforts with relevant Federal agencies and with public-private sector partnership groups, and urges AHRQ to continue its cooperative efforts to accelerate the adoption and use of standards and technology to support quality and safety.

The Committee encourages AHRQ to continue and strengthen its efforts in comparative clinical effectiveness research, as authorized by the Medicare Modernization Act of 2003.

The cost of health care delivery continues to rise with many health care experts predicting double digit increases for the foreseeable future. There is some concern that new biomedical research discoveries that provide new remedies for health problems may also contribute to higher health care costs when they are used inappropriately. The Committee recognizes the need to ensure that increased investment in biomedical research does not price quality health care out of reach of many Americans. Providers, patients and health care payers need objective, scientific information to understand which new interventions are more effective than existing practices, which groups of patients are most likely to benefit, the degree of improvement compared to the cost, and the relative risks for the patient of alternative interventions. The Committee suggests that AHRQ expand its efforts to support research and clinical effectiveness trials that will develop scientific evidence regarding the relative effectiveness, outcomes, risks and costs of promising new interventions in comparison with existing practices, especially those that have the potential to reduce health care costs without reducing quality.

The Committee encourages AHRQ to study and develop recommendations on the need for standards of care for individuals with Duchenne muscular dystrophy, allowing for input from external entities, including parent advocacy programs. In addition, the Committee recommends that AHRQ conduct a workshop on standards of care for the muscular dystrophies and coordinate this activity with national advocacy organizations dedicated to this condition.

The Committee encourages AHRQ to evaluate the outcomes, relevant patient care and financial impact of alternative methodologies of utilization and reimbursement of certified surgical assistances (CSAs) as recommended by the Government Accounting Office and report such outcomes to the Committee.

The Committee is aware of a significant gap in information that is available to expectant mothers regarding umbilical cord blood donation. Cord blood transplants are used to treat a number of conditions, especially diseases of the blood and lymph system such as leukemia and lymphoma. The Committee encourages AHRQ to study and recommend the appropriate point in maternity care at which to provide full information on all cord blood donation options.

The Committee is aware of an increasing number of non-chemotherapy infused biologicals that are under FDA review or are currently available for the treatment of diseases such as multiple sclerosis. The Committee encourages AHRQ to conduct a study examining changes in the market involving infused biologicals. The report should examine issues such as changes in market demand for non-chemotherapy infused therapies, whether health care providers have adequate capacity to meet increased demand, the cost to providers for meeting increased demands, geographical variations in access and meeting demand (including availability, capacity, barriers and variations in cost to rural providers). In addition, the Committee requests that the report examine demand for infused

therapies by subspecialty including but not limited to neurology, hematology and rheumatology.

The Committee provides $55,300,000 for the Medical Expenditures Panel Surveys (MEPS), which is the same as the fiscal year 2004 comparable level and the budget request. The MEPS provide data for timely national estimates of health care use and expenditures, private and public health insurance coverage, and the availability, costs, and scope of private health insurance benefits. This activity also provides data for analysis of changes in behavior as a result of market forces or policy changes on health care use, expenditures, and insurance coverage; develops cost/savings estimates of proposed changes in policy; and identifies the impact of changes in policy for subgroups of the population.

For program support, the Committee provides $2,700,000 which is the the same as fiscal year 2004 level and the budget request. This activity supports the overall direction and management of the agency.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

The Committee provides $119,124,488,000 for the Federal share of current law State Medicaid costs, which is $11,767,709,000 below the fiscal year 2004 comparable level and the same as the budget request. This amount does not include $58,416,275,000, which was advance funded in the fiscal year 2004 appropriation. In addition, the Committee provides an advance appropriation of $58,517,290,000 for program costs in the first quarter of fiscal year 2006. The Committee has also included indefinite budget authority for unanticipated costs in fiscal year 2005.

Federal Medicaid grants reimburse States for 50 to 83 percent (depending on per capita income) of their expenditures in providing health care for individuals whose income and resources fall below specified levels. Subject to certain minimum requirements, States have broad authority within the law to set eligibility, coverage, and payment levels. Over 43 million low-income individuals will receive health care services in 2005 under the Medicaid program. State costs of administering the program are matched at rates that generally range from 50 to 90 percent, depending upon the type of cost. Total funding for Medicaid includes $1,208,296,000 for the entitlement Vaccines for Children program. These funds, which are transferred to the Centers for Disease Control and Prevention for administration, support the costs of immunization for children who are on Medicaid, uninsured or underinsured and receiving immunizations at Federally qualified health centers or rural health clinics.

Payments to health care trust funds

The Committee provides $114,608,900,000 for the Payments to the Health Care Trust Funds account, which is $19,524,800,000 above the fiscal year 2004 comparable level and the same as the budget request. In addition, as proposed by the Administration, the Committee provides a new advance mandatory appropriation of $5,216,900,000 to support the first-year costs of the Medicare prescription drug program.

This entitlement account includes the general fund subsidy to the Federal Supplementary Medical Insurance Trust Fund for Medicare Part B benefits and for Medicare drug benefits and administration as well as other reimbursements to the Federal Hospital Insurance Trust Fund for benefits and related administrative costs which have not been financed by payroll taxes or premium contributions. The amount provided includes $215,000,000 for program management administrative expenditures, which is $13,900,000 above the fiscal year 2004 estimate of the general fund share of CMS program management expenses. This general fund share will be transferred to the Federal Hospital Insurance Trust Fund to reimburse for the funds advanced by the trust fund in fiscal year 2005 to finance the general fund portion of Program Management.

Program management

The Committee makes available $2,746,253,000 in trust funds for Federal administration of the Medicare and Medicaid programs, which is $109,407,000 above the fiscal year 2004 comparable level and $126,000 above the budget request.

Research, demonstration, and evaluation

The Committee provides $68,400,000 for research, demonstration and evaluation, which is $9,391,000 below the fiscal year 2004 comparable level and $126,000 above the budget request. These funds support a variety of studies and demonstrations in such areas as monitoring and evaluating health system performance; improving health care financing and delivery mechanisms; modernization of the Medicare program; the needs of vulnerable populations in the areas of health care access, delivery systems, and financing; and information to improve consumer choice and health status. The reduction below last year's level is primarily due to the funding of one-time projects.

The Committee is supportive of the clinical investigation of pancreatic islet cell transplantation to be implemented as directed by the Medicare Modernization Act of 2003. The Committee encourages CMS and NIH to establish and maintain a close collaboration that will ensure the success of this important initiative as it is launched in October, 2004. The Committee encourages CMS, in working with NIH, to ensure that a sufficient number of Medicare beneficiaries participate in the clinical investigation so that the results are applicable to the Medicare population with Type 1 diabetes and Medicare is able to make an informed decision regarding broader coverage of pancreatic islet transplantation.

The Committee is concerned about recent CMS data which show that less than one-third of Medicare beneficiaries eligible for diabetes self-management training are receiving the care they need. To identify the primary barriers to access in urban and rural settings, the Committee encourages CMS to conduct demonstrations to determine the effectiveness of diabetes self-management training and the various obstacles to access.

The Committee urges CMS to study the cost-effectiveness of innovative state dental Medicaid programs for children. The study should focus on those programs that have reported improvements in access to care through innovative designs that have attracted

adequate numbers of dentists and assured improved access for patients.

Medicare operations

The Committee provides $1,793,879,000 to support Medicare claims processing contracts, which is $92,841,000 above the fiscal year 2004 comparable level and the same as the budget request. The bill includes a general provision implementing the Administration's proposal to assess user fees to providers that submit incomplete or duplicate claims. The funds made available for Medicare operations will be reduced by $155,000,000 upon enactment of this provision. $129,000,000 is included within this account to begin implementation of reforms to the Medicare appeals process, of which $50,000,000 will be transferred to the Social Security Administration to conduct Medicare appeals hearings.

Medicare contractors are responsible for paying Medicare providers promptly and accurately. In addition to processing claims, contractors also identify and recover Medicare overpayments, as well as review claims for questionable utilization patterns and medical necessity. Contractors also provide information and technical support both to providers and beneficiaries regarding the administration of the Medicare program. In 2005, contractors are expected to process over billion claims.

The Committee understands that CMS has waived the five percent cap on transferring funds among functions as part of a pilot with three contractors. The Committee recommends that the waiver be extended to all contractors so they have greater flexibility to manage their resources in a manner that best matches programmatic needs and address mid-year addenda to budget instructions, new performance requirements and unanticipated increases in workload. The Committee requests CMS to report on its plans to extend the waiver to all contractors in its fiscal year 2006 congressional justification.

Revitalization plan

The Committee provides $24,400,000, to remain available for two years, as the second year of investment in CMS's efforts to make significant improvements to key aspects of managing both the agency and the Medicare program. This amount is the same as the budget request and $5,219,000 below the fiscal year 2004 comparable level. Funding will target systems-related improvements.

State survey and certification

The Committee provides $270,392,000 for State inspections of facilities serving Medicare and Medicaid beneficiaries, which is $19,140,000 above the fiscal year 2004 comparable level and the same as the budget request.

Survey and certification activities ensure that institutions and agencies providing care to Medicare and Medicaid beneficiaries meet Federal health, safety and program standards. On-site surveys are conducted by State survey agencies, with a pool of Federal surveyors performing random monitoring surveys. Almost 76,000 surveys and complaint investigations will be performed in fiscal year 2005.

Federal administration

The Committee provides $589,182,000 to support Federal administrative activities related to the Medicare and Medicaid programs, which is $12,036,000 above the fiscal year 2004 comparable level and the same as the budget request. This amount includes $13,000,000 for the Healthy Start, Grow Smart program as requested by the Administration. The Committee repeats language from last year's enacted bill to identify $78,300,000 for the contract costs of the Health-care Integrated General Ledger Accounting System. The Medicare Modernization Act provided an additional $1,000,000,000 to CMS for administration of the new programs created.

The Medicare, Medicaid, and Children's Health Insurance programs ensure the health care security of approximately 84 million beneficiaries. The Federal Administration budget provides funds for the staff and operations of CMS to administer these programs.

The Committee is concerned that CMS has failed to address a substantive inequity over current doctor reimbursement levels in the California counties of Santa Cruz, Sonoma, Santa Barbara and San Diego. CMS continues to assign these counties to geographic adjustment factor Locality 99 despite growing evidence that the geographic practice cost index of these counties exceeds the regulatory parameters for Locality 99 designation. The Committee requests CMS to report to the Committee by January 1, 2005 a plan to correct this discrepancy via action at the Federal level.

The Committee recognizes the importance of the State Medicare Carrier Advisory Committees (CACs) in the formation of local coverage policies issued by Medicare Part B Carriers. The Committee is concerned about the inconsistency of policies issued by Medicare Part B carriers in relation to interventional pain management services, and the lack of representation by interventional pain physicians. Given the growing concern over interventional pain management, the Committee believes it is important for the CACs to have the information necessary to develop appropriate policies to ensure access to pain management interventions that can make a difference in the quality of life for those who suffer from persistent pain. The Committee urges CMS to expand the number of required specialities to include interventional pain management representation on the state CACs.

The Committee is concerned that Medicare patients with rare diseases may have difficulties accessing care that involves orphan drugs. The Committee encourages CMS to carefully consider the impact on this population in proposing regulations. The Committee encourages the Administrator to solicit the views of the FDA Office of Orphan Products Development and the NIH Office of Rare Diseases, as well as stakeholder groups, before determining whether an access problem exists or would be made worse by proposed regulations.

The Committee is concerned about the reimbursement levels that the Medicare program provides for immunizations. Many States apply these rates to the immunizations for their Medicaid programs, which may affect the availability of childhood immunizations. The Committee encourages CMS to review its Medicare immunization rate policy and consider whether reimbursements

should be tied more specifically to the number of immunizations administered in a single office visit.

The Committee supports the proposed Hospital CAHPS patient satisfaction survey, which is intended to create comparable public reporting of hospitals' patient perspectives on consumer choice and hospital accountability. The Committee is aware that the survey may create time and cost burdens for hospitals and encourages CMS to be sensitive to these issues as it continues the development of the survey.

The Committee is aware of changes being developed by CMS to alter the Medicare coverage policy for power mobility devices including power wheelchairs. The Committee was disturbed earlier this year by the examples of claims for this benefit being denied by CMS contractors based on an excessively narrow interpretation of what constitutes "nonambulatory." The Committee strongly encourages CMS to use its resources toward development of a coverage policy firmly based on a functional standard of nonambulatory. The Committee believes beneficiaries who cannot perform their basic acts of daily living, toileting, food preparation and emergency egress, are nonambulatory and must have access to this mobility benefit to function independently. The Committee supports controlling fraud and abuse through requirements that ensure proper substantiation of medical need for this equipment but does not support narrowing the definition of nonambulatory to exclude the elderly and disabled dependent on these devices to function in the home. The Committee believes that the medically necessary application of this mobility benefit can save Medicare money through cost-avoidance associated with expensive institutional care or hospitalization resulting from falls by the growing elderly population.

The Committee encourages CMS to examine the unintended consequences current reimbursement policies have on restricting access and utilization of oral anti-cancer therapies through the Part B drug payment policies. Oral anti-cancer medications can offer clinical equivalency if not superiority to infusion therapies while providing broader benefits to patients, providers and payers. In providing effective cancer treatment, oral anti-cancer drugs benefit patients from greater convenience, flexibility and less adverse side effects compared to conventional infusion treatment. Payers benefit from an overall cost savings to the health system and providers can make appropriate treatment decisions without the deterrence of economic barriers. Availability of oral anti-cancer therapies may be important in rural areas where patients who are appropriate candidates as determined by their physicians may benefit from such care. Therefore, CMS is encouraged to evaluate reimbursement policies in order to ensure parity for such oral therapies.

The Committee encourages CMS to develop policies to permit independent billing and payments to Certified Paramedic Intercept Providers delivering medically necessary and requested advanced life support (ALS). Such a policy would apply to services in ambulance transportation operated by public, non-profit or volunteer ambulance entities that qualified under Title XVIII of the Social Security Act and that offer only "basic life support services." The Certified Paramedic Intercept Provider would not have to bill via the ambulance transportation entity, and the ambulance transportation

entity could not bill, at the same time, for the advance life support intercept.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

The Committee provides $2,873,802,000 for the Child Support Enforcement program, the same as the budget request. The bill also provides $1,200,000,000 in advance funding for the first quarter of fiscal year 2006 to ensure timely payments for the child support enforcement program, the same as the request. The bill continues to provide estimated funding of $23,000,000 for Payments to Territories, the same as the fiscal year 2004 level and the budget request. The bill provides $1,000,000 for the repatriation program, the same as the fiscal year 2004 level and the budget request.

LOW-INCOME HOME ENERGY ASSISTANCE

The Committee provides an appropriation of $2,227,000,000 for Low-Income Home Energy Assistance. This is $111,044,000 more than the fiscal year 2004 comparable level and $64,700,000 below the budget request. The Committee provides $1,900,000,000 of these funds through the regular formula program and $100,000,000 in contingent emergency funding through the Department of Health and Human Services and $227,000,000 for weatherization assistance grants through the Department of Energy. The budget request included $1,800,500,000 in formula grants, $200,000,000 in contingent emergency funding, and $291,200,000 in weatherization assistance.

Within the funds provided, $227,000,000 is provided for the weatherization assistance program to be transferred to the Department of Energy. This program increases the energy efficiency of dwellings owned or occupied by low-income persons to reduce their overall total residential energy expenditures. This program had been previously funded through the Interior Subcommittee Appropriations Act, but was transferred to the jurisdiction of the Labor, HHS, and Education Subcommittee in June of 2004.

The weatherization assistance program has not been evaluated fully in over 10 years. The Committee was pleased by the last evaluation, performed by Oak Ridge National Laboratory (ORNL), and encourages the Department of Energy to contract with ORNL for an up-to-date assessment.

The low-income home energy assistance program (LIHEAP), administered by the Department of Health and Human Services, provides assistance to low-income households to help pay the costs of home energy. Funds are provided through grants to States, Indian Tribes and territories, and are used for summer cooling and winter heating/crisis assistance programs.

REFUGEE AND ENTRANT ASSISTANCE

The Committee provides $491,336,000 for refugee assistance programs. This is $43,738,000 more than the fiscal year 2004 level and $18,097,000 more than the budget request.

In addition, the bill provides the Office of Refugee Resettlement (ORR) the authority to carry over unexpended funds from fiscal

year 2005 to reimburse the costs of services provided through September 30, 2007 for all programs within ORR's jurisdiction.

Transitional and medical services

The Committee provides $193,577,000 for transitional and medical services. This is $24,602,000 more than the fiscal year 2004 comparable level and the same as the budget request. The transitional and medical services program provides funding for the State-administered cash and medical assistance program that assists refugees who are not categorically eligible for TANF or Medicaid, the unaccompanied minors program that reimburses States for the cost of foster care, and the voluntary agency grant program in which participating National refugee resettlement agencies provide resettlement assistance with a combination of Federal and matched funds.

Victims of trafficking

The Committee provides up to $10,000,000 for the victims of trafficking program. This is $91,000 more than the fiscal year 2004 comparable level and the same as the budget request. The funds will ensure continued administration of a National network for identification, tracking and certification of trafficking victims.

Social services

The Committee provides $166,218,000 for social services. This is $15,097,000 more than the budget request and $14,000,000 more than the fiscal year 2004 level. Funds are distributed by formula as well as through the discretionary grant making process for special projects. The Committee intends that funds provided above the request shall be used for Refugee School Impact Grants and for additional assistance in resettling and meeting the needs of the Hmong refugees expected to arrive during 2004 and 2005.

Within the funds provided, the Committee has included $19,000,000 for increased support to communities with large concentrations of Cuban and Haitian refugees of varying ages whose cultural differences make assimilation especially difficult, justifying a more intense level and longer duration of Federal assistance for healthcare and education.

Preventive health

The Committee provides $4,835,000 for preventive health services. This is $43,000 more than the fiscal year 2004 comparable level and the same as the budget request. These funds are awarded to the States to ensure adequate health assessment activities for refugees.

Targeted assistance

The Committee provides $49,477,000 for the targeted assistance program. This is $452,000 more than the fiscal year 2004 comparable level and the same as the budget request. These grants provide assistance to areas with high concentrations of refugees.

Unaccompanied minors

The Committee provides $54,229,000 for the unaccompanied minors program. This is $1,459,000 more than the fiscal year 2004

comparable level and the same as the budget request. Funds were transferred to the Office of Refugee Resettlement (ORR) in fiscal year 2003 from the Immigration and Naturalization Service pursuant to section 462 of the Homeland Security Act. The program is designed to provide for the care and placement of unaccompanied alien minors who are apprehended in the U.S. pending resolution of their claims for relief under U.S. immigration law or released to an adult family member or responsible adult guardian.

The Committee is pleased with the progress that ORR has made in taking responsibility for this important program, especially the significant improvements in the treatment of unaccompanied alien children, including improvements in their placements and in the healthcare provided to them. The Committee intends that the funds provided by this appropriation be used, in part, to increase the number of juvenile coordinators in the program and to continue improvements in the provision of healthcare, including mental health care, to children in the program.

The Committee is concerned about some aspects of the transition of unaccompanied alien children functions from the INS to ORR, especially reports that not all unaccompanied alien children are making their way into the custody of ORR as was intended when Congress enacted the Homeland Security Act of 2002. The Committee directs ORR, in consultation with all appropriate Federal agencies, to report to the Committee within 90 days of the date of enactment of this Act, instances since March 1, 2003, in which Federal agencies have not promptly notified ORR that it has unaccompanied alien children in their custody and have not made arrangements for the prompt transfer of such children to ORR's care.

The Committee is also aware of reports that the Department of Homeland Security (DHS) is not fully cooperating with ORR on release decisions and directs ORR, in cooperation with DHS, to report to this Committee on its formal arrangements with DHS on release decisions.

Victims of torture

The Committee provides $13,000,000 to provide a comprehensive program of support for domestic centers and programs for victims of torture. This is $3,091,000 more the fiscal year 2004 level and $3,000,000 more than the budget request.

The Committee expects that the Office of Refugee Resettlement should give priority to specialized treatment programs that provide services for the rehabilitation of victims of torture, including treatment of the physical and psychological effects of torture. To meet the need of the over 400,000 victims of torture living in the United States, it is critical to invest in specialized treatment programs which, in turn, can offer essential training to general health care programs throughout the country.

CHILD CARE AND DEVELOPMENT BLOCK GRANT

The bill includes $2,099,729,000 for the Child Care and Development Block Grant program, an increase of $12,419,000 above the fiscal year 2004 comparable level and the same as the budget request.

The Child Care and Development Block Grant program was originally enacted in the Omnibus Budget Reconciliation Act of

1990 to increase the availability, affordability and quality of child care by providing funds to States, Territories and Indian Tribes for child care services for low-income families. The authorization for mandatory appropriations for childcare in the amount of $2,717,000,000 is also requested for fiscal year 2005.

SOCIAL SERVICES BLOCK GRANT

The Committee provides $1,700,000,000 for the social services block grant (SSBG). This is the same as the fiscal year 2004 level and the budget request.

SSBGs are designed to encourage States to furnish a variety of social services to needy individuals to prevent and reduce dependency, help individuals achieve and maintain self-sufficiency, prevent or reduce inappropriate institutional care, secure admission or referral for institutional care when other forms of care are not appropriate, and prevent neglect, abuse and exploitation of children and adults.

Funds are distributed to the territories in the same ratio such funds were allocated in fiscal year 1981. The remainder of the appropriation is distributed to the States and the District of Columbia according to population.

The bill includes a provision that modifies the percentage of funds that a State may transfer between the Social Services Block Grant and the Temporary Assistance to Needy Families programs to 4.5%.

CHILDREN AND FAMILY SERVICES PROGRAMS

The Committee provides a program level total of $8,996,145,000 for children and family services programs. This is $144,146,000 more than the fiscal year 2004 comparable level and $114,380,000 less than the budget request. Within the total provided, $10,482,000 is provided through the evaluation set-aside. This account finances a number of programs aimed at enhancing the well-being of the Nation's children and families, particularly those who are disadvantaged or troubled.

Head Start

The bill includes $6,898,580,000 for the Head Start program for fiscal year 2005, an increase of $123,732,000 over the fiscal year 2004 amount and $45,000,000 below the budget request. Of this total, the Committee continues the policy of advancing $1,400,000,000 of this account into fiscal year 2006.

Head Start provides comprehensive development services for children and their families. Intended for preschoolers from low-income families, the program seeks to foster the development of children and enable them to deal more effectively with both their present environment and later responsibilities in school and community life. Head Start programs emphasize cognitive and language development, emotional development, physical and mental health, and parent involvement to enable each child to develop and function at his or her highest potential. At least ten percent of enrollment opportunities in each State are made available to handicapped children.

Grants to carry out Head Start programs are awarded to public and private non-profit agencies. Grantees must contribute 20 per-

cent of the total cost of the program; this is usually an in-kind contribution. The Head Start Act does not include a formula for the allotment of funds to local grantees; however, it does require that 87 percent of the appropriation be distributed among States based on a statutory formula. In addition, grants, cooperative agreements and contracts are awarded in the areas of research, demonstration, technical assistance and evaluation from the remaining 13 percent.

The Committee has learned that while most local grantees are working to ensure federal Head Start funds are spent directly on preparing disadvantaged children for kindergarten, others appear to be billing Head Start for lavish salary and compensation packages for their top executives. In response to this information, the Committee has included a general provision limiting the compensation of an individual working in Head Start to the Federal Executive Level II salary. The Committee routinely includes similar language with respect to Job Corps and NIH executives.

The Committee is aware that only 19% of the children eligible for Migrant and Seasonal Head Start (MSHS) are able to access services due to limited funding in contrast to Regional Head Start programs that are able to serve 60% of their eligible children. Existing MSHS programs maintain significant wait lists and, in many areas of the country, there are not MSHS programs to provide services to migrant farmworker children when they move into a state. The Committee directs the department, within 90 days of enactment of the bill, to provide a plan to the Committee describing how it intends to serve a greater percentage of migrant children.

The Committee recognizes that there is concern among the educational and Head Start community about the administration of a standardized test for 4- and 5-year olds. The Committee directs the Department of Health and Human Services to submit the report from the independent panel appointed in March of 2004 assessing the effectiveness of the National Reporting System no later than November 30, 2004.

The Committee notes that the current Head Start Act includes the provision of training and technical assistance in the area of family literacy services—a provision that is retained in both House and Senate versions of Head Start reauthorization legislation. Absent the enactment of reauthorization legislation, the Committee encourages the Secretary to ensure the continuity of the important services that are being provided through the Head Start Family Literacy Project.

The Committee encourages the Head Start Bureau and the Maternal and Child Health Bureau to continue and expand their successful interagency agreement to jointly address dental disease.

Consolidated runaway and homeless youth program

The Committee provides $89,447,000 for runaway and homeless youth activities, an increase of $16,000 more than the fiscal year 2004 comparable level and the same as the budget request. The Runaway, Homeless, and Missing Children Protection Act of 2003 reauthorized the runaway and homeless youth programs and established a statutory formula distribution between the Basic Center Program and the Transitional Living Program.

The runaway and homeless youth programs provide grants to local public and private organizations to establish and operate run-

away and homeless youth shelters to address the crisis needs of runaway and homeless youth and their families. Grants are used to develop or strengthen community-based shelters, which are outside the law enforcement, juvenile justice, child welfare, and mental health systems.

It is the Committee's expectation that current transitional living program grantees will continue to provide transitional living opportunities and supports to pregnant and parenting homeless youth, as is their current practice. To further ensure that pregnant and parenting homeless youth are able to access transitional living opportunities and supports in their communities, the Committee encourages the Secretary, acting through the network of federally-funded runaway and homeless youth training and technical assistance providers, to offer guidance to grantees and others on the programmatic modifications required to address the unique needs of pregnant and parenting youth and on the various sources of funding available for residential services to this population.

Maternity group homes

The Committee has not included funding for this new program. The budget request is $10,000,000.

The Committee is aware of the need for and shares the Administration's interest in funding residential services for young mothers and their children who are unable to live with their own families because of abuse, neglect, or other circumstances. The Committee notes that pregnant and parenting youth are currently eligible for and served through the Transitional Living Program.

Prevention grants to reduce abuse of runaway youth

The Committee provides $15,302,000 for prevention grants to reduce abuse of runaway youth. This is the same as the fiscal year 2004 level and the budget request. This program is designed to reduce the sexual abuse of runaway youth by providing grants to support street-based outreach and education to runaway, homeless, and street youth who have been sexually abused or who are at-risk of sexual abuse, in order to connect these young people with services so that they have a chance for a safe and healthy future. The street outreach program ensures rapid engagement with young people in an effort to prevent the most terrible situations that take place when they are subjected to life on the streets—physical and sexual abuse, assault, commercial sexual exploitation, disease, long-term homelessness, and even death.

Child abuse State grants and discretionary activities

For child abuse State grants and discretionary activities, the Committee provides $54,570,000. This is $1,519,000 less than the fiscal year 2004 level and $13,529,000 less than the budget request. Within this total, the recommendation includes $28,484,000 for State grants, which is $6,601,000 more than the fiscal year 2004 level and $13,529,000 less than the budget request and $26,266,000 for child abuse discretionary activities which is the same as the budget request.

Community-based child abuse prevention

The Committee provides $43,205,000 for community-based child abuse prevention. This is $10,000,000 more than the fiscal year 2004 comparable level and $21,797,000 less than the budget request. The Keeping Children and Families Safe Act of 2003 reauthorized and renamed this program and added voluntary home visiting programs as a core local service. Funds are provided to lead State agencies and are used to develop, operate, expand, and enhance community-based efforts to strengthen and support families in order to prevent child abuse and neglect.

Abandoned infants assistance

The Committee provides $12,086,000 for the Abandoned Infants Assistance Act. This is $34,000 more than the fiscal year 2004 comparable level and the same as the budget request. The purpose of this program is to provide financial support to public and private community and faith-based entities to develop, implement, and operate demonstration projects that will prevent the abandonment of infants and young children exposed to HIV/AIDS and drugs; identify and address their needs; assist such children to reside with their natural families or in foster care; recruit, train and retain foster parents as well as health and social services personnel; provide respite care for families and foster families; and prevent the abandonment of infants and young children.

Child welfare services and training

The Committee provides $291,986,000 for child welfare services. This is $2,666,000 more than the fiscal year 2004 comparable level and the same as the budget request. This program, authorized by title IV B of the Social Security Act, provides grants to States to assist public welfare agencies to improve child welfare services. State services include preventive intervention in order for children to stay in their homes, alternative placement like foster care or adoption if it is not possible for children to remain at home, and reunification programs so that, if appropriate, children can return home.

The Committee provides $7,470,000 for child welfare training. This is $59,000 more than the fiscal year 2004 level and the same as the budget request. The Committee recognizes the need for trained, skilled and qualified child welfare service workers. This program provides grants to institutions of higher education to develop and improve education and training programs and resources for child welfare service providers as well as students seeking degrees in social work.

Adoption opportunities

The Committee provides $27,343,000 for adoption opportunities. This is $240,000 more than the fiscal year 2004 level and the same as the budget request. The Adoption Opportunities Program provides funding specifically targeted to improving the adoption of children, particularly those with special needs, and for providing for innovative services that support families involved in adoption.

Minority and low-income foster children are the largest population of foster children nationwide and the hardest to place in homes. The Committee recognizes the positive impact of faith-

based adoption organizations, such as One Church One Child, who specifically target minority populations in underserved communities. By providing adoption services and education to minority church communities to be paired with foster children, organizations such as One Church One Child bring together families and children who may not otherwise have access to adoption services.

The Committee encourages the Department of Health and Human Services to expand funding opportunities for faith-based adoption programs such as One Church One Child to enhance their capacity to provide community-based counseling and mentoring programs to minority and low-income foster children and provide case management and wraparound support services to adoptive and foster children and their families to promote positive child, youth and family development.

Adoption incentives

The Committee provides $32,103,000 for the adoption incentives program. This is $24,647,000 more than the fiscal year 2004 appropriated level and the same as the budget request. The Adoption Promotion Act of 2003 reauthorized this program and now targets incentives specifically for older children. Funds are awarded to States using three baselines: one for the total number of children adopted, one for children with special needs under the age of nine, and one for children aged nine and older. The goal of this program is to increase the number of adoptions nationwide.

Adoption awareness

The Committee provides $12,906,000 for the adoption awareness program. This is the $121,000 more than the fiscal year 2004 comparable level and the same as the budget request. This program was authorized in the Children's Health Act of 2000. The adoption awareness program provides training to designated staff of eligible health centers in providing adoption information and referrals to pregnant women on an equal basis with all other courses of action included in non-directive counseling to pregnant women.

Compassion capital fund

The Committee provides $55,000,000 for the compassion capital fund. This is $7,298,000 more than the fiscal year 2004 comparable level and $45,000,000 less than the budget request. This program supports the creation of grants to public/private partnerships to support charitable organizations in expanding or emulating model social services agencies and provides capacity-building funds directly to faith- and community-based organizations.

Social services and income maintenance research

The Committee provides $5,982,000 for social services and income maintenance research through the evaluation set-aside. This is the same level as the budget request and $13,186,000 less than the fiscal year 2004 comparable level. The budget request provided this funding through direct appropriation. These funds support research, demonstration, evaluation and dissemination activities. Areas covered include welfare reform, childcare, and child welfare.

Developmental disabilities

For programs authorized by the Developmental Disabilities Assistance and Bill of Rights Act of 2000 as well as by the Help America Vote Act, the Committee provides $164,942,000. This is $170,000 more than the fiscal year 2004 level and $88,000 more than the budget request. The account total includes $73,081,000 for allotments to the States to fund State Councils, the same as the budget request and the fiscal year 2004 level. These Councils engage in such activities as planning, policy analysis, demonstrations, training, outreach, interagency coordination, and public education. They do not provide direct services to the developmentally disabled population.

In addition, $38,416,000 will be available to the States to be used for operating a protection and advocacy system to protect the legal and human rights of the developmentally disabled. This is the same as the budget request and the fiscal year 2004 level.

The Committee provides $15,000,000 for Disabled Voter programs. This is $89,000 more than the fiscal year 2004 level and $88,000 more than the budget request. Within the funds provided, $10,000,000 is available for payments to States to promote access for voters with disabilities and $5,000,000 is available for State protection and advocacy systems. The Disabled Voter programs are intended to make polling places accessible and provide equal access and participation for individuals with disabilities. The protection and advocacy program will ensure that individuals can fully participate in the electoral process, including registering to vote, accessing polling places, and casting a vote.

The Committee provides $11,642,000 for developmental disabilities projects of National significance. This is $81,000 more than the fiscal year 2004 funding level and the same as the budget request.

The Committee provides a total of $26,803,000 for university centers for excellence in developmental disabilities. This is the same as the fiscal year 2004 level and the budget request. These are discretionary grants to public or not-for-profit entities associated with universities. These grants provide basic operational and administrative core support for these agencies. In addition, these funds support interdisciplinary training, community services, research and technical assistance and information dissemination.

Native American programs

The Committee provides $45,155,000. This is the same as the budget request and $2,000 less than the fiscal year 2004 level. The Native American program assists Tribal and Village governments, Native American institutions and organizations to support and develop stable, diversified local economies. In promoting social and economic self-sufficiency, this organization provides financial assistance through direct grants for individual projects, training and technical assistance, and research and demonstration programs.

Community Services

The Committee provides $710,088,000 for Community Services activities. This is $157,738,000 more than the budget request and $21,196,000 less than the fiscal year 2004 level.

State block grant

For the State Block Grant, the Committee provides $627,500,000. This is $132,554,000 more than the budget request and $14,435,000 less than the fiscal year 2004 comparable level. This program provides grants to States, territories and Indian Tribes for services to meet employment, housing, nutrition, energy, emergency services, and health needs of low-income people. By law, 90 percent of these funds are passed directly through to local community action agencies that have previously received block grant funds.

The Committee directs the Secretary to prepare a 3-year strategic plan for the Office of Community Services use of Training and Technical Assistance funds in the fiscal years 2005–2008. The plan should be developed with the guidance of entities experienced in providing effective research and training support to the Community Services Block Grant agency network and should be provided to the Community by no later than June 15, 2005. The Committee further encourages Training and Technical Assistance funding appropriated for fiscal year 2005 to be used for activities to carry out corrective action and monitoring activities (including the development of reporting systems and electronic data systems) to assist States in continuing to improve their local programs.

Community economic development

The Committee provides $32,492,000 for community economic development grants. This is $154,000 more than the fiscal year 2004 level and the same as the budget request. These activities provide assistance to private, locally-initiated community development corporations that sponsor enterprises providing employment, training and business development opportunities for low-income residents in poor communities. Within the total, $5,481,000 is provided for the Job Opportunities for Low-Income Individuals program, which provides competitive grant to non-profit organizations to create new employment and business opportunities for TANF recipients and other low-income individuals.

It has come to the attention of the Committee that the Department has established a number of set-asides within the community economic development program. Given the limited amount of funds available, it is the Committee's view that the number of set-asides should be substantially reduced. Further, the Committee reminds the Department that the principal purpose of the program is making grants of qualified community development with a record of achievement in working in distressed urban and rural communities. The Committee believes that special emphasis should be placed on providing financial and technical assistance to local businesses and start-ups. Finally, the Committee directs that of funds allocated for Job Creation Demonstration, not more than $500,000 be set-aside for program support and technical assistance.

Individual development account

The Committee provides $24,912,000 for individual development accounts. This is $217,000 more than the fiscal year 2004 level and the same as the budget request. Individual development accounts are dedicated savings accounts that can be used by families with limited means for purchasing a first home, paying for postsec-

ondary education or capitalizing a business. The intent of the program is to encourage participants to develop and reinforce strong habits for saving money. 501(c)(3) organizations are eligible to apply for the funds and applicants must match Federal funds with non-Federal funds.

Rural community facilities

The Committee provides $7,184,000 for the rural community facilities program. This is the same as the fiscal year 2004 amount. No funding was requested for this program. The Committee includes these funds to be used solely for the purpose of improving water and wastewater facilities in poor, rural communities. As in the past, these funds should be allocated to regional, rural community assistance programs.

National youth sports program

The Committee provides $18,000,000 for the National Youth Sports program. This is $106,000 more than the fiscal year 2004 level. No funds were requested for this program. These funds are made available to a private, non-profit organization to provide recreational activities for low-income youth, primarily in the summer months. College and university athletic facilities are employed in the program.

Community food and nutrition

The Committee concurs with the budget request not to include funding for the Community Food and Nutrition program. The fiscal year 2004 funding level for this program is $7,238,000. This program provides grants to public and private agencies to coordinate existing food assistance programs, to identify sponsors of child nutrition programs and attempt to initiate new programs and to do advocacy work at the State and local levels.

Violent crime reduction programs

The Committee provides $125,648,000 for family violence prevention and services and battered women's shelters. This is the same as the budget request and the fiscal year 2004 level. This program is designed to assist States and Indian Tribes in efforts to prevent family violence and to provide immediate shelter and related assistance for victims of family violence and their dependents, and to provide for technical assistance and training relating to family violence programs to State and local public agencies (including law enforcement agencies), nonprofit private organizations, and persons seeking such assistance.

The Committee also includes $3,000,000 to continue funding the National Domestic Violence Hotline. This is $18,000 more than the fiscal year 2004 level and the same as the budget request.

Early Learning Fund

The Committee concurs with the budget request and does not provide funding for the Early Learning Fund. The fiscal year 2004 level for this program is $33,580,000. This program was begun in fiscal year 2001 to help facilitate the development of learning readiness in young children.

Faith-based center

The Committee provides $1,400,000 for the faith-based center. This is the same as the budget request and $14,000 more than the fiscal year 2004 level. The center will support implementation of faith-based and community initiatives in accordance with the President's executive order.

Mentoring children of prisoners

The Committee provides $50,000,000 for the mentoring children of prisoners program. This is $299,000 above the fiscal year 2004 level and the same as the budget request. This program supports competitively awarded grants to States and local governments, Indian tribes and consortia, and faith- and community-based organizations to mentor children of prisoners and those recently released from prison.

Independent living training vouchers

The Committee provides $50,000,000 for independent living training vouchers. This is $5,266,000 more than the fiscal year 2004 level and $10,000,000 less than the budget request. These funds support vouchers for college tuition or vocational training for individuals who age out of the foster care system, so they can be better prepared to live independently.

Promotion of responsible fatherhood and healthy marriages

The Committee does not include funding for the promotion of responsible fatherhood and healthy marriages program. The budget request is $50,000,000. Legislation authorizing this program is pending Congressional action.

Abstinence education

The Committee provides a program level total of $109,546,000 for the community-based abstinence education program, which is $34,997,000 above the fiscal year 2004 comparable level and $76,880,000 below the budget request. Within the total, $4,500,000 is provided through the evaluation set-aside as requested. The program provides support to public and private entities for implementation of community-based abstinence education programs for adolescents aged 12 through 18. The entire focus of these programs is to educate young people and create an environment within communities that supports teen decisions to postpone sexual activity until marriage. There is no funding match requirement for these grants. The Committee intends that up to five percent of these funds be used to provide technical assistance and capacity-building support to grantees.

Within the total for abstinence education, $10,000,000 may be used to carry out a National Abstinence Education Campaign. Funds were requested for this initiative within the Office of the Secretary. The campaign is entitled the "Responsible Choices Campaign" and it will help parents communicate with their children about the health risks associated with premarital sexual activity. This new initiative will also increase awareness on the importance of parental involvement and will develop strategies on strengthening families through effective communication.

The Committee supports abstinence education (as defined in sections (A) through (H) of Title 5, section 510(b)(2) of the Social Security Act) for adolescents ages 12 through 18, and supports expansion of efforts to present this abstinence message to America's youth. Results from these programs are promising. It is important, however, to ensure that America's youth do not receive mixed messages, or medically inaccurate information. Abstinence messages to a group of youth by a grantee must not be diluted by any instructor or materials from the same grantee. Nothing in the legislation is intended to prevent these adolescents from seeking health information or services. Nothing shall preclude entities that have a public health mandate from discussing other forms of sexual conduct or providing services, as long as this is conducted in a different setting than where and when the abstinence-only course is being conducted. In allocating grant funds, priority should be given to those organizations that have a strong record of support of abstinence education as defined in sections (A) through (H) of Title 5, section 510(b)(2) of the Social Security Act.

The Committee is committed to studying the effectiveness of abstinence education. In order to track the long-term effects of these programs properly, it is necessary to conduct longitudinal studies that, for a number of years, follow groups of individual adolescents who receive a particular curriculum. Therefore, the Committee provides $4,500,000 of funding under Public Health Service evaluation funds to study, track, and evaluate youth who receive such education. If possible, these cohorts should be large enough to provide statistically significant results in all major population segments of American society, including African-Americans, Asians, Caucasians, Hispanics and Native Americans. They should also be able to track socio-economic variables as well. All appropriate parental consent, age-appropriateness and privacy guidelines should be followed. Criteria for success should include: prevention and reduction of adolescent pregnancies and sexually transmitted disease infection, including both viral and bacterial; age at first sexual-activity and intercourse; frequency of sexual activity and intercourse; and numbers who postpone sexual activity or intercourse through adolescence. Progress reports should be submitted to Congress annually.

Program direction

The Committee provides $190,206,000 for program direction expenses for the Administration for Children and Families. This is $12,312,000 more than the fiscal year 2004 level and the same as the budget request.

PROMOTING SAFE AND STABLE FAMILIES

The Committee provides $410,000,000 for the promoting safe and stable families program. This is $5,617,000 more than the fiscal year 2004 level and $95,000,000 less than the budget request.

PAYMENTS TO STATES FOR FOSTER CARE AND ASSISTANCE

The Committee provides $5,037,900,000 for payments to States for foster care and adoption assistance. This is $30,400,000 less than the fiscal year 2004 level and the same as the budget request. The bill also includes an advance appropriation of $1,767,200,000

for the first quarter of fiscal year 2006 to ensure timely completion of first quarter grant awards.

Of the total appropriation, including the advance appropriation from the prior year, the Committee provides $4,895,500,000 for the foster care program to provide maintenance payments to States on behalf of children who must live outside their homes. This is the same as the budget request and $78,700,000 less than the fiscal year 2004 level.

Within the total appropriation, the Committee provides $1,770,100,000 for adoption assistance. This is $70,400,000 more than the fiscal year 2004 level and the same as the budget request. This program provides training for parents and State administrative staff as well as payments on behalf of categorically eligible children considered difficult to adopt. This annually appropriated entitlement is designed to provide alternatives to long, inappropriate stays in foster care by developing permanent placements with families.

Within the total appropriation for this account, the Committee provides $140,000,000 for the independent living program. This is the same as the fiscal year 2004 level and the budget request. The program is designed to assist foster children age 16 or older to make successful transitions to independence. Funds assist children to earn high school diplomas, receive vocational training, and obtain training in daily living skills. Funds are awarded to States on the basis of the number of children on behalf of whom Federal foster care payments are received.

ADMINISTRATION ON AGING

AGING SERVICES PROGRAMS

For programs administered by the Administration on Aging, the Committee provides a total of $1,403,479,000. This is $29,562,000 more than the fiscal year 2004 level and $26,952,000 more than the budget request. This account finances all programs under the Older Americans Act in this bill, with the exception of the Community Services Employment Program, which is administered by the Department of Labor.

Supportive services and centers

The Committee provides $357,000,000 for supportive services and centers. This is $3,111,000 more than the fiscal year 2004 level and the same as the budget request. Funds for supportive services and centers are awarded to States and territories for in-home and community-based services for frail elderly persons who are at risk of losing their self-sufficiency due to physical or mental impairments. The funds contained in the bill will support a variety of activities including transportation services, information and assistance, and personal care services.

Preventive health

The Committee provides $21,919,000 for preventive health services authorized under part F of title III of the Act. This is $129,000 more than the fiscal year 2004 level and the same as the budget request. These funds are awarded to States and territories to support activities that educate older adults about the importance of

healthy lifestyles and promote healthy behaviors that can prevent or delay chronic disease and disability.

Protection of Vulnerable Older Americans

The Committee provides $18,559,000 for the protection of vulnerable older Americans, authorized by title VII of the Older Americans Act. This is the same as the budget request and $885,000 less than the fiscal year 2004 level. Funding is provided for both the long-term care ombudsman program, which protects the rights and interests of residents in nursing homes, board and care homes, assisted living facilities and similar adult care facilities, as well as for the prevention of elder abuse, neglect, and exploitation program, which trains law enforcement and medical professionals in how to recognize and respond to elder abuse.

National Family Caregiver Support Program

The Committee provides $157,000,000 for the family caregivers program. This is $4,262,000 more than the fiscal year 2004 level and $1,488,000 more than the budget request. The family caregiver program provides formula grants to States to provide a support system in each State for family caregivers. All States are expected to put in place five basic system components, including: individualized information on available resources; assistance to families in locating services from private and voluntary agencies; caregiver counseling, training and peer support; respite care; and other supplemental services.

Native American Caregiver Support Program

The Committee provides $6,355,000 for the Native American Caregiver Support Program. This is $37,000 more than the fiscal year 2004 level and the same as the budget request. The program assists Tribes in providing multifaceted systems of support services for family caregivers as well as for grandparents caring for grandchildren.

Nutrition programs

For congregate and home delivered meals, as well as the nutrition services incentive program, the Committee provides $730,178,000. This is $15,717,000 more than the fiscal year 2004 level and $11,364,000 more than the budget request. These programs are intended to address some of the difficulties confronting older individuals, namely nutrition deficiencies due to inadequate income, lack of adequate facilities to prepare food, and social isolation.

Grants for Native Americans

The Committee provides $26,612,000 for grants for Native Americans. This is $159,000 more than the fiscal year 2004 level and the same as the budget request. Grants are distributed to tribal organizations to be used to help Native American elders remain healthy and independent by providing transportation, nutrition, health screening and other services.

Program innovations

The Committee provides $37,943,000 for program innovations. This is $14,100,000 more than the budget request and $4,434,000 more than the fiscal year 2004 funding level. Funds under this program are used for competitive grants and contracts to support projects that develop new and promising practices to serve older adults and their families.

The Committee provides $3,000,000 for social research into Alzheimer's disease care options, best practices and other Alzheimer's research priorities that include research into cause, cure and care, as well as respite care, assisted living, the impact of intervention by social service agencies on victims, and related needs. The Committee recommends this research utilize and give discretion to Area Agencies on Aging and their non-profit divisions in municipalities with aged populations (over the age of 60) of over 1 million, with preference given to the largest population. The Committee also recommends that unique partnerships to affect this research be considered for the selected Area Agency on Aging.

Aging network support activities

The Committee provides $13,373,000 for aging network support activities, which include five ongoing programs: the Eldercare Locator, Pension Counseling, Senior Medicare Patrols, the National Long-Term Care Ombudsman Resource Center, and the National Center on Elder Abuse. This is $79,000 more than the fiscal year 2004 level and the same as the budget request. These established programs, which began as demonstration projects, provide critical support for the National aging services network.

Alzheimer's disease demonstration grants

The Committee provides $11,500,000 for Alzheimer's disease demonstration grants. This is the same as the budget request and $383,000 less than the fiscal year 2004 level. The program provides competitive grants to States to help them plan and establish programs to provide models of care to individuals with Alzheimer's disease. Funds are used for respite care and supportive services, clearinghouses, training, and administrative costs for State offices.

White House conference on aging

The Committee provides $4,558,000 for the White House conference on aging. This is $1,774,000 more than the fiscal year 2004 level and the same as the budget request. The Conference is required to take place no later than December 31, 2005 and will be the first such conference of the 21st Century and the fifth in our Nation's history. Past White House conferences on aging have prompted the development of many of the programs that represent America's commitment to the elderly.

Program administration

The Committee provides $18,482,000 for program administration expenses for the Administration on Aging (AoA). This is $1,158,000 more than the fiscal year 2004 level and the same as the budget request. This activity provides administrative and management support for all Older Americans Act programs administered by AoA.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

The Committee provides $386,149,000 for general departmental management, which is $26,080,000 above the fiscal year 2004 comparable level and $51,673,000 below the budget request. Included in this amount is authority to spend $5,851,000 from the Medicare trust funds. In addition, the Office of the Secretary has access to $21,552,000 of policy evaluation funding.

This appropriation supports those activities that are associated with the Secretary's roles as policy officer and general manager of the Department. The Office of the Secretary also implements Administration and Congressional directives, and provides assistance, direction and coordination to the headquarters, regions and field organizations of the Department. This account also supports several small health promotion and disease prevention activities that are centrally administered.

The Committee includes $5,000,000 as requested by the Administration for the joint Department of Defense and HHS initiative to improve the largest women's hospital in Kabul, Afghanistan and to create four satellite teaching clinics. Bill language is included identifying the amount of assistance and citing as authority the Afghanistan Freedom Support Act of 2002.

Men's health.—The Committee understands that there is no entity in the Department responsible for the coordination and oversight of activities across the agency concerning men's health. The Committee is aware of reports that men are 25 percent less likely than women to receive regular health screenings, and that one of the top problems facing men's health is that men are not likely to visit a doctor when they notice a problem. The Committee encourages the Secretary to expand departmental disease prevention and health promotion activities among men and to give consideration to establishing an office for men's health, similar to the HHS Office of Women's Health. The Committee expects the Secretary to report during the fiscal year 2006 hearings activities that have been undertaken with regard to men's health.

Digestive diseases.—The Committee encourages the Secretary to consider establishing a national commission on digestive diseases composed of scientists and physicians, patient advocates and representatives of federal agencies to (1) study the incidence, duration, and mortality rates of digestive diseases, as well as their economic impact; (2) evaluate facilities and resources for the diagnosis, prevention, and treatment of such diseases; and (3) develop a long-range plan for the use and organization of national resources to effectively deal with digestive diseases.

Privacy regulations.—The Committee believes that the Health Insurance Portability and Accountability Act (HIPAA) is a valuable tool in protecting individual's medical privacy. The Committee is also aware of concerns that overly broad interpretations and misinterpretations of HIPAA have deprived communities of information that affects their well-being and limits their ability to take informed action in response to local health and safety conditions. The Committee urges the Secretary of Health and Human Services to provide additional written guidance within 120 days on how covered and non-covered entities can best apply HIPAA so as to per-

mit journalists to report on newsworthy events to the fullest possible extent.

Amblyopia.—The Committee is concerned that many children in the United States have uncorrected vision problems, such as amblyopia, that can lead to difficulty in school and permanent vision loss. Amblyopia, also known as "lazy eye", is the leading cause of vision loss in young Americans; yet many children do not receive timely diagnosis or treatment for the condition. The Committee encourages the Secretary to examine ways to increase the number of children who receive a comprehensive eye examination from a licensed optometrist or ophthalmologist in order to reduce vision loss in children.

Underage drinking.—The Committee commends the establishment of the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) and the issuance of the interim report in development of a coordinated plan for combating underage drinking. The Committee strongly encourages the Secretary to go forward with these and other related efforts, including work currently underway at SAMHSA on a National media campaign to combat underage drinking.

Memory impairment screening.—The Committee requests a report by March, 2005 on the effectiveness and accuracy of existing screening tools to detect early stage memory impairment, along with recommendations to expand access to screening in the public and private sectors.

Disease spending.—The Department is instructed to provide the Committee with a table detailing total spending by HHS, PHS, and NIH in fiscal years 1997 through the present on the following diseases: acute respiratory distress syndrome, arthritis, cancer, chronic obstructive pulmonary disease, depression, diabetes, heart disease, HIV/AIDS, kidney disease, liver disease, pneumonia and influenza, septicemia, and stroke. A functional breakdown of each showing the amount spent on research, prevention/education, and treatment should also be included for each of the diseases in the table. This table should also detail spending in both Medicaid and Medicare, as well as approximations for spending by insurance in the private sector, and private expenditures by individuals afflicted with these diseases. The Committee requests the table be completed no later than the end of February 2005.

NIH Library of Medicine infrastructure.—The Committee continues to strongly support the work of the National Library of Medicine, the largest medical library in the world and the leader in digitized medical information resources. Previously, the Committee has taken steps to ensure that adequate funding was available for the architectural planning and design of a new NLM building to house the National Center for Biotechnology Information and other activities related to digital information development. With the preliminary work complete, the Committee urges the Secretary to consider the commitment of necessary resources to begin construction of new physical facilities for the NLM to enable it to keep pace with the rapid increase in medical publishing and biotechnology information research and development.

Interactive patient education.—The Committee is aware of interactive, web-based, user-friendly computer programs that have promise in making patients active participants and partners in de-

cision affecting their health and healthcare. Such innovative use of information technology promises substantial advances in more fully informing and educating patients and has applications to informed consent for surgery and for clinical trials. In addition, it has potential applications to chronic disease management, organ donation, and end-of-life care decisions. The Committee encourages the Department through CMS and AHRQ to demonstrate ways in which this technology may improve the health care system.

Reglatory burden.—A major reason for the skyrocketing cost of health care is the regulatory burden that government is placing on the health care system, often without regard to the costs of that regulation. Thirty different federal agencies regulate hospitals and medical care, in addition to many other regulations created by local and State governments and private-sector accrediting bodies. There are at least 132,000 pages of regulation in CMS alone, compared to only 93,000 pages of regulation for the tax code. A study by Duke University has estimated that at least $128 billion per year is wasted by this regulatory burden. These costs are unnecessarily being borne by employers and employees through increased health care premiums, as well as by taxpayers through higher program expenditures.

The Committee intends that $2,0000,000 of the policy evaluation funds available to the Office of the Assistant Secretary for Planning and Evaluation be used to establish an interagency committee, to be coordinated by HHS and overseen by the Office of Management and Budget. The committee's role will be to examine the major regulations governing the health care industry, making suggestions regarding where they could be coordinated and simplified to reduce costs and burdens and improve translation of biomedical research into medical practice, while continuing to protect patients. The examination should include an economic analysis of the major regulations to determine transactional costs of complying with regulations. The committee should look at what immediate steps can be taken to reduce this costly burden and examine longer-term proposals for reducing the regulatory burden. The committee's findings should be provided to the Appropriations Committee one year from the date of the enactment of this Act. The Assistant Secretary for Planning and Evaluation is requested to notify the Committee fifteen days before committing funds for the study.

In addition to representatives from the various Federal agencies, the committee should include representatives from throughout the health care industry, including institutional and individual providers, the clinical research sector, academia, and public health. It should also include experts in health care economics, hospital administration, and insurance billing practices.

Office of Minority Health

The Committee provides $47,236,000 for the Office of Minority Health, which is $7,954,000 below the fiscal year 2004 comparable amount and the same as the budget request. The Office of Minority Health works with Public Health Service agencies and other agencies of the Department in a leadership and policy development role to establish goals and coordinate other activities in the Department regarding disease prevention, health promotion, service delivery

and research relating to disadvantaged and minority individuals; concludes interagency agreements to stimulate and undertake innovative projects; supports research, demonstration, and evaluation projects; and coordinates efforts to promote minority health programs and policies in the voluntary and corporate sectors. The reduction in fiscal year 2005 funding compared to the previous year is due to the funding of one-time projects in 2004.

Health professions.—The Committee continues to recognize the need to recruit and train more minorities in the health professions. The Committee encourages the Office of Minority Health to support annual conferences that have a proven record of increasing the number of under-represented minorities entering the health professions.

Meharry Medical College.—The Committee encourages OMH to continue its successful cooperative agreement with Meharry Medical College aimed at meeting the challenges of academic opportunity for disadvantaged students and improving health care services in underserved communities.

Morehouse School of Medicine.—The Committee encourages OMH to consider supporting strategic planning and development activities at the Morehouse School of Medicine.

Charles R. Drew University.—The Committee is concerned about issues facing the residency training program at Charles R. Drew University and encourages the implementation of a broad HHS effort focused on faculty support to address this problem.

American Indians/Alaskan Natives.—The Committee commends the Department's participation in the Washington Semester American Indian Program (WINS) and encourages HHS to increase the placement of WINS interns in its operating divisions.

Office on Women's Health

The Committee provides $29,103,000 for the Office on Women's Health, which is $188,000 above the fiscal year 2004 comparable level and the same as the budget request. The Office on Women's Health advises the Secretary and provides Department-wide coordination of programs focusing specifically on women's health.

Uterine fibroids.—The Committee encourages the Secretary to coordinate an effort among the PHS agencies to disseminate information to educate women and health care providers about the impact of uterine fibroids and available treatment options.

HIV/AIDS in minority communities

The Committee provides $52,838,000 to be available to the Secretary to transfer to the Department's operating agencies for specific program activities to address the high-priority HIV prevention and treatment needs of minority communities. This is $3,294,000 above the fiscal year 2004 comparable level and the same as the budget request. These funds are to address the growing HIV/AIDS epidemic and its disparate impact on communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders.

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

Native Hawaiians, and Pacific Islanders will be supported at no less than last year's funding level.

Adolescent Family Life

The Committee provides $31,229,000 for the Adolescent Family Life program, which is $283,000 above the comparable 2004 level and $23,120,000 below the budget request. The Committee has provided the requested $23,120,000 increase as part of the abstinence education program within the Administration for Children and Families. The Committee includes bill language requested by the Administration allocating all funds for prevention demonstrations to be available for abstinence education activities under section 510(b)(2) of the Social Security Act. The program provides comprehensive and integrated approaches to the delivery of care services for pregnant and parenting adolescents, and prevention services that promote abstinence from sexual activity among non-parenting teens.

Health care information technology

the Committee provides $25,000,000 for the new health care information technology program, which is $25,000,000 below the budget request. This program is planned to fund investments in the development and utilization of modern information technology in both health care and public health. Funds will be available to State and local organizations to provide the infrastructure necessary for the exchange of a patient's health information within that area, and with other such organizations nationally. The Committee urges the Secretary to mesh these activities with the AHRQ demonstrations presently underway.

Information technology security and innovation fund

The Committee provides $14,847,000 for the information technology security and innovation fund, which is the same as the fiscal year 2004 comparable level and $3,553,000 less than the budget request. This fund supports HHS enterprise-wide investments in such areas as common IT infrastructure services, and security and infrastructure to enable common administrative systems.

OFFICE OF THE INSPECTOR GENERAL

The Committee provides $40,323,000 for the Office of the Inspector General (OIG), which is $1,229,000 above the fiscal year 2004 level and the same as the budget request. A permanent appropriation for this office is contained in the Health Insurance Portability and Accountability Act of 1996. Total funds provided between this bill and the permanent appropriation would be $200,323,000 in fiscal year 2005.

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

OFFICE FOR CIVIL RIGHTS

The Committee provides $35,357,000 for the Office of Civil Rights (OCR), which is $1,456,000 above the fiscal year 2004 level and the same as the budget request. This includes authority to transfer $3,314,000 from the Medicare trust funds.

The Office for Civil Rights is responsible for enforcing civil rights statutes that prohibit discrimination in health and human services programs. OCR implements the civil rights laws through a compliance program designed to generate voluntary compliance among all HHS recipients.

POLICY RESEARCH

The Committee provides $20,750,000 for policy research through section 241 evaluation funding authority, which is the same as the comparable 2004 level and $8,000,000 below the Administration request. The Policy Research account, authorized by section 1110 of the Social Security Act, is the Department's principal source of policy-relevant data and research on the income sources of low-income populations; the impact, effectiveness, and distribution of benefits under existing and proposed programs; and other issues that cut across agency lines.

MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

The Committee provides an estimated $330,636,000 for medical benefits for commissioned officers of the U.S. Public Health Service. This is the same as the Administration request and $8,873,000 above the fiscal year 2004 comparable amount.

This account provides for retirement payments to U.S. Public Health Service officers who are retired for age, disability or length of service; payments to survivors of deceased officers; medical care for active duty and retired members and dependents and beneficiaries; and for payments to the Social Security Administration for military service credits.

The Committee repeats language from the fiscal year 2004 appropriations bill clarifying that this account should be used to support the retirement medical cost payments for commissioned corps officers rather than the appropriations of the agencies to whom the officers are assigned.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

The Committee provides $2,292,247,000 for the public health and social services emergency fund for homeland security related activities. In addition, $60,000,000 is provided for activities to ensure year-round production capacity of influenza vaccine, bringing the total in the Fund to $2,352,247,000. This is $188,244,000 above the fiscal year 2004 comparable level and $127,189,000 above the request.

Within the amount provided for homeland security related activities, the funds are distributed as follows:

HRSA	$542,649,000
CDC	1,637,760,000
Office of the Secretary	64,438,000
NIH	47,400,000

Within the funds provided for HRSA, $27,705,000 is to support the interdisciplinary health professions training program and $514,944,000 is for the National Bioterrorism Hospital Preparedness Program. The Committee does not agree with the reduction in funds for hospital preparedness proposed in the request.

Within the funds provided for the CDC, $934,300,000 is for State and Local Capacity, including $871,900,000 to be provided to State and local health departments through grants and cooperative agreements; $142,160,000 is for Upgrading CDC Capacity; $11,300,000 is for Anthrax; and $100,000,000 is for the Biosurveillance Initiative. The Committee does not agree with the reduction in State and Local Preparedness funds proposed in the request.

In addition, $450,000,000 is provided for the Strategic National Stockpile. This is $52,400,000 above the FY2004 comparable level and $50,000,000 above the request. The Committee does not provide authority to increase funds available to the Stockpile up $70,000,000 from funds otherwise available for use by the CDC as proposed in the request.

Academic Health Centers.—The Committee continues to believe that significant expertise, capability, and resources exist in academic health centers and that, in large measure, these Centers have not been participants in state and local preparedness and response planning. The Committee urges the Secretary to examine ways of encouraging recipients of State and Local Preparedness funds to ensure that academic health centers are included in the planning process, and in making assessments of the capabilities and roles that academic health centers can have in enhancing preparedness.

Anti-infective agents.—The Committee has maintained funds provided in fiscal year 2004 to support research into the discovery, development, and translation of anti-infective agents to combat emerging infectious diseases.

Community Health Centers.—The Committee recognizes the important role community health centers play in terrorism preparedness and response. The Committee is concerned that despite their inclusion in the Department's state plan guidance, community health centers and regional primary care associations have not been fully included in the state and local decision-making process and in the allocation of preparedness resources. The Committee urges the Secretary to examine ways of ensuring that recipients of State and Local Preparedness funds include community health centers and their associated regional organizations are included in both preparedness planning and in resource allocation decisions.

Physician Contact Database.—The Committee understands the urgent need to contact, inform and mobilize physicians in public health emergencies and with threats of bioterrorism. The Committee is also aware that CDC is in discussions with the Federation of State Medical Boards to develop an automated data system of physician contact information to be used for these purposes. Within the funding provided, the Committee encourages the Secretary to initiate a pilot project in five states. The Committee requests that the Secretary be prepared to report on plans for the project during the hearings on the FY2006 budget request.

GENERAL PROVISIONS

Sec. 201. The Committee continues a provision to limit the amount available for official reception and representation expenses.

Sec. 202. The Committee continues a provision to limit the number of Public Health Service employees assigned 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.

Sec. 203. The Committee continues a provision to prohibit the use of funds to implement section 399F(b) of the Public Health Service Act or section 1503 of the NIH Revitalization Act of 1993.

Sec. 204. The Committee continues a provision to limit the salary of an individual through an NIH, AHRQ, or SAMHSA grant or other extramural mechanism to not more than the rate of Executive Level I.

Sec. 205. The Committee includes a provision limiting the compensation of an individual working in Head Start to the Federal Executive Level II salary.

Sec. 206. The Committee continues a provision to prohibit the Secretary from using evaluation set-aside funds until the Committee receives a report detailing the planned use of such funds.

Sec. 207. The Committee continues a provision, although changes the percentage provided in the fiscal year 2004 bill, permitting the Secretary to use up to 2.3 percent of funds authorized under the PHS Act for the evaluation of programs.

(TRANSFER OF FUNDS)

Sec. 208. The Committee continues a provision permitting the Secretary of HHS to transfer up to one percent of any discretionary appropriation from an account, with an additional two percent subject to the approval of the Appropriations Committees, but prohibiting any appropriation to increase by more than three percent by such transfer.

Sec. 209. The Committee continues a provision to provide the Director of NIH, jointly with the Director of the Office of AIDS Research, the authority to transfer up to three percent of human immunodeficiency virus funds.

Sec. 210. The Committee continues a provision to make NIH funds available for human immunodeficiency virus research available to the Office of AIDS Research.

Sec. 211. The Committee continues a provision to prohibit the use of Title X funds unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

Sec. 212. The Committee continues a provision related to the Medicare+Choice program.

Sec. 213. The Committee continues a provision stating that no provider of services under title X shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

Sec. 214. The Committee continues a provision to exempt States from Synar provisions if certain funding criteria are met.

Sec. 215. The Committee continues a provision to allow CDC international HIV/AIDS and other infectious disease, chronic and environmental disease, and other health activities abroad to be spent under the State Department Basic Authorities Act of 1956.

Sec. 216. The Committee continues a provision to permit the Division of Federal Occupational Health to use personal services contracting to employ professional management/administrative and occupational health professionals.

Sec. 217. The Committee includes a provision granting authority to the Office of the Director of the National Institutes of Health (NIH) to enter directly into transactions in order to implement the NIH Roadmap and permitting the Director to utilize peer review procedures, as appropriate, to obtain assessments of scientific and technical merit.

Sec. 218. The Committee includes a provision rescinding an appropriation provided in the Medicare Modernization Act for a facilities loan fund. The Committee provides funding for these types of activities as part of its regular mission and objects to actions taken by the authorizing committees that cross this jurisdictional boundary.

Sec. 219. The Committee includes a provision to permit the Centers for Medicare and Medicaid Services to charge providers who forward duplicate or unprocessable Medicare claims $5.00 per claim and makes a corresponding $155,000,000 reduction in the CMS Program Management Account.

Sec. 220. The Committee includes a general provision to reduce amounts available to the CDC for administrative and related information technology expenses by $15,000,000.

Sec. 221. The Committee includes a provision prohibiting funds from being used to implement CMS inpatient rehabilitation facility reimbursement rules (commonly referred to as the 75 percent rule) until after an Institute of Medicine study on medical criteria is completed. Funding for the CMS Program Management account is reduced by $9,000,000 to cover the costs of the study and the moratorium.

Sec. 222. The Committee includes a provision prohibiting the use of funds appropriated to HHS for the purpose of impeding the exchange of information between the CMS actuary and the U.S. Congress.

TITLE III—DEPARTMENT OF EDUCATION

The Committee's recommendations for the Department of Education for fiscal year 2005 will bring total departmental funding to $57,681,171,000, the highest level in the agency's history. The Committee notes that, although the federal government contributes only about eight percent of all K–12 education spending in the United States, the role the federal government plays with regard to providing equal opportunity to education for all people in our society is an important one. Therefore, the Committee has focused its funding recommendations for K–12 education around the following principles: a quality teacher in every classroom; closing the achievement gap for poor and minority children by insisting on results; empowering parents; ensuring all third-grade children can

read; more education, less paperwork; and spending for results. With the understanding that the Committee has focused its funding recommendations for K–12 education around the stated principles, which include a quality teacher in every classroom and spending for results, the Committee encourages the Department to establish an on-line reporting system to allow school districts receiving funds under this Act to submit to the Department by means of the Internet, on a voluntary basis, not later than April 30, 2005, a report on the school district's progress toward the following: placing quality teachers in every classroom; rigorous academic standards and curricula; small class sizes; high-quality facilities and libraries; up-to-date textbooks and computer technology; and quality guidance counselors. For higher education programs, the Committee has focused its recommendations on funding proven programs that help provide all Americans with the opportunity to further their studies and training and become competitive in the global marketplace.

The Committee continues to emphasize the importance of developing clear, measurable outcomes for programs within the Department of Education as outlined in the Government Performance and Results Act. It is vital that the Committee be provided with information on the actual results achieved by the programs, not simply the number of students affected by the program or the quantity of materials distributed. Program outcomes should, to the extent possible, focus on the achievement improvements that result to students and teachers in the classroom as a result of the Federal investment. Programs that are able to demonstrate these results over time will be considered higher funding priorities than programs that are unable to clearly demonstrate their value to the American public.

EDUCATION FOR THE DISADVANTAGED

The bill includes $15,535,735,000 for the disadvantaged programs. This amount is $330,567,000 more than the budget request and $1,089,392,000 above the fiscal year 2004 appropriation. Of the total amount available, $7,849,390,000 is appropriated for fiscal year 2005 for obligation after July 1, 2005 and $7,383,301,000 is appropriated for fiscal year 2006 for obligation on or after October 1, 2005. This appropriation account includes compensatory education programs authorized under title I of the Elementary and Secondary Education Act of 1965; and title VIII of the Higher Education Act.

Grants to local educational agencies

Of the amounts provided for Title I programs, $7,037,592,000 is available for basic grants to local education agencies. This amount is the same as last year's level and the request. The Committee rejects the inclusion of any 100% hold harmless provision because it unfairly penalizes underprivileged and immigrant children in states with growing populations.

Funding for concentration grants, which targets funds to Local Educational Agencies in counties with high levels of disadvantaged children, is $1,365,031,000, the same as last year and the request level. The bill includes $2,469,843,000 for targeted grants, an increase of $500,000,000 above last year and $1,676,344,000 below

the request. A total of $2,469,843,000 is also included for education finance incentive grants, $1,676,344,000 above the request and $500,000,000 above last year's level.

Financial assistance flows to school districts by formula, based in part on the number of school-aged children from low-income families. Within districts, local school officials target funds on school attendance areas with the greatest number or percentage of children from poor families. Local school districts develop and implement their own programs to meet the needs of disadvantaged students.

Funds under this account will also be used to pay the Federal share of State administrative costs for title I programs. The maximum State administration grant is equal to 1 percent of title I local educational agency plus State agency grants to the State, or $400,000, whichever is greater. These funds are included in the grants to local educational agencies account, rather than being a separate line item.

Recent studies have demonstrated that comprehensive school-improvement models, when well implemented, boost student achievement to a greater extent than other interventions designed to serve similar student populations. The Committee believes that comprehensive school reform provides an exemplary approach to raising academic achievement, particularly for schools that do not make adequate yearly progress under the No Child Left Behind Act. The Committee believes that States should utilize their four percent school improvement set aside funds, estimated at $520,000,000 in fiscal year 2005, to support implementation of CSR models with demonstrated success. Further, the Committee intends that the Secretary shall notify States that schools currently receiving CSR subgrants shall receive priority for targeted grants and/or technical assistance under section 1003(a) of ESEA.

In addition, the Committee is concerned that in some cases, States have distributed the funds set aside within the title I program for school improvement purposes equally to each school identified in need of improvement. The Committee believes that this is resulting in allocations for each school that may be too small to effectively leverage needed reforms. The Committee strongly urges States to examine methods for distributing school improvement funds that will result in awards of sufficient size and scope to support the initial costs of comprehensive school reforms and to limit funding to programs that include each of the reform components described in section 1606(a) of the No Child Left Behind Act of 2001 and have the capacity to improve the academic achievement of all students in core academic subjects within participating schools.

Even Start

The Committee provides $246,910,000 for Even Start, the same as last year and $246,910,000 above the request. Even Start provides grants for programs focusing on the education of disadvantaged children, aged 1–7 years, who live in title I target school attendance areas, plus their parents who are eligible to be served under the Adult Education Act. These parents are not in school, are above the State's compulsory school attendance age limit, and have not earned a high school diploma (or equivalent). Even Start

funds are allocated to the States, generally in proportion to title I basic grants.

Reading First State Grants

The bill provides $1,125,000,000 for Reading First State grants, the same as the budget request and $101,077,000 above the fiscal year 2004 level. This program provides assistance to states and school districts in establishing scientific research-based reading programs for children in kindergarten through grade three. The program also provides for professional development and other supports to ensure that teachers can identify children at-risk for reading failure and provide the most effective early instruction to overcome specific barriers to reading proficiency.

Early Reading First

The bill provides $132,000,000 for Early Reading First, the same as the budget request and an increase of $37,561,000 above the fiscal year 2004 level. This is a competitive grant program targeted toward children ages three through five, and would support the development of verbal skills, phonemic awareness, pre-reading development and assistance for professional development for teachers in evidence-based strategies of instruction.

Striving Readers

The bill provides $100,000,000 for Striving Readers, the same as the budget request and $100,000,000 above last year's level. Striving Readers will make competitive grants to develop, implement and evaluate reading interventions for middle- or high-school students who are reading significantly below grade level.

Literacy through school libraries

The bill provides $19,842,000 for literacy through school libraries, the same as the budget request and the fiscal year 2004 level. This program helps school districts provide students with increased access to up-to-date school library materials, a well-equipped, technologically advanced school library media center, and well-trained, and professionally certified school library media specialists. At appropriations of less than $100,000,000 the Department makes competitive awards to districts with a child poverty rate of at least 20 percent.

State agency programs: migrant

The bill includes $393,577,000 for the migrant education program, the same as the budget request and the fiscal year 2004 appropriation. This program supports formula grants to State agencies for the support of special educational and related services to children of migratory agricultural workers and fishermen. The purpose of this program is to provide supplementary academic education, remedial or compensatory instruction, English for limited English proficient students, testing, plus guidance and counseling.

State agency programs: neglected and delinquent

For the State agency program for neglected and delinquent children, the bill includes $48,395,000, the same as the budget request and the fiscal year 2004 appropriation. This formula grant program

provides services to participants in institutions for juvenile delinquents, adult correctional institutions, or institutions for the neglected.

Evaluation

The Committee provides $9,500,000 for evaluation, $710,000 above the 2004 appropriation and the same as the budget request. Title I evaluation supports large scale national evaluations that examine how title I is contributing to improved student performance at the State, local education agency, and school levels. It also supports short-term studies that document promising models and other activities to help States and local education agencies implement requirements in the title I statute.

Comprehensive school reform

The bill includes $80,000,000 for the Comprehensive School Reform (CSR) Program, $80,000,000 above the request and $153,613,000 below last year's level, due to budget constraints. The CSR program authorizes incentive grants of at least $50,000 per year, for 3 years, for schools to implement effective, research-driven strategies for schoolwide reform. Recent studies have demonstrated that comprehensive school-improvement models, when well implemented, boost student achievement to a greater extent than other interventions designed to serve similar student populations. The Committee believes that comprehensive school reform provides an exemplary approach to raising academic achievement, particularly for schools that do not make adequate yearly progress under the No Child Left Behind Act. The Committee believes that States should utilize their four percent school improvement set aside funds, estimated at $520,000,000 in fiscal year 2005, to support implementation of CSR models with demonstrated success. Further, the Committee intends that the Secretary shall notify States that schools currently receiving CSR subgrants shall receive priority for targeted grants and/or technical assistance under section 1003(a) of ESEA.

In addition, the Committee is concerned that in some cases, States have merely divided the funds for school improvement purposes by the number of schools identified in need of improvement and that this is resulting in allocations for each school that may be too small to effectively leverage needed reforms. The Committee strongly urges States to examine methods for distributing school improvement funds that will result in awards of sufficient size and scope to support the initial costs of comprehensive school reforms and to limit funding to programs that include each of the reform components described in section 1606(a) of the No Child Left Behind Act of 2001 and have the capacity to improve the academic achievement of all students in core academic subjects within participating schools.

Migrant education, high school equivalency program

The bill includes $22,545,000 for the high school equivalency program. This amount is $3,657,000 above the budget request and the fiscal year 2004 level. The high school equivalency program recruits migrant students aged 16 and over and provides academic and support services to help those students obtain a high school

equivalency certificate and subsequently to gain employment or admission to a postsecondary institution or training program.

College assistance migrant programs

The bill includes $15,657,000 for the college assistance migrant programs. This amount is the same as the fiscal year 2004 level and the budget request. The college assistance migrant program (CAMP) provides tutoring and counseling services to first-year, undergraduate migrant students and assists those students in obtaining student financial aid for their remaining undergraduate years.

IMPACT AID

The bill provides $1,250,893,000 for Federal impact aid programs in fiscal year 2005, an increase of $21,366,000 above the fiscal year 2004 appropriation and the budget request. This account supports payments to school districts affected by Federal activities. Impact Aid represents a federal responsibility to local schools educating children whose families are connected with the military or who live on Indian land.

The bill also includes language ensuring that schools serving the children of military personnel continue to receive Impact Aid funds when the military parents who live on-base are deployed and the child continues to attend the same school and in cases in which an on-base military parent is killed while on active duty and the child continues to attend the same school.

Basic support payments

The bill includes $1,083,687,000 for basic support payments to local educational agencies, an increase of $20,000,000 above the fiscal year 2004 appropriation and the budget request. Basic support payments compensate school districts for lost tax revenue and are made on behalf of Federally-connected children such as children of members of the uniformed services who live on Federal property.

Payments for children with disabilities

The Committee recommends $50,369,000 for payments on behalf of Federally-connected children with disabilities, the same as the budget request and the fiscal year 2004 appropriation. These payments compensate school districts for the increased costs of serving Federally-connected children with disabilities.

Facilities maintenance

The Committee recommends $7,901,000 for facilities maintenance, the same as the fiscal year 2004 amount and the budget request. These capital payments are authorized for maintenance of certain facilities owned by the Department of Education.

Construction

The Committee recommends $45,936,000 for the construction program, the same as the budget request and the fiscal year 2004 level. This program provides formula and competitive grants to eligible locally owned school districts for building and renovating school facilities.

Payments for Federal property

The bill provides $63,000,000 for payments related to Federal property, an increase of $1,366,000 above the fiscal year 2004 appropriation and the budget request. Funds are awarded to school districts to compensate for lost tax revenue as the result of Federal acquisition of real property since 1938.

SCHOOL IMPROVEMENT PROGRAMS

The bill includes $5,641,401,000 for school improvement programs. This amount is $216,377,000 less than the comparable fiscal year 2004 appropriation and $299,092,000 below the budget request for comparable programs. This appropriation account includes programs authorized under titles II, IV, V, VI, and VII of the Elementary and Secondary Education Act; the McKinney-Vento Homeless Assistance Act, title IV–A of the Civil Rights Act, and section 105 of the Compact of Free Association Amendments Act of 2003.

State grants for improving teacher quality

The bill includes $2,950,000,000 for state grants for improving teacher quality, which is $19,874,000 above the budget request and the fiscal year 2004 level. This program gives states and districts a flexible source of funding with which to meet their particular needs in strengthening the skills and knowledge of teachers and administrators to enable them to improve student achievement. States are authorized to retain 2.5 percent of funds for state activities, including reforming teacher certification, re-certification or licensure requirements; expanding, establishing or improving alternative routes to state certification; carrying out programs that include support during the initial teaching and leadership experience, such as mentoring programs; assisting school districts in effectively recruiting and retaining highly qualified and effective teachers and principals; reforming tenure systems; and developing professional development programs for principals.

States send funding to the local level by formula and by competitive grant. Among other things, local uses of funds include initiatives to assist recruitment of principals and fully qualified teachers; initiatives to promote retention of highly qualified teachers and principals; programs designed to improve the quality of the teacher force; teacher opportunity payments; professional development activities; teacher advancement initiatives and hiring fully qualified teachers in order to reduce class size.

The Committee is aware of a report by the Teaching Commission which examines current teaching programs and practices in the United States and makes several recommendations for areas of improvement. Specifically, the report addresses performance-based compensation, teacher preparation, teacher licensure and certification and leadership and support. The Committee urges the Department to share the ideas contained within this report to all states receiving grants under the teacher quality program and to provide technical assistance to states that have an interest in implementing the Commission's recommendations.

The Committee has also been impressed with multivariate, longitudinal value-added analysis of student performance data that is

being used in some states and school districts and urges all states and districts receiving federal funding to examine such models and consider their adoption.

The Committee is aware that funding under the teacher quality program can be used for professional development and support for principals as well as teachers. The Committee recognizes the unique role that the principal plays as the instructional leader and CEO of a school, and strongly encourages states and school districts to devote a significant portion of professional development funds to providing high-quality, ongoing professional development opportunities to principals. Particularly recommended is professional development to enhance principals' ability to work productively with families, provide staff development to teachers and other professionals, and to utilize data in decision-making. The Committee also encourages states and school districts to develop principals' professional development that is based on sound research on the most current models of leadership.

Early childhood educator professional development

The bill includes $14,814,000 for early childhood educator professional development, the same as the budget request and the fiscal year 2004 level. This program provides competitive grants to partnerships to improve the knowledge and skills of early childhood educators and caregivers who work in communities that have high concentrations of children living in poverty.

Mathematics and science partnerships

The bill includes $269,115,000 for mathematics and science partnerships, the same as the budget request and $120,000,000 above the fiscal year 2004 level. This program promotes strong math and science teaching skills for elementary and secondary school teachers. Grantees may use program funds to develop rigorous math and science curricula, establish distance learning programs, and recruit math, science and engineering majors into the teaching profession. They may also provide professional development opportunities. Grants are made to States by formula based on the number of children aged 5 to 17 who are from families with incomes below the poverty line, and States then award the funds competitively to partnerships which must include the State agency, and engineering, math or science department of an institution of higher education, and a high-need school district. Other partners may also be involved.

Innovative Education Program Strategies State Grants

The bill does not include funding for State grants under Innovative Education Program Strategies, a decrease of $296,549,000 below the budget request and the fiscal year 2004 level. This program provides funding to State and local educational agencies for obtaining technology and training in technology related to the implementation of school based reform; acquiring and using educational materials; improving educational services for disadvantaged students; combating illiteracy among children and adults; addressing the educational needs of gifted and talented children; and implementing school improvement and parental involvement activities under ESEA Title I.

Education technology

The bill includes $600,000,000 for Education Technology State Grants. This amount is $91,841,000 below the budget request and the comparable fiscal year 2004 level. Under this program, states are required to direct ninety-five percent of the funds to school districts for increasing access to technology, especially for high-need schools; improving and expanding teacher professional development in technology; and promoting innovative state and local initiatives using technology to increase academic achievement.

The Secretary of Education is encouraged to examine in detail and assist the advancement of the rapidly-growing use of handheld computer technology and to spread the penetration of the one-to-one (computer-to-student) computing it offers in a school environment, rather than the one-to-many model that prevails in most schools, where computers must be shared, thus limiting the advantages to students. Handheld personal computing is rapidly becoming more affordable, enhancing the cost effectiveness of this approach, especially when coupled with wireless technology.

Supplemental education grants

The bill provides $12,230,000 for supplemental education grants to the Federated States of Micronesia and $6,100,000 for supplemental education grants to the Republic of the Marshall Islands. The Compact of Free Association Amendments Act of 2003 (P.L. 108–188) discontinued, beginning in fiscal year 2005, most domestic formula grant programs funded by the Departments of Labor, Health and Human Services, and Education for the Federated States of Micronesia and the Republic of the Marshall Islands. In their place, P.L. 108–188 authorized $12,230,000 and $6,100,000 for these two nations, respectively, for Supplemental Education Grants programs, which will provide both countries with the flexibility required to address the unique educational needs of their populations. P.L. 108–188 also authorizes both countries to request technical assistance from relevant U.S. Cabinet agencies for the purpose of transitioning to their own administration of programs.

The budget request included language transferring fiscal year 2005 funds from the Departments of Labor, Health and Human Services and Education to the Federated States of Micronesia and the Republic of the Marshall Islands in amounts equal to amounts made available to them in fiscal year 2004 for these same activities. The funds provided by the Committee in this bill are expected to equal this total. The bill also includes language allowing the Federated States of Micronesia and the Republic of the Marshall Islands to reserve up to five percent of their supplemental education grants for technical assistance, administration and oversight purposes.

21st century community learning centers

The bill provides $999,070,000 for 21st century community learning centers, the same as the budget request and the fiscal year 2004 level. This program is a formula grant to states. Ninety-five percent of funds are distributed on a competitive basis from the state to local school districts, community-based organizations and other public entities and private organizations. Grantees must target students who attend low-performing schools. Funds may be

used for before and after school activities that advance student academic achievement including remedial education and academic enrichment activities; math, science, arts, music, entrepreneurial and technology education; tutoring and mentoring; recreational activities; and expanded library service hours.

State assessments

The bill includes $410,000,000 for state assessments, the same as the budget request and $20,000,000 above the fiscal year 2004 level. This program provides states with funding to develop annual assessments and to carry out activities related to ensuring accountability for results in the state's schools and school districts.

Javits gifted and talented education

The bill includes $11,111,000 for gifted and talented education, the same as the fiscal year 2004 amount. The President's budget did not propose funding for this program. This program supports grants to build and enhance the ability of elementary and secondary schools to meet the needs of gifted and talented students. Competitive grants are awarded to states and school districts, institutions or higher education and other public and private entities.

Foreign language assistance grants

The bill does not include funding for foreign language assistance grants, the same as the budget request. The program was funded at $16,546,000 in fiscal year 2004. The program supports competitive grants to school districts and states to increase the quality and quantity of elementary and secondary-level foreign language instruction in the United States.

Education for homeless children and youth

For the education of homeless children and youth program, the Committee recommends $70,000,000. This level is $10,354,000 above the budget request and the fiscal year 2004 appropriation. Grants are allocated to States in proportion to the total that each State receives under the title I program. For local grants, at least 50 percent must be used for direct services to homeless children and youth, including tutoring or remedial or other educational services.

Training and advisory services

The bill includes $7,243,000 for training and advisory services authorized by title IV–A of the Civil Rights Act. This amount is the same as the budget request and the same as the fiscal year 2004 amount. Title IV–A authorizes technical assistance and training services for local educational agencies to address problems associated with desegregation on the basis of race, sex, or national origin. The Department awards 3-year grants to regional equity assistance centers (EACs) located in each of the 10 Department of Education regions. The EACs provide services to school districts upon request. Typical activities include disseminating information on successful education practices and legal requirements related to nondiscrimination on the basis of race, sex, and national origin in educational programs; training designed to develop educators' skills in specific areas, such as the identification of race and sex bias in in-

structional materials; increasing the skills of educational personnel in dealing with race-based confrontations such as hate crimes; and providing technical assistance in the identification and selection of appropriate educational programs to meet the needs of limited English proficient students.

Education for Native Hawaiians

The Committee recommends $33,302,000 for education for Native Hawaiians, the same as the budget request and the fiscal year 2004 amount. A number of programs limited to Native Hawaiians are supported with these funds, including a model curriculum project, family-based education centers, postsecondary education fellowships, gifted and talented education projects, and special education projects for disabled pupils.

Alaska native education equity

The Committee recommends $33,302,000 for the Alaska native education equity program, the same as the budget request and the fiscal year 2004 amount. These funds are used to develop supplemental educational programs to benefit Alaska natives.

Rural Education

The bill includes $167,831,000 for rural education programs, the same as the fiscal year 2004 level and the budget request. This fund includes two programs to assist rural school districts to improve teaching and learning in their schools. The small, rural schools achievement program provides funds to rural districts that serve a small number of students; the rural and low-income schools program provides funds to rural districts that serve concentrations of poor students, regardless of the number of students served by the district.

Comprehensive Centers

The bill includes $57,283,000 for comprehensive centers, the same as the fiscal year 2004 level and $29,629,000 above the budget request. The Committee intends these funds to be used for the new comprehensive centers that will provide training, technical assistance, and professional development in reading, mathematics, and technology, particularly to schools that fail to meet their State's definition of adequate yearly progress. The Committee intends that the Department proceed quickly with the competition and awarding of these centers so that there will be no service disruption to schools through the process of transitioning to the new centers. The Committee expects that the new centers will focus heavily on assisting school superintendents, principals and teachers to be good consumers of research information and particularly help them determine which interventions are based on sound research and are likely to be most effective in their schools.

INDIAN EDUCATION

The bill includes $120,856,000 for Indian education. This amount is the same as the fiscal year 2004 appropriation and the budget request. This account supports programs authorized by part A of Title VII of the Elementary and Secondary Education Act and section 215 of the Department of Education Organization Act.

Grants to local educational agencies

The bill provides $95,933,000 for grants to local education agencies, the same as the budget request and the fiscal year 2004 amount. This program provides assistance through formula grants to school districts and schools supported or operated by the Bureau of Indian Affairs. The purpose of this program is to reform elementary and secondary school programs that serve Indian students, including preschool children. Grantees must develop a comprehensive plan and assure that the programs they carry out will help Indian students reach the same challenging standards that apply to all students. This program supplements the regular school program to help Indian children sharpen their academic skills, bolster their self-confidence, and participate in enrichment activities that would otherwise be unavailable.

Special programs for Indian children

The Committee recommends $19,753,000 for special programs for Indian children, the same as fiscal year 2004 and the budget request. These programs make competitive awards to improve the quality of education for Indian students. This program also funds a new Indian Teacher Corps, which hopes to train over 1,000 Indian teachers over a five-year period to take positions in schools that serve concentrations of Indian children.

National activities

The bill provides $5,170,000 for national activities, the same as fiscal year 2004 and the budget request. Funds under this authority support research, evaluation and data collection to provide information on the status of education for the Indian population and on the effectiveness of Indian education programs.

INNOVATION AND IMPROVEMENT

The bill includes $669,936,000 for innovation and improvement programs. This amount is $432,690,000 less than the comparable fiscal year 2004 appropriation and $215,245,000 below the budget request for comparable programs. This appropriation account includes programs authorized under part G of title I and portions of titles II and V of the Elementary and Secondary Education Act.

Troops to teachers

The bill includes $14,912,000 for troops to teachers, the same as the budget request and the fiscal year 2004 level. This program is designed to assist eligible members of the armed forces to obtain certification or licensure as elementary and secondary school teachers, or vocational or technical teachers. The transition to teachers program is based on the model of the troops to teachers program and would address the need of high-need school districts for highly qualified teachers.

Transition to teaching

The bill includes $45,295,000 for transition to teaching, the same as the budget request and the fiscal year 2004 level. Transition to teaching is designed to help mitigate the shortage of qualified licensed or certified teachers in many of our Nation's schools. The

program provides grants to help support efforts to recruit, train and place talented individuals into teaching positions and to support them during their first years in the classroom. In particular, the program focuses on mid-career professionals with substantial career experience, and recent college graduates. Grants are made on a competitive basis.

National writing project

The bill provides $17,894,000 for the National Writing Project, the same as the fiscal year 2004 level. The President's budget did not request funding for this program. Funds are provided to the National Writing Project, a nonprofit educational organization that supports teacher training programs in the effective teaching of writing, and supports classroom-level research on teaching writing that documents effectiveness in terms of student performance. To provide these services, the National Writing Project contracts with numerous institutions of higher education and nonprofit education providers to operate small teacher training programs. Federal funds support 50 percent of the costs of these programs, and recipients must contribute an equal amount.

Teaching of traditional American history

The bill does not include funding for the teaching of traditional American history, $119,292,000 below the budget request and the fiscal year 2004 level. This program supports competitive grants to school districts to promote the teaching of American history in elementary and secondary schools as a separate academic subject.

School leadership

The bill includes $15,000,000 for school leadership activities, $2,654,000 above the fiscal year 2004 level. The President's budget did not propose funding for this program. The program provides competitive grants to assist high-need school districts with recruiting, training, and retaining principals and assistant principals.

Advanced credentialing

The bill includes $18,391,000 for advanced credentialing, the same as the fiscal year 2004 level and $11,391,000 above the budget request. The program authorizes competitive grants to states, school districts, the National Board for Professional Teaching Standards (NBPTS) working with a district or states, the American Board for the Certification of Teacher Excellence working with a district or state, or another certification or credentialing organization working with a district or state. The program supports activities to encourage and support teachers seeking advanced certification or credentialing.

The Committee has included funding to continue the evaluation described in the fiscal year 2004 conference agreement relating to the National Board for Professional Teaching Standards. The Committee further intends that $10,000,000 of the funds be awarded to the National Board for Professional Teaching Standards and that $7,000,000 be awarded to the American Board for the Certification of Teacher Excellence.

Charter schools

The Committee recommends $218,702,000 for support of charter schools, the same as the budget request and the fiscal year 2004 amount. Charter schools are developed and administered by individuals or groups of individuals, which may include teachers, administrators, and parents. These groups enter into charters for operation of their schools, which must be granted exemptions from State and local rules that limit flexibility in school operation and management. Under this program, grants are made to State educational agencies in States that have charter school laws; the State educational agencies will in turn make sub-grants to authorized public chartering agencies in partnerships with developers of charter schools.

Credit enhancement for charter school facilities

The bill includes $50,000,000 for credit enhancement for charter school facilities, $50,000,000 below the budget request and $12,721,000 above fiscal year 2004. This program helps charter schools meet their facility needs by providing funding on a competitive basis to leverage other funds and help charter schools obtain school facilities by means such as purchase, lease and donation. Charter schools are more likely than traditional schools to have problems obtaining adequate facilities because they are perceived as more financially risky than other schools, and unlike traditional school districts, charter schools generally lack the ability to issue general obligation bonds backed by property taxes.

Voluntary public school choice

The bill includes $26,757,000 for voluntary public school choice, the same as the budget request and the fiscal year 2004 level. This program supports efforts to establish intradistrict and interdistrict public school choice programs to provide parents with greater choice for their children's education. Funds are used to make competitive awards to states, school districts or partnerships.

Magnet schools assistance

The bill includes $108,640,000 for the magnet schools assistance program, the same as the budget request and the fiscal year 2004 level. The magnet schools assistance program awards competitive grants to local educational agencies for use in establishing or operating magnet schools that are part of a desegregation plan approved by a court or by the Department of Education's Office for Civil Rights. A magnet school is defined by the statute as "a school or education center that offers a special curriculum capable of attracting substantial numbers of students of different racial backgrounds." A funding priority is given to local educational agencies that did not receive a grant in the preceding fiscal year.

The Committee is aware that three applications submitted for competition in the spring of 2004 were determined to be ineligible for consideration. The Committee urges the Secretary to reconsider means by which these applications could be considered for funding in fiscal year 2004.

Fund for the improvement of education

The bill includes $100,000,000 for the fund for the improvement of education, $330,270,000 below the fiscal year 2004 level and $70,185,000 below the budget request. The fund for the improvement of education has a broad portfolio of activities. Under the fund, the Secretary of Education supports activities that identify and disseminate innovative educational approaches. Several separate program authorities are included in this line item. Within the total, the committee has included $50,000,000 for the following activities:

All Kinds of Minds, for start-up, expansion and research for the Schools Attuned teacher training program; American Film Institute, for a hands-on learning method; Battelle for Kids, for a multistate effort to evaluate and learn the most effective ways for accelerating student academic growth; Carnegie Hall, for K–12 curriculum development; College Summit, for increasing the college enrollment rate of low-income youth; EARTH University Foundation, for student scholarships; Education Leaders Council, for expansion of the Following the Leaders program; Foundations for Learning Grants authorized by section 5542 of the No Child Left Behind Act of 2001, $1,000,000; Girl Scouts of America, for a Math and Science program; Institute of Heart Math, for a national demonstration on student standardized testing; Knowledge Is Power Program (KIPP), for support for training, instruction and organizational leadership; the Mesorah Heritage Foundation, for translation of classic texts; the Milken Family Foundation, for expansion of the Teacher Advancement Program into five additional states; Reach Out and Read, for expansion on an early literacy program; Special Olympics, to promote access to physical education for mentally disabled people worldwide; Starr Commonwealth Foundation, for expansion of the No Disposable Kids initiative; and Teach for America, for expansion of recruitment and training of new teachers to low-income areas.

The Committee has included additional funding for other teacher training and reading activities authorized by part D of title V of the No Child Left Behind Act of 2001.

Ready to Learn Television

The bill includes $22,864,000 for the Ready to Learn Television program, the same as the budget request and the fiscal year 2004 level. Ready to Learn supports the development and distribution of educational video programming for preschool children, elementary school children and their parents. Only public telecommunications entities are eligible to receive awards.

Dropout prevention programs

The bill does not include funding for the dropout prevention program, the same as the budget request. This program was funded at $4,970,000 in fiscal year 2004. The dropout prevention program provides assistance to help schools implement effective school dropout prevention and reentry programs. This program has only been funded for two years, and has made only about two dozen awards. The Committee notes that districts desiring to implement dropout prevention programs can use funds under title I for innovative pro-

grams to support such efforts; hence there is no need for a separately funded line-item to accomplish this purpose.

Ellender fellowships/Close-Up

The bill includes $1,481,000 for Ellender fellowships, the same as the fiscal year 2004 level. The budget did not propose funding for this program. The Ellender fellowship program makes an award to the Close-Up Foundation of Washington D.C. This organization provides fellowships to students from low income families and their teachers to enable them to participate with other students and teachers for a week of seminars on government and meetings with representatives of the three branches of the Federal government.

Advanced placement test fee program

The Committee recommends $30,000,000 for advanced placement fees. This recommendation is $21,534,000 below the budget request and $6,466,000 above the fiscal year 2004 amount. The advanced placement test fee program awards grants to States to enable them to cover part or all of the cost of advanced placement test fees of low-income students who are enrolled in advanced placement classes and plan to take the advanced placement test. This program also supports competitive grants to states, school districts and national nonprofit educational agencies for programs that encourage greater participation by low-income students in advanced placement courses.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

The bill includes $801,369,000 for school improvement programs. This amount is $54,405,000 less than the comparable fiscal year 2004 appropriation and $37,528,000 below the budget request for comparable programs. This appropriation account includes programs authorized under parts of titles II, IV, and V of the Elementary and Secondary Education Act.

Safe and drug-free schools and communities: State grants

The Committee bill includes $440,908,000 for the State grants program, the same as the budget request and the fiscal year 2004 level. The program supports State formula grants for comprehensive, integrated approaches to drug and violence prevention. Local educational agencies must use their funds to implement a drug and violence prevention program for students and employees.

The Committee is interested in the degree to which school districts are making use of their authority to transfer up to 50 percent of their Safe and Drug Free Schools money to the Title I program. The Committee urges the Secretary to encourage school districts to report these transfers so the resulting funding levels for both programs can be determined and so that local practices across the nation can be better understood.

The Committee is deeply concerned that between 5% to 9% of all children suffer from a mental, behavioral or emotional disorder which, if undiagnosed and untreated, can substantially interfere with academic achievement, or lead to student drop-out, substance abuse, violent behavior, or suicide. In its July 2003 report the President's New Freedom Commission on Mental Health concluded that greater reliance on early detection, assessment and links with

adequate treatment and support systems can help avoid or ameliorate these outcomes. The report concluded that schools are in a unique position to identify mental health problems in their early stages, and to provide a link to appropriate services, citing examples of evidence-based screening techniques and tools already being utilized by some schools. The Committee reiterates language contained in the FY2004 report, and calls upon the Office of Safe and Drug Free Schools to work with the Substance Abuse and Mental Health Services Administration to take concrete steps to promote and help implement early detection and assessment programs in our nation's schools.

Safe and drug-free schools and communities: national programs

For the national programs under the Safe and Drug-Free Schools and Communities Act, the bill provides $153,767,000, the same as the fiscal year 2004 amount and $21,302,000 below the budget request. Under this program, the Secretary of Education administers a variety of activities to prevent the illegal use of drugs and violence among, and promote safety and discipline for, students at all educational levels, preschool through postsecondary. Within the amount provided, the Committee intends that the student drug testing pilot program be funded at a level of at least $10,000,000.

Alcohol abuse reduction

The bill does not include funding for grants to reduce alcohol abuse, the same as the budget request and $29,823,000 below the fiscal year 2004 level. This program awards competitive grants to districts to develop and implement innovative and effective programs to reduce alcohol abuse in secondary schools.

Mentoring programs

The bill includes $49,705,000 for mentoring programs which provide competitive grants to school districts and community-based organizations to promote mentoring programs for children with the greatest need. This is $50,295,000 below the budget request and the same as the fiscal year 2004 level.

Character education

The bill includes $24,961,000 for character education, an increase of $270,000 over the fiscal year 2004 level and the budget request. This program provides support for the design and implementation of character education programs in elementary and secondary schools. Grantees may select the elements of character that will be taught, and must consider the views of parents and students to be served by the program.

Elementary and secondary school counseling

The bill includes $33,799,000 for elementary and secondary school counseling, the same as the fiscal year 2004 level. The budget did not propose funding for this program. This program provides grants to school districts to enable them to establish or expand elementary school and secondary school counseling programs.

Physical education for progress

The bill includes $69,587,000 for the physical education for progress program, the same as the budget request and the fiscal year 2004 level. The Committee expects that funds will be used to develop programs that can provide information to states, school districts and other youth organizations on the most effective methods for encouraging all students—not simply those who are already participating in competitive sports—to develop positive attitudes about fitness and increased levels of personal fitness.

Civic education

The bill includes $28,642,000 for civic education, the same as the fiscal year 2004 level and the budget request. Program funds support the "We the People" and the Cooperative Education Exchange programs. "We the People" seeks to promote civic competence and responsibility among students. Cooperative Education Exchange provides support for education exchange activities in civics and economics between the United States and eligible countries in Central and Eastern Europe, the Commonwealth of Independent States, any country that was formerly a republic of the Soviet Union, the Republic of Ireland, the province of Northern Ireland and developing countries with a democratic form of government.

State grants for incarcerated youth offenders

The bill does not include funding for state grants for incarcerated youth offenders, the same as the budget request and $24,852,000 below the fiscal year 2004 level. This program makes grants to state correctional agencies to assist and encourage incarcerated youths to acquire functional literacy skills and life and job skills.

ENGLISH LANGUAGE ACQUISITION

The bill includes $681,215,000 for English language acquisition programs. This amount is the same as the budget request and the comparable fiscal year 2004 appropriation level.

This program provides formula grants to states to serve limited English proficient students. Grants are based on each state's share of the Nation's limited English proficient and recent immigrant student population. Funds under this account also support professional development to increase the pool of teachers prepared to serve limited English proficient students and evaluation activities.

SPECIAL EDUCATION

The bill includes $12,176,101,000 for programs for children with disabilities authorized under the Individuals with Disabilities Education Act (IDEA). This funding level is the same as the budget request and $1,015,393,000 above the comparable fiscal year 2004 appropriation.

State Grants: Grants to States for special education

The bill provides $11,068,106,000 for grants to States, which is the same as the budget request and $1,000,000,000 above the fiscal year 2004 level. Out of the total made available for school year 2005–2006, $5,655,106,000 is appropriated for fiscal year 2005 for

obligation after July 1, 2005 and 5,413,000,000 is appropriated for fiscal year 2006 for obligation on, or after, October 1, 2005.

This program provides formula grants to assist the States in meeting the excess costs of providing special education and related services to children with disabilities. In order to be eligible for funds, States must make free appropriate public education available to all children with disabilities. Funds are distributed based on the amount that each State received from the fiscal year 1999 appropriation, and the numbers of children in the general population and who live in poverty in the age range for which each State mandates free appropriate public education for children with disabilities.

State grants: Preschool grants

The bill provides $387,699,000 for preschool grants, the same as the fiscal year 2004 level and the budget request. This program provides grants to States on the basis of their proportionate share of the total number of children in the 3 through 5 age range and the number of these children living in poverty. These funds are provided in order to assist States to make a free appropriate public education available to all children with disabilities in the 3 through 5 age range.

State Grants: Grants for infants and families

The bill provides $466,581,000 for grants for infants and families, $22,218,000 above the fiscal year 2004 level and the same as the budget request. This formula grant program assists States in developing and implementing statewide systems of coordinated, comprehensive, multidisciplinary, interagency programs to make available early intervention services to all children with disabilities, aged birth through 2, and their families.

IDEA National Activities: State improvement

The bill includes $51,061,000 for State improvement, the same as the budget request and the fiscal year 2004 appropriation. This program supports competitive grants to State educational agencies to assist them, in partnership with parents, teachers, institutions of higher education, interest groups, and others, to improve results for children with disabilities by reforming and improving their educational, early intervention, and transitional service systems. Among these systems are those for professional development, technical assistance, and dissemination of knowledge about best practices. Awards are based on State improvement plans developed by the States.

IDEA National Activities: Technical assistance and dissemination

The bill includes $52,819,000 for technical assistance and dissemination, the same as the budget request and the fiscal year 2004 appropriation. This program provides technical assistance and information through competitive awards that support institutes, regional resource centers, clearinghouses, and efforts to build State and local capacity to make systemic changes and improve results for children with disabilities.

IDEA National Activities: Personnel preparation

The bill includes $91,357,000 for personnel preparation, which is the same as the budget request and the fiscal year 2004 appropriation. This program supports competitive awards to help address State-identified needs for qualified personnel to work with children with disabilities, and to ensure that those personnel have the skills and knowledge they need to serve those children. Awards focus on addressing the need for personnel to serve low-incidence populations and high-incidence populations, leadership personnel, and projects of national significance.

IDEA National Activities: Parent information centers

The bill includes $26,173,000 for parent information centers, the same as the fiscal year 2004 level and the budget request. This program makes awards to parent organizations to support parent training and information centers, including community parent resource centers. These centers provide training and information to meet the needs of parents of children with disabilities living in the areas served by the centers, particularly underserved parents and parents of children who may be inappropriately identified. Technical assistance is also provided under this program for developing, assisting and coordinating centers receiving assistance under this program.

IDEA National Activities: Technology and media services

The bill includes $32,305,000 for technology and media services, which is $6,824,000 below the fiscal year 2004 appropriation and the same as the budget request. This program makes competitive awards to support the development, demonstration, and use of technology and educational media activities of educational value to children with disabilities.

The bill includes $11,400,000 for Recording for the Blind and Dyslexic Inc. These funds support continued production and circulation of recorded textbooks, increased outreach activities to print-disabled students and their teachers and accelerated use of digital technology. The Committee believes that the funds recommended will enable RFB&D to significantly expand its service to students with print disabilities and to continue the digital production and use of its extensive library of educational materials.

The Committee continues to recognize the importance of very small businesses in increasing the quality and cost effectiveness of the television-captioning program. As this program transitions into a mandated program as authorized by the Telecommunications Act, the Department shall give full and fair consideration to the applications for very small businesses. The Committee directs the Department to submit a report to Congress regarding its treatment of small and very small businesses no later than April 2005.

REHABILITATION SERVICES AND DISABILITY RESEARCH

The bill includes $3,054,587,000 for rehabilitation services and disability research. This amount is $7,390,000 above the budget request and $43,317,000 above the fiscal year 2004 appropriation. The programs in this account are authorized by the Rehabilitation

Act of 1973, the Helen Keller National Center Act, and the Assistive Technology Act of 1998.

Vocational rehabilitation grants to States

For vocational rehabilitation State grants, the bill includes $2,635,845,000, $51,683,000 above fiscal year 2004. This program supports basic vocational rehabilitation services through formula grants to the States. These grants support a wide range of services designed to help persons with physical and mental disabilities prepare for and engage in gainful employment to the extent of their capabilities. Emphasis is placed on providing vocational rehabilitation services to persons with the most significant disabilities.

Client assistance

The bill includes $11,997,000 for the client assistance program, the same as the budget request and the fiscal year 2004 amount. A client assistance program is required in each State as a condition of receipt of a basic State grant. State formula grants are used to help persons with disabilities overcome problems with the service delivery system and improve their understanding of services available to them under the Rehabilitation Act.

Training

For training personnel to provide rehabilitation services to persons with disabilities, the bill includes $39,139,000, the same as the budget request and the fiscal year 2004 amount. The program supports long-term and short-term training, in-service personnel training, and training of interpreters for deaf persons. Projects in a broad array of disciplines are funded to ensure that skilled personnel are available to serve the vocational needs of persons with disabilities.

Demonstration and training programs

The bill includes $18,784,000 for demonstration and training programs, the same as the budget request and $5,502,000 below the fiscal year 2004 level. These programs authorize discretionary awards on a competitive basis to public and private organizations to support demonstrations, direct services, and related activities for persons with disabilities.

Migrant and seasonal farmworkers

For programs serving migrant and seasonal farmworkers, the bill provides $2,321,000, which is the same as the fiscal year 2004 amount and $2,321,000 above the budget request. This program provides discretionary grants to make comprehensive vocational rehabilitation services available to migrant and seasonal farmworkers with vocational disabilities. Projects emphasize outreach activities, specialized bilingual rehabilitation counseling, and coordination of vocational rehabilitation services with services from other sources.

Recreational programs

For recreational programs, the bill provides $2,564,000, the same as the fiscal year 2004 amount and $2,564,000 above the budget request. This program provides individuals with recreation and re-

lated activities to aid in their employment, mobility, independence, socialization, and community integration. Discretionary grants are made on a competitive basis to States, public agencies, and nonprofit private organizations, including institutions of higher education.

Protection and advocacy of individual rights

For protection and advocacy for persons with disabilities, the bill provides $16,790,000, $2,780,000 below the budget request and the same as the fiscal year 2004 level. Grants are awarded to entities that have the authority to pursue legal, administrative, and other appropriate remedies needed to protect and advocate the rights of persons with disabilities.

Projects with industry

For projects with industry, the bill provides $21,799,000, the same as the fiscal year 2004 amount and $21,799,000 above the budget request. This program is the primary Federal vehicle for promoting greater participation of business and industry in the rehabilitation process. The program provides training and experience in realistic work settings to persons with disabilities to prepare them for employment in the competitive labor market. Awards are made to a variety of agencies and organizations, including business and industrial corporations, rehabilitation facilities, labor organizations, trade associations, and foundations.

Supported employment State grants

For supported employment State grants, the bill includes $37,680,000, which is the same as the fiscal year 2004 amount and $37,680,000 above the budget request. These formula grants assist States in developing collaborative programs with public agencies and nonprofit agencies for training and post-employment services leading to supported employment. In supported employment programs, persons with significant disabilities are given special supervision and assistance to enable them to work in an integrated setting.

Independent living: State grants

For State grants for independent living, the bill includes $25,000,000. This amount is $2,980,000 above the budget request and the fiscal year 2004 level. This program supports formula grants to the States to provide services for independent living for persons with significant disabilities.

Independent living: centers

For centers for independent living, the bill provides $75,000,000, which is $1,437,000 above the budget request and the fiscal year 2004 level. Discretionary grants support a network of consumer-controlled, nonresidential, community-based private nonprofit centers that provide a wide range of services to help persons with significant disabilities live more independently in family and community settings. Centers provide information and referral services, independent living skills training, peer counseling, and individual and systems advocacy. Discretionary grants are made to private nonprofit organizations.

Independent living: services for older blind persons

For independent living services for older blind individuals, the bill provides $35,000,000. This amount is $3,189,000 above the fiscal year 2004 amount and the budget request. Discretionary grants support services for persons 55 years old or over whose severe visual impairment makes gainful employment extremely difficult to obtain, but for whom independent living goals are feasible.

Program improvement

For program improvement activities, the bill provides $850,000, which is $39,000 below the fiscal year 2004 level and the same as the budget request. The program: (1) provides technical assistance and consultative services to public and non-profit private agencies and organizations; (2) provides short-term training and technical instruction; (3) conducts special demonstrations; (4) collects, prepares, publishes and disseminates educational or informational materials; and (5) carries out monitoring and conducts evaluations.

Evaluation

The bill includes $1,500,000 for program evaluation, the same as the budget request and $512,000 above the fiscal year 2004 level. These funds are used to evaluate the impact and effectiveness of individual programs authorized under the Rehabilitation Act. Contracts are awarded on an annual basis for studies to be conducted by persons not immediately involved in the administration of the programs authorized by the Act.

Helen Keller National Center

For the Helen Keller National Center for Deaf-Blind Youth and Adults, the bill includes $8,666,000, the same as the fiscal year 2004 amount and the budget request. These funds are used for the operation of the national center for intensive services for deaf-blind individuals and their families at Sands Point, New York and a network of 10 regional offices for referral and counseling and technical assistance.

National Institute on Disability and Rehabilitation Research

The bill includes $106,652,000 for the National Institute on Disability and Rehabilitation Research, the same as the budget request and the fiscal year 2004 level. The Institute supports research, demonstration and training activities that are designed to maximize the employment and integration into society of individuals with disabilities of all ages.

Assistive technology

For assistive technology activities, the bill provides $15,000,000, $10,943,000 below the fiscal year 2004 amount and the same as the budget request. Technology assistance activities are authorized under the Assistive Technology Act of 1998. This Act authorizes the following activities: discretionary grants to the States to assist them in developing statewide programs to facilitate the provision of devices for, and services to, persons with disabilities; protection and advocacy services related to assistive technology; discretionary grants to the states for alternative financing programs; and technical assistance activities.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

AMERICAN PRINTING HOUSE FOR THE BLIND

The bill provides $17,000,000 for the American Printing House for the Blind, an increase of $597,000 above the fiscal year 2004 appropriation and the budget request. This appropriation subsidizes the production of educational materials for legally blind persons enrolled in pre-college programs. The Printing House, which is chartered by the State of Kentucky, manufactures and maintains an inventory of special materials that is distributed free of charge to schools and States based on the number of blind students in each State. The Printing House also conducts research and field activities to inform educators about the availability of materials and how to use them.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

The bill provides $55,790,000 for the National Technical Institute for the Deaf (NTID), an increase of $2,307,000 above the comparable fiscal year 2004 amount and $1,987,000 above the request. Within the total, $1,685,000 is specified for construction. The NTID was established by Congress in 1965 to provide a residential facility for postsecondary technical training and education for deaf persons with the purpose of promoting the employment of deaf individuals. The Institute also conducts applied research and provides training in various aspects of deafness. The Secretary of Education administers these activities through a contract with the Rochester Institute of Technology in Rochester, New York.

GALLAUDET UNIVERSITY

The bill provides $104,000,000 for Gallaudet University, an increase of $3,795,000 above the fiscal year 2004 appropriation and the budget request. Gallaudet is a private, non-profit educational institution Federally-chartered in 1864 providing elementary, secondary, undergraduate, and continuing education for deaf persons. In addition, the University offers graduate programs in fields related to deafness for deaf and hearing students, conducts various research on deafness, and provides public service programs for deaf persons.

VOCATIONAL AND ADULT EDUCATION

The bill includes $2,025,456,000 for vocational and adult education programs. This amount is $76,531,000 below the fiscal year 2004 appropriation and $423,223,000 above the budget request. This appropriation account includes vocational education programs authorized by the Carl D. Perkins Vocational and Applied Technology Education Act. The account also includes adult education programs originally authorized by the Adult Education Act and reauthorized under the Workforce Investment Act of 1998.

Vocational education basic grants

This bill includes $1,215,008,000 for basic grants to States under the Carl D. Perkins Vocational and Technical Education Act of 1998, which is $20,000,000 above the fiscal year 2004 amount and $203,008,000 above the comparable budget request. Out of the total

made available for school year 2004–2005, $424,008,000 is appropriated for fiscal year 2005 for obligation after July 1, 2005 and $791,000,000 is appropriated for fiscal year 2006 for obligation on, or after, October 1, 2005.

State grants support a variety of vocational education programs developed in accordance with the State plan. The Act concentrates federal resources on institutions with high concentrations of low-income students. The populations assisted by Basic Grants range from secondary students in pre-vocational courses to adults who need retraining to adapt to changing technological and labor markets.

Tech-prep

The bill includes $106,665,000 for tech-prep, the same as fiscal year 2004. The budget request did not propose separate line item funding for this program. This appropriation includes activities under title II of the Carl D. Perkins Vocational and Technical Education Act of 1998. The tech-prep education program provides planning and demonstration grants to consortia of local educational agencies and postsecondary institutions to develop and operate model technical education programs. These programs begin in high school and provide students with the mathematical, science, communications and technological skills needed to enter a 2-year associate degree or 2-year certificate program in a given occupational field, and to make a successful transition into further postsecondary education or begin their careers. The purpose of tech-prep is to develop structural links between secondary and postsecondary institutions that integrate academic and vocational education and better prepares students to make the transition from school to careers.

National programs

For national programs, the Committee provides $11,852,000, which is the same as the fiscal year 2004 amount. The budget did not request separate funding for this program. This authority supports the conduct and dissemination of research in vocational education, and includes support for the National Centers for Research and Dissemination in Career and Technical Education, five regional curriculum coordination centers, and other discretionary research.

Tech-Prep Education Demonstration

The bill does not include funding for the Tech-Prep Education Demonstration. The President's budget did not request funding for it. Last year this program was funded at $4,939,000. The program makes competitive grants to consortia to establish Tech-prep programs in secondary schools located on the sites of community colleges.

Occupational and Employment Information Program

The bill does not include funding for the Occupational and Employment Information Program. The President's budget did not request funding for it. Last year this program was funded at $9,382,000. The program provides career information and guidance

services to students and adults through a network of state agencies.

State programs for adult education

For state grants, the Committee recommends $574,372,000, which is the same as the fiscal year 2004 amount, and the same as the comparable budget request. State formula grants support programs to enable all adults to acquire basic literacy skills, to enable those who so desire to complete a secondary education, and to make available to adults the means to become more employable, productive, and responsible citizens.

Grants are provided on a formula basis to States under the new Adult Education and Family Literacy Act. The formula provides an initial allotment of $25,000 for each state and $100,000 to each outlying area, with additional allotments distributed on the basis of population aged 16 through 60 who are without a high school diploma or equivalent who are not enrolled in secondary school.

States may use 12.5 percent of their allotments for state leadership activities and may use an additional 5 percent or $65,000 for state administration. States and localities must give priority to adult education and literacy activities that are built on a strong foundation of research on effective practices and that effectively employ technology. Funds are provided on a forward-funded basis.

The Committee notes that over 40 percent of new adult education entrants are seeking English as-a-second language (ESL) services and that ESL accounts for 51 percent of all adults receiving adult education services and 76 percent of the hours of instruction received. The Committee expects that the funds provided in this program will be used by states with large concentrations of students who seek English language proficiency training to meet the needs of those individuals. The Committee bill retains language similar to that contained in last year's bill that guarantees a portion of the funds will be used to provide civics education services to new immigrants.

National Programs—National Leadership Activities

The Committee provides $9,169,000 for national leadership activities. This amount is the same as the fiscal year 2004 level and the budget request. Through applied research, development, dissemination, evaluation, and program improvement activities, this program assists State efforts to improve the quality of adult education. The funds support such projects as evaluations on the status and effectiveness of adult education programs, national and international adult literacy surveys, and technical assistance on using technology to improve instruction and administration that show promise of contributing to the improvement and expansion of adult education.

National Institute for Literacy

For the National Institute for Literacy, the bill provides $6,692,000, which is the same as the fiscal year 2004 amount and the budget request. The Institute supports research and development projects, tracks progress made toward national literacy goals, supports research fellowships, disseminates information through a

national clearinghouse, and coordinates literacy information data from national and State sources.

Smaller learning communities

The bill includes $101,698,000 for the smaller learning program, $72,269,000 below fiscal year 2004. The Administration did not request funding for this program. The Committee reiterates its strong support for the smaller learning communities program but was unable to provide additional resources due to budget constraints. As in past years, the bill specifies that these funds shall be used only for activities related to the redesign of large high schools enrolling 1,000 or more students.

The Committee requests that the Department fully consult with the Appropriations Committees prior to the release of the fiscal year 2004 and fiscal year 2005 program guidance for the smaller learning communities program. The Committee believes the Department must improve its leadership, outreach and technical assistance for smaller learning communities. Therefore, the Committee requests the Secretary to develop an aggressive plan to ensure that school districts have clear and timely guidance, adequate time to apply for federal assistance and to receive such assistance well in advance of the start of the school year, sufficient time and resources to accomplish the complex task of restructuring high schools, access to technical assistance providers with experience in establishing smaller learning communities, and a support network to share best practices. This plan shall also describe in detail the planned allocation of the five percent set aside for national activities for fiscal year 2004 and fiscal year 2005. The Secretary shall submit a letter report to the Committee describing this plan not later than January 1, 2005.

Community technology centers

The bill does not include funding for community technology centers, $9,941,000 below the fiscal year 2004 level and the same as the request. The program provides competitive grants to create and expand community technology centers that offer disadvantaged residents of economically distressed urban and rural communities access to information technology and related training. Other Federal programs also exist that fund communities that want to establish and operate technology centers.

STUDENT FINANCIAL ASSISTANCE

The bill provides $14,755,794,000 for student financial assistance programs, an increase of $748,498,000 over the comparable fiscal year 2004 appropriation and $57,172,000 above the budget request.

Pell grants

The bill maintains the maximum Pell Grant at $4,050, the same as the budget request and the comparable fiscal year 2004 amount. The bill provides $12,830,000,000 in new budget authority for the Pell Grant program, the same as the request and $823,262,000 above the comparable fiscal year 2004 amount. Pell Grants provide portable education vouchers to postsecondary students who may use them at any of over 6,000 eligible schools. The bill does not include funding for enhanced Pell grants for state scholars, which the

administration requested at $33,000,000. The Committee notes that this program has not been authorized.

Federal Supplemental Educational Opportunity Grants

The bill provides $794,455,000 for federal supplemental educational opportunity grants, $24,000,000 above the request and the fiscal year 2004 level. The SEOG program provides grants through postsecondary institutions to qualified students who demonstrate exceptional financial need. Institutions have broad flexibility within the eligibility criteria for awarding these grants with the exception that priority must be given to Pell Grant recipients.

Work-study

The bill provides $998,502,000 for the work-study program, the same as the comparable fiscal year 2004 appropriation and the budget request. Funding for this program is provided through institutions to students who work part-time to meet the cost of education. Institutions receive funding according to a statutory formula and may allocate it for job location and job development centers.

Perkins loans capital contributions

The bill does not include funding for new capital contributions to federal Perkins revolving loan funds, the same as the budget request. This program received $98,764,000 in fiscal year 2004. The committee is aware that the Perkins program currently has over $1,000,000,000 in its revolving fund that can be used to make new awards to students. In addition, the Committee believes that the combination of a low interest rate environment and the availability of the Federal Family Education Loan Program and the Federal Direct Student Loan Program make additional capital contributions unnecessary this year.

Perkins loans cancellations

The bill provides $66,665,000 for federal Perkins loans cancellations, the same as the budget request and the fiscal year 2004 amount. The Federal Government reimburses institutional Perkins revolving loan funds for loan cancellations permitted under Federal law. Loans may be canceled when the borrower pursues a career in one of 12 statutorily-designated professions including corrections, medical technical work, and peace corps or VISTA service.

Leveraging educational assistance partnership

The bill includes $66,172,000 for the leveraging educational assistance partnership (LEAP) program, the same as the fiscal year 2004 level and $66,172,000 above the budget request. LEAP provides dollar-for-dollar matching funds to States as an incentive for providing need-based grant and work study assistance to eligible postsecondary students. Federally supported grants and job earnings are limited to $5,000 per award year for full-time students. By law, each State's allocation is based on its relative share of the total national population of students eligible to participate in the programs, except that no state is to receive less than it received in 1979. If LEAP amounts are below this level, each State is allocated an amount proportional to the amount of funds it received in 1979.

If a state does not use all of its allocation, the excess funds are distributed to other States in the same proportion as the original distribution. States must, at a minimum, match LEAP grants dollar for dollar with state funds provided through direct state appropriations for this purpose.

STUDENT AID ADMINISTRATION

The bill includes $120,247,000 in discretionary resources for the Student Aid Administration account. The Committee recommendation is $3,520,000 more than the comparable fiscal year 2004 funding level and $19,392,000 below the request, when adjusted for discretionary-scored spending. Funds appropriated to the Student Aid Administration account, in addition to mandatory funding available through Section 458 of the Higher Education Act, will support the Department's student aid management expenses. The Federal Student Aid Office and the Office of Postsecondary Education have primary responsibility for administering Federal student financial assistance programs. The Committee bill does not include the Administration's legislative proposal to fund this new account solely through annual appropriations.

HIGHER EDUCATION

The bill provides $1,976,056,000 for higher education programs, a decrease of $116,586,000 below the fiscal year 2004 appropriation and $972,000 below the budget request.

Strengthening institutions

The bill provides $80,986,000 for the regular strengthening institutions program, the same as the budget request and the fiscal year 2004 level. This program provides general operating subsidies to institutions with low average educational and general expenditures per student and significant percentages of low-income students. Awards may be used for faculty and academic program development, management, joint use of libraries and laboratories, acquisition of equipment, and student services.

Hispanic serving institutions

The bill provides $95,873,000 for the Hispanic serving institutions program, the same as the budget request and $1,880,000 above the fiscal year 2004 level. The HSI program provides operating subsidies to schools that serve at least 25 percent Hispanic students of whom at least half are low-income students.

Strengthening historically black colleges and universities

The bill provides $240,500,000 for strengthening historically black colleges and universities (HBCUs), $17,736,000 above the fiscal year 2004 appropriation and the same as the budget request.

This program provides operating subsidies to accredited, legally authorized HBCUs established prior to 1964 whose principal mission is the education of black Americans. Funds may be used to support both programs and management and are distributed through a formula grant based on the enrollment of Pell Grant recipients, number of graduates, and the number of graduates entering graduate or professional schools in which blacks are underrepresented. The minimum grant is $500,000.

Strengthening historically black graduate institutions

The bill provides $58,500,000 for the strengthening historically black graduate institutions program, the same as the budget request and $5,400,000 above the fiscal year 2004 appropriation.

The program provides 5-year grants to the following 18 post-secondary institutions that are specified in section 326(e)(1) of the Higher Education Act: Morehouse School of Medicine, Meharry Medical School, Charles R. Drew Postgraduate Medical School, Clark-Atlanta University, Tuskegee University School of Veterinary Medicine, Xavier University School of Pharmacy, Southern University School of Law, Texas Southern University Schools of Law and Pharmacy, Florida A&M University School of Pharmaceutical Sciences, North Carolina Central University School of Law, Morgan State University qualified graduate program, Hampton University qualified graduate program, Alabama A&M qualified graduate program, North Carolina A&T State University qualified graduate program, University of Maryland Eastern Shore qualified graduate program, Jackson State qualified graduate program, Norfolk State University and Tennessee State University. Of the amount appropriated, the first $26,600,000 is used to make grants to the first 16 institutions listed above. Any amount appropriated in excess of $26,600,000 but less than $28,600,000 is used to make grants to Norfolk State University and Tennessee State University and any remaining appropriation is made available to each of the 18 institutions based on a formula. Awards may be used for building endowments as well as the same purposes for which the strengthening HBCU grants may be used.

Strengthening Alaska Native and Native Hawaiian-serving institutions

The Committee recommends $10,935,000 for strengthening Alaska Native and Native Hawaiian-serving institutions, the same as the fiscal year 2004 level and $4,798,000 above the budget request.

Strengthening tribally controlled colleges and universities

The Committee recommends $23,753,000 for the strengthening tribally controlled colleges and universities program, the same as the budget request and $466,000 above the fiscal year 2004 level.

International education and foreign languages studies

Domestic programs

The bill provides $93,211,000 for the domestic activities of the international education and foreign languages studies programs, $4,000,000 above the fiscal year 2004 appropriation and the budget request. The program assists graduate and undergraduate foreign language and area studies programs and students at institutions of postsecondary education. Programs include national resource centers, foreign language and area studies fellowships, undergraduate international studies and foreign language programs, international research and studies projects, business and international education projects, international business education centers, language resource centers, American overseas research centers, and technological innovation and cooperation for foreign information access. In

general, the Secretary has discretion to allocate funding among these various activities.

The Committee finds that globalization and the war on terrorism have increased America's need for international experts as well as for citizens with foreign language skills and global understanding. The bill includes $1,500,000 of which $500,000 shall be derived from the one percent set aside for Title VI national activities, to support a contract with the National Research Council (NRC) of the National Academies, through its Division of Behavioral and Social Sciences and Education (DBASSE), for an independent review of the Title VI international education and foreign language studies and section 102(b)(6) Fulbright-Hays programs.

The Committee requests that the NRC review the adequacy and effectiveness of Title VI and Fulbright-Hays in addressing their statutory missions and in building the nation's international and foreign language expertise—particularly as needed for economic, foreign affairs and national security purposes. The study should include, but not be limited to, evaluating the performance of these programs in: (1) supporting research, education and training in foreign languages and international studies, including opportunities for such research, education and training overseas; (2) reducing shortages of foreign language and area experts; (3) infusing a foreign language and area studies dimension throughout the educational system and across relevant disciplines including professional education; (4) producing relevant instructional materials that meet accepted scholarly standards; (5) advancing uses of new technology in foreign language and international studies; (6) addressing business needs for international knowledge and foreign language skills; (7) increasing the numbers of underrepresented minorities in international service; and (8) conducting public outreach/dissemination to K–12 and higher education, media, government, business, and the general public. The study should convene experts and scholars widely accepted in the scholarly community with expertise in foreign language and international studies, including international business education. The study may commission the collection of new data and conduct appropriate, rigorous analyses of such data. The Committee requests that the NRC submit its final report to the Secretary of Education and the Congress not later than two years after date of enactment of this bill, with an interim report to be submitted after 15 months.

Overseas programs

The bill provides $12,840,000 for the overseas programs in international education and foreign language studies authorized under the Mutual Educational and Cultural Exchange Act of 1961, popularly known as the Fulbright-Hays Act. The appropriation is the same as the budget request and the fiscal year 2004 appropriation. Funding for these programs support group projects abroad, faculty research abroad, special bilateral projects, and doctoral dissertation research abroad.

Institute for International Public Policy

The bill provides $1,629,000 for the Institute for International Public Policy, the same as the budget request and the fiscal year 2004 appropriation. This program provides a grant to an eligible

recipient to operate the Institute through sub-grantees chosen among minority serving institutions.

Fund for the improvement of postsecondary education

The Committee recommends $32,011,000 for the fund for the improvement of postsecondary education (FIPSE), the same as the budget request and $125,689,000 below the fiscal year 2004 amount. FIPSE awards grants and contracts to a variety of postsecondary institutions and other organizations to improve the quality and delivery of postsecondary education.

Minority science and engineering improvement

The bill provides $8,889,000 for the minority science and engineering improvement program (MSEIP), the same as the fiscal year 2004 appropriation and the budget request.

The MSEIP program awards grants to improve mathematics, science, and engineering programs at institutions serving primarily minority students and to increase the number of minority students who pursue advanced degrees and careers in those fields.

Interest subsidy grants

The bill provides $1,500,000 for interest subsidy grants authorized under section 121 of the Higher Education Act, the same amount requested in the budget and $488,000 below the fiscal year 2004 appropriation. This program provides loan subsidies to higher education institutions for facilities acquisition, construction and renovation loans taken prior to 1974. All loans will terminate by the fiscal year 2013. The authority to initiate new loan subsidy commitments was repealed in the 1992 amendments to the Higher Education Act. Interest subsidies provide institutions the difference between the interest they pay on commercially-obtained loans and 3 percent of the loan balance. The bill provides funding sufficient to meet the Federal Government's commitments on the loans expected to be in repayment status in fiscal year 2005.

Tribally controlled postsecondary vocational and technical institutions

The bill includes $7,185,000 for grants for tribally controlled postsecondary vocational and technical institutions, the same as the budget request and the fiscal year 2004 amount. This program provides grants for the operation and improvement of training programs to ensure continuation and expansion of vocational training opportunities for Indian youth.

TRIO

The bill provides $842,559,000 for the TRIO programs, $10,000,000 above the budget request and the fiscal year 2004 appropriation. The TRIO programs provide a variety of outreach and support services to encourage low-income, potential first-generation college students to enter and complete college. Discretionary grants of up to four or five years are awarded competitively to institutions of higher education and other agencies. At least two-thirds of the eligible participants in TRIO must be low-income, first-generation college students.

GEAR UP

The bill includes $318,230,000 for the GEAR UP program, $20,000,000 above last year's level and the budget request. GEAR UP provides grants to states and partnerships of low-income middle and high schools, institutions of higher education and community organizations to target entire grades of students and give them the skills and encouragement to successfully pursue postsecondary education. The Committee bill provides a sixth and final year award to grantees first funded in 2000, while continuing all other funded projects. The Committee also intends that these funds be available to eligible 1999 grantees that opt to apply for new grant awards upon completion of the original award. The Committee believes that grants should be awarded on an annual basis and expects the Department to consult with the Committee on Appropriations of both the House and the Senate prior to the announcement of any new grant competition.

Byrd scholarships

The bill does not include funding for the Byrd scholarships program, $40,758,000 below the budget request and the fiscal year 2004 appropriation. The Byrd scholarship program provides formula grants to States to award $1,500 scholarships to students who demonstrate academic excellence in high school.

Javits fellowships

The Committee recommends $9,876,000 for the Javits fellowship program, the same as the budget request and the fiscal year 2004 appropriation. Under the Javits program, institutions receive Federal support to make fellowship awards to students pursuing doctoral study in the arts, humanities, and social sciences.

Graduate assistance in areas of national need program

The Committee recommends $30,616,000 for the graduate assistance in areas of national need (GAANN) program, the same as the budget request and the fiscal year 2004 appropriation. The GAANN program awards grants to institutions of higher education to provide fellowships to economically disadvantaged students who have demonstrated academic excellence and who are pursuing graduate education in designated areas of national need.

Teacher quality enhancement grants

The Committee recommends $88,888,000 for teacher quality enhancement grants, the same as the budget request and the fiscal year 2004 appropriation. Teacher quality enhancement grants have three components: state grants, partnership grants and recruitment grants. By statute, state and partnership grants each receive 45 percent of the appropriation, and recruitment grants receive 10 percent.

Under the state grant component, states apply to receive up to three years of funding to improve the quality of their teaching force through promoting reform activities such as teacher licensing and certification, accountability for high quality teacher preparation and professional development and recruiting teachers for high-need schools. States must match 50 percent of the federal award.

Under the partnership component, partnerships apply to receive a five-year grant to strengthen the capacity of K–12 educators in designing and implementing effective teacher education programs, and by increasing collaboration among these practitioners and departments of arts and sciences and schools of education at institutions of higher education. Partnerships must match 25 percent of the federal grant in the first year, 35 percent in the second year, and 50 percent for the remaining years.

The recruitment component supports the efforts to reduce shortages of qualified teachers in high-need school districts. States or partnerships may apply to receive these grants.

The Committee believes that colleges of education play a key role in improving teacher quality. The Committee urges colleges receiving teacher quality enhancement grants to consider the recommendations made by the Teaching Commission, including recruiting stronger students from all major fields of study, requiring education majors to receive at least a minor in an academic subject in addition to education, using research-based practices and pedagogy and offering opportunities to learn and observe in a real world setting.

Child care access means parents in school

The Committee recommends $16,099,000 for child care access means parents in school program, the same as the budget request and the fiscal year 2004 appropriation. Under this program, institutions may receive discretionary grants of up to four years to support or establish a campus-based childcare program primarily serving the needs of low-income students enrolled at the institution. Priority is given to childcare programs that leverage significant local or institutional resources and utilize a sliding fee scale. Grants can only be used to supplement childcare services or start new programs.

Demonstration projects to ensure quality higher education for students with disabilities

The Committee does not recommend funding for demonstration projects in disabilities, the same as the budget request. The program was funded at $6,913,000 in fiscal year 2004.

This program provides discretionary grants for three years to support model demonstration projects that provide technical assistance and professional development activities for faculty and administrators in institutions of higher education in order to provide students with disabilities a high-quality postsecondary education. A number of models have now been developed and are being disseminated to other institutions.

Underground railroad program

The Committee does not recommend funding for the underground railroad program, which is the same as the budget request. This program was funded at $2,222,000 in fiscal year 2004. The underground railroad program provides grants to non-profit institutions to research, display, interpret and collect artifacts relating to the history of the underground railroad.

GPRA data/HEA program evaluation

The Committee recommends $988,000 for program evaluation and development of data required under the Government Performance and Results Act for Higher Education programs administered by the Department. This is the same as the fiscal year 2004 appropriation and the budget request.

The Committee understands that for many higher education programs, baseline and performance indicator data are sparse, nonexistent or difficult to collect. Funding under this activity will support the Department in developing high-quality data as required under the Government Performance and Results Act.

Olympic Scholarships

The bill includes $988,000 for Olympic Scholarships, the same as the fiscal year 2004 level. The budget did not request funding for this program. This program provides financial assistance to athletes who are training at the U.S. Olympic Education Center or one of the U.S. Olympic Training Centers and who are pursuing a postsecondary education at an institution of higher education.

HOWARD UNIVERSITY

The bill provides $243,893,000 for Howard University, $5,130,000 above the budget request and the fiscal year 2004 appropriation. The bill includes a minimum of $3,552,000 for the endowment, which is the same as the current level.

Howard University is a "Research I" university located in the District of Columbia. Direct appropriations for Howard University are authorized by 20 U.S.C. 123, originally enacted in 1867. Howard University provides undergraduate liberal arts, graduate and professional instruction to approximately 11,000 students from all 50 States. Masters degrees are offered in over 55 fields and Doctor of Philosophy degrees in 26 fields.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

The bill provides $578,000 for the Federal administration of the college housing and academic facilities loan (CHAFL) program, the Higher Educational Facilities Loans program and the College Housing Loans program, the same as the budget request and $191,000 below the fiscal year 2004 appropriation.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL AND FINANCING PROGRAM

Federal administration

The bill provides $212,000 for the administration of the historically black college and university capital financing program authorized under part D of title III of the Higher Education Act, $3,000 above the fiscal year 2004 appropriation and the same as the budget request. The program is intended to make capital available for repair and renovation of facilities at historically black colleges and universities. In exceptional circumstances, capital provided under the program can be used for construction or acquisition of facilities.

Bond subsidies

Under the HBCU capital program, a private, for-profit "designated bonding authority" issues construction bonds to raise capital for loans to historically black colleges and universities for construction projects. The Department provides insurance for these bonds, guaranteeing full payment of principal and interest to bond holders. Federally insured bonds and unpaid interest are limited by statute to $375,000,000. The letter of credit limitation establishes the total amount of bonds which can be issued by the designated bonding authority. The credit limitation must be explicitly stated in an appropriation Act according to the authorizing legislation.

INSTITUTE OF EDUCATION SCIENCES

The bill includes $526,804,000 for the Institute of Education Sciences. This amount is $77,183,000 above the budget request, and $30,069,000 above the fiscal year 2004 level. This account supports education research, statistics, and assessment activities.

Research

This bill includes $165,518,000 for educational research, the same as the fiscal year 2004 level and $19,482,000 below the budget request. The Institute of Education Sciences supports research, development and national dissemination activities that are aimed at expanding fundamental knowledge of education and promoting the use of research and development findings in the design of efforts to improve education.

The Committee is concerned that the research and development centers required by the Education Sciences Reform Act of 2002 (ESRA) be able to fulfill their statutory mission to "carry out specific, long-term research activities that are consistent with the priorities and mission of the Institute, and are approved by the Director" (20 USC 9533) concerning the topics of critical national interest on which each center is focused. In particular, the Committee believes that the funding levels announced for the center competitions completed in 2004 may, in some cases, be insufficient. The Committee directs the Director of the Institute of Education Sciences (IES) to consider means at his disposal to increase the funding of centers when additional funding would enhance their contributions to the mission of IES. This includes providing grant supplements to expand projects or to launch new projects within the scope of center's grant, and working actively with centers to encourage their application for funds for research grants available through other research competitions held by IES.

Statistics

This bill includes $91,664,000 for the activities of the National Center for Education Statistics, exclusive of the National Assessment of Educational Progress. This amount is the same as the budget request and the fiscal year 2004 level.

Statistics activities are authorized under the Education Sciences Reform Act of 2002, title I of P.L. 107–279. The Center collects, analyzes, and reports statistics on all levels of education in the United States. Activities are carried out directly and through grants and contracts. Major publications include "The Condition of

Education" and "Digest of Education Statistics." Other products include projections of enrollments, teacher supply and demand, and educational expenditures. Technical assistance to state and local education agencies and postsecondary institutions is provided. International comparisons are authorized.

Regional educational laboratories

The Committee has included $66,665,000 for the regional educational laboratories. This amount is the same as the fiscal year 2004 level. The budget request did not include funding for this program. The Committee believes that the regional educational laboratories can play a key role in supporting the achievement of all children by focusing and aligning their work to help states and education practitioners implement the requirements contained in the No Child Left Behind Act (NCLB). This assistance should include product development, applied research, technical assistance and professional development. The Committee intends that each regional educational laboratory identify priority NCLB issues in their designated region and provide assistance with the implementation of NCLB. Particular focus should be placed on helping states and schools implement the provisions contained in the Highly Qualified Teacher regulations.

IDEA National Activities: Research and innovation

The bill includes $78,125,000 for research and innovation, the same as the fiscal year 2004 level and the budget request. This program supports competitive awards to produce and advance the use of knowledge to improve services and results for children with disabilities. The program focuses on producing new knowledge, integrating research and practice and improving the use of knowledge.

Statewide data systems

The bill includes $30,000,000 for a program to award grants, on a competitive basis, to State educational agencies to enable such agencies to design, develop, and implement statewide, longitudinal data systems to efficiently and accurately manage, analyze, disaggregate, and use individual student data, consistent with the No Child Left Behind Act. The budget did not request funding for this program and it was not funded in fiscal year 2004.

Assessment

This bill includes $94,832,000 for the National Assessment of Educational Progress, the same as the budget request, and $69,000 above the fiscal year 2004 level. The Assessment is authorized under section 303 of the National Assessment of Educational Progress Authorization Act, and is the only nationally representative survey of educational ability and achievement of American students. The primary goal of the Assessment is to determine and report the status and trends of the knowledge and skills of students, subject by subject. Subject areas assessed in the past have included reading, writing, mathematics, science, and history, as well as citizenship, literature, art, and music. The Assessment is operated by contractors through competitive awards made by the National Center for Education Statistics; a National Assessment Governing Board formulates the policy guidelines for the program. Within the

amounts provided, $5,129,000 is for the National Assessment Governing Board.

DEPARTMENTAL MANAGEMENT

The bill includes $559,093,000 for departmental management (salaries and expenses) at the Department of Education. This amount is $3,785,000 above the fiscal year 2004 appropriation and $14,062,000 below the budget request. These activities are authorized by the Department of Education Organization Act, P.L. 96–88, and include costs associated with the management and operations of the Department as well as separate costs associated with the Office for Civil Rights and the Office of the Inspector General.

The Committee continues to be pleased with the emphasis the Department's senior management team has placed on complying with the Government Performance and Results Act. The Committee expects the Department to continue to develop and refine GPRA measures for all programs, focusing particularly on student achievement outcomes.

The Committee is aware that regional offices of the Department of Education are conducting ongoing audits of various institutions of higher education. The Committee is interested in the outcomes of past audits and therefore directs the Secretary to provide a report to the Committee on Appropriations of both the House and the Senate no later than six weeks after the date of enactment of this Act with the following information: a list of every institution placed on reimbursement since 1995 by the Dallas or Chicago regional student financial aid offices, along with the date on which the school went on reimbursement and the date on which the matter was resolved and the reason it was resolved. The report should include how many schools were required to do a 100% audit of any school year and how many of those schools went on to be placed on reimbursement. The report should also note if a school put on reimbursement was subsequently closed and the date on which that occurred.

Executive Order 13270 directed federal agencies to take steps to enhance access to federal opportunities and resources for American Indian/Alaska Native students from tribal colleges and other post-secondary schools. The Committee believes that the Washington Semester American Indian Program (WINS) is an excellent way to advance the goals of Executive Order 13270, and strongly urges the Secretary to maximize the number of agencies that participate in the WINS program.

Program administration

The bill includes $421,055,000 for program administration. This amount is $676,000 above the fiscal year 2004 appropriation and $8,723,000 below the budget request. These funds support the staff and other costs of administering programs and activities at the Department. Items include personnel compensation and health, retirement and other benefits as well as travel, rent, telephones, utilities, postage fees, data processing, printing, equipment, supplies, technology training, consultants and other contractual services.

Office for Civil Rights

The bill includes $90,248,000 for the salaries and expenses of the Office for Civil Rights. This amount is $1,943,000 above the fiscal year 2004 appropriation and $2,553,000 below the budget request. This Office is responsible for enforcing laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, membership in a patriotic society, and age in all programs and institutions that receive funds from the Department. These laws extend to 50 State educational agencies, 16,000 local educational agencies, 3,500 institutions of higher education, as well as to proprietary schools, State rehabilitation agencies, libraries, and other institutions receiving Federal funds.

Office of the Inspector General

The bill includes $47,790,000 for the Office of the Inspector General. This amount is $1,166,000 above the fiscal year 2004 appropriation and $2,786,000 below the budget request. This Office has authority to inquire into all program and administrative activities of the Department as well as into related activities of grant and contract recipients. It conducts audits and investigations to determine compliance with applicable laws and regulations, to check alleged fraud and abuse, efficiency of operations, and effectiveness of results.

GENERAL PROVISIONS

Sec. 301. The Committee continues a provision which prohibits funds under this Act from being used for the transportation of students or teachers in order to overcome racial imbalances or to carry out a plan of racial desegregation.

Sec. 302. The Committee continues a provision which prohibits funds under this Act from being used to require the transportation of any student to a school other than the school which is nearest the student's home in order to comply with title VI of the Civil Rights Act of 1964.

Sec. 303. The Committee continues a provision which prohibits funds under this Act from being used to prevent the implementation of programs of voluntary prayer and meditation in public schools.

Sec. 304. The Committee continues a provision which allows up to 1 percent of any discretionary funds appropriated for the Department of Education to be transferred between appropriations accounts, provided that no appropriation is increased by more than 3 percent by any such transfer. This provision requires the Secretary to notify the Appropriations Committees of both Houses of Congress at least 15 days in advance of a transfer.

Sec. 305. The Committee includes a provision making a technical change to the Impact Aid Program to extend the application deadline for applying for section 8002 federal property payments from FY 2005 to FY 2007.

Sec. 306. The Committee recently became aware of a policy change implemented by the Department of Education regarding consolidation loans. The Committee believes that the proper forum for any such change is within the reauthorization of the Higher Education Act of 1965. The Committee therefore directs the Sec-

retary to make no change to these policies while the Committee on Education and the Workforce is in the process of this reauthorization. Further, the Committee directs the Secretary to withdraw the Secretary's dear colleague letter dated April 29, 2004, regarding consolidation loans and to remove any restriction on the Department's servicer in the processing of loan verification certificates.

TITLE IV—RELATED AGENCIES

ARMED FORCES RETIREMENT HOME

The bill provides authority to expend $61,195,000 from the Armed Forces Retirement Home Trust Fund for operations and capital activities at the United States Soldiers' and Airmen's Home and the United States Naval Home, a decrease of $3,699,000 below the comparable fiscal year 2004 appropriation and the same as the budget request.

Operations

The bill provides authority to expend $57,195,000 from the Armed Forces Retirement Home Trust Fund for operations of the United States Soldiers' and Airmen's Home and the United States Naval Home, a decrease of $5,728,000 above the comparable fiscal year 2004 appropriation and the same as the budget request.

Capital outlay

The bill provides authority to expend $4,000,000 from the Armed Forces Retirement Home Trust Fund for capital activities at the Soldiers' and Airmen's Home and the United States Naval Home, an increase of $2,029,000 above the comparable fiscal year 2004 appropriation and the same as the budget request.

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

The bill provides $4,672,000 for the Committee for Purchase From People Who Are Blind or Severely Disabled, a decrease of $53,000 below the comparable fiscal year 2004 appropriation and the same as the budget request.

The Committee for Purchase From People Who Are Blind or Severely Disabled was established by the Wagner-O'Day Act of 1938 as amended. Its primary objective is to increase the employment opportunities for people who are blind or have other severe disabilities and, whenever possible, to prepare them to engage in competitive employment.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

DOMESTIC VOLUNTEER SERVICE PROGRAMS

The bill provides $353,197,000 for the Domestic Volunteer Service Programs that are administered by the Corporation for National and Community Service. The recommended amount is $1,143,000 below the fiscal year 2004 appropriation and $22,138,000 below the budget request. Appropriations for these programs are not authorized in law for fiscal year 2005. Funding for the Americorps program that is also administered by the Corporation for National and

Community Service is provided in the VA/HUD and Independent Agencies appropriations bill.

The Committee emphasizes the importance of developing clear, measurable outcomes for programs within the purview of the Corporation as outlined in the Government Performance and Results Act. It is vital that the Committee be provided with information on the actual results achieved by the programs, not simply the number of volunteers participating in the program or the number of hours served. Program outcomes should, to the extent possible, focus on the actual improvements in the health, safety, education, and quality of life of individuals in the community as a result of the Federal investment. Programs that are able to demonstrate these results over time will be considered higher funding priorities than programs that are unable to clearly demonstrate their value to the American public.

VISTA

The bill provides $93,731,000 for the Volunteers in Service to America (VISTA) program, the same as the fiscal year 2004 level and $2,697,000 below the budget request. The VISTA program supports individuals who recruit volunteers and organize community volunteer activities but who do not provide direct volunteer services.

Special Volunteer Programs

The bill includes $5,000,000 for special volunteer programs authorized under section 122 part C of title I of the Domestic Volunteer Service Act of 1973, $4,876,000 below the fiscal year 2004 level and $10,000,000 below the budget request.

These funds are to be used to place volunteers in community activities that are targeted specifically at contributing to homeland defense. Grants will be made to states and community organizations on a competitive basis and will support public and nonprofit agencies' efforts in the areas of public safety, public health, and disaster relief and preparedness. The Committee intends that these funds be used to support volunteer efforts across the population, and not simply focus on recruiting seniors.

National Senior Volunteer Corps

The bill provides a total of $216,466,000 for the National Senior Volunteer Corps, $2,202,000 above the fiscal year 2004 level and $8,078,000 below the budget request.

The bill provides $112,323,000 for the Foster Grandparents program, $2,202,000 above the fiscal year 2004 levels and $5,623,000 above the budget request. This program provides volunteer service opportunities for low-income people aged 60 and over.

The bill provides $45,987,000 for the Senior Companion program, the same as the fiscal year 2004 appropriation and $576,000 below the budget request. The program provides project grants to private, non-profit organizations and State and local public agencies to offer volunteer service opportunities to low-income individuals aged 60 and over. These volunteers assist older adults with physical, mental or emotional impairments that put them at risk for institutionalization.

The bill provides $58,156,000 for the Retired Senior Volunteer Program (RSVP), the same as the fiscal year 2004 appropriation and $11,728,000 below the budget request. This program provides part-time volunteer service opportunities for low-income individuals aged 55 and over to recruit volunteers and organize volunteer activities relating to a variety of social needs.

The bill does not include funding for senior demonstration programs, the same as the fiscal year 2004 level and $1,397,000 above the budget request.

Program administration

The bill provides $38,000,000 for program administration, $1,531,000 above the fiscal year 2004 appropriation and $1,363,000 below the budget request.

CORPORATION FOR PUBLIC BROADCASTING

The Committee has provided $400,000,000 in advance funding for fiscal year 2007 for the Corporation for Public Broadcasting (CPB). The Administration did not request any advance funding.

The Committee has included authority for CPB to spend up to $20,000,000 in fiscal year 2005 funds for CPB digital conversion activities. The Committee has also included authority for CPB to spend up to $60,000,000 on the Satellite Interconnection system.

The Committee commends the Independent Television Service (ITVS), through its collaboration with the Corporation for Public Broadcasting (CPB), for its continuing success in diversifying programming on public television. The Committee was pleased that the last contract between ITVS and CPB was a multi-year one and contained increases to ITVS in line with historic funding percentages. The Committee urges that the next contract again be made on a multi-year basis and contain appropriate increases for the ITVS basic production grant and for costs associated with producing the series, Independent Lens.

FEDERAL MEDIATION AND CONCILIATION SERVICE

The bill provides $43,964,000 for the Federal Mediation and Conciliation Service (FMCS), an increase of $835,000 above the comparable fiscal year 2004 appropriation the same as the budget request.

The FMCS attempts to prevent and minimize labor-management disputes having a significant impact on interstate commerce or national defense, except in the railroad and airline industries. The agency convenes boards of inquiry appointed by the President in emergency disputes and conducts dispute mediation, preventive mediation, and arbitration. In addition, the Service offers alternative dispute resolution services and training to other Federal agencies to reduce litigation costs and speed Federal administrative proceedings.

The bill also includes provisions first enacted in the fiscal year 1996 Appropriations Act granting the agency the authority to accept gifts and to charge fees for certain services. The Committee understands that the Youth Violence Prevention and Conflict Resolution Program under the Federal Mediation and Conciliation Service (FMCS) has received $500,000 for the past two years for on-

going expenses related to partnerships with local schools and universities to provide youth violence education and awareness services. Specifically, the Committee recognizes the success that this program has had in providing schools, after school programs, universities with computer technology to gather information designed to identify factors for school conflict and youth violence within their community. Through this program, schools are able to partner with FMCS to develop solutions to address the problems that affect their specific youth population. The Committee believes that this program should be evaluated for future funding increases to be able to offer these services to more than the 12 locations nationwide currently participating.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

The bill provides $7,813,000 for the Federal Mine Safety and Health Review Commission, $85,000 above the fiscal year 2004 level and the same as the budget request. The Commission is responsible for reviewing the enforcement activities of the Secretary of Labor under the Federal Mine Safety and Health Act. The Commission's administrative law judges hear and decide cases initiated by the Secretary of Labor, mine operators, or miners. The five-member Commission hears appeals from administrative law judge decisions, rules on petitions for discretionary review, and may direct, of its own initiative, review of cases that present unusual questions of law.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

The Committee recommends $261,743,000 for the Institute of Museum and Library Services. This is $497,000 below the fiscal year 2004 level and the same as the budget request. The Institute makes state formula grants for library services and discretionary national grants for joint library and museum projects.

For Library Services, the Committee recommends $169,958,000 for State grants and $3,675,000 for library services to Native Americans and Native Hawaiians. The Committee recommends $16,500,000 for national leadership grants. The Committee continues to support and commend the 21st Century Librarian Initiative that recruits and educates librarians and has included the full amount requested, $23,000,000 for this purpose.

For Museum Services, the Committee recommends $20,700,000 for the museums for America program, $450,000 for museum assessment programs; $3,630,000 for Conservation programs; $12,000,000 for National Leadership projects; and $644,000 for Native American Museum Services.

The Committee recommends $11,186,000 for program administration, the same as the budget request.

MEDICARE PAYMENT ADVISORY COMMISSION

The Committee recommends $9,905,000 for the Medicare Payment Advisory Commission, an increase of $660,000 above the comparable fiscal year 2004 appropriation and the budget request. The Commission advises Congress on matters of physician and hospital reimbursement under the Medicare and Medicaid programs.

NATIONAL COMMISSION ON LIBRARIES AND INFORMATION SCIENCE

The Committee recommends $1,000,000 for the National Commission on Libraries and Information Science. This is $6,000 above the fiscal year 2004 level and the same as the budget request.

NATIONAL COUNCIL ON DISABILITY

The bill provides $2,873,000 for the National Council on Disability (NCD), a decrease of $148,000 below the comparable fiscal year 2004 level appropriation and the same as the budget request. The Council monitors implementation of the Americans with Disabilities Act and makes recommendations to the President, the Congress, the Rehabilitation Services Administration, and the National Institute on Disability and Rehabilitation Research on public policy issues of concern to individuals with disabilities.

NATIONAL LABOR RELATIONS BOARD

The bill provides $248,785,000 for the National Labor Relations Board (NLRB). This is $6,152,000 above the fiscal year 2004 level and the same as the budget request. The NLRB receives, investigates, and prosecutes unfair labor practice charges filed by businesses, labor unions, and individuals. It also schedules and conducts representation elections. The five-member Board considers cases in which an administrative law judge decisions are appealed.

In 1959, Congress passed a law to give the NLRB jurisdiction over businesses to settle labor disputes between unions and management based on gross receipts. Once a business' gross receipts pass a certain threshold, it is subject to NLRB intervention. Businesses below the threshold are subject to actions under State laws, instead of the NLRB.

The Committee is aware of concerns over the backlog of cases before the NLRB. The Committee requests that the Board investigate the causes of this backlog, and report on options for reducing the backlog, including raising the jurisdictional thresholds of the Board.

NATIONAL MEDIATION BOARD

The bill provides $11,635,000 for the National Mediation Board (NMB), $281,000 above the comparable fiscal year 2004 appropriation and the same as the budget request. The NMB mediates labor disputes between employees and railroad and airline carriers subject to the Railway Labor Act. The Board also resolves representation disputes involving labor organizations seeking to represent railroad or airline employees.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

The bill provides $10,516,000 for the Occupational Safety and Health Review Commission, $711,000 above the fiscal year 2004 level and the same as the budget request. The Commission adjudicates contested citations issues by the Occupational Safety and Health Administration against employers for violations of safety and health standards. The Commission's administrative law judges settle and decide cases at the initial level of review. The agency's three appointed Commissioners also review cases, issue rulings on

complicated issues, and may direct review of any decision by an administrative law judge.

RAILROAD RETIREMENT BOARD

DUAL BENEFITS ACCOUNT

The bill provides $108,000,000 for dual benefits, a decrease of $10,298,000 below the comparable fiscal year 2004 appropriation and the same as the budget request. These funds are used to pay dual benefits to those retirees receiving both railroad retirement and social security benefits. The bill includes a provision permitting a portion of these funds to be derived from income tax receipts on dual benefits as authorized by law. The Railroad Retirement Board estimates that approximately $8,000,000 may be derived in this manner.

FEDERAL PAYMENT TO THE RAILROAD RETIREMENT ACCOUNT

The bill provides $150,000 for the interest earned on unnegotiated checks, the same as the budget request and the comparable amount provided for fiscal year 2004.

LIMITATION ON ADMINISTRATION

The bill provides a consolidated limitation of $102,202,000 on the expenditure of railroad retirement and railroad unemployment trust funds for administrative expenses of the Railroad Retirement Board, the same as the comparable fiscal year 2004 appropriation and a decrease of $398,000 below the budget request. The bill includes a provision from the fiscal year 1999 Appropriations Act prohibiting the transfer of resources formerly identified in a Memorandum of Understanding from the RRB to the Inspector General.

The Railroad Retirement Board (RRB) administers comprehensive retirement-survivor and unemployment-sickness insurance benefit programs for railroad workers and their families. This account limits the amount of funds in the railroad retirement and railroad unemployment insurance trust funds that may be used by the RRB for administrative expenses. The Committee prohibits funds from the railroad retirement trust fund from being spent on any charges over and above the actual cost of administering the trust fund, including commercial rental rates.

The bill includes language (Sec. 517) limiting the availability of funds to the Railroad Retirement Board to enter into an arrangement with a nongovernmental financial institution to serve as disbursing agent for benefits payable under the Railroad Retirement Act of 1974.

The Committee is pleased with the management of the Board and reiterates its interest in quickly and comprehensively implementing the Government Performance and Results Act.

LIMITATION ON THE OFFICE OF INSPECTOR GENERAL

The bill provides authority to expend $6,561,000 from the railroad retirement and railroad unemployment insurance trust funds for the Office of Inspector General, the same as the comparable fiscal year 2004 appropriation and a decrease of $639,000 below the budget request. This account provides funding for the Inspector

General to conduct and supervise audits and investigations of programs and operations of the Board.

The Committee compliments the work of the Office of the Inspector General of the Railroad Retirement Board for their work in obtaining information on actual collections, offsets, and funds put to better use as required in House Report 105–635. This information is of great use to the Committee and the Committee understands the difficulty encountered by the OIG in obtaining it. The Committee expects that the Office of Inspector General will continue to report the information to it.

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

The Committee provides $20,454,000 for mandatory payments necessary to compensate the Old Age and Survivors Insurance (OASI) and Disability Insurance (DI) Trust Funds for special payments to certain uninsured persons (for which no payroll tax is received), costs incurred for administration of pension reform activities and interest lost on the value of benefit checks issued but not negotiated. This appropriation restores the trust funds to the position they would have been in had they not borne these costs properly charged to the general funds.

SUPPLEMENTAL SECURITY INCOME PROGRAM

The Committee provides $28,578,829,000 for the Supplemental Security Income (SSI) program. The Committee also provides $10,930,000,000 in advance funding for the first quarter of fiscal year 2006.

Beneficiary services

In addition to Federal benefits, the Social Security Administration (SSA) administers a program of supplementary State benefits for those States that choose to participate. The funds are also used to reimburse the trust funds for the administrative costs of the program. The Committee provides $45,929,000 for beneficiary services, the same as the budget request, with the total appropriations for SSI. This funding reimburses State vocational rehabilitation services agencies for successful rehabilitation of SSI recipients.

Research and demonstration

Within the appropriation for SSI, the Committee provides $27,000,000 for research and demonstration activities conducted under section 1110 of the Social Security Act.

Administration

Within the appropriation for SSI, the Committee provides $2,986,900,000 for payment to the Social Security trust funds for the SSI Program's share of SSA's base administrative expenses.

LIMITATION ON ADMINISTRATIVE EXPENSES

The bill provides a limitation on administrative expenses for the Social Security Administration (SSA) of $8,674,100,000 to be funded from the Social Security and Medicare trust funds. This is $480,926,000 more than the fiscal year 2004 level and $82,900,000

less than the budget request. The Committee does not provide the contingency reserve from the HI/SMI trust funds as requested.

The Committee notes the success of the third party verifier pilot program, designed to detect identity fraud and false Social Security Number (SSN) usage. Over 7% of the SSNs processed through the current program have come back as a "no match," meaning that the program has been successful in discovering identity fraud, as intended. The Committee encourages SSA to continue the pilot program and requests that SSA notify the Committee 180 days prior to any possible elimination of this program.

The Committee is pleased with the initiative the Social Security Administration has started in examining the population with limb loss who could return to work with proper prosthetic and orthotics care. The Committee encourages the Ticket-to-Work initiative to continue to pursue this vital area.

SOCIAL SECURITY ADVISORY BOARD

The bill provides that not less than $2,000,000 within the limitation on administrative expenses shall be available for the Social Security Advisory Board, $200,000 more than the fiscal year 2004 level and the same as the budget request.

User fees

In addition to other amounts provided in the bill, the Committee provides an additional limitation of $124,000,000 for administrative activities funded from user fees. This is $4,000,000 more than the fiscal year 2004 level and the same as the request.

OFFICE OF INSPECTOR GENERAL

The bill provides $91,107,000 for the Office of the Inspector General (OIG), $3,428,000 more than the fiscal year 2004 level and $893,000 less than the budget request. The bill also provides authority to expend $65,359,000 from the Social Security trust funds for activities conducted by the Inspector General, $2,035,000 more than the fiscal year 2004 level and $641,000 less than the budget request.

TITLE V—GENERAL PROVISIONS

Sec. 501. The Committee continues a provision to allow the Secretaries of Labor, Health and Human Services, and Education to transfer unexpended balances of prior appropriations to accounts corresponding to current appropriations to be used for the same purpose and for the same periods of time for which they were originally appropriated.

Sec. 502. The Committee continues a provision to prohibit the obligation of funds beyond the current fiscal year unless expressly so provided.

Sec. 503. The Committee continues a provision to prohibit appropriated funds to be used to support or defeat legislation pending before the Congress or any State legislature, except in presentation to the Congress or any State legislature itself.

Sec. 504. The Committee continues a provision to limit the amount available for official reception and representation expenses for the Secretaries of Labor and Education, the Director of the Fed-

eral Mediation and Conciliation Service, and the Chairman of the National Mediation Board.

Sec. 505. The Committee continues a provision to prohibit funds to be used to carry out a needle distribution program.

Sec. 506. The Committee continues a Sense of the Congress provision related to buy American-made products.

Sec. 507. The Committee continues a provision to require grantees receiving Federal funds to clearly state the percentage of the total cost of the program or project that will be financed with Federal money.

Sec. 508. The Committee continues a provision to prohibit appropriated funds to be used for any abortion.

Sec. 509. The Committee continues a provision to provide exceptions for Sec. 508 and adds a limitation prohibiting funds from the bill to be made available to a Federal, State or local government or program if they discriminate against institutional or individual health care entities if they do not provide, pay for, or refer for abortions.

Sec. 510. The Committee continues a provision to prohibit the use of funds in the Act concerning research involving human embryos. However, this language should not be construed to limit federal support for research involving human embryonic stem cells listed on an NIH registry and carried out in accordance with policy outlined by the President.

Sec. 511. The Committee continues a provision to prohibit the use of funds for any activity that promotes the legalization of any drug or substance included in schedule I of the schedules of controlled substances.

Sec. 512. The Committee continues a provision related to annual reports to the Secretary of Labor.

Sec. 513. The Committee continues a provision to prohibit the use of funds to promulgate or adopt any final standard providing for a unique health identifier until legislation is enacted specifically approving the standard.

Sec. 514. The Committee continues a provision that prohibits the transfer of funds from this Act except by authority provided in this Act or another appropriation Act.

Sec. 515. The Committee includes a provision to limit funds in the bill for public libraries to those libraries that comply with the requirements of the Children's Internet Protection Act.

Sec. 516. The Committee includes a provision to limit technology funds in the bill for elementary and secondary schools to those schools that comply with the requirements of the Children's Internet Protection Act.

Sec. 517. The Committee includes language limiting the availability of funds to the Railroad Retirement Board to enter into an arrangement with a nongovernmental financial institution to serve as disbursing agent for benefits payable under the Railroad Retirement Act of 1974.

Sec. 518. The Committee includes a new provision clarifying the procedures for reprogramming of funds. The Committee notes that reprogramming procedures had heretofore been included in the Report. However, adherence to the reprogramming procedures by Agencies funded in this Act has varied widely, including one recent example where the Committee was notified of a reprogramming

through a press release. The Committee also notes that this provision is consistent with reprogramming language included in other bills within the Committee's jurisdiction.

CONSTITUTIONAL AUTHORITY

Clause 3(d)(1) of rule XIII of the Rules of the House of Representatives states that:

Each report of a committee on a public bill or public joint resolution shall contain the following:

(1) A statement citing the specific powers granted to Congress in the Constitution to enact the law proposed by the bill or joint resolution.

The Committee on Appropriations bases its authority to report this legislation on Clause 7 of Section 9 of Article I of the Constitution of the United States of America which states:

No money shall be drawn from the Treasury but in consequence of Appropriations made by law * * *.

Appropriations contained in this Act are made pursuant to this specific power granted by the Constitution.

COMPARISON WITH BUDGET RESOLUTION

Clause 3(c)(2) of rule XIII of the Rules of the House of Representatives requires an explanation of compliance with section 308(a)(1)(A) of the Congressional Budget Act of 1974 (Public Law 93–344), as amended, which requires that the report accompanying a bill providing new budget authority contain a statement detailing how the authority compares with the report submitted under section 302 of the Act for the most recently agreed to concurrent resolution on the budget for the fiscal year. This information follows:

[In millions of dollars]

	302(b) allocation		This bill	
	Budget authority	Outlays	Budget authority	Outlays
Discretionary	142,526	141,117	142,526	141,117
Mandatory	342,503	342,402	342,503	342,402

In accordance with the Congressional Budget Act of 1974 (Public Law 93–344), as amended, the following information was provided to the Committee by the Congressional Budget Office:

FIVE-YEAR PROJECTIONS

In compliance with section 308(a)(1)(B) of the Congressional Budget Act of 1974 (Public Law 93–344), as amended, the following table contains five-year projections associated with the budget authority provided in the accompanying bill:

[In millions of dollars]

Budget authority	399,114
Outlays:	
2005 [1]	317,066
2006	60,666
2007	16,788
2008	3,825
2009 and future years	602

[1] Excludes outlays from prior year budget authority.

FINANCIAL ASSISTANCE TO STATE AND LOCAL GOVERNMENTS

In accordance with section 308(a)(1)(C) of the Congressional Budget Act of 1974 (Public Law 93–344), as amended, the financial assistance to State and local governments is as follows:

[In millions of dollars]

Budget authority	185,515
Outlays	14,710

TRANSFER OF FUNDS

Pursuant to clause 3(f)(2), rule XIII of the Rules of the House of Representatives, the following table is submitted describing the transfers of funds provided in the accompanying bill.

The table shows, by Department and agency, the appropriations affected by such transfers.

APPROPRIATION TRANSFERS RECOMMENDED IN THE BILL

Account to which transfer is made	Amount	Account from which transfer is made	Amount
Department of Labor:		Department of Labor:	
Special Benefits	(1)	Postal Service	(1)
Various Agencies [1]		Energy Employees Occupational Illness Compensation Fund [1].	
Employment Standards Administration—Salaries and Expenses.	$32,646,000	Black Lung Disability Trust Fund	$32,646,000
Departmental Management—Salaries and Expenses.	23,705,000	Black Lung Disability Trust Fund	23,705,000
Office of Inspector General	342,000	Black Lung Disability Trust Fund	342,000
Department of Health and Human Services: National Institutes of Health:		International Assistance Programs:	
National Institute of Allergy and Infectious Disease.	100,000,000	Global Fund to Fight HIV/AIDS, Malaria, and Tuberculosis.	100,000,000
Department of Energy:		Department of Health and Human Services: Administration for Children and Families:	
Weatherization Assistance Program	227,000,000	Low-Income Home Energy Assistance	227,000,000
Related Agencies: Social Security Administration: Office of Inspector General	65,359,000	Federal Old-Age and Survivors Insurance Trust Fund and Federal Disability Insurance Trust Fund.	65,359,000
		Department of Health and Human Services: Centers for Medicare and Medicaid Services:	
Office of Hearings and Appeals	50,000,000	Program Management	50,000,000

[1] Such sums.

RESCISSIONS

Pursuant to clause 3(f)(2), rule XIII of the Rules of the House of Representatives, the following table is submitted describing the rescissions recommended in the accompanying bill.

COMPLIANCE WITH RULE XIII, CL. 3(E) (RAMSEYER RULE)

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

* * * * * * *

CHANGES IN APPLICATION OF EXISTING LAW

Pursuant to clause 3, rule XIII of the Rules of the House of Representatives, the following statements are submitted describing the effect of provisions in the accompanying bill which may directly or indirectly change the application of existing law.

In some instances the bill includes appropriations for certain ongoing programs which are not yet authorized for fiscal year 2004.

The bill provides that appropriations shall remain available for more than one year for some programs for which the basic authorizing legislation does not presently authorize such extended availability.

In various places in the bill, the Committee has earmarked funds within appropriation accounts in order to fund specific sections of a law. Whether these actions constitute a change in the application of existing law is subject to individual interpretation, but the Committee felt that this fact should be mentioned.

In several instances, the bill provides advance appropriations for fiscal year 2006 for programs for which such advances are not authorized by law.

TITLE I—DEPARTMENT OF LABOR

TRAINING AND EMPLOYMENT SERVICES

Language prohibiting the use of funds from any other appropriation to provide meal services at or for Job Corps centers.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Language allowing the use of funds for amortization payments to States which had independent retirement plans in their State employment service agencies prior to 1980.

Language allowing the Labor Department to withhold from State allotments funds available for penalty mail under the Wagner-Peyser Act.

Language providing that funds in this Act for one-stop career centers and unemployment insurance national activities may be used for contracts, grants or agreements with non-State entities.

Language providing that funds in this Act may be used by the States for integrated Employment Service and Unemployment Insurance automation efforts.

EMPLOYMENT STANDARDS ADMINISTRATION

SALARIES AND EXPENSES

Language authorizing the Secretary of Labor to accept and spend all sums of money ordered to be paid to the Secretary, in accordance with the terms of a Consent Judgment in U.S. District Court for the Northern Mariana Islands.

Language authorizing the Secretary of Labor to collect user fees for processing certain applications and issuing certain certificates and registrations under the Fair Labor Standards Act and the Migrant and Seasonal Agricultural Worker Protection Act.

SPECIAL BENEFITS

Language providing funds may be used under the Federal Employees' Compensation Act in which the Secretary of Labor may reimburse an employer, who is not the employer at the time of injury, for portions of the salary of a reemployed, disabled beneficiary.

Language allowing the Secretary of Labor to transfer certain administrative funds from the Postal Service fund and certain other government corporations and agencies related to the administration of the Federal Employees' Compensation Act.

Language allowing the Secretary of Labor to require any person filing a claim for benefits under the Federal Employees' Compensation Act or the Longshore and Harbor Workers' Compensation Act to provide such identifying information as the Secretary may require, including a Social Security number.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Language establishing a maximum amount available for grants to States under the Occupational Safety and Health Act, which grants shall be no less than 50 percent of the costs of State programs required to be incurred under plans approved by the Secretary under section 18 of the Act.

Language authorizing the Occupational Safety and Health Administration to retain and spend up to $750,000 of training institute course tuition fees for training and education grants.

Language allowing the Secretary of Labor to collect and retain fees for services provided to Nationally Recognized Testing Laboratories.

Language prohibiting OSHA from obligating or expending any of these funds to enforce the annual fit test requirement of the General Industry Respiratory Protection Standard with respect to exposure to tuberculosis.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Language allowing the Mine Safety and Health Administration to collect up to $750,000 at the National Mine Health and Safety Academy for room, board, tuition, and the sale of training materials, otherwise authorized by law to be collected, to be available for mine safety and health education and training activities, notwithstanding 31 U.S.C. 3302.

Language allowing the Mine Safety and Health Administration to accept land, buildings, equipment, and other contributions from public and private sources; to prosecute projects in cooperation with other agencies, Federal, State, or private; and to promote health and safety education and training in the mining community through cooperative programs with States, industry, and safety associations.

Language allowing the Secretary of Labor to use any funds available to the Department to provide for the costs of mine rescue and survival operations in the event of major disasters.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Language providing that no funds made available by this Act may be used by the Solicitor of Labor to participate in a review in any United States court of appeals of any decision made by the Benefits Review Board under section 21 of the Longshore and Harbor Workers' Compensation Act where such participation is precluded by the decision of the Supreme Court in Director, Office of Workers' Compensation Programs v. Newport News Shipbuilding, 115 S. Ct. 1278 (1995), notwithstanding any provisions to the contrary contained in Rule 15 of the Federal Rules of Appellate Procedure.

Language providing that any decision under the Longshore Act pending before the Benefits Review Board for more than one year shall be considered affirmed by the Board and shall be considered the final order of the Board.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HEALTH RESOURCES AND SERVICES

Language providing that $39,740,000 from general revenues, notwithstanding section 1820(j) of the Social Security Act, shall be available for carrying out the Medicare rural hospital flexibility grants program under section 1820 of such Act.

Language providing that in addition to fees authorized by section 427(b) of the Health Care Quality Improvement Act of 1986, fees shall be collected for the full disclosure of information under the Act sufficient to recover the full costs of operating the National Practitioner Data Bank, and shall remain available until expended to carry out that Act.

Language providing that fees collected under the Health Care Fraud and Abuse Data Collection Program shall be sufficient to recover the full costs of operating the program, and shall remain available until expended to carry out that Act.

Language providing that all pregnancy counseling under the family planning program shall be nondirective.

Language making $25,000,000 available under section 241 of the Public Health Service Act to fund special programs for the care and treatment of individuals with HIV disease.

Funds are set aside for special projects of regional and national significance under section 501(a)(2) of the Social Security Act which shall not be counted toward compliance with the allocation required in section 502(a)(1) of the Act and which shall be used only for making competitive grants to provide abstinence education.

CENTERS FOR DISEASE CONTROL AND PREVENTION

Language permitting the Centers for Disease Control and Prevention to purchase and insure official motor vehicles in foreign countries.

Language providing the Centers for Disease Control and Prevention to purchase, hire, maintain and operate aircraft.

Language providing that $81,500,000 is available until expended for equipment and construction and renovation of facilities.

Language providing that $142,808,000 is available until September 30, 2006 for International HIV/AIDS.

Language providing that collections from user fees may be credited to the Centers for Disease Control and Prevention appropriation.

Language making specific amounts under section 241 of the Public Health Service Act available to carry out: National Immunization Surveys; National Center for health Statistics surveys; information systems standards development and architecture and applications-based research used at local public health levels; Public Health Research; and the National Occupational Research Agenda.

Language allowing the Director of the Centers for Disease Control and Prevention to redirect certain funds appropriated under Public Law 101–502.

Language providing that not to exceed $12,500,000 may be made available for grants under section 1509 of the Public Health Service Act to not more than 15 States, tribes, or tribal organizations.

Language permitting the Centers for Disease Control and Prevention to proceed with property acquisition, including a long-term ground lease for construction on non-federal land, for construction of a replacement laboratory in the Ft. Collins, Colorado area.

Language permitting the Centers for Disease Control and Prevention to enter into a single contract or related contracts for the full scope of development and construction of facilities, subject to available appropriations.

NATIONAL INSTITUTES OF HEALTH

Language allowing the transfer of $100,000,000 to International Assistance Programs, "Global Fund to Fight HIV/AIDS, Malaria, and Tuberculosis," to remain available until expended.

NATIONAL INSTITUTE ON DRUG ABUSE

Language making $6,300,000 available under section 241 of the Public Health Service Act to carry out national surveys on drug abuse and related analysis.

NATIONAL LIBRARY OF MEDICINE

Language providing that the National Library of Medicine may enter into certain personal services contracts.

Language making $8,200,000 available under section 241 of the Public Health Service Act to carry out National Information Center on Health Services Research and Health Care Technology and related health services.

OFFICE OF THE DIRECTOR

Language providing that the National Institutes of Health is authorized to collect third party payments for the cost of the clinical services that are incurred in NIH research facilities and that such payments shall be credited to the NIH Management Fund and shall remain available for one fiscal year after they are deposited.

Language providing the Director of NIH authority to transfer funds between appropriation accounts in this or any other Act.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES

Language making specific amounts available under section 241 of the Public Health Service Act to fund technical assistance, National data, data collection and evaluation activities; $16,000,000 to carry out national surveys on drug abuse; and, $4,300,000 for substance abuse treatment programs.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Language is included to permit the Agency for Healthcare Research and Quality to retain and expend amounts received from Freedom of Information Act fees, reimbursable and interagency agreements and the sale of data tapes.

Language making amounts under section 241 of the Public Health Service Act available to carry out agency activities.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

A provision that in the administration of title XIX of the Social Security Act, payments to a state for any quarter may be made with respect to a State plan or plan amendment in effect during any such quarter, if submitted in, or prior to, such quarter and approved in that or any such subsequent quarter.

PROGRAM MANAGEMENT

A provision that all funds collected in accordance with section 353 of the Public Health Service Act, together with such sums as may be collected from authorized user fees, administrative fees collected relative to Medicare overpayment recovery activities, and the sale of data, shall be available for expenditure by the Center for Medicare and Medicaid Services.

Language allowing fees charged in accordance with 31 U.S.C. 9701 to be credited to the Centers for Medicare and Medicaid Services administrative account.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

Language providing that the sum of the amounts available to a State with respect to expenditures under title IV–A of the Social Security Act 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.

SOCIAL SERVICES BLOCK GRANT

Language providing that States may transfer up to 10 percent of Temporary Assistance for Needy Family funds to the Social Services Block Grant.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Language making $5,982,000 available under section 241 of the Public Health Service Act to carry out provisions of section 1110 of the Social Security Act.

Language providing that unexpended Community Services Block Grant funds may be carried over to the next fiscal year by local grantees.

Language making $4,500,000 available under section 241 of the Public Health Service Act to carry out evaluations of adolescent pregnancy prevention approaches.

POLICY RESEARCH

Language making amounts under section 241 of the Public Health Service Act available to carry out agency activities.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

Language permitting the Centers for Disease Control and Prevention to exempt from any personnel ceiling applicable to the Agency both civilian and Commissioned Officers detailed to the States, municipalities, or other organizations under authority of section 214 of the Public Health Service Act for purposes related to homeland security during the period of detail or assignment.

Language transferring to the Secretary of Health and Human Services the functions, assets, unexpended balances, and liabilities of the Strategic National Stockpile, including the functions of the Secretary of Homeland Security relating thereto, while retaining the right of both Secretaries to deploy the Stockpile when deemed appropriate.

TITLE III—DEPARTMENT OF EDUCATION

IMPACT AID

Language ensuring that schools serving the children of military personnel continue to receive Impact Aid funds when the military parents who live on-base are deployed and the child continues to attend the same school and in cases in which an on-base military parent is killed while on active duty and the child continues to attend the same school.

SCHOOL IMPROVEMENT PROGRAMS

Language allowing the Republic of the Marshall Islands and the Federated States of Micronesia to reserve up to five percent of their supplemental education grants for technical assistance, administration and oversight purposes.

VOCATIONAL AND ADULT EDUCATION

Language stating that a portion of the amount provided for Adult Education State Grants shall be for integrated English literacy and

civics education services to immigrants and other limited English proficient populations, and specifying the distribution of such funds.

STUDENT FINANCIAL ASSISTANCE

Language providing that the maximum Pell grant a student may receive in the 2004–2005 academic year shall be $4,050.

HIGHER EDUCATION

Language providing that funds are available to fund fellowships for academic year 2005–2006 under part A, subpart 1 of title VII of the Higher Education Act of 1965, under the terms and conditions of part A, subpart 1.

Language providing that notwithstanding any other provision of law, funds made available to carry out title VI of the Higher Education Act and section 102(b)(6) of the Mutual Educational and Cultural Exchange Act of 1961 may be used to support visits and study in foreign countries by individuals who are participating in advanced foreign language training and international studies in areas that are vital to United States national security and who plan to apply their language skills and knowledge of these countries in the fields of government, the professions, or international development.

HOWARD UNIVERSITY

Language providing that Howard University shall use not less than $3,600,000 for the endowment program pursuant to the Howard University Endowment Act.

TITLE IV—RELATED AGENCIES

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

Language specifying that none of the funds for activities authorized by section 122 and part C of title I and part E of title II of the Domestic Volunteer Service Act of 1973 shall be used to provide stipends or other monetary incentives to volunteers or volunteer leaders whose incomes exceed 125 percent of the national poverty level.

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

The bill includes language specifying that notwithstanding 31 U.S.C. 3302, fees charged by the Federal Mediation and Conciliation Service, up to full-cost recovery, for special training activities and for arbitration services shall be credited to and merged with its administrative account, and shall remain available until expended; that fees for arbitration services shall be available only for education, training, and professional development of the agency workforce; and that the Director of the Service is authorized to accept on behalf of the United States gifts of services and real, personal, or other property in the aid of any projects or functions within the Director's jurisdiction.

NATIONAL LABOR RELATIONS BOARD

SALARIES AND EXPENSES

The bill includes a provision requiring that appropriations to the NLRB shall not 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 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 3(f) of the Act of June 25, 1938 (29 U.S.C. 203), 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 non-profit basis and at least 95 per centum of the water stored or supplied thereby is used for farming purposes.

RAILROAD RETIREMENT BOARD

DUAL BENEFITS PAYMENTS ACCOUNT

The bill includes language providing that the total amount provided for railroad retirement dual benefits shall be credited to the Dual Benefits Payments Account in 12 approximately equal amounts on the first day of each month in the fiscal year.

LIMITATION ON ADMINISTRATION

The bill includes language providing that the Railroad Retirement Board shall determine the allocation of its administrative budget between the railroad retirement accounts and the railroad unemployment insurance administration fund.

SOCIAL SECURITY ADMINISTRATION

LIMITATION ON ADMINISTRATIVE EXPENSES

Language providing that unobligated balances at the end of fiscal year 2005 shall remain available until expended for the agency's information technology and telecommunications hardware and software infrastructure, including related equipment and non-payroll administrative expenses associated solely with this information technology and telecommunications infrastructure; language authorizing the use of up to $15,000 for official reception and representation expenses; and language providing that reimbursement to the trust funds under this heading for expenditures for official time for employees of the Social Security Administration pursuant to section 7131 of title 5, United States Code, and for facilities or support services for labor organizations pursuant to policies, regulations, or procedures referred to in 7135(b) of such title shall be made by the Secretary of the Treasury, with interest, from amounts in the general fund not otherwise appropriated, as soon as possible after such expenditures are made.

Language providing that funds may be derived from administration fees collected pursuant to 1616(d) of the Social Security Act or 212(b)(3) of Public Law 93–66 and that, to the extent that the amounts collected pursuant to such sections in fiscal year 2005 exceed $124,000,000, the amounts shall be available in fiscal year 2006 only to the extent provided in advance in appropriations Acts.

Language providing that unobligated funds previously appropriated for Federal-State partnerships shall be transferred to the Supplemental Security Income Program and remain available until expended.

OFFICE OF INSPECTOR GENERAL

Language permitting the transfer of a certain amount of funds into this account from the SSA administrative account provided that the Appropriations Committees are promptly notified.

GENERAL PROVISIONS

Sections 102, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 221, 222, 301, 302, 303, 304, 501, 504, 507, 508, 509, 510, 511, 512, 513, 514, 516 and 517 of the bill are general provisions, most of which have been carried in previous appropriations acts, which place limitations on the use of funds in the bill or authorize or require certain activities, and which might, under some circumstances, be construed as changing the application of existing law.

DEFINITION OF PROGRAM, PROJECT, AND ACTIVITY

During fiscal year 2005 for purposes of the Balanced Budget and Emergency Deficit Control Act of 1985 (Public Law 99–177), as amended, the following information provides the definition of the term "program, project, and activity" for departments and agencies under the jurisdiction of the Labor, Health and Human Services, and Education and Related Agencies Subcommittee. The term "program, project, and activity" shall include the most specific level of budget items identified in the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2005, the accompanying House and Senate Committee reports, the conference report and accompanying joint explanatory statement of the managers of the committee of conference.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the following is a statement of general performance goals and objectives for which this measure authorizes funding:

The Committee on Appropriations considers program performance, including a program's success in developing and attaining outcome-related goals and objectives, in developing funding recommendations.

APPROPRIATIONS NOT AUTHORIZED BY LAW

Pursuant to clause 3 of rule XIII of the Rules of the House of Representatives, the following table lists the appropriations in the accompanying bill which are not authorized by law:

Agency/program	Last year of authorization	Authorization level	Appropriations in last year of authorization	Appropriations in this bill
DEPARTMENT OF LABOR				
Employment and Training Administration—Training and Employment Services.	2003	Such Sums	$5,217,070,000	$5,112,728,000
DEPARTMENT OF HEALTH AND HUMAN SERVICES				
HRSA:				
Health Professions, except certain nursing programs.	2002	Such Sums	295,11,000	269,478,000
Universal Newborn Screening	2002	Such Sums	9,995,000	9,872,000
Organ Transplantation	1993	Such Sums	24,990,000	24,632,000
Rural and Community Access to Emergency Devices.	2003	$25,000,000	12,500,000	5,000,000
State Offices of Rural Health	2002	Such Sums	7,996,000	8,390,000
Trauma Care	2002	Such Sums	3,499,000	3,449,000
Family Planning	1985	$158,400,000	142,500,000	278,283,000
State Planning Grants for Health Care Access.	NA	NA	NA	14,810
CDC:				
Birth Defects	2002	Such Sums	98,040,000	119,214,000
Cancer Registeries	2003	Such Sums	45,649,000	49,669,000
Prostate Cancer	2004	Such Sums	15,452,000	15,452,000
Breast and Cervical Cancer Prevention.	2003	Such Sums	199,371,000	219,533,000
Wisewoman	2003	Such Sums	12,500,000	12,500,000
Prevention Centers	2003	Such Sums	26,830,000	26,652,000
Health statistics	2003	Such Sums	25,899,000	149,600,000
Preventive Health Services Block Grant.	1998	Such Sums	149,092,000	110,000,000
Sexually Transmitted Diseases Grants.	1998	Such Sums	112,117,000	172,935,000
Tuberculosis Grants	2002	Such Sums	132,689,000	138,670,000
Loan Repayment	2002	$500,000	500,000	500,000
NIH:				
National Institutes of Health—Research Training.	1996	Such Sums	416,992,000	763,899,000
National Cancer Institute	1996	Such Sums	2,248,000,000	4,870,025,000
National Heart, Lung, and Blood Institute.	1996	Such Sums	1,354,945,000	2,963,953,000
National Institute on Aging	1996	Such Sums	453,541,000	1,055,666,000
National Institute on alcohol abuse and Alcoholism.	1994	Such Sums	185,538,000	441,911,000
National Institute on Drug Abuse.	1994	Such Sums	424,315,000	1,012,760,000
National Institute of Mental Health.	1994	Such Sums	613,352,000	1,420,609,000
National Institute of Biomedical Imaging and Bioengineering.	2003	Such Sums	280,100,000	297,647,000
National Library of Medicine	1996	Such Sums	140,936,000	316,947,000
SAMHSA:				
Substance Abuse and Mental Health Services Administration programs.	FY 2003	Such Sums	3,158,068,000	3,391,663,000
ACF:				
Office of Refugee Resettlement, except: Unaccompanied Alien Children, Victims of Torture, and Victims of Trafficking.	FY 2002	Such Sums	439,894,000	414,107,000
Child Care Development Block Grant.	FY 2002	$1,000,000,000	2,099,994,000	2,099,729,000
Head Start	FY 2003	Such Sums	6,815,570,000	6,898,580,000
Native American programs	FY 2002	Such Sums	45,946,000	45,155,000
Community Services Block Grant programs.	FY 2003	Such Sums	739,315,000	710,088,000
Office of the Secretary Adolescent Family Life (Title XX).	1985	$30,000,000	14,716,000	31,229,000

Agency/program	Last year of authorization	Authorization level	Appropriations in last year of authorization	Appropriations in this bill
DEPARTMENT OF EDUCATION				
Education for the Disadvantaged—Migrant Education.	FY 2003	Such Sums	34,750,000	38,202,000
Innovation and Improvement—Credit Enhancement for Charter School Facilities.	FY 2003	Such Sums	24,838,000	50,000,000
Special Education:				
Grants to States Part B	FY 2002	Such Sums	7,528,533	11,068,106,000
Preschool Grants	FY 2002	Such Sums	390,000,000	387,699,000
Grants for Infants and Families	FY 2002	Such Sums	417,000,000	466,581,000
IDEA National Activities	FY 2002	Such Sums	337,271,000	253,715,000
Rehabilitation Services and Disability Research.	FY 2003	Such Sums	3,013,305,000	3,054,587,000
Special Institutions for Persons with Disabilities:				
National Technical Institute for the Deaf.	FY 2003	Such Sums	53,800,000	55,790,000
Gallaudet University	FY 2003	Such Sums	100,800,000	104,000,000
Vocational and Adult Education	FY 2003	Such Sums	2,121,690,000	2,025,456,000
Student Financial Assistance	FY 2004	Such Sums	14,007,296,000	14,755,794,000
Student Aid Administration	FY 2004	Such Sums	116,727,000	120,247,000
Higher Education:				
Aid for Institutional Development.	FY 2004	Such Sums	485,065,000	510,547,000
International Education and Foreign Language.	FY 2004	Such Sums	103,680,000	107,680,000
Domestic Programs	FY 2004	Such Sums	89,211,000	93,211,000
Institute for International Public Policy.	FY 2004	Such Sums	1,629,000	1,629,000
Fund for Improvement of Post Secondary Education.	FY 2004	Such Sums	157,700,000	32,011,000
Minority Science and Engineering Improvement.	FY 2004	Such Sums	8,889,000	8,889,000
Interest Subsidy Grants	FY 2004	Such Sums	1,988,000	1,500,000
Tribally Controlled Post-Secondary vocational and Technical Institutions.	FY 2004	$4,000,000	7,185,000	7,185,000
Federal TRIO Programs	FY 2004	Such Sums	832,559,000	842,559,000
GEAR UP	FY 2004	Such Sums	298,230,000	318,230,000
Javits Fellowships	FY 2004	Such Sums	9,876,000	9,876,000
Graduate Assistance in Areas of National Need.	FY 2004	Such Sums	30,616,000	30,616,000
Teacher Quality Enhancement Grants.	FY 2004	Such Sums	88,887,000	88,888,000
Child Care Access Means Parents in School.	FY 2004	Such Sums	16,098,000	16,099,000
GPRA Data/HEA program evaluation.	FY 2004	Such Sums	988,000	988,000
B.J. Stupak Olympic Scholarships.	FY 2004	Such Sums	988,000	988,000
Howard University—Endowment Program.	FY 1985	$2,000,000	2,000,000	3,552,000
Institute of Education Sciences—Research and Innovation in Special Education.	FY 2002	Such Sums	78,380,000	78,125,000
RELATED AGENCIES				
Corporation for National and Community Service—Domestic Volunteer Service Programs.	FY 1996	Such Sums	198,393,000	353,197,000
Corporation for Public Broadcasting—FY2005, Interconnection.	FY 1993	$200,000,000	65,327,000	60,000,000
Corporation for Public Broadcasting—FY2005 Digitization.	FY 2001	$20,000,000	20,000,000	20,000,000
National Council on Disability	FY 2003	Such Sums	2,858,000	2,873,000

COMPLIANCE WITH RULE XIII, CL. 3(e) (RAMSEYER RULE)

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman):

SECTION 8002 OF THE ELEMENTARY AND SECONDARY EDUCATION ACT OF 1965

SEC. 8002. PAYMENTS RELATING TO FEDERAL ACQUISITION OF REAL PROPERTY.

(a) * * *

* * * * * * *

(m) ELIGIBILITY.—

(1) OLD FEDERAL PROPERTY.—Except as provided in paragraph (2), a local educational agency that is eligible to receive a payment under this section for Federal property acquired by the Federal Government, before the date of the enactment of the Impact Aid Reauthorization Act of 2000, shall be eligible to receive the payment only if the local educational agency submits an application for a payment under this section not later than [5] *7* years after the date of the enactment of such Act.

(2) COMBINED FEDERAL PROPERTY.—A local educational agency that is eligible to receive a payment under this section for Federal property acquired by the Federal Government before the date of the enactment of the Impact Aid Reauthorization Act of 2000 shall be eligible to receive the payment if—

(A) * * *

(B) the local educational agency submits an application for a payment under this section not later than [5] *7* years after the date of acquisition of the Federal property acquired after the date of the enactment of such Act.

(3) NEW FEDERAL PROPERTY.—A local educational agency that is eligible to receive a payment under this section for Federal property acquired by the Federal Government after the date of the enactment of the Impact Aid Reauthorization Act of 2000 shall be eligible to receive the payment only if the local educational agency submits an application for a payment under this section not later than [5] *7* years after the date of acquisition.

* * * * * * *

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XII of the House of Representatives, the results of each rollcall vote on an amendment or on the motion to report, together with the names of those voting for and those voting against, are printed below:

ROLLCALL NO. 1

Date: July 14, 2004.

Measure: Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropiations Bill, FY 2005.

Motion by: Mr. Obey.

Description of motion: To increase various Labor, Health and Human Services, and Education programs above amounts recommended in the underlying bill; increases are offset by a reduction to tax cuts for certain income groups.

Results: Rejected—yeas 25; nays 31.

Members Voting Yea	*Members Voting Nay*
Mr. Berry	Mr. Aderholt
Mr. Bishop	Mr. Bonilla
Mr. Boyd	Mr. Crenshaw
Mr. Clyburn	Mr. Culberson
Mr. Cramer	Mr. Cunningham
Mr. DeLauro	Mr. Doolittle
Mr. Edwards	Mr. Emerson
Mr. Farr	Mr. Frelinghuysen
Mr. Hinchey	Mr. Goode
Mr. Hoyer	Mr. Granger
Mr. Jackson	Mr. Hobson
Mr. Kennedy	Mr. Istook
Mr. Kilpatrick	Mr. Kirk
Mr. Lowey	Mr. Kolbe
Mr. Mollohan	Mr. LaHood
Mr. Moran	Mr. Lewis
Mr. Murtha	Mr. Nethercutt
Mr. Obey	Mr. Northup
Mr. Olver	Mr. Peterson
Mr. Pastor	Mr. Regula
Mr. Price	Mr. Rogers
Mr. Roybal-Allard	Mr. Sherwood
Mr. Sabo	Mr. Simpson
Mr. Serrano	Mr. Taylor
Mr. Visclosky	Mr. Tiahrt
	Mr. Vitter
	Mr. Walsh
	Dr. Weldon
	Mr. Wicker
	Mr. Wolf
	Mr. Young

ROLLCALL NO. 2

Date: July 14, 2004.

Measure: Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, FY 2005.

Motion by: Mr. Obey.

Description of motion: To add language prohibiting the use of funds by the Department of Labor to implement or administer any change to regulations regarding overtime compensation.

Results: Rejected—yeas 29; Nays 31.

Members Voting Yea	*Members Voting Nay*
Mr. Berry	Mr. Aderholt
Mr. Bishop	Mr. Bonilla
Mr. Boyd	Mr. Crenshaw
Mr. Clyburn	Mr. Culberson
Mr. Cramer	Mr. Cunningham
Ms. DeLauro	Mr. Frelinghuysen
Mr. Dicks	Mr. Goode
Mr. Edwards	Ms. Granger
Mr. Farr	Mr. Hobson
Mr. Fattah	Mr. Istook
Mr. Hinchey	Mr. Kingston
Mr. Hoyer	Mr. Knollenberg
Mr. Jackson	Mr. Kolbe
Ms. Kaptur	Mr. LaHood
Mr. Kennedy	Mr. Latham
Ms. Kilpatrick	Mr. Lewis
Mrs. Lowey	Mr. Nethercutt
Mr. Mollohan	Mrs. Northup
Mr. Moran	Mr. Peterson
Mr. Murtha	Mr. Regula
Mr. Obey	Mr. Rogers
Mr. Olver	Mr. Sherwood
Mr. Pastor	Mr. Simpson
Mr. Price	Mr. Taylor
Mr. Rothman	Mr. Tiahrt
Ms. Roybal-Allard	Mr. Vitter
Mr. Sabo	Mr. Walsh
Mr. Serrano	Dr. Weldon
Mr. Visclosky	Mr. Wicker
	Mr. Wolf
	Mr. Young

ROLLCALL NO. 3

Date: July 14, 2004.

Measure: Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, FY 2005.

Motion by: Mr. Wicker.

Description of motion: To add language prohibiting the obligation or expenditure of funds to administer or enforce the provisions of the General Industry Respiratory Protection Standard to the extent that such provisions require annual fit testing of respirators of occupational exposure to tuberculosis.

Results: Adopted—yeas 35; nays 27.

Members Voting Yea	*Members Voting Nay*
Mr. Aderhold	Mr. Berry
Mr. Bonilla	Mr. Bishop
Mr. Crenshaw	Mr. Boyd
Mr. Culberson	Ms. DeLauro
Mr. Cunningham	Mr. Dicks
Mr. Doolittle	Mr. Edwards
Mrs. Emerson	Mr. Farr
Mr. Frelinghuysen	Mr. Fattah
Mr. Goode	Mr. Hinchey
Ms. Granger	Mr. Hoyer
Mr. Hobson	Mr. Jackson
Mr. Istook	Ms. Kapture
Mr. Kingston	Mr. Kennedy
Mr. Kirk	Ms. Kilpatrick
Mr. Knollenberg	Mrs. Lowery
Mr. Kolbe	Mr. Mollohan
Mr. LaHood	Mr. Moran
Mr. Latham	Mr. Murtha
Mr. Lewis	Mr. Obey
Mr. Nethercutt	Mr. Olver
Mr. Northup	Mr. Pastor
Mr. Peterson	Mr. Price
Mr. Regula	Mr. Rothman
Mr. Rogers	Ms. Roybal-Allard
Mr. Sherwood	Mr. Sabo
Mr. Simpson	Mr. Serrano
Mr. Sweeney	Mr. Visclosky
Mr. Taylor	
Mr. Tiahrt	
Mr. Vitter	
Mr. Wamp	
Dr. Weldon	
Mr. Wicker	
Mr. Wolf	
Mr. Young	

ROLLCALL NO. 4

Date: July 14, 2004.

Measure: Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, FY 2005.

Motion by: Mr. Goode.

Description of motion: To add language prohibiting the use of funds by the Commissioner of Social Security to implement the agreement establishing totalization arrangements between the social security system established by title II of the Social Security Act and the social security system of Mexico.

Results: Rejected—yeas 20; nays 36.

Members Voting Yea	*Members Voting Nay*
Mr. Culberson	Mr. Bishop
Mr. Doolittle	Mr. Bonilla
Mrs. Emerson	Mr. Boyd
Mr. Goode	Mr. Clyburn
Mr. Istook	Mr. Crenshaw
Mr. Kingston	Ms. DeLauro
Mr. Kolbe	Mr. Dicks
Mr. LaHood	Mr. Edwards
Mr. Peterson	Mr. Farr
Mr. Rogers	Mr. Frelinghuysen
Mr. Sherwood	Ms. Granger
Mr. Simpson	Mr. Hinchey
Mr. Sweeney	Mr. Hobson
Mr. Taylor	Mr. Hoyer
Mr. Tiahrt	Mr. Jackson
Mr. Vitter	Mr. Kennedy
Mr. Wamp	Ms. Kilpatrick
Dr. Weldon	Mr. Knollenberg
Mr. Wolf	Mr. Latham
Mr. Young	Mrs. Lowey
	Mr. Mollohan
	Mr. Moran
	Mr. Nethercutt
	Mrs. Northup
	Mr. Obey
	Mr. Olver
	Mr. Pastor
	Mr. Price
	Mr. Regula
	Mr. Rothman
	Ms. Roybal-Allard
	Mr. Sabo
	Mr. Serrano
	Mr. Visclosky
	Mr. Walsh
	Mr. Wicker

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE I - DEPARTMENT OF LABOR					
EMPLOYMENT AND TRAINING ADMINISTRATION					
TRAINING AND EMPLOYMENT SERVICES					
Grants to States:					
Adult Training, current year	186,891	188,000	188,000	+1,109	---
Advance from prior year	(707,799)	(712,000)	(712,000)	(+4,201)	---
FY 2006	712,000	712,000	712,000	---	---
Adult Training	898,891	900,000	900,000	+1,109	---
Youth Training	995,059	1,000,965	1,000,965	+5,906	---
Dislocated Worker Assistance, current year	330,192	251,669	330,192	---	+78,523
Advance from prior year	(842,997)	(848,000)	(848,000)	(+5,003)	---
FY 2006	848,000	848,000	848,000	---	---
Dislocated Worker Assistance	1,178,192	1,099,669	1,178,192	---	+78,523

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
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	+96,379
Native Americans	54,675	55,000	54,675	---	-325
Migrant and Seasonal Farmworkers	76,370	---	76,370	---	+76,370
Job Corps:					
Operations	820,114	859,966	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	6,321	6,321	-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

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
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
Denali Commission	4,970	---	---	-4,970	---
Other	3,486	2,000	2,504	-982	+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	1,422,658	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	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS					
Unemployment Compensation:					
State Operations	2,608,653	2,700,714	2,690,714	+82,061	-10,000
National Activities	9,876	10,500	10,500	+624	---
Subtotal, Unemployment Compensation	2,618,529	2,711,214	2,701,214	+82,685	-10,000
Employment Service:					
Allotments to States:					
Federal Funds	23,163	23,300	23,300	+137	---
Trust Funds	763,724	672,700	672,700	-91,024	---
Subtotal	786,887	696,000	696,000	-90,887	---
ES National Activities	63,971	67,000	67,000	+3,029	---
Subtotal, Employment Service	850,858	763,000	763,000	-87,858	---
Federal Funds	23,163	23,300	23,300	+137	---
Trust Funds	827,695	739,700	739,700	-87,995	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
One-Stop Career Centers/Labor Market Information	98,764	99,350	98,764	---	-586
Work Incentives Grants	19,753	19,870	19,870	+117	---
Total, State Unemployment & Employment Srvcs	3,587,904	3,593,434	3,582,848	-5,056	-10,586
Federal Funds	141,680	142,520	141,934	+254	-586
Trust Funds	3,446,224	3,450,914	3,440,914	-5,310	-10,000
ADVANCES TO THE UI AND OTHER TRUST FUNDS 1/	467,000	517,000	517,000	+50,000	---
PROGRAM ADMINISTRATION					
Adult Employment and Training	38,382	39,380	38,382	---	-998
Trust Funds	6,814	6,980	6,814	---	-166
Youth Employment and Training	39,009	40,133	39,009	---	-1,124
Employment Security	5,948	6,146	5,948	---	-198
Trust Funds	48,624	55,722	48,624	---	-7,098
Apprenticeship Services	20,760	21,405	20,760	---	-645
Executive Direction	8,400	8,718	6,900	-1,500	-1,818
Trust Funds	2,041	2,158	2,041	---	-117
Welfare to Work	2,371	376	376	-1,995	---
Total, Program Administration	172,349	181,018	168,854	-3,495	-12,164
Federal Funds	114,870	116,158	111,375	-3,495	-4,783
Trust Funds	57,479	64,860	57,479	---	-7,381

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
Total, Employment and Training Administration...	11,149,567	11,115,244	10,878,930	-270,637	-236,314
Federal Funds.....	7,645,864	7,599,470	7,380,537	-265,327	-218,933
Current Year.....	(5,182,864)	(5,136,470)	(4,917,537)	(-265,327)	(-218,933)
FY 2006.....	(2,463,000)	(2,463,000)	(2,463,000)	---	---
Trust Funds.....	3,503,703	3,515,774	3,498,393	-5,310	-17,381
EMPLOYEE BENEFITS SECURITY ADMINISTRATION					
Enforcement and Participant Assistance.....	102,730	110,330	110,330	+7,600	---
Policy and Compliance Assistance.....	16,907	17,497	17,497	+590	---
Executive Leadership, Program Oversight & Admin.....	4,403	4,518	4,518	+115	---
Total, EBSA.....	124,040	132,345	132,345	+8,305	---
PENSION BENEFIT GUARANTY CORPORATION					
Pension insurance activities.....	---	(12,211)	(12,211)	(+12,211)	---
Pension plan termination.....	---	(169,739)	(169,739)	(+169,739)	---
Operational support.....	---	(84,380)	(84,380)	(+84,380)	---
Program Adm. subject to limitation (TF).....	20,553	---	---	-20,553	---
Termination services not subject to limitation (NA)...	(212,219)	---	---	(-212,219)	---
Total, PBGC.....	20,553	---	---	-20,553	---
Total, PBGC (Program level).....	(232,772)	(266,330)	(266,330)	(+33,558)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
EMPLOYMENT STANDARDS ADMINISTRATION					
SALARIES AND EXPENSES					
Enforcement of Wage and Hour Standards	160,096	165,933	165,933	+5,837	---
Office of Labor-Management Standards	38,580	43,545	43,545	+4,965	---
Federal Contractor EEO Standards Enforcement	79,442	82,078	79,442	---	-2,636
Federal Programs for Workers' Compensation	96,754	99,528	96,754	---	-2,774
Trust Funds	2,021	2,058	2,021	---	-37
Program Direction and Support	15,123	16,152	15,123	---	-1,029
Total, ESA salaries and expenses	392,016	409,294	402,818	+10,802	-6,476
Federal Funds	389,995	407,236	400,797	+10,802	-6,439
Trust Funds	2,021	2,058	2,021	---	-37
SPECIAL BENEFITS					
Federal employees compensation benefits	160,000	230,000	230,000	+70,000	---
Longshore and harbor workers' benefits	3,000	3,000	3,000	---	---
Total, Special Benefits	163,000	233,000	233,000	+70,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
SPECIAL BENEFITS FOR DISABLED COAL MINERS					
Benefit payments	390,848	270,806	270,806	-120,042	---
Administration	6,143	5,194	5,194	-949	---
Subtotal, Black Lung, FY 2005 program level	396,991	276,000	276,000	-120,991	---
Less funds advanced in prior year	-97,000	-88,000	-88,000	+9,000	---
Total, Black Lung, current request, FY 2005.	299,991	188,000	188,000	-111,991	---
New advances, 1st quarter FY 2006	88,000	81,000	81,000	-7,000	---
Total, Special Benefits for Disabled Coal Miners	387,991	269,000	269,000	-118,991	---
ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND					
Program Benefits	(221,000)	(221,000)	(221,000)	---	---
Administrative Expenses	51,651	40,821	40,821	-10,830	---
Total, Energy Emp Occupational Illness Comp Fund	51,651	40,821	40,821	-10,830	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
BLACK LUNG DISABILITY TRUST FUND					
Benefit payments and interest on advances	998,901	1,001,951	1,001,951	+3,050	---
Employment Standards Adm. S&E	32,004	32,646	32,646	+642	---
Departmental Management S&E	23,401	23,705	23,705	+304	---
Departmental Management, Inspector General	338	342	342	+4	---
Subtotal, Black Lung Disability	1,054,644	1,058,644	1,058,644	+4,000	---
Treasury Administrative Costs	356	356	356	---	---
Total, Black Lung Disability Trust Fund	1,055,000	1,059,000	1,059,000	+4,000	---
Total, Employment Standards Administration	2,049,658	2,011,115	2,004,639	-45,019	-6,476
Federal Funds	2,047,637	2,009,057	2,002,618	-45,019	-6,439
Current year	(1,959,637)	(1,928,057)	(1,921,618)	(-38,019)	(-6,439)
FY 2006	(88,000)	(81,000)	(81,000)	(-7,000)	---
Trust Funds	2,021	2,058	2,021	---	-37

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION					
SALARIES AND EXPENSES					
Safety and Health Standards	15,920	16,132	16,132	+212	---
Federal Enforcement	166,015	171,020	171,020	+5,005	---
State Programs	91,959	91,747	91,747	-212	---
Technical Support	21,593	20,909	20,909	-684	---
Compliance Assistance:					
Federal Assistance	67,049	71,430	71,430	+4,381	---
State Consultation Grants	52,211	53,792	53,792	+1,581	---
Training Grants	10,510	4,000	4,000	-6,510	---
Subtotal, Compliance Assistance	129,770	129,222	129,222	-548	---
Safety and Health Statistics	22,237	22,382	22,382	+145	---
Executive Direction and Administration	10,047	10,187	10,187	+140	---
Total, OSHA	457,541	461,599	461,599	+4,058	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
MINE SAFETY AND HEALTH ADMINISTRATION					
SALARIES AND EXPENSES					
Coal Enforcement	115,339	114,889	114,889	-450	---
Metal/Non-Metal Enforcement	65,985	66,782	66,782	+797	---
Standards Development	2,326	2,333	2,333	+7	---
Assessments	4,170	5,280	5,280	+1,110	---
Educational Policy and Development	30,356	31,507	31,507	+1,151	---
Technical Support	24,545	25,064	25,064	+519	---
Program evaluation and information resources (PEIR)	13,963	17,666	17,666	+3,703	---
Program Administration	12,173	12,046	12,046	-127	---
Total, Mine Safety and Health Administration	268,857	275,567	275,567	+6,710	---
BUREAU OF LABOR STATISTICS					
SALARIES AND EXPENSES					
Employment and Unemployment Statistics	160,431	164,026	164,026	+3,595	---
Labor Market Information (Trust Funds)	74,667	78,473	78,473	+3,806	---
Prices and Cost of Living	166,344	170,736	170,736	+4,392	---
Compensation and Working Conditions	77,614	79,827	79,827	+2,213	---
Productivity and Technology	10,294	10,588	10,588	+294	---
Executive Direction and Staff Services	29,146	29,868	29,868	+722	---
Total, Bureau of Labor Statistics	518,496	533,518	533,518	+15,022	---
Federal Funds	443,829	455,045	455,045	+11,216	---
Trust Funds	74,667	78,473	78,473	+3,806	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
OFFICE OF DISABILITY EMPLOYMENT POLICY					
Office of Disability Employment Policy	47,024	47,555	47,555	+531	---
DEPARTMENTAL MANAGEMENT					
SALARIES AND EXPENSES					
Executive Direction	27,084	33,206	27,084	---	-6,122
Departmental IT Crosscut	48,219	33,565	30,000	-18,219	-3,565
Departmental Management Crosscut	4,965	10,100	5,000	+35	-5,100
Legal Services	80,412	84,007	80,412	---	-3,595
Trust Funds	314	322	314	---	-8
International Labor Affairs	109,862	30,545	35,545	-74,317	+5,000
Administration and Management	33,153	32,675	32,675	-478	---
Frances Perkins building security enhancements	---	15,000	7,000	+7,000	-8,000
Adjudication	25,872	26,683	25,872	---	-811
Women's Bureau	9,201	9,554	9,554	+353	---
Civil Rights Activities	6,114	6,287	6,287	+173	---
Chief Financial Officer	5,123	5,224	5,224	+101	---
Total, Salaries and expenses	350,319	287,168	264,967	-85,352	-22,201
Federal Funds	350,005	286,846	264,653	-85,352	-22,193
Trust Funds	314	322	314	---	-8

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
VETERANS EMPLOYMENT AND TRAINING					
State administration, Grants	161,408	162,415	162,415	+1,007	---
Federal Administration	28,857	29,683	29,683	+826	---
National Veterans Training Institute	1,988	2,000	2,000	+12	---
Homeless Veterans Program	18,888	19,000	19,000	+112	---
Veterans Workforce Investment Programs	7,505	7,550	7,550	+45	---
Total, Veterans Employment and Training	218,646	220,648	220,648	+2,002	---
Federal Funds	26,393	26,550	26,550	+157	---
Trust Funds	192,253	194,098	194,098	+1,845	---
OFFICE OF THE INSPECTOR GENERAL					
Program Activities	59,643	64,029	64,029	+4,386	---
Trust Funds	5,696	5,561	5,561	-135	---
Total, Office of the Inspector General	65,339	69,590	69,590	+4,251	---
Federal funds	59,643	64,029	64,029	+4,386	---
Trust funds	5,696	5,561	5,561	-135	---
Total, Departmental Management	634,304	577,406	555,205	-79,099	-22,201
Federal Funds	436,041	377,425	355,232	-80,809	-22,193
Trust Funds	198,263	199,981	199,973	+1,710	-8

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
WORKING CAPITAL FUND					
Working capital fund	13,768	25,000	10,000	-3,768	-15,000
Total, Title I, Department of Labor	15,283,808	15,179,349	14,899,358	-384,450	-279,991
Federal Funds	11,484,601	11,383,063	11,120,498	-364,103	-262,565
Current Year	(8,933,601)	(8,839,063)	(8,576,498)	(-357,103)	(-262,565)
FY 2006	(2,551,000)	(2,544,000)	(2,544,000)	(-7,000)	---
Trust Funds	3,799,207	3,796,286	3,778,860	-20,347	-17,426

Title I Footnotes:
1/ Two year availability.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE II - DEPARTMENT OF HEALTH AND HUMAN SERVICES					
HEALTH RESOURCES AND SERVICES ADMINISTRATION					
HEALTH RESOURCES AND SERVICES					
Community health centers	1,617,381	1,835,925	1,835,925	+218,544	---
Free Clinics Medical Malpractice	4,821	4,821	---	-4,821	-4,821
National Health Service Corps:					
Field placements	45,506	45,735	45,506	---	-229
Recruitment	124,397	159,132	124,397	---	-34,735
Subtotal, National Health Service Corps	169,903	204,867	169,903	---	-34,964
Health Professions					
Training for Diversity:					
Centers of excellence	33,882	---	33,882	---	+33,882
Health careers opportunity program	35,935	---	35,935	---	+35,935
Faculty loan repayment	1,313	---	1,313	---	+1,313
Scholarships for disadvantaged students	47,510	9,897	47,510	---	+37,613
Subtotal, Training for Diversity	118,640	9,897	118,640	---	+108,743
Training in Primary Care Medicine and Dentistry	81,742	---	63,857	-17,885	+63,857

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
Interdisciplinary Community-Based Linkages:					
Area health education centers	29,206	---	29,206	---	+29,206
Health education and training centers	3,851	---	3,851	---	+3,851
Allied health and other disciplines	11,849	---	11,849	---	+11,849
Geriatric programs	31,805	---	31,805	---	+31,805
Quentin N. Burdick pgm for rural training	6,126	---	2,255	-3,871	+2,255
Subtotal, Interdisciplinary Comm. Linkages	82,837	---	78,966	-3,871	+78,966
Health Professions Workforce Info & Analysis	722	999	---	-722	-999
Public Health Workforce Development:					
Public health, preventive med. & dental pgms	9,170	---	6,970	-2,200	+6,970
Health administration programs	1,079	---	1,045	-34	+1,045
Subtotal, Public Health Workforce Development	10,249	---	8,015	-2,234	+8,015
Nursing Programs:					
Advanced Education Nursing	58,636	43,637	53,634	-5,002	+9,997
Nurse education, practice, and retention	31,768	41,765	36,765	+4,997	-5,000
Nursing workforce diversity	16,402	21,399	16,402	---	-4,997
Loan repayment and scholarship program	26,736	31,738	31,738	+5,002	---
Comprehensive geriatric education	3,478	3,478	3,478	---	---
Nursing faculty loan program	4,870	4,870	4,870	---	---
Subtotal, Nursing programs	141,890	146,887	146,887	+4,997	---
Subtotal, Health Professions	436,080	157,783	416,365	-19,715	+258,582

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
Other HRSA Programs:					
Hansen's Disease Services	17,413	17,413	17,413	---	---
Maternal & Child Health Block Grant	729,817	729,817	729,817	---	---
Healthy Start	97,751	97,751	97,751	---	---
Universal Newborn Hearing	9,872	---	9,872	---	+9,872
Organ Transplantation	24,632	24,632	24,632	---	---
Cord Blood Stem Cell Bank	9,941	9,941	---	-9,941	-9,941
Bone Marrow Program	22,662	22,662	25,662	+3,000	+3,000
Rural outreach grants	39,601	11,098	30,124	-9,477	+19,026
Rural Health Research	8,902	8,902	8,902	---	---
Telehealth	3,949	3,949	3,949	---	---
Rural Hospital Flexibility Grants	39,499	---	32,500	-6,999	+32,500
Rural and community access to emergency devices	10,933	2,015	5,000	-5,933	+2,985
Rural EMS	497	---	---	-497	---
State Offices of Rural Health	8,390	8,390	8,390	---	---
Denali Commission	34,793	22,000	---	-34,793	-22,000
Emergency medical services for children	19,860	19,860	19,860	---	---
Poison control	23,696	23,696	23,696	---	---
Traumatic Brain Injury	9,375	9,375	9,375	---	---
Black lung clinics	5,963	5,963	5,963	---	---
Trauma Care	3,449	---	3,449	---	+3,449
Payment to Hawaii, treatment of Hansen's	2,033	2,033	2,033	---	---
Other HRSA programs	1,123,028	1,019,497	1,058,388	-64,640	+38,891

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
Ryan White AIDS Programs:					
Emergency Assistance	615,023	615,023	615,023	---	---
Comprehensive Care Programs	1,105,900	1,120,900	1,140,900	+35,000	+20,000
AIDS Drug Assistance Program (ADAP) (NA)	(768,872)	(783,872)	(803,872)	(+35,000)	(+20,000)
Early Intervention Program	197,170	197,170	197,170	---	---
Pediatric HIV/AIDS	73,108	73,108	73,108	---	---
AIDS Dental Services	13,325	13,325	13,325	---	---
Education and Training Centers	35,335	35,335	35,335	---	---
Subtotal, Ryan White AIDS programs	2,039,861	2,054,861	2,074,861	+35,000	+20,000
Evaluation Tap Funding (NA)	(25,000)	(25,000)	(25,000)	---	---
Subtotal, Ryan White AIDs program level	2,064,861	2,079,861	2,099,861	+35,000	+20,000
Family Planning	278,283	278,283	278,283	---	---
Children's Hospitals Graduate Medical Education	303,170	303,258	303,258	+88	---
Health Care and Other Facilities	371,536	---	---	-371,536	---
Buildings and Facilities	249	249	249	---	---
Radiation Exposure Compensation Act	1,974	1,974	1,974	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
National Practitioner Data Bank	16,000	15,700	15,700	-300	---
User Fees	-16,000	-15,700	-15,700	+300	---
Health Care Integrity and Protection Data Bank	4,000	4,000	4,000	---	---
User Fees	-4,000	-4,000	-4,000	---	---
Community Access Program	83,674	9,998	---	-83,674	-9,998
State Planning Grants for Health Care Access	14,810	---	14,810	---	+14,810
Program Management	148,533	151,317	151,317	+2,784	---
Total, Health resources and services	6,593,303	6,022,833	6,305,333	-287,970	+282,500
Total, Health resources & services program level	(6,618,303)	(6,047,833)	(6,330,333)	(-287,970)	(+282,500)
Evaluation tap funding	(25,000)	(25,000)	(25,000)	---	---
HEALTH EDUCATION ASSISTANCE LOANS (HEAL) PROGRAM:					
Liquidating account	(25,000)	(4,000)	(4,000)	(-21,000)	---
Program management	3,353	3,270	3,270	-83	---
Total, HEAL	3,353	3,270	3,270	-83	---
VACCINE INJURY COMPENSATION PROGRAM TRUST FUND:					
Post-FY 1988 claims	66,000	66,000	66,000	---	---
HRSA administration	3,190	3,176	3,176	-14	---
Total, Vaccine Injury Compensation Trust Fund	69,190	69,176	69,176	-14	---
Total, Health Resources and Services Admin	6,665,846	6,095,279	6,377,779	-288,067	+282,500
Total, HRSA program level	(6,715,846)	(6,124,279)	(6,406,779)	(-309,067)	(+282,500)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
CENTERS FOR DISEASE CONTROL AND PREVENTION					
Birth Defects/Developmental Disabilities/Disability and Health	112,743	112,972	119,214	+6,471	+6,242
Chronic Disease Prevention and Health Promotion	853,378	915,425	915,711	+62,333	+286
Environmental Health	183,212	183,795	186,113	+2,901	+2,318
Epidemic Services and Response	91,776	92,485	91,776	---	-709
Health Statistics	---	---	---	---	---
Evaluation Tap Funding	(127,634)	(149,600)	(149,600)	(+21,966)	---
Subtotal, Program level	127,634	149,600	149,600	+21,966	---
HIV/AIDS, STD and TB Prevention	1,141,661	1,143,299	1,149,330	+7,669	+6,031
Immunization	629,344	630,070	640,070	+10,726	+10,000
Evaluation Tap Funding	(14,000)	(14,000)	(14,000)	---	---
Subtotal, Program level	643,344	644,070	654,070	+10,726	+10,000
Infectious Disease Control	369,485	400,779	398,439	+28,954	-2,340
Injury Prevention and Control	153,591	153,879	155,591	+2,000	+1,712
Occupational Safety and Health 1/	235,088	236,687	236,687	+1,599	---
Evaluation Tap Funding	(41,900)	(41,900)	(41,900)	---	---
Subtotal, Program level	276,988	278,587	278,587	+1,599	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
Preventive Health and Health Services Block Grant.....	133,298	133,298	110,000	-23,298	-23,298
Public Health Improvement.....	143,962	69,692	85,174	-58,788	+15,482
Evaluation Tap Funding	(28,600)	(43,600)	(43,600)	(+15,000)	---
Subtotal, Program level.....	172,562	113,292	128,774	-43,788	+15,482
Buildings and Facilities.....	260,454	81,500	81,500	-178,954	---
Office of the Director.....	59,173	59,673	59,173	---	-500
Total, Centers for Disease Control.....	4,367,165	4,213,554	4,228,778	-138,387	+15,224
Evaluation Tap Funding (NA).....	(212,134)	(249,100)	(249,100)	(+36,966)	---
Total, Centers for Disease Control program level	(4,579,299)	(4,462,654)	(4,477,878)	(-101,421)	(+15,224)
NATIONAL INSTITUTES OF HEALTH					
National Cancer Institute.....	4,739,255	4,870,025	4,870,025	+130,770	---
National Heart, Lung, and Blood Institute.....	2,878,691	2,963,953	2,963,953	+85,262	---
National Institute of Dental & Craniofacial Research..	383,282	394,080	394,080	+10,798	---
National Institute of Diabetes and Digestive and Kidney Diseases.....	1,671,803	1,726,196	1,726,196	+54,393	---
Juvenile diabetes.....	(150,000)	(150,000)	(150,000)	---	---
Subtotal, NIDDK.....	1,821,803	1,876,196	1,876,196	+54,393	---
National Institute of Neurological Disorders & Stroke.	1,501,207	1,545,623	1,545,623	+44,416	---
National Institute of Allergy and Infectious Diseases.	4,155,447	4,340,007	4,340,007	+184,560	---
Global HIV/AIDS Fund Transfer	149,115	100,000	100,000	-49,115	---
Subtotal, NIAID.....	4,304,562	4,440,007	4,440,007	+135,445	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
National Institute of General Medical Sciences	1,904,838	1,959,810	1,959,810	+54,972	---
National Institute of Child Health & Human Development	1,242,361	1,280,915	1,280,915	+38,554	---
National Eye Institute	653,052	671,578	671,578	+18,526	---
National Institute of Environmental Health Sciences	632,392	650,027	650,027	+17,635	---
National Institute on Aging	1,024,754	1,055,666	1,055,666	+30,912	---
National Institute of Arthritis and Musculoskeletal and Skin Diseases	501,066	515,378	515,378	+14,312	---
National Institute on Deafness and Other Communication Disorders	382,053	393,507	393,507	+11,454	---
National Institute of Nursing Research	134,724	139,198	139,198	+4,474	---
National Institute on Alcohol Abuse and Alcoholism	428,669	441,911	441,911	+13,242	---
National Institute on Drug Abuse	990,953	1,012,760	1,012,760	+21,807	---
Evaluation tap funding	---	(6,300)	(6,300)	(+6,300)	---
National Institute of Mental Health	1,381,774	1,420,609	1,420,609	+38,835	---
National Human Genome Research Institute	479,073	492,670	492,670	+13,597	---
National Institute of Biomedical Imaging and Bioengineering	287,129	297,647	297,647	+10,518	---
National Center for Research Resources	1,179,058	1,094,141	1,094,141	-84,917	---
National Center for Complementary and Alternative Medicine	116,978	121,116	121,116	+4,138	---
National Center on Minority Health and Health Disparities	191,471	196,780	196,780	+5,309	---
John E. Fogarty International Center	65,382	67,182	67,182	+1,800	---
National Library of Medicine	309,045	316,947	316,947	+7,902	---
Evaluation Tap Funding	(8,200)	(8,200)	(8,200)	---	---
Subtotal, NLM	317,245	325,147	325,147	+7,902	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
Office of the Director	327,504	359,645	359,645	+32,141	---
Buildings and Facilities	88,972	99,500	99,500	+10,528	---
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	(8,200)	(14,500)	(14,500)	(+6,300)	---
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	868,951	+28,581	-21,748

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
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	1,753,035	1,710,035	+10,089	-43,000
Evaluation Tap Funding	(79,200)	(79,200)	(79,200)	---	---
Subtotal, Substance Abuse Treatment.....	2,119,165	2,265,767	2,124,954	+5,789	-140,813
Subtotal, Program level.....	2,198,365	2,349,267	2,208,454	+10,089	-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.....	3,233,908	3,428,939	3,270,360	+36,452	-158,579
Evaluation Tap funding.....	(117,050)	(121,303)	(121,303)	(+4,253)	---
Total, SAMHS program level.....	(3,350,958)	(3,550,242)	(3,391,663)	(+40,705)	(-158,579)
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)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
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	42,066,967	42,264,643	42,403,788	+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	182,753,583	177,540,763	177,540,763	-5,212,820	---
Less funds advanced in prior year	-51,861,386	-58,416,275	-58,416,275	-6,554,889	---
Total, Grants to States for medicaid	130,892,197	119,124,488	119,124,488	-11,767,709	---
New advance, 1st quarter	58,416,275	58,517,290	58,517,290	+101,015	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
PAYMENTS TO HEALTH CARE TRUST FUNDS					
Supplemental medical insurance	94,518,000	114,002,000	114,002,000	+19,484,000	---
Hospital insurance for the uninsured	197,000	87,000	87,000	-110,000	---
Federal uninsured payment	168,000	199,000	199,000	+31,000	---
Program management	201,100	215,000	215,000	+13,900	---
Prescription drug eligibility determinations	---	105,900	105,900	+105,900	---
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	77,791	68,274	68,400	-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)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
Revitalization plan	29,619	24,400	24,400	-5,219	---
State Survey and Certification	251,252	270,392	270,392	+19,140	---
Federal Administration	577,146	589,182	589,182	+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)
Total, Center for Medicare and Medicaid Services	287,029,418	300,213,705	300,213,831	+13,184,413	+126
Federal funds	284,392,572	297,467,578	297,467,578	+13,075,006	---
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
ADMINISTRATION FOR CHILDREN AND FAMILIES					
FAMILY SUPPORT PAYMENTS TO STATES					
Payments to territories	23,000	23,000	23,000	---	---
Repatriation	1,000	1,000	1,000	---	---
Subtotal, Welfare payments	24,000	24,000	24,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
Child Support Enforcement:					
State and local administration	3,897,674	3,940,698	3,940,698	+43,024	---
Federal incentive payments	454,000	446,000	446,000	-8,000	---
Access and visitation	10,000	12,000	12,000	+2,000	---
Subtotal, Child Support Enforcement	4,361,674	4,398,698	4,398,698	+37,024	---
Prior year AFDC payments	20,000	---	---	-20,000	---
Total, Family support payments program level	4,405,674	4,422,698	4,422,698	+17,024	---
Less funds advanced in previous years	-1,100,000	-1,200,000	-1,200,000	-100,000	---
Total, Family support payments, current request	3,305,674	3,222,698	3,222,698	-82,976	---
Plus New advance, 1st quarter, FY 2006	1,200,000	1,200,000	1,200,000	---	---
Total, Family support payments	4,505,674	4,422,698	4,422,698	-82,976	---
LOW INCOME HOME ENERGY ASSISTANCE					
Formula grants	1,789,380	1,800,500	1,900,000	+110,620	+99,500
Emergency allocation:					
Contingent emergency allocation	99,410	200,000	100,000	+590	-100,000
Department of Energy-Weatherization Assistance5/6/	227,166	291,200	227,000	-166	-64,200
Total, Low income home energy assistance	2,115,956	2,291,700	2,227,000	+111,044	-64,700

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
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	2,087,310	2,099,729	2,099,729	+12,419	---
SOCIAL SERVICES BLOCK GRANT (TITLE XX)	1,700,000	1,700,000	1,700,000	---	---
CHILDREN AND FAMILIES SERVICES PROGRAMS					
Programs for Children, Youth and Families:					
Head Start, current funded	5,383,108	5,543,580	5,498,580	+115,472	-45,000
Advance from prior year	(1,391,740)	(1,400,000)	(1,400,000)	(+8,260)	---
FY 2006	1,400,000	1,400,000	1,400,000	---	---
Subtotal, Head Start, program level	6,774,848	6,943,580	6,898,580	+123,732	-45,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
Consolidated Runaway, Homeless Youth Program	89,431	89,447	89,447	+16	---
Maternity Group Homes	---	10,000	---	---	-10,000
Prevention grants to reduce abuse of runaway youth	15,302	15,302	15,302	---	---
Child Abuse State Grants	21,883	42,013	28,484	+6,601	-13,529
Child Abuse Discretionary Activities	34,386	26,266	26,266	-8,120	---
Community based child abuse prevention	33,205	65,002	43,205	+10,000	-21,797
Abandoned Infants Assistance	12,052	12,086	12,086	+34	---
Child Welfare Services	289,320	291,986	291,986	+2,666	---
Child Welfare Training	7,411	7,470	7,470	+59	---
Adoption Opportunities	27,103	27,343	27,343	+240	---
Adoption Incentive (no cap adjustment)	7,456	32,103	32,103	+24,647	---
Adoption Awareness	12,785	12,906	12,906	+121	---
Compassion Capital Fund	47,702	100,000	55,000	+7,298	-45,000
Social Services and Income Maintenance Research	13,168	5,982	---	-13,168	-5,982
Evaluation tap funding	(6,000)	---	(5,982)	(-18)	(+5,982)
Subtotal, Program level	19,168	5,982	5,982	-13,186	---
Developmental Disabilities Program:					
State Councils	73,081	73,081	73,081	---	---
Protection and Advocacy	38,416	38,416	38,416	---	---
Voting access for individuals with disabilities	14,911	14,912	15,000	+89	+88
Developmental Disabilities Projects of National Significance	11,561	11,642	11,642	+81	---
University Centers for Excellence in Developmental Disabilities	26,803	26,803	26,803	---	---
Subtotal, Developmental disabilities	164,772	164,854	164,942	+170	+88

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
Native American Programs	45,157	45,155	45,155	-2	---
Community Services:					
Grants to States for Community Services	641,935	494,946	627,500	-14,435	+132,554
Community Initiative Program:					
Economic Development	32,338	32,492	32,492	+154	---
Individual Development Account Initiative	24,695	24,912	24,912	+217	---
Rural Community Facilities	7,184	---	7,184	---	+7,184
Subtotal, Community Initiative Program	64,217	57,404	64,588	+371	+7,184
National Youth Sports	17,894	---	18,000	+106	+18,000
Community Food and Nutrition	7,238	---	---	-7,238	---
Subtotal, Community Services	731,284	552,350	710,088	-21,196	+157,738
Domestic Violence Hotline	2,982	3,000	3,000	+18	---
Family Violence/Battered Women's Shelters	125,648	125,648	125,648	---	---
Early Learning Fund	33,580	---	---	-33,580	---
Faith-Based Center	1,386	1,400	1,400	+14	---
Mentoring Children of Prisoners	49,701	50,000	50,000	+299	---
Independent Living Training Vouchers	44,734	60,000	50,000	+5,266	-10,000
Promoting Responsible Fatherhood and healthy marriages	---	50,000	---	---	-50,000
Abstinence Education	70,049	181,926	105,046	+34,997	-76,880
Evaluation Tap Funding	(4,500)	(4,500)	(4,500)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
Program Direction	177,894	190,206	190,206	+12,312	---
Total, Children and Families Services Programs	8,841,499	9,106,025	8,985,663	+144,164	-120,362
Current Year	(7,441,499)	(7,706,025)	(7,585,663)	(+144,164)	(-120,362)
FY 2006	(1,400,000)	(1,400,000)	(1,400,000)	---	---
Evaluation Tap funding	(10,500)	(4,500)	(10,482)	(-18)	(+5,982)
PROMOTING SAFE AND STABLE FAMILIES	305,000	305,000	305,000	---	---
Discretionary Funds	99,383	200,000	105,000	+5,617	-95,000
PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION					
Foster Care	4,974,200	4,895,500	4,895,500	-78,700	---
Adoption Assistance	1,699,700	1,770,100	1,770,100	+70,400	---
Independent living	140,000	140,000	140,000	---	---
Total, Payments to States	6,813,900	6,805,600	6,805,600	-8,300	---
Less Advances from Prior Year	-1,745,600	-1,767,700	-1,767,700	-22,100	---
Total, payments, current request	5,068,300	5,037,900	5,037,900	-30,400	---
New Advance, 1st quarter	1,767,700	1,767,200	1,767,200	-500	---
Total, Administration for Children & Families	26,938,420	27,403,491	27,141,526	+203,106	-261,965
Current year	(22,570,720)	(23,036,291)	(22,774,326)	(+203,606)	(-261,965)
FY 2006	(4,367,700)	(4,367,200)	(4,367,200)	(-500)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
ADMINISTRATION ON AGING					
Grants to States:					
Supportive Services and Centers	353,889	357,000	357,000	+3,111	---
Preventive Health	21,790	21,919	21,919	+129	---
Protection of vulnerable older americans-Title VII	19,444	18,559	18,559	-885	---
Family Caregivers	152,738	155,512	157,000	+4,262	+1,488
Native American Caregivers Support	6,318	6,355	6,355	+37	---
Subtotal, Caregivers	159,056	161,867	163,355	+4,299	+1,488
Nutrition:					
Congregate Meals	386,353	388,646	392,148	+5,795	+3,502
Home Delivered Meals	179,917	180,985	187,616	+7,699	+6,631
Nutrition Services Incentive Program	148,191	149,183	150,414	+2,223	+1,231
Subtotal, Nutrition	714,461	718,814	730,178	+15,717	+11,364
Subtotal, Grants to States	1,268,640	1,278,159	1,291,011	+22,371	+12,852

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
Grants for Native Americans	26,453	26,612	26,612	+159	---
Program Innovations	33,509	23,843	37,943	+4,434	+14,100
Aging Network Support Activities	13,294	13,373	13,373	+79	---
Alzheimer's Disease Demonstrations	11,883	11,500	11,500	-383	---
White House Conference on Aging	2,814	4,558	4,558	+1,744	---
Program Administration	17,324	18,482	18,482	+1,158	---
Total, Administration on Aging	1,373,917	1,376,527	1,403,479	+29,562	+26,952
OFFICE OF THE SECRETARY					
GENERAL DEPARTMENTAL MANAGEMENT:					
Federal Funds	174,811	180,045	180,045	+5,234	---
Trust Funds	5,816	5,851	5,851	+35	---
Subtotal	(180,627)	(185,896)	(185,896)	(+5,269)	---
Adolescent Family Life (Title XX)	30,946	54,349	31,229	+283	-23,120
Minority health	55,190	47,236	47,236	-7,954	---
Office of women's health	28,915	29,103	29,103	+188	---
Minority HIV/AIDS	49,544	52,838	52,838	+3,294	---
Health care information technology	---	50,000	25,000	+25,000	-25,000
IT Security and Innovation Fund	14,847	18,400	14,847	---	-3,553
Evaluation tap funding (ASPE) (NA)	(21,552)	(21,552)	(21,552)	---	---
Total, General Departmental Management	360,069	437,822	386,149	+26,080	-51,673
Federal Funds	354,253	431,971	380,298	+26,045	-51,673
Trust Funds	5,816	5,851	5,851	+35	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
OFFICE OF THE INSPECTOR GENERAL:					
Federal Funds	39,094	40,323	40,323	+1,229	---
HIPAA funding (NA)	(160,000)	(160,000)	(160,000)	---	---
Total, Inspector General program level	(199,094)	(200,323)	(200,323)	(+1,229)	---
OFFICE FOR CIVIL RIGHTS:					
Federal Funds	30,607	32,043	32,043	+1,436	---
Trust Funds	3,294	3,314	3,314	+20	---
Total, Office for Civil Rights	33,901	35,357	35,357	+1,456	---
POLICY RESEARCH:					
Federal Funds	---	---	---	---	---
Evaluation Tap funding (NA)	(20,750)	(28,750)	(20,750)	---	(-8,000)
Total, Policy Research	20,750	28,750	20,750	---	-8,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
MEDICAL BENEFITS FOR COMMISSIONED OFFICERS					
Retirement payments	228,064	241,294	241,294	+13,230	---
Survivors benefits	14,298	14,750	14,750	+452	---
Dependents' medical care	79,401	74,592	74,592	-4,809	---
Total,Medical benefits for Commissioned Officers	321,763	330,636	330,636	+8,873	---
PUBLIC HEALTH AND SOCIAL SERVICE EMERGENCY FUND					
HRSA Homeland security activities	542,649	503,649	542,649	---	+39,000
CDC Homeland security activities	1,507,211	1,509,571	1,637,760	+130,549	+128,189
NIH Homeland security activities	---	47,400	47,400	+47,400	---
Office of the Secretary Homeland sercurity activities.	64,438	64,438	64,438	---	---
Other PHSSEF Homeland security activities	49,705	100,000	60,000	+10,295	-40,000
Total, PHSSEF	2,164,003	2,225,058	2,352,247	+188,244	+127,189
Total, Office of the Secretary	2,918,830	3,069,196	3,144,712	+225,882	+75,516
Federal Funds	2,909,720	3,060,031	3,135,547	+225,827	+75,516
Trust Funds	9,110	9,165	9,165	+55	---
Total, Title II, Dept of Health & Human Services	360,327,552	374,327,562	374,307,336	+13,979,784	-20,226
Federal Funds	357,681,596	371,572,270	371,551,918	+13,870,322	-20,352
Current year	(294,897,621)	(303,470,880)	(303,450,528)	(+8,552,907)	(-20,352)
FY 2006	(62,783,975)	(68,101,390)	(68,101,390)	(+5,317,415)	---
Trust Funds	2,645,956	2,755,292	2,755,418	+109,462	+126

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request

Title II Footnotes:
1/ Includes Mine Safety and Health.
2/ Funds provided in P.L. 108-173, the 2003 Medicare Prescription Drug, Improvement & Modernization Act
3/ $1 billion available for fiscal years 2004-2005.
4/ $250 million available for fiscal years 2005-2008.
5/ FY 2005 House jurisdiction change--account moved from Interior Appropriations.
6/ Weatherization assistance funds transferred to and administered by Department of Energy.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE III - DEPARTMENT OF EDUCATION					
EDUCATION FOR THE DISADVANTAGED					
Grants to Local Educational Agencies (LEAs)					
Basic Grants					
Advance from prior year	(2,011,272)	(1,883,584)	(1,883,584)	(-127,688)	---
Forward funded	5,150,529	6,150,508	6,150,508	+999,979	---
Current funded	3,479	3,500	3,500	+21	---
Subtotal, Basic grants current year approp	5,154,008	6,154,008	6,154,008	+1,000,000	---
Subtotal, Basic grants total funds available	(7,165,280)	(8,037,592)	(8,037,592)	(+872,312)	---
Basic Grants FY 2006 Advance	1,883,584	883,584	883,584	-1,000,000	---
Subtotal, Basic grants, program level	7,037,592	7,037,592	7,037,592	---	---
Concentration Grants					
Advance from prior year	(1,365,031)	(1,365,031)	(1,365,031)	---	---
FY 2006 Advance	1,365,031	1,365,031	1,365,031	---	---
Subtotal, Concentration Grants program level	1,365,031	1,365,031	1,365,031	---	---
Targeted Grants					
Advance from prior year	(1,670,239)	(1,969,843)	(1,969,843)	(+299,604)	---
FY 2006 Advance	1,969,843	4,146,187	2,469,843	+500,000	-1,676,344
Subtotal, Targeted Grants program level	1,969,843	4,146,187	2,469,843	+500,000	-1,676,344

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
Education Finance Incentive Grants					
Advance from prior year	(1,541,759)	(1,969,843)	(1,969,843)	(+428,084)	---
FY 2006 Advance	1,969,843	793,499	2,469,843	+500,000	+1,676,344
Subtotal, Education Finance Incentive Grants	1,969,843	793,499	2,469,843	+500,000	+1,676,344
Subtotal, Grants to LEAs, program level	12,342,309	13,342,309	13,342,309	+1,000,000	---
Even Start	246,910	---	246,910	---	+246,910
Reading First:					
State Grants (forward funded)	828,923	930,000	930,000	+101,077	---
Advance from prior year	(195,000)	(195,000)	(195,000)	---	---
FY 2006 Advance	195,000	195,000	195,000	---	---
Subtotal, Reading First State Grants	1,023,923	1,125,000	1,125,000	+101,077	---
Early Reading First	94,439	132,000	132,000	+37,561	---
Striving readers	---	100,000	100,000	+100,000	---
Literacy through School Libraries	19,842	19,842	19,842	---	---
State Agency Programs:					
Migrant	393,577	393,577	393,577	---	---
Neglected and Delinquent/High Risk Youth	48,395	48,395	48,395	---	---
Subtotal, State Agency programs	441,972	441,972	441,972	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
Evaluation	8,790	9,500	9,500	+710	---
Comprehensive School Reform Demonstration	233,613	---	80,000	-153,613	+80,000
Migrant Education:					
High School Equivalency Program	18,888	18,888	22,545	+3,657	+3,657
College Assistance Migrant Program	15,657	15,657	15,657	---	---
Subtotal, Migrant Education	34,545	34,545	38,202	+3,657	+3,657
Total, Education for the disadvantaged	14,446,343	15,205,168	15,535,735	+1,089,392	+330,567
Current Year	(7,063,042)	(7,821,867)	(8,152,434)	(+1,089,392)	(+330,567)
FY 2006	(7,383,301)	(7,383,301)	(7,383,301)	---	---
Subtotal, forward funded	(6,901,947)	(7,522,480)	(7,849,390)	(+947,443)	(+326,910)
IMPACT AID					
Basic Support Payments	1,063,687	1,063,687	1,083,687	+20,000	+20,000
Payments for Children with Disabilities	50,369	50,369	50,369	---	---
Facilities Maintenance (Sec. 8008)	7,901	7,901	7,901	---	---
Construction (Sec. 8007)	45,935	45,936	45,936	+1	---
Payments for Federal Property (Sec. 8002)	61,634	61,634	63,000	+1,366	+1,366
Total, Impact aid	1,229,526	1,229,527	1,250,893	+21,367	+21,366

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
SCHOOL IMPROVEMENT PROGRAMS					
State Grants for Improving Teacher Quality	1,495,126	1,495,126	1,515,000	+19,874	+19,874
Advance from prior year	(1,150,000)	(1,435,000)	(1,435,000)	(+285,000)	---
FY 2006	1,435,000	1,435,000	1,435,000	---	---
Subtotal, State Grants for Improving Teacher Quality, program level	2,930,126	2,930,126	2,950,000	+19,874	+19,874
Early Childhood Educator Professional Development.	14,814	14,814	14,814	---	---
Mathematics and Science Partnerships	149,115	269,115	269,115	+120,000	---
State Grants for Innovative Education (Education Block Grant)	296,548	296,549	---	-296,548	-296,549
Advance from prior year	(285,000)	---	---	(-285,000)	---
FY 2006	---	---	---	---	---
Subtotal, Education Block Grant, program level	296,548	296,549	---	-296,548	-296,549
Educational Technology State Grants	691,841	691,841	600,000	-91,841	-91,841
Supplemental Education Grants	---	---	18,330	+18,330	+18,330
21st Century Community Learning Centers	999,070	999,070	999,070	---	---
State Assessments/Enhanced Assessment Instruments.	390,000	410,000	410,000	+20,000	---
Javits gifted talented education	11,111	---	11,111	---	+11,111
Foreign language assistance	16,546	---	---	-16,546	---
Education for Homeless Children & Youth	59,646	59,646	70,000	+10,354	+10,354

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
Training and Advisory Services (Civil Rights).....	7,243	7,243	7,243	---	---
Education for Native Hawaiians.....	33,302	33,302	33,302	---	---
Alaska Native Education Equity.....	33,302	33,302	33,302	---	---
Rural Education.....	167,831	167,831	167,831	---	---
Comprehensive Centers.....	57,283	27,654	57,283	---	+29,629
Total, School improvement programs.....	5,857,778	5,940,493	5,641,401	-216,377	-299,092
Current Year.....	(4,422,778)	(4,505,493)	(4,206,401)	(-216,377)	(-299,092)
FY 2006.....	(1,435,000)	(1,435,000)	(1,435,000)	---	---
Subtotal, forward funded.....	(4,249,177)	(4,389,178)	(4,031,016)	(-218,161)	(-358,162)
INDIAN EDUCATION					
Grants to Local Educational Agencies.....	95,933	95,933	95,933	---	---
Federal Programs:					
Special Programs for Indian Children.....	19,753	19,753	19,753	---	---
National Activities.....	5,170	5,170	5,170	---	---
Subtotal, Federal Programs.....	24,923	24,923	24,923	---	---
Total, Indian Education.....	120,856	120,856	120,856	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
INNOVATION AND IMPROVEMENT					
Troops-to-Teachers	14,911	14,912	14,912	+1	---
Transition to Teaching	45,295	45,295	45,295	---	---
National Writing Project	17,894	---	17,894	---	+17,894
Teaching of Traditional American History	119,292	119,292	---	-119,292	-119,292
School Leadership	12,346	---	15,000	+2,654	+15,000
Advanced Credentialing	18,391	7,000	18,391	---	+11,391
Charter Schools Grants	218,702	218,702	218,702	---	---
Credit Enhancement for Charter School Facilities	37,279	100,000	50,000	+12,721	-50,000
Voluntary Public School Choice	26,757	26,757	26,757	---	---
Magnet Schools Assistance	108,640	108,640	108,640	---	---
Fund for the Improvement of Education (FIE):					
Current funded	356,197	170,185	100,000	-256,197	-70,185
Forward funded	74,073	---	---	-74,073	---
Subtotal, FIE	430,270	170,185	100,000	-330,270	-70,185
Ready to Learn television	22,864	22,864	22,864	---	---
Dropout Prevention Programs	4,970	---	---	-4,970	---
Close Up Fellowships	1,481	---	1,481	---	+1,481
Advanced Placement	23,534	51,534	30,000	+6,466	-21,534
Total, Innovation and Improvement	1,102,626	885,181	669,936	-432,690	-215,245
Forward funded	(74,073)	---	---	(-74,073)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
SAFE SCHOOLS AND CITIZENSHIP EDUCATION					
Safe and Drug Free Schools and Communities:					
State Grants, forward funded	440,908	440,908	440,908	---	---
Advance from prior year	(330,000)	---	---	(-330,000)	---
FY 2006	---	---	---	---	---
State Grants, program level	440,908	440,908	440,908	---	---
National Programs	153,767	175,069	153,767	---	-21,302
Alcohol Abuse Reduction	29,823	---	---	-29,823	---
Mentoring Programs	49,705	100,000	49,705	---	-50,295
Character education	24,691	24,691	24,961	+270	+270
Elementary and Secondary School Counseling	33,799	---	33,799	---	+33,799
Carol M. White Physical Education Program	69,587	69,587	69,587	---	---
Civic Education	28,642	28,642	28,642	---	---
State Grants for Incarcerated Youth Offenders	24,852	---	---	-24,852	---
Total, Safe Schools and Citizenship Education	855,774	838,897	801,369	-54,405	-37,528
Current Year	(855,774)	(838,897)	(801,369)	(-54,405)	(-37,528)
FY 2006	---	---	---	---	---
Subtotal, forward funded	(465,760)	(440,908)	(440,908)	(-24,852)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
ENGLISH LANGUAGE ACQUISITION					
Current funded	124,220	85,500	85,500	-38,720	---
Forward funded	556,995	595,715	595,715	+38,720	---
Total, English Language Acquisition	681,215	681,215	681,215	---	---
SPECIAL EDUCATION					
State Grants:					
Grants to States Part B current year	4,655,106	5,655,106	5,655,106	+1,000,000	---
Part B advance from prior year	(5,672,000)	(5,413,000)	(5,413,000)	(-259,000)	---
Grants to States Part B (FY 2006)	5,413,000	5,413,000	5,413,000	---	---
Subtotal, Grants to States, program level	10,068,106	11,068,106	11,068,106	+1,000,000	---
Preschool Grants	387,699	387,699	387,699	---	---
Grants for Infants and Families	444,363	466,581	466,581	+22,218	---
Subtotal, State grants, program level	10,900,168	11,922,386	11,922,386	+1,022,218	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
IDEA National Activities (current funded):					
State Improvement	51,061	51,061	51,061	---	---
Technical Assistance and Dissemination	52,820	52,819	52,819	-1	---
Personnel Preparation	91,357	91,357	91,357	---	---
Parent Information Centers	26,173	26,173	26,173	---	---
Technology and Media Services	39,129	32,305	32,305	-6,824	---
Subtotal, IDEA special programs	260,540	253,715	253,715	-6,825	---
Total, Special education	11,160,708	12,176,101	12,176,101	+1,015,393	---
Current Year	(5,747,708)	(6,763,101)	(6,763,101)	(+1,015,393)	---
FY 2006	(5,413,000)	(5,413,000)	(5,413,000)	---	---
Subtotal, Forward funded	(5,538,229)	(6,560,447)	(6,560,447)	(+1,022,218)	---
REHABILITATION SERVICES AND DISABILITY RESEARCH					
Vocational Rehabilitation State Grants	2,584,162	2,635,845	2,635,845	+51,683	---
Vocational Rehabilitation Incentive Grants	---	61,800	---	---	-61,800
Client Assistance State grants	11,997	11,997	11,997	---	---
Training	39,139	39,139	39,139	---	---
Demonstration and training programs	24,286	18,784	18,784	-5,502	---
Migrant and seasonal farmworkers	2,321	---	2,321	---	+2,321
Recreational programs	2,564	---	2,564	---	+2,564
Protection and advocacy of individual rights (PAIR)	16,790	19,570	16,790	---	-2,780
Projects with industry	21,799	---	21,799	---	+21,799
Supported employment State grants	37,680	---	37,680	---	+37,680

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
Independent living:					
State grants	22,020	22,020	25,000	+2,980	+2,980
Centers	73,563	73,563	75,000	+1,437	+1,437
Services for older blind individuals	31,811	31,811	35,000	+3,189	+3,189
Subtotal, Independent living	127,394	127,394	135,000	+7,606	+7,606
Program Improvement	889	850	850	-39	---
Evaluation	988	1,500	1,500	+512	---
Helen Keller National Center for Deaf/Blind Youth and Adults	8,666	8,666	8,666	---	---
National Inst. Disability and Rehab. Research (NIDRR)	106,652	106,652	106,652	---	---
Assistive Technology	25,943	15,000	15,000	-10,943	---
Subtotal, discretionary programs	427,108	411,352	418,742	-8,366	+7,390
Total, Rehabilitation services	3,011,270	3,047,197	3,054,587	+43,317	+7,390
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES					
AMERICAN PRINTING HOUSE FOR THE BLIND	16,403	16,403	17,000	+597	+597

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
NATIONAL TECHNICAL INSTITUTE FOR THE DEAF (NTID):					
Operations	53,118	53,118	54,105	+987	+987
Construction	365	685	1,685	+1,320	+1,000
Total, NTID	53,483	53,803	55,790	+2,307	+1,987
Gallaudet University	100,205	100,205	104,000	+3,795	+3,795
Total, Special Institutions for Persons with Disabilities	170,091	170,411	176,790	+6,699	+6,379
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

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
Tech-Prep Education State Grants	106,665	---	106,665	---	+106,665
National Programs	11,852	---	11,852	---	+11,852
Tech-Prep Education Demonstration	4,939	---	---	-4,939	---
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	15,861	15,861	15,861	---	---
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)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
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 Work Study	998,502	998,502	998,502	---	---
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	66,665	-98,764	---
LEAP program	66,172	---	66,172	---	+66,172
Total, Student Financial Assistance	14,007,296	14,698,622	14,755,794	+748,498	+57,172
STUDENT AID ADMINISTRATION					
Administrative Costs	116,727	934,639	120,247	+3,520	-814,392
Fed Direct Student Loan Reclassification (Leg prop)	---	-795,000	---	---	+795,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
HIGHER EDUCATION					
Aid for Institutional Development:					
Strengthening Institutions	80,986	80,986	80,986	---	---
Hispanic Serving Institutions	93,993	95,873	95,873	+1,880	---
Strengthening Historically Black Colleges (HBCUs)	222,764	240,500	240,500	+17,736	---
Strengthening historically black graduate insts	53,100	58,500	58,500	+5,400	---
Strengthening Alaska Native and Native Hawaiian-Serving Institutions	10,935	6,137	10,935	---	+4,798
Strengthening Tribal Colleges	23,287	23,753	23,753	+466	---
Subtotal, Aid for Institutional development	485,065	505,749	510,547	+25,482	+4,798
International Education and Foreign Language:					
Domestic Programs	89,211	89,211	93,211	+4,000	+4,000
Overseas Programs	12,840	12,840	12,840	---	---
Institute for International Public Policy	1,629	1,629	1,629	---	---
Subtotal, International Education & Foreign Lang	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	7,185	7,185	7,185	---	---
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	88,887	88,888	88,888	+1	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
INSTITUTE OF EDUCATION SCIENCES					
Research, development and dissemination	165,518	185,000	165,518	---	-19,482
Statistics	91,664	91,664	91,664	---	---
Regional Educational Laboratories	66,665	---	66,665	---	+66,665
Research and innovation in special education	78,125	78,125	78,125	---	---
Statewide data systems	---	---	30,000	+30,000	+30,000
Assessment:					
National Assessment	89,703	89,703	89,703	---	---
National Assessment Governing Board	5,060	5,129	5,129	+69	---
Subtotal, Assessment	94,763	94,832	94,832	+69	---
Total, IES	496,735	449,621	526,804	+30,069	+77,183

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
Child Care Access Means Parents in School	16,098	16,099	16,099	+1	---
Demonstration in Disabilities / Higher Education	6,913	---	---	-6,913	---
Underground Railroad Program	2,222	---	---	-2,222	---
GPRA data/HEA program evaluation	988	988	988	---	---
B.J. Stupak Olympic Scholarships	988	---	988	---	+988
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	243,893	+5,130	+5,130
College Housing and Academic Facilities Loans Program: (CHAFL)	769	578	578	-191	---
HBCU Capital Financing Program -- Federal Adm	209	212	212	+3	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
DEPARTMENTAL MANAGEMENT					
PROGRAM ADMINISTRATION	420,379	429,778	421,055	+676	-8,723
OFFICE FOR CIVIL RIGHTS	88,305	92,801	90,248	+1,943	-2,553
OFFICE OF THE INSPECTOR GENERAL	46,624	50,576	47,790	+1,166	-2,786
Total, Departmental management	555,308	573,155	559,093	+3,785	-14,062
Total: Elementary and Secondary Education Act programs	24,478,026	24,901,337	24,803,103	+325,077	-98,234
Total, Title III, Department of Education	58,246,623	59,974,897	60,317,016	+2,070,393	+342,119
Current Year	(43,224,322)	(44,952,596)	(45,294,715)	(+2,070,393)	(+342,119)
FY 2006	(15,022,301)	(15,022,301)	(15,022,301)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE IV - RELATED AGENCIES					
ARMED FORCES RETIREMENT HOME					
Operations and Maintenance	62,923	57,195	57,195	-5,728	---
Capital Program	1,971	4,000	4,000	+2,029	---
Total, AFRH	64,894	61,195	61,195	-3,699	---
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED 1/	4,697	4,672	4,672	-25	---
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	45,987	46,563	45,987	---	-576
Retired Senior Volunteer Program	58,156	69,884	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

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
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)	(+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	248,785	248,785	+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	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
RAILROAD RETIREMENT BOARD					
Dual Benefits Payments Account	118,298	108,000	108,000	-10,298	---
Less Income Tax Receipts on Dual Benefits	-7,953	-8,000	-8,000	-47	---
Subtotal, Dual Benefits	110,345	100,000	100,000	-10,345	---
Federal Payment to the RR Retirement Account	150	150	150	---	---
Limitation on Administration	100,702	102,600	102,202	+1,500	-398
Inspector General	6,561	7,200	6,561	---	-639
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds	21,658	20,454	20,454	-1,204	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
SUPPLEMENTAL SECURITY INCOME					
Federal benefit payments	34,198,000	38,109,000	38,109,000	+3,911,000	---
Beneficiary services	100,000	45,929	45,929	-54,071	---
Research and demonstration	38,000	27,000	27,000	-11,000	---
Administration	2,973,300	3,017,000	2,986,900	+13,600	-30,100
Subtotal, SSI program level	37,309,300	41,198,929	41,168,829	+3,859,529	-30,100
Less funds advanced in prior year	-11,080,000	-12,590,000	-12,590,000	-1,510,000	---
Subtotal, regular SSI current year	26,229,300	28,608,929	28,578,829	+2,349,529	-30,100
Plus User Fee Activities	120,000	124,000	124,000	+4,000	---
Total, SSI, current request	26,349,300	28,732,929	28,702,829	+2,353,529	-30,100
New advance, 1st quarter, FY 2006	12,590,000	10,930,000	10,930,000	-1,660,000	---
Total, SSI program	38,939,300	39,662,929	39,632,829	+693,529	-30,100

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
LIMITATION ON ADMINISTRATIVE EXPENSES					
OASDI Trust Funds	4,070,369	4,454,000	4,412,700	+342,331	-41,300
HI/SMI Trust Funds	1,147,705	1,284,000	1,272,500	+124,795	-11,500
Social Security Advisory Board	1,800	2,000	2,000	+200	---
SSI	2,973,300	3,017,000	2,986,900	+13,600	-30,100
Subtotal, regular LAE	8,193,174	8,757,000	8,674,100	+480,926	-82,900
User Fee Activities (SSI)	120,000	124,000	124,000	+4,000	---
Total, Limitation on Administrative Expenses	8,313,174	8,881,000	8,798,100	+484,926	-82,900
MEDICARE REFORM FUNDING					
HI/SMI trust funds mandatory spending 5/ 6/	(500,000)	---	---	(-500,000)	---
Medicare reform contingency fund 7/	---	100,000	---	---	-100,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
OFFICE OF INSPECTOR GENERAL					
Federal Funds	24,355	26,000	25,748	+1,393	-252
Trust Funds	63,324	66,000	65,359	+2,035	-641
Total, Office of Inspector General	87,679	92,000	91,107	+3,428	-893
Adjustment: Trust fund transfers from general revenues	-3,093,300	-3,141,000	-3,110,900	-17,600	+30,100
Total, Social Security Administration	44,268,511	45,615,383	45,431,590	+1,163,079	-183,793
Federal funds	38,985,313	39,809,383	39,679,031	+693,718	-130,352
Current year	(26,395,313)	(28,879,383)	(28,749,031)	(+2,353,718)	(-130,352)
New advances, 1st quarter	(12,590,000)	(10,930,000)	(10,930,000)	(-1,660,000)	---
Trust funds	5,283,198	5,806,000	5,752,559	+469,361	-53,441
Total, Title IV, Related Agencies	45,959,995	46,864,769	47,057,801	+1,097,806	+193,032
Federal Funds	40,560,289	40,939,064	41,186,574	+626,285	+247,510
Current Year	(27,570,289)	(30,009,064)	(29,856,574)	(+2,286,285)	(-152,490)
FY 2006 Advance	(12,590,000)	(10,930,000)	(10,930,000)	(-1,660,000)	---
FY 2007 Advance	(400,000)	---	(400,000)	---	(+400,000)
Trust Funds	5,399,706	5,925,705	5,871,227	+471,521	-54,478

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request

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
6/ Available in fiscal years 2004 and 2005.
7/ Two-year availability. Funds may be transferred between CMS and SSA.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
SUMMARY					
Federal Funds	467,973,109	483,869,294	484,176,006	+16,202,897	+306,712
Current year	(374,625,833)	(387,271,603)	(387,178,315)	(+12,552,482)	(-93,288)
2006 advance	(92,947,276)	(96,597,691)	(96,597,691)	(+3,650,415)	---
2006 advance	(400,000)	---	(400,000)	---	(+400,000)
Trust Funds	11,844,869	12,477,283	12,405,505	+560,636	-71,778
Grand Total	479,817,978	496,346,577	496,581,511	+16,763,533	+234,934
BUDGET ENFORCEMENT ACT RECAP					
Mandatory, total in bill	340,041,821	353,451,511	353,451,511	+13,409,690	---
Less advances for subsequent years	-74,061,975	-77,712,390	-77,712,390	-3,650,415	---
Plus advances provided in prior years	65,883,986	74,061,975	74,061,975	+8,177,989	---
Total, mandatory, current year	331,863,832	349,801,096	349,801,096	+17,937,264	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2004
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2005
(Amounts in thousands)

	FY 2004 Comparable	FY 2005 Request	Bill	Bill vs. Enacted	Bill vs. Request
Discretionary, total in bill	139,776,157	142,895,066	143,130,000	+3,353,843	+234,934
Less advances for subsequent years	-19,285,301	-18,885,301	-19,285,301	---	-400,000
Plus advances provided in prior years	19,229,267	19,275,301	19,275,301	+46,034	---
Scorekeeping adjustments:					
SSA User Fee Collection	-120,000	-124,000	-124,000	-4,000	---
Vaccines for children legislative proposal	---	-110,000	---	---	+110,000
Medicaid/Medicare offsetting proposals	---	-462,000	---	---	+462,000
HI/SMI user fees	---	-165,000	-155,000	-155,000	+10,000
Medicare Hospital loans	---	---	-200,000	-200,000	-200,000
CDC Management/IT Savings	---	---	-15,000	-15,000	-15,000
Welfare to Work rescission	-176,000	---	---	+176,000	---
H-1B rescission	---	-100,000	-100,000	-100,000	---
75 percent rule scoring	---	---	9,000	+9,000	+9,000
75 percent rule offset in CMS	---	---	-9,000	-9,000	-9,000
Across the board admin. expenses reduction	---	---	---	---	---
ESA Special benefits (offset. collections)	-54	---	---	+54	---
Total, discretionary	139,424,069	142,324,066	142,526,000	+3,101,931	+201,934
Adjustment to balance with 2004 enacted	-252,080	---	---	+252,080	---
Total, discretionary (FY 2004 enacted)	139,171,989	142,324,066	142,526,000	+3,354,011	+201,934
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

MINORITY VIEWS OF THE HONORABLE DAVID OBEY, STENY HOYER, NITA 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 makes impossible 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 fiscally responsible 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 Subcommittee received a relatively good share of an inadequate total, allowing an increase of about $3 billion above the current year. That increase was largely allocated to a few areas: providing $1 billion increases for two 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 subcommittee had more than exhausted the additional funds it was allocated above the FY 2004 level. Consequently, other priorities in the bill had to be cut.

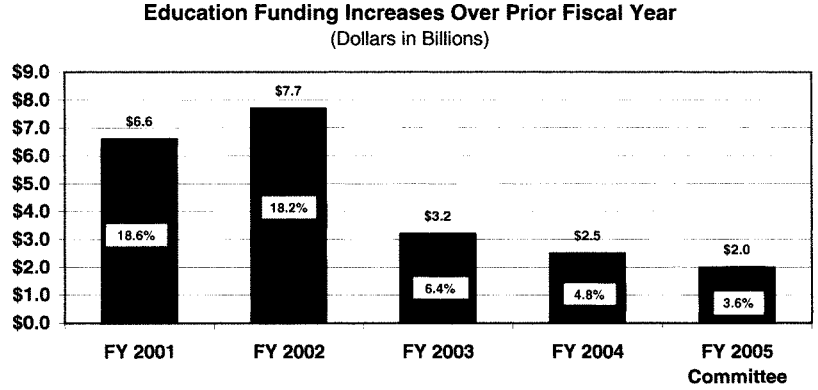
EDUCATION—NOT AT THE TOP OF THE CLASS

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 students than in 1995. 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 actu-

ally 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 enrollments, unprecedented Federal education accountability requirements, and rising demand for college assistance, the Committee bill fails to match these growing demands with sufficient resources. The bill provides a $2.0 billion (3.6 percent) increase over FY 2004 for the Department of Education's discretionary programs, continuing a downward slide in new discretionary education 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, money remains short in many schools. Nonetheless, the Committee bill actually *cuts* NCLB funding $120 million below the Administration's request, while providing only $328 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 1—which serves low-income children in schools with the greatest educational challenges—is the centerpiece of federal education reform efforts. Title 1 grants to school districts receive a $1 billion (8.1 percent) increase in the Committee bill, the same amount as the President's request. Despite this needed increase, Title 1 appropriations in FY 2005 would still fall $7.2 billion short of the NCLB funding promise—accounting for most of the total $9.5 billion NCLB shortfall in the Committee bill.

A key concept in NCLB is that students who are falling behind are able to receive tutoring and a broad array of enrichment services in school and community-based after school centers. Yet the Committee bill freezes funding for 21st Century Community Learning Centers at $999 million—only half of the $2.0 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 several programs that are important to the success of NCLB. For ex-

ample, English language learning assistance for more than 5 million children who must learn to read and speak English is frozen at $681 million, the second year in a row—even while these children must meet the same rigorous academic standards as all other children. About 6,500 rural school districts will see their Rural Educational Achievement Program grants level funded at $168 million, in the aggregate; despite the difficulty they face in recruiting and retaining teachers. In addition, investments in school violence prevention, substance abuse prevention and school safety activities are frozen at $595 million, nearly 10 percent less than the safe and drug-free schools funding level three years ago.

The Committee bill makes only modest investments in a few areas. For example, it provides a $63 million net increase for teacher training in math and science instruction (after accounting for an offsetting reduction in NSF support). It provides 1,300 school districts located on or near military bases and other federal facilities a $21 million (1.7 percent) increase under the Impact Aid program. Further, it rejects the Administration's proposal to cut vocational and career education by $316 million and, instead, provides an increase to offset inflation.

These modest increases, however, are offset by deep reductions in other education initiatives, including the outright elimination of 22 programs. For example, the Committee bill wipes out the Title VI education block grant, although the Administration proposed to continue its flexible funding of nearly $300 million to help the nation's school districts pay for locally identified needs, such as up-to-date instructional materials, counseling services, and parental involvement activities. Moreover, arts 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 even denies over $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 $1 billion (9.9 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 toward special education costs incurred 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 falls $2.5 billion short of the $13.6 billion promised 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 low- and moderate-income 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, however, makes little progress in making college more affordable for disadvantaged students. The bill freezes the maximum Pell Grant for low-income college students at $4,050 for the second year in a row, freezes College Work Study assistance, and cuts Perkins Loans by $99 million below last year's level.

College students will receive help with dramatically rising tuition bills only through a $24 million (3.1 percent) increase for Supplemental Educational Opportunity Grants (SEOGs), and a restoration of the $66 million LEAP grants for state need-based student financial assistance programs, which the Administration sought to eliminate.

INVESTING LESS IN AMERICA'S LABOR FORCE

For the Department of Labor's employment and training assistance programs for unemployed Americans, the Committee bill invests $236 million *less* than the Administration's request and $40 million *less* than last year, despite a loss of 1.8 million private sector jobs since President Bush took office.

While the Committee bill provides a $25 million (1.7 percent) increase over FY 2004 to assist dislocated workers affected by mass layoffs, it denies 80 percent of the Administration's $250 million request for the Community College technical training initiative and eliminates the $90 million prisoner re-entry initiative due to budget constraints. The bill shaves the Administration's proposed 2.8 percent increase for salaries and other operating costs for Job Corps, the highly successful initiative that helps hard-core disadvantaged and unemployed youth, to a 1.8 percent increase over FY 2004.

Unemployment remains unacceptably high with 8.0 million Americans out of work; however, the Committee bill actually cuts assistance for individuals seeking jobs through the Employment Service, a building block for the nation's one-stop employment services delivery system. State Employment Service funding is cut to $696 million, a 10 percent reduction below FY 2004 and the lowest level in more than 10 years. The Committee bill also rescinds $100 million in prior funding, as requested by the Administration, for the H–1B training grants that help train Americans in high-skill, high-wage jobs and reduce the nation's reliance on foreign workers.

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 to the Administration's request. 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.

FALLING 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.

The measure does substantially increase funding for Community Health Centers, expand 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 departments and hospitals, and 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 frozen, often for the second or third year in a row. These freezes, while health care costs and the number of people needing assistance are continuing to increase, mean real erosion in the health care safety net and public health protection.

- The Committee bill terminates the Healthy Communities 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.
- Rural Health Outreach 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 continues to slow erosion of most other health care programs. The Maternal and Child Health Block Grant is funded slightly *below* its level of three years earlier, with no increase for rising health care costs, population or anything else. 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 under-served areas—receives a bit less than in FY 2003. The Ryan White AIDS Care programs (other than drug assistance) is also slightly under its FY 2003 level (while the number of AIDS patients has been rising by about 7 percent per year), and the Title X family planning program is just 1.8 percent above FY 2003.
- Support for training in primary care medicine and dentisty—which is targeted to increasing the number of doctors and dentists in rural and other underserved areas—is cut 22 percent below the current year by the bill. Support for training in public 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, $5 million (3.5 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 Reinvestment Act, which was aimed at stemming the looming nursing shortage.

• CDC's childhood immunization program receives a small but welcome $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 will have increased 18.5 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 makes a 17.5 percent cut in basic support to state and local health departments 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 of 2.6 percent—which is the smallest in 19 years and significantly less than the 3.5 percent needed to cover estimated inflation in biomedical research costs. Although the Administration says that its budget (and hence the Committee bill) would produce a small increase in the number of new and re-competing research project grants—reversing a decrease that is occurring in FY 2004—it achieves that result only by assuming unusually tight limits on the average size of research grants, including cuts to ongoing research projects below previously committed levels. If grant amounts were instead allowed to increase at normal rates, the number of new grants would decrease for the second year in a row. Many Members have been circulating letters to the Committee urging additional funding to accelerate research into diseases like Parkinson's or Alzheimer's or cancer. Many of the Members of Congress who have signed such letters in fact voted for the Republican budget resolution which has made it impossible for the committee to provide funding levels requested in such letters. At the funding level in the Committee bill, such increases simply are not possible.

HELPING AMERICA'S MOST VULNERABLE CITIZENS

For the human services side 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 cut in the Community Services Block Grant proposed by the President. On the whole, however, the bill's human services appropriations fall short of what is needed.

For LIHEAP, the Committee added $111 million above FY 2004, as proposed by the President. However, this barely does more than reverse a decrease that occurred last year. Sharply higher energy prices combined with cold winters have increased the need for LIHEAP. These same conditions have also led to growing need for the Energy Department's Weatherization Assistance Program (which was recently transferred to the Labor-HHS bill). However, the bill includes no increase at all for Weatherization, rejecting the $64 million addition proposed by the President.

The Child Care Block Grant has its funding essentially frozen for the third year in a row under the Committee's bill, meaning a real reduction in help for working families. Appropriations for Head Start are $45 million less than the amount proposed by the President. Overall funding for the Administration on Aging is up by 2.2 percent. However, this follows two years of even smaller increases, leaving the FY 2005 figure just 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 considered on June 24—would have allowed this Committee to make a greater investment in education, health care, medical research, and other pressing needs. Our budget alternatives were also fiscally responsible; they would have provided for these national needs and reduced the deficit by modestly reducing tax cuts for those with annual incomes above $1 million.

When this bill was considered by subcommittee and by the full Appropriations Committee, amendments were offered mirroring the Labor-HHS-Education portion of the Democratic budget proposal. These amendments would have added $7.4 billion to the bill, paid for by 30 percent reduction in the 2005 tax cuts for people with incomes over $1 million. Instead of tax cuts averaging about $127,000, this top-income group would have their tax cuts reduced to an average of $89,000. Regrettably, these amendments were defeated on party line votes. Had they been adopted, we could:

- Invest $1.5 billion more in Title I instruction to help an additional 500,000 low-income and minority children in the poorest communities succeed in school;
- Invest $200 million more in after school centers so that an additional 267,000 children, who are responsible for taking care of themselves after school each day, have a safe and nurturing place to go after school;
- Invest $1.2 billion more to subsidize the high costs of educating 6.9 million children with disabilities;
- Provide a $450 increase in the maximum Pell Grant for students with the greatest financial need, and begin to restore its purchasing power for more than 5 million low-income students;
- Assist an additional 51,000 teachers improve their instructional skills to become highly qualified under NCLB; and
- 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 pro-

mote 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 $20 million to the National Health Service Corps to get more doctors and dentists into underserved rural and inner city areas, and 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.

Provide an additional $70 million for senior citizens' programs of the Administration on Aging, including Meals on Wheels and other nutrition programs.

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, de-

creased 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.
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JESSE L. JACKSON, JR.
PATRICK J. KENNEDY.
LUCILLE ROYBAL-ALLARD.

Democratic Amendment
to FY 2005 Labor-HHS-Education Appropriations

	Increase Above Committee Bill *Dollars in millions*
Education	
Providing Title 1 reading and math instruction to 500,000 additional low-income children	1,500
Helping 267,000 additional children in working families to benefit from after-school learning opportunities	200
Increasing assistance to local communities for special education	1,200
Helping to put a highly qualified teacher in every classroom	225
Increasing the maximum Pell Grant by $450 to $4,500 to begin to restore the lost purchasing power of Pell Grants	2,200
Supporting effective school improvement through comprehensive school reforms at an additional 2,500 schools	228
Total, Department of Education	*$5,553*
Employment and Training	
Investing in training and job placement assistance for unemployed Americans	126
Promoting international labor standards and workers' rights	74
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

	Increase Above Committee Bill *Dollars in millions*
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

	FY 2004	FY 2005	FY 2005	FY 2005	Democratic Amendment Compared To: Committee		FY 2004	
	Comparable	Request	Committee	Democrats	Dollars	Percent	Dollars	Percent
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	$80	$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*	*$38*	*3.2%*	*$38*	*3.2%*
National Reserve	*$276*	*$283*	*$301*	*$301*	*$0*	*0.0%*	*$25*	*9.1%*
Employment Service	$851	$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:								
HIV/AIDS, STD and TB Control	$1,142	$1,143	$1,149	$1,184	$35	3.0%	$43	3.7%
Immunization	$643	$644	$654	$704	$50	7.6%	$61	9.4%
Infectious Disease Control	$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 TO FULL COMMITTEE PRINT
FY 2005 LABOR-HHS-EDUCATION APPROPRIATIONS
Program Level, $ in millions

	FY 2004 Comparable	FY 2005 Request	FY 2005 Committee	FY 2005 Democrats	Democratic Amendment Compared To: Committee Dollars	Committee Percent	FY 2004 Dollars	FY 2004 Percent
Rural Health and Telemedicine	$111	$34	$88	$129	$41	47.2%	$19	16.8%
(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).								
Substance Abuse and Mental Health Services	$3,351	$3,550	$3,392	$3,432	$40	1.2%	$81	2.4%
Dental Care Initiative				$50	$50	n.a.	$50	n.a.
(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)								
Nurse Education	$142	$147	$147	$182	$35	23.8%	$40	28.2%
(Above line adds $15 million to scholarship & loan repayments, $5 million each to advanced education nursing and diversity, $4 million each to education-practice-retention and faculty loan repayments, and $3 millon to geriatric nursing.)								
Health Professions Education	$294	$11	$269	$294	$25	9.2%	$0	0.0%
Public Health Emergency Fund	$2,164	$2,225	$2,369	$2,425	$56	2.4%	$261	12.1%
Low-Income Home Energy Assistance	$1,889	$2,001	$2,000	$2,200	$200	10.0%	$311	16.5%
Child Care Development Block Grant	$2,087	$2,100	$2,100	$2,200	$100	4.8%	$113	5.4%
Head Start	$6,783	$6,944	$6,899	$6,979	$80	1.2%	$195	2.9%
Community Services Block Grant	$642	$495	$628	$650	$23	3.6%	$8	1.3%
Community Services discretionary programs	$89	$57	$83	$90	$7	8.8%	$0	0.5%
Refugee & Entrant Assistance	$448	$473	$491	$523	$32	6.5%	$76	16.9%
Older Americans Act programs	$1,374	$1,377	$1,403	$1,473	$70	5.0%	$100	7.2%
(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.)								
Subtotal, Department of Health and Human Services					$1,611		$3,039	
Total					**$7,364**		**$11,269**	

SUMMARY OF STATE EDUCATION FORMULA ALLOCATIONS
DEMOCRATIC AMENDMENT COMPARED TO COMMITTEE BILL

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

	Title 1	After School	IDEA Part B	Teacher Quality	Pell Grants	Total
Alabama	+$25,610,000	+$2,927,000	+$19,470,000	+$3,700,000	+$41,736,000	+$93,443,000
Alaska	+$4,027,000	+$980,000	+$3,631,000	+$1,108,000	+$1,716,000	+$11,462,000
Arizona	+$27,864,000	+$3,619,000	+$18,163,000	+$4,647,000	+$44,464,000	+$98,757,000
Arkansas	+$18,102,000	+$1,823,000	+$12,075,000	+$2,324,000	+$23,051,000	+$57,375,000
California	+$187,447,000	+$27,678,000	+$133,993,000	+$30,073,000	+$197,728,000	+$576,919,000
Colorado	+$15,473,000	+$1,762,000	+$15,382,000	+$2,639,000	+$24,202,000	+$59,458,000
Connecticut	+$13,794,000	+$1,617,000	+$13,699,000	+$1,853,000	+$11,572,000	+$42,535,000
Delaware	+$4,117,000	+$980,000	+$3,327,000	+$1,108,000	+$3,299,000	+$12,831,000
District of Columbia	+$5,235,000	+$980,000	+$1,673,000	+$1,108,000	+$5,906,000	+$14,902,000
Florida	+$62,613,000	+$9,152,000	+$68,360,000	+$11,462,000	+$108,565,000	+$260,152,000
Georgia	+$48,534,000	+$5,986,000	+$31,929,000	+$6,688,000	+$51,107,000	+$144,244,000
Hawaii	+$5,339,000	+$980,000	+$4,197,000	+$1,108,000	+$5,472,000	+$17,096,000
Idaho	+$5,361,000	+$980,000	+$5,712,000	+$1,108,000	+$11,559,000	+$24,720,000
Illinois	+$50,377,000	+$8,197,000	+$53,266,000	+$8,541,000	+$76,262,000	+$196,643,000
Indiana	+$27,895,000	+$2,542,000	+$26,842,000	+$3,601,000	+$35,923,000	+$96,803,000
Iowa	+$11,507,000	+$980,000	+$12,287,000	+$1,513,000	+$21,923,000	+$48,210,000
Kansas	+$13,770,000	+$1,235,000	+$11,500,000	+$1,583,000	+$18,402,000	+$46,490,000
Kentucky	+$25,154,000	+$2,642,000	+$15,714,000	+$3,078,000	+$30,709,000	+$77,297,000
Louisiana	+$33,963,000	+$4,237,000	+$19,525,000	+$4,588,000	+$40,562,000	+$102,875,000
Maine	+$5,862,000	+$980,000	+$5,507,000	+$1,108,000	+$7,067,000	+$20,524,000
Maryland	+$19,042,000	+$2,602,000	+$21,014,000	+$3,003,000	+$25,430,000	+$71,091,000
Massachusetts	+$26,580,000	+$3,304,000	+$28,570,000	+$3,489,000	+$29,523,000	+$91,466,000
Michigan	+$54,136,000	+$6,220,000	+$43,983,000	+$6,478,000	+$57,125,000	+$167,942,000
Minnesota	+$14,893,000	+$1,488,000	+$20,008,000	+$2,444,000	+$27,174,000	+$66,007,000
Mississippi	+$20,970,000	+$2,461,000	+$13,145,000	+$2,962,000	+$32,644,000	+$72,182,000
Missouri	+$24,977,000	+$2,814,000	+$22,863,000	+$3,700,000	+$35,980,000	+$90,334,000
Montana	+$5,039,000	+$980,000	+$4,000,000	+$1,108,000	+$7,819,000	+$18,946,000
Nebraska	+$7,456,000	+$980,000	+$7,516,000	+$1,108,000	+$10,990,000	+$28,050,000
Nevada	+$6,610,000	+$1,027,000	+$6,830,000	+$1,438,000	+$6,997,000	+$22,902,000
New Hampshire	+$4,234,000	+$980,000	+$4,776,000	+$1,108,000	+$4,913,000	+$16,011,000

SUMMARY OF STATE EDUCATION FORMULA ALLOCATIONS
DEMOCRATIC AMENDMENT COMPARED TO COMMITTEE BILL

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

	Title 1	After School	IDEA Part B	Teacher Quality	Pell Grants	Total
New Jersey	+$38,083,000	+$4,012,000	+$36,380,000	+$4,676,000	+$39,909,000	+$123,060,000
New Mexico	+$15,676,000	+$1,836,000	+$9,600,000	+$2,011,000	+$16,075,000	+$45,198,000
New York	+$109,210,000	+$19,493,000	+$77,511,000	+$15,198,000	+$149,927,000	+$371,339,000
North Carolina	+$36,827,000	+$4,264,000	+$33,389,000	+$5,754,000	+$51,779,000	+$132,013,000
North Dakota	+$3,986,000	+$980,000	+$2,702,000	+$1,108,000	+$6,214,000	+$14,990,000
Ohio	+$58,614,000	+$6,240,000	+$50,213,000	+$7,074,000	+$68,552,000	+$190,693,000
Oklahoma	+$19,662,000	+$2,184,000	+$16,170,000	+$2,804,000	+$29,482,000	+$70,302,000
Oregon	+$21,693,000	+$2,077,000	+$14,341,000	+$2,297,000	+$22,828,000	+$63,236,000
Pennsylvania	+$59,457,000	+$6,595,000	+$47,480,000	+$7,052,000	+$70,915,000	+$191,499,000
Puerto Rico	+$58,352,000	+$7,240,000	+$11,102,000	+$8,446,000	+$80,026,000	+$165,166,000
Rhode Island	+$6,640,000	+$980,000	+$4,402,000	+$1,108,000	+$7,982,000	+$21,112,000
South Carolina	+$24,387,000	+$2,606,000	+$18,338,000	+$3,068,000	+$27,780,000	+$76,179,000
South Dakota	+$4,589,000	+$980,000	+$3,219,000	+$1,108,000	+$6,674,000	+$16,570,000
Tennessee	+$27,048,000	+$3,164,000	+$24,995,000	+$4,127,000	+$37,513,000	+$96,847,000
Texas	+$126,201,000	+$17,610,000	+$99,459,000	+$20,053,000	+$139,937,000	+$403,260,000
Utah	+$8,060,000	+$980,000	+$12,058,000	+$1,477,000	+$21,598,000	+$44,173,000
Vermont	+$3,763,000	+$980,000	+$2,605,000	+$1,108,000	+$3,452,000	+$11,908,000
Virginia	+$26,950,000	+$3,065,000	+$29,659,000	+$4,192,000	+$36,975,000	+$100,841,000
Washington	+$25,650,000	+$2,656,000	+$25,032,000	+$3,681,000	+$32,436,000	+$89,455,000
West Virginia	+$14,604,000	+$1,470,000	+$7,644,000	+$1,408,000	+$15,180,000	+$40,306,000
Wisconsin	+$25,618,000	+$2,477,000	+$22,012,000	+$3,001,000	+$24,620,000	+$77,728,000
Wyoming	+$3,847,000	+$980,000	+$2,734,000	+$1,108,000	+$3,361,000	+$12,030,000
TOTAL APPROPRIATION	+$1,500,000,000	+$200,000,000	+$1,200,000,000	+$225,000,000	+$2,200,000,000	+$5,325,000,000

Note: Title 1, 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.

MINORITY VIEWS OF THE HONORABLE DAVID OBEY, STENY HOYER, NITA LOWEY, ROSA DELAURO, JESSE JACKSON, JR., PATRICK KENNEDY, AND LUCILLE ROYBAL-ALLARD ON THE ADMINISTRATION'S OVERTIME REGULATION

The Administration is poised—in a few short weeks—to implement the most sweeping, anti-worker revision of the Fair Labor Standards Act (FLSA) since its inception in 1938. The overtime pay requirements of the FLSA, which guarantee for most workers "time and a half" pay for hours worked beyond a standard 40-hour work week, are one of the nation's bedrock worker protections. The FLSA's overtime provisions cover approximately 115 million workers—about 85 percent of the nation's workforce.

On August 23rd, 2004, the Department of Labor's final overtime regulations (redefining who is considered a professional, administrative, or executive employee and thereby exempt from overtime pay) are slated to go into effect, giving employers a huge windfall taken right out of employees' paychecks. On the eve of Labor Day, more than 6 million Americans soon will be getting less pay for their labors courtesy of the Bush Administration.

This anti-worker regulation is just the latest attack on America's workers by this Administration. Since President Bush entered office, 1.8 million private sector jobs have been lost. Despite modest job creation in the last few months, some 8.2 million Americans remain unemployed—2.3 million (38 percent) more than when President Bush entered office. Further, more unemployed individuals are out of work for longer periods of time. In June 2004, 1.7 million individuals had been unemployed for over 6 months—nearly triple the number of long-term unemployed at the start of the Administration.

For families who received overtime pay in 2000, overtime earnings accounted for about 25 percent of their income or about $8,400 a year. Overtime compensation is essential to their ability to pay mortgages, medical bills, and make ends meet. Yet, despite the urgent need to halt the Administration's assault on these workers, the House Appropriations Committee rejected, by a party line vote of 29 to 31, a Democratic amendment that would have prevented the Administration from rolling back the 40-hour workweek.

Last year, both the House and the Senate voted to stop the Administration from taking away workers' rights to overtime when the Department of Labor issued its initial proposal to strip overtime protections away from 8 million workers. The Senate twice adopted amendments offered by Senator TOM HARKIN to prohibit the Administration from taking away overtime pay. Last October, the House voted to adopt the Obey-Miller Motion to Instruct by a vote of 221 to 203.

Both the Harkin Amendment and the Obey-Miller Motion to Instruct would have restricted the Administration's ability to dis-

qualify anyone from overtime protection, while retaining virtually the only positive change in the initial regulation—a long overdue and non-controversial increase in the protective salary threshold to guarantee overtime rights for low-income workers. Democrats support extending overtime protections to more low-income workers, even though the Administration's proposal fails to provide a true inflationary adjustment to the salary threshold. (Moreover, we now know that that far fewer workers would actually benefit from this change than claimed by the Department of Labor.)

Yet, despite passage of these measures in the Senate and the House—in opposition to all the traditions of the Congress—the Republican leadership stripped the Harkin language from the final fiscal year 2004 omnibus appropriations bill, allowing the Department of Labor to proceed with its anti-worker regulation.

On July 14, the Committee on Appropriations had an opportunity to preserve the hard-earned overtime rights for working Americans by adopting the Democratic amendment. The Democratic amendment was identical, in effect, to the earlier measures approved by both the House and the Senate. It would have prohibited the Department of Labor from implementing the final rule to disqualify workers from overtime coverage. At the same time, it would have allowed the expansion of overtime rights for low-income workers earning up to $23,660 a year, precisely as proposed by the Department of Labor in its final regulation.

The Democratic amendment would protect more than 6 million workers in a broad range of occupations now at risk of losing their overtime rights according to estimates made by the Economic Policy Institute (EPI).[1] Indeed, an even larger number of workers are likely to be harmed by the Administration rule because EPI examined only 10 of the hundreds of occupational categories covered by the Bush anti-worker regulation.

The Democratic amendment would protect:

- *2.3 million workers who lead teams of other employees assigned to major projects—even if these team leaders have no direct supervisory responsibilities for other employees on the team.* About 40 percent of employers with 50 or more employees routinely use work teams. Under the Department of Labor's final regulation, however, we can expect even more employers to take advantage of this new exemption with enormous negative consequences for employees;
- *Nearly 2 million low-level working supervisors in fast food restaurants, lodging and retail stores.* Under the Department of Labor's final regulation, these employees could lose 100 percent of their overtime eligibility even though only a small percentage of their time is spent on managerial work. For example, low-paid Burger King assistant manager who spends nearly all of his or her time cooking hamburgers and serving customers, with no authority to hire or fire subordinates, could lose all of his or her overtime pay. Moreover, it will not be easier for employers to evade the rules by converting hourly employees to exempt salaried employees;

[1] Ross Eisenbrey, Economic Policy Institute, "Longer Hours, Less Pay", July 14, 2004.

• *More than 1 million employees without a college or graduate degree.* These employees will now be exempt from overtime pay as professional employees because employers will be able to substitute work experience for a degree under the Department of Labor's final regulation.

Moreover, the Department of Labor has not resolved the question of whether training in the military can be considered substitute work experience. Thus, despite Labor Department denials, many veterans employed in engineering, accounting, and technical occupations could lose overtime pay. For example, the Boeing corporation observed, "* * * many of its most skilled technical workers received a significant portion of their knowledge and training outside of the university classroom, typically in a branch of the military service * * *"[2];

• *30,000 nursery school and Head Start teachers.* These already low-paid employees, who currently receive overtime pay because their jobs do not require them to exercise sufficient discretion and judgment to be considered professional employees, will lose the right to extra pay under the Department of Labor's final regulation;

• *160,000 mortgage loan officers and hundreds of thousands of additional workers in the financial services industry.* These employees will lose their overtime rights because of a blanket industry exemption in the Department of Labor final regulation for financial service employees who work at such duties as collecting customer financial information, providing information and advice about financial products, or marketing financial products;

• *Nearly 90,000 computer employees, funeral directors and licensed embalmers.* These employees will become exempt and lose their right to pay under the Department of Labor's final regulation; and

• *Nearly 400,000 workers earning more than $100,000 annually.* Under the Department of Labor final regulation, these highly compensated employees will lose overtime pay under a new blanket exemption if they perform only a single exempt task "customarily or regularly", such as suggesting discipline, promotion or assignment of other employees perhaps as infrequently as twice a year. Over time, as incomes grow, the number of employees bumped into this new exclusion from overtime pay will increase.

The Department of Labor failed to hold a single public hearing on one of the most controversial regulations in the history of the Department, despite receiving 75,280 comments on its proposals. Indeed, the Department of Labor even provided information to employers in its initial regulation on how to escape overtime pay requirements as part of a concerted campaign to give employers dozens of new ways—both obvious and subtle—to reclassify workers to cut costs.

Affected employers would have four choices concerning potential payroll costs: (1) Adhering to a 40 hour work

[2] Cheryl A. Russell, Boeing's director of federal affairs as quoted in The Washington Post, January 29, 2004.

> week; (2) paying statutory overtime premiums for affected workers' hours worked beyond 40 per week; (3) raising employees' salaries to levels required for exempt status by the proposed rule; or (4) converting salaried employees' basis of pay to an hourly rate (no less than the federal minimum wage) that results in virtually no (or only a minimal) changes to the total compensation paid to those workers. Employers could also change the duties of currently exempt and nonexempt workers to comply with the proposed rule.[3]

The Administration claims that its overtime regulation will strengthen and expand overtime protections. The facts say different. Even the Republican-led Senate voted 99 to 0 in favor of the amendment offered by Senator Judd Gregg to protect overtime rights in 55 job classifications—including blue-collar workers, registered nurses, police officers, and firefighters—because they had no confidence in the Administration's claims.

The Administration claims that its overtime regulation will reduce costly and lengthy litigation. However, three experts who formerly administered the FLSA in the Department of Labor during both Republican and Democratic administration reached exactly the opposite conclusion,

> Further, in our view, the Department has written rules that are vague and internally inconsistent, and that will likely result in a profusion of confusion and court litigation—outcomes that the Department explicitly sought to avoid. [4]

For example, the former Department of Labor officials observed that,

> The team leader provision in new Sec. 541.203(3) is an entirely new regulatory concept that is also fraught with ambiguity. This provision is not based on case law, but is purportedly an attempt to reflect modern workplace practices. . . . Furthermore, the regulations do not address the very real possibility that team leaders may be working on a number of different short- or long-term projects, simultaneously or in succession, some of which would be major and directly related to the performance of management or general business operations and some of which would not. Evaluating the team leader's primary duty in that instance will be very difficult at best. Would the employee, for example, move in and out of exempt status from one week to the next? How this provision will operate in practice can only be imagined, but one can surmise that employers will seek to apply this provision to large numbers of employees to whom the exemption was never intended to apply.[5]

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[3] Federal Register, Vol. 68, No. 61, March 31, 2003, page 15576.

[4] John Fraser, Monica Gallagher, and Gail Coleman, "Observations on the Department of Labor's Final Regulations Defining and Delimiting the [Minimum Wage and Overtime] Exemptions for Executive, Administrative, Professional, Outside Sales and Computer Employees", July 2004.

[5] Ibid.

Rather than providing more clarity to protect more workers, the Administration's overtime regulation constituents an open invitation to dispute. The Department of Labor deliberately has replaced longstanding, objective criteria by which employers and employees could clearly understand who qualifies for overtime pay and who does not with ambiguous concepts and criteria. These changes will require subjective judgments by employers that no doubt will be made based on the employers' economic interests to the detriment of workers. Practically the only instances in which the Labor Department "clarified" the rules are by declaring virtually entire classes of workers—for example, financial services workers, insurance claims adjusters, athletic trainers, funeral directors and embalmers, and employees earning more than $100,000—ineligible for overtime pay.

At a time when millions of families feel lucky just to have a job, this Committee should have rejected the Administration's proposed pay cut for 6 million American families. By failing to adopt the Democratic amendment, the Committee failed to uphold the values of working and middle class Americans who simply want a fair day's pay for a hard day's work.

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