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# DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 2003

JULY 22, 2002.—Ordered to be printed

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

## REPORT

[To accompany S. 2766]

The Committee on Appropriations reports the bill (S. 2766) making appropriations for Departments of Labor, Health and Human Services, and Education and related agencies for the fiscal year ending September 30, 2003, and for other purposes, reports favorably thereon and recommends that the bill do pass.

*Amount of budget authority*

| | |
|---|---|
| Total bill as reported to Senate | $432,502,509,000 |
| Amount of adjusted appropriations, 2002 | 411,276,875,000 |
| Budget estimates, 2003 | 426,171,807,000 |
| The bill as reported to the Senate: | |
| Over the adjusted appropriations for 2002 | +21,225,634,000 |
| Over the budget estimates for 2003 | +6,330,702,000 |

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## SUMMARY OF BUDGET ESTIMATES AND COMMITTEE RECOMMENDATIONS

For fiscal year 2003, the Committee recommends total budget authority of $432,502,509,000 for the Departments of Labor, Health and Human Services, and Education, and Related Agencies. Of this amount, $134,132,000,000 is current year discretionary funding.

### ALLOCATION CEILING

Consistent with Congressional Budget Office scorekeeping, the recommendations result in full use of the $134,132,000,000 in discretionary budget authority pursuant to section 302(b) of the Congressional Budget Act of 1974, as amended.

## OVERVIEW AND BILL HIGHLIGHTS

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

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

## HIGHLIGHTS OF THE BILL

*Physical Activity and Nutrition*.—The Committee recommendation includes a total of $998,349,000 for programs to increase physical activity, improve nutrition, and reduce obesity and overweight.

*Job Training*.—The Committee recommendation includes $5,633,364,000 for job training programs, an increase of $657,601,000 over the budget request.

*Worker protection*.—The Committee bill includes $1,475,808,000 to ensure the health and safety of workers, including $469,604,000 for the Occupational Safety and Health Administration and $261,841,000 for the Mine Safety and Health Administration. The recommendation is an increase of $70,592,000 over the 2002 level.

*Child Labor*.—The Committee bill includes $148,015,000 for activities designed to end abusive child labor. This is $93,441,000 above the budget request.

*Persons With Disabilities*.—To promote independent living in home and community based settings, the Committee has included $6,984,298,000 for services to persons with disabilities. This includes $30,884,000 for programs authorized under the Assistive Technology Act. In addition, the recommendation includes $47,015,000 for the Office of Disability Policy at the Department of Labor, and $40,000,000 for Real Choice Systems Change Grants through the Center for Medicaid and Medicare Services.

*National Institutes of Health*.—A total of $27,192,926,000 is recommended to fund biomedical research at the 27 Institutes and Centers that comprise the NIH. This represents an increase of $3,737,083,000 over the fiscal year 2002 level and $25,000,000 over the budget request. This appropriation completes the historic 5-year effort to double the funding for the NIH.

*AIDS*.—The Committee bill includes $5,697,731,000 for AIDS research, prevention, and services. This includes $2,072,000,000 for Ryan White programs, an increase of $161,413,000 over the fiscal year 2002 level, and $860,293,000 for AIDS prevention programs at the Centers for Disease Control and Prevention.

*Bioterrorism initiative*.—The Committee bill includes $3,741,080,000 to fund efforts to address bioterrorism threats.

*Health Centers*.—The recommendation includes $1,533,570,000 for health centers, an increase of $75,706,000 over the budget request and $190,000,000 over the fiscal 2002 level.

*Centers for Disease Control*.—The Committee bill provides $810,785,000 within the Centers for Disease Control and Prevention to combat chronic disease and promote health. The amount recommended is an increase of $63,563,000 over the fiscal year 2002 amount and $120,555,000 over the budget request.

*Substance abuse*.—The Committee bill provides $2,307,000,000 for substance abuse prevention and treatment programs. This is an increase of $92,606,000 over the 2002 enacted level. The recommendation restores proposed reductions to substance abuse prevention programs and supports an increase of $70,000,000 for the substance abuse prevention and treatment block grant.

*Head Start*.—The Committee recommendation includes $6,870,000,000 for the Head Start Program. This represents an increase of $332,360,000 over the 2002 level and $202,467,000 over the request. The recommendation will support the enrollment of an additional 20,000 children, bringing Head Start enrollment to more than 935,000.

*Low-income home energy assistance*.—The Committee recommends $2,000,000,000 for heating and cooling assistance for low-income individuals and families, $300,000,000 more than the President's budget. Of this amount, $300,000,000 supports additional energy assistance during emergencies.

*Education for the Disadvantaged*.—The Committee has provided $14,087,400,000 in grants to enhance educational opportunities for disadvantaged children. This includes an increase of $1,500,000,000 over the fiscal year 2002 amount for grants to local education agencies, bringing the total to $11,850,000,000.

*Teacher Quality*.—The Committee recommends $3,100,000,000 for State grants to improve teacher quality. This is an increase of $250,000,000 above both the fiscal year 2002 appropriation and the budget request.

*English Language Acquisition*.—The Committee recommends $740,000,000 for bilingual education, an increase of $75,000,000 over the administration request and the fiscal year 2002 level.

*Student financial aid*.—The Committee recommends $13,162,000,000 for student financial assistance, an increase of $876,500,000 over last year and $394,500,000 more than the President's budget. The amount provided for the Pell Grant Program will allow the maximum grant to be raised to $4,100, an increase of $100 over the 2002 amount and the budget request.

*Higher education initiatives*.—The Committee bill provides $1,986,336,000 for initiatives to provide greater opportunities for higher education, including $832,500,000 for Federal TRIO programs.

*Education for individuals with disabilities*.—The Committee bill provides $9,696,424,000 to help ensure that all children have access to a free and appropriate education, and that all infants and toddlers with disabilities have access to early intervention services. This represents an increase of $1,023,620,000 over the 2002 level. Included in this appropriation is an increase of $1,000,000,000 over last year's level for grants to States.

*Rehabilitation services*.—The bill recommends $2,963,722,000 for rehabilitation services, an increase of $17,909,000 above the amount provided in 2002. These funds are essential for families with disabilities seeking employment. The Committee restored funding for several important programs proposed for elimination, such as Supported Employment State Grants, Projects with Industry, Recreational programs and programs for migrant and seasonal farmworkers.

*Services for older Americans*.—For programs serving older Americans, the Committee recommendation totals $3,083,053,000, an increase of $176,855,000 over the fiscal year 2002. This recommendation includes $237,547,000 for senior volunteer programs, $450,000,000 for community service employment for older Americans, $364,500,000 for supportive services and centers, $160,500,000 for family caregiver support programs and $723,287,000 for senior nutrition programs. For the medical research activities of the National Institute on Aging, the Committee recommends $1,000,099,000. The Committee recommendation includes $12,500,000 for the Medicare insurance counseling program.

*Public broadcasting*.—The Committee bill provides $50,000,000 for the conversion of public radio and television stations to digital broadcasting, double the previous year's appropriation.

PHYSICAL ACTIVITY AND NUTRITION INITIATIVE

Obesity has become our Nation's fastest rising public health threat. All available data show that the number of Americans who are obese or overweight have reached epidemic proportions. An estimated 120 million people—61 percent of American adults—are either overweight or obese. This puts them at increased risk for chronic and life-threatening diseases such as heart disease, stroke,

cancer and diabetes. Chronic diseases account for 7 out of every 10 U.S. deaths, and more than 60 percent of medical care expenditures.

Between 1980 and 1999 the number of obese American adults nearly doubled from approximately 15 percent to 27 percent. An estimated 300,000 premature deaths a year are associated with obesity and overweight, an amount second only to tobacco-related deaths. The total direct and indirect costs attributed to overweight and obesity amounted to $117,000,000,000 in 2000. The problem is not limited to adults. Alarmingly, an increasing number of overweight youth in this country are at risk for chronic health problems or disabilities later in life. About 13 percent of children and 14 percent of adolescents are obese. The increase in obesity and overweight among American youth over the past two decades has been dramatic, more than tripling in the past two decades. According to a recent study, hospital costs for diseases related to childhood obesity have increased threefold in the past 20 years. A recent study confirms that Americans are becoming obese at younger ages: approximately 27 percent of U.S. adults are obese by the time they reach their mid–30s, about twice the rate in the early 1960s.

This dramatic upsurge in obesity has been associated with a nationwide increase in diabetes. The prevalence of type 2 diabetes, the most common form of the disease, has tripled in the last 30 years. At least 80 percent of patients with type 2 diabetes are overweight or obese. Type 2 diabetes was commonly known in the past as "adult onset" diabetes. However, research is showing a dramatic escalation in the number of children diagnosed with type 2 diabetes. Whereas fewer than 4 percent of childhood diabetes cases in 1990 were type 2, that number has risen to approximately 20 percent.

Problems with obesity and diabetes also disproportionately affect minority communities. Thirty percent of African Americans are obese, compared to 21 percent of whites. Black women were nearly twice as likely as white women to be obese, and one quarter of Hispanic women are obese. According to the CDC, African American are considered to have the highest rates of both obesity and diabetes among all races and ethnic groups. Among all groups, however, Native Americans have some of the highest prevalence rates of overweight. Among the highest rates reported are for American Indians in Arizona at 80 percent for women and 67 percent for men.

The good news is that many of the chronic diseases linked to obesity are preventable. Recent studies provide strong evidence that prevention efforts focusing on diet, exercise and other lifestyle changes can result in substantially reduced risk among high-risk groups. Last August a major clinical trial reported that Americans at high risk for type 2 diabetes can dramatically reduce their risk of getting the disease with improvements to their diet and exercise. In addition, exercise and nutrition can have health benefits for individuals of all ages and at all levels of fitness.

The Committee strongly believes a commitment to improving physical activity and nutrition is imperative if we are to reduce chronic disease, premature deaths and related health care costs. For this reason, the Committee has included a total of $998,349,000 for programs designed to increase physical activity,

healthy lifestyles and nutrition. This is an increase of $49,701,000 over last year's level.

Recognizing the myriad physical activity promotion programs being undertaken by different Federal agencies, the Committee urges agencies receiving funds for this purpose under this bill to take special measures to coordinate their activities. In particular, the CDC's Center for Chronic Disease Prevention and Health Promotion in carrying out the Youth Media Campaign (YMC) and the Division of Nutrition and Physical Activity (DNPA) programs should develop mechanisms such as interagency committees to coordinate with the Department of Education in administering such as programs as the Carol M. White Physical Education for Progress in order to leverage resources at the local level. The Committee notes the recent establishment of a Memorandum of Understanding between the CDC, the Department of Interior and the Department of Agriculture in the area of promoting physical activity as a valuable model.

*Nutrition and Physical Activity*

The Committee commends the substantial efforts that CDC is directing to stem the obesity epidemic across all life stages. CDC is coordinating national, State, and school-based programs to research and implement health promotion and public health education strategies and interventions to increase physical activity levels and good nutrition at all ages, to provide important health information, and to monitor health and healthy behaviors in the population. CDC currently funds 12 States to promote physical activity and good nutrition to prevent and control obesity. The Committee recommends $50,000,000 for primary prevention activities related to Nutrition, Physical Activity, and Obesity at CDC, an increase of $22,495,000 over fiscal year 2002.

The Committee recognizes the potential to respond to this national problem through broad, population-based primary prevention strategies. The Committee encourages CDC to build on the successful CDC Guide to Community Preventive Services and the Guidelines for Comprehensive Programs to Promote Healthy Eating and Physical Activity, and to collect and disseminate information, evaluations, and planning guides that document a range of specific State and local policy and environmental interventions that provide practical, replicable approaches to improving nutrition and physical activity.The Committee recognizes coordination at the local level is critical, especially among community health and school-based efforts to promote physical activity and nutrition. The Committee recommends that the CDC urge its grantees to establish a position of statewide physical activity coordinator to oversee a comprehensive physical activity and nutrition program, in order to ensure resources are utilized to their optimum potential and to avoid duplicative efforts. This position could be funded through DNPA grants or elsewhere and could be located in the State Health Department, Governor's Council on Physical Fitness and Sports, or in the State Education Department.

*Youth Media Campaign*

Our Nation's youth increasingly are inactive, overweight and engage in unhealthy behaviors. These unhealthy behaviors have proven to lead to heart disease later in life. At the same time, young people in our society rely heavily on the media. Children 8 and older spend an average of more than 47 hours a week—nearly 6.75 hours a day—consuming television, radio and the internet. The Committee believes that this statistic, while alarming, underscores the need to promote healthy lifestyles to our youth in a way they understand. For this reason the Committee provides $40,000,000 to CDC for a national multi-media campaign to promote healthy lifestyles among young people. This funding restores the cut requested by the administration for this program. This campaign will use mass media, in-school media and a national events tour to reinforce messages and strategies promoting healthy activities. The Committee encourages coordination of the Youth Media Campaign with the State and local grantees of related nutrition, physical activity and school health programs.

*Healthy Communities*

The Committee provides $20,000,000 to HRSA for the Healthy Communities Innovation Initiative, a new pilot program designed to prevent three of the most rapidly increasing chronic conditions in this country: diabetes, asthma, and obesity. The Committee is pleased that the Secretary has championed this program, which will develop coalitions between private and public organizations working in the areas of prevention, medical, social, educational, business, religious, and civic services. This program will encourage the development of innovative efforts in five communities to enhance access to services, encourage positive behavioral changes, and improve community health. The Committee further encourages the Secretary to stress the importance of weight reduction as a tool in preventing heart disease.

*School Health*

Obesity rates were significantly reduced among girls in grades 6–8 who participated in a school-based intervention program. The Committee applauds CDC for establishing effective coordinated school health programs in 20 States and 2 local education agencies. The Committee urges CDC to expand its coordinated school health program. The Committee has provided $63,000,000 for coordinated school health to address risk behaviors such as tobacco use, unhealthy diets, and physical inactivity at CDC, an increase of $4,505,000 over fiscal year 2002 funding. The Committee urges CDC and the Department of Education to coordinate activities relating to nutrition and physical activity which will help to reduce obesity and prevent heart disease.

*Head Start*

The Committee commends the Department for its focus on prevention as a key to improving the overall health and well-being of our Nation. The Committee also recognizes the importance of good nutrition and physical activity among young children for developing a fertile atmosphere for cognitive development and school readi-

ness. According to the Nutrition Cognition National Advisory Committee at Tufts University in Massachusetts, children without an adequate diet may have trouble concentrating in school, participating in play, bonding with peers, and performing at their potential. Therefore, the Committee urges the Head Start Bureau to review the scope of good nutrition and physical activities which are presently being undertaken in response to the Head Start Performance Standards, as well as the current knowledge base on good nutrition and physical activities for young children. Further, the Committee urges the Head Start Bureau to review the activities presently being undertaken by local programs to promote healthy bodies as a prerequisite for strong minds and to identify best practices currently employed by local programs. As a follow up, the Committee encourages the Head Start Bureau, in collaboration with the National Head Start Association, to devise a plan for implementing a locally-determined but coordinated effort to achieve the goals of a stronger, more vibrant and effective nutritional and physical activity component within Head Start programs. The Committee expects that the Head Start Bureau will enter into a cooperative agreement with the National Head Start Association to carry out these activities.

*Physical Education*

Despite the well-publicized benefits of exercise, more than 60 percent of American adults do not get enough physical activity to provide health benefits. This trend is not limited to adults: more than a third of young people in grades 9–12 do not regularly engage in physical activity. Nearly one-half of American youths aged 12–21 years are not vigorously active on a regular basis. Physical education (PE) classes are important for ensuring that young people have a minimal, regular amount of physical activity and for establishing physical activity patterns that may be carried into adulthood. Yet the Committee notes that daily enrollment in physical education classes dropped from 42 percent to 25 percent among high school students between 1991 and 1995. In order to help reverse this trend, the Committee recommendation includes $70,000,000 for the Carol M. White Physical Education for Progress program. This is an increase of $20,000,000 over the fiscal year 2002 level and $70,000,000 over the request. This program provides grants to local educational agencies and community-based organization to initiate, expand and improve physical education program for students in kindergarten through 12th grade. The PEP program will help curb this Nation's increasing obesity problem, which will in turn reduce the risk of developing heart disease later in life.

*National Youth Fitness Survey*

The Committee believes a national instrument to assess fitness levels of young people is needed to plan, execute and evaluate a comprehensive effort to address obesity and overweight. CDC conducted the National Children and Youth Fitness Survey (NCYFS) twice during the mid–1980's, funded under Departmental authority, but this survey was discontinued. The Committee believes NCYFS should be re-established. The NCYFS should include the same measures of fitness used previously, in order to allow for com-

parisons with past data, and should incorporate new measures, in order to reflect new understandings of appropriate fitness assessment. In addition, in developing a new NC fiscal years, consideration should be given to establishing measures relating the provision of physical activity programs (physical education, recess, and after-school) and academic performance. The Committee envisions NCYFS to be done on regular 5-year intervals in the future.

PREVENTING AND REVERSING HEART DISEASE INITIATIVE

Nearly 62 million Americans, young and old, live with the effects of cardiovascular disease. The Nation's number one killer, cardiovascular disease costs society an estimated $330,000,000,000 annually in medical costs and lost productivity. Challenges to combating this disease include persistent geographic, racial, and ethnic disparities, the increased prevalence of sedentary lifestyles, obesity rates, and deficiencies in the use of proven and effective treatments for those already afflicted with cardiovascular disease.

On May 16, 2002, the Subcommittee on Labor, Health and Human Services and Education convened a hearing to more closely examine the factors contributing to cardiovascular disease, and to explore possible approaches to prevent, control, and reverse its effects. Testimony heard from a variety of top medical experts reflected a common theme: All agreed that stress management, in conjunction with diet modification, exercise, and pharmacological and/or surgical intervention, can significantly improve the quality of life for those confronted with cardiovascular disease. Witnesses confirmed that cardiovascular disease usually begins several years before symptoms appear. Due to the body's compensation mechanisms many individuals function normally for years in an asymptomatic state, unaware that the disease is taking hold. Once symptoms become apparent, a disproportionate amount of medical resources are devoted to dealing with those symptomatic events, rather than taking preventive measures at a much earlier stage. Integrating technology, behavioral and metabolic medicine, and lifestyle modifications at an early age would shift that focus from reactive medicine to preventive medicine. For example, relatively simple lifestyle modifications, including exercise, nutrition plans and learning a relaxation response to stress, such as yoga techniques, have led to successful outcomes for individuals who are otherwise at risk. Individuals who have adopted these changes have experienced positive results, including weight loss, lower blood pressure and cholesterol levels, improved clinical symptoms and reduction in psychological distress. For many years the National Heart, Lung and Blood Institute has supported a vigorous program of research on the behavioral and psychological impact of cardiovascular disease. Data obtained by NHLBI confirmed that mental stress could cause myocardial ischemia or reduced blood flow.

Current evidence suggests that all individuals at risk for cardiovascular disease can benefit from stress reduction, but that general health and well-being are greatly improved if the first steps are taken during childhood. Among children, in fact, stress management programs have been shown to improve self-esteem, gradepoint average and work habits while reducing violent behavior. To that end, the educational system in this country should be encour-

aged to incorporate stress management programs into school curriculum.

To address the prevention and reversing heart disease initiative, the Committee has included $419,300,000 in addition to the amounts provided as part of the physical activity and nutrition initiative.

Obesity and nutrition programs work hand in hand in preventing and reducing heart disease. The Committee encourages the Departments of Health and Human Services and Education to coordinate the above programs and activities to address both initiatives.

*Fund for Innovative Education*

As part of the preventing and reversing heart disease initiative, the Committee has included $1,000,000 to design programs to teach school children and teachers coping skills to help ease both the short- and long-term effects of stress. The Committee directs the Department to implement this initiative as soon as possible. Programs such as these have been scientifically proven to improve students' self-esteem, self-efficacy, control, grade point average, work habits, memory and cooperation.

*National Institute of Heart, Lung and Blood*

The Committee encourages the NHLBI, in conjunction with Walter Reed Medical Center, to conduct a controlled, prospective, randomized trial to compare the outcomes of utilizing a demanding vegetarian diet versus a more liberal diet that would also utilize lipid-lowering drugs, as well as the impact of relaxation response-based stress management programs. Such a trial could take place over a long period of time to allow a long-term assessment of outcomes.

*Centers for Medicare and Medicaid Service*

The Committee commends the Centers for Medicare and Medicaid Service (CMS) for their work on a lifestyle modification study comparing the efficacy and costs of two cardiac approaches to reversing heart disease.

*Centers for Disease Control*

The Committee has provided $10,000,000 to increase CDC's cardiovascular programs as part of the Committee's initiative to prevent and reverse heart disease. The Committee urges the CDC to initiate research to examine strategies to prevent and reverse heart disease, including mind/body approaches to stress management, yoga, diet modifications, and exercise programs.

SAFE MOTHERHOOD INITIATIVE

Over the last decade, the Committee has expressed its strong support for closing the gap in research on diseases and conditions specific to women and of including women and minorities in clinical research where they had previously been ignored. The Committee recognizes that much progress has been made to improve research and the quality of care for women. Yet over the past year, the Committee has grown increasingly concerned about the lack of progress that has been made in reducing the rates of maternal mortality

and morbidity in the United States. The Committee notes that there has been no decline in pregnancy-related deaths or morbidity in 20 years. Although the Department of Health and Human Services set goals to reduce pregnancy-related deaths and illness set forth in Healthy People 2000 and again in Healthy People 2010, it has failed to do so.

Today, the United States ranks 20th out of 49 developed countries in maternal mortality related deaths. About 1,000 women a year—two to three every day—die from pregnancy-related causes. African American women are four times more likely to die from pregnancy-related illness or conditions; and women over the age of 35 are two to three times more likely to experience a pregnancy-related death compared to women aged 20–25. The rate of pre-term labor and delivery remains virtually unchanged as well.

Pregnancy-related illness affect an even wider number of women: in the United States one out of three pregnant women experience a major medical complication at some point during their pregnancy. And women who are high-risk, who have a chronic condition face even more difficult pregnancies, deliveries, and risk to their long-term health.

Despite the need for accurate information on prescription drug use by pregnant women, only 1 percent of FDA approved drugs have been shown in controlled studies to show no risk to pregnant women and their babies. And 80 percent of FDA approved drugs lack adequate scientific evidence about use in pregnancy. That means that pregnant women are left with little or no knowledge about the safety of medications, prescribed or over-the-counter, and their impact on the fetus.

The Committee believes it is time to live up to the commitments articulated in Healthy People 2000 and 2010 to reduce maternal mortality and morbidity and ensure a safe and healthy pregnancy for all women. In fact, a recent National Summit on Safe Motherhood held by the CDC, and cosponsored by a range of agencies and organizations, laid the cornerstones of a strategy to improve our Nation's commitments to healthy pregnancies, healthy mothers, and healthy infants. The Committee calls on the Secretary to put key elements of such a safe motherhood initiative in place and has developed this Safe Motherhood initiative to help achieve these goals, including:

*Federal Research and Strategic Action Plan for Safe Motherhood*

The Committee provides $3,000,000 to the Office of the Secretary, acting through the Director of the Office of Women's Health, to establish an "Interagency Coordinating Committee on Safe Motherhood," which shall include representatives of relevant Federal agencies and offices, community healthcare experts, relevant community health professionals, and leaders from the women's health community. The Interagency Committee, as part of its duties, shall evaluate existing research and health promotion programs and their success in serving pregnant women. The Interagency Committee shall also develop a 5-year Federal research and strategic action-plan, including professional funding recommendations, to reduce maternal morbidity and mortality.

The plan shall include recommendations for the research in the following areas: pregnancy-related conditions, the impact of chronic conditions on pregnancy, complications that occur during pregnancy, post-partum conditions (depression, hemorrhage, and fever), racial and ethnic disparities in maternal morbidity and mortality, social and behavioral factors in pregnancy, as well as the safety of drugs, devices, cosmetics, and food with respect to pregnancy and on the impact of pregnancy in women 35 and older. The plan shall also include specific recommendations for establishing and implementing a national public education and health promotion campaign on safe motherhood. The "Interagency Coordinating Committee" shall prepare and submit the Federal research and strategic action plan" no later than 18 months after enactment of this Act to the Secretary and the Committee.

*Improving the Safety of Medications for Pregnant Women*

The Committee is very concerned about the lack of scientific data and studies on the safety and dosing of drugs for women who are pregnant. While drug testing in women raises important ethical considerations, the Committee believes that the NIH and FDA can develop appropriate protocols and mechanisms to improve the quality of information available to women and their health care providers about the safety and proper dosing of drugs and biologics taken during pregnancy. The Committee urges NIH to work with the FDA to improve the quality of information on drugs and biological products for women who are pregnant and lactating through grants, contract or other appropriate mechanisms to aid in promptly completing studies to determine the safety and dosing for marketed drugs and biologics that were not approved or licensed based on studies in pregnant women. The Director shall be prepared to report to the Committee at its annual review before the Committee on the progress and activities.

*Improving National Data and Information related to Maternal Morbidity and Mortality*

The Committee provides the CDC $7,000,000 to establish a demonstration program to improve data collection about pregnancy-related complications and maternal mortality. CDC shall award grants to at least four States for the development of surveillance systems that use standard definitions of maternal morbidity and mortality that have been developed by the CDC in collaboration with the grant recipients. The quality of data and information about maternal morbidity and mortality is poor and unreliable. States do not use standard definitions of maternal morbidity or mortality. When States do collect data, it is impossible to compare their data, know precisely what is happening within the State, or to identify emerging trends across States.

*CDC Safe Motherhood Activities*

The committee commends CDC for its groundbreaking National Summit of Safe Motherhood and commends the agency for its work on its Safe Motherhood Initiative. The Summit succeeded in expanding our understanding of Safe Motherhood as a critical woman's health issue and identified the troubling lack of research and

data on pregnancy-related issues. The Committee has provided an increase of $2,000,000 to CDC to further its work identified at the Summit and to continue to carry out their existing Safe Motherhood activities.

*Research to Reduce Poor Pregnancy Outcomes—and Racial and Ethnic Disparities*

The Committee provides CDC $2,000,000 to provide individual grants to community-based organizations, public and private research institutions and universities to conduct prevention and health promotion research to focus specifically on improving maternal outcomes in maternal morbidity and mortality, eliminating racial disparities in maternal morbidity and mortality, such as developing better health care models, population-based studies, prevention strategies, culturally sensitive and appropriate health care practice models, improved outreach and efforts and funding for minority organizations to provide technical assistance and outreach in minority communities. The research should take into consideration the role of stress, violence, discrimination, nutrition, obesity, and access to quality health care and health literacy.

*Substance abuse treatment*

According to the National Institute of Drug Abuse, more than 5 percent of the 4,000,000 women who gave birth in the United States in 1992 used illegal drugs while pregnant, according to the first and only nationally representative survey of drug use among pregnant women. That is an estimated 221,000 women gave birth that year while using illicit drugs during their pregnancy. The Committee notes that when a pregnant woman abuses drugs or alcohol, both she and her unborn child may suffer harm. In addition, substance abuse often creates or is accompanied by an array of social problems for the abuser and those around her, including violence, child abuse and neglect, and family dysfunction. Therefore, the Committee has provided SAMHSA with $3,000,000 for residential treatment programs for pregnant women which provide comprehensive treatment service strategies, including outreach, intake and assessment, provision of comprehensive services, and follow-up for women and their children in order to reduce the harm caused to mothers and their children.

EDUCATION INITIATIVE

The No Child Left Behind Act, approved overwhelmingly by Congress last year and signed into law in January, includes the Nation's most sweeping education reforms in decades. It signals a new relationship between the Federal Government and public schools, one that is based on high expectations for every student—and strict accountability for success or failure. More than ever before, Federal dollars will be tied to academic achievement; States, districts, and schools must improve student performance, or face the consequences.

Most importantly, the law presumes that all children—regardless of race, ethnicity, disability, or proficiency in English—can succeed academically. That is a powerful notion, and it holds great potential to raise student performance across the Nation.

But it is important that high expectations are backed up with enough resources to make them attainable. Hiring qualified teachers takes more than lofty goals and good intentions; it also takes money. So does replacing old textbooks, buying computers, fixing leaky roofs, providing professional development, implementing successful curricula, and numerous other measures that are critical to creating an environment where children can learn. Educators and parents need to believe their schools have a fighting chance to meet the new requirements. Without that trust, public opinion will quickly turn against the No Child Left Behind Act's reforms, and pressure could build to relax or ignore the high expectations. That would be a tragic result for the millions of today's students who are receiving an inadequate education. For those reasons, the Committee is deeply concerned that the budget request does not include enough funding for education. The Committee has responded by adding more than $4,200,000,000 for education over last year's appropriation. More than $2,300,000,000 of that amount is designated for programs authorized by the No Child Left Behind Act.

*Title I grants to LEAs*

The Committee's top educational priority was to increase funding for Title I Grants to LEAs. Schools receiving Title I aid are at the greatest risk of failing to meet the academic standards required in the new law; they're also the schools upon which the most accountability measures have been placed. Therefore, the Committee has provided for this account a record-high $11,850,000,000, an increase of $1,500,000,000 over last year. The Committee allocated the bulk of this increase through the two funding formulas that are the most targeted to the poorest schools: targeted grants and education finance incentive grants.

In addition, the Committee allocated $100,000,000 for a newly authorized Title I program designed specifically to help schools that are identified as needing improvement and can demonstrate that they have a plan to turn themselves around.

*State grants for improving teacher quality*

The Committee's next priority for addressing the requirements of the No Child Left Behind Act was to increase funding for State grants for improving teacher quality, which can be used for a variety of measures, including teacher recruitment and retention, professional development, the reform of teacher certification requirements, and class-size reduction. The No Child Left Behind Act requires that all teachers must be "highly qualified" by the end of the 2005–06 school year; in the near term, all Title I teachers hired after this September must also meet that definition. Therefore, the Committee has provided an increase of $250,000,000 for this account, for a total of $3,100,000,000.

*English language acquisition*

The No Child Left Behind Act establishes several new accountability measures that specifically address limited-English-proficient (LEP) students. States will be required to set annual yearly progress goals for the achievement of all children, including LEP students specifically. In addition, each State will be required to de-

velop annual measurable objectives for LEP students; these objectives must track student progress in learning English and district progress in making adequate yearly progress for LEP students. The Committee recognizes that LEP students will face many unique challenges in trying to meet these goals; therefore, it has provided an increase of $75,000,000 for English language acquisition State grants, for a total of $740,000,000.

*Other key education programs*

The Committee also directed additional funding to several other programs that will help States, districts, and schools meet the new education mandates. Among them:

—The Committee has provided a $100,000,000 increase, as requested by the administration, for the Reading First program, for a total of $1,000,000,000. This program provides State grants to improve reading instruction in grades K–3.

—The Committee has provided $175,000,000, an increase of $12,500,000 over last year, for rural education programs.

—The Committee has provided $15,000,000, an increase of $5,000,000 over last year, for dropout prevention grants.

—The Committee has provided $15,000,000, an increase of $5,000,000, for school leadership programs to help districts recruit and train principals.

—The Committee has provided $35,000,000, an increase of $10,000,000 over last year, for voluntary public school choice programs; such programs help enable parents of students in failing public schools to send their children to better public schools.

REPROGRAMMING AND INITIATION OF NEW PROGRAMS

Reprogramming is the utilization of funds for purposes other than those contemplated at the time of appropriation enactment. Reprogramming actions do not represent requests for additional funds from the Congress, rather, the reapplication of resources already available.

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

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

The Committee directs that it be notified regarding reorganization of offices, programs, or activities prior to the planned implementation of such reorganizations.

The Committee further directs that each agency under its jurisdiction submit to the Committee statements on the effect of this appropriation act within 60 days of final enactment of this Act.

### TRANSFER AUTHORITY

The Committee has included bill language permitting transfers up to 1 percent between discretionary appropriations accounts, as long as no such appropriation is increased by more than 3 percent by such transfer; however, the Appropriations Committees of both Houses of Congress must be notified at least 15 days in advance of any transfer. Similar bill language was carried in last year's bill for all three Departments.

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

## ACCRUAL FUNDING OF RETIREMENT COSTS AND POST-RETIREMENT HEALTH BENEFITS

The President's Budget included a legislative proposal under the jurisdiction of the Senate Committee on Governmental Affairs to charge to individual agencies, starting in fiscal year 2003, the fully accrued costs related to retirement benefits of Civil Service Retirement System employees and retiree health benefits for all civilian employees. The Budget also requested an additional dollar amount in each affected discretionary account to cover these accrued costs.

The authorizing committee has not acted on this legislation, therefore the Senate Appropriations Committee has reduced the dollar amounts of the President's request shown in the "Comparative Statement of New Budget Authority Request and Amounts Recommended in the Bill", as well as in other tables in this report, to exclude the accrual funding proposal.

The Committee further notes that administration proposals requiring legislative action by the authorizing committees of Congress are customarily submitted in the budget as separate schedules apart from the regular appropriations requests. Should such a proposal be enacted, a budget amendment formally modifying the President's appropriation request for discretionary funding is subsequently transmitted to the Congress.

The Senate Appropriations Committee joins with the House Appropriations Committee in raising concern that this practice, which has always worked effectively for both Congress and past administrations, was not followed for the accrual funding proposal. In this case, the Office of Management and Budget (OMB) decided to include accrual amounts in the original discretionary appropriations

language request. These amounts are based on legislation that has yet to be considered and approved by the appropriate committees of Congress. This led to numerous misunderstandings both inside and outside of Congress of what was the "true" President's budget request. The Committee believes that, in the future, OMB should follow long-established procedures with respect to discretionary spending proposals that require legislative action.

# TITLE I—DEPARTMENT OF LABOR

## EMPLOYMENT AND TRAINING ADMINISTRATION

### TRAINING AND EMPLOYMENT SERVICES

| | |
|---|---|
| Appropriations, 2002 | $5,484,834,000 |
| Budget estimate, 2003 | 4,975,763,000 |
| Committee recommendation | 5,633,364,000 |

The Committee recommends $5,633,364,000 for this account in 2003 which provides funding authorized primarily by the Workforce Investment Act [WIA]. This is $148,530,000 more than the 2002 level, and $657,601,000 above the administration request.

Training and employment services is comprised of programs designed to enhance the employment and earnings of economically disadvantaged and dislocated workers, operated through a decentralized system of skill training and related services. This appropriation is generally forward-funded on a July-to-June cycle. Funds provided for fiscal year 2003 will support the program from July 1, 2003, through June 30, 2004.

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

Fiscal year 2000 was the first full year of operations under the new Workforce Investment Act, beginning July 1, 2000 through June 30, 2001. The new legislation is significantly enhancing employment and training services, consolidating, coordinating, and improving programs utilizing a local level one-stop delivery system. The Committee recommendation rejects the cutbacks proposed in the President's budget, recognizing the vital role of the workforce system at a time of economic slowdown.

*Adult employment and training activities*.—For Adult Employment and Training Activities, the Committee recommends $950,000,000. This is the same as the 2001 comparable level and $50,000,000 more than the budget request. This program is authorized by the Workforce Investment Act and is formula-funded to States and further distributed to local workforce investment boards. Services for adults will be provided through the One-Stop system and most customers receiving training will use their individual training accounts to determine which programs and providers fit their needs. The Act authorizes core services, which will be available to all adults with no eligibility requirements, and intensive services, for unemployed individuals who are not able to find jobs through core services alone.

*Dislocated worker employment and training activities*.—For Dislocated Worker Employment and Training Activities, the Com-

mittee recommends $1,549,000,000. This is an increase of $177,500,000 over the 2002 comparable level. Of this amount, $1,239,200,000 is designated for State formula grants, an increase of $110,000,000 over the 2002 enacted level. This program, authorized by WIA, is a State-operated effort which provides core services, intensive services, training, and supportive services to help permanently separated workers return to productive, unsubsidized employment. In addition, States use these funds for rapid response assistance to help workers affected by mass layoffs and plant closures. The recommendation includes $309,800,000 available to the Secretary for activities specified in WIA, primarily 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.

The Committee bill continues language authorizing the use of funds under the dislocated workers program for projects that provide assistance to new entrants in the workforce and incumbent workers.

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

The Committee encourages efforts to make certain that dislocated workers in low pay, entry-level jobs can qualify for help under the Dislocated Worker Program and get a fair share of the funding.

The Committee is aware of the substantial worker dislocation brought on by the closure of sugarcane plantations and the rapidly increasing demand for food safety training at all levels of food production. To meet these needs, the Committee reiterates its recommendation in last year's report to provide on-farm and off-farm food safety training for dislocated sugarcane workers employed in the agricultural and food sector. Due to economic reasons and family dysfunction, elderly caregivers care for thousands of preschool Hawaiian and part-Hawaiian children with little or no preparation. The Committee urges the Department to expand funding to programs which work to train and assist these caregivers and the children they serve. The Committee was pleased to learn from the Secretary that the administration has established an interagency effort to address our Nation's nursing shortage. The shortage is especially critical in rural America and within various ethnic minority populations, such as native Hawaiians. The Department is accordingly strongly urged to work with nursing programs serving such populations, and in particular, to ensure that summer employment opportunities exist for nursing students.

*Youth activities*.—For Youth Activities, the Committee recommends $1,127,965,000, the same as the 2002 comparable level and $127,000,000 more than the budget request. Youth Activities, authorized by WIA, consolidates the Summer Youth Employment and Training Program under JTPA Title IIB, and Youth Training Grants under JTPA Title IIC. In addition to consolidating programs, WIA also requires Youth Activities to be connected to the One-Stop system as one way to link youth to all available community resources. The purpose of Youth Activities is to provide eligible

youth with assistance in achieving academic and employment success through improving educational and skill competencies and providing connections to employers. Other activities include providing mentoring opportunities, opportunities for training, supportive services, summer employment opportunities that are directly linked to academic and occupational learning, incentives for recognition and achievement, and activities related to leadership development, citizenship, and community service.

*Youth opportunity grants*.—For Youth Opportunity Grants, the Committee recommends $225,100,000, the same as the 2002 comparable level. Youth Opportunity Grants are authorized in the Workforce Investment Act. These grants are aimed at increasing the long-term employment of youth who live in empowerment zones, enterprise communities, and other high-poverty areas. Surveys conducted by the Department of Labor have found employment rates for out-of-school youth as low as 24 percent in selected high-poverty neighborhoods. Youth Opportunity Grants will attempt to dramatically increase these employment rates, and thus improve all aspects of life for persons living in these communities.

*Job Corps*.—For Job Corps, the Committee recommends $1,518,550,000. This is $13,610,000 less than the budget request, but $59,798,000 more than the 2002 comparable level. The Committee applauds Job Corps for establishing partnerships with national employers, and encourages Job Corps to continue to work with both large employers and small businesses to ensure that student training meets current labor market needs. Job Corps should continue its efforts to upgrade its vocational offerings and curricula to reflect industry standards and skill shortages. Job Corps, authorized by WIA, is a nationwide network of residential facilities chartered by Federal law to provide a comprehensive and intensive array of training, job placement and support services to at-risk young adults. The mission of Job Corps is to attract eligible young adults, teach them the skills they need to become employable and independent, and place them in meaningful jobs or further education. Participation in the program is voluntary and is open to economically disadvantaged young people in the 16–24 age range who are unemployed and out of school. Most Job Corps students come from disruptive or debilitating environments, and it is important that they be relocated to residential facilities where they can benefit from the highly structured and carefully integrated services provided by the Job Corps program. A limited number of opportunities are also available for non-residential participation.

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

The Committee supports the goal of the Workforce Investment Act of 1998 to integrate our Nation's many diverse job training programs, and its approach of retraining the national character of the Job Corps program within the new framework. The Committee encourages the Department to continue its work to develop national partnerships with major regional and national employers to increase employment opportunities for Job Corps graduates. The Department should also continue to establish connections between Job Corps and State workforce development programs, and between Job Corps and other national and community partners, to provide the most efficient, cost-effective services possible.

*Responsible Reintegration for Young Offenders*.—The Committee recommends $55,000,000 for Responsible Reintegration for Young Offenders, the same as the fiscal year 2002 level, to address youth offender issues. This large scale WIA Pilot and Demonstration initiative will link offenders under age 35 with essential services that can help make the difference in their choices in the future, such as education, training, job placement, drug counseling, drug demand reduction activities, and mentoring, in order to reintegrate them into the mainstream economy. Through local competitive grants, this program would establish partnerships between the criminal justice system and local workforce investment systems, complementing a similar program in the Department of Justice (DOJ). To maximize the impact of these initiatives, the DOL and DOJ funds will be targeted to the same communities and populations. An estimated 10,400 youth will be served, and it is expected that 65 percent of program graduates will get jobs, re-enroll in high school, or be enrolled in post-secondary education or training.

*Native Americans*.—For Native Americans, the Committee recommends $57,000,000. This is the same as the 2002 comparable level. This program, authorized by WIA, is designed to improve the economic well-being of Native Americans (Indians, Eskimos, Aleuts, and Native Hawaiians) through the provision of training, work experience, and other employment-related services and opportunities that are intended to aid the participants to secure permanent, unsubsidized jobs.

*Migrant and seasonal farmworkers*.—For Migrant and Seasonal Farmworkers, the Committee recommends $80,770,000. This is the same as the 2002 comparable level. This program, authorized by WIA, is designed to serve members of economically disadvantaged families whose principal livelihood is derived from migratory and other forms of seasonal farmwork, or fishing, or logging activities. Enrollees and their families are provided with employment training and related services intended to prepare them for stable, year-round employment within and outside of the agriculture industry.

There are at least 3 million hard-working migrant and seasonal farmworkers in America whose annual incomes are below $10,000. At a time when most State budgets are shrinking and many of the basic services provided by State and local governments are being cut back, the Committee recognizes the importance of sustaining a national commitment, dating from 1964, to help alleviate the chronic seasonal unemployment and under-employment that traps many farmworker families in a cycle of poverty across generations

and that deprives many farmworker children of educational opportunities and real prospects for better jobs at higher wages. The Committee also recognizes that many State and local government officials will be reluctant to fund this training and related assistance for this vulnerable portion of our Nation's workforce who migrate through many States every year, even though the work they perform is essential to the economic well-being of our Nation's farmers, growers, and small businesses.

The Committee recommendation of $80,770,000 for activities authorized under Section 167 of the Workforce Investment Act is reflected in two separate line items on the table accompanying the Committee Report: "Migrant and Seasonal Farmworkers" and "National Activities/Other." Under the Migrant and Seasonal Farmworkers line item, the Committee recommends $79,751,000. The Committee recommendation includes bill language directing that $4,786,000 of this amount be used for migrant and seasonal farmworker housing grants. The Committee recommends that the remaining $74,965,000 be used for State service area grants. Within the National Activities/Other line item, the Committee recommendation includes $1,019,000 to be used for Section 167 training, technical assistance and related activities, including funds for migrant rest center activities and to continue technical assistance services provided by the Association of Farmworker Opportunity Programs. Finally, the Committee wishes to again advise the Department regarding the requirements of the Workforce Investment Act in selecting an eligible entity to receive a State service area grant under Section 167. Such an entity must have already demonstrated a capacity to administer effectively a diversified program of workforce training and related assistance for eligible migrant and seasonal farmworkers.

The Committee believes that the Association of Farmworkers Opportunity Programs provide valuable technical assistance and training to grantees and has distinguished itself as a tremendous resource. Its Children in the Fields Campaign provides information, education, and technical assistance related to child labor in agriculture. The Association also provides other assistance related to employment and training (including pesticide and other worker safety training for children and adults). The Department is encouraged to continue the services that the Association provides these areas.

The Committee requests the Department undertake a study and submit a report to the Congress by July 1, 2003 with recommendations for eliminating the double standard embodied currently in the Fair Labor Standards Act (FLSA) and corresponding regulations whereby child farmworkers as young as 10 years of age can work in large-scale, corporate agriculture in the United States at younger ages, for longer hours, and under more hazardous conditions than minors age 16 and over working in non-agricultural jobs.

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

*Technical Assistance/Incentive Grants*.—The Committee recommends $15,000,000 for the provision of technical assistance, staff

development, and replication of programs of demonstrated effectiveness; as well as incentive grants to each State that exceeds State adjusted levels of performance for WIA State programs.

*Pilots, Demonstrations, and Research*.—The Committee recommends $44,881,000, which is $85,268,000 less than the fiscal year 2002 level, for grants or contracts to conduct research, pilots or demonstrations that improve techniques or demonstrate the effectiveness of programs. Within this amount, the Committee expects the Department of Labor to conduct a comprehensive study on the composition (including past and present numbers, as well as future projections) of the U.S. textile and apparel industry labor force, including the availability of training and textile-related engineering and manufacturing programs. The study should include a significant review of the impact of lay-offs on the industry, the workers, the local communities, and the States and regions involved. The Committee expects the Department of Labor to coordinate with the Department of Commerce in designing the preparation of this report. The Committee requests that the study be completed no later than May 1, 2003.

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

The Committee is concerned with the lack of information provided to the Committee regarding the performance and operation of the Workforce Investment Act (WIA). Further, the Committee is concerned that States and local workforce investment areas lack the technology to comply with the basic performance reporting and operational requirements of the WIA. This includes client case management, program performance and fiscal reporting and basic job match. The Committee recognizes that the private sector has developed and successfully implemented such technology on a limited basis on behalf of State and local workforce areas. However, the infrastructure cost restraints of the WIA have impeded widespread implementation. Therefore, the Committee recommends the Secretary provide States and local workforce investment areas funding to partner with the private sector to pilot such technology and determine its benefit to the WIA system.

*Evaluation*.—The Committee recommends $9,098,000 to provide for the continuing evaluation of programs conducted under WIA, as well as of federally-funded employment-related activities under other provisions of law.

*Women in Apprenticeship*.—The Committee recommends $1,000,000 to continue the current level of the Women in Apprenticeship and Nontraditional Occupations program. This activity provides technical assistance to employers and unions to assist

them in training, placing, and retraining women in nontraditional jobs and occupations.

*National Skills Standards Advisory Board*.—The Committee concurs with the administration's request not to provide additional funding for the Board, the authorization for which has expired. Fiscal year 2002 funding for the Board was $3,500,000, to remain available until expended.

The Committee acknowledges the ongoing dialogue between the National Skill Standards Board (NSSB) and the Department of Labor concerning the future mission funding, and governance of the NSSB. If a plan satisfactory to the Labor Department can be developed, the Committee would entertain a request to provide funds through reprogramming.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

| | |
|---|---|
| Appropriations, 2002 | $445,100,000 |
| Budget estimate, 2003 | 440,200,000 |
| Committee recommendation | 450,000,000 |

The Committee recommends $450,000,000, an increase of $9,800,000 over the budget request and $4,900,000 over the fiscal year 2002 appropriation for community service employment for older Americans. This program, authorized by title V of the Older Americans Act, provides part-time employment in community service activities for unemployed, low-income persons aged 55 and over. It is forward-funded from July to June, and the 2003 appropriation will support the program from July 1, 2003, through June 30, 2004. The Committee believes that within the title V community service employment for older Americans, special attention should be paid to providing community service jobs for older Americans with poor employment prospects, including individuals with a long-term detachment from the labor force, older displaced homemakers, aged minorities, limited English-speaking persons, and legal immigrants.

The program provides a direct, efficient, and quick means to assist economically disadvantaged older workers because it has a proven effective network—currently operated jointly by 10 national sponsors and the States—in every State and in practically every county. Administrative costs for the program are low, and the vast majority of the money goes directly to low-income seniors as wages and fringe benefits.

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

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

The Committee directs the Department to implement the grantee responsibility tests under Section 514(d) of the Older Americans Act and to conduct a grant competition for only those national

grantees that fail to be deemed responsible. The Committee further directs the Department to implement corrective action, as set forth in Section 514(e) of the Older Americans Act, for any national grantee failing to meet established performance measures. The Committee expects the Department will also implement performance measures and competition for States as authorized under Section 514(f) of the Act.

The Committee is aware that the administration portion of the cost per authorized position in the Title V program has not been adjusted since 1981. The Committee therefore directs the Department to conduct, in consultation with national and State Title V grantees, an analysis to determine the appropriate cost per authorized position and to report back its finding and recommendations no later than July 1, 2003.

Finally, the Committee reiterates the concern expressed in last year's report regarding balancing the community service and employment and training goals of this important program. The Committee again expresses its concern that any significant increase in job placement goals must be accompanied by assurances from the Department to the Committee that sufficient skills training resources under the Workforce Investment Act will be available to national and State Title V grantees to help meet such increased placement goals. The Committee has not yet received such assurances.

The Committee is aware that, prior to enactment of the Workforce Investment Act (WIA), the Federal job-training program targeted funds specifically to older workers. Currently, WIA funds are not targeted for training older workers, at a time when the number of older workers is increasing significantly. To remain competitive in the labor market, older workers must acquire or update their job skills. While WIA is designed to meet the needs of all workers, the Committee is concerned that the One-Stop Career Centers, funded under WIA, may not be adequately meeting the training and education needs of older workers. The Committee therefore requests that the Department report within 180 days the measures it can undertake to ensure training and related services, appropriated under WIA, are available to older workers.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

| | |
|---|---|
| Appropriations, 2002 | $415,650,000 |
| Budget estimate, 2003 | 13,000,000 |
| Committee recommendation | 415,650,000 |

The Committee recommends $415,650,000, the same as the fiscal year 2002 level. This consists of $349,500,000 for trade adjustment assistance, and $66,150,000 for NAFTA activities. The Committee recommendation maintains funding at the current level, pending enactment of renewed authorizing legislation. Resources related to pending legislation will be considered upon its enactment for Federal unemployment benefits and allowances. These are entitlement funds.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

| | |
|---|---|
| Appropriations, 2002 | $3,779,501,000 |
| Budget estimate, 2003 | 3,686,543,000 |
| Committee recommendation | 3,631,903,000 |

The Committee recommends $3,631,903,000 for this account. This is $54,640,000 below the budget request and $147,598,000 below the 2002 comparable level. Included in the total availability is $3,475,451,000 authorized to be drawn from the "Employment Security Administration" account of the unemployment trust fund, and $156,452,000 to be provided from the general fund of the Treasury.

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

For unemployment insurance (UI) services, the bill provides $2,651,488,000. This includes $2,641,488,000 for State Operations, which is $76,200,000 less than the President's request and $136,498,000 less than the fiscal year 2002 level. The Committee has deleted the request for $76,200,000 related to proposed legislation for temporary extended benefits, since this cost was previously enacted as part of Public Law 107–147. The Committee expects the Department to manage these resources to ensure equitable funding to States to handle total workload. The Committee recommendation includes $10,000,000 for UI national activities, the same as the fiscal year 2002 level and the President's request, which is directed to activities that benefit the State/Federal unemployment insurance program. The bill provides for a contingency reserve amount should the unemployment workload exceed an average weekly insured claims volume of 4,526,000. This contingency amount would fund the administrative costs of unemployment insurance workload over the level of 4,526,000 insured unemployed per week at a rate of $28,600,000 per 100,000 insured unemployed, with a pro rata amount granted for amounts of less than 100,000 insured unemployed.

For the Employment Service grants to States, the Committee recommends $796,735,000 which includes $23,452,000 in general funds together with an authorization to spend $773,283,000 from the "Employment Security Administration" account of the unemployment trust fund. These funds are available for the program year of July 1, 2003, through June 30, 2004.

The recommendation includes $50,680,000 for national activities, an increase of $21,560,000 over the budget request. This recommendation restores the $20,560,000 reduction proposed in direct funding of the foreign labor certification program, rejecting the proposal to finance a portion of this program by a direct transfer from H–1B fees. The recommendation also adds $1,000,000 over the request to restore the proposed cut in the work opportunity tax credit program.

The recommendation also includes the budget request of $113,000,000 for One-Stop Career Centers. This Committee recommendation includes funding for America's Labor Market Infor-

mation System, including core employment statistics, universal access for customers, improving efficiency in labor market transactions, and measuring and displaying WIA performance information.

The recommendation includes $20,000,000 for the Work Incentives Grants program, the same as last year's level and the President's 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.

The Committee agrees that the work opportunity tax credit [WOTC], and the welfare-to-work tax credit provide important resources to create new jobs, particularly for those Americans who would otherwise be dependent on welfare. Therefore, the Committee recommendation includes $21,000,000 for the administration of these initiatives, an increase of $1,000,000 over the budget request, restoring the increased amount previously enacted.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

| | |
|---|---|
| Appropriations, 2002 | $464,000,000 |
| Budget estimate, 2003 | 463,000,000 |
| Committee recommendation | 463,000,000 |

The Committee recommends $463,000,000, a decrease of $1,000,000 below the 2002 comparable level, for this account. The appropriation is available to provide advances to several accounts for purposes authorized under various Federal and State unemployment compensation laws and the black lung disability trust fund, whenever balances in such accounts prove insufficient. The bill anticipates that fiscal year 2003 advances will be made to the black lung disability trust fund. The requested amount is required to provide for loan interest payments on Black Lung Trust Fund borrowed amounts.

The separate appropriations provided by the Committee for all other accounts eligible to borrow from this account in fiscal year 2003 are expected to be sufficient. Should the need arise, due to unanticipated changes in the economic situation, laws, or for other legitimate reasons, advances will be made to the needy accounts to the extent funds are available. Funds advanced to the black lung disability trust fund are now repayable with interest to the general fund of the Treasury.

PROGRAM ADMINISTRATION

| | |
|---|---|
| Appropriations, 2002 | $161,276,000 |
| Budget estimate, 2003 | 172,061,000 |
| Committee recommendation | 177,642,000 |

The Committee recommendation includes $121,032,000 in general funds for this account, as well as authority to expend $56,610,000 from the "Employment Security Administration" account of the unemployment trust fund, for a total of $177,642,000. This is $16,366,000 greater than the 2002 comparable level.

The Committee recommendation concurs with the $5,500,000 requested increase to provide staff and contract resources for per-

formance management and accountability functions. However, it recommends an increase of $2,000,000, instead of the requested $5,530,000, to administer an expanded national employment grants program. The recommendation restores proposed reductions in apprenticeship, Job Corps, and other youth services administrative activities. The recommendation also adds $6,000,000 to restore funding which the budget had assumed would come from enactment of authorizing legislation redirection H–1B fees for Federal administration expenses.

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

## PENSION AND WELFARE BENEFITS ADMINISTRATION

### SALARIES AND EXPENSES

| | |
|---|---|
| Appropriations, 2002 | $110,932,000 |
| Budget estimate, 2003 | 117,044,000 |
| Committee recommendation | 114,044,000 |

The Committee recommendation provides $114,044,000 for this account, which is $3,112,000 above the 2002 comparable level, and $3,000,000 less than the budget request.

This recommendation provides sufficient funding to offset the impact of inflation, but it does not include resources for the requested increase for enforcement and compliance activities. Instead, $3,000,000 has been provided to the Departmental Management Salaries and Expenses account to establish a new Office of Pension Participant Advocacy thereby providing the President's request for this activity.

The Pension and Welfare Benefits Administration [PWBA] is responsible for the enforcement of title I of the Employee Retirement Income Security Act of 1974 [ERISA] in both civil and criminal areas. PWBA is also responsible for enforcement of sections 8477 and 8478 of the Federal Employees' Retirement Security Act of 1986 [FERSA]. PWBA provides funding for the enforcement and compliance; policy, regulation, and public services; and program oversight activities.

## PENSION BENEFIT GUARANTY CORPORATION

The Corporation's estimate for fiscal year 2003 includes benefit payments of $1,325,000,000, multiemployer financial assistance of $10,000,000, administrative expenses limitation of $13,050,000, and services related to terminations expenses of $179,844,000.

The Pension Benefit Guaranty Corporation is a wholly owned Government corporation established by the Employee Retirement Income Security Act of 1974. The law places it within the Department of Labor and makes the Secretary of Labor the Chair of its Board of Directors. The Corporation receives its income primarily

from insurance premiums collected from covered pension plans, collections of employer liabilities imposed by the act, and investment earnings. It is also authorized to borrow up to $100,000,000 from the Treasury. The primary purpose of the Corporation is to guarantee the payment of pension plan benefits to participants if covered plans fail or go out of existence.

## EMPLOYMENT STANDARDS ADMINISTRATION

### SALARIES AND EXPENSES

| | |
|---|---|
| Appropriations, 2002 | $370,236,000 |
| Budget estimate, 2003 | 294,315,000 |
| Committee recommendation | 384,096,000 |

The Committee recommendation includes $384,096,000 for this account. This is $13,860,000 above the 2002 comparable level and $89,781,000 above the budget request. The bill contains authority to expend $2,029,000 from the special fund established by the Longshore and Harbor Workers' Compensation Act; the remainder are general funds. In addition, an amount of $31,987,000 is available by transfer from the black lung disability trust fund. This is the same as the request and $610,000 above the 2002 comparable level.

This recommendation provides sufficient funding to offset the impact of inflation, preventing the reduction in full-time equivalent staffing assumed in the budget request. It rejects the administration's proposed legislation that would have established a surcharge on the amount billed to Federal agencies for workers' compensation benefits to finance Labor Department administrative expenses of $86,442,000. It restores proposed program reductions, including the equal pay initiative, but does not include requested resources for a program increase under the Labor-Management Reporting and Disclosure Act.

The Committee has been informed that the Department of Labor is considering changes in the longstanding annual financial reporting requirements imposed on labor unions under the Labor Management Reporting and Disclosure Act. These revisions would reportedly require large and small unions alike to collect and report detailed and minute information, much of which would duplicate information unions must already report to their members, the public, and the Government. The financial burden of collecting this duplicative information could divert members' dues and over burden many small local unions run by volunteers. The Committee directs the Secretary of Labor not to revise, amend, or change in any way, whether by rulemaking or otherwise, the reporting requirements imposed on labor organizations under the Labor Management Reporting and Disclosure Act. Further, the Committee expects the Secretary to provide the Committee her rationale for any reporting requirement changes being considered by the administration.

The President's budget included a legislative proposal under the jurisdiction of the Senate Committee on Health, Education, Labor, and Pensions to charge individual agencies, starting in fiscal year 2003, the administrative cost of the Federal Employees' Compensation Act (FECA) program. Currently Federal agencies are budgeted for and billed each year for monetary and medical benefits that

have been paid to their employees under FECA, while the program's discretionary administrative costs are financed in the Department of Labor (DOL). The authorizing committee has not acted on this legislation, therefore the Senate Appropriations Committee will continue to fund this administrative cost through this account.

The Employment Standards Administration is involved in the administration of numerous laws, including the Fair Labor Standards Act, the Immigration and Nationality Act, the Migrant and Seasonal Agricultural Workers' Protection Act, the Davis-Bacon Act, the Family and Medical Leave Act, the Federal Employees' Compensation Act [FECA], the Longshore and Harbor Workers' Compensation Act, and the Federal Mine Safety and Health Act (black lung).

The Committee supports expansion of the equal pay initiative, which helps business improve the way they pay their employees, and assists in education about the importance of equal pay.

SPECIAL BENEFITS

| | |
|---|---|
| Appropriations, 2002 | $121,000,000 |
| Budget estimate, 2003 | 163,000,000 |
| Committee recommendation | 163,000,000 |

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

The recommendation includes $163,000,000, the same as the budget request and an increase of $42,000,000 above the 2002 comparable level. This appropriation primarily provides benefits under the Federal Employees' Compensation Act [FECA]. The payments are prescribed by law.

The total amount to be available in fiscal year 2003 is $3,326,393,000, an increase of $108,000,000 above the 2002 comparable level.

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

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

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

collections to fund capital investment projects and specific initiatives to strengthen compensation fund control and oversight.

ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM

| | |
|---|---|
| Appropriations, 2002 | $135,665,000 |
| Budget estimate, 2003 | 104,867,000 |
| Committee recommendation | 104,867,000 |

The Committee recommends $104,867,000 for this account in 2003. This is the same as the President's request and $30,798,000 below 2002.

The mission of the Energy Employees Occupational Illness Compensation Program is to deliver benefits to eligible employees and former employees of the Department of Energy, its contractors and subcontractors or to certain survivors of such individuals, as provided in the Energy Employees Occupational Illness Compensation Program Act. The mission also includes delivering benefits to certain beneficiaries of the Radiation Exposure Compensation Act. Benefit costs of $758,000,000 are anticipated in fiscal year 2003.

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

BLACK LUNG DISABILITY TRUST FUND

| | |
|---|---|
| Appropriations, 2002 (Definite) | $1,036,115,000 |
| Budget estimate, 2003: | |
| (Definite) | 55,629,000 |
| (Indefinite) | 979,371,000 |
| Committee recommendation: | |
| (Definite) | 55,629,000 |
| (Indefinite) | 979,371,000 |

The Committee recommends $1,035,000,000 for this account in 2003, of which $55,629,000 is definite budget authority and $979,371,000 is indefinite budget authority. In total, this is a decrease of $934,000 below the 2002 comparable level and the same as the administration request. This represents a change in the appropriation language beginning in fiscal year 2002 for the Black Lung Disability Trust Fund. This change will eliminate the need for drawdowns from the subsequent year appropriation in order to meet current year compensation, interest, and other benefit payments. The appropriation language will continue to provide definite budget authority for the payment of administrative expenses for the operation and administration of the Trust Fund.

The total amount available for fiscal year 2003 will provide $360,371,000 for benefit payments, and $55,629,000 for administrative expenses for the Department of Labor. Also included is $619,000,000 for interest payments on advances. In fiscal year 2002, comparable obligations for benefit payments are estimated to be $388,283,000 while administrative expenses are $54,651,000. In

fiscal year 2002, the interest payments on advances is estimated to be $593,000,000.

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

It is estimated that 49,000 people will be receiving black lung benefits financed from the trust fund by the end of the fiscal year 2003. This compares with an estimated 53,250 receiving benefits in fiscal year 2002.

The basic financing for the trust fund comes from a coal excise tax for underground and surface-mined 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, and advances. The advances to the fund assure availability of necessary funds when liabilities may exceed other income. The Omnibus Budget Reconciliation Act of 1987 continues the current tax structure until 2014.

## OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

### SALARIES AND EXPENSES

| | |
|---|---|
| Appropriations, 2002 | $443,498,000 |
| Budget estimate, 2003 | 437,019,000 |
| Committee recommendation | 469,604,000 |

The Committee recommendation includes $469,604,000 for this account. This is an increase of $32,585,000 over the budget request and an increase of $26,106,000 above the 2002 comparable level. This agency is responsible for enforcing the Occupational Safety and Health Act of 1970 in the Nation's workplaces.

This recommendation provides sufficient funding to offset the impact of inflation, preventing the reduction in full-time equivalent staffing assumed in the budget request.

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

Within the amount for Safety and Health Standards, bill language specifies that $2,000,000 of the increased funding is only available to provide for the reissuance of a rule relating to ergonomics. It is the Committee's expectation that these funds expedite activities leading to reissuance of such a rule within the timeframe and according to the parameters specified in S. 2184.

The Committee is concerned that OSHA has halted action on or delayed many important regulatory initiatives on major workplace hazards, including chemical safety regulations to prevent reactive chemical explosions which have killed 108 workers over the past two decades, the extension of confined space entry requirements to the construction industry where 87 workers were killed in confined space incidents during the 1990's, and regulations to limit exposure to cancer causing chemicals perchoroetlylene, hexavalent chromium and metalworking fluids. At the same time, the administration has

proposed to reduce funding for its standards activities and the Committee has been informed that the agency is proposing to redirect a quarter of its standard setting resources to voluntary initiatives. The Committee believes that the development and issuance of safety and health standards is one of the core responsibilities of OSHA, and has provided funding in the bill to maintain OSHA's current level of activity for safety and health standards (not including funds for the development of a new ergonomics standard) and language to ensure that funds for the setting of occupational safety and health standards are used for this purpose.

The Committee retains language carried in last year's bill effectively exempting farms employing 10 or fewer people from the provisions of the act except those farms having a temporary labor camp. The Committee also retains language exempting small firms in industry classifications having a lost workday injury rate less than the national average from general schedule safety inspections. These provisions have been in the bill for many years.

The Committee believes that OSHA's worker safety and health training and education programs, including the grant program that supports such training, are a critical part of a comprehensive approach to worker protection. The Committee is concerned that OSHA cut funding to help establish ongoing worker safety and health training programs and has provided $7,175,000 in additional funds to restore the Susan Harwood training grant program to $11,175,000. Bill language specifies that no less than $3,200,000 shall be used to maintain the existing institutional competency building training grants, provided that grantees demonstrate satisfactory performance.

The Committee has provided funding to maintain the State consultation grant program and expects that this program will continue to be targeted to provide compliance assistance to small businesses.

The Committee is very pleased with OSHA's efforts in placing high priority on the voluntary protection programs (VPP) and other voluntary cooperative programs. The agency's work in expanding participation in the programs, and promoting prompt review and processing of applications is particularly noteworthy. The Committee expects OSHA to continue to place high priority on the VPP. Cooperative voluntary programs, especially the VPP, are an important part of OSHA's ability to assure worker safety and health and should be administered in conjunction with an effective strong enforcement program.

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

In last year's report, the Committee noted that OSHA had conducted a study on the effectiveness of the State consultation program—the first such evaluation of the program since it was initiated in 1977—and that a draft report had been prepared. The agency subsequently stated that it planned to revise and finalize the report for publication in March 2002. However, the report still has not been received; therefore, OSHA is directed to submit this report to the Committee no later than September 18, 2002.

## MINE SAFETY AND HEALTH ADMINISTRATION

### SALARIES AND EXPENSES

| | |
|---|---|
| Appropriations, 2002 | $253,932,000 |
| Budget estimate, 2003 | 254,323,000 |
| Committee recommendation | 261,841,000 |

The Committee recommendation includes $261,841,000 for this account. This is $7,909,000 more than the 2002 comparable level, and $7,518,000 more than the budget request.

This recommendation provides sufficient funding to offset the impact of inflation, preventing the reduction in full-time equivalent staffing assumed in the budget request.

This agency insures the safety and health of the Nation's miners by conducting inspections and special investigations of mine operations, promulgating mandatory safety and health standards, cooperating with the States in developing effective State programs, and improving training in conjunction with States and the mining industry.

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

The Committee is aware that in October 2001 the National Academy of Sciences (NAS) released a report on recommendations to improve the safety of coal waste impoundments. The Committee notes that the NAS report includes recommendations on actions that could be taken, primarily by the Mine Safety and Health Administration (MSHA) and the Office of Surface Mining (OSM) to improve the design process for coal slurry impoundments; to improve mapping of mines and the characterization of sites of existing and future impoundments; to improve the assessment of mitigation of risks associated with impoundments; and to assess alternative options for these impoundments. In recognizing the public safety and environmental threats that these impoundment failures pose, the Committee directs MSHA and OSM to provide the Committee with a study, no later than January 15, 2003, on specific actions the respective agencies are taking to implement the recommendations contained in the October 2001 NAS report, and on specific actions taken to address failures and potential failures which have occurred since October 11, 2000.

## BUREAU OF LABOR STATISTICS

### SALARIES AND EXPENSES

| | |
|---|---|
| Appropriations, 2002 | $475,431,000 |
| Budget estimate, 2003 | 498,164,000 |
| Committee recommendation | 498,164,000 |

The Committee includes $498,164,000 for this account, the same as the budget request and $22,733,000 more than the 2002 comparable level. This includes $72,029,000 from the "Employment Se-

curity Administration" account of the unemployment trust fund, and $426,135,000 in Federal funds. Within this amount, the Committee recommendation includes $1,500,000 to conduct focused research on the causes and prevention of job-related injuries and illnesses. This funding level will cover the agency's built in increases.

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

In addition to the amounts above, the Committee has included bill language making $10,280,000 of the BLS allowance for Occupational Employment Statistics available on a program year basis. This action is taken in order to maintain the funding stream established in the ETA State Unemployment Insurance and Employment Service Operations account, through which the program was previously funded, thereby avoiding a programmatic disruption at the State level.

## OFFICE OF DISABILITY POLICY

| | |
|---|---|
| Appropriations, 2002 | $38,056,000 |
| Budget estimate, 2003 | 47,015,000 |
| Committee recommendation | 47,015,000 |

The Committee recommends $47,015,000 for this account in 2003. This is the same as the President's request and $8,959,000 above 2002.

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

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

The increase includes: an expansion of One-Stop accessability grants, to support the process of implementing the "ticket to work" through One-Stop Career Centers; expanding the provision of grants aimed at developing and implementing innovative programs for moving youth with disabilities from school to work; and funding an Olmstead grant program to assist persons with significant disabilities in making the transition from institutional settings to the community and employment.

The Committee recommendation includes $500,000 for the establishment of a special, structured, internship program to support undergraduate students with disabilities in their efforts to pursue careers in public service. The program would be carried out under a partnership between the Secretary, the Congress and the Judiciary, groups representing citizens with disabilities and colleges and universities that would provide opportunities for their students to participate in this innovative program for undergraduate students with disabilities.

## DEPARTMENTAL MANAGEMENT

### SALARIES AND EXPENSES

| | |
|---|---|
| Appropriations, 2002 | $385,601,000 |
| Budget estimate, 2003 | 317,934,000 |
| Committee recommendation | 396,623,000 |

The Committee recommendation includes $396,623,000 for this account, which is $78,689,000 more than the budget request and $11,022,000 more than the 2002 comparable level. In addition, an amount of $22,952,000 is available by transfer from the black lung disability trust fund, which is the same as the budget request.

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

The Committee recommendation reflects major Committee priorities, including international labor affairs, and pension participant advocacy.

The Committee recommendation includes $26,468,000 for Executive Direction, the same as the budget request.

The Committee recommends $10,973,000 for the Women's Bureau, an increase of $2,604,000 over the budget request and $808,000 above the fiscal year 2002 level. The Committee urges the Women's Bureau to provide increased support for effective programs such as "Women Work!", to provide technical assistance and training on programming for women in transition, as well as Pay Equity initiatives.

Bill language specifies that not less than $3,000,000 is provided to establish an Office of Pension Participant Advocacy within the Office of the Secretary at the Department of Labor. The Committee believes that protecting and promoting the rights of workers in retirement plans is central to the mission of the Department of Labor. The Committee is concerned by the lack of protection for participants in private retirement plans that have been highlighted by recent financial failures. The Committee believes that it is necessary for there to be an office within the Federal Government to advise both Congress and the Administration on necessary changes in policies to correct problems that affect participants. In addition, there is a need to coordinate public and private efforts to assist participants and provide them with meaningful information. Although several Federal agencies have oversight of pension plans—the PBGC insures terminated defined benefit plans and the PWBA has traditionally focused on protecting the integrity of pension funds—none have traditionally sought to protect the retirement security interests of American workers. For this reason, the Committee has chosen to include funds for the express purpose of creating an office within this agency to identify needed changes in pension policies, and gaps in data on pension plans and their participants.

The Committee recommends $148,015,000 for the Bureau of International Labor Affairs, the same level of funding as provided in fiscal year 2002.

Of this amount, the Committee's recommendation includes $82,000,000 to sustain important U.S. commitments to restore hope and to improve the lives of more than 250 million defenseless child laborers at work in today's global economy. The United States was the third nation, to ratify ILO Convention #182 for the Elimination of the Worst Forms of Child Labor, just months after its unprecedented unanimous adoption in 1999. Having done so, the Committee recognizes an on-going obligation to provide supplementary resources to assist developing countries especially to remove children from the worst forms of child labor. $45,000,000 of that subtotal shall constitute the U.S. contribution to sustain and to extend to more countries in waiting the successful efforts of the ILO's International Program for the Elimination of Child Labor (IPEC). The remaining $37,000,000 is for bilateral assistance to expand upon the program initiated by the Department in fiscal year 2001 to help ensure access to basic education for the growing number of children removed from the worst forms of child labor in impoverished nations where abusive and exploitative child labor is most acute; however, the Secretary may transfer $14,000,000 of this subtotal to USAID's "Basic Education and Policy Support Initiative" for complementary projects. The Committee notes that the United States was a strong and active supporter of the Dakar Declaration of 2000, including the commitment therein to help achieve universal access to basic education for all of the world's children by 2015. Accordingly, the Committee views this program to be a vital component for fulfilling this on-going commitment and firmly believes that affording access to basic education is also the single most effective means to curb the worst forms of child labor, wherever they exist. In programming these funds, the Committee directs the Department to consult with our country's labor attaches and labor reporting officers abroad, to coordinate and work more closely with USAID and IPEC officials, and to also make use of non-governmental organizations and trade unions, when appropriate, to promptly and economically steer these funds to where they benefit the most child laborers who are at the greatest risk.

The Committee finds it to be inexcusable that ILAB has failed to provide the Congress with several overdue reports reaching as far back as fiscal year 1998. These failures leave the Department in violation of key provisions of the Trade and Development Act of 2000, for example, and cripple our Federal Government's capacity to ensure international compliance with the child labor requirements of that law. They also deprive the Committee as well as the Department of valuable and timely information with which to make more informed workers rights policy judgments ad funding decisions of this new era of rapid, global economic integration. The Committee directs the Secretary of Labor to take immediately action to ensure that the Department of Labor is more responsive to requests for reports from the Bureau of International Labor Affairs.

The Committee recognizes that combating abusive children labor and promoting greater respect for other internationally-recognized worker rights and core labor standards are crucial to spreading the

benefits of trade and investment more broadly within as well as among all trading nations. Accordingly, the Committee further recommends $20,000,000 for multilateral technical assistance, and $17,000,000 for bilateral assistance to enable developing countries in particular to strengthen governmental capacity to enforce national labor laws and protect internationally-recognized worker rights, to implement core labor standards, and to develop policies to assist workers who are adversely affected by shifts in trade and investment flows, structural adjustments, and macroeconomic changes within national economies and the global economy respectively.

The Committee also deems it very important that ILAB deepen and improve its permanent capacity to compile and report to the Congress annually on the extent to which each foreign country that has trade and investment agreements with the United States enforces internationally-recognized worker rights as required under multiple U.S. laws and promotes core labor standards as embodied in the ILO Declaration on Fundamental Principles and Rights at Work as adopted and reaffirmed in 1998. The Committee expects $5,000,000 to be spent for this purpose. The Committee recognizes that it may be necessary to build ILAB capacity over a period of 2 years and, for the Department to tap private sector expertise from knowledgeable employer, trade union, and non-governmental organizations with their own presence or in-country partners on the ground in foreign countries.

Finally, the Committee requests that ILAB undertake and complete a study and report to the Congress by September 30, 2003 on government-wide implementation of Executive Order No. 13126 prohibiting the acquisition and procurement of any products mined, produced, or manufactured with any forced or indentured child labor and compliance with this order by all civilian and military agencies. In prior studies ad reports to the Congress, the Department has identified and presented evidence of the use of forced or indentured child labor in the production of at least 45 products in at least 25 foreign countries and those findings have been further corroborated by the U.S. State Department in its annual human rights reports to the Congress. Nevertheless, the Department, in coordination with the General Services Administration, inexplicably only included 11 products in two foreign countries when the final list of tainted products was published in the Federal Register for the first time on January 18, 2001. This study should explain in detail why so few products and countries have been included on the current list of procurement prohibitions, given that the Labor Department, State Department, and Customs Service within the Treasury Department have identified collectively a much larger list of goods produced in many more foreign countries they have reason to believe were mined, produced, or manufactured using forced or indentured child labor. It should also include recommendations to improve government-wide compliance with Executive Order No. 13126, to include services within its scope where there is reason to believe thee is forced or indentured child labor involved, and to award Federal procurement preferences to reward companies and industries that do not do business with any foreign

or domestic producers who use forced, indentured, or abusive child labor.

The Committee concurs with the request to provide $10,000,000 for HIV/AIDS workplace education. The Committee expects the Department to work through the ILO to most effectively program the appropriated funds. The Committee previously directed that ILAB work through the ILO to effectively program funds provided in fiscal year 2002 to global workplace-based education and prevention programs. In fiscal year 2003, the Committee recommendation includes $10,000,000 solely for the purpose of providing the ILO with assistance to conduct global workplace-based HIV-AIDS education and prevention programs. For other ILAB programs, including 125 FTE for Federal Administration, the Committee recommends $14,282,000.

Acknowledging the need to upgrade the information technology capability in the Department of Labor, the Committee provides $55,000,000 for the information technology fund, and $5,884,000 for management cross cut activities. The total provided includes support for cross-cutting investments such as common office automation suite implementation, architecture requirements, and web services as well as human resource management.

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

## VETERANS EMPLOYMENT AND TRAINING

| | |
|---|---|
| Appropriations, 2002 | $212,624,000 |
| Budget estimate, 2003 | 210,337,000 |
| Committee recommendation | 218,087,000 |

The Committee recommendation includes $218,087,000 for this account, including $26,550,000 in general revenue funding and $191,537,000 to be expended from the "Employment Security Administration" account of the unemployment trust fund. This is $7,750,000 more than the budget request and $5,463,000 above the 2002 comparable level.

For State grants the bill provides $83,615,000 for the Disabled Veterans Outreach Program and $79,253,000 for the Local Veterans Employment Representative Program. These amounts are each $2,000,000 above the budget request and the fiscal year 2002 enacted level.

For Federal administration, the Committee recommends $28,669,000, an increase of $2,000,000 over the budget request and $713,000 more than the fiscal year 2002 level. The Committee supports the concept of the Transition Assistance Program administered jointly with the Department of Defense which assists soon-to-be-discharged service members in transitioning into the civilian work force and includes funding to maintain an effective program. The Committee recommendation includes $2,000,000, the same as the fiscal 2002 level, for the National Veterans Training Institute [NVTI]. This Institute provides training to the Federal and State staff involved in the direct delivery of employment and training related services to veterans.

The Committee recommendation includes $19,000,000 for the Homeless Veterans Program, an increase of $1,500,000 over the

budget request. Also included is $7,550,000 for the Veterans Workforce Investment Program, an increase of $250,000 above the budget request and the same as the fiscal year 2002 level.

The recommendation also authorizes the Department of Labor to permit the Veterans' Employment and Training Service [VETS] to also fund activities in support of the VETS' Federal Contractor Program [FTP] from funds currently made available to States for veterans' employment activities. It does not authorize transfer of any activities to the Department of Veterans Affairs, as proposed in the budget request.

## OFFICE OF THE INSPECTOR GENERAL

| | |
|---|---|
| Appropriations, 2002 | $56,860,000 |
| Budget estimate, 2003 | 62,256,000 |
| Committee recommendation | 59,756,000 |

The bill includes $59,756,000 for this account, $2,500,000 less than the budget request and $2,896,000 above the 2002 comparable level. This funding will cover the agency's built-in increases, as well its proposed unemployment insurance initiative. It does not include the requested $2,500,000 increase which was to be used for expansion of the Office of Labor Racketeering. The bill includes $54,159,000 in general funds and authority to transfer $5,597,000 from the "Employment Security Administration" account of the unemployment trust fund. In addition, an amount of $334,000 is available by transfer from the black lung disability trust fund.

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

## GENERAL PROVISIONS

General provision bill language is included to:

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

Permit transfers of up to 1 percent between appropriations (sec. 102).

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

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

# TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

## HEALTH RESOURCES AND SERVICES ADMINISTRATION

### HEALTH RESOURCES AND SERVICES

| | |
|---|---|
| Appropriations, 2002 | $6,080,551,000 |
| Budget estimate, 2003 | 5,365,404,000 |
| Committee recommendation | 6,175,402,000 |

The Committee provides an appropriation of $6,175,402,000 for health resources and services. This is $809,998,000 more than the administration request and $94,851,000 more than fiscal year 2002.

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

### HEALTH CENTERS

The Committee provides $1,533,570,000 for the health centers, which is $190,000,000 more than fiscal year 2002 level and $75,706,000 above the administration request for this group of programs, which include community health centers, migrant health centers, health care for the homeless, and public housing health service grants.

In fiscal year 2003, community, migrant, public housing and homeless Health Centers will provide primary health care services to more than 12,000,000 people. Health Centers serve indigent urban and underserved rural clients, including many uninsured patients. From 1999 to 2001, the number of uninsured seeking care at Health Centers increased by 500,000 for a total of 4.2 million or about 40 percent of the patient population in 2001. In addition, millions of poor, minority, or isolated people, who have some health insurance coverage, continue to encounter serious difficulties in getting access to health care due to income or distance barriers. For many of these Americans, Health Centers are the only source of primary and preventive health care. Located in more than 3,500 rural and urban medically-underserved communities around the Nation, Health Centers have proven to be a cost-effective and efficient source of care for the underserved. By providing access to basic health services, Health Centers annually save the health care system billions of dollars in reduced use of costly emergency room, specialty, and hospital inpatient care.

The Committee does not set aside any additional appropriations for loan guarantee authority under Section 330(d) or Part A of Title XVI of the Public Health Service Act. The Committee intends that

the $14,000,000 of subsidy authority appropriated in fiscal year 1997 and fiscal year 1998, making $160,000,000 available for loan guarantees, continue to be available for guarantees of both loan principal and interest in accordance with the original allocations.

The Committee limits the amount available for payment of claims under the Federal Tort Claims Act to $50,000,000, which is $25,000,000 more than the administration request and $35,000,000 more than the amount provided for last year. The Committee recognizes the tremendous value of this program for health centers and as new health centers become covered, and past claims are settled, payments have risen accordingly.

*Community health centers*

Community health centers provide comprehensive, case-managed primary health care services to medically indigent and underserved populations in rural and urban areas. Of the clients served by community health centers, about 44 percent are children and 67 percent have incomes below the poverty line.

The Committee is pleased with the process HRSA has used to fund new start applications and also the expeditious manner in which the first round of funding was allocated. Adequate funding is provided to ensure that at least 30 new starts, 60 new sites, and 80 project expansions occur in 2003. However, the Committee expects HRSA to give priority to areas of the country that currently have few health centers and significant numbers of underserved populations not currently served by health centers, especially minority communities and rural and frontier areas.

Although the Committee continues to support the expansion of the health centers 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 expects HRSA to use a portion of the increased funding provided to increase support for existing health centers based on performance-related criteria separate from the funding of new service site and service expansion applications.

The Committee is concerned that Federal community health center funds are often not available to small, remote communities in Alaska, Hawaii and other similar States because the population base is too small. Many of these communities have no health service providers and are forced to travel long distances by boat or plane even in emergency situations. The Committee is aware that efforts are now underway to double community health center funding to address the growing number of uninsured persons in this country, but, without new approaches to providing health services, many will not benefit from the proposed increases in funding. The Committee applauds the agency for its initiatives such as the "Alaska Frontier Health Plan," and encourages the agency to continue and expand its efforts with this program.

The Committee is concerned by the small percentage of Illinois' medically-under-served population that presently have access to community or migrant health center services. The Committee expects HRSA to take steps to address this services deficit in fiscal year 2003.

*School-based health centers*

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

*Migrant health program*

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

*Health care for the homeless*

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

*Public housing health service grants*

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

*Native Hawaiian health care*

The Committee again includes the legal citation in the bill for the Native Hawaiian Health Care Program. The Committee has included sufficient funding so that health care activities funded under the Native Hawaiian Health Care Program can be supported under the broader community health centers line. The Committee expects that not less than $9,000,000 be provided for these activities in fiscal year 2002.

The purpose of this activity is to improve the health status of native Hawaiians by making primary care, health promotion, and disease prevention services available through the support of Native Hawaiian health systems. Services provided include health screening, nutrition programs, and contracting for basic primary care services. This activity also supports a health professions scholarship program for native Hawaiians.

*Other Native Hawaiian and Pacific Islander health issues*

The Committee remains committed to the concept of a demonstration project for American Samoans in Hawaii at the Waimanalo Health Center that will integrate social services, include traditional health, prevention and disease management, and address the disparities in health status among native Hawaiians and other minority populations.

In addition, as emphasized last year, the Committee strongly supports the establishment of a Center of Excellence for Indigenous

Health and Healing at the University of Hawaii and other schools that serve native peoples including American Indians, Alaska Natives and Pacific Islanders. The incorporation of traditional medicine and healing practices into the training of medical, nursing, social work, psychology, pharmacy and public health students will not only advance these disciplines but also enhance the health care services delivered to these populations.

The Committee believes that community health centers are a critical source of care for the underserved, particularly in remote rural areas in States such as Alaska and Hawaii. To facilitate the development of such centers in these and other States with low-income persons living in extremely remote areas, the Committee recommends that HRSA examine its regulations and applications procedures to ensure they are not unduly burdensome but are appropriately flexible to meet the needs of these communities. New health centers in remote communities are needed.

Again, the Committee observes that the State of Hawaii and Pacific Basin Region are experiencing an acute shortage of doctorally prepared pharmacists, and there is no school of pharmacy in the State. Unique to Hawaii is the fact that much of its population comes from the pacific basin region and use health interventions that are unique to that part of the world. Therefore, the Committee again urges HRSA to develop a pharmacy program at the University of Hawaii/Hilo that includes in its curriculum a strong clinical focus on pacific basin region culture and traditional interventions.

The Committee recognizes the important service done by the Molokai Health System on that remote island. This is an exemplary facility. Its environment provides opportunities to research outcomes of new interventions, evaluate culturally relevant health education, train providers on caring for ethnic populations and integrate non-Western health treatments. The leadership of Molokai has also encouraged the collaboration among diverse health professionals and the use of technological advances such as telehealth and telemedicine and video consultations. Given this history of success in meeting the needs of its unique community, the Committee strongly recommends that Molokai General Hospital be designated as a Center of Excellence on the provision of health care in rural areas.

*National Health Service Corps: Field placements*

The Committee provides $46,498,000 for field placement activities, which is $8,000 less than the fiscal year 2002 level and the same as the administration request. The funds provided for this program are used to support the activities of National Health Service Corps obligors and volunteers in the field, including travel and transportation costs of assignees, training and education, recruitment of volunteers, and retention activities. Salary costs of most new assignees are paid by the employing entity.

*National Health Service Corps: Recruitment*

The Committee provides $142,918,000 for recruitment activities, which is $43,929,000 more than the fiscal year 2002 level and the same as the administration request. This program provides major benefits to students (full-cost scholarships or sizable loan repay-

ment) in exchange for an agreement to serve as a primary care provider in a high priority federally designated health professional shortage area. The Committee reiterates its intention that funds support multi-year, rather than single-year, commitments.

The Committee applauds the President for building on the Committee's Rural Health Initiative from the previous fiscal year by proposing a needed increase for this program. The Committee is again increasing funding for field placements and recruitment to address growing concerns about primary care provider shortages in rural and underserved areas. The Committee strongly supports these programs because of their success in recruiting, training, and retaining well-trained providers in these areas. The Committee is aware that providers who train in rural and underserved areas are more likely to elect to practice in those areas.

HEALTH PROFESSIONS

The Committee provides $160,000,000 for health professions programs under Title VII of the Public Health Services Act, which is $135,221,000 less than the fiscal year 2002 level and $149,000,000 more than the administration request for these programs.

The Committee is disappointed in the administration's decision to eliminate or cut nearly every Health Profession program under Title VII of the Public Health Services Act. The Committee attempted to restore funding for these programs to the degree budget limitations allowed. However, despite these limitations, the Committee urges the administration to fund all Title VII rural programs at no less than the fiscal year 2002 level.

By enhancing the cultural competency and diversity of the health care workforce, the Title VII programs fill a unique role in the training of the health care providers who serve our neediest populations. The Committee believes that Title VII programs are valuable mechanisms for educating health professionals and for encouraging the delivery of care to the underserved in rural and underserved areas. However, this assumption needs to be validated to ensure ongoing reliable funding. The Committee therefore directs HRSA to study the effectiveness of each health professions program at meeting their intended purpose and report its findings to the Committee by June 1, 2003.

The health professions under Title VII of the Public Health Service Act provide support to students, programs, departments, and institutions to improve the accessibility, quality, and racial and ethnic diversity of the health care workforce. In addition to providing unique and essential training and education opportunities, these programs help meet the health care delivery needs of the over 3,100 Health Professions Shortage Areas in this country, at times serving as the only source of health care in many rural and disadvantaged communities. Providers who were trained under Title VII funded programs are 3–5 times more likely to provide health care in rural and underserved areas. The organizations representing schools, programs, and institutions that benefit from this funding have determined that these programs needs strong funding to educate and train a health care workforce that meets the public's health care needs.

The Committee includes sufficient funds for the creation of a partnership between the HRSA and the Arthritis Foundation for the purpose of conducting a national study on the status of pediatric rheumatology in the United States. As provided in the Children's Health Act of 2000, this study will asses this crisis and identify strategies for addressing the significant shortage of pediatric services for children with arthritis. The Secretary shall report the findings of the study to the Committee no later than June 1, 2003.

The Committee remains concerned about the widening gap between the size of the Nation's aging baby boom population and the number of pulmonary/critical care physicians. Given the current funding trends for graduate medical education, we can expect a severe shortage of these specialists by 2007. The Committee therefore urges the Administrator to consult with the American College of Chest Physicians and the members of the Critical Care Workforce Partnership to develop a comprehensive action plan to address this pending crisis.

The following clusters and their associated programs are included in this consolidated account:

*A. Training for diversity*

*Centers of excellence*

This program was established to fund institutions that train a significant portion of the Nation's minority health professionals. Funds are used for the recruitment and retention of students, faculty training, and the development of plans to achieve institutional improvements. The institutions that are designated as centers of excellence are private institutions whose mission is to train disadvantaged minority students for service in underserved areas. Located in poor communities and usually with little State funding, they serve the health care needs of their patients often without remuneration. The Committee is pleased that the agency has refocused the minority centers of excellence program on providing support to historically minority health professions institutions.

The Committee is pleased that HRSA has re-focused the Minority Centers of Excellence program on providing support to historically minority health professions institutions.

*Health careers opportunity program*

This program provides funds to medical and other health professions schools for recruitment of disadvantaged students and preprofessional school preparations. The Committee is pleased that HRSA has given priority consideration for grants to minority health professions institutions, and recommends that grant review committees have proportionate representation from these institutions.

The Committee is pleased that HRSA has given priority consideration for H–COP grants to minority health professions institutions, and recommends that grant review committees have proportionate representation from these institutions. The Committee continues to encourage the H–COP program to consider applications that are responsive to allied health professions which are experiencing shortages and high vacancy rates.

*Faculty loan repayment*

This program provides for the repayment of education loans for individuals from disadvantaged backgrounds who are health professions students or graduates, and who have agreed to serve for not less than 2 years as a faculty member of a health professions school.

*Scholarships for disadvantaged students*

This program provides grants to health professions schools for student scholarships to individuals who are from disadvantaged backgrounds and are enrolled as full-time students in such schools. The Committee continues to intend that all health professions disciplines made eligible by statute be able to participate in the scholarships program.

*B. Training in primary care medicine and dentistry*

*Family medicine training*

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

*General internal medicine and pediatrics training*

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

*Physician assistants*

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

*General dentistry and pediatric dental residencies*

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

The Committee recognizes the need to increase the number of dentists in rural and underserved areas, and particularly increase the number of pediatric dentists in those areas. Rural States are disproportionately underserved by pediatric dentists.

The Committee recognizes that these programs play a critical role in meeting the oral health care needs of Americans; especially those who require specialized or complex care and represent vulnerable populations in underserved areas. Additionally, the Committee realizes that several States have fewer than 10 pediatric dentists. This clearly is not enough to address American children's needs.

*C. Interdisciplinary, community-based linkages*

*Area health education centers*

This program links university health science centers with community health service delivery systems to provide training sites for students, faculty, and practitioners. The program supports three types of projects: Core grants to plan and implement programs; special initiative funding for schools that have previously received Area Health Education Centers (AHEC) grants; and model programs to extend AHEC programs with 50 percent Federal funding. The Committee intends that adequate funding be provided to the area health education centers grant program since AHEC's are an important component of the Federal/State partnership in addressing rural health issues.

*Health education and training centers*

These centers provide training to improve the supply, distribution, and quality of personnel providing health services in the State of Florida or along the border between the United States and Mexico and in other urban and rural areas with populations with serious unmet health care needs.

*Allied health and other disciplines*

These programs seek to improve access, diversity, and distribution of allied health practitioners to areas of need. The program improves access to comprehensive and culturally competent health care services for underserved populations.

The Committee provides sufficient funds to continue the Graduate Psychology Education Program within the Bureau of Health Professions. The Committee understands that this is the only federally funded psychology-training program, and for this reason, considers its continuation a high priority. Within the funds provided, the Committee includes $3,000,000 for the establishment of a graduate training program in Geropsychology (GTG) to train health service psychologists to work with older Americans, especially in rural communities and other underserved people.

The Committee continues to encourage HRSA to give priority consideration to those projects for schools training allied health professionals experiencing shortages, such as medical technologists and cytotechnologists.

*Geriatric education centers and training*

The Committee expects this program to continue to support grants to health professions schools to establish geriatric education centers and to support geriatric training projects. These centers and geriatric training programs play a vital role in enhancing the skill-base of health care professionals to care for our Nation's growing elderly population. The Committee is concerned about the shortage of trained geriatricians and urges the agency to give priority to building the work force necessary to care for the Nation's elderly.

*Quentin N. Burdick program for rural health interdisciplinary training*

This program addresses shortages of health professionals in rural areas through interdisciplinary training projects that prepare students from various disciplines to practice together, and offers clinical training experiences in rural health and mental health care settings to expose students to rural practice. The Committee continues to be concerned about the lack of providers in rural areas and expects funding to continue at least at the fiscal year 2003 level.

The Committee supports addressing the issue of how the delivery of chiropractic health care can be enhanced in rural areas, and how more women and minorities can be recruited as chiropractic health care practitioners in rural areas. The Committee also expects the Bureau to expand its support for telecommunications and telehealth initiatives for providing distance education and training for nurses and allied health professionals serving rural areas.

*Podiatric primary care training*

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

*Chiropractic demonstration grants*

The program provides grants to colleges and universities of chiropractic to carry out demonstration projects in which chiropractors and physicians collaborate to identify and provide effective treatment of spinal and lower back conditions. The Committee continues to strongly support the chiropractic research and demonstration grant program, originally authorized under Section 782 of Public Law 102–408, and funded by the Committee in previous years. The Committee recommends that the chiropractic-medical school demonstration grant program be continued and funded at no less than current levels.

The Committee believes that demonstration projects that address treatment for spinal and lower-back conditions, as authorized under Section 755(b)(3) of Public Law 105–392, may include training initiatives as well as research collaborations between physicians, chiropractors and chiropractic colleges. Therefore, the Committee directs HRSA to provide funding for such training components of chiropractic demonstration grant proposals in fiscal year 2003 and beyond.

*D. Workforce information and analysis*

*Health professions data and analysis*

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

*Research on certain health professions issues*

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

*E. Public health workforce development*

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

*Public health, preventive medicine and dental public health programs*

This program supports awards to schools of medicine, osteopathic medicine, public health, and dentistry for support of residency training programs in preventive medicine and dental public health; and for financial assistance to trainees enrolled in such programs.

*Health administration programs*

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

*F. Children's hospital graduate medical education program*

The Committee provides $290,000,000 for the Children's Hospital Graduate Medical Education (GME) program. This is $5,033,000 more than the fiscal year 2002 level and $90,000,000 more than the administration request.

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

The Committee believes Federal support for GME for children's hospitals is a sound investment in children's health. Congress has enacted expansions in children's health coverage and increased support for health programs devoted to children and biomedical research. Equitable funding for children's hospitals GME is needed to sustain the pediatric workforce, including an adequate supply of future pediatric researchers, and our pediatric research enterprise.

The Committee further recognizes that an inequity exists for GME funding for children's teaching hospitals because Medicare is the largest single payer of GME, and free-standing children's hospitals treat few Medicare patients. These funds provide essential, equitable support for the teaching contributions of these institutions.

*G. Nursing education programs*

The Committee provides $88,002,000 for Nursing Education Programs under Title VIII of the Public Health Services Act which is $5,500,000 more than the fiscal year 2002 level and $4,500,000 more than the administration request.

The Committee recognizes the current nursing shortage is creating a health care crisis in hospitals and skilled nursing facilities. The lack of young people in nursing has resulted in a steady and dramatic increase in the average age of U.S. nurses. Today, the average age of a working RN is 43 years old. According to recent surveys, one in five nurses plans to retire by 2006, exacerbating the shortage. In Senate Report 107–84, the Committee directed the Secretaries of Labor and Health and Human Services to convene a panel of national experts to study these issues. The Committee eagerly awaits the findings and recommendations from the panel, which should completed by the beginning of next year.

Another factor contributing to the nursing shortage is the availability of nursing faculty. They, like nurses in healthcare delivery, are aging. Thus, for some schools, even if they could recruit more students, they may not have faculty to teach them. The Committee believes that this is an area that requires critical attention.

One reason for this shortage is the inability of nursing schools to educate more nursing students, which is in turn largely the result of a lack of qualified nursing faculty. Since the average age of nurse educators today is 55, this shortage of educators will continue to accelerate. The Committee is further aware of the success of the Troops-to-Teachers program at the Departments of Defense and Education in placing qualified military veterans into teaching positions in America's public schools through an expedited certification process. The Committee therefore encourages HRSA to establish a pilot program similar to the Troops-to-Teachers program to encourage qualified, active duty military nurses to become nurse educators in certified nursing school programs. The program should include career and placement assistance, transitional stipends for those who commit to teach in nursing schools, and cooperation with nursing schools to expedite the transition from the military to civilian teaching.

*Advanced education nursing*

The Committee provides $62,541,000 for Advanced Education Nursing programs, which is $2,500,000 more than the fiscal year 2002 level and $1,500,000 more than the administration request. This program funds nursing schools to prepare nurses at the master's degree or higher level for teaching, administration, or service in other professional nursing specialties.

*Basic nurse education and practice*

The Committee provides $18,289,000 for Basic Nurse Education and Practice programs, which is $2,000,000 more than the fiscal year 2002 level and the administration request. Authorized by Public Law 105–392, the goal of this program is to improve the quality of nursing practice. Activities under this program will initiate new projects that will change the educational mix of the basic nursing workforce and empower the workforce to meet the demands of the current health care system.

*Nursing workforce diversity*

The Committee provides $7,172,000 for Nursing Workforce Diversity programs, which is $1,000,000 more than the fiscal year 2002 level and the administration request. The goal of this program is to improve the diversity of the nursing workforce through increased educational opportunities for individuals from disadvantaged backgrounds. The Committee urges the Division of Nursing to develop and increase cultural competence in nursing and to increase the number of underrepresented racial and ethnic minorities in all areas of nursing education and practice to enhance nursing's ability to provide quality health care services to the increasingly diverse community it serves.

OTHER HRSA PROGRAMS

*Hansen's disease services*

The Committee has included $18,142,000 for the Hansen's Disease Program which is $303,000 more than fiscal year 2002 and the same as the administration request. This program offers Hansen's Disease treatment in Baton Rouge at the Center, at other contract supported locations in Baton Rouge, and in grant supported outpatient regional clinics. These programs provide treatment to about 3,000 of the 6,000 Hansen's disease sufferers in the United States.

With the exception of about 40 long-term residents who continue to reside at Carville, the program has completed the move to leased space in Baton Rouge. Other former long term residents have been offered and elected to receive a living allowance from the program and now live independently. The former Federal property at Carville has been transferred to the State of Louisiana.

Over the next few years a long term facility will be developed in the Baton Rouge area and offered to the current long term residents remaining at the Carville location as an alternative to remaining at the historic facility.

The program also conducts research focusing on the global elimination of Hansen's Disease in laboratory facilities at Louisiana State University in Baton Rouge. Research activities are directed toward the development of new anti-leprosy drugs and short-term more effective regimens; manufacture and distribution of lepromin skin tests reagents through the World Health Organization; identification of host resistant mechanisms for potential use in vaccines development; and application of state-of-the-art biotechnology to develop simple lab techniques for case detection and diagnosis of preclinical disease.

The Committee was surprised to learn of the extent to which there has been an increase in the number of individuals afflicted with Hansen's Disease in Hawaii due to its geographical location and the influx of immigrants from the Pacific Basin region. Funds have been provided to assist the State in its screening efforts, which of necessity, must be targeted towards the unique immigration cultures.

*Healthy communities innovation initiative*

The Committee has included $20,000,000 for the Healthy Communities Innovation Initiative. This new program is funded at the administration's request.

The Healthy Communities Innovation Initiative is a new interdisciplinary services demonstration program which will concentrate on the prevention of three of the most rapidly increasing diseases in the United States; diabetes, asthma, and obesity. The purpose of this initiative is to encourage the development of innovative efforts within 5 communities in defined geographical areas, to enhance access to services, and change health outcomes.

*Maternal and child health block grant*

The Committee provides $755,000,000 for the maternal and child health [MCH] block grant. This is $23,469,000 more than fiscal year 2002 and the administration request.

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

The MCH block grant funds are provided to States to support health care for mothers and children. According to statute, 12.75 percent of funds over $600,000,000 are used for community-integrated service systems [CISS] programs. Of the remaining funds, 15 percent is used for special projects of regional or national significance [SPRANS] while 85 percent is distributed on the same percentage split as the basic block grant formula.

The Committee provides $5,000,000 more for SPRANS activities than would otherwise be the case under the statutory formula for oral health demonstration programs and activities in the States. The Committee expects that the programs will include grants to reduce the incidence of early childhood caries and baby bottle tooth decay, community water fluoridation, school-linked dental sealant programs, and to implement State identified objectives for improving oral health.

The Committee is aware of the joint activities between CMS and HRSA to improve access to medical and dental care for mothers and children in underserved populations. CMS and the Maternal

and Child Health program at HRSA have worked together to assist States to reduce barriers to care for Medicaid and SCHIP populations for maternal and child health care including oral health care. The Committee urges these agencies to continue their partnership and expand support for State oral health systems grants and innovative demonstration projects for the prevention and early intervention of dental diseases in young children, State dental access summit meetings, and the National Maternal and Child Oral Health Resource Center. The Committee recognizes that such agency collaborations are instrumental for providing coordinated services that do not duplicate limited resources.

It is the Committee's understanding that MCH has committed to retaining SPRANS funding for three thalassemia centers that provide comprehensive services to patients and families through fiscal year 2003. The Committee believes that these are critical programs and commends MCH for its support for them. The Committee further urges MCH to work closely with these three centers and with the Cooley's Anemia Foundation to assure that these centers continue to have a stable source of support that will allow them to function at or above current levels of service.

The Committee commends HRSA's Maternal and Child Health Bureau for its support of the Sudden Infant Death Syndrome Program Support Center, and encourages the Bureau to continue its efforts in this important area of service. The Committee is pleased that the SIDS and Other Infant Death Support Center is collaborating with the NIH to address the disproportionately high incidence of SIDS among African Americans.

The Committee recognizes that numerous and challenging problems confront our adolescent populations and that every effort should be made to encourage initiatives that promote the health and well being of whose who represent our future. In particular, we commend the Waimanalo Health Center in Hawaii and encourage all efforts to expand its programs for adolescents.

The Committee recognizes that every year over 4 million infants are born and screened to detect conditions that threaten their life and long-term health. Newborn screening is a public health activity used for early identification of infants affected by certain genetic, metabolic, hormonal, and or functional conditions for which there may be an effective treatment or intervention. If left untreated, these disorders can cause death, disability, mental retardation, and other serious illnesses. Parents are often unaware that while nearly all babies born in the United States undergo newborn screening, the number and quality of these tests vary from State to State. The Committee supports efforts, including those authorized by the Children's Health Act of 2000, to eliminate the disparities that exist between the types of screening provided in the States. Ultimately, eliminating these disparities can be the difference between children suffering irreversible injury or death versus children receiving successful diagnosis and treatment.

*Healthy start initiative*

The Committee provides $103,000,000 for the healthy start infant mortality initiative. This is $4,011,000 more than fiscal year 2002 and the administration request.

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

*Universal newborn hearing screening and early intervention*

The Committee provides $13,000,000 for universal newborn hearing screening and early intervention activities, which is $3,001,000 above the fiscal year 2002 level and $13,000,000 more than the administration request. The Committee rejects the administration proposal to consolidate this program into the Maternal and Child Health Block Grant program.

The Committee continues to strongly support the initiative it began 2 year's ago to provide grants to States to establish universal newborn hearing screening and early intervention programs. This initiative has been quite successful and the response from States has been substantial. The Committee is aware that HRSA received many more high quality applications for this program than it was able to fund. Numerous studies have demonstrated that newborn hearing screening followed by early intervention services can greatly improve health and educational outcomes for children.

Currently, 44 States and 3 territories have received competitive grants for the purpose of implementing statewide early hearing detection intervention (EHDI) programs. Since these grants have only been operational for between 6 months to 2 years, the Committee believes that a dedicated source of funding is critical at this time to ensure that State EHDI programs become fully operational and that screening programs are properly linked with diagnosis, early intervention, and the child's routine medical care (medical home).

The Committee is concerned that only 67 percent of babies are now screened for hearing loss before 1 month of age. Of the babies screened, only 56 percent who needed diagnostic evaluations actually receive them by 3 months of age. Moreover, only 53 percent of those diagnosed with hearing loss are enrolled in early intervention programs by 6 months of age.

The Committee has provided an increase to expand funding to States, increase the availability of qualified pediatric audiologists, educate health care providers and families about the importance of and procedures for EHDI, continue and expand the National Technical Assistance System which works with States to develop their programs, evaluate the impact of statewide EHDI programs, increase the capacity of States to screen children for progressive and late-onset hearing losses, as well as chronic middle ear infections, and to link identified children with medical, audiological, otolaryngological and early intervention services. To minimize the loss to follow-up, the Committee urges HRSA to ensure that all infants identified through the screening process are linked to a medical home.

The Committee expects HRSA to coordinate projects funded with this appropriation with projects related to early hearing detection and intervention by the National Center on Birth Defects and De-

velopmental Disabilities, the National Institute on Deafness and Other Communication Disorders, the National Institute on Disability and Rehabilitation Research, and the Office of Special Education and Rehabilitative Services.

*Organ procurement and transplantation*

The Committee provides $24,990,000 for organ transplant activities. This is $5,000,000 more than fiscal year 2002 and the same as the administration request.

These funds support a scientific registry of organ transplant recipients and the National Organ Procurement and Transplantation Network to match donors and potential recipients of organs. A portion of the appropriated funds may be used for education of the public and health professionals about organ donations and transplants, and to support agency staff providing clearinghouse and technical assistance functions. The Committee encourages the agency to establish linkages with State and Federal transportation officials to improve coordination of donation following vehicular accidents, through the establishment of donor registries.

The Committee considers increasing the supply of organs, available from voluntary donations to be a top public health priority and expects that funds be committed to those activities having the greatest demonstrable impact on donation rate.

*National bone marrow donor program*

The Committee provides $22,034,000 for the national bone marrow donor program. This is $37,000 more than fiscal year 2002 and the same as the administration request. The National Bone Marrow Donor Registry is a network, operated under contract, that helps patients suffering from leukemia or other blood diseases find matching volunteer unrelated bone marrow donors for transplants. The program also conducts research on the effectiveness of unrelated marrow transplants and related treatments.

*Rural health outreach grants*

The Committee provides $51,472,000 for health outreach grants. This amount is the same as the fiscal year 2002 level and $13,620,000 more than the administration request. This program supports projects that demonstrate new and innovative models of outreach in rural areas such as integration and coordination of health services.

The Committee is aware that the population of the Mississippi Delta suffers from the worst health status in the United States. This predominately African-American population suffers from disproportionately high rates of heart disease, cancer, diabetes, sexually transmitted diseases, and other infectious and chronic diseases. The Committee recognizes the variety of factors including socioeconomic, heredity, educational and environmental conditions that result in this abnormally high incidence of disease and poor health status. As a result of this combination of factors, the Committee also understands the need for a sustained multi-faceted approach that includes research, education, and infrastructure, as well as surveillance, prevention and treatment strategies to combat this health crisis. Therefore, the Committee recommends the con-

tinued funding of these activities as already initiated and undertaken by the coordinated efforts of the Mississippi Delta Health Initiative. The Delta Health Initiative is a partnership between The University of Mississippi Medical Center, Delta State University, Mississippi Valley State University and the Mississippi Department of Health as well as Delta region health officials, agencies and providers.

The Committee is deeply concerned about the increased incidence of prescription drug abuse in pockets of the country, particularly rural and frontier communities. Using existing authority under the Public Health Act, HRSA is urged to establish a program to raise awareness and promote comprehensive, community-focused, research-based approaches to reversing this trend, principally among our youth. Education and awareness on this critical issue will hopefully reduce the incidence of non-medical use of prescribed drugs and allow those patients who truly need these medicines to continue to have access to them.

The Committee understands that many primary care clinics in isolated, remote locations are providing extended stay services and are not staffed or receiving appropriate compensation to provide this service. The Committee encourages the agency to undertake a demonstration project to evaluate the effectiveness of a new type of provider, the "Extended Stay Primary Care Center," to provide expanded services in remote and isolated primary care clinics to meet the needs of seriously ill or injured patients who cannot be transferred quickly to acute care referral centers, and patients who require monitoring and observation for a limited time.

*Rural health research*

The Committee provides $16,808,000 for the Rural Health Policy Development Program. This is the same as the fiscal year 2002 level and $10,808,000 more than the administration request. The funds provide support for the Office as the focal point for the Department's efforts to improve the delivery of health services to rural communities and populations. Funds are used for rural health research centers, the National Advisory Committee on Rural Health, and a reference and information service.

*State offices of rural health*

The Committee provides $12,000,000 for the State Offices of Rural Health. This is $4,001,000 above the fiscal year 2002 level and $8,000,000 more than the administration request. The State Office of Rural Health program helps the States strengthen rural heath care delivery systems. For the second consecutive year, Committee is significantly increasing funding for the offices of rural health to allow States to better coordinate care and improve support and outreach in rural areas. The Committee believes that increased funds for this purpose are critical to improving access and quality health care services throughout rural communities.

*Telehealth*

The Committee provides $39,192,000 for telehealth activities. This is the same as the fiscal year 2002 level and $33,583,000 more the administration request.

The telehealth program promotes the use of technologies to improve access to health services and distance education for health professionals. The Committee recognizes the tremendous potential that telehealth has for improving the delivery of quality health care to rural underserved areas and for providing distance education to health care professionals. The Committee supports HRSA's numerous rural telehealth initiatives and encourages the agency to work in partnership with medical librarians and other health information specialists in the development and implementation of its telehealth projects.

*Native and rural Alaskan health care*

The Committee provides $30,000,000 for the Denali Commission, which is $10,000,000 more than the fiscal year 2002 level and $30,000,000 more than the administration request. These funds support construction and renovation of health clinics, hospitals and social service facilities in rural Alaska as authorized by Public Law 106–113. Provision of this funding will help remote communities in Alaska develop critically needed health and social service infrastructure for which no other funding sources are available so that health and social services may be provided to Alaskans in remote rural communities as they are in other communities throughout the country.

The Committee expects the Denali Commission to allocate funds to a mix of rural hospital, clinic, long-term care and social service facilities, rather than focusing exclusively on clinic funding.

*Critical care programs*

The Committee has grouped the following ongoing and proposed activities: emergency medical services for children, the traumatic brain injury program, trauma care/emergency medical services, and poison control centers.

*Emergency medical services for children*

The Committee provides $20,000,000 for emergency medical services for children. This is $1,009,000 more than the fiscal year 2002 level and $1,007,000 more than the administration request. The program supports demonstration grants for the delivery of emergency medical services to acutely ill and seriously injured children.

The Committee urges HRSA to consider EMSC a high priority, and supports the efforts and purpose of the EMSC program to continue to work with States to improve the training and availability of emergency medical services personnel who effectively treat children. The Committee also urges the Department to focus on the development of prevention and treatment programs and education of emergency personnel in remote and rural areas throughout the country.

*Poison control centers*

The Committee provides $25,600,000 for poison control center activities, which is $4,392,000 more than fiscal year 2002 and $4,389,000 more than the administration request. The funds provided support activities authorized in the Poison Control Center

Enforcement and Enhancement Act as well as the development and assessment of uniform patient management guidelines.

*Traumatic brain injury program*

The Committee provides $10,000,000 for the traumatic brain injury program, which is $2,501,000 more than the fiscal year 2002 level and the administration request. The program supports implementation and planning grants to States for coordination and improvement of services to individuals and families with traumatic brain injuries as well as protection and advocacy. Such services can include: pre-hospital care, emergency department care, hospital care, rehabilitation, transitional services, education, employment, and long-term support. The Committee includes $3,000,000 for protection and advocacy services, as authorized under section 1305 of Public Law 106–310.

*Black lung clinics*

The Committee provides $6,000,000 for black lung clinics. This is the same level as the fiscal year 2002 level and the administration request. This program funds clinics which treat respiratory and pulmonary diseases of active and retired coal miners. These clinics reduce the incidence of high-cost inpatient treatment for these conditions.

*Trauma care*

The Committee provides $5,000,000 for trauma/emergency medical services. This is $1,500,000 more than the fiscal year 2002 level and $5,000,000 more than the administration request. The Committee rejects the administration proposal to consolidate this program into the Maternal and Child Health Block Grant program. This program is intended to improve the Nation's overall emergency medical systems, which are constantly activated to respond to a wide range of natural and man-made disasters, such as: earthquakes; mass violence; riots; school shootings; motor vehicle crashes; and terrorist attacks.

*Nurse loan repayment for shortage area service*

The Committee provides $15,000,000 for nurse loan payment for shortage area services. This is $4,761,000 more than fiscal year 2002 and the same as the administration request.

This program offers student loan repayment to nurses in exchange for an agreement to serve not less than 2 years in an Indian health service health center, native Hawaiian health center, public hospital, community or migrant health center, or rural health clinic. The Committee commends the administration for supporting and building on the commitment made in the Rural Health Initiative last year for this critical program. The Committee again intends that the majority of the increased funding be provided to increase the supply of qualified health care professionals in rural areas.

*Payment to Hawaii, Hansen's disease treatment*

The Committee provides $2,045,000 for Hansen's disease services. This is the same as fiscal year 2002 and the administration request.

Within the amount provided for Hansen's disease services, the Committee urges funding for the fiscal year 2003 payment to the State of Hawaii for the medical care and treatment in its hospital and clinic facilities of persons with Hansen's disease at a per diem rate not greater than the comparable per diem operating cost per patient at Gillis W. Long National Hansen's Disease Center. This amount is the same as the administration request and the 2002 level.

ACQUIRED IMMUNE DEFICIENCY SYNDROME

*Ryan White AIDS programs*

The Committee provides $2,072,000,000 for Ryan White AIDS programs. This is $161,413,000 more than fiscal year 2002 and $161,275,000 more than the administration request.

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

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

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

*Emergency assistance—title I*

The Committee provides $640,000,000 for emergency assistance grants to eligible metropolitan areas disproportionately affected by the HIV/AIDS epidemic. This amount is $20,486,000 above the fiscal year 2002 and the administration request. These funds are provided to metropolitan areas meeting certain criteria. One-half of the funds are awarded by formula and one-half are awarded through supplemental competitive grants.

The Committee encourages the Secretary, when awarding supplemental title I funds, to give priority as appropriate to EMA's whose applications increase services to women, adolescents, and children with AIDS/HIV infection.

*Comprehensive care programs—title II*

The Committee provides $1,095,000,000 for HIV health care and support services. This amount is $117,627,000 above the fiscal year 2002 level and the administration request. These funds are awarded to States to support HIV service delivery consortia, the provision of home and community-based care services for individuals with HIV disease, continuation of health insurance coverage for low-income persons with HIV disease and support for State AIDS drug assistance programs [ADAP].

The Committee continues to be encouraged by the progress of anti-retroviral therapy in reducing the mortality rates associated with HIV infection and in enhancing the quality of life of patients on medication. The Committee has approved bill language for $739,000,000 for AIDS medications, which is $100,000,000 more than the fiscal year 2002 level and the administration request.

The Committee further urges HRSA to encourage States to utilize Federal ADAP funding in the most cost-effective manner to maximize access to HIV drug therapies and to eliminate cost-shifting from Medicaid to the State ADAP programs. States with ADAP funding should be allowed the flexibility to purchase and maintain insurance policies for eligible clients including covering any costs associated with these policies, or continue to pay premiums on existing insurance policies that provide a full range of HIV treatments and access to comprehensive primary care services, as determined by a State. Funds should not be committed to purchase insurance deemed inadequate by a State in its provision of primary care or in its ability to secure adequate access to HIV treatments.

*Early intervention program—title III–B*

The Committee provides $205,000,000 for early intervention grants. This is $11,083,000 more than the fiscal year 2002 level and $10,945,000 more than the administration request. These funds are awarded competitively to primary health care providers to enhance health care services available to people at risk of HIV and AIDS. Funds are used for comprehensive primary care, including counseling, testing, diagnostic, and therapeutic services.

The Committee encourages HRSA to fairly allocate the increase for title III–B between existing grantees and new providers. By providing additional funds to current grantees, the Committee intends to strengthen the HIV care infrastructure already established in title III–B clinics. The Committee also supports expansion of the number of communities receiving assistance from this title.

Priority should be placed on funding existing and new projects in rural, medically underserved areas, and secondary cities outside of major metropolitan areas in order to build clinical capacity for the delivery of HIV care among clinicians serving high-risk populations, minorities, and those who are unable to access clinical HIV care for economic reasons. In building capacity, the goal is to develop knowledgeable clinicians to improve access to quality HIV treatment based upon the evolving HIV treatment guidelines of DHHS.

*Women, infants, children, and youth—title IV*

The Committee provides $75,000,000 for title IV pediatric AIDS, which is $4,010,000 above the fiscal year 2002 level and the administration request. Funds are awarded to community health centers, family planning agencies, comprehensive hemophilia diagnostic and treatment centers, federally qualified health centers under section 1905(1)(2)(B) of the Social Security Act, county and municipal health departments and other nonprofit community-based programs that provide comprehensive primary health care services to populations with or at risk for HIV disease.

The Committee intends that at least 90 percent of total title IV funding be provided to grantees. The Committee expects the agency to provide at least 75 percent of the funding increase to existing grantees to reflect the increases in the costs of providing comprehensive care, including the implementation of quality management programs. HRSA should use a significant portion of the remaining funds to expand comprehensive services for youth, both through existing and new grantees. The Committee expects the agency to expand efforts to facilitate ongoing communication with grantees on the administration of the Title IV program. These expanded efforts should include collaboration with grantees on the forthcoming determinations by the Secretary mandated in the Ryan White CARE Act Amendments of 2000 on administrative expenses and HIV-related research access. The Committee also expects HRSA to collaborate with CDC to identify and eliminate barriers between HIV prevention and care.

Some 5 percent of the funds appropriated under this section may be used to provide peer-based technical assistance. Within this amount, sufficient funds are available to maintain and expand work being done to create a national consumer and provider education center on the use of various strategies and planning in the care of children, youth, women and families infected with or affected by HIV and AIDS.

*AIDS dental services*

The Committee provides $17,000,000 for AIDS dental services, which is $3,502,000 more than the fiscal year 2002 level and the administration request. This program provides grants to dental schools, dental hygiene schools, and postdoctoral dental education programs to assist with the cost of providing unreimbursed oral health care to patients with HIV disease.

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

*AIDS education and training centers*

The Committee provides $40,000,000 for the AIDS education and training centers [AETC's], which is $4,705,000 more than the fiscal year 2002 level and the administration request. AIDS education and training centers train health care practitioners, faculty, and students who care for AIDS patients outside of the traditional health professions education venues, and support curriculum development on diagnosis and treatment of HIV infection for health professions schools and training organizations. The targeted education efforts by AETC's are needed to ensure the cost-effective use of the significant expenditures in Ryan White programs and the AIDS drugs assistance program. The agency is urged to fully utilize the AETC's to ensure the quality of medical care and to ensure, as much as possible, that no individual with HIV receives suboptimal therapy due to the lack of health care provider information.

*Family planning*

The Committee provides $285,000,000 for the title X family planning program. This is $19,945,000 more than the fiscal year 2002 level and $19,725,000 more than the administration request. Title X grants support primary health care services at more than 4,500 clinics nationwide. About 85 percent of family planning clients are women at or below 150 percent of poverty level. Title X of the Public Health Service Act, which established the family planning program, authorizes the provision of a broad range of acceptable and effective family planning methods and preventive health services. This includes FDA-approved methods of contraception.

The Committee has increased funding for clinics receiving Title X funds to address increasing financial pressures in their effort to provide high-quality, subsidized family planning services and preventive health care to (4.4 million each year, many of whom are uninsured) low-income and uninsured women. These pressures include rising medical costs of newer and longer lasting contraceptive methods, pharmaceuticals, and screening and diagnostic technologies (as well as a rising uninsured population). The Committee recognizes that due to these financial pressures, it will be difficult for Title X clinics to serve the current number of patients without a significant funding increase. The Committee also recognizes that the increased availability of new contraceptive methods and screening technologies will improve women's health and result in a decrease in unintended pregnancies nationwide.

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

The Committee intends that at least 90 percent of funds appropriated for Title X activities be for clinical services authorized under section 1001 of the Act. All such funds for section 1001 activities are to be provided to the regional offices to be awarded to grantees to provide family planning methods and services as specified by the Title X statute. The Committee further expects the Of-

fice of Family Planning to spend any remaining year-end funds in section 1001 activities.

*Community Based Abstinence Education Program*

The Committee provides $40,000,000 for this program, which provides support for the development and implementation of abstinence education programs for adolescents, ages 12 through 18. This is the same as the fiscal year 2002 level and $32,979,000 less than the President's request. These funds, together with the $50,000,000 in mandatory funds provided through the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, will make $90,000,000 available for abstinence education. These programs are unique in that their entire focus is to educate young people and create an environment within communities that support teen decisions to postpone sexual activity until marriage. The Committee intends that the Secretary fund grantees who are currently receiving section 510 funds, but whose project periods are expiring at the end of fiscal year 2002.

*Health care facilities*

The Committee has provided no funding for health care facilities, which is $311,942,000 below the 2002 level and the same as the administration request. Funds are made available to public and private entities for construction and renovation of health care and other facilities. The reduction below last year's level is due to the funding of one-time projects.

*Buildings and facilities*

The Committee provides $250,000 for buildings and facilities, which is the same as fiscal year 2002 level and the administration request.

*Rural hospital flexibility grants*

The Committee provides $50,000,000 for rural hospital flexibility grants, which is $10,000,000 more than the fiscal year 2002 level and $25,000,000 more than the administration request.

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

Of the amount provided, the Committee includes $20,000,000 to continue the Small Rural Hospital Improvement Grant Program, as authorized by Section 1820 (g)(3) of the Social Security Act and Public Law 107–116 and outlined in House Report 107–342.

*Rural access to emergency devices*

The Committee provides $12,500,000 for rural access to emergency devices, which is the same as the fiscal year 2002 level and $10,500,000 more than the administration request. This program, which is to be administered through the Rural Health Outreach Of-

fice, provides grants to expand placement of automatic external defibrillators (AEDs) in rural areas and to ensure that first responders and emergency medical personnel are appropriately trained.

*Radiogenic diseases*

The Committee provides $2,000,000 for the Radiation Exposure Compensation Act, which is $2,000,000 less than the fiscal year 2002 level and the administration request. This program provides grants for the education, prevention, and early detection of ragiogenic cancers and diseases resulting from exposure to uranium during its mining and milling at nuclear test sites.

*National practitioner data bank*

The Committee provides $19,500,000 for the national practitioner data bank, which is $2,900,000 more than the fiscal year 2002 level and the same as the administration request. The Committee and the administration assume that full funding will be provided entirely through the collection of user fees and will cover the full cost of operating the data bank. Traditional bill language is included to ensure that user fees are collected to cover all costs of processing requests and providing such information to data bank users.

*Health care integrity and protection data bank*

The Committee provides $5,600,000 for the health care integrity and protection data bank, which is $500,000 more than the fiscal year 2002 level and the same as the administration request. The Committee and the administration assume that full funding will be provided entirely through the collection of user fees and will cover the full cost of operating the data bank. The data bank is intended to collect, maintain, and report on certain actions taken against health care providers, suppliers, and practitioners.

*Healthcare access for the uninsured/Community access program*

The Committee provides $120,027,000 for this activity, which is the same as the fiscal year 2002 level and $120,027,000 more than the administration's request. This program is designed to increase the capacity and effectiveness of community health care institutions and providers who serve patients, regardless of their ability to pay. These funds will enable public, private, and non-profit health entities to assist safety-net providers in developing and expanding integrated systems of care and address service gaps within such integrated systems.

*Program management*

The Committee provides $143,354,000 for program management activities for fiscal year 2003. This is $5,783,000 less than the fiscal year 2002 level and $348,000 less than the administration request.

MEDICAL FACILITIES GUARANTEE AND LOAN FUND

The Committee has not included funding for the Medical Facilities and Guarantee and Loan Fund. This fund was established in 1972 under the Medical Facilities Construction Program in order to make funds available for construction of medical facilities. The

fund is established in the Treasury without fiscal year limitation to pay interest subsidies, make payments of principal and interest in the event of default on a guaranteed loan, and repurchase, if necessary loans sold and guaranteed. There are sufficient carryover funds from prior years' appropriations to pay defaults and interest subsidy payments; therefore, no appropriation is required to cover these payments.

### HEALTH EDUCATION ASSISTANCE LOANS

The Committee provides no additional guarantee authority for new HEAL loans in fiscal year 2003, which is the same as the President's request.

The Committee provides $7,000,000 to liquidate obligations from loans guaranteed before 1992, which is the same as the administration request and $3,000,000 less than the 2002 appropriation.

For administration of the HEAL Program including the Office of Default Reduction, the Committee provides $3,914,000, which is $123,000 above the 2002 appropriation and the same as the administration request.

The HEAL Program insures loans to students in the health professions and helps to ensure graduate student access to health professions education, especially among minority, disadvantaged students, and those from behavioral and mental health fields. The Budget Enforcement Act of 1990, changed the accounting of the HEAL Program. One account is used to pay obligations arising from loans guaranteed prior to 1992. A second account was created to pay obligations and collect premiums on loans guaranteed in 1992 and after. Administration of the HEAL Program is separate from administration of other HRSA programs.

### VACCINE INJURY COMPENSATION TRUST FUND

| | |
|---|---|
| Appropriations, 2002 | $84,696,000 |
| Budget estimate, 2003 | 88,909,000 |
| Committee recommendation | 88,909,000 |

The Committee provides that $88,909,000 be released from the vaccine injury compensation trust fund in fiscal year 2003, of which $2,991,000 is for administrative costs. The total amount is $4,213,000 more than fiscal year 2002 and the same as the administration request.

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

## CENTERS FOR DISEASE CONTROL AND PREVENTION

### DISEASE CONTROL, RESEARCH, AND TRAINING

| | |
|---|---|
| Appropriations, 2002 | $4,303,256,000 |
| Budget estimate, 2003 | 3,874,444,000 |
| Committee recommendation | 4,493,572,000 |

The Committee provides $4,493,572,000 for the Centers for Disease Control and Prevention (CDC), which is $190,316,000 below

the fiscal year 2002 level and $619,128,000 above the budget request.

The activities of the CDC focus on several major priorities: provide core public health functions; respond to urgent health threats; monitor the Nation's health using sound scientific methods; build the Nation's health infrastructure to insure our national security against bioterrorist threats; promote women's health; and provide leadership in the implementation of nationwide prevention strategies to encourage responsible behavior and adoption of lifestyles that are conducive to good health.

The anthrax attacks of late last year set off an avalanche of false alarms that produced thousands of samples for testing. Each of these samples had to be handled as if contaminated with the deadly Bacillus anthracis bacterium. The Committee is aware of the sacrifices made to ensure the accurate processing and testing of thousands of samples for anthrax. The Committee commends the CDC, especially the National Center for Infectious Diseases, National Institute for Occupational Safety and Health, and National Center for Environmental Health, for their efforts during this time of uncertainty.

BIRTH DEFECTS, DEVELOPMENTAL DISABILITIES, DISABILITY AND HEALTH

The Committee recommends $99,823,000 for birth defects, developmental disabilities, disability and health which is $9,913,000 above the fiscal year 2002 level and $10,500,000 above the administration request.

Birth defects are the leading cause of infant death in the United States. More than 150,000 infants are born with birth defects each year in the United States. The Child Health Act of 2000 created CDC's National Center on Birth Defects and Developmental Disabilities. The Committee recognizes CDC as the Nation's leader in assisting States in monitoring for birth defects and developmental disabilities and improving the health and wellness of people living with a disability. The birth defects and developmental disabilities monitoring programs collect, analyze, and make available data on the incidence and causes of birth defects and developmental disabilities.

*Autism.*—Within the total provided, $2,000,000 above the budget request is to expand autism surveillance activities. The Committee is concerned about the lack of information available on the prevalence, cause or effective treatment of autism. Basic data collection and verification is integral to better understanding the incidence of autism, the factors that may be associated with a higher rate of incidence, and effective treatment.

*Childhood birth defects and developmental disorders.*—The Committee recognizes the importance of helping children suffering from birth defects and developmental disorders. These include cleft lip, cleft palate, missing limbs and other facial deformities from hemanjiomas, hemifacial and microsomia to microtia, aural atresia, and craniosynostosis. The Committee, therefore, urges the National Center on Birth Defects and Developmental Disabilities to conduct research on the incidence of birth defects including abnormalities of structure, function, or body metabolism, the cost of appropriate

medical treatment, availability of insurance coverage, and insurance coverage policies. The Committee urges the Center to work with the National Foundation for Facial Reconstruction and the American Society of Plastic Surgeons to develop an information clearinghouse for parents and physicians regarding appropriate medical treatment.

*Disabilities Prevention Programs.*—The Committee continues to strongly support the CDC disabilities prevention program which provides support to States and academic centers to reduce the incidence and severity of disabilities, especially developmental and secondary disabilities. Individuals living with disabilities and their families need information on medical, physical, and emotional needs, and resources and support to reintegrate socially and economically into society. The Committee is pleased by the partnerships between the CDC and the disability-related information and support centers in the areas of limb loss, paralysis and AD/HD and has included sufficient funding to allow CDC to continue these successful programs and partnerships at, at least, their current funding levels and with existing partners.

In particular, the Committee commends CDC for its work with the Christopher Reeve Paralysis Foundation to establish an information and support center and to reduce secondary disabilities among people with paralysis.

The Committee encourages the continued support of activities aimed at improving knowledge about the usefulness and effectiveness of health promotion programs for persons with disabilities.

*Duchenne muscular dystrophy.*—The Committee has included $4,000,000 to expand the epidemiological program in Duchenne and Becker muscular dystrophy. The Center is expected to gather and analyze extensive data on these diseases, including a comparison of treatment approaches.

*Fetal Alcohol Syndrome.*—Within the total provided, $1,500,000 above the budget request is to expand activities related to Fetal Alcohol Syndrome (FAS).

The Committee supports CDC's efforts to reduce the rates of Fetal Alcohol Syndrome (FAS) through surveillance and prevention programs. FAS, the country's leading known cause of mental retardation and birth defects, devastates the lives of as many as 12,000 newborn children and their families each year, and is completely preventable. This increase will allow CDC to expand surveillance activities to document the magnitude of the problem and to develop and implement prevention strategies.

*Folic acid education campaign to prevent birth defects.*—Each year, an estimated 2,500 babies are born with neural tube defects (NTDs), birth defects of the brain and spinal cord, including anencephaly and spina bifida. CDC estimates that up to 70 percent of NTDs could be prevented if all women of childbearing age consume 400 micrograms of folic acid daily, beginning before pregnancy. The Committee commends CDC for its leadership in this area.

*Newborn Screening.*—Title XXVI of the Children's Health Act of 2000 provides that the Secretary shall award grants to improve or expand the ability of State and local public health agencies to provide screening to newborns and children having or at risk for heri-

table disorders. The Committee supports further research and demonstration projects for the translation of new scientific knowledge into applied public health screening programs. The Committee urges CDC to coordinate with HRSA in translating the results of these efforts, particularly in the areas of Fragile X Syndrome and Cystic Fibrosis, into guidance for public health programs, including State newborn screening programs.

The Committee commends CDC for its early hearing detection and intervention (EHDI) program for newborns, infants and young children with hearing loss. Thirty States have received cooperative agreement grants over the last 2 years (15 States in fiscal year 2000 and another 15 States in fiscal year 2001) to assist in developing strong surveillance and tracking systems. These grants ensure that infants referred from newborn hearing screening programs receive appropriate and timely diagnostic and early intervention services. The Committee is concerned that of babies who were screened, only 56 percent who needed diagnostic evaluations actually received them by 3 months of age. Moreover, only 53 percent of those diagnosed with hearing loss were enrolled in early intervention programs by 6 months of age. The Committee believes that increased funding is required to ensure that States develop appropriate surveillance and tracking systems to provide timely and appropriate diagnostic and intervention services to infants and toddlers.

The Committee encourages the National Center on Birth Defects and Developmental Disabilities to provide clarification and guidance to States regarding how EHDI surveillance, tracking, and data management programs are affected by the Health Insurance Portability and Accountability Act and the Family Education Rights and Privacy Act

To avoid duplication and interference, the Committee expects CDC to coordinate projects funded with this appropriation with EHDI projects conducted by the Health Resources Services Administration, the National Institute on Deafness and Other Communication Disorders, the National Institute on Disability and Rehabilitation Research, and the Office of Special Education and Rehabilitative Services.

*Regional centers for birth defects research and prevention.*—The Committee encourages CDC to increase support for research activities conducted by the eight regional Centers for Birth Defects Research and Prevention. These centers located in Arkansas, California, Georgia, Iowa, Massachusetts, New Jersey, New York, and Texas, conduct epidemiological research on the prevention of birth defects. For over 5 years, the Centers have identified cases and obtained data for inclusion in the National Birth Defect Prevention Study, the largest case-control study of birth defects ever conducted. Now, the centers can begin to use this data for studies that will lead to understanding the biological mechanisms of the nearly 80 percent of birth defects whose causes are unknown. An increase will allow these centers to expand and intensify the study of genetic and environmental causes of birth defects.

*Special Olympics Healthy Athletes Initiative.*—The Committee continues to be concerned about the unmet health needs among persons with mental retardation. In March of 2001, this Committee

held a field hearing in Anchorage Alaska, during the World Winter Special Olympics Games. At that hearing, numerous witnesses, including persons with mental retardation, expressed their frustration in securing needed health services and the severe consequences of not being able to obtain such services in a timely and appropriate way. Persons with mental retardation have more health challenges and poorer access to health care than the rest of the population. As a result, their lives are unnecessarily shortened and the quality of their lives is severely compromised.

To address the unmet health needs among its athletes, Special Olympics created the Healthy Athletes Program, which provides Special Olympics athletes access to an array of health assessment, education, preventive health services and supplies, and referral for follow-up care where needed. These services are provided to athletes without cost in conjunction with competitions at local, State, national, and international levels. Last year, this Committee established a Special Olympics Healthy Athletes Initiative at CDC to support these efforts. Sufficient funds have been included this year to increase funding for that activity.

*Spina Bifida.*—The Committee recognizes that Spina Bifida is the leading permanently disabling birth defect in the United States. While Spina Bifida and related neural tube defects are highly preventable through proper nutrition, including appropriate folic acid consumption, and its secondary effects can be mitigated through appropriate and proactive medical care and management, such efforts have not been adequately supported or coordinated to result in significant reductions in these costly conditions. In an effort to improve the quality-of-life for individuals affected by Spina Bifida and reduce and prevent the occurrence of and suffering from this birth defect, the Committee has provided $2,000,000 to support the establishment of a National Spina Bifida Program. This program should be established in coordination with a leading national voluntary health agency which exists to promote the prevention of spina bifida and to enhance the lives of all affected. Such a national program will lead the nation's efforts in addressing issues associated with this devastating birth defect.

*State cooperative agreements for birth defects surveillance.*—The Committee encourages CDC to increase support to States to develop, implement, and/or expand community-based birth defects tracking systems, programs to prevent birth defects, and activities to improve access to health services for children with birth defects. CDC is now assisting twenty-eight States with cooperative agreements.

*Chronic Disease Prevention and Health Promotion*

The Committee recommends $810,785,000 for chronic disease prevention and health promotion, which is $63,563,000 above the fiscal year 2002 level and $120,555,000 above the administration's request.

The unprecedented commitment to biomedical research in recent years represents a critical investment in the future health of our nation. The Committee recognizes, however, that the benefits of basic research alone cannot be fully realized unless results of this important work are effectively translated into public health inter-

ventions to address costly and prevalent conditions such as chronic diseases.

Chronic diseases have had a profound human and economic toll on our nation. Nearly 125 million Americans today are living with some form of chronic condition, including cancer, cardiovascular disease, diabetes, arthritis and various neurological conditions such as epilepsy. These and other chronic diseases now account for nearly 70 percent of all health care costs, as well as 70 percent of all deaths annually. By the year 2020, the affected population is expected to reach 157 million Americans and represent $1,000,000,000,000 in health care expenditures, equivalent to over 80 percent of all anticipated health care expenditures. Less than $1.25 per person, however, is directed towards public health interventions focused on preventing the debilitating effects traditionally associated with chronic conditions. A few modifiable risk factors bring suffering and early death to millions of Americans. Three such factors—tobacco use, poor nutrition, and lack of physical activity are major contributors to our Nation's leading causes of death.

The Committee believes that the Federal investment in chronic disease prevention remains inadequate. Recognizing the need to establish chronic disease prevention as a national priority, the Committee therefore provides an increase of $55,193,000 over fiscal year 2002 levels to begin to more appropriately address this national crisis.

Within the total provided, the following funding levels are for the specific program activities: heart disease and stroke, $47,218,000; cancer prevention and control, $290,526,000; arthritis, $14,896,000 health promotion, $27,875,000; diabetes, $66,500,000; tobacco, $100,623,000; nutrition, physical activity and obesity, $50,000,000; school health, $63,000,000; safe motherhood, $62,500,000; oral health, $11,791,000; prevention centers, $27,945,000; epilepsy, $7,434,000; iron overload, $477,000; and National Campaign to Change Children's Health Behavior, $40,000,000.

*Arthritis*.—The Committee notes that Congress established the CDC arthritis program in 1999 following the development of the National Arthritis Action Plan (NAAP). The CDC activities form the backbone of a multi-pronged response to the Nation's leading cause of disability. Prior to this initiative, there was no coordinated public health strategy to prevent and appropriately treat the over 100 forms of this painful, debilitating disease. Grants to States are a core component of the CDC arthritis program. These partnerships promote the development of a State-based network of local activities to confront the burden of arthritis. This approach also encourages the formation of broadly-based coalitions with health care providers, community-based organizations, and other stakeholders to coordinate and leverage their resources. The Arthritis Foundation chapters across the country have led this external effort.

*Behavioral Risk Factor Surveillance System*.—The Committee has provided $8,000,000 for the Behavioral Risk Factor Surveillance System (BRFSS). The Committee notes that gathering, analyzing, and distributing data on behavioral risk factors is key to addressing a host of health problems, especially chronic diseases. The BRFSS program collects behavior-related data so that scarce re-

sources can be directed efficiently to address chronic diseases, such as heart disease, cancer, diabetes, obesity, and vascular diseases such as stroke. The Committee believes the increase in BRFSS funding should be used to increase infrastructure at the State and CDC levels; improve the rates of response of survey questions; increase the timeliness of data; improve CDC's web site to make data more accessible for analysis; and create State demonstration projects to examine and assess innovative methods in chronic disease health tracking.

*Cancer Prevention and Control.*—The previous 5 years have seen a major increase in the nation's investment in medical research at the NIH, resulting in significant breakthroughs for cancer and other serious diseases. Testimony at the Committee's cancer hearing, in June, repeatedly referred to the vital importance of prevention and public education programs and the need to translate the increased research funding into programs that reach people who are affected by cancer. Specifically, there was discussion of the need for increased application research funding in the nation's cancer program, primarily housed at the CDC. The need to reach the public, particularly medically underserved populations, with the message of prevention and early detection of cancer cannot be overstated. The seven CDC programs—Comprehensive Cancer Control Initiative; National Cancer Registries Program; Colorectal Cancer Screening, Education and Outreach; Prostate Cancer Awareness Campaign; National Breast and Cervical Cancer Early Detection Program; Ovarian Cancer Program; Skin Cancer Program—included in the CDC's cancer line item have proven to be highly effective, but are only a starting point if we are to reduce the mortality from cancer. The Committee is strongly supportive of the CDC cancer programs focused on awareness, education and early detection and has included a significant increase for these programs.

The significant growth of cancer prevention and control programs within State health agencies has resulted in the recognition that improved coordination of cancer control activities is essential to maximizing resources and achieving desired cancer prevention and control outcomes. The Committee commends CDC for its work with health agencies to enhance the number and quality of cancer-related programs that are available to the U.S. population and to develop an integrated and coordinated approach to reduce the cancer burden through prevention, early detection, treatment, and rehabilitation. In fiscal year 2002, CDC is funding 19 States and one Indian Health Board to develop comprehensive cancer control programs which help build the foundation for a nationwide, comprehensive cancer control program. Comprehensive cancer programs integrate the full range of cancer prevention activities including research, evaluation, health education and communication, program development, public policy development, surveillance, and clinical services.

The Committee includes the President's request for increased funding for the Breast and Cervical Screening program. CDC's National Breast and Cervical Cancer Early Detection Program has provided more than 3 million potentially life-saving screening tests for women. Despite its success in screening these women, the pro-

gram is still only able to screen 15–20 percent of the eligible population due to the difficulties in finding these hard to reach women. Therefore, the Committee recommends that 50 percent of funds be used for actual provision of screening and clinical services and the remaining 50 percent of funds be used by States for outreach, effective management, public and professional education, and quality assurance to ensure enhancement of infrastructure development activities that will provide screening and diagnostic services to eligible women. The Committee's recommendation will enable more women to receive these vital screening services.

Colorectal cancer is the third most commonly diagnosed cancer for both men and women in the United States, and the second leading cause of cancer related deaths. In 2001, approximately 148,000 new cases were diagnosed and 56,000 people died from the disease. When colorectal cancer is detected and treated early, survival is greatly enhanced. However, despite the availability of proven screening tests, only 37 percent of colorectal cancers are diagnosed while the disease is still in a localized stage.

The Committee is 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 CDC to continue to expand its partnerships with State health departments, professional and patient organizations, and private industry to combat this devastating disease.

As pancreatic cancer is the country's fifth leading cause of cancer death, and 99 percent of people diagnosed with pancreatic cancer die within 6 months, the Committee urges the CDC to convene a series of meetings of CDC and other agency officials, leading advocacy organizations who provide information and education, and other key stakeholders, to define the public health role of educating medical professionals and the public about the risk factors, symptoms, treatment options and palliative care methods related to pancreatic cancer. These findings should be presented in a report due to the Committee no later than 30 days prior to the fiscal year 2004 Appropriations hearings. The report should include a budget and timeframe for implementing the recommendations derived from these meetings.

The Committee applauds the partnership between CDC and the Lance Armstrong Foundation to address the needs of the over 9 million Americans living with, through and beyond cancer by expanding the Agency's State-based comprehensive cancer program to include issues of survivorship, including late term effects and quality of life.

Given the shortages and high vacancy rates of qualified health personnel who work in laboratories to prepare and analyze tissue and cell samples, the Committee urges CDC's Breast and Cervical Cancer Screening Program to develop a partnership with HRSA's Allied Health Special Projects Program to support programs at schools which contribute to solving the shortages.

*Chronic Fatigue Syndrome (CFS)*.—The Committee is pleased that CDC has branched into new and important areas of CFS research and medical education in the first 3 years of the 4-year period in which $12,900,000 is being restored to the CFS program at

CDC. Since approximately half the funds remain, the Committee instructs CDC to extend the payback period by 1 year, through fiscal year 2004. The Committee further expects that CDC will provide sufficient funding, including funds allocated through the payback program, to accelerate its CFS research plan to identify the causes, risk factors, diagnostic markers, natural history and economic impact of CFS; to create a CFS patient registry; and to educate health care providers about the detection, diagnosis and management of CFS.

*Cooley's Anemia and Thalassemia*.—In fiscal year 2002, the Committee supplied funding for CDC to create a thalassemia-based blood safety and surveillance program, modeled after the universal data collection program used for hemophilia. It is the Committee's intention that this program be continued in fiscal year 2003. In addition, the Committee believes that the program will benefit from expanded interaction between CDC and the Cooley's Anemia Foundation, particularly with regard to educating patients, families, health providers and the public about blood safety.

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

The high incidence of diabetes among Native Hawaiian populations persists, and the Committee is pleased with CDC's efforts to target this population, in particular to assist the leadership of Native Hawaiian and Pacific Basin Islander communities. It is important to incorporate traditional healing concepts and to develop partnerships with community centers, and the Committee encourages CDC to build on its historical efforts in this regard. Diabetes is also one of the most serious health challenges facing American Indians and Alaska Natives today. Some American Indian Tribes have the highest rates of diabetes in the world. Approximately half of American Indian adults have diabetes. On average, American Indians and Alaska Natives are 2.8 times as likely to have diagnosed diabetes as non-Hispanic whites of similar age.

Available data often underestimates the true prevalence of diabetes in American Indians. The Navajo Health and Nutrition Survey, published in 1997, showed that 22.9 percent of Navajo adults age 20 and older had diabetes. Fourteen percent had a history of diabe-

tes, but another 7 percent were found to have undiagnosed diabetes during the survey.

In all 12 Indian Health Service Areas, diabetes is reported as one of the top ten major health problems. 15.1 percent of American Indians and Alaska Natives receiving care from IHS have diabetes. Until recently, type 2 diabetes was rarely diagnosed in children and adolescents. An alarming recent development is the occurrence of type 2 diabetes, once called "adult-onset" diabetes, with much greater frequency among children, especially minority children including Native American youth.

The Committee expects CDC to place continued priority on the prevention of diabetes among American Indians and Alaska Natives.

*Epilepsy*.—The Committee recognizes epilepsy, a chronic neurological condition, as a significant public health concern affecting over 2.3 million persons in the United States including 300,000 American seniors over the age of 65. For a long time epilepsy has been seen as a condition that affects young people, often starting in early childhood; sometimes lasting throughout life. The U.S. population is aging and stroke, cardiovascular disease, brain tumors and Alzheimer's disease are all causes of epilepsy in the elderly. Further, the Committee acknowledges that CDC has worked diligently over the last couple of years to promote better public education and treatment of people with epilepsy. Therefore, the Committee has provided increased funding for the CDC to enhance its epilepsy efforts in partnership with a national non-profit that works on behalf of children and adults affected by seizures through research, education, advocacy and service, and should include activities addressing the relationship between older adults and epilepsy; maximizing public and provider health education programs in the schools, the public sector and in States; and supporting prevention research on stigma and self-esteem.

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

The Committee is encouraged by the CDC's exploration of strategies to implement a national initiative to combat the effects of eye-related disorders, especially glaucoma. The Committee has included funds for CDC to establish vision screening and education programs in partnership with national voluntary health agencies and for CDC to develop a national surveillance system to monitor trends over time and assess the economic costs of vision loss especially related to glaucoma. In addition, the Committee concurs with the President's request that $2,800,000 should be used to continue or expand a model project that is testing and evaluating the efficacy of glaucoma screening using mobile units.

*Heart Disease and Stroke*.—The Committee recommendation includes a $10,000,000 increase for the CDC cardiovascular programs as part of the Committee's initiative to prevent and reveres heart

disease. The Committee urges the CDC to initiate research to examine strategies to prevent and reverse heart disease, including mind/body approaches to stress management, yoga, diet modifications and exercise programs.The Committee is aware that many States still need a State-based cardiovascular disease prevention and control program, but in the past funding has not been made available. In fiscal year 2001, only 28 States received CDC funding to design and/or implement State-specific programs to prevent and control heart disease, stroke and other cardiovascular diseases even though cardiovascular diseases remain the No. 1 killer of men and women across all racial and ethnic groups in the United States. The Committee strongly believes that since cardiovascular diseases remain the No. 1 killer in every State, each State should receive funding for a Cardiovascular Health State Program and, therefore, has increased funding for the Cardiovascular Health State Program, allowing CDC to increase the number of States supported by this program and to initiate research to examine the causes of the regional disparity of cardiovascular diseases.

The Committee recommends an increase of $1,000,000 to expand the WISEWOMAN program. WISEWOMAN provides additional preventive services to low-income uninsured women screened in CDC's National Breast and Cervical Cancer Early Detection Program. CDC uses this established system to screen women for other chronic disease risk factors, to respond to women with risk factors (e.g. high blood pressure, high cholesterol) by providing dietary and physical activity counseling and programs. Since WISEWOMAN's inception approximately 10,000 low-income and uninsured women have been screened for high blood pressure and cholesterol. In fiscal year 2002 CDC will fund 12 WISEWOMAN programs.

Stroke remains America's No. 3 killer, a major cause of permanent disability and a key contributor to late-life dementia. This year about 600,000 Americans will suffer a stroke and nearly 170,000 will die. The drug tPA is the only FDA-approved emergency treatment for clot-based stroke. Yet, less than 5 percent of those eligible for tPA receive it. Established by Congress during the fiscal year 2001 appropriations process, the Paul Coverdell National Acute Stroke Registry is designed to track and improve the delivery of care to patients with acute stroke. In fiscal year 2002, the CDC will support activities to develop and test prototypes for this registry in 8 sites. The Committee urges CDC to continue to work with the National Institute of Neurological Disorders and Stroke, and the National Heart, Lung, and Blood Institute at the National Institutes of Health, the Brain Attack Coalition, and other pertinent professional organizations, including hospitals, universities, State and local health departments, and other appropriate partners experienced in the treatment of stroke to further implement this registry.

*Hemophilia*.—The Committee expects CDC to continue working closely with the National Hemophilia Foundation in strengthening its disease management, prevention, outreach, and blood safety surveillance programs to meet the needs of persons with hemophilia, other bleeding and clotting disorders, and, particularly, women with bleeding disorders. The Committee requests a report by March, 2003 on CDCs efforts to establish a genetic data bank

for persons with hemophilia and the resources required and steps to be taken to expeditiously genotype the hemophilia community.

*Juvenile Diabetes*.—The Committee is aware that a surveillance system to track childhood diabetes has been initiated that is proving beneficial to research for the treatment and cure of the disease. The Committee encourages CDC to extend and expand the childhood diabetes surveillance system to track all American children suffering from the disease.

*Kidney disease*.—The Committee recognizes that kidney disease is the ninth leading cause of death in the United States, costing the Medicare program $12,000,000,000 annually. Recent epidemiologic research indicates that more than 20 million Americans have signs of kidney disease and that an additional 20 million individuals in this country are at increased risk of kidney disease. Moreover, most of these individuals are unaware of this danger to their health. The Committee believes there is a need for public health programs to identify and educate those who are threatened by kidney disease and thereby reduce morbidity and improve outcomes. Therefore, the Committee encourages CDC to develop a national kidney disease action plan and a public health strategy to combat kidney disease in this country.

*Micronutrients*.—Deficiencies of micronutrients such as iron, iodine, and vitamin A, affect nearly one-third of the world's population, and result in reduced mental and physical development of children, poor pregnancy outcomes, diminished work capacity of adults, and increased morbidity and premature mortality among populations. Effective and inexpensive interventions such as dietary diversification, food fortification and supplementation have eliminated most micronutrient deficiencies in developed countries.

The Committee has provided sufficient funding for CDC to continue its efforts to eliminate micronutrient malnutrition. The focus of these efforts is to support a number of national and international efforts to assess mirconutrient status of populations and to monitor and strengthen implementation of interventions as well as to assess the impact of the interventions over time. CDC has extensive expertise in epidemiology, monitoring and assessment, and laboratory science. These efforts reflect the unique contribution that CDC can make to eliminate micronutrient deficiencies.

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

The Committee commends the substantial, comprehensive efforts that CDC is directing to stem the obesity epidemic across all life stages. CDC is coordinating national, State and school-based pro-

grams to research and implement interventions to increase physical activity levels and good nutrition at all ages, to provide important health information, and to monitor health and healthy behaviors in the population. CDC currently funds 12 States to promote physical activity and good nutrition to prevent and control obesity. As part of its physical activity, nutrition and obesity prevention initiative, the Committee has included a significant increase for Nutrition, Physical Activity, and Obesity at CDC.

*Oral Health*.—The Committee recognizes that to effectively reduce disparities in oral disease will require improvements at the State and local levels. The Committee is pleased that almost half of the States applied for grant funding from the Division of Oral Health to target prevention programs and resources to those at greatest risk. The Committee expects the Division to advance efforts to reduce the disparities and health burden from oral cancers that are closely linked to chronic diseases like diabetes and heart disease.

*Prevention Centers*.—The prevention centers form a nationwide network of academic institutions that conduct applied research designed to develop and test innovative strategies for health promotion and disease prevention. The primary goals of the program are to identify risk factors, to identify barriers and facilitators to behavior change to demonstrate the effectiveness of prevention interventions, to increase collaboration among agencies and community partners, and to train public health professionals in creative ways for preventing chronic diseases and other health problems. The Committee has included sufficient funds to expand the number of prevention centers funded by CDC.

The Committee continues to support within the prevention center program a Tobacco Prevention Research Network to increase the knowledge base on the most effective strategies for preventing and reducing youth tobacco use, as well as on the social, physiological and cultural reasons for tobacco use among children.

The Committee encourages the continued support of center activities aimed at improving knowledge about the usefulness and effectiveness of health promotion programs for persons with disabilities.

The Committee recognizes the urgency to discover novel compounds to combat bioengineered (weapons-grade) bioterrorist threats. Many of these threats require antibiotics and antiviral agents with activity against drug resistant strains of these bioengineered bioterrorist weapons.

*Primary Immunodeficiencies Diseases*.—In fiscal year 2002, the Committee appropriated funding for a national physician education and public awareness program related to primary immunodeficiency diseases. It is the Committee's intent that this program be continued in fiscal year 2003 and that CDC continue to work closely with the Jeffrey Modell Foundation to implement and continue the Foundation's plan for public awareness and physician education. The Committee is also pleased that CDC has recognized that these diseases constitute a major public health issue and intends to pursue appropriate public health interventions to address it with other available resources.

*Prostatitis*.—Prostatitis affects 10 percent of the male population. It may be the trigger for both prostate enlargement and prostate cancer. Prostatitis may act as a reservoir for bacterial resistance and for the spread of chronic disease in women and men by various pathogens. The Committee encourages CDC to continue to investigate the etiology of prostatitis, begin disease surveillance, increase public awareness, and determine treatment and prevention.

*Safe Motherhood*.—The Committee has increased funding for the Safe Motherhood program as part of its Safe Motherhood initiative. The purpose of this program is to improve the chances that a woman will have a safe and healthy pregnancy and delivery. Of the 4 million women who give birth in the United States each year, over one-third have a pregnancy-related complication before, during, or after delivery. These complications may cause long-term health problems or even death. Unfortunately, the causes and treatments of pregnancy-related complications are largely unknown and understudied. If fact, the United States ranks only 20th in maternal mortality rates out of 49 developed countries. Every day, two to three women die from pregnancy related complications. And despite the fact that maternal mortality was targeted in 1987 as part of Healthy People 2000, the maternal mortality rate in this country has not decreased in 20 years.

*School Health*.—The Committee notes that obesity rates were cut in half among girls in grades 6–8 who participated in a school-based intervention program. The Committee applauds CDC for establishing effective coordinated school health programs in 20 States and two local education agencies. As part of its physical activity, nutrition and obesity prevention initiative, the Committee has included sufficient funds for CDC to expand its coordinated school health program to address risk behaviors such as tobacco use, unhealthy diets, and physical inactivity.

The Committee further recognizes the effectiveness of school health programs as demonstrated by the significant reductions in sexual risk behaviors among the nation's high school students over the past decade. However, the Committee is concerned that CDC's funding for the school health HIV program has not increased in 10 years. To compensate, some of the additional funding provided over last year's level is directed to the school health HIV program and the Committee urges CDC to use the funds to expand is prevention efforts aimed at youth.

*Sudden Infant Death Syndrome*.—The Committee notes the work of CDC, the National Institute of Child Health and Human Development and HRSA in developing model guidelines for death scene protocol for Sudden Infant Death Syndrome. The Committee encourages CDC to implement projects to demonstrate the effectiveness of the death scene protocol in a variety of locales (urban, suburban, and rural) throughout the Nation. The Committee expects CDC to be prepared to report on progress on this initiative during the fiscal year 2004 budget hearings.

*Tobacco Use*.—Tobacco use is the single most preventable cause of death and disease in our society. It causes more than 400,000 deaths in the United States each year, and costs the nation $50,000,000,000 in medical expenses alone. Children are especially hard hit by tobacco. Ninety percent of adult smokers begin their

habit as children. These funds are intended to expand the capacity of all State and local health departments, education agencies, and national organizations to build comprehensive tobacco control programs and to develop and begin implementation of a national public education campaign to reduce access to and the appeal of tobacco products among young people.

*Youth Media Campaign.*—The Committee recommends $40,000,000 for the Youth Media Campaign. The President's budget request did not request funding for this valuable program. The Committee believes that the need for this program, with its emphasis on encouraging physical activity in youth, is greater than ever. In any given week, 71 percent of adolescents do not participate in physical education. Nearly half of young people (ages 12–21) do not regularly engage in vigorous physical activity. "Tweens", the 9–13 year olds forming the target demographic group for the Youth Media Campaign, average 6 hours of television, radio, and internet every day. At the same time, because of increased time spent on television, radio, and internet, youth are exposed to greater amounts of media that often promote unhealthy behaviors, such as insufficient physical activity. As a result, the percentage of obese youth has more than doubled in the last 20 years. In contrast to the Committee's recommended funding level, millions of dollars are spent every year advertising to youths, often resulting in unhealthy behaviors.

Research has shown that the first year of an advertising campaign serves to raise the awareness of an issue and that, in order to have an impact, it is critical that the campaign's messages reach the target audience frequently over an extended period of time in order to change behaviors. CDC has carefully researched and crafted an excellent campaign that will, if given sufficient time, have a positive impact on youth physical activity behaviors. In addition, being more physically active likely will, in turn, result in changing other unhealthy behaviors. The Committee commends CDC for its excellent work on the Youth Media Campaign.

*Environmental Health*

The Committee recommends $189,489,000 for environmental health activities which is $36,058,000 above the fiscal year 2002 level and $37,334,000 above the administration request.

Within the total provided, the following funding levels are for specific funding activities: $36,826,000 is for the environmental health laboratory; $69,002,000 is for environmental health activities; $39,887,000 is for the asthma program; and $43,774,000 is for the childhood lead poisoning program.

Many of the public health successes that were achieved in the 20th century can be traced to innovations in environmental health practices. However, emerging pathogens and environmental toxins continue to pose risks to our health and significant challenges to public health. The task of protecting people's health from hazards in their environment requires a broad set of tools. First among these tools are surveillance and data collection to determine which substances in the environment are getting into people and to what degree. It also must be determined whether or not these substances are harmful to humans, and at what level of exposure. Many sci-

entists estimate that about two-thirds of all cancers result from environmental exposure, but much better data are needed to improve this estimate and determine which exposures cause cancer and other diseases.

The Committee is aware of concerns raised within and outside Alaska about the safety of Alaskan wild foods. The Committee encourages CDC to give careful consideration to a State of Alaska program to monitor the safety of Alaskan wild foods, including field studies of the effects of environmental chemical contaminants and naturally occurring metals in Alaskan wild foods, measurement of PCB levels in remote arctic communities, documentation of mercury levels in ancient humans, documentation of incidence of childhood asthma, and development of public health recommendations on Alaskan wild food consumption by subsistence users and others.

*Asthma.*—CDC's asthma activities focus on three areas: tracking the disease to improve the Nation's ability to determine asthma prevalence, severity, and management; assuring that interventions are based on science; and working to address this problem through partnerships including providing technical assistance to non-governmental organizations to carry out diverse community-based childhood asthma control programs.

The Committee is pleased with the work that the CDC has done to address the increasing prevalence of asthma. However, the increase in asthma among children remains alarming. The Committee urges CDC to expand its outreach aimed at increasing public awareness of asthma control and prevention strategies, particularly among at-risk populations in underserved communities. To further facilitate this effort, CDC is urged to partner with voluntary health organizations, such as the American Lung Association's Asthma Clinical Research Centers, to support program activity consistent with CDC's efforts to fund community-based interventions that apply effective approaches demonstrated in research projects within the scientific and public health community.

*Childhood Lead Poisoning Prevention.*—Since its inception in fiscal year 1990, the CDC program has expanded to approximately 40 project areas that encompass States, local areas, and numerous communities and screens an estimated 1.75 million children annually. The program has developed its first Geographic Information System (GIS) website using U.S. Census data on income, race, and old housing to help State and local health departments identify high-risk geographic areas. The availability of such information will result in more efficient, targeted screening.

The Committee is concerned the current approach to lead poisoning prevention cannot achieve the national goal of ending this disease by 2010. The Committee has provided an increase above the budget request to support more concerted, prevention-oriented strategies. The Committee encourages CDC to target its grants to communities at high risk, promote wide adoption of lead-safe work practices, emphasize correction of identified lead hazards, make clearance dust testing routine, and support community-based efforts to assess and address health hazards in high-risk housing.

*Childhood Leukemia.*—The Committee appreciates the CDC's continuing work on the cancer cluster investigation in Fallon, Nevada, and understands that preliminary results of that investiga-

tion are due within the next few months. The Committee strongly encourages the CDC to continue to devote resources to this investigation.

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

The Committee recognizes CDC for its commendable work in analyzing toxic exposures throughout the United States. The Committee further recognizes that CDC's environmental laboratory is unprecedented in the world for measuring toxic exposures to humans and further commends CDC for publishing the National Report on Human Exposure to Environmental Chemicals, which provides information about the U.S. population's exposure to 27 toxic substances, including heavy metals and certain pesticides.

The Committee supports the CDC biomonitoring program and study of environmental toxins and their relationship to chronic diseases, such as asthma, many birth defects, and cancer to increase our understanding of the cause of many chronic diseases and conditions and to facilitate the development of effective prevention strategies.

*Health Tracking Network*.—The Committee has included $30,000,000 for the Health Tracking Network. In fiscal year 2001, the Committee first requested that CDC develop a plan for a coordinated Nationwide Health Tracking Network. In fiscal year 2002, the Committee provided $17,500,000 to develop pilot programs in States as a first step in the development of the Network. The fiscal year 2003 funds will enable CDC to establish tracking networks in up to 15 additional States and create a Center of Excellence in public health at an appropriate research university. The Committee strongly urges CDC to assure that as States develop these systems they build on existing efforts where appropriate, including terrorism preparedness and other ongoing State tracking and monitoring initiatives. The Committee urges that all of the relevant centers, institutes, and offices within the CDC be included in the development, testing, and implementation of this nationwide project.

The Committee further urges CDC to make every effort to support systems that are flexible in their data content, platform independent, and scalable to the entire Nation. The Committee understands that this is a long term project, and requests CDC to submit a vision statement for a Nationwide Health Tracking Network as well as a plan for achieving this vision.

*Rural Health*.—The Committee is greatly concerned about the health status of the residents of rural communities. The Committee commends CDC for its efforts last year to conduct an assessment of rural health problems. Sufficient funds have been provided to continue this important effort.

*Epidemic Services and Response*

The Committee recommends $78,001,000 for epidemic services and response which is $2,138,000 below the fiscal year 2002 level and the same as the administration's request.

CDC's epidemic services and response program provides resources and scientific expertise for operating and evaluating surveillance systems; developing and refining research methods and strategies to the benefit of public health practice; training public health professionals who are prepared to respond to public health emergencies, outbreaks and other assistance requests; and communicating with multi-faceted audiences accurate public health information and effective messages. The scientific basis of this program is applied epidemiology, in concert with other components of sound public health practice. Findings from these disciplines enable States, health organizations, foreign ministries of health, and others in the health field to make sound decisions and create effective policy. Information derived from epidemiologic data and scientific reasoning provide public health programs with an objective rationale to set priorities, apply interventions and policies, and evaluate public health programs. Within the epidemic services and response program, CDC carries out a variety of applied research and development activities. Areas of research include: social determinants of health; aberration detection; burden of disease; injury, and death; prevention effectiveness; and health care quality. The Committee recognizes that CDC maintains a keen appreciation for the fact that local outbreaks of illness can develop rapidly into epidemics, that previously unidentified health problems can appear at any time, that contaminated food or defective products may appear in the community without warning, and that the threat of bioterrorism is present in many areas of the world. When CDC participates in an investigation, all of the resources of the agency are at the disposal of the affected area, including its state-of-the-art laboratories.

*Health Statistics*

The Committee recommends $125,899,000 which is $780,000 below fiscal year 2002 and the same as the administration request.

CDC's statistics give us context and perspective on which we can base important public health decisions. By aggregating the experience of individuals, we gain a collective understanding of our health, our collective experience with the health care system, and our problems and public health challenges. NCHS data are used to create a basis for comparisons between population groups or geographic areas, as well as an understanding of how trends in health change and develop over time.

*HIV, STD, and TB Prevention*

The Committee recommends $1,168,532,000 for HIV, STD, and TB Prevention, which is $33,532,000 above the fiscal year 2002 level and $33,532,000 above the administration request. Of the amount provided, $860,293,000 is for HIV/AIDS programs, of which $168,763,000 is for global HIV/AIDS programs; $170,450,000 is for the STD program; and $137,789,000 if for the Tuberculosis program.

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

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

According to the CDC, between 4 million and 5 million people in the United States are at continued behavioral risk for HIV infection. The Committee recognizes that this is a low estimate due to under-reporting by participants and the lack of inclusion of schools, prisons, and the military. Communities must be better equipped with local data to identify and direct resources to those most at risk. They must have an array of effective interventions available and the capacity to implement and evaluate them at the local level. They must also be able not only to address barriers and deter risky behavior but also to encourage health promotion behavior through a variety of individual and group interventions, community-level supports, and structural level changes. Because those at risk for or living with HIV infection are often also at risk for other health problems, HIV prevention must be integrated with other services such as STD and TB screening and treatment, reproductive health services, mental health services, and drug use prevention and treatment.

The Committee recognizes the role of State and local health departments in providing comprehensive HIV prevention programs targeted locally to address the prevention needs of individual communities and in conducting surveillance activities designed to monitor the course of the epidemic.

The Committee recognizes that CDC is currently developing a new program announcement to guide State and local HIV prevention efforts beginning in January 2004. The Committee encourages CDC to work with State and local health departments to streamline the application process and reduce the administrative burden on health departments.

HIV prevention community planning is an important component of the comprehensive HIV prevention programs administered by State and local health departments nationwide. With nearly 10 years of experience with community planning, the Committee urges the CDC to revise Federal guidance to be less prescriptive and to

encourage greater flexibility for jurisdictions to implement models of community planning appropriate for their jurisdictions including multi-year planning and joint care and prevention planning.

*Global HIV/AIDS.*—CDC works with governments in 25 countries in Africa, Asia and Latin America and the Caribbean focusing on primary prevention of HIV/AIDS; care and treatment of tuberculosis and other opportunistic infections, palliative care and appropriate use of antiretroviral medications; and infrastructure and capacity development. The Committee recognizes that it is not feasible for CDC to establish programs in every country in need. The increase should support rapid response teams and regional programs to address the needs of countries that are not part of CDC's Global AIDS Program and to foster regional approaches to HIV/AIDS prevention, care and treatment.

The Committee commends CDC for recognizing the urgent public health need to develop new HIV prevention options by increasing the funds available for microbicide research and development. The Committee urges CDC to continue to expand funding and staff for microbicide research and development within funds provided for global AIDS. These funds could support clinical trials of microbicides as set forth in CDC's HIV Prevention Strategic Plan and its topical microbicide 5-year research agenda.

*Sexually transmitted diseases.*—CDC's strategy for STD prevention is to provide national and international leadership through research, surveillance, policy development, and assistance to States, territories and local health departments in the delivery of services to prevent and control the transmission of STDs and their complications. The Committee recognizes that this year, more than 15 million Americans will contract a STD. National surveillance of syphillis, chlamydia, and gonorrhea is supported, and sentinel surveillance strategies are being developed for new viral STDs, specifically, human papillomavirus. Prevention research is conducted to improve methods and delivery of prevention services and to develop and refine interventions.

The Committee has recommended increased funding for this program to address priorities of CDC's sexually transmitted disease program including infertility prevention and syphilis elimination. Funds would support expansion of chlamydia screening to reach more underserved women and enhanced rapid response and community partnerships to eliminate syphilis

*Turberculosis (TB).*—The Committee recommendation includes increased funding for CDC's Tuberculosis program to begin to implement the recommendations of the recent Institute of Medicine Report entitled, "Ending Neglect: The Elimination of Tuberculosis in the United States" which was a call to triple research funding for TB to prevent and control the disease; to advance efforts to maintain control of TB in the United States by identifying and curing active TB; to speed the decline of TB through target testing and treatment of latent infection; and to advance global research and control efforts. As the report recommends, CDC should partner with private foundations on research, including the development of vaccines, diagnostic tests, and new drugs and to test the applicability of new tools, to achieve the recommendations.

The Committee commends CDC for its continued efforts to control TB in the United States, as demonstrated by the 8 years of declining numbers of TB cases in this country. However, TB is the leading infectious disease killer in the world with more than 2 billion people—or one-third of the world's population—infected with Mycobacterium tuberculosis, the causative agent of TB. In the next two decades, there are predicted to be 249 million new active cases and 70 million resulting deaths from TB. Worldwide, TB is the leading killer of people who are HIV-infected, accounting for one-third of AIDS deaths. While rates of TB in the United States have been on a steady decline, this global crisis will continue to directly impact this country until global control efforts are more effective. Soon, more than half of all cases of TB in the United States will be among foreign-born individuals. The Committee urges CDC to consider working with the Immigration and Naturalization Service to develop novel TB screening strategies for individuals emigrating from high TB incidence countries.

*Immunization*

The Committee recommends $672,895,000 for the program authorized under section 317 of the Public Health Service Act which is $45,294,000 above the fiscal year 2002 level and $45,294,000 above the administration request.

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

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

The Committee has increased funding for the Section 317 immunization program. It has been brought to the Committee's attention that costs of delivering vaccines to children in remote frontier areas are substantially higher than in other areas of the country because these communities are often only accessible via aircraft. The Committee encourages CDC to provide infrastructure support needed to deliver these vaccines at the community level, including development of a statewide immunization registry to ensure that all children in remote rural areas are immunized. The Committee notes

that failure to immunize children in such areas results in deaths each year from exposure to open sewage lagoons and contaminated water.

*Global Immunization Activities.*—The Committee includes $148,788,000 for global immunization activities which include $106,400,000 for polio vaccine, surveillance, and program operations for the highly successful, yet unfinished polio eradication efforts; and $42,388,000 for the purchase of measles vaccine for measles mortality reduction and regional measles elimination initiatives and to expand epidemiologic, laboratory, and programmatic/operational support to WHO and its member countries.

While the United States has greatly reduced its burden of vaccine preventable diseases through childhood immunization, its children remain at risk due to widespread occurrence of these diseases in other countries. CDC supports a broad range of programmatic and research efforts to reduce the global burden of these diseases. A record low of 480 polio cases occurred worldwide in 2001, a decrease of more than 99.8 percent since 1988 when the polio eradication initiative was launched. Endemic measles cases have been eliminated from all but two countries in the Americas; however, measles remains the largest single-cause of child vaccine preventable deaths globally, with approximately 800,000 measles-related deaths still occurring each year (450,000 in Africa). Each year, diseases that could be prevented with available vaccines kill 3 million children worldwide. Vaccines that are now in late stages of development could prevent almost 2 million additional deaths. CDC Measles activities should build on global disease control and surveillance infrastructure developed for polio eradication.

*Infectious Disease Control*

The Committee recommends $350,597,000 for infectious disease control, which is $6,151,000 above the fiscal year 2002 level and $16,126,000 above the administration request.

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

Infectious diseases are a leading cause of death worldwide, accounting for one-quarter to one-third of the estimated 54 million deaths in 1998. Disease outbreaks endanger U.S. citizens at home and abroad, threaten U.S. Armed Forces overseas, and exacerbate social and political instability. Outbreaks can interfere with the global marketplace, affecting tourism, trade, and foreign investment. CDC's strategies to combat infectious diseases invest in and build upon both the public health system that was established over a century ago to increase the preparedness to address the emergence of dangerous new threats.

The Committee is aware that in 1995, in partnership with Federal, State, and local agencies, universities, private industry, foreign governments, the World Health Organization (WHO), and many non-governmental organizations, CDC launched the first phase of a nationwide program to revitalize national capacity to

protect the public from infectious disease threats. The second phase of CDC's effort, "Preventing Emerging Infectious Diseases: A Strategy for the 21st Century", published in 1998, continues these partnerships to build domestic and global capacity for recognizing and responding to infectious diseases.

*Anti-microbial resistance*.—The Committee is concerned over the development of resistance in microbes to current antimicrobial therapies. Bacterial resistance to common antimicrobial agents has become one of the most serious emerging infectious disease threats facing communities and the health care system in the United States. Resistance to drug therapies leaves entire populations vulnerable to both simple infections and complex bioterrorism, as almost all microbes have become resistant to any commercially available product. To combat this national health threat, the Committee recognizes a need to discover and develop new pharmaceutical products to combat these drug resistant microbes. In recognition of the growing problem, the CDC's goal is to develop and evaluate new antimicrobial drugs. With the CDC's mission and expertise in world-wide surveillance, it is uniquely positioned to facilitate the global bio-prospecting and development of new pharmacologically active compounds in untapped ocean and land environments to combat the growing threat posed by drug resistant microbes.

Recognizing that a greater effort is needed to confront this problem, the Committee encourages CDC to provide sufficient funds to begin to address several critical areas. These include (1) development and evaluation of compounds with antimicrobial activity against multidrug resistant strains of Staphylococcus aureus, enterococcus, gram-negative hospital acquired pathogens, and vancomycin-tolerant pneumococcus; (2) development of demonstration projects to combat antimicrobial resistance in the hospital and community, particularly in rural settings; (3) development of Centers of Excellence in Health Care Epidemiology, and (4) enhancement of capacity at the CDC to support these and other activities related to control of antimicrobial resistance.

*Antimicrobial Resistance Epicenter Program*.—The Committee applauds CDC on its support for the Prevention Epicenter Program and recommends that CDC significantly expand and enhance this program to address patient safety issues.

*Food Safety*.—CDC established PulseNet in 45 State health departments. PulseNet is a national network of public health laboratories that performs DNA "fingerprinting" on bacteria that may be foodborne. The PulseNet network has revolutionized foodborne disease surveillance by allowing near real-time comparison of these "fingerprint" patterns through an electronic database at CDC. Matching patterns can indicate possible nationwide outbreaks and provide an early warning for public health investigation and intervention. The Committee is pleased that CDC has developed and implemented a state-of-the-art diagnostic and communications system to improve parasitic disease diagnoses in the United States. This system, known as DPDx, uses Internet communication to rapidly exchange diagnostic images of parasites digitally captured from microscopic slides. Using DPDx, public health laboratories can obtain diagnostic assistance in real time, allowing for rapid identification of possible outbreaks.

*Global Malaria Initiative*.—The Committee continues to recognize the tremendous impact of malaria in the developing world, and notes malaria's increasing resistance to antimalarial drugs designed to counter its pervasive effects. New drugs must be developed, and the Committee urges the CDC to continue its efforts to lead in new compound discovery.

*Hepatitis C*.—The Committee is pleased with the initial steps taken to implement the National Hepatitis C Prevention Strategy including the appointment of Hepatitis C coordinators in all 50 States plus the establishment of 15 large metropolitan area demonstrations. The Committee notes, however, based on the CDC report Implementation Plan for the National Hepatitis C Prevention Strategy that significant deficiencies exist in mounting a full national response to hepatitis C. The Committee recommends that CDC conduct a National Hepatitis Coordinators Conference to train coordinators to help States integrate hepatitis prevention in State public health programs. The Committee requests a report by January, 2003 which documents the treatment and pharmaceutical needs of individuals served by the large metropolitan demonstrations and the necessary funding mechanisms needed to meet these needs.

The Committee urges CDC to work with voluntary health organizations and professional societies to promote liver wellness and prevention of hepatitis. CDC is urged to review options for a National Hepatitis Roundtable, similar to CDC's Colorectal Cancer Roundtable.

*Pandemic Influenza*.—Pandemic influenza is a particularly virulent strain of influenza that arises spontaneously and periodically. Examples include the outbreak of Spanish flu in 1918, that killed 500,000 people, and outbreaks in 1957 (Asian flu) and 1968 (Hong Kong flu). The Committee has included additional funds for pandemic influenza activities. These funds will allow CDC to strengthen global and domestic surveillance capabilities in order to increase the likelihood of early detection of an influenza pandemic and the effective tracking of its spread.

*Patient Safety*.—The Committee recommends increased funding for patient safety activities. The Committee urges CDC to expand the National Health Care Safety Network, a national electronic medical error/adverse events monitoring system. This system will encompass a representative sample of hospitals in the United States, managed care organizations, long-term care facilities, and other healthcare venues linked to health departments and CDC. The funds can also be used to enhance capacity for detection and response to medical errors and other adverse healthcare events at State and local levels through active monitoring, improved epidemiologic/root cause investigation, and onsite intervention to promote patient safety and improve patient outcomes.

*West Nile virus*.—The Committee is aware of CDC's effort to complete a national plan for West Nile virus response in the United States. That includes developing a computerized national surveillance system for West Nile virus and provides funds to 53 health departments to build national capacity to develop and implement effective surveillance, prevention, and control of West Nile virus in the United States.

*Injury Prevention and Control*

The Committee recommends $149,385,000 for injury prevention and control, which is $62,000 below the 2002 level and $4,621,000 above the administration request.

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

The Committee's recommended increase over the amount proposed in the President's Budget for Injury Prevention and Control which will enable CDC to continue the widespread adoption of programs, policies, and practices that are successful in reducing injuries and deaths, as well as minimizing the adverse outcomes from injury. These funds will allow current activities in fiscal year 2002 to continue, including programs to support trauma information and education, activities in childhood injury and violence prevention and research and State programs to prevent injury and violence.

In addition, sufficient funds have been included to continue support for all existing Injury Control Research Centers.

*Traumatic Brain Injury*.—The Committee has provided an increase in the TBI Prevention Program to enable the program to implement its new authorities enacted in 2000 regarding TBI surveillance and registry, establish a One-Call information Center, and expand awareness programs with an emphasis on minority populations. This increase will assist in filling significant gaps in information available at State and Federal levels regarding the incidence and prevalence of TBI, the resources available to victims of TBI, and the nature of specific factors involving TBI in young children and in institutionalized individuals.

*National Violent Death Reporting System*.—In fiscal year 2002, Congress called on CDC to begin implementation of a plan for a system for timely, complete, objective and accurate information about violent deaths and injuries to inform and evaluate policy and program efforts. The Committee is pleased with the progress and has included $3,000,000 to extend implementation of this model plan for the establishment of a national violent death reporting system (NVDRS) from 20 to 22 States. NVDRS will enable States to understand more about the violence problem in their States. The Committee urges CDC to continue to work with private health and education agencies as well as State agencies in the development and implementation of an injury reporting system.

*Occupational Safety and Health*

The Committee recommends $274,899,000 for occupational safety and health programs, which is $1,181,000 below the fiscal year 2002 level and $27,581,000 above the administration budget.

The CDC's National Institute for Occupational Safety and Health (NIOSH), is the only Federal agency responsible for conducting research and making recommendations for the prevention of work-related illness and injury. The NIOSH mission spans the spectrum of activities necessary for the prevention of work-related illness, injury, disability, and death by gathering information, conducting scientific biomedical research (both applied and basic), and translating the knowledge gained into products and services that impact workers in settings from corporate offices to constructions sites to coal mines.

The Committee recommends $88,760,000 for CDC's National Occupational Research Agenda (NORA). This is the same funding level as fiscal year 2002 and restores the $25,581,000 cut proposed by the Administration. NORA is a critical scientific research program that projects employees and employers from the high personal and financial costs of work site health and safety losses. Industries such as agriculture, construction, health care, and mining benefit from the scientific research supported by NORA. The program's research agenda focuses on prevention of disease and injury resulting from infectious diseases, cancer, asthma, hearing loss, musculoskeletal disorders, traumatic injuries, and allergic reactions, among others. In fiscal year 2002, NORA is supporting more than $40,000,000 in extramural research conducted by universities and other research institutions. The Committee continues to strongly support NORA and encourages expansion of its research program to cover additional causes of work place health and safety problems.

*Construction Safety and Health*.—The Committee once again is very pleased with the progress that NIOSH has made in its program directed at occupational illnesses and injuries in the building and construction industry. According to the Bureau of Labor Statistics, the rate of serious illnesses and injuries in construction has dropped 32 percent from 1992 to 1997. The Committee is also pleased by NIOSH's new focus on active intervention to prevent occupational injury and illness in the construction industry, and the National Occupational Research Agenda (NORA) for establishing research priorities. However, the Committee is concerned with the continued high fatality rate in the industry, and has included funds to continue the program at no less than current levels.

*Education and Research Centers*.—The Committee commends the work of the 15 university-based Education and Research Centers (ERC's) and the smaller single discipline Training Project Grants (TPG's). These regional centers are integral to the Nation's efforts to improve the health and safety of working men and women, and important to the future efforts of NIOSH to implement the National Occupational Research Agenda (NORA). Recognizing the important role Education ERCs play in preventive health research and the training of occupational safety and health professionals, and includes an increase of $2,000,000 for ERCs.

*Farm Health and Safety*.—The Committee has included funding to continue the farm health and safety initiative. This important initiative, begun in fiscal year 1990, has a primary focus of reducing the incidence of fatal and nonfatal injuries and occupational diseases among the millions of agricultural workers and their fami-

lies in the United States. The Committee is particularly pleased with the research being undertaken by the Agricultural Research Centers.

*Preventive Health and Health Services Block Grant*

The Committee recommends $134,966,000 for the preventive health and health services block grant, which is the same as the 2002 level and the administration's request.

The Preventive Health and Health Services Block Grant provides States with funds for services to reduce preventable morbidity and mortality to improve the quality of life. The Block Grant is the primary source of funding to States for health education and risk reduction activities; cholesterol, hypertension, and cancer screening; and programs to prevent sex offenses. The strategy of the Block Grant is to provide States with flexibility to tailor prevention and health promotion programs to their health priority needs. Block Grant funding enables States to provide money for developing new programs; fund essential services that would otherwise go unfunded; and address urgent, rapidly developing health hazards such as disease outbreaks or environmental disasters.

*Public Health Improvement*

The Committee recommends $117,743,000 for public health improvement, which is $30,457,000 below the fiscal year 2002 level and $924,000 above the administration request.

Our national public health system is the first line of defense against preventable disease, disability and bioterrorism. Virtually every health problem in our communities—infectious disease outbreaks, chemical hazards, chronic diseases, and injuries—is first recognized by local public health professionals, who must work in concert with State and national officials to control these threats, prevent spread, and save lives. Despite steady increases and shifts in the U.S. population there has been a decline in the number of public health workers per capita in the past decade. Schools of Public Health and Preventive Medicine report that the majority of graduates do not seek employment in public health agencies. Only an estimated 44 percent of the Nation's current 448,000 public health practitioners have had formal training in public health. One-half of all public health nurses—the largest profession in public health—lack a baccalaureate nursing degree. The majority of public and private laboratory scientists lack access to continuing education and training essential to using the cascade of new, high-technology laboratory tests accurately and safely.

*Minority Health Disparities*.—This program is intended to 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 in the following six target health areas: infant mortality, breast and cervical cancer screening and management, cardiovascular disease, diabetes, HIV infection and AIDS, and child and adult immunizations. REACH 2010 is a two-phased, 5-year demonstration project. Phase I is a 12-month planning phase to support planning and development of demonstration programs. Phase II is a 4-year implementation and evaluation phase. The Committee is pleased with CDC's commit-

ment to the REACH 2010 Program. The planning (Phase I) communities currently are establishing infrastructure to support community-level data collection, establishing collaborative partnerships, establishing linkages with other State and local agencies, and working with Federal agencies and other partners to identify promising prevention strategies that have the greatest potential for reducing the health disparities in the target populations.

*National Electronic Disease Surveillance System*.—Accurate, timely health information is a critical component of all effective prevention and control efforts. Yet, only 55 percent of local health departments have high-speed, continuous Internet access for finding the most recent health guidelines and recommendations. Only 56 percent can successfully receive broadcast health alerts. Only 50 percent have access to community health information critical for setting priorities, taking effective actions, and tracking improvements in health status. The Committee is pleased with CDC's work to integrate disease detection and monitoring to ensure rapid reporting and follow-up.

*Prevention Research*.—The Committee recommends $19,092,000 for the extramural prevention research program. This is the same level of funding as in fiscal year 2002 and it reverses the virtual elimination of the program proposed in the President's request. The prevention research program translates biomedical research into practical public health actions by sponsoring peer-reviewed research conducted by academics who are linked with State and local health agencies to develop improved interventions. The anthrax attacks of last fall demonstrated dramatically the gaps in our Nation's knowledge of how best to address industrial exposure, risk factors, treatment, effective control measures, and environmental cleanup. These and many other urgent questions regarding infectious and chemical agents, mass trauma, and radiological exposures need to be answered through additional prevention research. The Committee supports this program strongly and encourages CDC to expand the program's research into additional areas of public health concern. There are many areas of research that can pay dividends in both improved health and reduced health care costs. The Committee expects some of these funds to be used to support research on ways to prevent disease and disability in rural areas and to better utilize nurses and allied health professionals in prevention and health promotion efforts.

As more and more Americans use alternative and complementary therapies to maintain and improve their health, there is a growing need for better consumer information about these therapies. The Committee expects CDC to expand their effort in this area. Practice-based assessments and the identification and study of promising and heavily used complementary and alternative therapies and practices should be undertaken and results published. The Committee expects CDC to collaborate with the National Center for Complementary and Alternative Medicine to assure that its efforts are coordinated with efforts by this Center.

The Committee is aware of research regarding saliva as a cost-effective, non-invasive diagnostic tool for early detection of breast cancer and encourages CDC to consider a "Saliva as a Diagnostic Tool" research initiative.

*Buildings and Facilities*

The Committee recommendation includes $322,000,000 for the planning, design, and construction of new facilities as well as the repair and renovation of existing CDC facilities. This is $72,000,000 above the fiscal year 2002 level and $322,000,000 above the administration request.

The Committee recommendation includes $250,000,000 for continuation of CDC's building program for its Atlanta facilities and $72,000,000 for construction and equipment for CDC's infectious disease laboratory in Fort Collins, Colorado. The Committee has long supported the rapid implementation of CDC's Buildings and Facilities Master Plan and is pleased with the progress made to date for the agency's Atlanta, Georgia facilities. The Committee notes that continuing to implement the Master Plan as quickly as possible is essential for the public health security of our Nation, particularly after the World Trade Center and anthrax terrorist attacks of last year. Like some of its remaining Atlanta, Georgia facilities, CDC's Fort Collins laboratory is antiquated, it poses a health and safety threat to employees, and it is inadequate for the job of responding to bioterrorist attacks and other public health threats. The facility suffers from severe overcrowding, significant infrastructure failings including fragile cooling, heating and air handling systems, lack of adequate fire alarms or intercom systems, lack of functional sprinkler systems, and a sinking foundation. The Committee urges replacement of the existing Fort Collins laboratory as quickly as possible. while others are in great need of complete renovation.

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

*Office of the Director*

The Committee recommends $52,749,000 for the Office of the Director, which is $1,329,000 above the fiscal year 2002 level and $7,870,000 above the administration request.

The Office of the Director (OD) manages and directs programs of the CDC. OD provides leadership, advises on policy matters, and develops and evaluates progress of goals and objectives related to disease prevention and control. OD provides direction and coordination to the epidemiologic activities of CDC and coordinates CDC's response to health emergencies. In addition, OD coordinates and manages programs on global health activities, minority health, and women's health relating to disease prevention and control.

*Energy Employees Occupational Illness Compensation Program.*—The Committee commends CDC, and in particular, NIOSH for its efforts under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA). The Committee is aware that the Department of Labor and NIOSH have already received a large number of cancer claims and expect more under this program. Most cancer claims will require dose reconstruction in order to determine probability of causation. The Committee is concerned that NIOSH may not have adequate staff to handle this workload and urges the

Director of CDC to closely monitor the situation so that claims can be promptly evaluated.

The Committee expects CDC to report to the Committee prior to next year's budget hearing on how it intends to address this backlog issue.

*Inflammatory Bowel Disease*.—It is estimated that up to 1 million people in the United States suffer from Crohn's disease or ulcerative colitis, collectively known as inflammatory bowel disease (IBD). For the past several years, the Committee has encouraged CDC to work in partnership with the IBD community to establish a national IBD epidemiological program to further our understanding of these diseases. The Committee continues to strongly urge the Center for Chronic Disease Prevention and Health Promotion, and the National Center for Infectious Diseases to collaborate with the IBD community on this high priority initiative.

Moreover, the Committee requests that the Director of CDC provide to the Committee no later than July 1, 2003, a report detailing the progress that has been made in this important area during the previous 3 fiscal years.

## NATIONAL INSTITUTES OF HEALTH

With this year's appropriation, the Committee marks a historic event: Funding for one of our great national treasures, the National Institutes of Health, has been doubled in just 5 years.

Through past investments in the NIH, countless lives have been saved; new vaccines, cures, diagnostics, and treatments have been developed; and a thriving biomedical research industry has been created. That extraordinary record of achievement inspired the Committee in 1998 to embark upon the ambitious goal of doubling the Nation's investment in biomedical research.

This goal could not have been achieved without widespread support from scientists, who made a compelling case that the additional funds could be put to good use, and from the American people, millions of whom look to the NIH as their best hope for medical cures and treatments. They, more than anyone else, have reason to celebrate the completion of the doubling effort.

By steadfastly keeping NIH funding on track to achieve this goal, the Committee has enabled the NIH to support far more promising research than it was ever able to before, and to advance into new areas of science, even as the doubling project was underway. For example:

—The NIH now funds nearly 10,000 more research grants than it did before the doubling began. That's 10,000 more ideas that could lead to vaccines, cures, and treatments, as well as fundamental scientific breakthroughs that could open up new opportunities for improving human health;

—The NIH now funds 40 percent more research centers than it did in 1998. Such centers can provide the catalyst for researchers of many backgrounds—not just physicians, but mathematicians, computer scientists, physicists, social scientists, and chemists—to come together to solve fundamental science problems or develop novel cures. In the process, the doubling effort has helped change the way research is conducted.

—The NIH can now support the training of over 1,500 more scientists each year than it could in 1998. This investment will help ensure there are enough trained professionals ready to turn today's research advances into tomorrow's treatments, diagnostics, vaccines, and cures.

—NIH funding for clinical trials has doubled from $1,400,000,000 in 1998 to $2,800,000,000 today. This increase has enabled NIH-funded scientists to get basic research results into medical practice that much faster, and the Nation to benefit more quickly from its investments in biomedical research.

The Committee understands that the impact of the doubling effort will continue to be felt for many decades. But several advances during the past 5 years offer a sense of the benefits the Nation will reap in the future from today's investments. They include: the mapping of the human genome, which is revolutionizing biology and opening up entire new fields of research; the FDA approval of Gleevec, the first drug that directly turns off the signal of a protein known to cause a cancer; and rapid advances in embryonic and adult stem cell biology, areas of discovery that could lead to revolutionary treatments and cures.

While the NIH continues to invest in basic research, it is also helping the Nation respond to new threats to the homeland—specifically, to the threat of bioterrorism. NIH-funded scientists helped analyze the genetic code of the anthrax strains used in last fall's anthrax attacks, in an effort to catch the perpetrators, even as other NIH-supported researchers helped advance our knowledge about how to design new vaccines and cures for bioterrorist agents. The NIH is now initiating an important bioterrirosm research initiative to develop countermeasures to neutralize bioterrorist threats from micro-organisms such as smallpox, anthrax, tularemia, and plague.

As the Committee marks the conclusion of the doubling effort, it notes that the job of investing in biomedical research is far from over. Heart disease, drug abuse, mental disorders, cancer, diabetes, Parkinson's, Alzheimer's, and other debilitating diseases and conditions continue to affect millions of Americans on a daily basis. The Nation must sustain the momentum of these investments, so future generations can continue to benefit from the improvements in human health that flow from the NIH.

The Committee recommends $27,192,926,000 for the NIH. This amount is $3,737,083,000 above the fiscal year 2002 appropriation and $25,000,000 above the budget request. For each Institute and Center below, figures for the fiscal year 2002 appropriation and the budget request have been adjusted to reflect transfers to the NIBIB.

NATIONAL CANCER INSTITUTE

| | |
|---|---|
| Appropriations, 2002 | $4,128,351,000 |
| Budget estimate, 2003 | 4,642,394,000 |
| Committee recommendation | 4,642,394,000 |

The Committee recommends an appropriation of $4,642,394,000 for the National Cancer Institute [NCI]. This is equal to the budget request and $514,043,000 more than the fiscal year 2002 appro-

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

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

The Committee continues to regard scientific investigation into the cause, cure, prevention, and treatment of cancer as one of the Nation's top priorities. Research offers the only hope for putting a stop to a disease that wastes precious human resources and contributes to spiraling health care costs.

*Anti-cancer drugs*.—The Committee is aware that the NCI is collaborating on the development of synthetic small molecule drugs that target both novel and known targets in cell cycle regulation. The Committee understands that these compounds leave normal, non-cancer cells unharmed while inducing cell-suicide in cancer cells. The Committee encourages the NCI to continue to fund this unique research effort.

*Behavioral research*.—The NCI is encouraged to continue its recent emphasis on the interactions of genetic, environmental, and lifestyle factors that affect cancer risk and the prevention, detection, and treatment of cancer. The Committee is particularly supportive of work on risk determination and better communication of that risk to the public and public health infrastructures. The NCI is uniquely positioned to develop and expand large collaborative human population studies that can help build the science base. The NCI is also encouraged to expand research efforts to define the biological, behavioral, and social bases of tobacco use and addiction, and to refine treatment options for specific groups (e.g. pregnant women or young smokers).

*Blood cancers*.—The Committee urges the NCI to continue to implement the research priorities for leukemia, lymphoma, and multiple myeloma included in the May 2001 Progress Review Group Report.

*Bone metastases*.—The Committee understands that bone metastases are common in a number of human cancers and contribute heavily to morbidity, most prominently in prostate cancer, breast cancer and multiple myeloma. Recognizing this, the NCI is encouraged to promote research to understand the underpinnings of tumor metastasis to the bone. The Institute is also encouraged to focus on understanding the interaction between tumor cells and a multitude of cells in the bone microenvironment, as well as the role of extra cellular matrix and a multitude of growth factors, cytokines and other proteins on tumor survival and growth in the bone microenvironment.

*Brain Tumor Progress Review Group*.—The Committee is concerned that the NCI and NINDS have not proceeded with implementation of the Brain Tumor Progress Review Group's recommendations on advancing brain tumor research. The Committee strongly urges the NCI and NINDS to finalize their plan for imple-

menting the recommendations and to provide additional funding for the NCI-NINDS Neuro-Oncology Program to ensure that the Federal research agency is a leader in brain tumor research. The two Institutes should also seek to expand their collaborative brain tumor research ventures, including interactive meetings involving scientists of different disciplines and interdisciplinary grant applications in brain tumor biology and etiology. The Committee requests that the NCI and NINDS report on their collaborative brain tumor research initiatives by December 31, 2003.

*Cancer and minorities*.—The Committee remains concerned that cancer rates for Native Hawaiians and other Native American Pacific Islanders are disproportionately high. The Committee encourages the NCI to expand its research in this area.

*Cancer screening technologies*.—The Committee recognizes the importance of novel technologies such as plasma K–RAS DNA in the NCI's efforts to develop non-invasive cancer screening technologies for clinical use.

*Cancer survivorship*.—With the advances that have resulted from the ongoing commitment and investment in biomedical research, and the resultant advances in cancer treatment, cancer for many has become a chronic illness. Currently, there are over 9 million cancer survivors in the Nation, and this number is expected to grow dramatically. More must be done to improve the understanding of the growing cancer survivorship population, including determinations of physiological and psychological late effects, prevalence of secondary cancers, as well as further development of effective survivorship interventions. The Committee supports an aggressive expansion of the NCI Office of Cancer Survivorship activities, to include the convening of a consensus conference on cancer survivorship. The Committee requests the Director of NCI to submit a report, by April 1, 2003, outlining the activities the NCI is undertaking to enhance cancer survivorship research and to expand the Office on Cancer Survivorship.

*Chronic lymphocytic leukemia*.—The Committee strongly encourages the NCI to increase the level of research aimed at determining the underlying cause and optimum therapies for CLL, the most common form of adult leukemia in the United States. The Committee is encouraged by the NCI's willingness to consider a supplementary application for research funding for the CLL Research Consortium. The Committee further urges the NCI to expand funding for the Consortium to speed up the progress in finding significant scientific breakthroughs.

*Chronic myeloproliferative disorders*.—Polycythemia vera, idiopathic myelofibrosis and essential thrombocytosis are malignant diseases of the bone marrow that are underserved with respect to research funding, considering the number of people they strike. These disorders are chronic and can transform into acute leukemia. They offer great research promise with respect to insights into the behavior of blood cells, since the cells that they affect appear normal but behave abnormally. The major obstacle to research into the causes and the treatment of these disorders has been the lack of Federal funds designated for this purpose. The Committee strongly believes that the NCI should expand research into these disorders, and it expects the NCI to report to Congress by April 1, 2003,

about existing efforts, as well as planned future efforts, to better understand these disorders.

*Complementary and alternative cancer therapies*.—The Committee expects the NCI to expand its work and its collaborative efforts with NCCAM to support research on promising complementary and alternative cancer therapies as well as on their integration with traditional therapies. Thousands of Americans are turning to these therapies, and consumers will benefit from a rigorous scientific review of them.

*DES*.—The Committee continues to strongly support increased efforts to study and educate the public and health professionals about the impact of exposure to the synthetic hormone diethylstilbestrol (DES). The Committee expects the NCI to continue its support of research in this area. In addition, the Committee urges the NCI to continue its agreement with the CDC to implement a national education program for consumers and health professionals. The Committee expects the NCI and these other agencies to continue to consult with organizations representing individuals impacted by DES as they carry out DES research and education efforts.

*Gynecologic cancers*.—The Committee is concerned about the patterns of care for gynecological cancers, and it urges the NCI to expand CanCORS to gynecologic cancers. While the Committee commends the NCI for funding four ovarian cancer SPOREs and the one gynecologic cancer SPORE, it believes research into other gynecologic cancers needs to be enhanced. The Committee urges the NCI to continue funding ovarian cancer SPORES and to consider creating SPORES specifically for cervical and endometrial cancers.

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

*Kidney and bladder cancers*.—The Committee is concerned that funding for kidney and bladder cancer has not kept pace with that of other cancers. The Committee understands that the NCI has worked with the scientific community to develop an agenda for research into these cancers. The Committee encourages the NCI to

implement this agenda for other urologic cancers in the coming fiscal year.

*Liver cancer*.—The Committee encourages the NCI to work closely with the NIDDK to investigate prevention, diagnosis and therapy for hepatocellular carcinoma and other cancers of the liver.

*Neurofibromatosis (NF)*.—Neurofibromatosis research has significant potential for cancer patients since NF genes have been implicated in the signaling process that determines cell growth and cell differentiation. The Committee commends NCI for recognizing NF's connection to many of the most common forms of human cancers and commencing phase II clinical trials of NF1 patients with plexiform neurofibromas. The Committee encourages the NCI to strengthen its NF research portfolio in such areas as further development of animal models, natural history studies, therapeutic experimentation and clinical trials.

*Pancreatic cancer*.—The Committee is very concerned that funding increases for pancreatic cancer research have not risen at a rate commensurate with the severity of this disease or the increases afforded the NCI for the past 5 years. Pancreatic cancer is the Nation's fifth-leading cause of cancer death, and 99 percent of people diagnosed with pancreatic cancer die within 6 months. Therefore, the Committee strongly urges the NCI to: (1) fully implement the recommendations outlined in the Progress Review Group on pancreatic cancer during fiscal year 2003; (2) consider funding five pancreatic cancer SPOREs by fiscal year 2004; and (3) develop a plan to create a critical mass of pancreatic cancer researchers and grants over the next 3 years. The Committee asks the NIH to address these recommendations in a report to Congress by March 30, 2003.

The Committee also urges the NCI to explore new methods for identifying genetic and environmental factors and gene-environment interactions that contribute to pancreatic cancer, and to develop and implement methods for rapid case ascertainment, which may include immediate electronic reporting from pathology, radiology, and laboratory departments.

The Committee further notes the promise of utilizing proteomic analysis of blood samples to diagnose pancreatic cancer at its earliest stages. Proteomic analysis, which involves the identification of specific protein patterns in blood or other specimens that match known malignant patterns, is quicker than identifying separate proteins and the genes that create the proteins. This analysis was recently employed for the detection of ovarian neoplasms and is presently under study for the early detection of invasive prostate cancer. The Committee encourages the NCI to rapidly identify predictive proteomic patterns relevant to pancreatic cancer.

*Primary immunodeficiencies (PI)*.—Research has shown that patients suffering from primary immunodeficiencies have a 100–200 times greater risk of developing cancer than persons not suffering from PI. This has been a particular problem in minority communities, where PI is often underdiagnosed. The Committee urges the NCI to fund an aggressive research agenda that will target methods of identifying undiagnosed patients and appropriate treatments as a means of preventing cancer. In addition, the Committee continues to urge NCI to play a meaningful role in the national physi-

cian education and public awareness campaign of the Jeffrey Modell Foundation.

*Prostate cancer*.—Incidences of prostate cancer have been on the rise in recent decades. Evidence is growing that in addition to genetic disposition, numerous other factors—including lifestyle, nutritional imbalances, chronic infections, and hormonal, psychological and environmental components—play a role in the development of prostate cancer. The Committee strongly urges the NIH to renew its commitment to prostate cancer research, with a special emphasis on accelerating new avenues for basic research, drug development, and clinical research.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

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|---|---|
| Appropriations, 2002 | $2,560,197,000 |
| Budget estimate, 2003 | 2,776,411,000 |
| Committee recommendation | 2,820,011,000 |

The Committee recommendation includes $2,820,011,000 for the National Heart, Lung, and Blood Institute [NHLBI]. This is $43,600,000 more than the budget request and $259,814,000 more than the fiscal year 2002 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

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

*Behavioral research on positive health*.—The Committee notes that the NHLBI has sponsored important research demonstrating the power of social connectedness to help speed recovery after heart attacks. The Committee is interested in research that helps reveal the pathways through which positive experiences and emotions may enhance health or protect against illness. The Committee encourages the NHLBI to continue its work in this area and to expand where possible any initiatives to increase basic behavioral research on the etiology of disease resistance. The Institute is also encouraged to examine initiatives that may be ready for field-testing in community populations.

*Blood disorders*.—The Committee commends the NHLBI for its actions to establish a Transfusion Medicine/Hemostasis Clinical Research Network and for the enhancements being made to the existing network of sickle cell centers.

*Cardiovascular diseases*.—The Committee continues to regard research into the causes, cure, prevention and treatment of heart attack, stroke and other cardiovascular diseases as one of the Nation's top priorities. Cardiovascular diseases remain the leading

cause of death in the United States and a major cause of disability. The Committee is concerned that funding in constant dollars for NHLBI's extramural Heart Program has not kept pace with increases for the NIH at a time when promising breakthroughs are on the horizon. The Committee continues to believe that an intensive research program on heart attack, stroke and other cardiovascular diseases should be a top priority of the NHLBI and of the NIH. The Committee urges the Institute to place the highest priority on cardiovascular research and has included sufficient funds to allow the Institute to support existing heart and stroke-related research and to invest in promising research initiatives in this area.

*Cardiovascular diseases in women*.—The Committee is aware that cardiovascular diseases remain a major cause of disability and the leading cause of death of American women. The clinical course of cardiovascular disease is different in men than in women, and current diagnostic capabilities are less accurate in women than in men. The Committee urges the NHLBI to expand cardiovascular disease research in women, including studies to develop safe, efficient and cost effective diagnostic approaches for women. In addition, the Committee encourages the NHLBI to create more informational and educational programs for women patients and health care providers on heart disease and stroke risk factors, as authorized under Public Law 105–340, the Women's Health Research and Prevention Amendments of 1998.

*Chronic obstructive pulmonary disease (COPD)*.—The Committee encourages the Institute to further research COPD and to expand research on the pediatric origins of COPD, the effects of environment on COPD, and the identification of biomarkers that might predict complications of COPD, including lung cancer.

*Cooley's anemia*.—The Committee remains strongly supportive of the Institute's creation of the Thalassemia Clinical Research Network, which is composed of North America's leading research entities on thalassemia, the medical term for Cooley's anemia.

*Disease networks*.—The Committee is pleased with the NHLBI's efforts to create disease networks in the areas of asthma, sarcoidosis, and ARDS. The Committee encourages the NHLBI to expand disease networks and to expand the network concept to include the creation of tissue banks for acquisition and distribution of tissue for asthma, COPD, and interstitial lung disease.

*Heart disease and kidney disease*.—There is a well-established and significant link between heart disease, hypertension, and kidney disease. The Committee encourages the NHLBI to increase its collaboration with the NIDDK to develop cooperative research initiatives in this area, and it urges the NHLBI to consider sponsoring a workshop on hypertension as it relates to heart and kidney disease.

*Hemophilia*.—The Committee commends the NHLBI for its role in addressing hemophilia and for the Institute's strong support of hemophilia gene therapy research. The Committee notes the NHLBI program for women with bleeding disorders, and it encourages the NHLBI to convene a consensus conference to determine next steps for research. The Committee recognizes the Institute's efforts to address the shortage of trained hematology specialists

through the establishment of a clinical research network, and it urges the NHLBI to expand support for strategies to ensure this critical issue is addressed.

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

*Marfan syndrome*.—The Committee commends the NHLBI for its past and ongoing support of research on aortic aneurysms, which are pathologically related to Marfan syndrome. In particular, the Committee commends the Institute for providing funding support for the request for applications that was initiated by NIAMS for heritable disorders of connective tissue, which include Marfan syndrome. Marfan syndrome is a life-threatening genetic disorder that affects several organ systems and may result in rupture of the aorta without the proper intervention.

*Minority cardiovascular health research*.—The Committee remains concerned that cardiovascular diseases disproportionately affect minorities. For example, compared with whites, blacks have a 1.3 times greater rate of nonfatal stroke, a 1.8 times greater rate of fatal stroke, and a 1.5 times greater rate of heart disease death. The Committee encourages the NHLBI to support new partnerships between research-intensive medical centers and health care systems that serve minority populations. Such partnerships would facilitate the study of complex biological, behavioral, and societal factors that contribute to health disparities in cardiovascular disease; promote research within the health care systems to improve minority health and reduce health disparities; and provide training of investigators to study cardiovascular diseases in minorities. An important aspect of the programs would be the development of community involvement in the research and outreach strategies for patient recruitment and retention and emphasis on prompt and effective communication of research findings to health care practitioners.

*Minority health and lung disease*.—The Committee is aware that lung diseases disproportionately affect many minority groups. The Committee encourages the NHLBI to work with other Institutes and Centers to develop an epidemiologic approach to determine the disproportionate impact of airway disease on minority populations.

*Myeloproliferative disorders and myelodysplasia*.—The Committee urges the NHLBI to work with the NCI to develop new research initiatives into the causes and targeted therapies of myeloproliferative disorders and myelodysplastic syndromes. These disorders are characterized by an overgrowth of often abnormal cells in the bone marrow which may lead to leukemia.

*National Asthma Education and Prevention Program (NAEPP)*.—The Committee commends the NAEPP, which is administered by the NHLBI, for its leadership in helping to educate physicians, asthma patients, their families, and the general public regarding asthma and its management. The Committee encourages the NAEPP to enhance the role that its advisory committee plays in

helping to coordinate asthma education throughout the United States. In addition, the Children's Health Act of 2000 legislation included provisions for the NAEPP to develop, in conjunction with other Federal agencies and voluntary and professional health organizations, a Federal plan to respond to asthma. This plan will include the roles and responsibilities of several Federal agencies in combatting asthma. The Committee encourages the NHLBI to move forward quickly on this effort.

*Obesity-associated cardiovascular diseases*.—Obesity is a major risk factor for heart disease, stroke, and other cardiovascular diseases. An estimated 61 percent of American adults are overweight or obese, and excessive weight in children and adolescents is of increasing concern. The Committee encourages the NHLBI to support basic and clinical studies to explain how excessive body weight contributes to the development of cardiovascular diseases such as hardening of the arteries, enlarged hearts, heart failure and irregular heart beats. Major areas needing further research and clarification include the role of fatty tissue in inflammation, the effects of obesity on the growth of the heart, blood vessel, respiratory, hormone and metabolic systems; and the complex interactions between being overweight and conditions such as chronic sleep loss, high blood pressure and diabetes.

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

*Pulmonary hypertension*.—Pulmonary hypertension (PH) is a rare, progressive and fatal disease that predominantly affects women. It 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 commends the NHLBI's efforts to promote PH-related research, and it encourages the Institute to increase funding for basic research, gene therapy, and clinical trials of promising pharmaceuticals.

*Scleroderma*.—The Committee encourages the NHLBI to undertake research initiatives on the cause of and treatment options for scleroderma, a chronic and progressive disease that predominantly strikes young women. Scleroderma can result in complications that include pulmonary fibrosis, pulmonary hypertension, myocardial fibrosis, cardiac arrhythmias, pericarditis, and Raynaud's phenomenon.

*Sleep medicine*.—The Committee commends the Institute and its National Center for Sleep Disorders Research for the progress being made to advance research into the relationship between obstructive sleep apnea and obesity, hypertension, cardiovascular diseases, and mortality. The Committee encourages the Institute to accelerate these efforts and to consider conducting multi-site clinical studies that will assess effective treatments for patients with sleep apnea and identify the functions of sleep for health, aging, and prevention of disease.

*Temporomandibular joint disorders (TMJ)*.—The Committee applauds the NHLBI for taking the initiative to investigate research opportunities related to the cardiovascular and sleep-related consequences of temporomandibular disorders, and it encourages the Institute to act upon the recommendations that ensued from an NHLBI workshop related to these issues.

*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 it encourages NHLBI to strengthen its research in this important area.

*Vascular disease and Alzheimer's*.—There is a growing body of evidence that cerebrovascular disease may be a key mechanism in triggering the manifestation of Alzheimer's disease. Autopsy data reveal that individuals whose brains showed the plaques and tangles that are the hallmark of Alzheimer's disease were much more likely to develop dementia if they had also suffered a series of small strokes. Data from longitudinal studies also suggest that high cholesterol and hypertension may be significant risk factors in Alzheimer's disease. The implications of these discoveries are enormous, particularly for racial and ethnic groups that are disproportionately affected by vascular disease. Preliminary studies indicate that cholesterol-lowering drugs and anti-hypertensive medications may also protect against cognitive impairment and Alzheimer's disease. The Committee urges the NHLBI to pursue this line of research and to work collaboratively with the NIA.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

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|---|---|
| Appropriations, 2002 | $343,149,000 |
| Budget estimate, 2003 | 372,167,000 |
| Committee recommendation | 374,067,000 |

The Committee recommendation includes $374,067,000 for the National Institute of Dental and Craniofacial Research [NIDCR]. This is $1,900,000 more than the budget request and $30,918,000 more than the fiscal year 2002 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission*.—The NIDCR supports research and research training to improve the oral health of the American people. The Institute emphasizes ways to prevent disease in high-risk groups, including the elderly, minority populations, and individuals with medical conditions and medications that compromise oral health. The research agenda includes studies of craniofacial genes and birth defects; bone and joint diseases; AIDS, other infections, and immunity; oral cancer; chronic pain; epidemiology; biomaterials; and diagnostic systems.

*Dental complications of Paget's disease*.—The Committee encourages NIDCR to support research on bone surrounding teeth, oral and dental complications of Paget's disease, new animal models of dentinogenesis imperfecta, orthodontic manipulation in people with osteogenesis imperfecta and biomarkers related to saliva. The Committee also encourages NIDCR to continue its research on fibrous dysplasia.

*Temporomandibular joint disorders (TMJ)*.—The Committee is aware that the Institute intends to broaden its scientific base for

TMJ research beyond studies on the psychological and behavioral factors in the etiology or chronicity of TMJ diseases and disorders that have long dominated the research portfolio. The Committee urges investment in studies of normal and abnormal structural and functional features of the joint and related structures, using the tools of cell and molecular biology as well as advanced imaging techniques. The Committee asks that the NIDCR and other Institutes follow up with research initiatives resulting from the spring 2002 TMJ Association's meeting on joint and muscle dysfunction of the TMJ.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

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|---|---|
| Appropriations, 2002 | $1,466,380,000 |
| Budget estimate, 2003 | 1,604,647,000 |
| Committee recommendation | 1,637,347,000 |

The Committee recommends an appropriation of $1,637,347,000 for the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK]. This is $32,700,000 more than the administration's request and $170,967,000 more than the fiscal year 2002 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

*Behavioral research*.—The Committee encourages the NIDDK to continue a research emphasis on the links between depression and diabetes. Diabetics who have co-occurring depressive symptoms have less success managing their illnesses. Depression has been linked to poorer adherence to medical and behavioral regimens and lower rates of exercise. The Committee also notes that a recent NIDDK clinical trial on diabetes, the Diabetes Prevention Program, demonstrated that diet and exercise could be more successful than medication in preventing the development of diabetes in groups that faced a high risk of diabetes. The NIDDK is strongly encouraged to build on its investment in behavioral research, particularly in areas that would add to the science base on the maintenance of positive behavior change.

*Bladder disease research*.—Bladder diseases have a significant negative impact on the U.S. population. The Committee urges the Institute to increase funds for the urology program and other areas critical to bladder disease.

*Children and adolescent urological diseases*.—While research urologic diseases has led to advances in the care and management of some urologic diseases affecting adults, these diseases persist as a major cause of illness among the most vulnerable population, children and adolescents. The NIDDK should develop and imple-

ment an interagency plan for pediatric urologic disease research. The Committee requests the NIDDK to submit a status report prior to the fiscal year 2004 appropriations hearings that outlines the steps it is taking to address the specific research needs of children and adolescents suffering from urologic diseases and conditions.

*Chronic prostatitis*.—The Committee requests that the NIDDK increase funding for the Chronic Prostatitis Collaborative Research Network. The Institute is also encouraged to stimulate new and diverse research in chronic prostatitis by convening a scientific and clinical workshop to be held in fiscal year 2003 which will disseminate the findings of the CPCRN and develop a strategic research plan.

*Cooley's anemia*.—The Committee commends the outstanding work being done at the NIDDK on such issues as iron chelation, non-invasive iron measurement, fetal hemoglobin and other topics that are critical to the health and well-being of Cooley's anemia patients. The development of a less burdensome method of iron chelation, in particular, is a critical priority as these patients currently must infuse themselves with a drug pumped into their bodies up to 12 hours per night. Research directed at reducing this burden is urgently needed.

*Diabetes in Native Hawaiians*.—The Committee encourages the NIDDK to investigate the incidence of diabetes in Native American, Hawaiian, and Alaskan populations, as well as the Mississippi Band of the Choctaw Indians and the Eastern Band of the Cherokee Indians.

*Digestive diseases*.—Diseases of the digestive system, such as colorectal cancer, inflammatory bowel disease, irritable bowel syndrome, hemochromatosis, celiac disease, and hepatitis, affect more than one-half of all Americans at some time in their lives. The Committee commends the NIDDK on the success of its Digestive Disease Centers program in addressing a wide range of disorders that result in tremendous human suffering and economic cost. The Committee encourages the Institute to expand this program.

*Glomerular injury research*.—The Committee is pleased with the NIDDK's glomerular injury research initiatives, including a clinical trial for patients with focal segmental glomerulosclerosis. Further, the Committee continues to encourage the NIDDK to consider initiating a scientific conference on glomerular injury research, and to explore support for gathering prevalence data on glomerular injury.

*Hematology*.—The Committee is aware of the high-quality hematology research in iron metabolism, gene regulation, and stem cell plasticity currently funded by the Institute, and it encourages the NIDDK to plan the next steps in setting priorities for future research in these and other areas that significantly impact a broad array of blood disorders.

*Hepatitis C*.—The Committee remains concerned about the disproportionate impact of hepatitis C among minorities. The Committee encourages the NIDDK to expand research on better treatment options for minorities, and to partner with the CDC and voluntary health organizations to facilitate a prevention and education campaign targeted at high-risk populations.

*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) coordination and integration of basic investigations designed to clarify mechanisms of action and disease pathogenesis into clinical trials.

*Interstitial cystitis.*—The Committee is very concerned by the direction of interstitial cystitis (IC) research at the NIDDK in the last two budget cycles. Despite strong congressional interest in expanding such research, the NIDDK did not invest in new IC-specific research grants during fiscal year 2002 and has thus far not committed to doing so in fiscal year 2003. The Committee urges the NIDDK to reverse this trend and aggressively support research that will enhance the basic science knowledge of IC through IC-specific research.

The Committee is pleased that NIDDK has pledged continued support and expansion of the IC Clinical Trials Group. The Committee is aware that the group is making good progress on the evaluation of BCG for the treatment of IC. Ancillary studies, including urinary marker studies, are being done concurrently, and will help provide an understanding of the differences between responders and non-responders. The Committee feels strongly that funding for ancillary studies should be included in the recompetition of the RFA for the ICCTG clinical centers. This will ensure peer review, and at the same time, avoid possible significant delays in funding of the ancillary studies should they be offered through a different mechanism.

The Committee is also pleased that the NIDDK completed a draft of the recommendations put forth by the Bladder Research Review Group and will issue its final report in 2002. The Committee urges that the strategic plan's recommendations regarding IC be implemented and fully funded as soon as possible. The Committee requests a full update on this and all IC-related research activities as part of the NIDDK's written testimony for the fiscal year 2004 Senate appropriations hearing.

*Irritable bowel syndrome.*—The Committee remains concerned about the increasing frequency of irritable bowel syndrome (IBS), and it encourages NIDDK to partner with other Institutes and Centers to enhance research on this disorder, including studies on its prevalence.

*Islet cell transplantation.*—The Committee is pleased with NIH-supported research involving the transplantation of insulin-producing islet cells into individuals with juvenile diabetes. The Committee encourages the NIDDK to work closely with the NIAID on initiatives to create and maintain immune tolerance to transplanted islet cells. In addition, the Committee encourages the NIDDK to vigorously pursue all avenues of research that could lead

to alternative supplies of insulin-producing cells, including stem cell technology.

*Juvenile diabetes.*—The Committee urges the NIDDK to continue development of a vaccine to prevent juvenile diabetes, and to collaborate with other Institutes on this project. In addition, the Committee commends the NIDDK for its efforts to determine the genetic origins of juvenile diabetes, including the development of a Type 1 Diabetes Genetics Consortium, which will collect and share valuable DNA information from juvenile diabetes patients from studies around the world. The Committee encourages the NIDDK to continue and expand this effort to determine the genetics of the complications of diabetes, such as retinopathy, kidney disease and neuropathy. The Committee also remains concerned about reports of a shortage of pediatric endocrinologists, and it urges the NIDDK to enhance efforts to address this serious problem.

*Kidney disease and end-stage renal disease.*—Diabetes is the leading cause of kidney failure and end-stage renal disease. The Committee urges the NIDDK to expand research into early prevention and therapeutic intervention of kidney disease to prevent end-stage renal failure. The Committee also encourages the NIDDK to consider launching a permanent kidney disease clinical research mechanism. Finally, the Institute is urged to address an anticipated workplace shortage in nephrology by launching new training initiatives and workshops to foster interest in the field.

*Kidney disease clinical research.*—The Committee previously noted the current inherent problems in conducting kidney disease research due to the lack of a permanent infrastructure, such as a clinical trials cooperative group. The Committee commends the NIDDK for its leadership in moving forward in this area, by holding an initial workshop to develop strategies that will strengthen kidney research and enhance researchers' abilities to translate research findings to the bedside, facilitate clinical trials, and recruit patients for studies. The Committee urges the NIDDK to continue with these efforts, and to make the necessary funds available in this fiscal year to launch a permanent kidney disease clinical research mechanism.

*Live-donor liver transplantations.*—More than 1,300 people died over the past year because of the lack of a donor liver, and there were almost 18,750 individuals on the list waiting for liver transplantations. In view of this continuing shortage of organ donors, the Committee is pleased that an award has been made for the establishment of six clinical centers and a data coordinating center to focus research on the need to improve the outcome of both donors and recipients involved in such transplants.

*Mucopolysaccharidosis (MPS).*—The Committee is pleased with the efforts made by the NIDDK to enhance research efforts in the area of MPS, both to achieve a greater understanding of these disorders and to pursue the development of effective therapies. The Committee encourages the NIDDK to continue its strong investment in MPS-related research, including bone and joint involvement and pathophysiology of brain damage as they relate to MPS disorders. The NIDDK is further encouraged to build on collaborative efforts with the NINDS, NICHD and appropriate Institutes and Centers involved in this research.

*Non-alcoholic Steatohepatitis*.—The Committee is pleased that the Institute has provided funding for six clinical centers and one data coordinating center to focus additional research on non-alcoholic steatohepatitis (NASH), which is the second most common cause of liver disease after hepatitis C. In view of the fact that NASH is increasing rapidly in children, the Institute is encouraged to collaborate with the NICHD to expand this award to include a more significant focus on children.

*Osteoporosis*.—The Committee encourages the NIDDK to collaborate with the NIAMS to conduct large-scale trials to determine the most effective and least costly way to combine treatments for osteoporosis, both to prevent bone breakdown and build new bone. The Committee also urges the NIDDK to consider co-funding grants with NCCAM and the Office of Dietary Supplements regarding the nutritional and hormonal influences of calcium on bones, as well as the bioavailability of various calcium supplements.

*Pediatric kidney disease*.—Although significant strides have been made in understanding kidney disease in adults, much less is known about its complications in children, including obstacles to full growth potential and neurocognitive development. For this reason, the Committee is disappointed that children were not included in a prospective cohort study of chronic renal insufficiency, particularly in light of recent initiatives calling for greater participation of children in studies of this nature. Given the long-term implications when children reach adulthood, the Committee strongly urges the NIDDK to undertake research into the history and treatment of (1) cardiovascular problems in children suffering from chronic kidney disease, giving careful consideration to the role of hypertension, lipid abnormalities, obesity, cardiovascular calcification and cardiac arrhythmia, and (2) neurocognitive and developmental deficits including learning disabilities, with related issues of chronic neurological, intellectual and emotional impairment; poor linear growth; and abnormal bone formation.

*Pediatric liver disease*.—The Committee is pleased that the NIDDK has taken steps to increase research on biliary atresia, the most common cause of liver transplantation in children. The Committee notes that metabolic causes of liver disease and non-alcoholic steatohepatitis (NASH) are also significant causes of liver disease in children. Therefore, it urges additional research focused on these diseases and other forms of pediatric liver disease.

*Polycystic kidney disease (PKD)*.—The Committee is pleased that the NIDDK has implemented most of the PKD Strategic Plan as established in early fiscal year 1999, and that has sponsored another PKD Strategic Planning Meeting to chart the next 3- to 5-year course for this promising field of study. Likewise, the Committee is encouraged to know that the NIDDK will launch the PKD Interventional Trials Network this year and will partner with the private sector to increase the quality of this project. The Committee is pleased to note that both the ARPKD gene discovery (for infantile PKD) and the Intracellular Calcium Channel breakthrough for ADPKD in February 2002 were discovered by NIH-funded scientists. The Committee strongly urges NIDDK to take advantage of this unprecedented PKD research momentum and accelerate its

research efforts toward creating effective clinical interventions for the 600,000 Americans afflicted with PKD.

*Training grants*.—The Committee is very concerned that so few investigators have focused their careers on diseases of the pancreas and pancreatic cancer. The Committee urges the NIDDK to increase the number of training grants, fellowship and career development programs, and seed grants that are specifically aimed at increasing the number of researchers, including young investigators, to pancreatic diseases.

*Urinary incontinence*.—Urinary incontinence afflicts approximately 13 million adults in the United States, 85 percent of whom are women. The Committee urges the NIDDK to enhance its support of urinary incontinence research following the recommendations of the Bladder Research Progress Review Group. In addition, the Committee encourages the NIDDK to increase the number of clinical sites in the Urinary Incontinence Treatment Network Initiative.

*Urological diseases*.—Urological diseases have a significant impact on men, women and children in this country and represent a major public health issue that will increase as the population ages. The Committee has previously expressed its concern over the adequacy of the urology basic science research effort. The Committee therefore strongly encourages the NIDDK to make the investments in urology research needed to achieve significant improvement in the ability of physicians to diagnose and treat these diseases and to relieve the human suffering they cause.

*Urologist shortage*.—The Committee is aware of the shortage of urologists entering research careers. It encourages the NIDDK to initiate career development awards appropriate for urologists and other surgeons, taking into account the specific requirements for training and experience that urology residency and fellowship training programs must meet. The NIDDK should consider modifying the current research time requirements and develop alternative career pathways suitable for urologic fellowship training programs.

*Urology Interagency Coordinating Committee*.—Several Federal agencies, including the Department of Defense and the Veterans Administration, have a role in urology research. In order to strengthen trans-institutional research, the Committee encourages the NIDDK to provide funds to the Urology Interagency Coordinating Committee to foster such research.

*Urology research centers*.—The Committee is impressed with the results produced by the O'Brien urology research centers, which bring together a critical mass of scientists who focus on a particular aspect of urologic disease. The Committee urges the NIDDK to increase the number and funding of these centers and ensure that there is focus on pediatric urology; prostate growth and disease; female urology, including incontinence, infection, interstitial cystitis, and bladder function and development; and tissue engineering and genetics. These centers should also be able to develop exploratory projects and provide support for resident and fellow research opportunities.

*Women's urological health*.—The Committee is concerned with the lack of progress at NIDDK in developing a women's urological

health initiative. The conference held 4 years ago identified important research issues and needs, but there has been little subsequent action. The Committee strongly urges the Institute to implement the conference recommendations in the coming fiscal year and address the management problems that caused this delay in action.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

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| Appropriations, 2002 | $1,312,780,000 |
| Budget estimate, 2003 | 1,424,405,000 |
| Committee recommendation | 1,466,005,000 |

The Committee recommends an appropriation of $1,466,005,000 for the National Institute of Neurological Disorders and Stroke [NINDS]. This is $41,600,000 more than the budget request and $153,225,000 more than the fiscal year 2002 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

*Alzheimer's disease*.—The NINDS continues to play an integral role in widening the scientific base of knowledge about Alzheimer's disease. For example, scientists have developed an antisense molecule that, when introduced intravenously, reversed learning and memory deficits in mice with an Alzheimer's-like disease. The Committee believes that the potential of antisense therapy for Alzheimer's and related disorders is promising. The Committee urges the NINDS to continue to assign a high priority to its Alzheimer's research portfolio. In addition, the Committee urges the NINDS, in collaboration with the NIA and NIMH, to expand its research into early diagnosis of Alzheimer's using PET imaging of the brain.

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

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

*Brain tumors*.—The Committee encourages the NINDS to continue working with the NCI to carry out the recommendations of

the recently issued Report of the Brain Tumor Progress Review Group.

*Duchenne muscular dystrophy*.—The Committee continues to strongly urge the NINDS to establish centers of excellence for basic and applied research in the muscular dystrophies. The Committee also urges the NINDS to coordinate with the NIAMS and the Centers for Disease Control and Prevention to develop strategic research priorities for the centers.

*Dystonia*.—The Committee continues to support the expansion of research and treatment developments regarding the neurological movement disorder dystonia, which is the third most common movement disorder after tremor and Parkinson's disease. The Committee encourages the NINDS to support additional research on both focal and generalized dystonia, and it commends the Institute for its study of the DYT1 gene and encourages expansion in this research area. Furthermore, the Institute is encouraged to support epidemiological studies on dystonia and to increase public and professional awareness of this disorder.

*Epilepsy*.—Epilepsy remains a major, unsolved public health problem affecting the lives of over 2.5 million Americans and their families. 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 it encourages the NINDS to expand research into the prevention, treatment, and eventual cure of epilepsy. In addition, the Committee urges the NINDS to address critical research issues related to the impact of seizures on young children, women, the elderly and those with intractable or uncontrolled epilepsy. The Committee commends the Institute on the anti-epileptic drug development program that has led to the discovery of many important anti-epileptic medications, and it encourages the Institute to further develop this program with specific research plans and goals.

*Fragile X*.—Fraglie X is a single-gene neurological disease resulting in mental disorders, cognitive impairment and seizures. The Committee urges the NINDS to enhance its research activities on Fragile X and to include Fragile X patients in its studies of related disorders. The Committee also urges the NINDS to coordinate these efforts with other Institutes working on related activities, including the NIMH and the NICHD.

*Mucoploysaccharidosis (MPS)*.—The Committee commends the NINDS for sponsoring a scientific conference focusing on central nervous system issues and the barriers to and development of effective therapies for MPS disordersm, and urges the NINDS to solicit investigator proposals resulting from the findings of the conference. The Committee also encourages the NINDS, in collaboration with the NIDDK and the NICHD, to support current MPS research and use all available mechanisms to further stimulate and enhance efforts to better understand and treat MPS disorders.

*Neurofibromatosis*.—Neurofibromatosis (NF) is a genetic disorder of the nervous system that causes tumors to grow along nerves anywhere on or in the body. The Committee is aware that recent advances in research have linked NF to cancer, brain tumors, learning disabilities and heart disease, and it urges the NINDS to expand its NF basic and clinical research portfolio.

*Stroke*.—The Committee continues to regard research into the causes, cure, prevention, treatment and rehabilitation of stroke as one of the Nation's top priorities. The Committee commends the NINDS for convening a Stroke Progress Review Group, consisting of researchers, clinicians, pertinent organizations and advocacy groups. This Group crafted a report that will serve as a blueprint for a long-range strategic plan on stroke research.

The Committee is concerned that funding for stroke research over the years may not have kept pace with the scientific opportunities and the number of Americans afflicted with stroke. The Committee encourages the NINDS to dedicate more resources to stroke research and to expand its stroke education program. The Committee also encourages the NINDS to expand its research efforts into the utility of PET scans of the brains of stroke victims to determine whether brain tissue damage from stroke may be reversible.

*Temporomandibular joint disorders (TMJ)*.—The Committee commends the Institute for its initiative in conducting a workshop on Neurobiology of Craniofacial/Deep Tissue Persistent Pain, designed to attract neuroscience investigators to explore these little-understood areas of acute and chronic pain. The Committee expects a report on initiatives and research growing out of the workshop and urges, in addition, that research be conducted in collaboration with the NHLBI and other pertinent institutes on other aspects of sensory-motor dysfunction associated with TMJ diseases and disorders, including autonomic nervous system involvement, dysphagia, alterations in proprioception, and a range of speech, breathing, and sleep problems.

*Traumatic brain injury (TBI)*.—There are at least 1.5 million people who sustain a traumatic brain injury (TBI) annually, and at least 5.3 million people who live with a disability as a result of TBI. The Committee urges the NINDS to expand bench science research on the mechanisms of this disorder and to begin translational research into clinical settings.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

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| Appropriations, 2002 | $2,534,539,000 |
| Budget estimate, 2003 | 3,990,473,000 |
| Committee recommendation | 3,727,473,000 |

The Committee recommends an appropriation of $3,727,473,000 for the National Institute of Allergy and Infectious Diseases [NIAID]. This is $263,000,000 less than the budget request and $1,192,934,000 more than the fiscal year 2002 appropriation. Included in these funds is $100,000,000 to be transferred to the Global Fund to Fight HIV/AIDS, Malaria, and Tuberculosis. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

The Committee recommendation includes bill language that allows the NIAID to spend up to $150,000,000 on extramural facilities construction.

*Mission*.—The NIAID is the lead NIH Institute charged with developing vaccines and supporting research on allergies, acquired immunodeficiency syndrome (AIDS), sexually transmitted diseases, turberculosis, tropical diseases, and other infectious diseases—in-

cluding those likely to be used as agents of bioterrorism. To accomplish this mission, the NIAID supports and conducts basic and clinical research and research training programs in infectious diseases, whether they are naturally occurring or the result of a bioterrorist attack, and in diseases caused by, or associated with, disorders of the immune system.

*Advanced vaccine/device combination*.—The Committee is aware of new vaccine/device delivery systems that could increase vaccine efficacy, use far less vaccine, and require fewer doses. The U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) is currently conducting research and development on vaccine/device combinations to improve the performance of vaccines against weaponized organisms, including anthrax, plague, and staphylococcus enterotoxin B. The Committee encourages NIAID to work with USAMRIID on this effort.

*Asthma, allergic diseases, and drug allergy*.—The Committee encourages the NIAID to continue its efforts on asthma and expand its research into the area of drug allergy. Penicillin allergy alone causes 400 deaths each year in this country. The Committee encourages the NIAID, in collaboration with other Institutes as appropriate, to implement a program that will begin to address this need.

*Asthma research and management*.—The Committee is very pleased with the NIAID's leadership regarding asthma research and management. The Committee recognizes the role the Institute has played in the Inner City Asthma Study and the importance of this effort concerning morbidity and mortality among underserved populations, particularly children. The Committee encourages the NIAID to continue to improve its focus and effort on asthma management, especially as it relates to children. The Committee also encourages the NIAID to collaborate more aggressively with voluntary health organizations to support asthma prevention, treatment, and research activities. Additionally, recent studies suggest that a variety of viral and bacterial agents, including agents used for immunization, may play a role in the development of asthma. The Committee encourages the Institute to expand research into the role that infections and vaccines may play in the development of asthma.

*Eye diseases*.—The Committee encourages the Institute to collaborate with the NEI on research involving eye-related viruses and infectious diseases.

*Food allergy*.—An estimated 7 million individuals suffer from food allergies in the United States, with up to 6 percent of all children under the age of 3 experiencing these potentially life-threatening allergies. The Committee urges the NIAID to implement a program to stimulate more research in this area.

*Hemophilia*.—The Committee supports the NIAID's efforts to ensure access for persons with hemophilia to clinical trials for improving treatment of HIV and complications of hemophilia, including hepatitis C (HCV). The Committee, in particular, is encouraged by the NIAID's leadership in supporting research related to liver disease progression and response to HCV treatment among HIV/HCV co-infected persons with hemophilia, and it urges the Institute to continue its efforts in this area.

*Hepatitis C*.—The Committee encourages the NIAID to support the virology and immunology portions of the NIDDK's HALT–C clinical trial. The HALT–C trial is a multi-center, randomized, controlled study designed to determine if using interferon over several years will suppress the hepatitis C virus, prevent progression to cirrhosis, prevent liver cancer, and reduce the need for liver transplantation. In addition, the Committee understands that limited clinical trials in Europe have partially validated the premise that the most effective way to eliminate the hepatitis C virus is to initiate an aggressive treatment at the inception of the virus. The Institute is encouraged to collaborate with the NIDDK and the Centers for Disease Control and Prevention to establish and validate treatment guidelines for use with individuals with acute hepatitis C at its inception.

*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) titled "Challenges to Inflammatory Bowel Disease (IBD)." This report identifies strong linkages between the functions of the immune system and IBD. The Committee is aware of the NIAID's research partnerships with the IBD community, and it encourages the Institute to expand 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.

*Juvenile diabetes*.—The Committee is aware that the Immune Tolerance Network is investigating methods to create and maintain tolerance to transplanted insulin-producing islet cells in recipients with juvenile diabetes. The Committee understands that the goal of this investigation is to eliminate the need for patients to undergo long-term immunosuppressive therapy after transplantation. The Committee encourages the NIAID to continue and expand this area of research, including developing additional protocols focused on islet cell transplantation into individuals with juvenile diabetes.

*Primary immune deficiency diseases*.—The Committee is concerned that the primary immune deficiency community would be at significant risk for contracting smallpox if the Nation were to initiate a large-scale smallpox vaccination campaign. Therefore, the Committee encourages the NIAID to give priority consideration under its accelerated bioterrorism research program to a study of the potential benefits of immune globulin intravenous (IGIV) in the fight against smallpox. The Committee also understands that the NIAID intends to establish a cooperative consortium of investigators to address clinical and pre-clinical research questions on PI, including the molecular and cellular characterization of patients with novel phenotypes, and the development of new models, novel diagnostics, and new treatment approaches, such as gene therapy. The Committee urges the NIAID to move ahead aggressively with this initiative. In addition, the Committee would like to see the NIAID's current research project that is testing a new screening method for underserved populations replicated in other urban centers. Finally, the Committee continues to support greater involvement by the NIAID in the Jeffrey Modell Foundation's national campaign for physician education and public awareness of these diseases.

*Temporomandibular joint disorders (TMJ)*.—The Committee urges NIAID to incorporate the autoimmune and inflammatory processes involved in temporomandibular diseases and disorders into its research portfolio. The collection of tissue samples from TMJ patients and people without TMJ disease has been suggested as part of a patient registry, to determine whether inflammatory mediators, growth factors, cytokines and other cell and molecular factors affecting immunity may differ between people with and without TMJ disease.

*Transplantation*.—The Committee is aware of the wide gap between the supply of and demand for transplanted organs. The Institute is encouraged to expand research on organ transplantation, including the development of artificial organs, hepatocyte transplantation, xenotransplantation, live-donor liver transplantation, split liver transplantation, and other research focuses as appropriate.

*Tuberculosis*.—Tuberculosis continues to account for more deaths worldwide than any other infectious disease and for over a quarter of all preventable adult deaths. The Committee commends the NIAID for its aggressive program of tuberculosis research, and it encourages a greater emphasis on the development of a vaccine, as noted by the NIAID's "Blueprint for Tuberculosis Vaccine Development."

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

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| Appropriations, 2002 | $1,700,139,000 |
| Budget estimate, 2003 | 1,854,984,000 |
| Committee recommendation | 1,853,584,000 |

The Committee recommendation includes $1,853,584,000 for the National Institute of General Medical Sciences [NIGMS]. This is $1,400,000 less than the budget request and $153,445,000 more than the fiscal year 2002 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

*Behavioral science research and training*.—As the NIH Institute most concerned with basic research, the NIGMS has provided leadership in basic research on physiological and biological structures and functions that may play roles in numerous health conditions. The Committee encourages the NIGMS to develop collaborations with other Institutes, such as the NCI and NIMH, and the Office of Behavioral and Social Sciences Research to fund basic research

to integrate physiological knowledge of predisease pathways with behavioral studies.

*Medical Scientist Training Program (MSTP)*.—The Committee understands that translating the human genome into cures and therapies is the next great challenge for modern medicine. To meet that challenge, a new generation of scientists must be trained. The MSTP is a highly competitive program that trains physicians for careers in biomedical research by supporting them as they earn both M.D. and Ph.D. degrees. The Committee strongly urges the NIGMS to provide additional funds to increase the number of promising physicians it trains through this program.

*Minority scientist training programs*.—The Committee commends the NIGMS for its training programs 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.

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

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| Appropriations, 2002 | $1,113,087,000 |
| Budget estimate, 2003 | 1,213,817,000 |
| Committee recommendation | 1,213,817,000 |

The Committee recommends an appropriation of $1,213,817,000 for the National Institute of Child Health and Human Development [NICHD]. This is equal to the budget request and $100,730,000 more than the fiscal year 2002 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission*.—The NICHD is that component of the NIH which is responsible for conducting and supporting research on maternal and child health, the population sciences, and medical rehabilitation. Research encompassed by these areas targets infant mortality; genetic diseases, including birth defects; mental retardation; gynecological health and contraceptive development and evaluation; pediatric, maternal, and adolescent AIDS; developmental biology; vaccine development; demographic and behavioral research; and restoration or enhancement of function in individuals experiencing physical disability due to injury, disease, or birth defect.

*Autism*.—The Committee commends the NICHD for maintaining funding levels for the NIH centers of excellence in autism, and it urges the Institute to continue to do so. In addition, the Committee urges the NICHD to find ways to expand the pool of autism researchers.

*Demographic research*.—The Committee is pleased with the development of a long-range plan for demographic research supported by the NICHD, and the continued active collaboration with other Federal offices and agencies in carrying out its mission. Contributions of the NICHD program to increasing knowledge of fatherhood, marriage, immigration, and the implications of increasing racial and ethnic diversity are of high importance. The Committee encourages the NICHD to continue focusing attention on family and community factors in examining the health and development of poor children. The Committee further encourages the Institute to continue its attention to data and training needs for policy-relevant demographic research.

*Duchenne muscular dystrophy*.—The Committee commends the NICHD's interest in participating in the intramural muscular research initiative, and it encourages the NICHD to focus on childhood-specific muscular dystrophies. The Committee further encourages the NICHD to develop collaborative partnerships with the NINDS and NIAMS to advance basic, clinical, and translational research into treatment for Duchenne muscular dystrophy.

*Environmental effects on child health and development*.—The Committee applauds the NICHD on its efforts to work collaboratively with the Environmental Protection Agency and the Centers for Disease Control and Prevention on developing the Longitudinal Cohort Study on Environmental Effects on Child Health and Development, which is now called the National Children's Study. This study aims to quantify the effects of environmental exposures plus the biological and social factors on child health and development. The Committee is pleased that the NICHD is undertaking a strategic planning process that strongly emphasizes a collaborative process between the biomedical and behavioral sciences and reaffirms its commitment to this entire effort.

*Fragile X*.—Fragile X, the most common inherited cause of mental retardation, results from the failure of a single gene to produce a specific protein. Researchers at the NICHD have made great strides in understanding the mechanism by which this genetic defect causes mental retardation, seizures, aggressive outbursts and severe anxiety. Fragile X has the potential to be a powerful research model for other forms of X-linked mental retardation, as well as neuropsychiatric disorders, including autism, schizophrenia, mood disorders, and pervasive developmental disorder. The Committee is gratified that the NICHD has enhanced its research efforts on Fragile X internally, in cooperation with other Institutes, and by partnering with the FRAXA Research Foundation in the issuance and funding of a Request for Applications to research scientists. The Committee notes that the Children's Health Act of 2000 calls for the establishment of at least three Fragile X research centers. The Committee is pleased that the NICHD has issued a Request for Applications to implement this in fiscal year 2003. The Committee strongly urges the NICHD to allocate sufficient funds for expediting, expanding, and enhancing the work of these centers.

*Infertility and contraceptive research*.—The Committee continues to place a high priority on research to combat infertility and speed the development of improved contraceptives. The NICHD is urged to continue aggressive activities in this area, including individual research grants and those of the infertility and contraceptive research centers.

*Juvenile diabetes*.—The Committee encourages the NICHD to expand research using newborn screening tests, specifically to determine the causes of juvenile diabetes and to develop methods to prevent the disease. In addition, the Committee is aware of efforts to develop a vaccine to prevent juvenile diabetes and is encouraged by the early promise of this research. The Committee urges the NICHD to collaborate with the NIDDK in this important research initiative and with the CDC on the creation of a national surveillance system to track individuals with juvenile diabetes.

*Maternal-fetal medicine*.—The Committee is pleased with the progress of the Maternal Fetal Medicine Units (MFMU) Network. The Committee urges the NICHD to continue and expand its support of the Network to enable researchers to continue to collect data and more efficiently study complicated pregnancies with a focus on pre-term birth and maternal complications. In addition, the Committee urges the NICHD to increase research in the area of pregnancy-related complications, with a special emphasis on issues related to minority health disparities.

*Osteogenesis imperfecta*.—The Committee encourages the Institute to increase its research on osteogenesis imperfecta, especially genetic therapies, animal models, drug treatment, and rehabilitation.

*Pediatric kidney disease*.—Kidney disease remains a persistent and little-understood problem among infants, children, and adolescents. The NICHD is strongly urged to undertake research to identify factors responsible for poor linear growth, abnormal bone formation and cognitive deficits in children; epidemiological studies designed to quantify the magnitude of the problem and identify which kidney diseases present the highest risk; and initiatives aimed at maximizing the academic potential of children with kidney disease.

*Pediatric liver disease*.—The Committee urges the Institute to pursue opportunities to participate with the NIDDK and other Institutes on pediatric liver disease research, particularly in the areas of biliary atresia and non-alcoholic steatohepatitis.

*Primary immunodeficiencies (PI)*.—The Committee continues to be impressed by the comprehensive commitment that the NICHD has shown in addressing PI, particularly with regard to the Institute's partnership with the Jeffrey Modell Foundation, the NCI, the NIAID, and the CDC on a national physician education and public awareness campaign. The Committee encourages the NICHD to continue and expand its involvement in this campaign.

*Skeletal growth*.—The committee encourages the NICHD to support research in abnormal and normal skeletal growth and development, including rickets and chronic under-nutrition, use of oral contraceptives and anabolic steroids, lactation, and pregnancy.

*Specialized centers for research*.—The Committee commends the NICHD for its innovative program of specialized centers for research in reproductive medicine at minority institutions.

*Sudden Infant Death Syndrome*.—The Committee is pleased with NICHD's continued efforts to extend the reach of its successful "Back to Sleep" campaign to underserved populations and daycare providers. The Committee also commends NICHD's attempts to further its progress in SIDS research by initiating a third SIDS 5-year research plan.

*Traumatic brain injury (TBI)*.—The Committee commends the NICHD and the National Center for Medical Rehabilitation Research for their efforts in establishing a TBI clinical trials network to investigate the efficacy of rehabilitation services for TBI victims. The Committee supports further research by the Center to investigate methods of improving decision-making functions and related cognitive skills of TBI victims.

*Urogynecology program.*—The Committee is encouraged by the NICHD's accomplishments to date in establishing a research portfolio on pelvic floor disorders and urinary incontinence. The Committee encourages the Institute to fund grant applications for tissue structure, epidemiological studies, urinary incontinence, and clinical trials intervention programs. The Committee also encourages the NICHD to include the effects of pregnancy on a woman's chance for later urogynecologic problems in the future "National Children's Study."

*Vulvodynia.*—Research indicates that millions of American women suffer from vulvodynia, a painful and often debilitating disorder of the female reproductive system. Despite its prevalence, very little attention has been paid to the disorder by health professionals or researchers. Since fiscal year 1998, the Committee has called on the NICHD to support research on the prevalence, causes, and treatment of vulvodynia. While some initial steps have been taken, the Committee continues to be very concerned with the lack of research progress made in this important area and the lack of priority placed on it by the NICHD. The Committee expects the Institute to provide a significant increase in funding for research on vulvodynia.

NATIONAL EYE INSTITUTE

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| Appropriations, 2002 | $581,191,000 |
| Budget estimate, 2003 | 629,990,000 |
| Committee recommendation | 634,290,000 |

The Committee recommends an appropriation of $634,290,000 for the National Eye Institute [NEI]. This is $4,300,000 more than the budget request and $53,099,000 more than the fiscal year 2002 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

The Committee is pleased that vision impairment is a priority area in the national Healthy People 2010 initiative. The Institute is urged to develop the data on the extent of the problem of eye disease, especially among the aging population, and the economic consequences of eye disease so progress in these areas can be measured.

*Age-related macular degeneration.*—Age-related macular degeneration (AMD) is the most common form of irreversible blindness for persons over the age of 65. More than 1.6 million Americans over age 50 suffer from AMD, and this number is expected to triple by the year 2020. NEI-supported research has demonstrated that early detection and treatment can slow the onset of this sight-threatening disease, thereby maintaining the independence and quality of life of the elderly. Therefore, the Committee encourages

the NEI, through the National Eye Health Education Program (NEHEP), to launch an education and outreach program relating to AMD to increase public awareness about the need for early detection and diagnosis, recognition of symptoms, and treatments for the disease. The Committee likewise encourages the NEI to expand its intramural research efforts on this disease.

*Bioengineering*.—The Committee commends the NEI for its longstanding support for new technologies specifically aimed at improving the understanding of ocular and visual systems. The Committee encourages the NEI to continue its research in these critical areas and to expand its research in tissue bioengineering related to artificial corneas, adult stem cell research aimed at replacing or regenerating cornea tissue, and other applications of innovative technologies that will enhance or restore vision.

*Diabetic eye diseases*.—The Committee is pleased with the NEI's initiative to develop and evaluate more rapidly new treatments for macular edema through a new multicenter clinical trials network. The Committee is aware that diabetic retinopathy is the leading cause of new cases of blindness in this country. Diabetic macular edema, secondary to diabetic retinopathy, is a major cause of vision loss due to the leakage of fluids and other materials from damaged blood vessels. The Committee encourages the NEI to continue to implement the recommendations of the Diabetes Research Working Group related to diabetic eye disease.

*Health disparities*.—NEI-supported researchers have found that the prevalence of non-insulin-dependent diabetes mellitus (NIDDM) is two to three times higher in Hispanics than in non-Hispanic whites. The Committee is pleased with the NEI's progress in implementing its Spanish language education program "Ojo con su visión," and it encourages the NEI to continue its targeted health education activities and messages to increase awareness of diabetes and its complications in the Hispanic population.

*National Eye Health Education Program*.—The National Eye Health Education Program (NEHEP) is coordinated by the NEI in partnership with over 60 national organizations that conduct eye health education programs. The Committee commends the NEI for its development of the Low Vision Education Program to increase awareness of low vision and its impact on the quality of life, particularly among African-American and Hispanic populations that are at increased risk of vision loss from sight-threatening diseases. The Committee is particularly pleased with "The Eye Site," an award-winning traveling exhibit directed toward people with low vision, their families and friends, and health care and service professionals.

*Neurodegenerative eye diseases*.—The Committee is pleased to learn of the significant advances made in research on neurodegeneration across a range of eye diseases, including retinitis pigmentosa, ocular albinism, macular degeneration, and glaucoma. In light of these developments, the Committee urges the NEI to increase its support and conduct of research on these neurodegenerative eye diseases, including support for genomic and proteomic resources and for collaborative multidisciplinary research.

*Sjögren's syndrome*.—The Committee commends the NEI for supporting grants in dry eye and Sjögren's-related research and encourages continued investigation into improved therapeutics for dry eye. An important initial step in dry eye research and Sjögren's is obtaining epidemiology data, and the Committee encourages the NEI to pursue this research.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

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| Appropriations, 2002 | $566,118,000 |
| Budget estimate, 2003 | 614,258,000 |
| Committee recommendation | 617,258,000 |

The Committee recommends an appropriation of $617,258,000 for the National Institute of Environmental Health Sciences [NIEHS]. This is $3,000,000 more than the budget request and $51,140,000 more than the fiscal year 2002 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission*.—The mission of the NIEHS is to define how environmental exposures affect health; how individuals differ in their susceptibility to these effects; and how these susceptibilities change with time. This knowledge, coupled with prevention and communication programs, can lead to a reduction in environmentally associated diseases and dysfunctions.

*Environmental Health Sciences Centers*.—The Committee continues to strongly support the Environmental Health Sciences Centers program and believes that a fully funded centers program is critical to carrying out the expanding mission of the NIEHS. The Committee strongly urges the Institute to maintain the centers' current funding levels.

*Hormone-disrupting chemicals*.—The Committee encourages the NIEHS to enhance research on the health effects of exposure to hormone-disrupting chemicals. The committee also encourages the NIEHS to collaborate with the Centers for Disease Control and Prevention, the United States Geological Survey, the Environmental Protection Agency, and other appropriate agencies in this effort. This collaboration will contribute to a better understanding of how hormone-disrupting chemicals lead to the development of reproductive, nervous, and immune system disorders, and cancer, particularly as a consequence of pre-natal exposures.

*Volcanic emissions*.—The Committee continues to be concerned about the public health aspects of volcanic emissions in Hawaii. Such emissions present significant acute and long-term health problems, and the Committee urges the development of a multidisciplinary approach to this problem.

NATIONAL INSTITUTE ON AGING

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| Appropriations, 2002 | $893,130,000 |
| Budget estimate, 2003 | 968,699,000 |
| Committee recommendation | 1,000,099,000 |

The Committee recommendation includes $1,000,099,000 for the National Institute on Aging [NIA]. This is $31,400,000 more than the budget request and $106,969,000 more than the fiscal year 2002 appropriation. The comparable amounts for the budget esti-

mate include funds to be transferred from the Office of AIDS Research.

*Mission*.—The NIA conducts biomedical, behavioral, and social research related to the aging process to prevent disease and other problems of the aged, and to maintain the health and independence of older Americans. Research in aging over the last two decades demonstrates that aging should not be equated with inevitable decline and disease.

*Age-related bone diseases*.—The committee encourages the NIA to coordinate research with NIAMS into age-related changes in bone and the skeleton, including osteoporosis, osteogenesis imperfecta, and Paget's disease.

*Alzheimer's disease.*—An estimated 4 million Americans now suffer from Alzheimer's disease, a degenerative brain disorder that robs its victims of the ability to care for themselves; places enormous physical, emotional and financial burdens on family caregivers; and each year drains $100,000,000,000 from our economy. Left unchecked, an estimated 14 million individuals will be stricken over the next few decades, while the annual cost of caring for Alzheimer's victims will soar to $375,000,000,000. The Committee 3 years ago challenged the NIH and the scientific community to launch a full-scale assault on Alzheimer's disease that focuses on preventing or delaying its onset. The NIA responded by embarking on a multi-Institute prevention initiative that encompassed basic, epidemiological, behavioral and clinical research. As a result of these efforts, science is now at the point where effective treatment and prevention of the disabling effects of Alzheimer's are within reach. In light of the dramatic strides that have already been made in understanding Alzheimer's disease, scientists believe that an investment of $1,000,000,000 as soon as possible will produce the answers necessary to conquer Alzheimer's. The Committee urges the NIA to expand its investment in Alzheimer's disease research, focusing especially on its pathology, the identification of risk factors, more effective treatments, and large-scale clinical trials. In addition, advances in genetics and imaging now make it possible to study Alzheimer's in ways that were never before possible. The Committee encourages the NIA to apply this new knowledge to ongoing longitudinal studies.

The Committee also urges the NIA to focus on early detection of Alzheimer's disease so that clinical interventions to slow or stop the progression of the disease may be undertaken. The Committee notes that positron emission tomography (PET) may identify Alzheimer's disease at an early stage and encourages the NIA, in collaboration with the NINDS and the NIMH, to expand its research efforts into early diagnosis of Alzheimer's using PET and other brain imaging methods.

*Behavioral research*.—The Committee recognizes the NIA's efforts to spur research on aging and cognitive function, and it urges the Institute to focus on the many difficult questions involved in long-term maintenance of positive behavior change. The Committee applauds efforts in the Behavioral and Social Research branch to encourage multidisciplinary and interdisciplinary behavioral economics research that may address questions of savings and resource allocation in the pre- and post-retirement populations.

*Cardiovascular aging research.*—Cardiovascular diseases remain America's leading causes of death of older men and women and a significant cause of disability. The Committee urges the NIA to make cardiovascular research a priority.

*Claude D. Pepper Older American Independence Centers.*—The Committee continues to strongly support these successful centers, which focus on developing innovative and cost effective ways to enhance the independence of older Americans. The centers also play the critical role of developing top level experts in geriatrics. The Committee strongly urges the NIA to make all possible efforts to expand these centers to include a school of nursing.

*Demographic and economic research.*—The Committee commends the NIA for its demography and economic research. It is impressed by the importance of the findings from the Health and Retirement Study and the National Long Term Care Survey regarding the continuing decline in physical and cognitive disability. The Committee urges the NIA to expand funding for these studies and to explore the economic and social impact of the decline for families and society. The Committee also encourages the NIA to assess the role of health as a factor in premature retirement.

*Older Americans with mental illness.*—The Committee is concerned about the growing population of older Americans who suffer from mental illness. This is often an underserved population, particularly in rural areas. The Committee encourages the NIA to target funds to study and identify vulnerable older adults who are at risk for such mental illnesses as depression, anxiety, and psychoses. Because advanced practice psychiatric nurses work in a variety of settings, the Committee believes they may be in a unique position to be a critical component of research related to the assessment and treatment of older adults with these disorders.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

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| Appropriations, 2002 | $448,699,000 |
| Budget estimate, 2003 | 486,624,000 |
| Committee recommendation | 489,324,000 |

The Committee recommends an appropriation of $489,324,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS]. This is $2,700,000 more than the budget request and $40,625,000 more than the fiscal year 2002 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission.*—NIAMS conducts and supports basic and clinical research and research training, and the dissemination of health information on the more than 100 forms of arthritis; osteoporosis and other bone diseases; muscle biology and muscle diseases; orthopedic disorders, such as back pain and sports injuries; and numerous skin diseases. The research agenda of NIAMS addresses many devastating and debilitating diseases that afflict millions of Americans. These diseases of the joints, muscles, bones, connective tissues, and skin, in the aggregate, will affect nearly every American at some point in their lives, causing tremendous human suffering and costing the Nation billions of dollars in both health care and lost productivity. The research activities of this Institute serve the

concerns of many different special populations, including women, minorities, children, and the elderly.

*Duchenne muscular dystrophy*.—The Committee urges NIAMS to intensify its research into the muscular dystrophies, and to continue working closely with the NINDS to identify collaborative opportunities to advance basic, clinical, and translational research into treatment for Duchenne muscular dystrophy. In addition, the Committee encourages NIAMS to coordinate with the NINDS and the Centers for Disease Control and Prevention to develop strategic research priorities for basic and applied research in the Duchenne and Becker muscular dystrophies.

*Gender differences in musculoskeletal biology*.—Recent scientific advances have begun to make it possible to understand underlying gender-dependent differences that contribute to differences in disease incidence and severity between males and females. Osteoarthritis, rheumatoid arthritis, and osteoporosis are expressed to a greater extent in females. The Committee encourages NIAMS to work to identify the extent of these gender differences in musculoskeletal disorders and develop a plan for addressing the questions that require further research.

*Marfan syndrome*.—Marfan syndrome is a life-threatening genetic disorder affecting several organ systems including musculoskeletal, cardiovascular and ophthalmologic systems. To further boost research in this area, the Committee encourages NIAMS to consider all available mechanisms of funding for research on Marfan syndrome. The Committee commends NIAMS for taking the lead role in the vital support of research on heritable disorders of connective tissue, which include Marfan syndrome. The Committee is pleased to note that NIAMS has issued a Request for Applications for heritable disorders of connective tissue.

*Metabolic bone diseases*.—The Committee urges NIAMS to enhance its research into all metabolic bone diseases, to support research that applies new developments in genomics and proteomics to osteoporosis and related bone diseases, and to conduct large-scale clinical trials to determine whether agents that prevent bone loss reduce fracture risk in women with low bone mass.

*Osteogenesis imperfecta*.—The Committee encourages the Institute to pursue new osteogenesis imperfecta (OI) research opportunities arising out of the 2002 scientific workshop on OI, including life-threatening respiratory and cardiovascular problems related to osteogenesis imperfecta.

*Scleroderma*.—The Committee is encouraged by the NIAMS's growing interest in scleroderma, a chronic and progressive disease that predominantly strikes young women. More research is critically needed to identify the genetic risk factors for scleroderma and to develop safe and effective treatments. The Committee encourages the NIAMS to collaborate with other Institutes, including the NHLBI, NIDDK, and NIDCR, to generate more comprehensive research opportunities for scleroderma.

*Skeletal repair*.—The Committee encourages NIAMS to explore the stimulation of skeletal repair by biophysical agents including mechanical strain, ultrasound, and electrical energy. This research would be valuable to interdisciplinary interests including trauma,

aging, rehabilitation and exercise physiology, and tissue engineering.

*Temporomandibular joint disorders (TMJ)*.—The Institute is urged to initiate research on the unique features of the temporomandibular joint as well as explore to what extent temporomandibular diseases and disorders share common pathogenic mechanisms with osteoarthritis in other joints and musculoskeletal pain. The recommendations from the recent TMJ Association meeting on joint and muscle dysfunction of the TMJ, which NIAMS co-sponsored, can serve as guidance for the NIAMS TMJ research agenda.

*Tissue reengineering*.—There is growing interest in the possibility that tissue engineering will provide a biological solution to the critical clinical need for organs and tissues. The Committee encourages NIAMS to consider holding a workshop to help educate clinicians, who can apply the advances to patients, about this new field.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS

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| Appropriations, 2002 | $341,965,000 |
| Budget estimate, 2003 | 370,805,000 |
| Committee recommendation | 372,805,000 |

The Committee recommends an appropriation of $372,805,000 for the National Institute on Deafness and Other Communication Disorders [NIDCD]. This is $2,000,000 more than the budget request and $30,840,000 more than the fiscal year 2002 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission*.—The NIDCD funds and conducts research and research training in the normal and disordered processes of human communication, specifically in the areas of hearing, balance, smell, taste, voice, speech, and language. The Institute addresses the special biomedical and behavioral problems of people who have communication impairments or disorders; contributes to health promotion and disease prevention; and supports efforts to create devices that substitute for lost and impaired sensory and communication functions.

*Dysphonia*.—The Committee continues to be pleased with the NIDCD's expanding intramural research program with respect to dysphonia. The Committee encourages the NIDCD to explore possibilities for a more active extramural research effort on dysphonia, and collaboration with other NIH Institutes on this important disorder.

*Early detection and intervention*.—The Committee supports expanded research on the early detection, diagnosis, and intervention of infants with deafness and other communication disorders, as well as on new intervention strategies to prevent otitis media and other childhood causes of hearing loss.

*Genetic deafness*.—The Committee encourages the NIDCD to conduct research into the genetic basis for normal and disordered communication, especially auditory system proteomics, and into interventions that prevent or treat genetic deafness.

*Hair cell regeneration*.—The Committee urges NIDCD to give a high priority to new and important directions for inner ear hair cell regeneration.

*Hearing devices*.—The Committee encourages the NIDCD to expand research that would improve the benefits of cochlear prostheses and improve remediation of less-than-profound hearing loss through hearing aids and/or new prostheses and drug-delivery systems.

*Language acquisition*.—The Committee encourages the NIDCD to explore the biological bases and genetics of language, as well as infant speech perception and language acquisition. It also encourages the Institute to develop clinical applications such as genetic screening for all communication disorders.

*Noise-induced hearing loss*.—The Committee continues to be concerned by the number of Americans who suffer from noise-induced hearing loss. The NIDCD's Wise Ears! campaign has the potential to make significant inroads towards educating Americans of all ages, and the Committee strongly supports its expansion.

*Presbycusis*.—Presbycusis, the gradual loss of hearing from aging, will become more common as the Nation's population grows older. The Committee encourages research on the central and peripheral mechanisms leading to presbycustic hearing loss and on strategies that would prevent hearing loss in our senior population.

*Preventing hearing loss*.—The Committee supports expanded research on prosthetic and pharmacological therapies for hearing loss from noise stress, ototoxic drugs and other traumas.

*Tinnitus*.—The Committee encourages the Institute to expand its research into mechanisms underlying peripheral and central tinnitus.

NATIONAL INSTITUTE OF NURSING RESEARCH

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| Appropriations, 2002 | $120,428,000 |
| Budget estimate, 2003 | 130,438,000 |
| Committee recommendation | 131,438,000 |

The Committee recommends an appropriation of $131,438,000 for the National Institute of Nursing Research [NINR]. This is $1,000,000 more than the budget request and $11,010,000 more than the fiscal year 2002 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission*.—The National Institute of Nursing Research [NINR] supports clinical and basic research on biological and behavioral aspects of critical national health problems. The Institute's programs have established a scientific basis for research that seeks to reduce the burden of acute and chronic illness and disability for individuals of all ages; improve the quality of life by preventing and delaying the onset of disease or slowing its progression; and establishing better approaches to promoting health and preventing disease. The NINR supports programs essential to improving clinical environments by testing interventions which influence patient health outcomes and reduce costs and demands for care.

*Adolescent research intervention*.—Adolescents are prone to risky behaviors that endanger their present and future health, such as smoking, eating unhealthy foods, excessive drinking of alcohol, and

physical inactivity. The Committee supports the NINR's research interventions that address multiple risks across adolescent populations and settings, such as school, work, and the community, to reduce youthful risk-taking and its consequences.

*Alzheimer's disease*.—The Committee is pleased that the NINR plans to expand research on long-term care recipients' health care needs and interventions. Working in collaboration with the NIA and other Institutes, the NINR is playing a critical role in improving care for individuals with Alzheimer's disease through research aimed at maintaining functional mobility and preventing complications from co-occurring illnesses, excess disability, and premature decline.

*Collaboration with NIMH*.—The Committee acknowledges the long-term mentorship program established by NINR in collaboration with the National Institute of Mental Health to prepare mental health nurses with the skill sets required for competitive research proposals to the NIH. The Committee recommends continued collaboration with NIMH to generate initiatives.

*Health disparities*.—The Committee commends the NINR for its active role in research to abolish health disparities and urges continued emphasis, particularly in light of findings that the health care of minorities, even those who are insured, is lower in quality. The NINR's efforts to build community partnerships for research on key health issues that are identified by the minority community members themselves are an important step in the right direction.

*Family caregivers*.—The Committee commends the NINR for its research to assist the Nation's estimated 24 million to 27 million family caregivers, who provide an average of 18 hours of unpaid care a week to their ill relatives. The Committee is encouraged by findings showing that nursing interventions can improve caregiver skill levels, morale, and quality of life, and it supports enhanced research in this area. The Committee is also pleased that the NINR is expanding caregiver research directed at professional caregivers who serve those residing in nursing homes and in assisted living facilities.

*Juvenile diabetes*.—The Committee is aware of reports of adolescents with juvenile diabetes engaging in behavior that will accelerate damaging complications, such as neglecting to take insulin for purposes of weight loss. The Committee encourages the NINR to increase its attention to adolescents with juvenile diabetes, specifically regarding consequences of the disease's psychological impact. In addition, the Committee is aware of the important role that Ph.D. nurses play in research to find cures for diseases such as juvenile diabetes. The Committee encourages the Institute to expand measures to increase the numbers of Ph.D. nurses.

*Nursing shortage*.—The Committee is very concerned about the shortage of nurses. The NINR's efforts to build nursing research capacity are essential to ensure a sufficient supply of well-prepared investigators to address the health needs of tomorrow. The Committee encourages the NINR to implement programs that bring students into the research stream at a younger age and to diversify research and training opportunities in reaching out to minorities.

*Palliative care*.—The Committee commends the NINR for its efforts to advance the science of end-of-life/palliative care, and it encourages continued emphasis and expansion.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

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| Appropriations, 2002 | $384,071,000 |
| Budget estimate, 2003 | 416,773,000 |
| Committee recommendation | 418,773,000 |

The Committee recommends an appropriation of $418,773,000 for the National Institute on Alcohol Abuse and Alcoholism [NIAAA]. This is $2,000,000 more than the budget request and $34,702,000 more than the fiscal year 2002 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission*.—The NIAAA conducts biomedical and behavioral research for improving prevention and treatment and reducing or eliminating the associated health, economic, and social consequences of alcohol abuse and alcoholism. NIAAA provides leadership in the country's effort to combat these problems by developing new knowledge that will decrease the incidence and prevalence of alcohol abuse and alcoholism and associated morbidity and mortality. NIAAA addresses these questions through an integrated program of biomedical, behavioral, and epidemiologic research on alcoholism, alcohol abuse, and related problems. This broad-based program includes various areas of special emphasis such as medications development, fetal alcohol syndrome, genetics, neuroscience and moderate drinking.

*Alcohol treatment services*.—Given the rapid growth of managed behavioral health care, the Committee is concerned that more needs to be known about how alcohol treatment services are delivered under managed care arrangements and the specific characteristics of behavioral health components of health insurance plans and managed care organizations. The Committee continues its support of the NIAAA Advisory Council's comprehensive plan for health services, particularly its recommendation to prioritize research to understand the effects of managed care on treatment services. The Committee acknowledges the NIAAA's progress in implementing this recommendation, and it encourages the Institute to consider supporting additional research in this area.

*Alcoholic liver disease*.—Alcoholic liver disease remains a major cause of morbidity and mortality in the United States. The Committee notes that recent research suggests that free radicals are a principal vehicle through which alcohol damages the liver, and that antioxidants look increasingly promising as a potential treatment. The Committee encourages the Institute to expand its research on alcoholic liver disease, particularly regarding the interaction between hepatitis C and alcohol in liver disease.

*Brain mapping and organ imaging in alcoholism*.—The Committee notes the rapid progress made through advanced imaging technology in mapping the brain pathways that are involved in alcohol addiction and alcohol-related brain damage. The Committee urges the Institute to expand research on brain mapping in alcoholics. Where possible, the Institute should collaborate with the NIBIB and other NIH Insitutes and agencies on the development

of advanced instrumentation to further the understanding of alcohol dependence and alcohol-related medical disorders.

*College drinking*.—The Committee applauds the NIAAA Task Force Report on College Drinking—"A Call To Action: Changing the Culture of Drinking at U.S. Colleges"—especially its goal of providing university and college presidents, policymakers, and researchers with information and recommendations on the effectiveness of current interventions and encouraging them to embrace rigorous research-based solutions. The Committee is pleased that the NIAAA website Collegedrinkingprevention.gov has over 2 million hits and has received over 15 awards since it appeared in April, reflecting the concern and interest in this national public health problem. The Committee believes the Task Force's proposed research-based recommendations should be implemented in as many colleges and universities as soon as possible.

*Health disparities*.—Evidence suggests that alcohol affects genders and subpopulations differently, and that some groups suffer more adverse effects than others. The Committee encourages the Institute to work collaboratively with the NCMHD to study the role of gender, ethnicity, socioeconomic status, and other variables in determining the effects of alcohol use and abuse.

*Identification of molecular targets of alcohol in the brain.*—The Committee notes the success of NIAAA-funded investigators in identifying molecular targets of alcohol in the brain. The characterization of these targets may lead to the discovery of compounds that block specific effects of alcohol. The Committee is pleased to learn that this strategy has led to the prevention of alcohol-related birth defects in mice, and it encourages the Institute to stimulate additional research on the molecular basis for the actions of alcohol.

*Longitudinal studies*.—The Committee encourages the Institute to undertake longitudinal studies that recruit subjects in early adolescence to examine gene-environment interactions impacting alcohol abuse and alcoholism during the course of an individual's life. The Institute is encouraged to partner with other institutes, agencies and organizations deemed appropriate, including the NICHD and SAMHSA.

*Medications development for alcoholism treatment.*—The Committee is aware of advances in the understanding of how genetics and environment influence the response to alcohol. The Committee urges the Institute to encourage studies on the influence of psychological and social factors on the success of treatment, and develop new medications for the treatment of alcoholism and alcohol-related disorders.

*Multidisciplinary research on fetal alcohol syndrome*.—The Committee recognizes that fetal alcohol syndrome is among the most common preventable cause of mental impairment. The Committee supports the Institute's efforts to understand the biological mechanisms through which alcohol causes damage to the developing fetus. The Committee also urges the Institute to aggressively pursue research that will lead to effective strategies for the prevention and treatment of fetal alcohol syndrome.

*Native Alaskans*.—The Committee is aware of serious problems with alcohol and substance abuse among Native Alaskans and of

the need for translating research into clinical applications for this population. The Committee urges the NIAAA to sponsor a Research to Practice Forum to focus on bridging the gap between researchers and practitioners and translating scientific research into clinical applications, and to support the implementation of any recommendations developed at the forum.

*Prevention of alcohol abuse in adolescents.*—The Committee is very concerned about the increasing number of alcohol-related deaths on college campuses and increasing alcohol use among elementary and secondary school-aged children. The Committee urges the Institute to pursue collaborations with other Institutes, such as the NICHD and NIMH, to study the causes of alcohol abuse among this age group and to devise strategies for effective prevention and intervention.

NATIONAL INSTITUTE ON DRUG ABUSE

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| Appropriations, 2002 | $887,733,000 |
| Budget estimate, 2003 | 964,613,000 |
| Committee recommendation | 968,013,000 |

The Committee recommends an appropriation of $968,013,000 for the National Institute on Drug Abuse [NIDA]. This is $3,400,000 more than the budget request and $80,280,000 more than the fiscal year 2002 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission.*—Created in 1974, NIDA supports about 85 percent of the world's biomedical research in the area of drug abuse and addiction. The Committee commends NIDA for demonstrating through research that drug use is a preventable behavior and that addiction is a treatable disease. NIDA's basic research plays a fundamental role in furthering knowledge about the ways in which drugs act on the brain to produce dependence, and contributes to understanding how the brain works. In addition, NIDA research identifies the most effective pharmacological and behavioral drug abuse treatments. NIDA conducts research on the nature and extent of drug abuse in the United States and monitors drug abuse trends nationwide to provide information for planning both prevention and treatment services. An important component of NIDA's mission is also to study the outcomes, effectiveness, and cost benefits of drug abuse services delivered in a variety of settings and to assure dissemination of information with respect to prevention of drug abuse and treatment of drug abusers.

*Collaboration with SAMHSA and other agencies.*—The Committee encourages NIDA to continue to collaborate with SAMHSA and other agencies to bridge the existing gap between research and practice. The Committee is pleased that NIDA plans to support CSAT's Addiction Technology Transfer Centers. The Committee believes that this collaborative effort will have a significant impact on how communities receive and develop the skills, systems, and necessary support to implement new research findings.

*Community-friendly behavioral therapies.*—Research-based behavioral treatments are often criticized as too lengthy, costly, complex, or difficult for treatment providers to integrate with more traditional methods of care. The Committee applauds NIDA's efforts

to remedy this situation by developing and bringing behavioral therapies to community treatment centers. NIDA is urged to encourage researchers to make behavioral treatments more "community friendly," while still maintaining their effectiveness. The Committee is pleased that NIDA has expanded the scope of its research beyond testing new treatments to include studies on financing and organizational adaptation and change. The Committee encourages NIDA to continue testing new treatments in clinical trials and supporting research on how to move effective treatments into health care systems.

*Hepatitis C treatment*.—The Committee notes the high incidence of hepatitis C among the U.S. population that uses drugs. Research into the efficacy of treating such individuals for hepatitis C concurrently with drug dependency protocols such as methadone is highly recommended.

*Information dissemination*.—The Committee urges NIDA to use both the existing National Drug Abuse Treatment Clinical Trials Network infrastructure and the new prevention infrastructures that are currently being established as part of NIDA's new Prevention Research Initiative to ensure that findings are put into practice in communities across the country.

*Methamphetamine*.—The Committee continues to be concerned about methamphetamine abuse across the Nation, especially in the Midwest. The Committee again urges NIDA to expand its research on improved methods of prevention and treatment of methamphetamine abuse.

*Nicotine*.—The Committee applauds NIDA's efforts to support a comprehensive research portfolio that has indisputably demonstrated the addictive nature of nicotine. The Committee encourages NIDA to work independently and, where possible, collaborate with other Institutes and organizations to identify and develop targets for new treatments. The Committee recognizes that treating addiction to nicotine remains among the most cost-effective approaches to reducing cancer risk.

*Prevention research*.—The Committee is pleased that NIDA has launched a multi-component National Prevention Research Initiative that will involve partners at the State and local levels. The Committee urges NIDA to expand this initiative to test the effectiveness of new and existing science-based prevention approaches in different communities, while also studying how best to adapt the programs for local needs.

*Stress and substance abuse*.—Stress plays a major role in the initiation and continuation of drug use, and in relapse to addiction. The Committee encourages the NIDA to increase its research portfolio on this topic as well as on post-traumatic stress disorder and substance abuse.

*Translating basic research*.—NIDA's strong basic research foundation has provided great insight into the addiction process and has helped identify molecular targets for the development of medications as well as new behavioral treatment strategies as well. The Committee urges NIDA to use translational research to continue to rapidly bring knowledge from the lab into clinical practice.

NATIONAL INSTITUTE OF MENTAL HEALTH

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| Appropriations, 2002 | $1,238,093,000 |
| Budget estimate, 2003 | 1,343,088,000 |
| Committee recommendation | 1,350,788,000 |

The Committee recommends an appropriation of $1,350,788,000 for the National Institute of Mental Health [NIMH]. This is $7,700,000 more than the budget request and $112,695,000 more than the fiscal year 2002 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission.*—The research programs of the Institute lead the Federal effort to identify the causes of—and the most effective treatments for—mental illnesses, which, according to a report recently issued by the Surgeon General of the United States, afflict more than one in five American adults. One result of the Federal research investment has been a growing awareness that undiagnosed and untreated mental illness, in all its forms and with all of its consequences, is as damaging as physical illness to the Nation's well-being.

*Alzheimer's disease.*—The NIMH continues to play an important part in efforts to develop effective treatment strategies for Alzheimer's disease. Already underway is a large-scale, multi-site study to identify the best medication treatment strategies for the behavioral problems that co-occur in Alzheimer's. In addition, the NIMH's newly formed Aging Workgroup has undertaken an exhaustive review of its current aging-related research portfolio, with a view toward enhancing coordination and collaboration with other NIH institutes. The Committee is pleased with the steps the NIMH has already taken, and it encourages the Institute to continue its efforts to reduce the psychiatric burden of Alzheimer's disease, including research into the relationship between Alzheimer's and depression.

*Autism.*—The Committee notes that, that under the leadership of the NIMH, the NIH has quickly carried out the provisions of the Children's Health Act with respect to establishing autism centers of excellence and the Interagency Autism Coordinating Committee. The Committee is also encouraged by grants from the NIMH to investigate treatment options, including pharmaceutical research targeting the unique needs of the autism community in both children and adults. The Committee urges the NIMH to continue to fund behavioral and clinical research as well as other promising areas of research related to autism spectrum disorders.

*Borderline personality disorder (BPD).*—The Committee understands that failure to recognize and adequately treat BPD can have devastating consequences such as substance abuse, domestic violence, and even suicide. The Committee urges the NIMH to expand its research on this disease.

*Elderly mental health.*—The Committee is concerned that despite substantial funding increases for the NIMH in recent years, the Institute's sponsorship of extramural research on the mental health of the elderly has not kept pace with its funding of research for other populations. Therefore, the Committee urges the NIMH to expand research in this area through all available mechanisms.

*Fragile X.*—Fragile X causes cognitive impairment, mental disorders such as obsessive-compulsive disorder, and extreme anxiety. The Committee urges the NIMH to conduct research on the neurobiological basis of Fragile X, characterize the mental health symptoms of Fragile X, and investigate effective treatments and promising new psychopharmacologic interventions that target those symptoms. The Committee also urges the NIMH to include Fragile X in its studies of related neuropsychiatric disorders and to work with other Institutes such as the NICHD and the NINDS to develop cooperative research support mechanisms in this area.

*Frontier mental health needs.*—The Committee commends the NIMH on its outreach efforts to determine the differences in mental health needs which may exist in remote frontier communities. The Committee encourages the NIMH to expand its research efforts into these communities, which are often ignored in research projects but which continue to suffer from high incidences of mental health problems.

*Health disparities.*—The Committee is encouraged by the NIMH's efforts to determine the causes for the disproportionate impact of mental disorders on racial and ethnic minority groups and to investigate methods of addressing and alleviating health disparities based on race and ethnicity. The Committee urges the NIMH to act on its strategic goals to achieve a more ethnic and racially diverse pool of mental health investigators through minority-focused training and career development mechanisms; to ensure inclusion of minority groups in clinical trials funded by the NIMH; to obtain an accurate measurement of the extent of mental health disparities across communities of color; and to use basic behavioral science to determine cultural differences in stress, coping and resilience.

*Major Depression and Bipolar Disorder.*—More than 20 million children and adults in the Nation are affected by major depression or bipolar disorder, and depression has been shown to be a leading cause of disability worldwide. Depression and bipolar disorders are also prominently associated with suicide. The Committee is aware that the NIMH has developed "Breaking Ground, Breaking Through: The Strategic Plan for Mood Disorders Research" in consultation with nationally recognized scientific experts, members of the National Advisory Mental Health Council, and representatives of consumer groups. This plan summarizes the current state of the science on major depression and bipolar disorder across the life span, provides a vision of achievable scientific goals, and recommends research priorities. It also addresses the causes, diagnosis, and improvement of interventions at the level of individual patients and service systems, as well as prevention. The Committee encourages the NIMH to continue its efforts to understand, treat, and prevent these illnesses.

*Native Hawaiians.*—The Committee remains concerned that Native Hawaiians and other Native American Pacific Islanders continue to suffer disproportionately from mental health problems. The NIMH is encouraged to continue its efforts to address this area.

*Portfolio balance.*—The Committee commends the NIMH for a balanced approach to research that includes basic neuroscience, be-

havioral science, health services research and clinical research. The Committee applauds, for example, the NIMH's leadership in working quickly to address urgent public health problems. NIMH research has shown that, for some individuals, exposure to violent or traumatic events can result in very significant mental health repercussions. Recent school violence and the events of September 11, 2001, have proven that this information is crucial and directly applicable. The Committee supports the NIMH's determination to speed the translation of research results into practical societal benefits, including improved mental health services for those who need them.

*Translating behavioral and social sciences research.*—The Committee supports translational research in the behavioral and social sciences to address how basic behavioral processes inform the diagnosis, treatment, and delivery of services for patients, particularly for young people, with mental disorders. To further the translation of research knowledge into practice, the Committee encourages ongoing collaboration between the NIMH and the Substance Abuse and Mental Health Services Administration to reduce the current lag time between the discovery of an effective treatment or intervention and its availability at the community level. The Committee also promotes the establishment of translational behavioral research as a priority funding area for the NIMH.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

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| Appropriations, 2002 | $429,312,000 |
| Budget estimate, 2003 | 465,137,000 |
| Committee recommendation | 468,037,000 |

The Committee recommendation includes $468,037,000 for the National Human Genome Research Institute [NHGRI]. This is $2,900,000 more than the budget request and $38,725,000 more than the fiscal year 2002 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission.*—The NHGRI coordinates extramural and intramural research as well as research training for the NIH component of the Human Genome Project, an effort to determine the location and sequence of the estimated 30,000 to 40,000 genes which constitute the human genome. The Division of Extramural Research supports research on genetic sequences of both human and non-human genomes, DNA sequencing technology development, database management and analysis, and studies of the ethical, legal, and social implications of human genome research. The Division of Intramural Research focuses on applying the tools and technologies of the Human Genome Project to understanding the genetic basis of disease and developing DNA-based diagnostics and gene-based therapies. Since its establishment, the intramural program has developed a strong research program in collaboration with several other NIH Institutes to study and better understand rare and complex genetic diseases such as diabetes, heart disease, breast cancer, colon cancer, and melanoma.

The Committee notes that during fiscal year 2003, the field of genetics will observe a major anniversary, and the National Human Genome Research Institute (NHGRI) will reach an unprecedented

accomplishment. Fifty years ago, in April of 1953, Drs. James D. Watson and Francis Crick reported the discovery of the double helix structure of DNA, a landmark achievement in the annals of scientific research. In 2003 the Human Genome Project expects to complete the final DNA sequence of the human genome, in time for the 50th anniversary of the Watson-Crick paper. The Committee commends the NHGRI for completing the Human Genome Project both years ahead of schedule and under budget. While we have now entered the era in which science begins to unravel the great mystery of the human genome in order to understand the function of each of our genes, completely understanding that mystery will clearly take many more years of discovery.

The Committee is pleased that even as it completes the sequence of the human genome, the NHGRI is planning for the future of genomic science and of the institute. The Committee encourages consultation with outside experts in such fields as genetics, genomics, medicine, biotechnology, the law, social policy and ethics as a way to prepare for the future. The development of a specific and bold new research plan for the NHGRI will certainly ensure continued scientific advances and greatly assist the Congress as it sets funding priorities in the coming years.

*Behavioral research*.—Recent research has revealed that different genes can be turned on or turned off at different points in a person's life. Understanding what events or behaviors influence gene expression is an important frontier of scientific knowledge. The Committee encourages the NHGRI to develop collaborations with other Institutes and the Office of Behavioral and Social Sciences Research to support integrative research aimed at understanding the role of environmentally induced gene expression in the course of disease and in the promotion of health.

*Epilepsy*.—The Committee encourages the Institute to continue to intensify its efforts to identify epilepsy genes for the more than 40 different types of epilepsy, and to assist the NINDS in the search for a genetic fingerprint diagnostic test aimed at improving drug therapy for epilepsy. The Committee further encourages the Institute to coordinate efforts with the NINDS to create a national consortium to identify new epilepsy susceptibility genes through a large-scale genotype: phenotype screen. The Committee urges the Institute to continue to make epilepsy research a priority and to coordinate research efforts with other Institutes through the Interagency Epilepsy Coordinating Committee.

*Haplotype map*.—The Committee supports the development of a "haplotype map" of the human genome, if possible through a public-private partnership. This comprehensive resource for human biomedical research will capture the complete catalogue of the common genome ancestral segments ("haplotype blocks") observed in human populations. This map will provide a new tool for scientists to scan the entire genome and identify more rapidly and effectively those genetic variations associated with disease risk and drug response in the human population. That, in turn, will help researchers develop an understanding of the complex biological processes that give rise to disease and assist scientists in discovering preventive measures, treatments and cures for these illnesses. The

haplotype map and similar tools will help genomic science bridge the gap from basic science to applications for human health.

*Non-human genomes*.—The Committee endorses the rigorous scientific process that the NHGRI has developed for selection of non-human genomes to sequence using NHGRI-supported sequencing capacity. This peer review process, whereby investigator- or community-initiated proposals are submitted for consideration by the NHGRI, ensures that organisms for genomic sequencing will be selected on the basis of specific, well-defined scientific goals, taking advantage of the rigor, robustness and fairness provided by scientific discussion and peer evaluation.

The Committee is pleased that the NHGRI has indicated its interest in sequencing the cow and chicken genomes. The Committee encourages the Institute's efforts to expand genome sequencing to other mammalian and avian genomes, and to ensure that sequence information of these species is made publicly available to all without restriction.

*Privacy*.—The Committee remains concerned about the proper use of genetic information and encourages the NHGRI's ongoing efforts, though its ELSI program, to examine the privacy and fair use of genetic information. Other important issues related to human genetics research and its consequences should also be studied, including: the appropriate use of genetic tests; the protection of human subjects who participate in genetic research; the development of policies to guide research into genetic variation; and complex social issues, such as how genetics informs concepts of race and ethnicity.

*Type 1 Diabetes Genetics Consortium*.—The Committee is aware of the development of a Type 1 Diabetes Genetics Consortium, which will collect and share valuable DNA information from juvenile diabetes patients from studies around the world. The Committee encourages the NHGRI to collaborate with the NIDDK in efforts to determine the genetic origins of juvenile diabetes by directing resources towards this important initiative.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

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| Appropriations, 2002 | $261,951,000 |
| Budget estimate, 2003 | 271,200,000 |
| Committee recommendation | 283,100,000 |

The Committee recommends an appropriation of $283,100,000 for the National Institute of Biomedical Imaging and Bioengineering [NIBIB]. This is $11,900,000 more than the budget request and $21,149,000 more than the fiscal year 2002 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission*.—The NIBIB improves health by promoting fundamental discoveries, design and development, and translation and assessment of technological capabilities in biomedical imaging and bioengineering, enabled by relevant areas of information science, physics, chemistry, mathematics, materials science, and computer sciences. The Institute plans, conducts, fosters, and supports an integrated and coordinated program of research and research training that can be applied to a broad spectrum of biological processes, disorders and diseases and across organ systems. The Institute co-

ordinates with the biomedical imaging and bioengineering programs of other agencies and NIH Institutes to support imaging and engineering research with potential medical applications and facilitates the transfer of such technologies to medical applications.

The Committee recognizes the contribution bioengineering brings to medicine. Bioengineering improves the quality of life through its contribution to advances in science and technology related to health. The Committee understands that this newly created Institute must have adequate resources to begin its important task of supporting high-quality research.

*Juvenile diabetes*.—The Committee is aware that imaging and bioengineering technologies could have widespread applications for the treatment and prevention of diseases and conditions such as juvenile diabetes. The Committee encourages the NIBIB to collaborate with the NIDDK on the development and application of imaging technologies to evaluate and track the progress of biologic events non-invasively, specifically the investigation and monitoring of beta cell destruction during the onset of juvenile diabetes and indications of graft rejection following the transplantation of whole organs, tissue, or cells. The Committee also encourages the Institute to collaborate with the NIDDK to develop non-invasive metabolic sensor technologies for the monitoring of glucose and metabolism in individuals with juvenile diabetes.

*Molecular imaging technologies*.—The Committee encourages the Institute to provide increased funding for molecular imaging technologies such as positron emission tomography (PET) and microPET to take advantage of the capacities of molecular imaging to detect disease process at the molecular level and to monitor the effectiveness of targeted gene therapies now under development. The Committee also encourages the Institute to develop its research agenda in close collaboration with other, disease-specific Institutes at NIH, so that new imaging technologies are closely tied to the research projects being supported by the NIH.

*Temporomandibular joint disorders (TMJ)*.—The Committee is mindful of the dismal history of failures in the case of plastic and other materials used in implants to replace parts of the temporomandibular joint. The Committee urges the Institute to make studies of the TM joint and related structures a high priority.

NATIONAL CENTER FOR RESEARCH RESOURCES

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| Appropriations, 2002 | $986,505,000 |
| Budget estimate, 2003 | 1,065,272,000 |
| Committee recommendation | 1,161,272,000 |

The Committee recommends an appropriation of $1,161,272,000 for the National Center for Research Resources [NCRR]. This is $96,000,000 more than the budget request and $174,767,000 more than the fiscal year 2002 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission*.—The NCRR develops and supports critical research technologies and shared resources that underpin research to maintain and improve the health of our Nation. The NCRR programs develop a variety of research resources; provide biomaterial and resources for complex biotechnologies, clinical research, and special-

ized primate research; develop research capacity in minority institutions; and enhance the science education of pre-college students and the general public.

*Extramural construction*.—The Committee has included bill language identifying $125,000,000 for extramural biomedical facility renovation and construction. This is an increase of $15,000,000 over the fiscal year 2002 appropriation and $48,000,000 over the budget request. These funds are to be awarded competitively, consistent with the requirements of section 481A of the Public Health Service Act, which allocates 25 percent of the total funding to institutions of emerging excellence.

*Federal loan guarantee program*.—The Committee understands that the Administration has been considering a program that would guarantee loans for construction of research facilities at institutions conducting NIH-supported biomedical research. The Committee is very interested in a Federal loan guarantee program, which has the potential to address the huge requirement for new and upgraded research facilities that has been generated by the doubling of the NIH budget. The Committee requests a report, to be submitted by June 1, 2003, describing how such a program would work, the potential benefits and costs both to the Federal Government and to the institution, and how a loan guarantee program would be integrated with the current grant program.

*General Clinical Research Centers*.—In fiscal year 2002, the NCRR supported more than 80 General Clinical Research Centers (GCRCs) to provide people across the country with local access to clinical research programs focused on a wide range of diseases and disorders. GCRCs are also directly involved in translating basic science discoveries to improvements in patient care. For fiscal year 2003, the Committee has provided $312,000,000, an increase of $40,000,000 over the fiscal year 2002 level, for the GCRC program as authorized by Section 481C of the Public Health Service Act. The Committee intends that this increase should be used to provide the resources necessary to upgrade GCRC facilities with the sophisticated technologies needed to apply the mapping of the human genome to the study of human disease and respond to the threat of bioterrorism; expand clinical research training efforts, including the recently announced Mentored Clinical Research Scholar Program Award; expand staffing as recently mandated by NCRR to assure patient safety and maximum compliance with new regulatory requirements; and support local GCRC pilot projects as approved by the NCRR Advisory Council.

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

*IDeA grants*.—The Committee has provided $220,000,000 for the Institutional Development Award (IDeA) Program authorized by section 402(g) of the Public Health Service Act. This is a $60,000,000 increase over fiscal year 2002. Within the total provided, $90,000,000 is for the Biomedical Research Infrastructure Network (BRIN) initiative and $130,000,000 is for the Centers of Biomedical Research Excellence (COBRE) initiative.

The Committee strongly supports the IDeA program, and urges the NCRR to further expand these initiatives. The Committee understands that the NCRR intends to review and evaluate the BRIN mechanism this year, and awaits the results of this critical evaluation. The focus of IDeA should continue to be improving the necessary infrastructure at research institutions within the IDeA States, so that they may develop a critical mass of competitive biomedical researchers that will enhance our nation's overall biological research capacity.

*Institutional animal resources*.—The Committee commends the NCRR for its support of recent efforts to upgrade animal research facilities at minority health professions schools including the recent competitive supplement to Research Centers in Minority Institutions (RCMI) for developing and improving institutional animal resources. The Committee encourages the NCRR to continue to work in partnership with the National Center on Minority Health and Health Disparities to support this initiative.

*National Primate Research Centers*.—The Committee values the critical role played by the eight National Primate Research Centers (NPRCs). These centers conduct specialized basic and applied biomedical research and offer essential and valuable services to other researchers across the United States. The Committee urges the NCRR to engage with the NPRCs in an assessment process to identify NPRC and NPRC-user needs, and to provide the Committee with a summary of the findings.

*Plant-based medicinal products*.—The Committee remains interested in efforts to develop plant-based medicinal products, and it encourages the NCRR to collaborate with plant scientists, particularly in rural America, in developing novel useful products.

*Positron emission tomography*.—The Committee continues to urge the NCRR to support research resource centers for the development and refinement of positron emission tomography (PET) as a unique imaging technology to diagnose and stage diseases of the brain, including Alzheimer's disease.

*Research Centers in Minority Institutions*.—The Committee continues to recognize the critical 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 Committee urges the NCRR to contitute to support the Research Centers in Minority Institutions program.

NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE [CCAM]

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| Appropriations, 2002 | $104,592,000 |
| Budget estimate, 2003 | 113,249,000 |
| Committee recommendation | 114,149,000 |

The Committee has included $114,149,000 for the National Center for Complementary and Alternative Medicine, an increase of $900,000 above the budget request and $9,557,000 over the fiscal year 2002 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

The Committee strongly supports the work of the National Center for Complementary and Alternative Medicine. The Center is charged with ensuring that complementary and alternative therapies be rigorously reviewed to provide consumers with reliable information.

The Committee expects that funding for existing and new Centers supported by NCCAM will be maintained and directs the Center to undertake field investigations and a program for the collection and evaluation of outcome data on promising alternative therapies. The Committee expects NCCAM to expand its support of CDC's field investigations program and of AHRQ literature reviews and data-analysis efforts. The Committee also expects the Center to allocate sufficient funds to develop and disseminate a comprehensive set of fact sheets on CAM therapies to inform the public and health professionals of the state of scientific knowledge about these therapies.

The Committee has included sufficient funds for NCCAM to increase support for the chiropractic research center.

NATIONAL CENTER ON MINORITY HEALTH AND HEALTH DISPARITIES

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| Appropriations, 2002 | $157,742,000 |
| Budget estimate, 2003 | 186,929,000 |
| Committee recommendation | 186,929,000 |

The Committee has included $186,929,000 for the National Center on Minority Health and Health Disparities, the same as the budget request and $29,187,000 over the fiscal year 2002 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission.*—The NCMHD advises the NIH Director and Institute and Center (IC) directors on the development of NIH-wide policy issues related to minority health disparities research, research on other health disparities, and related research training. Among other activities, the NCMHD develops, in consultation with the NIH Director, IC directors, and the advisory council, a comprehensive strategic plan that identifies and establishes objectives, priorities, budgets, and policy statements governing the conduct and support of all NIH minority health disparities research, research on other health disparities, and related research training activities. It also administers funds for the support of minority health disparities research and other health disparities research, by awarding grants and leveraging the programs of the ICs.

The Committee is encouraged by the opportunities that exist for the NCMHD to help further advances in improving the health of minorities and eliminating health disparities through the expanded conduct and support of research, research training, community outreach, and accelerated dissemination of research findings in cancer, heart disease, asthma, stroke, sickle cell disease, obesity, diabetes, substance abuse, mental health, infant mortality, HIV/AIDS, and chronic pulmonary diseases. Considerable opportunities are at hand for improving clinical outcomes in the short- and long-term. The NCMHD is encouraged to capitalize on opportunities provided by recent advances in biomedical, clinical and behavioral research by strengthening its focus on efforts to unravel the genomic analysis of diseases that disproportionately affect minorities including

the ethical, legal and social implications of this research; applying advanced knowledge from prevention, behavioral, translational, clinical and basic research to developing and implementing effective innovative approaches that address obesity and diabetes across communities of color; ensuring the integration of advances in health care, practice, and self-management in clinicians' guides and health care delivery; applying knowledge that has been learned with respect to stress and diet response mechanisms, and environmental risk factors for cancer, heart disease, asthma and stroke; applying advances stemming from unraveling the physiology and genetics of diabetes; furthering implementation of recommendations stemming from the various IOM studies on improving minority health; developing innovative strategies for improving the health status and health outcomes of minority adolescents, young adults and elderly; furthering the understanding of the dietary link in arthritic diseases; strengthening and expanding the involvement and participation of minority organizations including minority community-based organizations in research, outreach, awareness and prevention activities.

*Glomerular injury*.—The Committee understands that glomerular injury, a group of diseases which effect the filtering mechanisms of the kidney, are more prevalent among African Americans than the general population. The Committee urges the NCMHD to explore collaboration with the NIDDK to conduct and support research activities related to glomerular injury.

*Lung diseases*.—The Committee is concerned with the disproportionate impact of lung diseases affecting minorities. The Committee encourages the Center to partner with other agencies to develop an epidemiologic approach to determine the disproportionate impact of airway disease on minority populations.

*Strategic plan*.—The Committee commends the NCMHD for its leadership in addressing the longstanding problem of health status disparities in minority populations. The Committee looks forward to reviewing the strategic plan for health disparities research currently being developed by the NCMHD. The Committee continues to encourage the NCMHD to implement its successful research endowment program as an ongoing initiative, and to establish the centers of excellence program. Finally, the Committee encourages the Director of the NCMHD to coordinate with the NIH Director and the NCRR in support of extramural facility construction and the development of other research infrastructure at minority health professions schools.

JOHN E. FOGARTY INTERNATIONAL CENTER FOR ADVANCED STUDY IN THE HEALTH SCIENCES

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| Appropriations, 2002 | $56,918,000 |
| Budget estimate, 2003 | 63,380,000 |
| Committee recommendation | 60,880,000 |

The Committee recommends an appropriation of $60,880,000 for the Fogarty International Center [FIC]. This is $2,500,000 less than the budget request and $3,962,000 more than the fiscal year 2002 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission*.—Adapting research advances in biomedicine to populations at home and abroad requires a continuing commitment to basic science as well as rigorous clinical and applied (epidemiological) studies. Examples are vaccines, anti-infective agents, drugs, and more efficient diagnostic tools, combinations of interventions, and health policies to reduce the risk of disease and its associated human, social and economic consequences. These challenges will benefit from a more coordinated and multi-disciplinary approach to global health needs. It is the mission of the FIC to address these challenges by forging collaborations with a range of domestic and global partners in international research and training to pursue three core objectives: first, to accelerate the pace of discovery and its application by special projects enabling scientists worldwide to share conceptual insights, analytic methods, data sets, patient cohorts, or special environments; second, to engage and assist young as well as more established U.S. investigators to address scientific challenges related to global health; and third, to help develop a cadre of highly capable young foreign investigators positioned to cooperate with U.S. scientists in areas of the world that, due to geography, genetics, or disease burdens, provide unique opportunities to understand disease pathogenesis, anticipate disease trends, or develop interventions of relevance and priority for both the United States and the collaborating country.

*Chronic obstructive pulmonary disease*.—The Committee notes that chronic obstructive pulmonary disease (COPD) is the fourth-leading cause of death worldwide, and it encourages the FIC to expand its COPD research and training activities.

*Tuberculosis*.—The Committee recognizes the growing value of international research and surveillance programs with respect to infectious diseases such as tuberculosis (TB). The Committee is pleased by the Center's research collaboration with international organizations and governments on multi-drug-resistant TB, and it encourages the Center to continue these important studies. The Committee is aware that the FIC offers TB supplemental training grants to recipients of AIDS International Training and Research Program (AITRP) or International Training and Research Program in Emerging Infectious Diseases (ERID) grants. The Committee encourages the FIC to develop a specific, freestanding TB training program.

NATIONAL LIBRARY OF MEDICINE

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| Appropriations, 2002 | $277,273,000 |
| Budget estimate, 2003 | 310,299,000 |
| Committee recommendation | 310,299,000 |

The Committee recommends an appropriation of $310,299,000 for the National Library of Medicine [NLM]. This is equal to the budget request and $33,026,000 more than the fiscal year 2002 appropriation. Included is $4,000,000 for improvement of information systems. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission*.—The National Library of Medicine is the Federal institution that for more than 150 years has collected, organized, preserved, and disseminated the world's output of biomedical literature in all forms. As a result of this activity NLM is the world's

largest library of the health sciences, its holdings numbering more than 5 million items. The NLM has pioneered innovative methods to disseminate bibliographic information. Basic to the mission of the NLM is a wide-ranging research program to improve how medical information is communicated. This responsibility is aided by a grants program and by specialized services in toxicology, environmental health, and biotechnology.

*Home medical consultations*.—The Committee continues to support demonstration projects to test the use of state-of-the-art telemedicine technology for home medical consultations. This innovative approach holds great promise for improving the care and lowering health care costs for home-bound individuals who require frequent monitoring.

*Internet connection grant program*.—The Committee continues to be concerned about limitations on access to health information in rural and other medically underserved areas. It supports the NLM's efforts to address this issue through the Library's Internet Connection Grant program, which partners with regional libraries to provide hardware, set-up, training and access to the Internet at locations in medically underserved areas.

*Minority health professions*.—The Committee encourages the NLM to strengthen information technology infrastructure at minority health professions schools that focus their research activities on health disparities and the education of health professionals who serve in medically underserved communities.

*New facility*.—Many of the most serious diseases have a molecular basis. The NLM's National Center for Biotechnology Information is an integral player in this research process, for it organizes and analyzes the vast volume of genomic information uncovered in the last decade. The Congress believes that if this Center is to make its maximum contribution to our fight against disease, it must very soon have expanded facilities to meet the growing demands being placed on it. The Committee provided funds necessary for the design of such facilities, and it desires that such design, when completed, be rapidly moved into the construction phase. The Committee, therefore, requests a report from the NIH by April 1, 2003, that delineates the features of this new facility, its size and its expected cost, based upon a fast-track schedule.

*Outreach*.—The Committee continues to note the success of the NLM's MEDLINE and MEDLINEplus databases. 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.

*Public mandate*.—The NLM has legislatively mandated outreach activities to publicize its information services to health professionals and the public. Because the Library has developed an extensive set of authoritative and easily accessible (electronic and print) health information services for the public, the Committee encourages the NLM to continue these efforts and also to target specifically certain underserved parts of the U.S. population, particularly ethnic minorities, the elderly, non-English-speaking individuals, and Americans living in rural areas.

*PubMed Central*.—The Committee commends the NLM for its continued management and development of PubMed Central, an electronic online repository for life science articles.

*Senior citizen outreach*.—The Committee continues to support the NLM's efforts to provide senior citizens with expanded access to NLM's databases, through such means as including Internet access at senior centers and congregate meal sites.

OFFICE OF THE DIRECTOR

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| Appropriations, 2002 | $235,400,000 |
| Budget estimate, 2003 | 255,074,000 |
| Committee recommendation | 257,974,000 |

The Committee recommends an appropriation of $257,974,000 for the Office of the Director [OD]. This is $2,900,000 more than the budget request and $22,574,000 more than the fiscal year 2002 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

The Committee directs the Director of NIH to make a written request to the chairman of the Committee prior to any reprogramming of $1,000,000 or more, between programs, projects, activities, institutes, divisions and centers. The Committee desires to have the requests for reprogramming actions which involve less than the above-mentioned amounts if such actions would have the effect of changing funding requirements in future years, if programs or projects specifically cited in the Committee's reports are affected, or if the action can be considered to be the initiation of a new program.

*Alpha-1 antitrypsin deficiency*.—Alpha-1 antitrypsin deficiency, a genetic disorder often misdiagnosed as asthma or chronic obstructive pulmonary disease (COPD), is a major cause of lung transplants in adults and liver transplants in children. The Committee encourages the NIH to enhance its clinical research portfolio for alpha-1 and to consider conducting a state-of-the-science conference on the disorder. The NIH is also encouraged to raise public awareness about alpha-1 and provide appropriate information to health professionals.

*Autoimmune diseases*.—The Committee awaits the imminent release of the NIH's Autoimmune Diseases Research Plan, which was requested in the Children's Health Act of 2000. More than 80 autoimmune diseases affect up to 22 million Americans, mostly women. The Committee believes that the planned research has the potential to generate improved prevention measures, diagnostic tools, and treatment regimens, resulting in reduced treatment costs and a significant alleviation of human suffering.

*Chronic fatigue syndrome*.—The Committee is pleased that the NIH released its long-awaited CFS program announcement in De-

cember 2001, and it hopes that this initiative will reverse 7 years of declining CFS funding at NIH. To foster response to this program announcement, the Committee urges the NIH to put a priority on efforts to understand the cause and progression of CFS, identify diagnostic markers, and better understand pediatric CFS.

*Clinical research*.—Research supported by the National Institutes of Health has produced a wealth of knowledge about the fundamentals of human health and disease. But the accumulation of fundamental knowledge for its own sake is of little value unless it finds its way into hospitals and physicians, where it can be put to use in promoting good health or diagnosing, preventing and treating disease. Whether the dividends from basic research are fully realized will depend on the extent to which the clinical research enterprise is encouraged and nurtured, including health services and epidemiological studies. To that end, the Committee encourages the NIH Director to re-institute the advisory panel on clinical research and to consider creating an office of clinical research to oversee and coordinate activities across the NIH. In addition, the Committee strongly urges the NIH to accelerate its ongoing clinical research training program. The Committee requests a report by April 1, 2003, outlining the status of clinical research activities currently underway as well as plans for the future.

*Clinical research loan repayment*.—In 2000, the Congress authorized a loan repayment program for clinical researchers as part of the Clinical Research Enhancement Act. The Committee is pleased that the NIH initiated the program last year, but was concerned that NIH established an initial policy that excluded clinical investigators who did not have NIH funding. The Committee understands that NIH plans to change this policy in the second year of the program, and it urges the NIH to include as eligible applicants students and trainees enrolled in peer-reviewed clinical research training programs supported by the NIH or private sources. The Committee requests data on the number of applications submitted as well as the number and size of awards made as of April 1, 2003. The Committee also requests demographic information on the applicants and recipients of the awards, including the status of their career development.

*Department of Defense transfers*.—The Committee has not approved the transfer of $49,000,000 requested in the budget to fund Department of Defense medical free electronic laser research, HIV clinical trial research and radiation exposure research. The Committee recommends that funding for defense-related science and technology initiatives should be handled by the Defense Department.

*Distribution of resources*.—Following the Institute of Medicine (IOM) study of the organization of the NIH, the Committee encourages NIH to contract with IOM to study the distribution of research resources across the agency's Institutes and Centers. An objective analysis may help inform the committee on the wisest distribution of new funds as they become available.

*Epilepsy*.—The Committee recognizes that while the NINDS is the primary Institute for addressing epilepsy, several other Institutes are also involved in related research. As 75 percent of epilepsy cases begin in childhood, the NICHD has an important role

to play in studying this disease. So, too, does the NHGRI, which is urged to assist the NINDS in the search for a genetic fingerprint diagnostic test aimed at improving drug therapy for epilepsy. The NIMH is encouraged to explore a potential link between epilepsy and mood disorders, both of which are often treated with anticonvulsant medications. Finally, the NIA is encouraged to examine epilepsy in patients over age 65. The Committee urges the Director to continue an Interagency Epilepsy Coordinating Committee that includes agency scientists and industry and patient representatives. It requests the Director to provide a report to Congress by April 1, 2003, on the progress made in the coordination of research efforts in epilepsy among these Institutes, and on the progress made to implement the NINDS research benchmarks resulting from the March 2000 conference "Curing Epilepsy: Focus on the Future."

*Fibromyalgia*.—Fibromyalgia is a chronic disorder characterized by widespread musculoskeletal pain, fatigue, multiple tender points, and other debilitating symptoms. Because the symptoms manifest themselves most notably in the muscles, NIH research in fibromyalgia has been concentrated in the NIAMS. While the Committee commends the NIAMS for its interest in this condition, research increasingly indicates that fibromyalgia is not primarily a disease of the muscles, but rather a condition caused by malfunctions in the brain and central nervous system. Therefore, the Committee strongly urges the NIAMS and the NINDS to work together in addressing the challenge of fibromyalgia, and to expand their research into this disorder. In addition, the Committee notes that there are no FDA-approved drugs for fibromyalgia. While the NIAMS Strategic Plan for 2000–2004 specifically cites the need for NIAMS-supported investigators to test the efficacy of new drugs and biologicals for arthritis and related diseases, the Institute has announced no plans to include fibromyalgia in that effort. The Committee urges the NIAMS to do so.

*Graduate Training in Clinical Investigation Awards*.—The Committee understands that the translation of basic research to general medical practice is slowed by a shortage of well-trained clinical investigators. The Committee is concerned that the NIH has not moved forward with implementation of the Graduate Training in Clinical Investigation Awards authorized by the Clinical Research Enhancement Act, which was intended to address this shortage. While the Committee is pleased that the NIH has initiated the Clinical Research Curriculum Awards to improve the quality of training in clinical research, a shortcoming of this program is the absence of support for tuition and stipends for the individual students. The Committee believes that the Graduate Training in Clinical Investigation Awards may be necessary to replenish the supply of well-trained clinical investigators.

*Human tissue supply*.—The Committee continues to be very interested in supporting the needs of researchers, particularly NIH grantees, as well as intramural and university-based researchers, who rely upon human tissues and organs to study human diseases and to search for cures. The Committee is aware that one of the leaders in this competitive field, the National Disease Research Interchange (NDRI), is positioned to serve such researchers who

find it difficult to obtain these valuable and effective research resources. More than 500 peer-reviewed research advances have been published by the NDRI-supported researchers during the past 4 years, documenting the NDRI's contribution to our fund of knowledge. The Committee is greatly encouraged by these research advances and applauds the Director's expanded support for the NDRI by bringing the NEI, NIDDK, NIAID, NIAMS, and the Office of Rare Diseases into the multi-institute initiative. While this is promising, more needs to be done to match the expanding and unmet demand for the use of human tissue in research. The Committee, therefore, suggests that the Director advise the Director of the NCRR to consider an increase of its core support for NDRI, and to continue to encourage the Institute Directors NIH-wide to identify and implement program-specific initiatives that utilize NDRI resources.

*Laboratory Animals*.—The Committee is concerned about allegations that several institutions receiving NIH funding may not be in full compliance with the Public Health Service policy on humane Care and Use of Laboratory Animals. The Committee encourages NIH to determine the extent and scope of any such allegations and notify the Committee of its findings.

*Lymphatic diseases and lymphedema.*—The Committee commends the NIH for co-sponsoring The Lymphatic Continuum conference in May 2002 and for establishing a trans-NIH coordinating committee to focus on the lymphatic system, with particular emphasis on lymphedema and related lymphatic disorders. Since basic and translational research for lymphatic research and diseases of the lymphatic system crosses most Institutes and Centers, broad committee representation is strongly encouraged. Research and medical care for lymphatic diseases has long been neglected; therefore, the Committee strongly urges the NIH to stimulate and support intramural and extramural programs for basic and translational research relating to lymphatic diseases, including but not limited to: insufficiency of lymphatic circulatory function (to include all forms of lymphedema, both primary and secondary); lymphatic vascular valvular insufficiencies; complex congenital vascular proliferative diseases of the lymphatic vasculature, including but not limited to, so-called lymphangioma, cystic hygroma, lymphangiosarcoma, lymphangioleio-myomatosis; and developmental disorders of the lymphatic system, including but not limited to lymphangiectasia, chylous reflux and complex vascular malformations, such as Klippel-Trenauny Syndrome.

The Committee requests the Director to provide a report by April 1, 2003, outlining both short- and long-term plans to stimulate and support basic and translational research for lymphatic diseases. Furthermore, the Committee urges the NIH to examine whether experts on lymphatic research are adequately represented on CSR peer review panels and relevant Institute study sections.

*Microbicides*.—There is an urgent need to expand the range of preventive interventions for HIV transmission. Microbicides, which are antimicrobial products that can be applied topically for the prevention of sexually transmitted diseases, may offer one of the most promising approaches to preventing HIV. The Committee commends the NIH for increasing the funds available for microbicide

research and development, and it supports additional increases in funding for this area through OAR, NIAID, NICHD, NIMH, NIDA, and ORWH. The Committee remains concerned, however, that microbicide research at the NIH is currently conducted with no single line of administrative accountability or specific funding coordination. The Committee also notes that the Centers for Disease Control and the U.S. Agency for International Development have recently expanded their microbicide portfolios, which means that without overall Federal coordination, costly inefficiencies may result. Therefore, the Committee urges the NIH both to continue implementation of its strategic plan for microbicide research and development, and to accelerate and strengthen efforts to coordinate research among Institutes and with other Federal agencies. The Committee requests a report by March 31, 2003, on the status of its microbicide program, including research efforts, funding, and implementation of the strategic plan.

*Minority health professions infrastructure*.—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, including Research Centers at Minority Institutions, Extramural Biomedical Research Facilities, and the National Center for Minority Health and Health Disparities. Because there are a number of new competitive mechanisms for the NIH to work with these research institutions, the Committee recommends that the NIH Director work closely with the Director of the National Center on Minority Health and Health Disparities to coordinate these various mechanisms.

*National Institutes of Health/Department of Energy Medical Technology Partnership*.—The Committee expects the NIH to continue to collaborate with the Department of Energy (DOE) to evaluate the technologies developed within the nuclear weapons program and other DOE programs in terms of their potential to enhance health sciences, with the goal of achieving clinical applications and improved national health care.

*Neurofibromatosis (NF)*.—The Committee has included specific report language on NF under the NCI and NINDS, but it recognizes that NF research involves many other Institutes and Centers as well, including the NHLBI, NEI, NIDCD, NICHD, and NIAMS. The Committee urges the Director to identify new research opportunities regarding NF that cuts across all these Institutes and Centers.

*Office of Behavioral and Social Sciences Research*.—The Committee encourages the OBSSR to foster the NIH's behavioral research portfolio by planning and sponsoring interdisciplinary initiatives that further the public health missions of multiple Institutes and Centers. In particular, the OBSSR's efforts to encourage research on new methodologies in the behavioral and social sciences are appreciated. The Office is urged to follow up on its conferences on sociocultural research and health disparities by developing initiatives with the National Center for Minority Health and Health Disparities and the NIH Institutes and Centers. The Committee encourages the OBSSR to push forward on planned initiatives to increase scientific understanding of the elements of education and the workplace that most affect health, and to follow up on its suc-

cessful program of grants on behavior change by focusing on the challenge of maintaining behavior change.

*Office of Dietary Supplements*.—The use of dietary supplements has increased significantly among Americans who want to improve their health and prevent disease, and there is a great need for additional research to better inform consumers of the benefits of these supplements. The Committee expects the ODS to allocate sufficient funds to continue an initiative—begun at the Committee's urging in last year's bill—to speed up ongoing collaborative efforts to develop, validate, and disseminate analytical methods and reference materials for the most commonly used botanicals and other dietary supplements.

The Committee is pleased that the ODS has followed through on its recommendation to begin a major research initiative on the safety and efficacy of products containing ephedra, and it urges the Office to assure that the work is reviewed in an unbiased manner before it is finalized. The results of this research should be evaluated by the FDA to assure that any regulatory action taken on products containing ephedrine alkaloids is based on sound science.

The Committee is also pleased that the ODS has begun an evidence-based review of the research concerning the health benefits of omega-3 fatty acids. Given the significant human and financial costs associated with heart disease, the Committee expects the Office to provide sufficient funds to promptly complete this initial review and provide recommendations for further major clinical trials.

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

The Committee recognizes the critical role played by the specialized centers of research on sex and gender factors affecting women's health, and it encourages the Office to continue programmatic initiatives to further this work. The Committee also continues to support the Building Interdisciplinary Research Careers in Women's Health programs.

*Parkinson's disease*.—The Committee is aware that the Parkinson's Disease Research Agenda developed by the NIH in 2000 included professional judgment funding projections that totaled an additional $1,000,000,000 over 5 years. It is the clear intent of the Committee that the NIH, which has received substantial funding increases in recent years, come as close as possible to fulfilling that Agenda while maintaining the standards of peer review.

The Committee was extremely disappointed, therefore, to learn that during fiscal years 2001 and 2002—the first 2 years of the Parkinson's Disease Research Agenda—NIH funding increases for

Parkinson's failed to keep pace with funding increases for NIH overall. In addition, the NIH's projected Parkinson's budget for fiscal year 2003 falls $138,200,000 short of the $353,300,000 professional judgment budget estimate cited by the Agenda for that year. As a consequence, the NIH would fall even further behind on implementing the Agenda, and this highly promising field of research would not move ahead as speedily as the Congress intended.

The Committee strongly urges the NIH to devote additional resources to Parkinson's research using all available mechanisms, including RFAs and further support of NIEHS initiatives.

The Committee expects the NIH to report to Congress by April 1, 2003, on the steps it is taking to fulfill the Parkinson's Disease Research Agenda.

*Pediatric drug studies*.—The Committee is aware that many generic drugs have not been studied for use in pediatric patients. Therefore, the Committee encourages the NIH to take actions necessary to fully implement the new section 409I of the Public Health Service Act to study the safety and efficacy of off-patent/off-exclusivity drugs in pediatric patients. The Committee requests a report by February 1, 2004, which includes information on the number of pediatric drug studies supported; the estimated cost of each study undertaken; the nature and type of studies undertaken; the number of label changes that occurred due to the studies completed; the patent status of the drugs studied; and the number of drugs remaining on the priority list established through section 409I of the Best Pharmaceuticals for Children Act.

*Pediatric research initiative*.—The Committee is pleased that the Office of the Director is implementing its Pediatric Research Initiative, as authorized by the Child Health Act of 2000. The Committee strongly supports the intent of the initiative, to provide additional funds to encourage the growth of support for pediatric research across Institutes and to stimulate new and promising areas of pediatric research.

*Pediatric research loan repayment*.—The Children's Health Act of 2000 established the Pediatric Research Loan Repayment Program to ensure the future supply of researchers dedicated to the care and research needs of children. The Committee is pleased with the expeditious initial implementation of this program, and it urges the NIH to expand it, particularly in the areas of Duchenne muscular dystrophy and Fragile X. The Committee requests that the Director prepare a report by April 1, 2003, detailing the progress of this program.

*Physical inactivity*.—Physical inactivity, as a contributing factor to disease, represents the third leading cause of death in the United States and is a major contributor to obesity, the second leading cause of death. The Committee encourages the NIH to conduct public outreach efforts with the goal of encouraging researchers to bring their research expertise and skills to bear on this field.

*Postpartum depression*.—Each year, over 400,000 women suffer from postpartum mood changes, with "baby blues" afflicting up to 80 percent of new mothers; postpartum mood and anxiety disorders impairing around 10–20 percent of new mothers; and postpartum psychosis striking 1 in 1,000 new mothers. However, little systematic research has been done to uncover the underlying causes and

to develop effective treatments. Therefore, the Committee encourages the Institutes to expand, intensify and coordinate research on postpartum depression and psychosis. In addition, the Committee encourages the NIH to convene a national research conference to develop a national research plan for postpartum depression and psychosis.

*Racial and ethnic disparities*.—The Committee was disturbed by the conclusions of the Institute of Medicine's March 2002 report titled "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care." The Committee strongly urges the NIH to take all steps necessary to reduce and eventually eliminate racial and ethnic health disparities. On a related matter, the Committee is pleased with the leadership that NIH has shown, through its Projecto Ciencia initiative, to provide state-of-the-art health material to Hispanic consumers and information to Hispanic health professionals on NIH research opportunities. The NIH is encouraged to increase funding for this initiative with expanded emphasis on outreach to Hispanic consumers, Hispanic participation in clinical trials, and NIH training and research opportunities, especially as principal investigators.

*Scleroderma*.—The Committee has included specific report language on scleroderma under NIAMS and the NHLBI, but it recognizes that scleroderma research involves many other Institutes and Centers as well. The NIDDK is encouraged to support such research because of scleroderma's links to gastrointestinal involvment and renal crisis; the NIDCR, because scleroderma may be associated with a number of potential dental and craniofacial complications; and the Office of Research on Women's Health, because scleroderma mainly strikes young women.

*Sjögren's syndrome*.—Sjögren's syndrome is one of the most prevalent autoimmune diseases, yet little is known about the cause or effective treatments. The Committee is pleased by the research that the NIDCR has conducted on Sjögren's, but recognizes that because this disease may affect all organs, it falls within the mission of many Institutes. For this reason, the Committee urges the NIH Autoimmune Diseases Coordinating Committee, as it implements the NIH Autoimmune Diseases Research Plan, to emphasize increased research on Sjögren's syndrome across the Institutes. In particular, the Committee encourages the NIAMS and NIAID to expand their research on musculoskeletal and immunological manifestations of the disease. The Committee also notes that Sjögren's syndrome is an excellent model for lymphoproliferation and transformation to malignancies; therefore, the NCI is encouraged to explore the increased progression in Sjögren's from a benign autoimmune process to malignancy.

*Social work research*.—The Committee commends the NIMH, NIDA, NCI, and the Office of Behavioral and Social Science Research for their recognition of social work research's important contribution to our Nation's health. The Committee urges the NIH to develop a social work research plan that outlines research priorities, as well as a research agenda, across NIH Institutes and Centers to be reported to the Committee by April 1, 2003.

*Stem cell research*.—The Committee is encouraged by the promise of both adult and embryonic stem cell research to improve the

lives of individuals suffering from devastating diseases and conditions. However, the Committee also recognizes that basic stem cell research must be accomplished before therapies can be produced. In last year's report, the Committee encouraged NIH to move forward expeditiously to implement the President's policy concerning support of scientifically meritorious stem cell research. The Committee also commended NIH for moving quickly to negotiate material transfer agreements with holders of existing embryonic cell lines. However, since then, the Committee has learned that very few stem cell lines are being shared with researchers. The Committee is also concerned that few grant applications have been funded in this area. The Committee requests that the Department of Health and Human Services send the subcommittee a report explaining how it plans to encourage more grant applications and what specific steps it plans to take to make more stem cell lines available.

The Committee also commends NIH for the development of the online human embryonic stem cell registry and encourages NIH to expand the registry to make it more useful to researchers by providing additional documentation regarding the stem cell lines, such as conditions of derivation, characteristics of the cell lines (i.e. cell-surface markers present or absent, growth conditions, and requirements for maintenance in long-term culture), and publications that reference the cell lines. Furthermore, the Committee encourages NIH to seriously consider developing a stem cell repository.

In addition, the Committee is aware of the exciting new developments in the field of umbilical cord stem cells. But more research needs to be undertaken to explore these issues, including the possible use of these cells to treat cancers, genetic diseases, muscular dystrophy, neurological disorders, and diabetes. The Committee urges the NCI, NHLBI, NIAMS, NIDDK, and the NINDS to actively pursue research in these areas in a manner consistent with the NIH tradition of strong peer reviewed science.

*Stroke in women.*—As the second-leading cause of death among women worldwide, stroke in women is a major health problem. The Committee believes that special attention should be focused on better understanding the gender differences in stroke and cerebrovascular disease, as well as in the medical care of stroke patients. Some aspects of the disease unique to women include strokes related to pregnancy and the use of oral contraceptives; stroke in younger women therefore should not be underestimated. Stroke is additionally a leading cause of serious disability among women and may contribute to late-life cognitive decline. The Committee supports the funding of new and continuing NIH studies that investigate the impact of postmenopausal hormone replacement therapy on stroke risk. The Committee urges the NIH to increase research in stroke among women of all ages, with a focus on stroke prevention, acute stroke management, post-stroke recovery, long-term outcomes, and quality of life.

In addition, the Committee supports the NIH's initiatives toward advancing the organization of stroke care and the identification of stroke treatment and research centers that would provide rapid, early, continuous 24-hour treatment to stroke victims, including the use of the clot-buster t-PA when appropriate. The Committee

believes that designated areas in medical facilities equipped with the resources and personnel for treating stroke would also promote the early evaluation of innovative stroke treatments.

*Temporomandibular joint disorders (TMJ)*.—The Committee recognizes that the problems associated with temporomandibular diseases and disorders involve many Institutes and Centers, including the NIDCR, NIAMS, NIAID, and NIBIB. The Committee calls on the Office of the Director to coordinate cross-cutting research by the various Institutes and Centers and provide a report directly to the Committee by April 1, 2003, on TMJ initiatives begun in fiscal year 2002 or scheduled to begin in fiscal year 2003. The Committee commends the Office of Research on Women's Health for its consistent support of workshops and other activities to further TMJ research, in recognition that women in the child-bearing years appear to be more susceptible than men to TMJ problems. The Office is urged to continue its support of TMJ initiatives.

*Training award stipends*.—The Committee concurs with the policy adopted by the NIH in March 2001 which provides for 10 percent increases in research training award stipends until appropriate stipend levels are achieved. The Committee strongly encourages the NIH to apply this policy to the fiscal year 2003 appropriation, just as it did with the training stipends funded by the fiscal year 2002 appropriation.

BUILDINGS AND FACILITIES

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| Appropriations, 2002 | $326,100,000 |
| Budget estimate, 2003 | 632,800,000 |
| Committee recommendation | 632,800,000 |

The Committee recommends an appropriation of $632,800,000 for buildings and facilities [B&F]. The amount recommended is the same as the budget request and $306,700,000 more than the fiscal year 2002 appropriation.

*Mission*.—The buildings and facilities appropriation provides for the NIH construction programs including design, construction, and repair and improvement of the clinical and laboratory buildings and supporting facilities necessary to the mission of the NIH. This program maintains physical plants at Bethesda, Poolesville, Baltimore, and Frederick, MD; Research Triangle Park, NC; Hamilton, MT; Perrine, FL; New Iberia, LA; and Sabana Seca, PR.

*Neuroscience Research Center and Clinical Research Center*.—The Committee recommendation provides sufficient amounts for the NIH to continue support for high-priority construction projects previously approved and endorsed by the Congress. The Congress provided full-scope contract authority in the fiscal year 2002 appropriation for both phases of the John Edward Porter Neuroscience Research Center; that authority is continued for fiscal year 2003. The Committee expects the NIH to keep to the original schedule for completing this project. However, the Committee is extremely concerned about the cost of completing the Mark O. Hatfield Clinical Research Center. The Committee understands that small cost overruns are expected in most large construction projects. However, in this situation, $144,500,000 in unanticipated costs is totally unacceptable. Therefore, the Committee directs the NIH, prior to requesting any further construction dollars, to do a thorough inves-

tigation of why the cost overrun occurred, and what steps the NIH intends to take to ensure that future projects are better managed.

The Committee has included full-scope bill language within this appropriation to give flexibility to the NIH to address the cost overrun situation. The Committee has taken this action to ensure that the new clinical center will be completed as soon as possible because of the critical role the center will play in the advancement of medical science. The Committee directs the NIH to report within 30 days of the enactment of this bill on how it will use the full-scope authority to maintain progress on these two projects. This report should also identify how other projects, if any, have been affected to maintain this progress.

OFFICE OF AIDS RESEARCH

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| Appropriations, 2002 | |
| Budget estimate, 2003 | |
| Committee recommendation | |

The Committee recommendation does not include a direct appropriation for the Office of AIDS Research [OAR]. Instead, funding for AIDS research is included within the appropriation for each Institute, Center, and Division of the NIH. The recommendation also includes a general provision which directs that the funding for AIDS research, as determined by the Director of the National Institutes of Health and the OAR, be allocated directly to the OAR for distribution to the Institutes consistent with the AIDS research plan. The recommendation also includes a general provision permitting the Director of the NIH and the OAR to shift up to 3 percent of AIDS research funding among Institutes and Centers throughout the year if needs change or unanticipated opportunities arise. These modifications to the budget recommendation are consistent with the manner in which funding for AIDS research was provided in fiscal year 2001. The Committee requests that the Director report on the fiscal year 2001 allocation plans for AIDS research within 60 days of enactment and provide notification to the Committee in the event the Directors exercise the 3 percent transfer authority.

The NIH Office of AIDS Research [OAR] coordinates the scientific, budgetary, legislative, and policy elements of the NIH AIDS research program. Congress provided new authorities to the OAR to fulfill these responsibilities in the NIH Revitalization Act Amendments of 1993. The law mandates the OAR to develop an annual comprehensive plan and budget for all NIH AIDS research and to prepare a Presidential bypass budget.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

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|---|---|
| Appropriations, 2002 | $3,137,690,000 |
| Budget estimate, 2003 | 3,193,086,000 |
| Committee recommendation | 3,237,538,000 |

The Committee recommends $3,237,538,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA] for fiscal year 2003, an increase of $99,848,000 more than the comparable fiscal year 2002 level and $44,452,000 more than the administration request. SAMHSA is responsible for supporting men-

tal health programs and alcohol and other drug abuse prevention and treatment services throughout the country, primarily through categorical grants and block grants to States.

The Committee has provided funding for programs of regional and national significance under each of the three SAMHSA centers: mental health services, substance abuse treatment and substance abuse prevention. Separate funding is available for the children's mental health services program, projects for assistance in transition from homelessness, the protection and advocacy program, data collection activities undertaken by the Office of Applied Studies and the two block grant programs: the community mental health services block grant and the substance abuse prevention and treatment block grant.

The Committee commends SAMHSA for proposing additional funding to address the treatment gap, but is concerned that these resources come at the expense of reductions in substance abuse prevention activities as well as best practice programs authorized under CMHS, CSAP and CSAT. The Committee notes that the Public Health Service Act authorizes SAMHSA to: "conduct programs, and assure the coordination of such programs with activities of the National Institutes of Health and the Agency for Healthcare Research and Quality, as appropriate, to evaluate the process, outcomes and community impact of treatment and prevention services and systems of care in order to identify the manner in which such services can most effectively be provided." The Committee believes that it is important for SAMHSA to continue to have sufficient resources to fund best practices service research activities that support the development of the most effective prevention and treatment programs to address substance abuse and mental health issues.

The Committee strongly supports SAMHSA's Federal leadership role to improve the quality and availability of empirically based prevention and treatment services in the areas of mental health and substance abuse. To further the translation of research knowledge into practice, the Committee encourages ongoing collaboration between SAMHSA and the National Institutes of Health (specifically with the National Institute of Mental Health, the National Institute of Drug Abuse, and the National Institute on Alcohol Abuse and Alcoholism.) The Committee believes concerted efforts should be undertaken to reduce the current 15- to 20-year lag between the discovery of an effective treatment or intervention and its availability at the community level.

The Committee remains concerned by the disproportionate presence of substance abuse in rural and native communities, particularly for American Indian, Alaska Native and Native Hawaiian communities. The Committee reiterates its belief that funds for prevention and treatment programs should be targeted to those persons and communities most in need of service. Therefore, the Committee has provided sufficient funds within CSAP and CSAT to continue supporting projects that increase knowledge about effective ways to deliver services to rural and native communities. The Committee believes that Community Health Centers should be utilized in this effort.

CENTER FOR MENTAL HEALTH SERVICES

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|---|---|
| Appropriations, 2002 | $831,904,000 |
| Budget estimate, 2003 | 822,116,000 |
| Committee recommendation | 843,116,000 |

The Committee recommends $843,116,000 for mental health services, $11,212,000 more than last year's level and $21,000,000 more than the budget request. Included in this amount is funding for programs of regional and national significance, the mental health performance partnership block grant to the States, children's mental health services, projects for assistance in transition from homelessness, and protection and advocacy services for individuals with mental illnesses.

The Committee believes that CMHS should promote the model of permanent supportive housing for people who have been homeless for long periods of time. The Committee directs CMHS to work with providers and States to collect information on the amount of block grant funding being used by States for treatment in permanent supportive housing for people who have been homeless for long periods of time. This information should be included in future budget submissions beginning with fiscal year 2005. The Committee also encourages CMHS to monitor the extent to which homeless people assisted with PATH funds enter permanent housing. The Committee intends that funding for PATH help meet the goal of ending chronic homelessness.

*Programs of regional and national significance*

The Committee recommends $231,067,000 for programs of regional and national significance, $1,149,000 more than the fiscal year 2002 amount and $18,000,000 more than the administration's request. Programs of regional and national significance address priority mental health needs through developing and applying best practices, offering training and technical assistance, providing targeted capacity expansion grants, and changing the delivery system through family, client-oriented and consumer-run activities.

The Committee continues to support funding for mental health counselors for school-age children, as part of an effort to reduce the incidence of youth violence. The Committee intends that $95,000,000 be used for counseling services for school-age youth. Among other things, the Committee believes that mental health counseling for troubled youth can help prevent violent acts, and therefore is providing continued funding to help schools in that effort. It is again expected that SAMHSA will collaborate with the Departments of Education and Justice to continue a coordinated approach.

The Committee notes that suicide continues to claim almost 30,000 lives each year, making it one of the top 15 causes of death in the United States. For 15- to 24-year-olds and children ages 10–14, suicide is the third leading cause of death. The Committee continues to support State and local efforts to reduce the occurrence of this premature and unfortunate loss of life. The Committee has included $3,000,000 to continue supporting the National Suicide Prevention Resource Center. This important initiative supports technical assistance in developing, implementing and evaluating ef-

fective suicide prevention programs. The Resource Center serves as a training and field support and acts as a clearinghouse for all pertinent best practices information regarding suicide prevention, and it promotes evaluation of suicide prevention programs to ensure that effective techniques, strategies, and recommended best practices are made available to users. The Committee also continues support for the Suicide Prevention Hotline program.

The Committee appreciates CMHS's commitment to improving the quality, effectiveness and availability of therapeutic services delivered to traumatized children and adolescents; furthering the understanding of the individual, familial, and community impact of child and adolescent traumatic stress and the methods used to prevent its consequences; and reducing the frequency and consequences of traumatic events on children and adolescents. The Committee recommendation includes $30,000,000 to continue and build on the National Child Traumatic Stress Initiative. Of the amount provided, $10,000,000 is available in the Public Health and Social Services Emergency Fund.

The Committee remains concerned about the ongoing problems of post-traumatic stress disorder present in the refugee immigrant population in Hawaii. Because these immigrants represent diverse cultures and often have limited mastery of English, the Committee urges vigorous attention to the mental health problems of these future citizens.

The Committee recommendation includes funding for the Safe Schools/Healthy Students Program, which supports the Departments of Health and Human Services, Justice, and Education, working together to develop empirically supported programs to prevent youth violence and to intervene with families, schools, and communities where violence has already occurred. The Committee urges the use of community health centers as part of this effort. The Committee also expects to receive comprehensive evaluation information from wave one grantees not later than October 1, 2002 and encourages CMHS to accelerate their national evaluation of this important program.

The Surgeon General's report, "Mental Health: Culture, Race, Ethnicity," clearly identifies the existence of racial and ethnic disparities in the mental health system. A major recommendation in the Surgeon General's earlier report "Report on Mental Health" is to increase funding for training minority mental health professionals. Although minorities currently represent 30 percent of our Nation's population and are projected to account for 40 percent in 2025, only 7.2 percent of doctorates awarded in psychology since 1978 have been to people of color. The Committee recognizes the urgency of training additional minority mental health professionals, to include Native Hawaiians, and encourages SAMHSA to provide additional resources to the Minority Fellowship Program.

The Committee continues to recognize the importance of consumer/peer-run programs that help people with mental illnesses live successfully in the community. These low-cost services have an impressive record of assisting people with mental disorders to decrease their dependence on expensive social services and avoid psychiatric hospitalization. Having proved effective, they have been replicated in numerous communities with State and local funding.

The Center for Mental Health Services has funded five consumer and consumer-supporter national technical assistance centers that provide training and information to help these groups grow. The Committee has included $2,000,000 above the budget request to continue the current level of funding for the consumer and consumer-supporter national technical assistance centers. The Committee directs CMHS to support grants to fund five such national technical assistance centers for a period of no less than 5 years.

The Committee is concerned about the prevalence of pregnancy related mental health conditions suffered by women today. The Committee is concerned specifically about the high prevalence of postpartum depression and psychosis suffered by pregnant women today in the United States. Each year, over 400,000 women suffer from postpartum mood changes, with "baby blues" afflicting up to 80 percent of new mothers; postpartum mood and anxiety disorders impairing around 10–20 percent of new mothers; and postpartum psychosis striking 1 in 1,000 new mothers. Therefore, the Committee recommends that resources be expended for the treatment of women and their families suffering from such pregnancy-related mental health conditions.

The Committee recommendation includes $5,000,000 to continue the elderly treatment and outreach program. Demographic projections show that by the year 2010, there will be approximately 40 million Americans over the age of 65. The Committee notes that more than one in five will experience mental disorders. This grant program will help local communities establish the infrastructure necessary to better serve the mental health needs of older adults.

The Committee supports $5,000,000 for the jail diversion grant program, an increase of $1,000,000 over last year. The Committee recognizes that up to 1 million individuals with mental illnesses will either spend time in jail or prison during the current year. This is a most unfortunate statistic, when individuals could be more appropriately treated in a community health setting. Therefore, the Committee urges SAMHSA to work with the Department of Justice, the law enforcement community, the court system and other appropriate agencies and associations to ensure that funding is utilized to divert inappropriate incarcerations and link individuals with mental illnesses with the support they need to avoid future contact with the criminal justice system.

The Committee recommendation includes $6,000,000 to continue support for new awards under the community action grant program. This program helps communities implement evidence-based exemplary practices that serve adults with serious mental illness and children and adolescents with serious emotional disorders. The Committee notes that this program has met or exceeded performance measures in fiscal year 2000 and fiscal year 2001.

*Mental health performance partnership block grant*

The Committee recommends $433,000,000 for the mental health performance partnership block grant, the same amount as the fiscal year 2002 appropriation and the budget request. States use these funds to support the development and implementation of innovative community-based services and maintain continuity of com-

munity programs. Funds are allocated to States and territories by formula.

The Children's Health Act of 2000 made several changes to the authority for the mental health block grant, including the development of a performance partnership framework in which States are granted program flexibility for achieving a common set of performance measures. The Committee expects SAMHSA to provide detailed information in its fiscal year 2004 congressional justification about the transition to the performance partnership grant framework and funding requested to support this transition.

The Committee recognizes the vital importance of services supported by mental health block grant funds. From fiscal year 1999 to 2002, the Committee has increased the appropriation by 50 percent to help move care for adults with serious mental illness and children with serious emotional disturbance from inpatient care settings to treatment and supports available in the community. Unfortunately, due to tight budget constraints this year, the Committee must concur with the President's budget request for the mental health block grant.

*Children's mental health services*

The Committee recommends $96,694,000 for the children's mental health services program, an increase of $63,000 more than the comparable fiscal year 2002 level and the same as the administration's request. This program provides grants and technical assistance to support community-based services for children and adolescents with serious emotional, behavioral or mental disorders. Grantees must provide matching funds, and services must involve the educational, juvenile justice, and health systems.

The Committee notes the positive findings that program evaluations have generated to date. For example, cross-agency treatment planning has increased from 40 percent in 1997 to more than 62 percent in 2001, which illustrates the extent to which this program helps local program providers—from education and juvenile justice to child welfare—collaborate to support access to quality mental health treatment and services. Further, GPRA outcome measures indicate that targets were exceeded or met for sustained improvements in clinical outcomes, stability of living arrangements and decreases in contacts with law enforcement. The Committee expects that SAMHSA will disseminate widely information about the ways in which local communities can develop comprehensive systems of care that meet the needs of children with serious emotional disorders and their families, as well as support technical assistance for grantees to continue to improve local collaboration.

*Projects for assistance in transition from homelessness [PATH]*

The Committee recommends $46,855,000 for the PATH Program, an increase of $7,000,000 more than the fiscal year 2002 amount and the same amount as the administration's request.

PATH is a critical program which provides outreach, mental health, and case management services and other community support services to individuals with serious mental illness who are homeless or at risk of becoming homeless. The PATH Program makes a significant difference in the lives of homeless persons with

mental illnesses. PATH services eliminate the revolving door of episodic inpatient and outpatient hospital care. Multidisciplinary teams address client needs within a continuum of services, providing needed stabilization so that mental illnesses and co-occurring substance abuse and medical issues can be addressed. Assistance is provided to enhance access to housing, rehabilitation and training, and other needed supports, assisting homeless people in returning to secure and stable lives.

The Committee is aware that approximately 600,000 Americans are homeless on any given night. Of that number, an estimated one-third have serious mental illnesses, and more than one-half also have an alcohol and/or drug problem. A recent evaluation of the PATH program found that increasing outreach activities was an effective means of linking homeless persons to the services they need, which helps to stabilize their living situations and secure the additional support they need to live a healthy and self-sufficient life.

*Protection and advocacy*

The Committee recommends $35,500,000 for the protection and advocacy program, an increase of $3,000,000 over the fiscal year 2002 amount and the administration's request. This program helps ensure that the rights of mentally ill individuals are protected while they are patients in treatment facilities, or while they are living in the community, including their own homes. Funds are allocated to States according to a formula based on population and relative per capita income.

The Committee has provided additional resources to support the efforts of the protection and advocacy system. Additional funding has enabled State P&A programs to increase the number of clients served, the amount of public awareness and education conducted and the number of training activities delivered. The Committee notes that the P&A programs have exceeded their GPRA performance targets in all of these areas. The Committee recognizes that additional investments are needed to support State P&A programs as they seek to meet their growing responsibilities. State P&A programs continue to support the needs of individuals with mental illness through advocacy and investigation related to incidents involving restraints and seclusion in care or treatment facilities and employment, housing and other supports provided in the community.

CENTER FOR SUBSTANCE ABUSE TREATMENT

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|---|---|
| Appropriations, 2002 | $2,016,383,000 |
| Budget estimate, 2003 | 2,142,994,000 |
| Committee recommendation | 2,105,000,000 |

The Committee recommends $2,105,000,000 for substance abuse treatment programs, an increase of $88,617,000 over last year's funding and $37,994,000 less than the budget request. This amount funds substance abuse treatment programs of regional and national significance and the substance abuse prevention and treatment block grant to the States.

The Committee remains concerned about the treatment gap that continues to exist for those Americans in need of substance abuse

treatment services. The Committee commends SAMHSA for proposing additional funding to address the treatment gap, but is concerned that these resources come at the expense of reductions in substance abuse prevention activities as well as best practice programs authorized under CMHS, CSAP and CSAT. The latest estimates indicate that millions of Americans with serious substance abuse treatment go untreated each year, adding billions in monetary costs to our society and immeasurable emotional pain and suffering for millions of families. Studies have shown that substance abuse treatment is effective at reducing primary drug use by nearly 50 percent, criminal activity by 80 percent and alcohol- and drug-related medical visits by 50 percent while increasing individual financial self-sufficiency. Further, the Committee is aware that studies have shown that addiction treatment is as effective as the treatment for other chronic medical conditions. The Committee commends CSAT for initiating its National Treatment Plan Initiative (NTP), and believes that additional resources need to be devoted to the NTP and to reducing, and eventually eliminating, the treatment gap.

The Committee believes that CSAT should promote permanent supportive housing as a highly effective model for ending chronic homelessness. The Committee directs CSAT to collect information about the amount of block grant funds devoted to treatment for people who have been homeless for long periods of time and have moved into permanent supportive housing. This information should be included in future budget submissions beginning with fiscal year 2005.

The Committee requests that CSAT provide it with a report of fiscal year 2003 funding available for treatment services for Native Americans.

*Programs of regional and national significance*

The Committee recommends $310,000,000 for programs of regional and national significance [PRNS]. This amount is $18,617,000 above the fiscal year 2002 amount and $47,994,000 less than the budget request.

Programs of regional and national significance include three primary activities: best practice programs are used to develop more information on how best to serve those most in need; training and technical assistance supports dissemination of information through knowledge development; and targeted capacity expansion programs enable the agency to respond to service needs in local communities.

The Committee supports CSAT's proposed expansion of clinically based treatment and related services for adult, juvenile and family drug courts and individuals returning from the community who are on probation, parole, or unsupervised release. The Committee is aware of the rapid increases in the use of drug courts throughout the country as an alternative to the traditional court system. These courts make substance abuse treatment available, when appropriate, as an alternative to incarceration, and are considered a cost-effective approach to helping drug users regain control of their lives.

The Committee continues its strong support of the grants for homeless individuals program, a collaboration between CSAT and

CMHS addressing the substance abuse and mental health treatment needs of homeless individuals. The Committee notes that as many as half of homeless adults have histories of alcohol abuse or dependence, one-third have histories of drug abuse and one-quarter have lifetime histories of serious mental illness. The Committee encourages these Centers to devote as much additional funding as possible for new awards.

Programs of regional and national significance include critical support for substance abuse treatment services for the Nation's homeless population. The homeless have unique needs and life circumstances that have received inadequate attention in terms of substance abuse treatment. Therefore, the Committee continues to advocate coordinated and seamless service delivery for the homeless that includes mental health, primary care, and other social services that will support positive treatment outcomes. The Committee recommendation includes additional resources to continue to make progress in this area.

The Committee understands that methamphetamine abuse continues to be a major problem in many areas of the country, in particular the South and the Midwest. The State of Iowa is experiencing a particularly high incidence of methamphetamine abuse, as well as other emerging drug issues. The Committee recommendation includes sufficient funding to support prevention and treatment demonstration projects in Iowa and other parts of the Midwest and South. School-based prevention demonstration projects would teach the dangers of methamphetamine abuse and addiction as well as other emerging drug issues, using methods that are effective and evidence-based and include initiatives that give students the responsibility to create their own anti-drug abuse education programs for their schools. Treatment demonstrations would carry out planning, establishing, or administering evidence-based treatment programs that are designed to assist individuals to quit their use of methamphetamine or other emerging drugs and remain drug-free.

The Committee encourages CSAT to continue to focus new resources on targeting specific treatment approaches for adolescents. The Committee is aware of the lack of available treatment programs specifically designed to address the needs of adolescents. The Committee believes that adolescents would respond more favorably to treatment services offered in such a manner.

The Committee remains concerned about the incidence of drug addiction among pregnant women and has provided funding within the Committee recommendation for the Residential Treatment Program for Pregnant and Postpartum Women (PPW), authorized under section 508 of the Public Health Service Act. Within the funds appropriated for CSAT, $3,000,000 shall be used for the PPW program. The Committee is particularly concerned about the increased incidence of methamphetamine use and urges the Secretary to fund a certain number of PPW programs in areas of high methamphetamine use.

*Substance abuse prevention and treatment block grant*

The Committee recommends $1,795,000,000 for the substance abuse prevention and treatment block grant, $70,000,000 more

than the fiscal year 2002 level and $10,000,000 more than the administration's request.

The block grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated to the States according to formula. State plans must be submitted and approved annually.

The Committee recommendation includes an additional $70,000,000 for the block grant to reduce the treatment gap.

The Children's Health Act of 2000 made several changes to the authority for the substance abuse prevention and treatment block grant, including the development of a performance partnership framework in which States are granted program flexibility for achieving a common set of performance measures. The Committee expects SAMHSA to provide detailed information in its fiscal year 2004 congressional justification about the transition to the performance partnership grant framework and proposed funding that will support this transition.

CENTER FOR SUBSTANCE ABUSE PREVENTION

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|---|---|
| Appropriations, 2002 | $198,011,000 |
| Budget estimate, 2003 | 152,815,000 |
| Committee recommendation | 202,000,000 |

The Committee recommends $202,000,000 for programs to prevent substance abuse, an increase of $3,989,000 above last year's level and $49,185,000 more than the budget request. This amount funds substance abuse prevention programs of regional and national significance.

The Committee is very concerned about the administration's request to significantly reduce funding for prevention activities. The Committee notes that prevention is a key partner in the effort to reduce the treatment gap. The Committee is aware that the National Drug Control Strategy has established 2-year goals of reducing current use by 10 percent for 12- to 17-year-olds and individuals 18 years and older. States and communities will be challenged to develop the capacity to deliver effective substance abuse prevention programs without additional resources, especially given the demographic surge in youth aged 15–20 expected during the current decade. The Committee recognizes that this cohort exhibits the highest rates of substance abuse initiation. If current rates hold steady during the current decade, this cohort of individuals would cause a significant increase in the treatment gap.

The Committee is aware that CSAP's science-based model programs show that prevention investments have the potential to reduce substance abuse rates by 25 percent. Further, delaying the age of first use can slow the progression of abuse, dependency and the need for treatment. The Committee also notes that prevention programs reduce the risk factors that are associated with later use and increase the protective factors that help individuals avoid use, thus producing a downward pressure on the treatment gap over the long term. The Committee also is aware that prevention programs are cost-effective. The Office of National Drug Control Policy has shown a direct correlation between increases in drug prevention investments and decreases in the prevalence of drug use. Prevention programs show cost-benefit ratios in the range of 8:1 to 15:1 for re-

duced costs in crime, school and work absenteeism, as well as reduced need for and costs of substance abuse treatment. Therefore, the Committee has provided $49,185,000 over the budget request to continue investments in the Nation's substance use prevention infrastructure including the following programs: Starting Early, Starting Smart, Community-Initiated Prevention Intervention, FAS/FAE, Ecstasy and National Clearinghouse for Alcohol and Drug Information.

*Programs of regional and national significance*

The Committee has provided $202,000,000 for programs of regional and national significance [PRNS], $3,989,000 more than the fiscal year 2002 amount and $49,185,000 more than the administration's request. The Center for Substance Abuse Prevention is the sole Federal organization with responsibility for improving accessibility and quality of substance abuse prevention services. Through the programs of regional and national significance activity, CSAP supports: development of new practice knowledge on substance abuse prevention; identification of proven effective models; dissemination of science-based intervention information; State and community capacity-building for implementation of proven effective substance abuse prevention programs; and programs addressing new needs in the prevention system.

The Committee notes the alarming increase in use and availability of ecstasy and other club drugs among our Nation's youth. For 2 consecutive years, ecstasy use reported by 10th and 12th grade students has increased. According to SAMHSA's Drug Abuse Warning Network, ecstasy-related emergency room admissions in the United States increased significantly from 253 in 1994 to 4,511 in 2000. The Committee urges SAMHSA to pay close attention to this and other emerging drug use issues and has included $5,000,000 to continue and expand on the program funded last year.

The Committee is aware of the need to strengthen fetal alcohol syndrome (FAS) prevention efforts and improve service delivery by ensuring that professionals in key fields are knowledgeable about FAS and related birth defects, particularly in high-prevalence regions. The Committee has therefore included sufficient funding to support training on FAS and related birth defects for professionals and students in health care, education, social work, foster care, criminal justice, and other relevant fields.

The Committee notes the insufficient number of effective fetal alcohol syndrome and fetal alcohol effects (FAS/FAE) programs in communities affected by this problem. The Committee has provided $12,500,000 to expand efforts to identify, disseminate and implement effective FAS/FAE prevention and treatment programs.

The Committee is troubled by the recent findings of the NIAAA Task Force on College Drinking. The study reveals that drinking by college students age 18–24 contributes to an estimated 1,400 student deaths, 500,000 injuries, and 70,000 cases of sexual assault or date rape each year. It also estimates that more than one-fourth of college students that age have driven in the past year while under the influence of alcohol. The Committee commends CSAP for funding programs designed to prevent alcohol problems among col-

lege students. The Committee encourages CSAP to continue to enhance its work in this area and to disseminate information about scientifically based prevention programs that can be utilized in appropriate settings. The Committee notes that two related programs were added this year to the National Registry of Effective Prevention Programs.

The Committee is aware that alcohol abuse, though common on many campuses, does not run rampant among all college and university students, and also notes that one of the challenges to reducing alcohol abuse among this population is the perceived norm that everyone is doing it. Previous studies have shown that most students drink moderately or abstain. The Committee recognizes that the proportion of nondrinkers on college campuses increased from 15 to 19 percent between 1993 and 1999.

The Committee strongly supports the information dissemination activities of the National Clearinghouse for Alcohol and Drug Information (NCADI). Last year, the NCADI website received more than 86 million hits; its radio messages reached almost 52 million listeners; and it provided critical support to individuals in the prevention and treatment field. The Committee understands that NCADI exceeded its GPRA performance targets for both the number of information requests received, as well as the level of customer satisfaction achieved. Therefore, the Committee continues to support NCADI at no less than last year's level of funding, so it can continue to serve as a one-stop source for comprehensive, customer-oriented information regarding substance use prevention, intervention and treatment.

PROGRAM MANAGEMENT

The Committee recommends $86,467,000 for program management activities of the agency, $4,925,000 less than the fiscal year 2002 level and $11,306,000 more than the President's request.

The program management activity includes resources for coordinating, directing, and managing the agency's programs. Program management funds support salaries, benefits, space, supplies, equipment, travel, and departmental overhead required to plan, supervise, and administer SAMHSA's programs.

Last year, the Committee provided $9,000,000 requested in the SAMHSA budget for data collection initiatives. These additional resources were requested and provided to make much-needed improvements in the Drug Abuse Warning Network (DAWN) and the Drug and Alcohol Services Information System (DASIS.) The Committee notes that the DAWN captures information from hospital emergency departments as a means of tracking current trends in illicit and licit drug abuse. The DASIS is the only source of national data on services available for substance abuse treatment and the characteristics of individuals admitted for treatment. The Committee is disappointed that funds required to sustain these improvements were eliminated from the SAMHSA budget.

The Committee notes that only 36 percent of targets for fiscal year 2001 had reported data upon release of the Final Fiscal Year 2003 GPRA Annual Performance Plan and fiscal year 2001 Annual Performance Report. The Committee expects that SAMHSA will

continue to improve the quality and timeliness of data required for compliance with GPRA.

The Committee has recommended additional resources for the program management account above the budget request, to continue support for critical investments in data collection activities, to support technical assistance to States as the block grants are transitioned to performance partnerships and to restore excessive reductions proposed in staff and associated expenses.

The Committee also recommends $955,000 for Federally owned facilities at St. Elizabeths Hospital. The budget request did not include funds for this purpose. The funds will pay for day-to-day protection and maintenance, environmental remediation, historic and archaeological studies, and cemetery clock tower maintenance. These activities are necessary to prepare the facilities for transfer to the General Services Administration as excess property.

## AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

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|---|---|
| Appropriations, 2002 | $298,745,000 |
| Budget estimate, 2003 | 250,000,000 |
| Committee recommendation | 308,645,000 |

The Committee recommends $308,645,000 for the Agency for Healthcare Research and Quality [AHRQ]. This is $58,645,000 more than the administration request and $9,900,000 more than the fiscal year 2002 level. Included in this amount is $106,000,000 in transfers available under section 241 of the Public Health Service Act.

The Agency for Healthcare Research and Quality was established in 1990 to promote improvements in clinical practice and patient outcomes, promote improvements in the financing, organization, and delivery of health care services, and increase access to quality care. AHRQ is the Federal agency charged to produce and disseminate scientific and policy-relevant information about the cost, quality, access, and medical effectiveness of health care. AHRQ provides policymakers, health care professionals, and the public with the information necessary to improve cost effectiveness and appropriateness of health care and to reduce the costs of health care.

### HEALTH COSTS, QUALITY, AND OUTCOMES

The Committee provides $252,645,000 for research on health costs, quality and outcomes [HCQO], which is $58,645,000 more than the administration request and $5,000,000 above the fiscal year 2002 level. HCQO research activity is focused upon improving clinical practice, improving the health care system's capacity to deliver quality care, and tracking progress toward health goals through monitoring and evaluation.

The Committee is disappointed that the administration's request for AHRQ reflected a cut of 16 percent, or almost $49,000,000. This proposed cut would prevent the agency from issuing any new grants or contracts, and would require current, non-patient safety grants to be cut in half. AHRQ's research provides crucial information to policymakers regarding key health issues, such as how to improve the quality of care, reduce costs, eliminate health disparities, and translate the medical discoveries made at the National In-

stitutes of Health into improved health care services for all Americans. Examples of research supported by the Agency include studies showing that patients who take beta blockers prior to bypass surgery have improved survival rates, that newer antidepressants are equally as effective as older medication in the treatment of depression, and that African-American Medicare beneficiaries are far less likely than white beneficiaries to receive flu shots. The Committee believes that the health systems research sponsored by AHRQ is an important complement to the biomedical research performed at NIH, and is committed to ensuring that sufficient funding exists for this type of research.

The Committee is also concerned that the administration has proposed transferring $10,000,000 from AHRQ to the Department of Commerce for the Current Population Survey. While the Committee supports improvements to the CPS, it is displeased that the administration has chosen to fund this activity from an agency with such a small budget. The Committee does not approve the administration's proposal to shift funds to the Department of Commerce, and directs that none of AHRQ's funds be used or transferred for this purpose.

The Committee notes that, as a result of funds it provided 3 years ago, the Agency has funded valuable research relating to bioterrorism. The Committee is aware that AHRQ has sponsored a web site to help primary care physicians learn how to diagnose and treat bioterrorist agents such as smallpox and anthrax. AHRQ also funded a "real time" early warning system for infectious disease outbreaks developed at Carnegie Mellon University, which was highlighted by President Bush in February. The Committee believes that this research is an integral part of efforts to ensure that our health care system is prepared for a bioterrorism attack. For this reason the Committee has provided AHRQ with an additional $5,000,000 for bioterrorism research within the Public Health and Social Services Emergency Fund.

The Committee continues to be very concerned about the enormous personal and economic cost of medical errors. More people die annually from medical errors than from automobile accidents, breast cancer, or AIDS. During the past 2 years the Committee has provided funding for initiating research into the causes of medical errors in the hope of dramatically improving the safety of health care services in this country. For fiscal year 2003, the Committee directs AHRQ to devote $60,000,000 of the total amount provided for HCQO to determining ways to reduce medical errors. This represents an increase of $5,000,000 over the amount provided last year. The Committee understands that these funds will be used to provide challenge grants to health facilities to implement local safety interventions, and to develop a program to train patient safety experts.

*Childhood birth defects and developmental disorders.*—The Committee recognizes the importance of helping children suffering from birth defects and developmental disorders. These include cleft lip, cleft palate, missing limbs and other facial deformities from hemanjiomas, hemifacial and microsomia to microtia, aural atresia, and craniosynostosis. The Committee, therefore, urges the Agency to identify surgical procedures and treatment protocols for con-

genital deformities that would clearly differentiate reconstructive surgery from cosmetic surgery. Also, the Committee urges the Agency to commission one of its Centers for Evidence-based Practice to conduct research for the development of standards for the treatment of congenital deformities.

*Health disparities*.—The Committee encourages the Agency to carefully evaluate the analysis, findings, and recommendations of the March 2002 Institute of Medicine report regarding the disparities of medical care delivery to minorities. In particular, the Agency should pursue creative ways to address this serious finding and improve health care delivery for African-Americans, those of Hispanic and Asian origin, Native-Americans, Alaskans and Hawaiians.

*Mental Illness and Older Americans*.—The Committee is seriously concerned about the prevalence of undiagnosed and untreated mental illness among older Americans. Affective disorders, including depression, anxiety, dementia, and substance abuse and dependence, are often misdiagnosed or not recognized by primary and specialty care physicians in their elderly patients. While effective treatments for these conditions are available, there is an urgent need to translate advancements from biomedical and behavioral research to clinical practice. The Committee urges AHRQ to support evidence-based research projects focused on the diagnosis and treatment of mental illnesses in the geriatric population, and to disseminate evidence-based reports to physicians and other health care professionals.

MEDICAL EXPENDITURES PANEL SURVEYS

The Committee provides $53,300,000 for health insurance and medical expenditures panel surveys [MEPS], which is the same as the administration request and $4,800,000 above the fiscal year 2002 level. MEPS is intended to obtain timely national estimates of health care use and expenditures, private and public health insurance coverage, and the availability, costs and scope of private health insurance benefits. It also develops cost and savings estimates of proposed changes in policy and identifies impact of policy changes on payers, providers, and patients.

*Program support*

The Committee recommends $2,700,000 for program support. This amount is the same as the administration request and is $100,000 more than the fiscal year 2002 level. This activity supports the overall management of the Agency.

## CENTERS FOR MEDICARE AND MEDICAID SERVICES

### GRANTS TO STATES FOR MEDICAID

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| Appropriations, 2002 | $107,119,398,000 |
| Budget estimate, 2003 | 112,090,218,000 |
| Committee recommendation | 112,090,218,000 |

The Committee recommends $112,090,218,000 for Grants to States for Medicaid. This amount is $4,970,820,000 more than the fiscal year 2002 appropriation and the same as the administration's request. This amount excludes $46,601,937,000 in fiscal year 2002 advance appropriations for fiscal year 2003. In addition,

$51,861,386,000 is provided for the first quarter of fiscal year 2004, as requested by the administration.

The Medicaid program provides medical care for eligible low-income individuals and families. It is administered by each of the 50 States, the District of Columbia, Puerto Rico, and the territories. Federal funds for medical assistance are made available to the States according to a formula, which determines the appropriate Federal matching rate for State program costs. This matching rate is based upon the State's average per capita income relative to the national average, and shall be no less than 50 percent and no more than 83 percent.

PAYMENTS TO HEALTH CARE TRUST FUNDS

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|---|---|
| Appropriations, 2002 | $81,979,200,000 |
| Budget estimate, 2003 | 81,462,700,000 |
| Committee recommendation | 81,462,700,000 |

The Committee recommends $81,462,700,000 for Federal payments to health care trust funds. This amount is the same as the administration's request and is a decrease of $516,500,000 from the fiscal year 2002 appropriation.

This entitlement account includes the general fund subsidy to the Supplementary Medical Insurance Trust Fund (Medicare Part B), plus other reimbursements to the Hospital Insurance Trust Fund (Medicare Part A), for benefits and related administrative costs that have not been financed by payroll taxes or premium contributions.

The Committee has provided $80,905,000,000 for the Federal payment to the Supplementary Medical Insurance Trust Fund. This payment provides matching funds for premiums paid by Medicare Part B enrollees. This amount is the same as the administration's request and $427,000,000 less than the fiscal year 2002 amount.

The recommendation also includes $225,000,000 for hospital insurance for the uninsured. This amount is the same as the administration's request and is $67,000,000 less than the 2002 amount.

The Committee also recommends $168,000,000 for Federal uninsured benefit payment. This payment reimburses the Hospital Insurance Trust Fund for the cost of benefits provided to Federal annuitants who are eligible for Medicare. This amount is the same as the administration's request and is $18,000,000 more than the fiscal year 2002 appropriation.

The Committee recommendation includes $164,700,000 to be transferred to the Hospital Insurance Trust Fund as the general fund share of CMS's program management administrative expenses.

PROGRAM MANAGEMENT

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|---|---|
| Appropriations, 2002 | $2,437,083,000 |
| Budget estimate, 2003 | 2,507,914,000 |
| Committee recommendation | 2,570,981,000 |

The Committee recommends $2,570,981,000 for CMS program management. This is $63,067,000 more than the administration's request and $133,898,000 more than the fiscal year 2002 enacted level.

*Research, demonstrations, and evaluations*

The Committee recommends $68,400,000 for research, demonstration, and evaluation activities. This amount is $48,801,000 less than the amount provided in fiscal year 2002 and $40,000,000 more than the administration request.

CMS research and demonstration activities facilitate informed, rational Medicare and Medicaid policy choices and decision making. These studies and evaluations include projects to measure the impact of Medicare and Medicaid policy analysis and decision making, to measure the impact of Medicare and Medicaid on health care costs, to measure patient outcomes in a variety of treatment settings, and to develop alternative strategies for reimbursement, coverage, and program management.

The Committee has included $40,000,000 for Real Choice Systems Change Grants to States to fund initiatives that establish specific actions steps and timetables to achieve enduring system improvements and to provide long term services and supports, including community-based attendant care, to eligible individuals in the most integrated setting appropriate. Grant applications should be developed jointly by the State and Consumer Task Force. The Task Force should be composed of individuals with disabilities, consumers of long-term care services and supports, and those who advocate on behalf of such individuals. Grant funded activities should focus on the following areas of need as determined by the States and the Task Force: community-integrated personal assistance services, building quality infrastructures for community-based long term care systems, enabling integrated long term support services to follow the individual across settings in a manner that permits as much participant direction as possible, developing innovative methods to address direct service worker shortages such as affordable health coverage and providing respite for caregivers of adults or children. These Real Choice Systems Change grants funds shall remain available until expended. To assure the sufficient time to promote enduring systems change, grantees will be allowed to utilize the funds over a 3-year period.

The recommended funding level for the research and demonstration program will provide for continuation of current activities. Priority areas for CMS research include access to high-quality health care, health service delivery systems, and provider payment systems.

*Medicare operations*

The Committee recommends $1,680,084,000 for Medicare operations (formerly know as Medicare contractors), which is $5,000,000 more than the budget request and $146,084,000 more than the fiscal year 2002 appropriation. In addition, $720,000,000 is available for the Medicare Integrity Program within the mandatory budget as part of the health insurance reform legislation.

The Medicare operations line item covers a broad range of activities including claims processing and program safeguard activities performed by Medicare contractors. These contractors also provide information, guidance, and technical support to both providers and beneficiaries. In addition, this line item includes a variety of projects that extend beyond the traditional fee-for-service arena.

The Committee recommends no less than $12,500,000 to support grants for State Health Insurance Counseling and Assistance programs (SHIPs). SHIPS provide information, counseling and decision support to people with Medicare.

Medicare contractors partner with the Federal Government to administer the Medicare fee-for-service program. Contractors pay claims, provide beneficiary and provider customer service and education, and combat Medicare waste, fraud and abuse. The Committee believes that it is critical for Medicare contractors to be adequately funded. It is for this reason that the Committee has continued to increase Medicare contractor funding over the years. However, the Committee is concerned that the funding appropriated for Medicare contractor activities is not being appropriately distributed by CMS to its Medicare contractors. The Committee expects CMS to manage these resources so that Medicare contractors have the funding needed to handle total workloads, which are steadily increasing. The Committee also expects funding to be provided to Medicare contractors in a timely manner. Further, the Committee strongly recommends CMS eliminate the 5 percent cap on transferring funds among functions so that contractors have greater flexibility to manage their resources in a manner that best matches programmatic needs. The Committee expects CMS to include, within its fiscal year 2004 congressional justification, a report on how fiscal year 2003 resources were allocated to Medicare contractors.

*State survey and certification*

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.

The Committee recommends $260,000,000 for Medicare State survey and certification activities, an increase of $12,353,000 over the budget request and $5,603,000 more than the fiscal year 2002 level. The Committee understands that this level of effort will be supplemented by support contracts funded by the Quality Improvement Organization (formerly the Peer Review Organization) activity; this will bring the program level for survey and certification activities to $276,900,000 for fiscal year 2003.

*Federal administration*

The Committee recommends $562,497,000 for Federal administration costs, $5,714,000 more than the administration's request. The Committee recommendation is $31,012,000 more than the fiscal year 2002 level.

This funding level will support 4,539 full-time equivalent positions, a decrease of 93 from the fiscal year 2002 request. Most of the increase is for fixed expenses of personnel compensation and benefits.

The Committee has been very pleased with the efforts of CMS under its demonstration authority to address the extraordinary adverse health status of Native Hawaiians in Waimanalo, Hawaii. The Committee urges an additional focus upon American Samoan

residents in that geographical area utilizing the expertise of the Waimanalo Health Center and its Mauli Ola program.

The Committee continues to support and invest in the enhanced quality of care for seniors. The Committee strongly urges the Secretary of Health and Human Services to implement the MedPAC's recommendation to assess contemporary models for pharmacists' services to ensure that seniors have access to this important patient care. The Committee urges the Secretary to consult with various national organizations representing pharmacists and pharmacies and to report back to Congress within this fiscal year.

The Committee remains extremely concerned over CMS' continuing failure to articulate clear guidelines and to set expeditious timetables for consideration of new technologies, procedures and products for Medicare coverage. A particularly troubling example is CMS' lengthy delays and failure to articulate clear standards regarding Medicare coverage of positron emission tomography (PET). The effect of these delays in instituting Medicare coverage is to continue to deny the benefits to these technologies and procedures to Medicare patients. The Committee also remains concerned that CMS appears to be requiring some new technologies to repeat clinical trials and testing that have already gained FDA approval. The Committee is also concerned that CMS appears to be requiring substantially different levels of evidence to approve various new products for Medicare coverage. For example, very little documentation is required for approval of magnetic resonance angiography (MRA), while voluminous amounts of data are required to make a coverage decision on PET. The Committee remains concerned that the 120-person Medicare Coverage Advisory Committee may be further delaying coverage decisions and creating unnecessary costs for the Medicare program. These include the commissioning of studies that are not based on sound, established scientific principles. Because of the possible duplication of efforts among HHS agencies and related unnecessary costs to the Medicare program and the Department, the Committee again asks that the Secretary take a leadership role in resolving this matter expeditiously.

The Committee is aware of the joint activities of CMS and HRSA to improve access to medical and dental care for mothers and children in underserved populations. CMS and the Maternal and Child Health program at HRSA, have worked together to assist States to reduce barriers to care for Medicaid and SCHIP populations for maternal and child health care including oral health care. The Committee urges these agencies to continue their partnership and expand support for State oral health systems grants and innovative demonstration projects for the prevention and early intervention of dental diseases in young children, State dental access summit meetings, and the National Maternal and Child Oral Health Resource Center. The Committee recognizes that such agency collaborations are instrumental for providing coordinated services that do not duplicate limited resources.

The Committee is concerned that CMS has not updated its state guidance document on dental care for Medicaid-eligible children in over 20 years. The Committee is aware that CMS has commissioned and received an update of The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guide from the American Acad-

emy of Pediatric Dentistry. This document is vital to ensuring that the states correctly implement EPSDT dental requirements and provide full coverage for all eligible children. Furthermore, the guidance will help states improve access to dental care by providing a better understanding of the dental workforce and financing system. The Committee strongly urges CMS to release a revised state guidance manual on dental care under the Medicaid/EPSDT program before January 1, 2003.

The Committee expects the Secretary to issue "L" Codes based on fair and reasonable reimbursement levels to cover Total Body Orthotic Management for Non-Ambulatory severely disabled nursing home residents. Such treatment will be a medically prescribed device consisting of custom fitted individual braces with adjustable joints designed to improve function, retard progression of musculoskeletal deformity, or to restrict, eliminate or assist in the functioning of lower and upper extremities, pelvic, spinal, and cervical regions of the body. Such device will consist of individually adjustable braces that are attached to a frame which is an integral component of the device, and for which the individual braces cannot function or be used apart from the frame. This responds to a longstanding Committee concern about an unintended consequence of HCFA Ruling 96–1. While designed to crack down on fraud and abuse in the DME market on Part B Medicare reimbursement, this ruling also denied a highly specialized whole body orthotic treatment that dramatically improves the medical condition and quality of life for some severely disabled Medicare beneficiaries under full time care in nursing facilities. The Committee notes the May 2002, congressionally authorized GAO report entitled "Orthotics Ruling Has Implications for Beneficiary Access and Federal and State Costs" that identifies a substantial nursing home population that has been denied this care as a result of 96–1, but recommends that a restoration of such care be accompanied by appropriate controls, consistent with those established for existing "L" codes, that protect the integrity of the Medicare Program. The committee recognizes the need for these controls, but at the same time notes that beneficiaries have been without this treatment for over 5 years and urges CMS to expeditiously re-establish reimbursement measures for these services.

The Committee directs the Secretary of Health and Human Services to review the Medicare Geographic Classification Review Board's criteria for reclassification determinations with respect to making payments to hospitals. The Committee requests the review to include a detailed analysis of disparities among hospital's reimbursement rates for hospitals in metropolitan statistical areas that border on areas that have a higher wage indices; the difficulty hospitals face in losing skilled medical personnel to neighboring areas with urban classifications and higher wage and salary structures; geographic and environmental impediments to traditional community routes; the base costs on which the wage index is applied; and the affect lower wage indices have on the quality of care. The Committee directs the Secretary to report to the Committee no later than January 15, 2003.

## ADMINISTRATION FOR CHILDREN AND FAMILIES

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

| | |
|---|---|
| Appropriations, 2002 | $2,536,313,000 |
| Budget estimate, 2003 | 2,416,800,000 |
| Committee recommendation | 2,475,800,000 |

The Committee recommends that $2,475,800,000 be made available in fiscal year 2003 for payments to States for child support enforcement and family support programs. The Committee recommendation provides the full amount requested under current law. The budget request includes savings of $59,000,000 based on proposed legislation. These payments support the States' efforts to promote the self-sufficiency and economic security of low-income families. These funds support efforts to locate noncustodial parents, determine paternity when necessary, and establish and enforce orders of support. The appropriation, when combined with the $1,100,000,000 in advance funding provided in last year's bill and an estimated $461,000,000 from offsetting collections, supports a program level of $4,036,800,000.

The Committee also has provided $1,100,000,000 in advance funding for the first quarter of fiscal year 2004 for the child support enforcement program, the same as the budget request.

### LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

| | |
|---|---|
| Appropriations, 2002 | $2,000,000,000 |
| Budget estimate, 2003 | 1,700,000,000 |
| Committee recommendation | 2,000,000,000 |

The Committee recommendation for LIHEAP is $2,000,000,000. The recommended amount is $300,000,000 more than the administration request and the same amount as last year.

LIHEAP grants are awarded to States, territories, Indian tribes and tribal organizations to assist low-income households in meeting the costs of home energy. States receive great flexibility in how they provide assistance, including direct payments to individuals and vendors and direct provision of fuel.

The Committee recommendation includes $1,700,000,000 for the State grant program, the same amount as last year's funding level and $300,000,000 more than the amount requested by the administration. These resources are distributed by formula to States, territories, Indian tribes and tribal organizations defined by statute, based in part on each State's share of home energy expenditures by low-income households nationwide.

The Committee recommendation includes $300,000,000 in additional resources for the contingency fund, the same as the budget request. These resources are available until expended and can be released only upon submission of a formal request designating the need for the funds as an emergency, as defined by the Balanced Budget and Emergency Deficit Control Act. The administration did not request resources for the contingency fund subject to this emergency requirement. The contingency fund may be used to provide assistance to one or more States adversely affected by extreme heat or cold, significant price increases or other causes of energy-related emergencies.

The Committee is disappointed by the unwillingness of the administration to release any or all of the $600,000,000 in contingency funding currently available. The Committee notes that in both the Statement of the Managers accompanying the Supplemental Appropriations Act, 2001 (Public Law 107–20) and the Statement of the Managers accompanying the Department of Health and Human Services Appropriations Act, 2002 (Public Law 107–116), the conferees encouraged the administration to release contingency funds provided by these Acts due to the pressing additional energy assistance needs of millions of eligible families. The Committee again notes that the authorizing statute states that the contingency fund was authorized to meet the additional home energy assistance needs of one or more States arising from a natural disaster or other emergency, as defined in section 2603(1)(A–G), which includes six other factors not related to weather or natural disasters.

The Committee is aware of data that has been reported over the past 12 months that show the definition of emergency has been met in many States. The Committee directs the Department to provide a report within 60 days after the enactment of this bill identifying the sources of data used for considering release of contingency funds for each of the parts of the emergency definition.

The Committee encourages the Department to work with appropriate agencies and associations to make sure data is available to administer this program, and in particular, make decisions about release of contingency funding.

The Committee intends that up to $27,500,000 of the amount recommended for LIHEAP for fiscal year 2003 be used for the leveraging incentive fund. The fund will provide a percentage match to States for private or non-Federal public resources allocated to low-income home energy benefits.

REFUGEE AND ENTRANT ASSISTANCE

| | |
|---|---|
| Appropriations, 2002 | $460,195,000 |
| Budget estimate, 2003 | 452,724,000 |
| Committee recommendation | 452,724,000 |

The Committee recommends $452,724,000 for refugee and entrant assistance, $7,471,000 less than the fiscal year 2002 level and the same amount as the budget request.

Based on an estimated refugee admission ceiling of 75,000, this appropriation, together with prior-year funds available for fiscal year 2003 expenses, will enable States to continue to provide at least 8 months of cash and medical assistance to eligible refugees and entrants, a variety of social and educational services, as well as foster care for refugee and entrant unaccompanied minors.

The Refugee and Entrant Assistance Program is designed to assist States in their efforts to assimilate refugees, asylees, Cuban and Haitian entrants, and adults and minors who are trafficking victims, into American society as quickly and effectively as possible. The program funds State-administered transitional and medical assistance, the voluntary agency matching grant program, programs for victims of trafficking and torture, employment and social services, targeted assistance, and preventive health.

In order to carry out the refugee and entrant assistance program, the Committee recommends $227,291,000 for transitional and medical assistance, including State administration and the voluntary agency program; $10,000,000 for victims of trafficking; $151,121,000 for social services; $4,835,000 for preventive health; and $49,477,000 for targeted assistance.

Section 412(a)(7) of title IV of the Immigration and Nationality Act authorizes the use of funds appropriated under this account to be used to carry out monitoring, evaluation, and data collection activities to determine the effectiveness of funded programs and to monitor the performance of States and other grantees.

The Committee recommends $10,000,000 to treat and assist victims of torture. These funds may also be used to provide training to healthcare providers to enable them to treat the physical and psychological effects of torture. The Committee acknowledges that well-established treatment centers, such as the Center for Victims of Torture, have developed the knowledge base that has fostered growth of treatment facilities around the country and strengthened treatment services generally. This positive trend may continue if leading centers are able to expand their staffs to create more trainers and improve evaluation and research needed to guide and develop new programs.

CHILD CARE AND DEVELOPMENT BLOCK GRANT

| | |
|---|---|
| Appropriations, 2002 | $2,099,976,000 |
| Budget estimate, 2003 | 2,099,994,000 |
| Committee recommendation | 2,099,994,000 |

The Committee recommendation provides $2,099,994,000 for the child care and development block grant, $18,000 more than last year and the same as the budget request.

The child care and development block grant supports grants to States to provide low-income families with financial assistance for child care; for improving the quality and availability of child care; and for establishing or expanding child development programs. The funds are used to both expand the services provided to individuals who need child care in order to work or attend job training or education and allow States to continue funding the activities previously provided under the consolidated programs.

The Committee is aware that the authorization for the child care and development block grant program expires on September 30, 2002. The block grant was last reauthorized in 1996 as part of the Personal Responsibility and Work Opportunity Reconciliation Act. The Act established the child care and development fund, which consists of mandatory funding provided under the Social Security Act and discretionary funding supported by annual appropriations under the child care and development block grant program.

The Committee believes that significant increases in mandatory funding for child care should be supported by the reauthorization of the Welfare Reform law to pay for additional work requirements and to respond to the needs of low income, working poor families. The Welfare Reform law established policies that have resulted in a significant increase in the working Americans. Work requirements have decreased the welfare casesload by 1.8 million families from 1996–1999, many of whom are not earning a living wage and

are in need of assistance. The share of families working or participating in work-related activities while receiving TANF also grew significantly; by fiscal year 1999, nearly 900,000 TANF parents were employed or engaged in work activities. Also, there has been a large increase in labor force participation by low income single parents, which includes many families not previously connected to the labor force; between 1996 and 1999, the number of employed single mothers grew from 1.8 million to 2.7 million.

The Committee recommendation continues specific earmarks in appropriations language, also included in the budget request, that provide targeted resources to specific policy priorities including $19,120,000 for the purposes of supporting resource and referral programs and before and afterschool services. This represents the Federal commitment to the activities previously funded under the dependent care block grant. The Committee expects that these funds will not supplant current funding dedicated to resource and referral and school age activities provided by the child care and development block grant. The Committee strongly encourages States to address the matters of before and afterschool care and the establishment of resource and referral programs with the funds provided in this program.

The Committee recommendation includes an additional $272,672,000 for child care quality activities, and sets aside $100,000,000 specifically for an infant care quality initiative. These funds are recommended in addition to the 4 percent quality earmark established in the authorizing legislation. The Committee has provided these additional quality funds because of the considerable research that demonstrates the importance of serving children in high quality child care settings which include nurturing providers who are educated in child development and adequately compensated. While considerable progress has been made, the Committee believes States should continue to invest in education and training linked to compensation of the child care workforce in order to improve the overall quality of child care.

The Committee recommendation also provides $10,000,000 for child care research, demonstration and evaluation activities.

The Committee recommendation for resource and referral activities also includes $1,000,000 to continue support for the National Association of Child Care Resource and Referral Agencies' information service, Child Care Aware, the national toll-free information hotline which links families to local child care services and programs. Funds also were requested in the budget request for this purpose.

SOCIAL SERVICES BLOCK GRANT

| | |
|---|---|
| Appropriations, 2002 | $1,700,000,000 |
| Budget estimate, 2003 | 1,700,000,000 |
| Committee recommendation | 1,700,000,000 |

The Committee recommends an appropriation of $1,700,000,000 for the social services block grant. The recommendation is the same amount as the budget request and 2002 enacted level.

The Committee has included bill language that allows States to transfer up to 10 percent of their annual allocations under the Temporary Assistance for Needy Families to the Social Services

Block Grant program. Under the budget request, States would be limited to transfers of up to 4.25 percent for fiscal year 2003. The Committee recognizes that the block grant is a vital source of support for many vulnerable children and families, the elderly and single adults and continues to support this important State flexibility.

CHILDREN AND FAMILIES SERVICES PROGRAMS

| | |
|---|---|
| Appropriations, 2002 | $8,428,574,000 |
| Budget estimate, 2003 | 8,593,364,000 |
| Committee recommendation | 8,864,054,000 |

The Committee recommends an appropriation of $8,864,054,000 for children and families services programs. This is $435,480,000 more than the comparable fiscal year 2002 funding level and $270,690,000 more than the budget request.

This appropriation provides funding for programs for children, youth, and families, the developmentally disabled, and Native Americans, as well as Federal administrative costs.

*Head Start*

Head Start provides comprehensive development services for low-income children and families, emphasizing cognitive and language development, socioemotional development, physical and mental health, and parent involvement to enable each child to develop and function at his or her highest potential. At least 10 percent of enrollment opportunities in each State are made available to children with disabilities.

The Committee recommends $6,870,000,000 for the Head Start Program, an increase of $332,360,000 more than the comparable fiscal year 2002 level and $202,467,000 more than the budget request. The Committee recommendations includes $1,400,000,000 in advance funding that will become available on October 1, 2003.

The Committee is aware that the Department's recently-released 7-year national evaluation of the Federal Early Head Start program found that 3-year-old children completing the program performed better in cognitive and language development than children not participating in the program. Further, the study found that children completing Early Head Start achieved gains on standardized tests of cognitive and language development, may need fewer special learning interventions later on, and performed better on critical social-emotional tasks, such as relating to their parents, paying attention and behaving appropriately. The study also found that Early Head Start parents were more likely to read to their children, be emotionally supportive, help with language development and show positive parenting behavior. Early Head Start parents also participated more in education and employment-related activities. These findings justify the Committee's efforts to increase substantially funding for the Early Head Start program, to ensure that more eligible children participate in this important and effective program.

The Committee is impressed by the most recent Family and Child Experience Survey (FACES) data released last month. The Committee notes that the findings reveal that as they had in 1997–1998, Head Start children showed significant gains in vocabulary skills in 2000–2001 against national norms; Head Start children

showed modestly larger gains in letter recognition skills in 2000–2001 than they had in 1997–1998; Head Start graduates showed gains in social skills, including improvements in interaction and complex play and Head Start classroom quality remained in the "Good" range in the Early Childhood Education Rating Scale and Assessment Profiles in 2000, as they were in 1997. These findings support the significant investments that the Committee has supported for the Head Start program.

However, the Committee is concerned that the congressionally-mandated National Impact Study of Head Start has not been completed and encourages the ACF to move forward and complete this important study. The National Impact Study was mandated by Congress to be completed by 2003.

The Committee understands the serious need for additional and expanded Head Start facilities among native American populations and in rural areas. The Committee believes that the Department could help serve these needy communities by providing minor construction funding, as authorized, in remote native American communities.

The Committee is aware of the unique circumstances rural areas face in designing Early Head Start programs to meet the needs of families. Rural areas experience higher costs per child, either due to the higher cost of transporting infants and children to Early Head Start Centers, or because of higher rents due to the lack of adequate and licensable facilities in rural areas. In selecting new grantees under this program, the Committee believes the Department should give consideration to applicants serving rural areas that meet or exceed all performance criteria even though they may propose a higher cost per child due to these factors.

The Committee is aware that, in fiscal year 2002, approximately $40,000,000 in quality improvement Head Start funding was available to improve staff salaries and support professional development. This commitment of funding has helped increase both teacher compensation and retention rates among Head Start staff. The Committee expects the Department to continue to focus quality improvement efforts on improving Head Start teacher compensation such that teacher salaries more equitably reflect educational level and experience.

The Committee strongly supports the effort to strengthen the qualifications of Head Start teachers. At least 50 percent of teachers in center-based Head Start programs must have an associate, baccalaureate, or advanced degree in early childhood education or a degree in a related field, with experience in teaching preschool children, by September 30, 2003. The Committee expects the Department to focus staff development efforts on increasing the educational level of Head Start teachers in order to meet this goal.

The Head Start Act contemplates services to low-income children and their families. The law does not, however, prescribe age requirements for Head Start participation, short of limiting enrollment to children "who have not yet reached the age of compulsory school attendance." Despite this fact, Head Start has traditionally served children in their years immediately prior to their entering into kindergarten. With States and localities increasing their investments in preschool services, local Head Start programs have

been presented with not only an opportunity, but a need to serve infants and toddlers in their years proven to be the most formative in recently publicized brain research developmental studies.

Accordingly, the Committee encourages the Department of Health and Human Services to support efforts by local Head Start programs to use grant funds to deliver quality services to the infant and toddler population where a community assessment evidences a need for such services and the local program has the capacity to meet that need. The Committee supports this expansion in response to changing local community needs, separate and apart from the new grant process under the Early Head Start program created as part of the 1994 Head Start reauthorization. When combined with the new grant authority for Early Head Start which flows from increased appropriations annually, expansion of existing preschool programs to serve infants and toddlers is particularly responsive to research emphasizing the developmental needs of our youngest children—needs which can be ably addressed through the Head Start model of comprehensive services.

The Committee commends the Department for its focus on prevention as a key to improving the overall health and well-being of our Nation. The Committee also recognizes the importance of good nutrition and physical activity among young children for developing a fertile atmosphere for cognitive development and school readiness. According to the Nutrition Cognition National Advisory Committee at Tufts University in Massachusetts, children without an adequate diet may have trouble concentrating in school, participating in play, bonding with peers, and performing at their potential.

Therefore, the Committee urges the Head Start Bureau to review the scope of good nutrition and physical activities which are presently being undertaken in response to the Head Start Performance Standards, as well as the current knowledge base on good nutrition and physical activities for young children. Further, the Committee urges the Head Start Bureau to review the activities presently being undertaken by local programs to promote healthy bodies as a prerequisite for strong minds and to identify best practices currently employed by local programs. As a follow up, the Committee encourages the Head Start Bureau, in collaboration with the National Head Start Association, to devise a plan for implementing a locally-determined but coordinated effort to achieve the goals of a stronger, more vibrant and effective nutritional and physical activity component within Head Start programs. The Committee expects that the Head Start Bureau will enter into a cooperative agreement with the National Head Start Association to carry out these activities.

The Senate is currently considering the reauthorization of the Personal Responsibility and Work Opportunities Act, in order to assist individuals to secure gainful employment and help families to gain self-sufficiency in the new economy. As a result of the 1996 enactment of welfare reform, families previously eligible for Head Start services based on their low-income status have found themselves marginally exceeding those income limitations and, therefore, losing access to Head Start services for their children. The Committee recognizes that Head Start does not serve all income-

eligible children and their families in the country. Nonetheless, while eligibility for other programs is sensitive to regional disparities in income, Head Start eligibility is not. It is clear that an inner-city family's expenses with respect to food, housing and medical needs are different from those of a rural family, while a rural family's transportation needs, for one, may well outpace similar needs for their urban neighbors. Eligibility requirements should reflect this difference. Current law gives the Secretary of Health and Human Services authority to permit the enrollment of a "reasonable number" of over-income families in Head Start. In a welfare-reformed era, families may find their income marginally exceeding national poverty guidelines, while their need for quality early childhood programming is even more pronounced. The Committee encourages the Secretary to permit local programs to best address local community needs in these changing times, but encourages flexibility which does not deny services to the neediest of the needy. The Committee encourages the Secretary to exercise his authority, as appropriate, to permit the enrollment of over-income children and their families in up to 25 percent of program placements, so long as services are not denied to income-eligible children and families as a result of this flexibility.

The Committee is aware that the Department's "Descriptive Study of Seasonal Farmworker Families" published in September 2001 revealed that just 19 percent of eligible children of migrant and seasonal farmworkers are served by Migrant Head Start programs. The study also concluded "that Migrant Head Start agencies greatly improve the lives of migrant and seasonal farmworker families, and in doing so, help to strengthen local agricultural economies." The Committee urges the Head Start Bureau to provide an increase in funding for Migrant Head Start programs proportionate to the overall increase in the Head Start appropriation.

The Committee is aware of efforts currently being undertaken to improve pre-literacy skills in Head Start children and lauds the administration for its commitment to this effort. However, the Committee cautions against anything that would detract from the comprehensive nature of the program in delivering early childhood development and family services. While school readiness is front and center in the goals of Head Start, the elements necessary to achieve that readiness range from adequate nutrition and health screening to social and emotional development and family building as well as the cognitive growth of young children.

The Committee encourages the Department to ensure that in securing pre-literacy training and technical assistance for Head Start grantees, every reasonable effort is made to use competitive procedures in securing private sector service providers to assist in completing the Head Start mission.

The Committee is aware that the goal of the Head Start program is to ensure the social competence and school readiness of children upon completion of the program. The Committee expects the Department to continue to promote learning and brain development to accelerate and improve the cognitive development of Head Start children. The Committee expects the Department to monitor Head Start programs to ensure that a majority of children participating in Head Start programs meet the minimum educational perform-

ance measures and standards upon completion of the program as outlined in the Head Start Act, as amended in 1998.

The TCU/Head Start partnership has made a lasting investment in our Indian communities by creating associate degree programs in Early Childhood Development and related fields. New graduates of these programs can help meet the Congressional mandate that 50 percent of all program teachers earn an Associate Degree in Early Childhood Development or a related discipline by 2003. One clear impediment to the on-going success of this partnership program is the decrease in discretionary funding being targeted for the TCU/Head Start partnership. The Committee urges the Head Start Bureau to direct sufficient funding to allow current grantees to extend their programs for two additional years and to ensure that this vital program can continue and be expanded to serve all tribal college communities.

*Consolidated runaway and homeless youth program*

The Committee recommends $93,000,000 for this program, an increase of $4,898,000 more than the fiscal year 2002 level and $4,867,000 more than the administration request. The Committee recommends not less than $41,800,000 for transitional living programs, and not less than $51,200,000 for basic centers.

This program addresses the crisis needs of runaway and homeless youth and their families through support to local and State governments and private agencies. Basic centers and transitional living programs help address the needs of some of the estimated 300,000 homeless youth, many of whom are running away from unsafe or unhealthy living environments. These programs have been proven effective at supporting positive youth development, securing stable and safe living arrangements and providing the skills required to engage in positive relationships with caring adults and contribute to society. The Committee looks forward to the release of performance outcome data available through the new management information system.

The Runaway and Homeless Youth Act requires that not less than 90 percent of the funds be allocated to States for the purpose of establishing and operating community-based runaway and homeless youth centers, as authorized under Parts A and B of the Act. Funds are distributed on the basis of the State youth population under 18 years of age in proportion to the national total. The remaining 10 percent funds networking and research and demonstration activities including the National Toll-Free Communications Center.

Grants are used to develop or strengthen community-based programs which assist homeless youth in making a smooth transition to productive adulthood and social self-sufficiency; and to provide technical assistance to transitional living programs for the acquisition and maintenance of resources and services.

The basic centers program, authorized under Part A of the Act, supports grants to community-based public and private agencies for the provision of outreach, crisis intervention, temporary shelter, counseling, family unification and aftercare services to runaway and homeless youth and their families.

The transitional grant program (TLP) provides grants to local public and private organizations to address shelter and service needs of homeless youth, ages 16–21. The program's goals are to have youth safe at home or in appropriate alternative settings and to help them develop into independent, contributing members of society.

A homeless youth accepted into the program is eligible to receive shelter and services continuously for up to 540 days. The services include counseling; life skills training, such as money management and housekeeping; interpersonal skill building, such as decision-making and priority setting; educational advancement; job preparation attainment; and mental and physical health care.

The administration has proposed $10,000,000 for a separate maternity group home program. The Committee is aware of the need for and shares the administration's interest in funding residential services for young mothers and their children who are unable to live with their own families because of abuse, neglect, or other circumstances. The Committee notes that pregnant and parenting youth are currently eligible for and served through the TLP. The Committee commends the administration for placing special emphasis on pregnant and parenting youth in its fiscal year 2002 runaway and homeless youth program announcement. The Committee also compliments the administration for its special efforts to make the maternity group home community aware of the fiscal year 2002 program announcement.

The Committee also recognizes the need for and value of expanding transitional living opportunities for all homeless youth. Therefore, the Committee seeks to preserve the flexibility afforded in current law to respond to the needs of the young people who are most at-risk and in greatest need of transitional living opportunities in their communities by providing additional resources to the existing portfolio of consolidated runaway and homeless youth act programs.

It is the Committee's expectation that current and future TLP grantees will continue to provide transitional living opportunities and 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 recommendation does not include $10,000,000 requested in the budget for the maternity group homes program. The Committee has deferred action on this program pending the enactment of authorizing language. Under this proposed program, the ACF would provide targeted funding for community-based, adult-supervised group homes for young mothers and their children. These homes would provide safe, stable, nurturing environments

for mothers who cannot live safely with their own families and assist them in moving forward with their lives by providing support so they can finish school, acquire job skills, and learn to be good parents.

The Committee provided a $19,000,000 increase in funding last year under the transitional living program to strengthen our Nation's support system for all youth in need of stable, safe living accommodations and services. The Committee expects the Family and Youth Services Bureau to continue to provide the technical assistance needed to enable TLP grantees and their community partners to address the unique needs of young mothers and their children, as well as helping interested entities in identifying sources of funding currently available to provide residential services to this population.

*Child abuse prevention programs*

The Committee recommends $48,364,000 for child abuse and neglect prevention and treatment activities. The recommendation includes $22,013,000 for State grants, the same as last year and the budget request. The recommendation also includes $26,351,000 for discretionary activities, an increase of $201,000 more than last year and the same as the budget request. These programs seek to improve and increase activities at all levels of government which identify, prevent, and treat child abuse and neglect through State grants, technical assistance, research, demonstration, and service improvement.

*Abandoned infants assistance*

The Committee recommendation includes $12,205,000 for abandoned infants assistance, an increase of $3,000 more than 2002 level and the same amount as the budget request. This program provides financial support to public and private entities to develop, implement, and operate demonstration projects that will prevent the abandonment of infants and young children. Grants provide additional services such as identifying and addressing the needs of abandoned infants, especially those who are drug exposed or HIV positive; providing respite care for families and care givers; and assisting abandoned infants and children to reside with their natural families or in foster care.

*Child welfare services*

The Committee recommends an appropriation of $291,986,000 for child welfare services, the same as the fiscal year 2002 level and the administration request. This program helps State public welfare agencies improve their child welfare services with the goal of keeping families together. State services include: preventive intervention, so that, if possible, children will not have to be removed from their homes; reunification so that children can return home and development of alternative placements like foster care or adoption if children cannot remain at home. These services are provided without regard to income.

*Child welfare training*

The Committee recommends $7,498,000, an increase of $3,000 over the comparable fiscal year 2002 level and the same amount as the administration request. Under section 426, title IV–B of the Social Security Act, discretionary grants are awarded to public and private nonprofit institutions of higher learning to develop and improve education/training programs and resources for child welfare service providers. These grants upgrade the skills and qualifications of child welfare workers.

*Adoption opportunities*

The Committee recommends $27,405,000 for adoption opportunities, an increase of $20,000 more than the fiscal year 2002 level and the same amount as the administration request. This program eliminates barriers to adoption and helps find permanent homes for children who would benefit by adoption, particularly children with special needs. The Committee notes the progress that has been made in increasing adoptions of children within 2 years of their placement in the public foster care system, as well as the increase in family reunification within 1 year of placement.

*Adoption incentives*

The Committee recommends $43,000,000 for adoption incentives, the same amount as the comparable fiscal year 2002 appropriation and the budget request. The purpose of this program is to provide incentive funds to States to encourage an increase in the number of adoptions of children from the public foster care system. These funds are used to pay States bonuses for increasing their number of adoptions. The appropriation allows incentive payments to be made for adoptions completed in fiscal years 2001 and 2002.

*Adoption awareness*

The Committee recommendation includes $12,906,000 for the adoption awareness program, the same amount as the fiscal year 2002 level and the administration request. This program was authorized in the Children's Health Act of 2000. The program consists of two activities: the Infant Adoption Awareness Training Program and the Special Needs Awareness Campaign. The Infant Adoption Awareness Training Program provides grants to support adoption organizations in the training of designated health staff in eligible health centers that provide health services to pregnant women to inform them about adoption and make referrals on request on an equal basis with all other course of action. Within the Committee recommendation, $9,906,000 is available for this purpose.

The Special Needs Adoption Campaign supports grants to carry out a national campaign to inform the public about the adoption of children with special needs. The Committee recommendation includes $3,000,000 to continue this important activity.

*Compassion capital fund*

The Committee recommendation includes $45,000,000 for the compassion capital fund, $15,000,000 more than last year and $55,000,000 less than the budget request. Funds available will support grants to charitable organizations to emulate model social

service programs and to encourage research on the best practices of social service organizations.

The Committee expects funds made available through this program to supplement and not supplant private resources and encourages the Secretary to require private resources to match grant funding provided to public/private partnerships.

*Social services research*

The Committee recommends $6,000,000 for social services and income maintenance research, the same amount the administration request for discretionary funding. Mandatory funding also is available for this purpose in the Welfare Reform legislation and the administration budget request assures $25,158,000 is available from this source. Last year, $31,158,000 was available for this program. These funds support cutting-edge research and evaluation projects in areas of critical national interest. Research includes determining services that are more cost-effective and alternative ways to increase the economic independence of American families.

The Committee 4 years ago encouraged ACF to work with the State information technology consortium in an effort to help States with the difficult task of streamlining service delivery, while also meeting TANF record-keeping and reporting requirements. The Committee is pleased to learn that this effort is progressing and that States and ACF are now able to share systems information on TANF, child support enforcement, child welfare and child care activities. The Committee understands that plans are now underway to put in place web-based technology that permits communications and interface within States, across State borders, and between ACF and States. Accordingly, the Committee urges ACF to expand its efforts with the State information technology consortium in fiscal year 2003. Similarly, The Committee is pleased to note that child support collections on behalf of families continue to grow. When combined with other income, child support collections passed through to TANF families can provide the boost needed to help a family attain self-sufficiency. To aid in this objective, the Committee urges CSE to implement the next phase of an effort launched last year in conjunction with the State information technology consortium. The Committee remains convinced that States are in a position to best determine how to remove current barriers to child support collections and to improve the flow of information between agencies and the court system.

*Community-based resource centers*

The Committee recommends $33,417,000 for community-based resource centers, an increase of $1,000 more than the fiscal year 2002 level and the same amount as the administration request. These resources support two purposes: assisting each State in developing, operating, expanding and enhancing a network of community-based, prevention-focused, family resource and support programs and supporting activities that foster an understanding, appreciation, and knowledge of diverse populations in order to be effective in preventing and treating child abuse and neglect.

*Developmental disabilities programs*

The Committee recommends $149,534,000 for developmental disabilities programs, an increase of $9,014,000 more than the comparable fiscal year 2002 amount and $9,000,000 more than the budget request. The Administration on Developmental Disabilities supports community-based delivery of services which promote the rights of persons of all ages with developmental disabilities. Developmental disability is defined as severe, chronic disability attributed to mental or physical impairments manifested before age 22, which causes substantial limitations in major life activities.

*State councils*

For State councils, the Committee recommends $73,300,000. The State Councils on Developmental Disabilities program assists each State in promoting the development of a comprehensive, statewide, consumer and family-centered system which provides a coordinated array of culturally-competent services, and other assistance for individuals with development disabilities. State councils undertake a range of activities including demonstration of new approaches, program and policy analysis, interagency collaboration and coordination, outreach and training.

*Protection and advocacy grants*

For protection and advocacy grants, the Committee recommends $37,000,000. This formula grant program provides funds to States to establish protection and advocacy systems to protect the legal and human rights of persons with developmental disabilities who are receiving treatment, services, or rehabilitation within the State.

*Projects of national significance*

The Committee recommends $12,734,000 for projects of national significance to assist persons with developmental disabilities. This program funds grants and contracts providing nationwide impact by developing new technologies and applying and demonstrating innovative methods to support the independence, productivity, and integration into the community of persons with developmental disabilities.

The Committee recognizes the potential benefits that assistive technology can have for individuals with developmental disabilities.

Within the Committee recommendation, $4,000,000 is available to expand activities of the Family Support Program. The increase over the budget request for programs of national significance has been provided for this purpose.

*University-affiliated programs*

For university-affiliated programs, the Committee recommends $26,500,000. This program provides operational and administrative support for a national network of university-affiliated programs and satellite centers. Grants are made annually to university-affiliated programs and satellite centers for interdisciplinary training, exemplary services, technical assistance, and information dissemination activities.

*Native American programs*

The Committee recommends $45,912,000 for Native American programs, the same amount as the 2002 level and $716,000 more than the budget request. The Administration for Native Americans [ANA] assists Indian tribes and native American organizations in planning and implementing long-term strategies for social and economic development through the funding of direct grants for individual projects, training and technical assistance, and research and demonstration programs.

The Committee continues its significant interest in the revitalization of native languages through education. The Committee encourages ANA to allocate additional resources to support the Native American Languages program and urges the ANA to make schools a part of this effort, consistent with the policy expressed in the Native American Languages Act.

*Community services*

The Committee recommends an appropriation of $743,990,000 for the community services programs. This is $5,205,000 more than the fiscal year 2002 level and $103,665,000 higher than the administration request.

Within the funds provided, the Committee recommends $650,000,000 for the community services block grant [CSBG]. These funds are used to make formula grants to States and Indian tribes to provide a wide range of services and activities to alleviate causes of poverty in communities and to assist low-income individuals in becoming self-sufficient.

The Committee rejects the administration's recommendation to cut the Community Services Block Grant funding. Although a restrictive Committee allocation prevented CSBG funding from being substantially increased this year, the Committee continues to recognize the importance of CSBG and the Community Action Agencies it funds in helping meet the extraordinary challenges facing low-income communities.

The Committee recognizes that many small rural communities have little if any capacity to plan for and undertake community development projects. Often times, this lack of capacity results in higher unemployment and a general deterioration of the communities' infrastructure.

The Committee has provided bill language that instructs the Office of Community Services (OCS) to work with statewide associations of Community Action Agencies and individual Community Action Agencies that have experience in serving rural populations to implement a Rural Comprehensive Community Development Technical Assistance program in the States of West Virginia, Ohio, Kentucky, Iowa, Michigan, Wisconsin and Indiana. The Committee recognizes that there is an established network serving these particular States that is uniquely qualified to meet the needs of rural communities. As additional funds become available, the Office of Community Services is urged to consider the economic development technical assistance needs of rural communities in other States. The Committee recommendation includes $2,500,000 for OCS to carry out this program.

The Nation's Community Action Agency network relies on CSBG funding to help initiate and administer programs designed to alleviate poverty. The universal characteristic of these CSBG-funded programs is that they provide people with the resources and the tools to become self-sufficient. The Committee understands that the Department of Health and Human Services, and its Office of Community Services in particular, could better use this network in developing future policy initiatives. The Committee notes that in a number of States, including Iowa and Pennsylvania, CAA-initiated family development and self-sufficiency programs are a integral component of welfare reform efforts. The administration is encouraged to look for further nationwide linkages between those individuals seeking to leave the welfare system and become self-sufficient and the many family development and self-sufficiency strategies operated by Community Action Agencies.

In addition, the Committee believes that the Office of Community Services should be more agressive in ensuring proper oversight of some State CSBG State expenditure of CSBG allocations that are intended to fund local eligible activities. The Committee expects the Office of Community Services to better evaluate and enforce each State's expenditure of CSBG funds. The Committee is also concerned that some State audits of the previous years' expenditures of CSBG funds are not adequately reviewed and acted upon.

The Committee expects the Office of Community Services to release funding to the States in the most timely manner. The Committee also expects the States to makes funds available promptly. The Committee is aware that the Office of Community Services and some States have been extraordinarily delinquent in providing funds to local eligible entities.

In addition, the Committee again expects the Office of Community Services to inform the State CSBG grantees of any policy changes affecting carryover CSBG funds within a reasonable time after the beginning of the Federal fiscal year.

Several discretionary programs are funded from this account. Funding for these programs is recommended at the following levels for fiscal year 2003: community economic development, $34,000,000; individual development accounts, $24,990,000; rural community facilities, $7,500,000; national youth sports, $17,000,000; and community food and nutrition, $8,000,000.

Community economic development grants are made to private, nonprofit community development corporations, which in turn provide technical and financial assistance to business and economic development projects that target job and business opportunities for low income citizens. The Committee has included bill language clarifying that Federal funds made available through this program may be used for financing for construction and rehabilitation and loans or investments in private business enterprises owned by Community Development Corporations. Of the total provided, the Committee has included $5,500,000 for the Job Creation Demonstration authorized under the Family Support Act to target community development activities to create jobs for people on public assistance. As in the past, the Committee expects that a priority

for grants under this program go to experienced community development corporations.

The Committee continues to support the Job Creation Demonstration program, authorized by the Family Support Act. This demonstration program provides grants on a competitive basis to non-profit organizations to create new employment and business opportunities for TANF recipients and other low income individuals. Funding also supports technical and financial assistance for private employers that will result in the creation of full-time permanent jobs for eligible individuals. The Committee recognizes that continued funding of the Job Creation Demonstration program would provide opportunities for more low-income individuals.

Most of the drinking water and waste water systems in the country that are not in compliance with Federal standards are in communities of 3,000 or fewer. Rural Community Assistance Programs [RCAPs] use funds available from the Rural Community Facilities Program to assist a number of communities in gaining access to adequate community facilities, gaining financing for new or improved water and waste water systems and in complying with Federal standards.

The Committee has included bill language allocating funding to the Office of Community Services for Rural Community Facilities Technical Assistance as authorized under section 680(3)(B) of the Community Services Block Grant Act. In providing this funding, the Committee directs that it be used solely for the purpose of improving water and waste water facilities in poor, rural communities. As in the past these funds should be allocated to regional, rural community assistance programs.

The Committee is concerned that many small and very small community water and wastewater treatment systems might be most vulnerable to terrorist attack, yet least prepared to deal with the issue. The Committee urges OCS to support a RCAP Small Community Infrastructure Safety and Security Training and Technical Assistance project, which will provide State, regional and national infrastructure safety and security training workshops and on-site technical assistance targeted to small and very small community water and wastewater treatment systems. The goal of the project is to improve the capacity of small systems to better prepare for emergencies, develop emergency preparedness training manuals for small water systems, identify appropriate technologies to secure such systems, and provide technical assistance to small communities struggling to deal with these issues.

*Family violence prevention and services*

The Committee recommends $149,000,000 for family violence prevention and services programs, an increase of $7,385,000 over the fiscal year 2002 appropriation and the budget request.

For the runaway youth prevention program, the Committee recommends $16,000,000, which is $1,001,000 more than the fiscal year 2002 appropriation and the administration request. This is a discretionary grant program open to private nonprofit agencies for the provision of services to runaway, homeless, and street youth. Funds may be used for street-based outreach and education, including treatment, counseling, provision of information, and referrals

for these youths, many of whom have been subjected to or are at risk of being subjected to sexual abuse. The goal of this program is to help young people leave the streets.

For the national domestic violence hotline, the Committee recommends $3,000,000, which is $843,000 more than the fiscal year 2002 comparable level and the administration request. This is a cooperative agreement which funds the operation of a national, toll-free, 24-hours-a-day telephone hotline to provide information and assistance to victims of domestic violence. The Committee has recommended additional funding for the hotline because of the 19 percent growth in call volume that occurred last year and the associated increased in the caller abandonment rate of the hotline. The Committee is aware that employees of the parent agency even voluntarily reduced their pay to stay within budget constraints, rather than reduce hotline staff and service to those in need.

The Committee recommends $130,000,000 for the grants for battered women's shelters program, $5,541,000 above the fiscal year 2002 program level and the administration request. This is a formula grant program to support community-based projects which operate shelters and provide related assistance for victims of domestic violence and their dependents. Emphasis is given to projects which provide counseling, advocacy, and self-help services to victims and their children.

*Early learning opportunities program*

The Committee recommendation includes $38,000,000 for the early learning opportunities program, an increase of $13,003,000 more than the comparable fiscal year 2002 funding level. The administration proposed eliminating this program. This program supports grants to local community councils comprised of representatives from agencies involved in early learning programs, parent organizations and key community leaders. Funds are used to increase the capacity of local organizations to facilitate development of cognitive skills, language comprehension and learning readiness; enhance childhood literacy; improve the quality of early learning programs through professional development and training; and remove barriers to early learning programs.

*Faith-based center*

The Committee recommendation includes $1,500,000 to continue staff support for the operation of the Department's Center for Faith-Based and Community Initiatives, the same as the fiscal year 2002 level and the budget request.

*Promotion of responsible fatherhood and healthy marriage*

The Committee recommendation does not include $20,000,000 included in the budget request for a new program designed to promote responsible fatherhood and responsible marriage. Legislation has not been enacted that would create this new program. The purpose of this proposed program was to spur State and community level approaches to assist fathers to be more actively and productively involved in the lives of their children.

*Mentoring children of prisoners*

The Committee recommendation includes $12,500,000 for this new program. The administration requested $25,000,000. The mentoring children of prisoners program was authorized last year under section 439 of the Social Security Act. The purpose of this program is to help children while their parents are imprisoned, which includes activities that keep children connected to a parent in prison in order to increase the chances that the family will come together successfully when the parent is released. As a group, children of prisoners are less likely than their peers to succeed in school and more likely to engaged delinquent behavior.

*Independent Living Training Vouchers*

The Committee recommendation includes $60,000,000 for the new independent living program, the same as the budget request. These funds will support vouchers of up to $5,000 for college tuition or vocational training for individuals who age out of the foster care system, so they can be better prepared to live independently and contribute productively to society. Studies have shown that 25,000 youth leave foster care each year at age 18 and just 50 percent will have graduated high school, 52 percent will be unemployed and 25 percent will be homeless for one or more nights.

*Program administration*

The Committee recommends $172,837,000 for program administration, $1,045,000 more than the comparable fiscal year 2002 level and $2,090,000 more than the administration request.

The Committee urges ACF to continue to make progress in improving its Annual Performance Plan and Annual Performance Report. The Committee notes that many programs proposed for funding do not have solid data for baselines or performance outcome measures. This lack of objective data makes more difficult the Committee's decisions regarding the allocation of limited resources. The Committee believes that the agency should work with program grantees and relevant associations to identify the most objective ways in which to evaluate the effectiveness of ACF programs and establish a timeline for producing meaningful data by which programs can be assessed.

The Committee continues its interest in the Department's Child and Family Services reviews. These reviews are an effective method for monitoring the progress States are making in assuring the safety, health and permanency for children in child welfare and foster care as required in the Adoption and Safe Families Act. The Committee encourages the Department to make available sufficient resources to ensure full implementation of the new collaborative monitoring system. The Committee understands that the remaining States will be reviewed during fiscal year 2003. The Committee requests that ACF prepare a report on compliance and other implementation issues identified during these reviews and provide it to the Committee not later than 90 days after the last review.

In establishing its Technical Assistance Centers for Children and Families initiative, the Committee urges the Administration to give consideration to establishing a Pacific Basin focus given the unique

needs, geographical isolation, cultural complexities, and Federal responsibilities for the residents of that region.

PROMOTING SAFE AND STABLE FAMILIES

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|---|---|
| Appropriations, 2002 | $375,000,000 |
| Budget estimate, 2003 | 505,000,000 |
| Committee recommendation | 505,000,000 |

The Committee recommends $505,000,000 for fiscal year 2003, an increase of $130,000,000 more than the fiscal year 2002 amount and the same as the budget request. Funding available provides grants to States in support of: (1) family preservation services; (2) time-limited family reunification services (3) community-based family support services and (4) adoption promotion and support services. The Committee notes that most of the Federal funding related to child welfare is provided for the removal and placement of children outside of their own homes. Funds available through the Promoting Safe and Stable Families program are focused on supporting those activities that can prevent family crises from emerging that might require the temporary or permanent removal of a child from his or her own home.

The Promoting Safe and Stable Families program is comprised of $305,000,000 in capped entitlement funds authorized by the Social Security Act and $200,000,000 in discretionary appropriations.

PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION ASSISTANCE

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| Appropriations, 2002 | $4,855,600,000 |
| Budget estimate, 2003 | 4,855,000,000 |
| Committee recommendation | 4,855,000,000 |

The Committee recommends $4,855,000,000 for this account, which is $30,600,000 less than the 2002 comparable level and the same as the budget request. In addition, the Committee recommendation concurs with the administration's request of $1,745,600,000 for an advance appropriation for the first quarter of fiscal year 2004. The Committee also has included bill language, proposed in the budget, that will improve program operations and the flow of funds to States. The Foster Care Program provides Federal reimbursement to States for: maintenance payments to families and institutions caring for eligible foster children, matched at the Federal medical assistance percentage [FMAP] rate for each State; and administration and training costs to pay for the efficient administration of the Foster Care Program, and for training of foster care workers and parents.

The Adoption Assistance Program provides funds to States for maintenance costs and the nonrecurring costs of adoption for children with special needs. The goal of this program is to facilitate the placement of hard-to-place children in permanent adoptive homes, and thus prevent long, inappropriate stays in foster care. As in the Foster Care Program, State administrative and training costs are reimbursed under this program.

The Independent Living Program provides services to foster children under 18 and foster youth ages 18–21 to help them make the transition to independent living by engaging in a variety of services including educational assistance, life skills training, health services and room and board. States are awarded grants from the annual

appropriation proportionate to their share of the number of children in foster care, subject to a matching requirement.

## ADMINISTRATION ON AGING

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| Appropriations, 2002 | $1,349,089,000 |
| Budget estimate, 2003 | 1,340,986,000 |
| Committee recommendation | 1,383,907,000 |

The Committee recommends an appropriation of $1,383,907,000 for aging programs, $34,818,000 more than the fiscal year 2002 comparable funding level and $42,921,000 more than the budget request.

*Supportive services and senior centers*

The Committee recommends an appropriation of $364,500,000 for supportive services and senior centers, $7,506,000 more than the comparable fiscal year 2002 level and $7,500,000 more than the administration request. This State formula grant program funds a wide range of social services for the elderly, including multipurpose senior centers, adult day care and ombudsman activities. State agencies on aging award funds to designated area agencies on aging who in turn make awards to local services providers. All individuals age 60 and over are eligible for services, although, by law, priority is given to serving those who are in the greatest economic and social need, with particular attention to low-income minority older individuals and those residing in rural areas. Under the basic law, States have the option to transfer up to 30 percent of funds appropriated between the senior centers program and the nutrition programs, which allows the State to determine where the resources are most needed.

*Preventive health services*

The Committee recommends $24,062,000 for preventive health services, an increase of $2,939,000 more than the comparable fiscal year 2002 amount and $2,500,000 more than the budget request. Funds appropriated for this activity are part of the comprehensive and coordinated service systems targeted to those elderly most in need. Preventive health services include nutritional counseling and education, exercise programs, health screening and assessments, and prevention of depression.

Within the appropriation for this program, the Committee recommends that $7,500,000 be provided to expand medication management, screening and education activities to prevent incorrect medication and adverse drug reactions among the elderly. These activities will help older adults learn more about managing medications safely and help reduce unnecessary hospitalizations and illnesses. The Committee notes that individuals aged 65 years and older take the greatest number and quantity of medications, which increases the health risks associated with adverse drug interactions and misuse. Studies have found that up to 28 percent of hospitalizations of older people are due to noncompliance with drug therapy and adverse events. These additional funds will help reduce the incidence of adverse effects of drug interaction and misuse.

*Protection of vulnerable older Americans*

The Committee recommends $20,681,000 for grants to States for protection of vulnerable older Americans. Within the Committee recommendation, $15,449,000 is for the ombudsman services program and $5,232,000 is for the prevention of elder abuse program. The amount recommended for the ombudsman services program is $3,000,000 more than the fiscal year 2002 level and the administration request. The amount recommended for the elder abuse prevention program is the same as the fiscal year 2002 level and budget request. Both programs provide formula grants to States to prevent the abuse, neglect, and exploitation of older individuals. The ombudsman program focuses on the needs of residents of nursing homes and board and care facilities, while elder abuse prevention targets its message to the elderly community at large.

The Committee recognizes the importance of the Long-Term Care Ombudsman Program in assisting residents of nursing homes and board and care facilities resolve abuse and neglect complaints. The Committee is aware of the Institute of Medicine's 1995 study which recommended a ratio of 1 ombudsman for every 2,000 nursing home beds to meet the needs of long-term care residents, as well as the DHHS Office of Inspector General's 1999 report recommending additional funding for the program. Therefore, the Committee has provided an increase of $3,000,000 for the Long-Term Ombudsman Program, which will allow the program to hire additional ombudsman staff, expand public information and education campaigns, and upgrade technology.

The Committee supports continued and additional funding for the long-term care ombudsman resource center and its training and clearinghouse functions, which provide information, technical assistance, programmatic, and other support for State and regional long-term care ombudsmen.

*National family caregiver support program*

The Committee recommends $153,500,000 for the national family caregiver support program, an increase of $17,500,000 more than the comparable fiscal year 2002 level and the budget request. Funds appropriated for this activity established a multifaceted support system in each State for family caregivers. All States are expected to implement the following five components into their program: individualized referral information services; assistance to caregivers in locating services from a variety of private and voluntary agencies; caregiver counseling, training and peer support; respite care provided in the home, an adult day care center or other residential setting located in an assisted living facility; and limited supplemental services that fill remaining service gaps.

The Committee continues to make investment in our Nation's family caregiver support system, in recognition of the critical role and essential care that millions of informal and family caregivers provide. Research has shown that half of all caregivers of older persons are 65 years of age or older, many of whom are themselves in fair to poor health. Further, one-third of caregivers are employed full-time and have to take unpaid leave or rearrange their work schedules to care for a loved one. The family caregiver support pro-

gram provides respite care, caregiving training and counseling and other support services that support the efforts of the caregiver.

*Native American Caregiver Support Program*

The Committee recommendation includes $7,000,000 to carry out the Native American Caregiver Support Program, an increase of $1,500,000 more than last year and the budget request. The program will assist Tribes in providing multifaceted systems of support services for family caregivers and for grandparents or older individuals who are relative caregivers. In fiscal year 2002, funds were used to provide both discretionary and formula grants to support the goals of this program.

*Congregate and home-delivered nutrition services*

For congregate nutrition services, the Committee recommends an appropriation of $390,000,000, the same amount as the comparable fiscal year 2002 level and the budget request. For home-delivered meals, the Committee recommends $183,617,000, an increase of $7,475,000 more than the comparable fiscal year 2002 funding level and $5,475,000 more than the administration request. These programs address the nutritional need of older individuals. Projects funded must make home-delivered and congregate meals available at least once a day, 5 days a week, and each meal must meet one-third of the minimum daily dietary requirements. While States receive separate allotments of funds for congregate and home-delivered nutrition services and support services, they are permitted to transfer up to 40 percent of funds between these programs.

The Committee celebrates the 30th anniversary of the Older Americans Act Nutrition Program. Over the past 30 years, the program has supported almost 6 billion meals for older Americans. A national evaluation of the nutrition program found that it successfully reaches older individuals who are older, poorer, more likely to live in rural areas, more functionally impaired and at higher nutritional risk than the population generally. Individuals who were served realized higher nutrient intake, decreased food insecurity, increased social interaction and an improved quality of life. The Committee also recognizes the significant role that the program plays beyond the provision of meals. Nutrition screening, education and counseling services are critical to maintaining good health and independence for older adults.

*Nutrition Services Incentives Program*

The Committee recommendation includes $149,670,000 for the nutrition services incentives program, the same as the comparable fiscal year 2002 funding level and the budget request.

The Committee agrees with the administration's request to shift funding for the Nutrition Services Incentive Program (NSIP) from the Food and Nutrition Service within USDA to the Administration on Aging within the Department of Health and Human Services (DHHS). It is the Committee's belief, however, that it is critically important for several aspects of NSIP to remain intact, as the program is shifted into DHHS. This includes the allocation of NSIP funds on the basis of the number of meals served in a State in the previous year, as opposed to the number of seniors that reside in

that State. Further, NSIP funds are not currently, and should not become, subject to transfer, expenditure for administrative costs, or match requirements, and States should continue to have the option of receiving benefits in the form of cash or commodities. The Committee directs the Under Secretary of the Food and Nutrition Service to work with the Assistant Secretary for Aging within DHHS to ensure this transfer of funding and responsibilities is carried out in a manner that in no way disrupts the delivery of services provided by NSIP. The Committee has maintained access to commodities within USDA because the agency has both the infrastructure and the expertise to conduct this activity that is not available in AoA and HHS.

*Aging grants to Indian tribes and native Hawaiian organizations*

The Committee recommends $27,675,000 for grants to native Americans, $1,946,000 more than the comparable fiscal year 2002 amount and the administration request. Under this program awards are made to tribal and Alaskan Native organizations and to public or nonprofit private organizations serving native Hawaiians which represent at least 50 percent Indians or Alaskan Natives 60 years of age or older to provide a broad range of supportive services and assure that nutrition services and information and assistance are available.

*Training, research and discretionary projects*

The Committee recommends $27,837,000 for training, research, and discretionary projects, $10,436,000 less than the fiscal year 2002 comparable level and the same as the budget request. These funds support activities designed to expand public understanding of aging and the aging process, apply social research and analysis to improve access to and delivery of services for older individuals, test innovative ideas and programs to serve older individuals, and provide technical assistance to agencies that administer the Older Americans Act.

The Committee has provided support at last year's level to continue the pilot project to test the best ways of using the skills of retired nurses, doctors, accountants and other professionals to train other seniors and to serve as expert resources to detect and stop Medicare fraud, waste and abuse. The Committee expects that these funds will be used to make grants and that administrative costs will be minimized. In addition, the Committee expects that an improved system will be developed and implemented in coordination with CMS and the OIG to track cases referred by this initiative.Insert 216A

The Committee is aware that the Centers for Disease Control and Prevention (CDC) reported that more than 10,000 seniors died in 1999 from fall-related injuries. CDC estimates that the direct costs to Medicare and Medicaid for falls-related care will exceed $32,000,000,000 in 2020. Given the unnecessary and premature loss of life and public expense associated with elder falls, the Committee encourages the Administration on Aging to oversee and support a national education campaign to reduce the risk of elder falls and prevent repeat falls. The campaign should be directed to elders, their families, and health care providers.

The Committee continues to support funding at no less than last year's level for national programs scheduled to be refunded in fiscal year 2003 that address a variety of issues, including elder abuse, native American issues and legal services.

*Aging network support activities*

The Committee recommends $2,379,000 for aging network support activities, the same as the comparable fiscal year 2002 amount and the budget request. The Committee recommendation includes $1,199,000 for Eldercare Locator. The Committee recommendation provides $1,180,000 for the pension information and counseling projects, the same as the comparable fiscal year 2002 level.

The Eldercare Locator, a toll-free, nationwide directory assistance service for older Americans and their caregivers, is operated by the National Association of Area Agencies on Aging. Since 1991, the service has linked more than 700,000 callers to an extensive network of resources for aging Americans and their caregivers. The Committee provided an increase of almost $340,000 to support expansion to the Internet of this information and referral service.

Pension counseling projects provide information, advice, and assistance to workers and retirees about pension plans, benefits, and how to pursue claims when pension problems arise. The information dissemination and outreach activities of the pension counseling projects have reached nearly 50,000 individuals. In addition, individualized counseling to more than 7,000 individuals has helped recoup more than $30,000,000 on behalf of older individuals.

*Alzheimer's Disease Demonstration Grants to States*

As a result of the aging of the baby boom generation, the number of individuals affected by Alzheimer's disease will double in the next 20 years. The Committee recommends a funding level of $15,000,000, an increase of $3,504,000 more than the comparable fiscal year 2002 level and $3,500,000 more than the administration's request, for Alzheimer's disease demonstration grants to States.

Currently, an estimated 70 percent of individuals with Alzheimer's disease live at home, where families provide the preponderance of care. For these families, caregiving comes at enormous physical, emotional and financial sacrifice. The Alzheimer's disease demonstration grant program currently provides matching grants to 32 States to stimulate and better coordinate services for families coping with Alzheimer's. With a relatively small amount of Federal support to provide the stimulus, States have found innovative ways to adapt existing health, long-term care, and community services to reach previously underserved populations, particularly minorities and those living in rural communities. Given the program's proven record of success, the Committee recommends an increase of $2,504,000 more than the comparable 2002 appropriation to expand the program to additional States. Given the enormous demands on Alzheimer's family caregivers, the Committee has included $1,000,000 to support an Alzheimer's family contact center for round-the-clock help to Alzheimer's families in crisis.

*Program administration*

The Committee recommends $17,986,000 to support Federal staff that administer the programs in the Administration on Aging, $116,000 less than the comparable 2002 level and the same amount as the budget request. These funds provide administrative and management support for programs administered by the agency.

## OFFICE OF THE SECRETARY

### GENERAL DEPARTMENTAL MANAGEMENT

| | |
|---|---|
| Appropriations, 2002 | $347,052,000 |
| Budget estimate, 2003 | 384,395,000 |
| Committee recommendation | 377,386,000 |

The Committee recommends $377,386,000 for general departmental management [GDM]. This is $7,009,000 below the administration request and $30,334,000 above the fiscal year 2002 level. The Committee does not agree to the proposed consolidation of Public Affairs and Legislative Affairs functions in the Office of the Secretary. For this reason the Committee's recommendation does not include the $27,793,000 requested to transfer staff from the operating divisions to the Office of the Secretary. In addition, the Committee has denied the fiscal year 2003 bill language request, proposed in the budget, to transfer funds from accounts of the National Institutes of Health and the Agency for Healthcare Research and Quality within the Department for the purpose of consolidating all of HHS legislative and public affairs activities within the Office of the Secretary. The Committee has taken this action because of the concern that information necessary to make timely decisions by the Congress and requests for information by the public may be delayed by this consolidation.

The Committee recommendation includes $21,552,000 in appropriated funds which in previous years were provided through program evaluation funds. On a comparable basis, the Committee's recommendation reflects a decrease of $768,000 below the administration request. The Committee recommendation includes the transfer of $5,851,000 from Medicare trust funds, which is the same as the administration request and the fiscal year 2002 level.

The Committee directs that specific information requests from the chairman and ranking member of the Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies, on scientific research or any other matter, shall be transmitted to the Committee on Appropriations in a prompt professional manner and within the time frame specified in the request. The Committee further directs that scientific information requested by the Committees on Appropriations and prepared by Government researchers and scientists be transmitted to the Committee on Appropriations, uncensored and without delay.

This appropriation supports those activities that are associated with the Secretary's role as policy officer and general manager of the Department. It supports certain health activities performed by the Office of Public Health and Science, including the Office of the Surgeon General. GDM funds also support the Department's centralized services carried out by several Office of the Secretary staff

divisions, including personnel management, administrative and management services, information resources management, intergovernmental relations, legal services, planning and evaluation, finance and accounting, and external affairs.

The Office of the Surgeon General, in addition to its other responsibilities, provides leadership and management oversight for the PHS Commissioned Corps, including the involvement of the Corps in departmental emergency preparedness and response activities.

The Committee has provided $4,000,000 to support the activities of the United States-Mexico Border Health Commission as authorized by Public Law 103–400. The Commission is authorized to assess and resolve current and potential health problems that affect the general population of the United States-Mexico border area.

*Chronic Fatigue*.—The Committee is disappointed that the establishment of the Department's Chronic Fatigue Syndrome advisory committee, announced in January 2001, has been delayed and that the advisory committee's predecessor, the Chronic Fatigue Syndrome Coordinating Committee has not met since January 2001. These delays have jeopardized momentum and important partnerships between the member agencies and the CFS community. The Committee urges the Department to approve the CFS Advisory Committee Charter, publish a call for nominations, install members and hold one meeting, all prior to the end of calendar year 2002. It is this Committee's expectation that the new advisory committee will not diminish the full partnership of involved agencies or the collaborative relationships among Federal agencies, scientists, and CFS advocates that have developed over recent years through the CFS Coordinating Committee. The Committee anticipates that the new advisory committee will further advance the efforts of the Department and the public health service agencies to address the scientific questions about CFS and the social service needs of persons with CFS.

*Complementary and Alternative Medicine Policy*.—The Committee is pleased with the strong work and final report of the White House Commission on Complementary and Alternative Medicine Policy. The Committee expects the Secretary to provide sufficient funds to establish an interagency coordinating unit to assist with the implementation of the Commission's recommendations and expects to receive a briefing on the Department's progress in this area by March 30, 2003.

*Data Collection*.—The Committee urges the Secretary to strengthen the Department's collection and reporting of data on health care enrollment, access and utilization by patients' race, ethnicity, primary language and socioeconomic status by all agencies engaged in, or receiving Federal funds for health-related activities. It is expected that all Federal, State, and other entities receiving Federal funds shall collect and report disaggregated data; that racial and ethnic data shall be reported by federally-defined categories, and by subpopulation groups. Measures of racial and ethnic disparities should be used in performance measurement and in monitoring the progress of federally-funded activities for the elimination of health disparities. As the Nation's leading health enterprise, the Department is expected to play a leadership role in as-

suring the collection and reporting of racial, ethnic and primary health-related data through written policy and sustained action and resources. The Secretary is urged to designate a central authority within the Department to oversee its policies in this area, as well as dissemination, implementation and compliance activities.

The Secretary must ensure that Federal datasets meet at least the minimum standards set by the Office of Management and Budget in 1997 and subsequent standards for maintaining, collecting, and presenting Federal data on race and ethnicity. Also, the Committee reminds the Secretary of OMB's requirement that the standards be adopted as soon as possible, but not later than January 1, 2003, for use in household surveys, administrative forms and records, and other data collections purposes.

*Homelessness*.—The Committee supports the administration's goal of ending chronic homelessness. The Committee encourages the various agencies within the Department to re-examine their program delivery mechanisms to ensure that resources, both targeted and mainstream, are reaching people who have been homeless for long periods of time.

The Committee also supports efforts to address chronic homelessness more effectively through better coordination of housing and support services at both the national policy and local service delivery levels. The Committee encourages the Department to seek opportunities to partner with the Department of Housing and Urban Development in providing service enriched supportive housing. The development of permanent supportive housing, that is, housing coupled with mental health, substance abuse and primary care supportive services, has been shown to be a highly effective model for addressing the needs of the chronically homeless. The Committee encourages Departmental program offices, including the Community Health Centers Program in HRSA, and the Centers for Mental Health Services, Substance Abuse Treatment, and Substance Abuse Prevention in SAMHSA to work with their grantees to identify opportunities for collaborating with local housing providers to develop permanent supportive housing.

The Committee urges the Department to study whether additional policies and protocols may be needed to ensure that persons being discharged from systems of care including mental health and substance abuse treatment programs and foster care have housing options to prevent such discharge from immediately resulting in homelessness.

*Racial and Ethnic Disparities*.—The Committee is deeply concerned about the results of a study released in March 2002 from the Institute of Medicine: *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. The Committee is committed to ensuring the overall improved health of the American people, and strongly urges the Secretary to take the steps necessary to implement the study's recommendations, which offer significant guidelines and opportunities for eliminating health disparities and improving health. Specifically, all institutes and agencies are strongly encouraged to increase the representation of racial and ethnic minorities among health professionals, advance equity of care through the use of evidence-based guidelines, and promote the concept of multi-disciplinary treatment teams and community

health workers who can help patients navigate through the health care system. The Committee expects the Secretary to report on the progress of this action during next year's appropriations hearings, and to include a progress update in the Department's Budget Justification.

*Tick-Borne Disease*.—The Committee urges the Secretary to consult with the biomedical community, community-based clinicians, voluntary organizations, patients and appropriate governmental agency officials to ensure coordination and communication regarding tick-borne diseases. These consultations may provide knowledge and support to the Secretary on matters of program oversight, performance, and priority setting for agencies that impact tick borne diseases.

*Adolescent family life*

The Committee has provided $31,124,000 for the Adolescent Family Life Program [AFL]. This is $2,198,000 more than the fiscal year 2002 appropriation and same as the administration request.

AFL is the only Federal program focused directly on the issue of adolescent sexuality, pregnancy, and parenting. Through demonstration grants and contracts, AFL focuses on a comprehensive range of health, educational, and social services needed to improve the health of adolescents, including the complex issues of early adolescent sexuality, pregnancy, and parenting.

Within the total provided, the Committee continues the prevention projects begun in fiscal year 1998, as well as new prevention projects. The Committee again expects the Department to fund new prevention projects which enable smaller communities to begin the organization and implementation of coalitions to implement abstinence-based education programs. The Committee again expects the Department, when announcing grant competitions, to provide a reasonable length of time for applicants to complete application packages, provide extensive technical assistance to applicants, with special assistance given to new applicants, and revise the terminology and instructions in grant applications to assure that the information being requested is as clear as possible.

*Physical fitness and sports*

The Committee recommends $1,223,000 for the Federal staff which supports the President's Council on Physical Fitness and Sports. This is the same as the budget request and $86,000 more than the fiscal year 2002 appropriation.

The President's Council on Physical Fitness and Sports serves as a catalyst for promoting increased physical activity/fitness and sports participation for Americans of all ages and abilities, in accordance with Executive Order 13265, as amended. The programs sponsored by PCPFS are supported largely through private sector partnerships.

The Committee has provided additional resources in this bill for a physical activity and nutrition initiative. The President's Council is urged to take a look at the Committee's recommendations and offer suggestions regarding how to coordinate between programs receiving funds for this purpose and how to build upon this initiative next year.

*Minority health*

The Committee recommends $46,329,000 for the Office of Minority Health. This is the same as the budget request and $3,228,000 less than the fiscal year 2002 appropriation.

The Office of Minority Health [OMH] focuses on strategies designed to decrease the disparities and to improve the health status of racial and ethnic minority populations in the United States. OMH establishes goals, and coordinates all departmental activity related to improving health outcomes for disadvantaged and minority individuals. OMH supports several demonstration projects, including the Minority Community Health Coalition, the Bilingual/Bicultural Service, the Center for Linguistic and Cultural Competency in Health Care, and the Family and Community Violence Prevention Program.

The Committee continues to recognize the need to recruit and train more minorities in the health professions. The Committee encourages the Office of Minority Health to support established programs that have a proven record of increasing the number of under-represented minorities entering the health professions.

*Health Disparities.*—The Committee commends the Secretary for designating the elimination of health disparities as a major priority for the Department, and is encouraged that the agencies within the Department are moving forward in this area as they develop, implement, and evaluate strategic plans for eliminating health disparities. The Committee expects the Office of Minority Health, along with the National Center for Minority Health and Health Disparities at the National Institutes of Health, to coordinate and monitor the implementation of the Department's elimination of health disparities strategic plans. The Committee expects the Secretary to report to Congress on the progress and implementation of the strategic plans during next year's appropriations hearings, and to include a progress update in the Department's Budget Justification.

*National Minority Male Health Project.*—The Committee continues to support this effort and urges the Office of Minority Health to fund a consortium of historically black colleges and universities (HBCUs) to plan for the implementation of this project. The Committee understands that Bowie State University, Lincoln University, Morehouse College, Morgan State University, and Wilberforce will all be part of the initial group of demonstration institutions. The Committee urges that OMH dedicate adequate funds to expand this effort to include at least five additional HBCUs as demonstration institutions.

*Provider education.*—The Committee encourages the Secretary to provide funding for HIPAA provider education geared specifically to home care and hospice providers. These funds should be used to assist providers in complying with HIPAA privacy and administrative simplification requirements.

*Office on Women's Health*

The Committee recommends $31,795,000 for the Office on Women's Health. This is $3,000,000 above the administration request and $5,034,000 more than the fiscal year 2002 appropriation.

The PHS Office on Women's Health [OWH] develops, stimulates, and coordinates women's health research, health care services, and public and health professional education and training across HHS agencies. It advances important crosscutting initiatives and develops public-private partnerships, providing leadership and policy direction, and initiating and synthesizing program activities to redress the disparities in women's health.

The Committee remains strongly supportive of the work done by the Office on Women's Health in the Office of the Secretary. In addition to its own work advancing women's health, it provides critical coordinating services with offices located in NIH, CDC, HRSA, FDA, SAMHSA, AHRQ, and CMS. In totality, these offices assure that issues related to research, treatment, services, training, and education efforts by HHS reflect the distinct needs of women. The Secretary should notify the Committee in advance of any changes planned for the status, location, or reporting structure of this office or any of the offices enumerated above.

The Committee is concerned that little progress has been made at reducing maternal mortality or morbidity over the past 20 years. The Committee therefore has provided $3,000,000 to the Office on Women's Health to establish an "Interagency Coordinating Committee on Safe Motherhood," which shall include representatives of relevant Federal agencies and offices, community healthcare experts, relevant community health professionals, and leaders from the women's health community. The Interagency Committee, as part of its duties, shall evaluate existing research and health promotion programs and their success in serving pregnant women. The Interagency Committee shall also develop a 5-year Federal research and strategic action plan, including professional funding recommendations, to reduce maternal morbidity and mortality.

The plan shall include recommendations for the research in the following areas: pregnancy-related conditions, the impact of chronic conditions on pregnancy, complications that occur during pregnancy, post-partum conditions (depression, hemorrhage, and fever), racial and ethnic disparities in maternal morbidity and mortality, social and behavioral factors in pregnancy, as well as the safety of drugs, devices, cosmetics, and food with respect to pregnancy and on the impact of pregnancy in women 35 and older. The plan shall also include specific recommendations for establishing and implementing a national public education and health promotion campaign on safe motherhood. The "Interagency Coordinating Committee" shall prepare and submit the Federal research and strategic action plan no later than 18 months after enactment of this Act to the Secretary and the Committee.

*Office of Emergency Preparedness*

The Committee has provided $15,247,000, which is the same as the budget request and $1,076,000 more than last year, for activities to counter the adverse health and medical consequences from major terrorist events. Within this amount, sufficient funds are provided for the Office of Emergency Preparedness to staff and administer this program, as well as the other OEP activities specified in the administration's request.

The Department has lead responsibility for health, medical, and health-related support under the Federal response plan to catastrophic disasters. On behalf of the Department, the Office of Emergency Preparedness assesses the potential health and medical consequences of a terrorist incident and to formulate necessary responses. The funds provided would support activities to build local, State, and Federal capacity to respond to terrorist acts with public health implications. Such activities would include assisting local emergency managers through the MMST system to build an enhanced capability to detect and identify biologic and chemical agents.

*HIV/AIDS in minority communities*

To address high-priority HIV prevention and treatment needs of minority communities heavily impacted by HIV/AIDS, the Committee recommends $50,000,000. These funds are available to key operating divisions of the Department with capability and expertise in HIV/AIDS services to assist minority communities with education, community linkages, and technical assistance.

OFFICE OF INSPECTOR GENERAL

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|---|---|
| Appropriations, 2002 | $35,727,000 |
| Budget estimate, 2003 | 39,747,000 |
| Committee recommendation | 39,747,000 |

The Committee recommends an appropriation of $39,747,000 for the Office of Inspector General. This is the same as the administration request and $4,020,000 higher than the fiscal year 2002 level. In addition to discretionary funds, the Health Insurance Portability and Accountability Act of 1996 provides $160,000,000 in mandatory funds for the Office of the Inspector General in fiscal year 2003; the total funds provided to the Office by this bill and the authorizing bill would be $199,747,000 in fiscal year 2003.

The Office of Inspector General conducts audits, investigations, inspections, and evaluations of the operating divisions within the Department of Health and Human Services. The OIG functions with the goal of reducing the incidence of waste, abuse, and fraud. It also pursues examples of mismanagement toward the goal of promoting economy and efficiency throughout the Department.

The Committee commends the Office of Inspector General for their continued good work to reduce waste, fraud and abuse in Department programs. The Committee expects efforts to reduce Medicare mispayments will be continued and expanded. The Committee also wants to assure that seniors calling into the toll-free telephone line to report Medicare mispayments get a prompt and complete response.

OFFICE FOR CIVIL RIGHTS

| | |
|---|---|
| Appropriations, 2002 | $31,955,000 |
| Budget estimate, 2003 | 33,642,000 |
| Committee recommendation | 33,642,000 |

The Committee recommends $33,642,000 for the Office for Civil Rights. This is the same as the administration request and $1,687,000 more than the fiscal year 2002 level.

This recommendation includes the transfer of $3,314,000 from the Medicare trust funds, which is the same as the administration request and the fiscal year 2002 level.

The Office for Civil Rights is responsible for enforcing civil rights-related statutes in health care and human services programs. To enforce these statutes, OCR investigates complaints of discrimination, conducts program reviews to correct discriminatory practices, and implements programs to generate voluntary compliance among providers and constituency groups of health and human services.

POLICY RESEARCH

| | |
|---|---|
| Appropriations, 2002 | $2,500,000 |
| Budget estimate, 2003 | 2,499,000 |
| Committee recommendation | 2,499,000 |

The Committee recommends $2,499,000 for policy research, which is the same as the administration request and $1,000 less than the fiscal year 2002 amount. The Committee also provides $18,000,000 in program evaluation funds, which will yield a program level of $20,499,000 in fiscal year 2003.

Funds appropriated under this title provide resources for research programs that examine broad issues which cut across agency and subject lines, as well as new policy approaches outside the context of existing programs. This research can be categorized into three major areas: health policy, human services policy, and disability, aging and long-term care policy.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

| | |
|---|---|
| Appropriations, 2002 | $262,075,000 |
| Budget estimate, 2003 | 251,039,000 |
| Committee recommendation | 251,039,000 |

The Committee provides an estimated $251,039,000 for retirement pay and medical benefits for commissioned officers of the U.S. Public Health Service. This is the same as the administration request and is $11,036,000 below the estimated payments for fiscal year 2002.

This account provides for: retirement payments to U.S. Public Health Service officers who are retired for age, disability, or length of service; payments to survivors of deceased officers; medical care to active duty and retired members and dependents and beneficiaries; and for payments to the Social Security Administration for military service credits.

The Committee notes that, according to the budget request, the various agencies and operating divisions across the Department are expected to absorb $27,702,000 in retirement medical cost payments for Commissioned Corps Officers. Medical cost payments have traditionally been funded by this account. While the Committee understands that the transfer of responsibility is mandated in the Department of Defense Reauthorization Act of fiscal year 2002, the Committee is disturbed that the corresponding funds were not transferred to the operating divisions to cover these costs. Therefore, the Committee has included bill language mandating that the Retirement Pay and Medical Benefits for Commissioned

Officers account continue to cover these costs in fiscal year 2003 as it has done in the past. The Committee expects that any future proposals by the administration for the operating divisions to pay these costs will include the funding required to do so.

HEALTH FACILITIES CONSTRUCTION AND MANAGEMENT FUND

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|---|---|
| Appropriations, 2002 | ..... |
| Budget estimate, 2003 | $184,000,000 |
| Committee recommendation | ..... |

The Committee recommendation does not include funding for this account. The administration proposed consolidating into this account the management of buildings and construction across the Department. Instead the Committee has included $322,000,000 for buildings and facilities in the CDC appropriation and $20,000,000 for CDC security in the PHSSEF appropriation.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

| | |
|---|---|
| Appropriations, 2002 | $2,707,263,000 |
| Budget estimate, 2003 | 2,295,184,000 |
| Committee recommendation | 2,255,980,000 |

The Committee recommends $2,255,980,000 for the Public Health and Social Services Emergency Fund. This is $39,204,000 below the administration request and $451,283,000 below the fiscal year 2002 level. The Committee has provided funding for Poison Control and Emergency Medical Services for Children in HRSA instead of in this account as proposed by the administration. The Committee has fully funded the administration request when these amounts are included.

The Committee provides $940,000,000 to CDC for upgrading State and local capacity. This amount maintains funding at the level provided last year. The Committee has included $40,000,000 for the Health Alert Network. The Health Alert Network was established to provide ongoing communications, technology, information systems support and education and training to local public health agencies. The Committee recognizes the important role that HAN played during and after the events of September 11. The Committee is also aware that the broad public health infrastructure required is the same for bioterrorism preparedness as for other public health threats. The Committee also recognizes that ongoing support for communications, technology and information systems is necessary to ensure that broad-based public health capacity is improved and maintained. Given the investment made in the development of HAN, the Committee expects that CDC will move forward with the next logical phase of the network, which is to provide workforce training and education, support for organizational capacity building in local public health agencies and the creation of knowledge management systems required by public health practitioners.

The Committee directs CDC and the Department to assure that State HAN grantees spend no less than 85 percent of these funds at the local level for local public health improvement. Further, CDC and the Department are directed to ensure that any funds provided for training, communications and technology for bioter-

rorism be coordinated and used in collaboration with HAN where appropriate.

Of the total amount, the Committee recommends $158,700,000 for upgrading CDC capacity, which is an increase of $21,995,000 over the fiscal year 2002 level. The Committee recommends an additional $5,000,000 to CDC for public health preparedness centers in order to provide public health preparedness training to contiguous States. The Committee has also provided the following amounts for CDC: $300,000,000 for the National Pharmaceutical Stockpile, $100,000,0000 for the smallpox vaccine, $18,040,000 for evaluation and research of the anthrax vaccine, and $20,000,000 for security at CDC's facilities in Atlanta, including information technology security.

The Committee notes that these funds provided to CDC can be used to give assistance to States who want to use technology which allows for more rapid administration of vaccines on a massive scale in case of bioterrorism attack.

The Committee's recommendation includes $152,240,000 for the Office of the Secretary, an increase of $35,396,000 over fiscal year 2002. The Committee has provided $2,000,000 within this amount to the Office of Public Health and Science for activities related to the transformation and modernization of the Public Health Service (PHS) Commissioned Corps. Such a transformation will entail the following: (1) establishment of an integrated command and control structure, to provide the Secretary with the capacity to field proportional responses to emergencies while simultaneously strengthening the nation's public health infrastructure; and (2) modernization of the Corps to ensure that it is rapidly deployable and adaptable, capable of responding effectively to emergencies of varying intensities, able to integrate resources from various partner agencies into a unified response system, and directed via an integrated management and administration structure in the Department. These funds will allow an increase in recruitment for Corps health professionals, expand and enhance the Commissioned Corps Readiness Force, provide medical readiness education and training to Corps personnel, and establish a PHS Auxiliary system to provide locally-grouped professionals who can be deployed along with Corps teams.

The Committee also provides $547,000,000 to HRSA for bioterrorism activities. Of this amount, $492,000,000 is for hospital preparedness and infrastructure improvements related to bioterrorism. This is an increase of $357,000,000 over last year's level. The Committee provides $55,000,000 for curriculum development and training on the detection and treatment of diseases caused by bioterrorism. The Committee recommendation also includes $10,000,000 for SAMHSA and $5,000,000 for bioterrorism research at AHRQ.

The Committee directs the Secretary to use the $10,000,000 for SAMHSA to supplement the $20,000,000 available for the National Child Traumatic Stress Initiative within Programs of Regional and National Significance under the Center for Mental Health Services. With a total program level of $30,000,000 ($10,000,000 more than last year, excluding $10,000,000 in grants supported by Public Law 107–38), the Committee expects that SAMHSA will be able to increase the number of children and families served through the direct services provided by this program. In addition, the additional

funding will promote improvements in treatment, training opportunities and public information efforts.

In addition to the funds provided in the PHSSEF, the Committee has provided $1,485,100,000 to NIH for bioterrorism-related activities. The aggregate amount provided in this bill for bioterrorism is $3,741,080,000.

The Committee notes that a bioterrorism event will occur at the local level and will require local capacity, preparedness and initial response. For this reason it was the intent of Congress that a significant amount of the funding provided in the Emergency Supplemental Act of 2002 (Public Law 107–117) be used to improve local public health capacity and meet the needs determined by local public health agencies. The Committee believes it is essential that local public health agencies are full partners in developing State plans and that a significant level of funding be made available to build local capacity and meet the needs as determined by local public health officials.

Therefore, the Committee directs the Department to report on steps it is taking to ensure that: (1) substantial funding reaches local public health agencies, and such funds are used to build local public health capacity in ways with which local public health officials concur; and (2) local public health agencies are fully participating partners in developing State preparedness plans. The Department is directed to report to the Committee on the amounts of fiscal year 2002 funding that each State has spent or plans to spend to directly benefit or improve local public health capacity, and the amount each State has directly granted to local public health agencies. The Committee expects this report to be submitted 90 days after the enactment of this bill.

## GENERAL PROVISIONS, DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Committee recommendation includes language placing a $50,000 ceiling on official representation expenses, which is $13,000 more than existing law (sec. 201).

The Committee recommendation includes language carried in fiscal year 2002 which limits the assignment of certain public health personnel (sec. 202).

The Committee recommendation retains language regarding set-asides in the authorizing statute of the National Institutes of Health (sec. 203).

The Committee recommendation retains a provision carried in fiscal year 2002 to limit the use of grant funds to pay individuals no more than an annual rate of Executive Level I (sec. 204).

The Committee recommendation retains language carried in fiscal year 2002 restricting the Secretary's use of taps for program evaluation activities unless he submits a report to the Appropriations Committees on the proposed use of funds (sec. 205).

The Committee recommendation includes language authorizing the transfer of up to 1.25 percent of Public Health Service funds for evaluation activities (sec. 206).

The Committee recommendation retains language restricting transfers of appropriated funds among accounts and requiring 15

day notification to both the House and Senate Appropriations Committees (sec. 207).

The Committee recommendation retains language carried in fiscal year 2002 permitting the transfer of up to 3 percent of AIDS funds among Institutes and Centers by the Director of NIH and the Director of the Office of AIDS Research at NIH (sec. 208).

The Committee recommendation retains language which requires that the use of AIDS research funds be determined jointly by the Director of the National Institutes of Health and the Director of the Office of AIDS Research and that those funds be allocated directly to the Office of AIDS Research for distribution to the Institutes and Centers consistent with the AIDS research plan (sec. 209).

The Committee recommendation retains language carried in fiscal year 2002 regarding requirements for family planning applicants (sec. 210).

The Committee recommendation retains language which restricts the use of funds to carry out the Medicare+Choice Program if the Secretary denies participation to an otherwise eligible entity (sec. 211).

The Committee recommendation retains language which States that no provider services under Title X of the PHS Act may be exempt from State laws regarding child abuse (sec. 212).

The Committee recommendation retains language carried in fiscal year 2002 extending the refugee status of persecuted religious groups (sec. 213).

The Committee recommendation retains language which prohibits the Secretary from withholding substance abuse treatment funds (sec. 214).

The Committee recommendation retains language carried in fiscal year 2002 which facilitates the expenditure of funds for international AIDS activities (sec. 215).

The Committee recommendation includes a new provision allowing the Division of Federal Occupational Health to use personal services contracting to employ professional, administrative, and occupational health professionals (sec. 216).

The Committee recommendation includes bill language which permits transfer of the Nutrition Services Incentives Program from USDA to AOA (sec. 217).

The Committee recommendation includes bill language that allows the NIH to expand the number of Morris K. Udall Parkinson's Disease Centers (sec. 218).

# TITLE III—DEPARTMENT OF EDUCATION

## EDUCATION FOR THE DISADVANTAGED

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|---|---|
| Appropriations, 2002 | $12,346,900,000 |
| Budget estimate, 2003 | 13,385,400,000 |
| Committee recommendation | 14,087,400,000 |

The Committee recommends an appropriation of $14,087,400,000 for education for the disadvantaged. This amount is $1,740,500,000 more than the fiscal year 2002 appropriation and $702,000,000 more than the budget request.

The programs in the Education for the Disadvantaged account help ensure that poor and low-achieving children are not left behind in the Nation's effort to raise the academic performance of all children and youth. That goal is more pressing than ever since the passage of the No Child Left Behind Act, which incorporates numerous accountability measures into Title I programs, especially part A grants to local educational agencies—the largest Federal elementary and secondary education program.

In particular, the new law strengthens Title I accountability by requiring States to implement statewide accountability systems covering all public schools and students. These systems must be based on challenging State standards in reading and mathematics, annual statewide progress objectives ensuring that all groups of students reach proficiency in reading and math within 12 years, and annual testing for all students in grades 3–8. State progress objectives and assessment results must be broken out by poverty, race and ethnicity, disability, and limited English proficiency. States, school districts, and schools must report annually on their progress toward statewide proficiency goals. Districts and schools that fail to make adequate yearly progress (AYP) toward these goals will, over time, be subject to increasingly rigorous improvement, corrective action, and restructuring measures aimed at getting them back on course to meet State standards. Students attending schools that fail to meet annual State AYP objectives for 2 consecutive years will be permitted to transfer to a better public school or, if the school continues to fail to meet AYP for 3 years or more, to use Title I funds to obtain educational services from a public- or private-sector provider selected by their parents.

While these accountability measures hold promise for improved student achievement, the Committee is deeply concerned that the budget request would not provide enough resources to enable States and LEAs to meet the high standards required in the new law. Therefore, the Committee has made an increase in funding for Title I programs its top educational priority.

*Grants to local educational agencies*

Title I Grants to Local Educational Agencies (LEAs) provide supplemental education funding, especially in high-poverty areas, for local programs that provide extra academic support to help raise the achievement of eligible students or, in the case of schoolwide programs, help all students in high-poverty schools to meet challenging State academic standards. The program serves more than 15 million students in nearly all school districts and more than half of all public schools—including two-thirds of the Nation's elementary schools.

Title I schools help students reach challenging State standards through one of two models: "targeted assistance" that supplements the regular education program of individual children deemed most in need of special assistance, or a "schoolwide" approach that allows schools to use Title I funds—in combination with other Federal, State, and local funds—to improve the overall instructional program for all children in a school.

More than any other Federal program, Title I grants to LEAs are critical to the success of the No Child Left Behind Act. That is why the Committee recommends for this program an increase of $1,500,000,000—the largest increase of any Department program—for a total of $11,850,000,000.

The grants are distributed through four formulas: basic, concentration, targeted, and education finance incentive grant (EFIG).

For Title I basic grants, including the amount transferred to the Census Bureau for poverty updates, the Committee recommends an appropriation of $7,172,971,000, the same as the fiscal year 2002 appropriation and the budget request. Basic grants are awarded to school districts with at least 10 poor children who make up more than 2 percent of enrollment.

For concentration grants, the Committee recommends an appropriation of $1,365,031,000, the same as the fiscal year 2002 appropriation and the budget request. Funds under this program are distributed according to the basic grants formula, except that they go only to LEAs where the number of poor children exceeds 6,500 or 15 percent of the total school-aged population.

Last year, for the first time, Congress appropriated Title I funds through the EFIG and targeted formulas. This year, the Committee recommends allocating all of the increase through those two formulas.

The EFIG formula delivers a larger share of Title I funds to high-poverty school districts—those with child poverty rates in excess of 30 percent—than any other Title I formula, followed closely by the targeted grants formula. In addition, the EFIG formula uses State-level "equity" and "effort" factors to make allocations to States that are intended to encourage States to spend more on education and to improve the equity of State funding systems. Once State allocations are determined, suballocations to the LEA level are based on a modified version of the targeted grants formula, described below.

The Committee recommends an appropriation of $1,655,999,000 for education finance incentive grants. This amount is $862,500,000 more than the fiscal year 2002 appropriation and the budget request.

The targeted grants formula weights child counts to make higher payments to school districts with high numbers or percentages of poor students. For these grants, the Committee recommends an appropriation of $1,655,999,000, which is $637,500,000 more than the fiscal year 2002 appropriation and $362,500,000 less than the budget request.

*School improvement grants*

The Committee recommends $100,000,000 for a new program to assist struggling schools that are committed to raising academic achievement. The budget request did not include funds for this program, which was authorized by the No Child Left Behind Act but has not yet been funded.

As more and more schools are determined to require improvement under the Act's accountability measures, States and districts will face increasing pressure to turn them around. Under Title I grants to LEAs, States are required to reserve 2 percent of their Part A allocations for school improvement purposes. The Committee proposes to add another $100,000,000 for that effort through this separately authorized school improvement program.

The Department would make grants to States based on the share of funds each State receives under parts A, C, and D of Title I. States would be required to describe how they would allocate funds to LEAs. States must give priority to LEAs with the lowest-achieving schools that demonstrate the greatest need for such funds and the strongest commitment to making adequate yearly progress. Each LEA that applies for an award must describe how it will provide assistance to the lowest-achieving schools.

*William F. Goodling Even Start Family Literacy Program*

For the Even Start program, the Committee recommends $250,000,000, which is the same as the fiscal year 2002 appropriation and $50,000,000 more than the budget request.

The Even Start program provides grants for family literacy programs that serve disadvantaged families with children under 8 years of age and adults eligible for services under the Adult Education and Family Literacy Act. Programs combine early childhood education, adult literacy, and parenting education.

States receive funds on the basis of their proportion of Title I LEA grant allocations and make competitive 4-year grants to partnerships of local educational agencies and community-based organizations. Grant funds must be equitably distributed among urban and rural areas. The local share of program costs must increase from 10 percent in the first year to 40 percent in the 4th year, 50 percent in years 5 through 8, and 65 percent after 8 years.

*Reading First State Grants*

The Committee recommends $1,000,000,000, the same as the budget request and $100,000,000 more than the fiscal year 2002 appropriation, for the Reading First State Grants program.

Reading First is a comprehensive effort to provide States and LEAs with funds to implement comprehensive reading instruction for children in grades K–3. The purpose of the program is to help ensure that every child can read by third grade. LEAs and schools

that receive funds under this program should use the money to provide professional development in reading instruction for teachers and administrators, adopt and use reading diagnostics for students in grades K–3 to determine where they need help, implement reading curricula that are based on scientific research, and provide reading interventions for children who are not reading at grade level.

*Early Reading First*

The Committee recommends $75,000,000, the same as the budget request and the fiscal year 2002 appropriation, for Early Reading First. Early Reading First complements Reading First State Grants by providing competitive grants to school districts and nonprofit groups to support activities in existing preschool programs that are designed to enhance the verbal skills, phonological awareness, letter knowledge, pre-reading skills, and early language development of children ages 3 through 5. Funds are be targeted to communities with high numbers of low-income families.

*Improving Literacy Through School Libraries*

The Committee recommends $25,000,000 for the Improving Literacy Through School Libraries program. This amount is $12,500,000 more than the budget request and the fiscal year 2002 appropriation.

This program provides funds for urgently needed, up-to-date school library books and training for school library media specialists in order to support the scientifically based reading programs authorized by the Reading First initiative. LEAs with a child-poverty rate of at least 20 percent are eligible for the competitive awards. Funds may be used to acquire school library media resources, including books and advanced technology; facilitate resource-sharing networks among schools and school libraries; provide professional development for school library media specialists; and provide students with access to school libraries during nonschool hours.

*Migrant*

For the State agency migrant program, the Committee recommends $410,000,000, which is $14,000,000 more than the budget request and the fiscal year 2002 appropriation.

The Title I migrant program authorizes grants to State educational agencies for programs to meet the special educational needs of the children of migrant agricultural workers and fishermen. Funds are allocated to the States through a statutory formula based on each State's average per-pupil expenditure for education and counts of migratory children ages 3 through 21 residing within the States. Only migratory children who have moved within the last 3 years are generally eligible to be counted and served by the program.

This appropriation also supports activities to improve interstate and intrastate coordination of migrant education programs.

*Neglected and delinquent*

The Committee recommends $52,000,000 for the Title I neglected and delinquent program. This amount is $4,000,000 more than the budget request and the fiscal year 2002 appropriation.

This program provides financial assistance to State educational agencies for education services to neglected and delinquent children and youth in State-run institutions and for juveniles in adult correctional institutions.

Funds are allocated to individual States through a formula based on the number of children in State-operated institutions and per-pupil education expenditures for the State.

States are authorized to set aside up to 10 percent of their neglected and delinquent funds to help students in State-operated institutions make the transition into locally operated programs. Transition activities are designed to address the high failure and dropout rate of institutionalized students and may include alternative classes, counseling and supervisory services, or educational activities in State-supported group homes.

*Evaluation*

The Committee bill includes $8,900,000, the same as the budget request and the fiscal year 2002 appropriation, for Title I evaluation activities. Evaluation funds are used to support large-scale national surveys that examine how the Title I program is contributing to student performance.

*Comprehensive school reform*

The Committee recommends $235,000,000, the same as the budget request and the fiscal year 2002 appropriation, for the Comprehensive School Reform program under Title I. Additional funds are provided under the Fund for the Improvement of Education.

This program provides schools with funding to develop or adopt, and implement, comprehensive school reforms that will enable children in participating schools to meet State standards. The Department allocates funds to States based on their relative shares of the previous year's Title I basic grants funds.

*Dropout prevention*

The Committee recommends $15,000,000 to help schools implement effective school dropout prevention and re-entry programs. This amount is $5,000,000 more than the fiscal year 2002 appropriation. The administration requested no funds for this purpose.

*Close Up Fellowships*

For Close Up Fellowships, formerly called Ellender Fellowships, the Committee bill includes $1,500,000, the same as the fiscal year 2002 appropriation. The administration proposed eliminating this program, which is administered by the Close Up Foundation of Washington, D.C. The program provides fellowships to students from low-income families and their teachers to enable them to attend 1 week in Washington attending seminars and meeting with representatives of the three branches of the Federal Government.

*Advanced Placement*

The Committee recommends $25,000,000 for Advanced Placement. This amount is $3,000,000 more than the budget request and the fiscal year 2002 appropriation. The first priority of the program is to subsidize test fees for low-income students who are enrolled in an Advanced Placement class and plan to take an Advanced Placement test. The balance of the funds are allocated for Advanced Placement Incentive Program grants, which are used to expand access for low-income individuals to Advanced Placement programs. Eligible activities include teacher training and participation in online Advanced Placement courses, among other related purposes.

*High school equivalency program*

The Committee bill includes $24,000,000 for the high school equivalency program (HEP). This amount is $1,000,000 more than the budget request and the fiscal year 2002 appropriation.

This program provides 5-year grants to institutions of higher education and other nonprofit organizations to recruit migrant students ages 16 and over and provide the academic and support services needed to help them obtain a high school equivalency certificate and subsequently gain employment, win admission to a postsecondary institution or a job-training program, or join the military. Projects provide counseling, health services, stipends, and placement assistance. HEP serves about 8,000 migrants.

*College Assistance Migrant Program*

For the College Assistance Migrant Program (CAMP), the Committee recommends $16,000,000, which is $1,000,000 more than the budget request and the fiscal year 2002 appropriation.

Funds provide 5-year grants to institutions of higher education and nonprofit organizations for projects that provide tutoring, counseling, and financial assistance to migrant students during their first year of postsecondary education. Projects also may use up to 10 percent of their grants for follow-up services after students have completed their first year of college, including assistance in obtaining student financial aid.

IMPACT AID

| | |
|---|---|
| Appropriations, 2002 | $1,143,500,000 |
| Budget estimate, 2003 | 1,140,500,000 |
| Committee recommendation | 1,200,500,000 |

The Committee recommends an appropriation of $1,200,500,000 for impact aid for the Department of Education. This amount is $60,000,000 more than the budget request and $57,000,000 more than the fiscal year 2002 appropriation.

Impact aid provides financial assistance to school districts for the costs of educating children when enrollments and the availability of revenues from local sources have been adversely affected by the presence of Federal activities. Children who reside on Federal or Indian lands generally constitute a financial burden on local school systems because these lands do not generate property taxes—a major revenue source for elementary and secondary education in

most communities. In addition, realignments of U.S. military forces at bases across the country often lead to influxes of children into school districts without producing the new revenues required to maintain an appropriate level of education.

*Basic support payments*.—The Committee recommends $1,032,500,000 for basic support payments. This amount is $50,000,000 more than the budget request and the fiscal year 2002 appropriation. Under statutory formula, payments are made on behalf of all categories of federally connected children.

*Payments for children with disabilities*.—Under this program, additional payments are made for certain federally connected children eligible for services under the Individuals with Disabilities Education Act. The Committee bill includes $52,000,000 for this purpose. This amount is $2,000,000 more than the fiscal year 2002 level and the budget request.

*Facilities maintenance*.—This activity provides funding for maintaining certain school facilities owned by the Department of Education. The Committee recommends $8,000,000, the same as the budget request and the fiscal year 2002 level, for this purpose.

*Construction*.—Payments are made to eligible LEAs to be used for construction and renovation of school facilities, or for debt service related to the construction of school facilities. The Committee recommends $50,000,000 for this program. This amount is $5,000,000 more than the budget request and $2,000,000 more than the fiscal year 2002 appropriation.

*Payments for Federal property*.—These payments compensate local educational agencies in part for revenue lost due to the removal of Federal property from local tax rolls. Payments are made to LEAs that have a loss of tax base of at least 10 percent of assessed value due to the acquisition since 1938 of real property by the U.S. Government. The Committee recommends $58,000,000 for this activity. This amount is $3,000,000 more than the budget request and the fiscal year 2002 appropriation.

SCHOOL IMPROVEMENT PROGRAMS

| | |
|---|---|
| Appropriations, 2002 | $7,837,473,000 |
| Budget estimate, 2003 | 6,784,484,000 |
| Committee recommendation | 8,303,834,000 |

The Committee recommends an appropriation of $8,303,834,000 for school improvement programs. This is $1,519,350,000 more than the budget request and $466,361,000 more than the fiscal year 2002 appropriation.

*State grants for improving teacher quality*

The No Child Left Behind Act requires States to ensure that all teachers teaching in core academic subjects are "highly qualified" by the end of the 2005–2006 school year. The Committee is concerned that States will have difficulty meeting this requirement, given the number of new teachers who will have to be hired before then to replace those who are retiring and to accommodate growing student enrollments. Therefore, the Committee recommends a $250,000,000 increase over the budget request and the fiscal year 2002 appropriation for the Improving Teacher Quality State Grants program, for a total of $3,100,000,000.

States and LEAs may use the funds for a range of activities related to the certification, recruitment, professional development and support of teachers. Activities may include reforming teacher certification and licensure requirements, addressing alternative routes to State certification of teachers, recruiting teachers and principals, and implementing teacher mentoring systems, teacher testing, merit pay and merit-based performance systems.

These funds may also be used by districts to hire teachers to reduce class sizes. The Committee recognizes that smaller classes, particularly in the early grades, can have a positive impact on students by improving classroom discipline, providing students with more individualized attention, and allowing parents and teachers to work more closely together. Funds within the teacher quality State grants program may be used to continue this commitment to our Nation's students, parents and teachers, without taking away from other efforts to invest in professional development.

*Improving teacher quality: National activities*

The Committee recommends $40,000,000 for professional development national activities. This amount is $5,000,000 more than the fiscal year 2002 appropriation and $25,000,000 more than the budget request. Within those funds, $15,000,000 is included for professional development activities for early childhood educators and caregivers in high-poverty communities. This amount is the same as the fiscal year 2002 appropriation and the budget request. In addition, $10,000,000, the same as the fiscal year 2002 appropriation, is included for the National Board for Professional Teaching Standards. The administration requested no funds for this purpose. Finally, the Committee recognizes the critical role that principals play in creating an environment that fosters good teaching and high academic achievement. Therefore, the Committee recommends $15,000,000 for the school leadership program, which provides competitive grants to assist high-need LEAs to recruit and train principals and assistant principals through activities such as professional development and training programs. This amount is $5,000,000 more than the fiscal year 2002 appropriation; the administration requested no funds for this purpose.

*Mathematics and science partnerships*

For mathematics and science partnerships, the Committee recommends $25,000,000, which is $12,500,000 more than the fiscal year 2002 appropriation and the budget request. These funds will be used to improve the performance of students in the areas of math and science by bringing math and science teachers in elementary and secondary schools together with scientists, mathematicians, and engineers to increase the teachers' subject-matter knowledge and improve their teaching skills. The Secretary is authorized to award grants, on a competitive basis, to eligible partnerships to enable the entities to pay the Federal share of the costs of developing or redesigning more rigorous mathematics and science curricula that are aligned with State and local standards; creating opportunities for enhanced professional development that improves the subject-matter knowledge of math and science teachers; recruiting math and science majors; and improving and expanding train-

ing of math and science teachers, including the effective integration of technology into curricula and instruction.

*Troops-to-Teachers*

This program supports the Defense Department's Troops to Teachers program, which helps prepare retiring military personnel to teach in high-poverty school districts. The Secretary of Education transfers program funds to the Department of Defense for the Defense Activity for Non-Traditional Education Support to provide assistance, including stipends of up to $5,000, to eligible members of the armed forces so that they can obtain teacher certification or licensing. In addition, the program helps these individuals find employment in a school. The Committee recommends $20,000,000, the same as the budget request, for this program. This amount is $2,000,000 more than the fiscal year 2002 appropriation.

*Transition to teaching*

This program provides grants to help support efforts to recruit, train, and place nontraditional teaching candidates into teaching positions and to support them during their first years in the classroom. In particular, this program is intended to attract mid-career professionals and recent college graduates. Program participants are placed in high-need schools in high-need LEAs. The Committee recommends $39,400,000, the same as the budget request, for the Transition to Teaching program. This amount is $4,400,000 more than the fiscal year 2002 appropriation.

*Innovative education program strategies State grants*

The Committee recommends $385,000,000 for innovative education program strategies State grants. This amount is the same as the fiscal year 2002 appropriation and the budget request.

The innovative education program provides support to States and LEAs in developing education reform initiatives that will improve the performance of students, schools and teachers.

*Educational technology state grants*

The Committee recommends $700,500,000 for educational technology State grants. This amount is the same as the budget request and the fiscal year 2002 appropriation.

This program supports efforts to integrate technology into curricula to improve student learning. Funds flow by formula to States and may be used for the purchase of hardware and software, teacher training on integrating technology into the curriculum, and efforts to use technology to use technology to improve communication with parents, among other related purposes. An LEA must use at least 25 percent of its formula allocation for professional development in the integration of technology into the curricula unless it can demonstrate that it already provides such professional development.

*Ready to Learn Television*

The Committee recommends an appropriation of $24,000,000 for the Ready to Learn Television program. This amount is $2,000,000

more than the budget request and the fiscal year 2002 appropriation.

Ready to Learn Television supports the development and distribution of educational television programming designed to improve the readiness of preschool children to enter kindergarten and elementary school. The program also supports the development, production, and dissemination of educational materials designed to help parents, children, and caregivers obtain the maximum advantage from educational programming.

*Preparing Tomorrow's Teachers to Use Technology*

The Committee recommends $67,500,000, which is $5,000,000 above the fiscal year 2002 appropriation, for the Preparing Tomorrow's Teachers to Use Technology (PT3) program. The administration requested no funds for this purpose.

The Committee strongly believes that this program should be preserved. Teacher preparation is critical to ensuring that the Nation's substantial investment in education technology is used effectively. Too often, however, it is mistakenly assumed that just because prospective teachers may know how to use technology in their daily lives, they automatically understand how to integrate it into curricula. Without a program designated specifically to promote high-quality teacher preparation in technology, the Committee fears that States are unlikely to devote adequate funds for this purpose from larger block programs that they rely on to address a myriad of other pressing needs, from recruiting teachers and reducing class sizes to buying new hardware and upgrading distance learning capabilities.

Funds are used to assist consortia of private and public entities to prepare prospective teachers to use technology effectively in the classroom. Consortia consist of at least one institution of higher education, one State or local educational agency, and one other entity. Of the amount appropriated, the Committee urges the Department to allocate all funds that are not used for continuation costs for the purpose of issuing a new, multi-year grant competition.

*21st Century Community Learning Centers*

The Committee recommends an appropriation of $1,090,000,000 for the 21st Century Community Learning Centers program. This amount is $90,000,000 above the budget request and the fiscal year 2002 appropriation.

This program enables communities to establish or expand community learning centers that provide activities offering significant extended learning opportunities, such as before-and after-school programs, for students and related services to their families. Centers must target their services on students who attend schools that are eligible to operate a schoolwide program under Title I of the Elementary and Secondary Education Act or serve high percentages of students from low-income families.

*Safe and drug-free schools and communities*

The Committee recommends a total of $654,250,000 for activities to promote safe and drug-free schools and communities. This

amount is the same as the fiscal year 2002 appropriation and $10,000,000 more than the budget request.

*State grant program*.—The Committee bill provides $485,017,000 for the safe and drug-free schools and communities State grant program. This amount is $13,000,000 more than the fiscal year 2002 appropriation and the budget request.

*National programs*.—The Committee has included $169,233,000 for the national programs portion of the safe and drug-free schools program. This amount is $13,000,000 less than the fiscal year 2002 appropriation and $3,000,000 less than the budget request. The Committee intends that $7,000,000 of these funds be used for Project SERV (School Emergency Response to Violence), which provides education-related services to LEAs in which the learning environment has been disrupted due to a violent or traumatic crisis. This amount is $3,000,000 less than the budget request. Congress provided $10,000,000 for Project SERV in the December 2001 emergency supplemental appropriations bill. That funding is available until expended; only $5,000,000 has been used so far.

The Committee is aware of the increasing problem of alcohol and drug abuse on college campuses. Therefore, it has included $850,000 to continue the National Recognition Awards program under the same guidelines outlined by Section 120(f) of Public Law 105–244. This program identifies and provides models of alcohol and drug abuse prevention and education programs in higher education. The Committee is disappointed that the Department did not fund this program last year, as requested in Senate report language. The Committee strongly urges the Department to resume funding in fiscal year 2003.

Modifications made to the Safe and Drug Free Schools Program in Section 4114(a)(1) of the No Child Left Behind Act may have created dramatic changes in funding for some LEAs. The Committee understands that no data have been compiled to show the nationwide breakdown of these funding changes at the LEA level. Therefore, the Committee requests that the Department gather this information and report back to Congress no later than May 1, 2004, with its findings.

*Magnet schools assistance*

For the magnet schools assistance program, the Committee bill provides $110,000,000, the same as the budget request and the fiscal year 2002 appropriation.

This program supports grants to local educational agencies to establish and operate magnet schools that are part of a court-ordered or federally approved voluntary desegregation plan. Magnet schools are designed to attract substantial numbers of students from different social, economic, ethnic, and racial backgrounds. Grantees may use funds for teacher salaries, purchase of computers, and other educational materials and equipment.

*Charter schools*

The Committee recommends $200,000,000 for the support of charter schools. This amount is the same as the budget request and the fiscal year 2002 appropriation.

This program supports the planning, development, and initial implementation of charter schools, which are public schools that receive exemption from many statutory and regulatory requirements in exchange for promising to meet agreed-upon accountability measures. State educational agencies that have the authority under State law to approve charter schools are eligible to compete for grants. If an eligible SEA does not participate, charter schools from the State may apply directly to the Secretary.

*Voluntary public school choice*

The Committee recommends $35,000,000, which is $10,000,000 above the budget request and the fiscal year 2002 appropriation, for efforts to establish or expand State-or district-wide public school choice programs, especially for parents whose children attend low-performing public schools.

*State assessments and enhanced assessment instruments*

A key accountability measure in the No Child Left Behind Act requires annual State assessments in reading and mathematics for all students in grades 3–8 beginning in the 2005–2006 school year. The new assessments will be used to determine whether States, LEAs, and schools are making adequate yearly progress toward the goal of helping all students attain proficiency within 12 years of the 2001–2002 school year.

This program has two components. The first provides formula grants to States to pay the cost of developing standards and assessments required by the new law. The statute includes funding "trigger amounts" for fiscal years 2002–2007; States may defer the new assessments if the appropriation falls below the trigger level. The trigger was $370,000,000 for fiscal year 2002 and rises to $387,000,000 in fiscal year 2003. Under the second component, appropriations in excess of the trigger level are used for the Grants for Enhanced Assessment Instruments program. This competitive grant program supports efforts by States to improve the quality and fairness of their assessment systems.

Congress appropriated a total of $387,000,000 for the two programs in fiscal year 2002—$370,000,000 for State assessments and $17,000,000 for enhanced assessment instruments. The administration has requested the same total for fiscal year 2003, with $380,000,000 dedicated to State assessments and $7,000,000 to enhanced assessment instruments. The Committee recommends an appropriation of $397,000,000, which is $10,000,000 more than the budget request and the fiscal year 2002 appropriation, in order to maintain the $17,000,000 funding level for the enhanced assessment program.

*Education for homeless children and youth*

For carrying out education activities authorized by Title VII, subtitle B of the Stewart B. McKinney Homeless Assistance Act, the Committee recommends $52,000,000, which is $2,000,000 more than the budget request and the fiscal year 2002 appropriation.

This program provides assistance to each State to support an office of the coordinator of education for homeless children and youth, to develop and implement State plans for educating home-

less children, and to make subgrants to LEAs to support the education of those children. Grants are made to States based on the total that each State receives in Title I grants to LEAs.

*Training and advisory services*

For training and advisory services authorized by Title IV of the Civil Rights Act, the Committee recommends $7,334,000, the same as the budget request and the fiscal year 2002 appropriation.

The funds provided will continue operation of the 10 regional equity assistance centers (EACs). Each EAC provides services to school districts upon request. Activities include disseminating information on successful practices and legal requirements related to nondiscrimination on the basis of race, color, sex, or national origin in education programs.

*Education for Native Hawaiians*

For programs for the education of Native Hawaiians, the Committee bill includes $32,500,000, which is $14,200,000 more than the budget request and $2,000,000 more than the fiscal year 2002 appropriation. The Committee urges the Department to continue its eight programmatic funding level allocations of last year and, further, to provide $2,000,000 for early childhood education. The Committee remains supportive of the funding for construction/co-location activities within those public schools heavily impacted by a high proportion of Native Hawaiian students.

The Committee includes bill language making a minor change in the Native Hawaiian section of the No Child Left Behind Act to reflect a provision included by the Senate in its version of the legislation.

*Prisoner education*.—Native Hawaiians continue to represent a major, if not the largest, ethnic group in the State's prison system. The Committee recognizes the importance of reintegrating Native Hawaiian youth into school settings or onto a career path and job placement through comprehensive, culturally sensitive individual and family counseling; educational skills training; and employment training/job placement. Over the past several years, efforts in this area have shown significant progress. Efforts should target Native Hawaiian youth in districts with high percentages of school dropouts and youth offenders.

*Alaska Native educational equity*

The Committee recommends $32,500,000 for the Alaska Native educational equity assistance program. This amount is $18,300,000 more than the budget request and $8,500,000 more than the fiscal year 2002 appropriation.

These funds address the severe educational handicaps of Alaska Native schoolchildren. Funds are used for the development of supplemental educational programs to benefit Alaska Natives.

The Committee has included bill language making minor corrections in the Alaska Native section of Public Law 107–110.

*Rural education*

The Committee recommends $175,000,000, an increase of $12,500,000 over the fiscal year 2002 appropriation, for rural edu-

cation programs. The administration requested no funds for this purpose.

The Committee strongly supports the continued use of Federal funding specifically for rural education. Rural schools face difficult challenges in meeting the mandates in the No Child Left Behind Act, particularly in the areas of attracting highly qualified teachers and adapting to new assessment requirements and reporting expectations. The rural education programs that were funded for the first time last year are intended to help level the playing field for small and high-poverty rural school systems that typically receive less Federal formula funding than their urban and suburban counterparts, and are frequently unable to compete for competitive grants. In addition to providing more total funding for such districts, the program also allows the districts to combine funds from four categorical programs and use the money to address their highest priorities, such as recruiting teachers, purchasing technology, or upgrading curricula.

Rural education funding should be equally divided between the Small, Rural Schools Achievement Program, which provides funds to LEAs that serve a small number of students, and the Low-Income and Rural Schools Program, which provides funds to LEAs that serve concentrations of poor students, regardless of the number of students served.

*Mentoring*

The Committee recommends $17,500,000 to support mentoring programs and activities for children who are at risk of failing academically, dropping out of school, or getting involved in criminal or delinquent activities, or who lack strong positive role models. This amount is the same as the fiscal year 2002 appropriation; the administration requested no funds for this program.

*Fund for the Improvement of Education*

The Committee recommends an appropriation of $876,350,000 for the Fund for the Improvement of Education (FIE). This amount is $43,461,000 more than the fiscal year 2002 appropriation and $792,350,000 more than the budget request.

Programs of national significance: Within the amount recommended, the Committee includes $375,416,000 for programs of national significance. This amount is $8,539,000 below the fiscal year 2002 appropriation and $340,416,000 more than the budget request. This amount includes $75,000,000, the same as the fiscal year 2002 appropriation, to continue support for comprehensive school reform demonstrations. The administration requested no funds for this purpose. The Comprehensive School Reform Demonstration program aims to raise student achievement by helping public schools implement successful, comprehensive school reforms. The program is primarily supported with Title I funds. Funding under the FIE account funding is distributed to States based on their population of students aged 5 to 17, and it permits the inclusion of non-Title I schools in the program activity.

Also within programs of national significance, the Committee has included $1,000,000—as part of its preventing and reversing heart disease initiative—for programs to teach school children and teach-

ers coping skills to help ease the short- and long-term effects of stress. Programs such as these have been scientifically proven to improve students' self-esteem, self-efficacy, control, grade point average, work habits, memory and cooperation.

Character education: The Committee recommends $25,000,000 to provide support for the design and implementation of character education programs. This amount is the same as the budget request and the fiscal year 2002 appropriation.

Reading Is Fundamental/Inexpensive book distribution: The Committee recommends $27,000,000 to award a contract to Reading Is Fundamental, Inc. (RIF) to provide reading-motivation activities. This amount is $3,000,000 more than the budget request and the fiscal year 2002 appropriation. RIF, a private nonprofit organization, encourages reading both inside and outside school by allowing youngsters to select books to keep at home. Federal funds provide up to 75 percent of the costs of books.

The administration recommended eliminating the 12 programs below. The Committee has rejected that recommendation.

Elementary school counseling: The Committee includes $32,500,000 to establish or expand counseling programs in elementary schools. This amount is the same as the fiscal year 2002 appropriation.

Smaller learning communities: The Committee recommends $142,189,000 for activities related to the redesign of large high schools enrolling 1,000 or more students. This amount is the same as the fiscal year 2002 appropriation. Five percent of the funding is current funded with 2-year availability, and the rest is forward funded.

Javits gifted and talented education: The Committee has included $13,250,000 for the Javits Gifted and Talented Students Education Program. This amount is $2,000,000 more than the fiscal year 2002 appropriation. This program authorizes awards to State and local education agencies, institutions of higher education, and other public and private agencies for research, demonstration, and training activities designed to enhance the capability of elementary and secondary schools to meet the special educational needs of gifted and talented students.

Star Schools: The Committee recommends $27,520,000 for the Star Schools program. This amount is the same as the fiscal year 2002 appropriation. The Star Schools program is designed to improve instruction in math, science, foreign languages, and other subjects such as vocational education, to underserved populations by means of telecommunications technologies.

Ready to Teach: The Committee recommends $17,000,000 for two Ready to Teach programs. This amount is $5,000,000 more than the fiscal year 2002 appropriation. The Committee includes $12,000,000 for Teacherline and one or more other nonprofit entities, for the purpose of developing national telecommunications-based programs to improve teaching in core curricular areas, and $5,000,000 for digital educational programming grants, which allow local public television stations, in partnership with State and local educational agencies, institutions of higher education, nonprofit groups, and businesses to develop digital instructional materials for classroom use.

Foreign language assistance: The Committee recommends $20,000,000, which is $6,000,000 more than the fiscal year 2002 appropriation, for competitive grants to increase the quality and quantity of foreign language instruction. The Committee intends that none of the Foreign Language Assistance program funds should be used for the Foreign Language Incentive program.

Carol M. White Physical Education for Progress: The Committee recommends $70,000,000 to help LEAs and community-based organizations initiate, expand and improve physical education programs for students in grades K–12. This amount is $20,000,000 more than the fiscal year 2002 appropriation.

Community technology centers: The Committee recommends $32,475,000, the same amount as the fiscal year 2002 appropriation, for community technology centers. Community technology centers provide disadvantaged residents of economically distressed urban and rural communities with access to information technology and related training. They can provide, among other things, preschool and after-school programs, adult education and literacy, and workforce development and training.

Exchanges with historic whaling and trading partners: The Committee recommends $10,000,000 to provide educational, cultural, apprenticeship, and exchange programs for Alaska Natives, Native Hawaiians and their historical whaling and trading partners in Massachusetts. This amount is $5,000,000 more than the fiscal year 2002 appropriation.

Arts in education: The Committee has included $36,000,000 for arts in education. This amount is $6,000,000 more than the fiscal year 2002 appropriation. Within the total, $6,000,000 is for the John F. Kennedy Center for the Performing Arts; $7,000,000 is for VSA arts; $10,000,000 is for the competitive art education model grant program for the development and model projects that effectively strengthen and integrate the arts and cultural partnerships into the core curriculum; $7,000,000 is for grants for professional development for music, dance, drama and visual arts educators to be administered by the U.S. Department of Education; $2,000,000 is for national evaluation and dissemination of information regarding funded model programs and professional development projects; $1,000,000 is for media literacy projects focused on violence prevention; and $3,000,000 is for cultural partnerships for at-risk youth. When awarding grants for professional development of music educators, the Department is urged to put a priority on preparing and retaining teachers in underserved rural and urban areas, including music teachers who enter the profession through alternative certification.

Parental assistance: The Committee recommends $45,000,000 for Parental Information and Resource Centers, which provide training, information, and support to parents, State and local education agencies, and other organizations that carry out parent education and family involvement programs. This amount is $5,000,000 above the fiscal year 2002 appropriation.

Women's educational equity: The Committee includes $3,000,000, the same as the fiscal year 2002 appropriation, for the women's educational equity program. This program supports projects that

assist in the local implementation of gender equity policies and practices.

*Community service for expelled or suspended students*

The Committee recommends $50,000,000, the same as the fiscal year 2002 appropriation, for formula grants to States to carry out programs under which students who are expelled or suspended from school are required to perform community service. The administration requested no funds for this purpose.

*Alcohol abuse reduction*

The Committee recommends $25,000,000, the same as the fiscal year 2002 appropriation, for grants to LEAs to develop and implement programs to reduce underage drinking in secondary schools. The administration requested no funds for this purpose. The Committee directs the Department and the Substance Abuse and Mental Health Services Administration (SAMHSA) in the Department of Health and Human Services to work together on this effort.

*Teaching of traditional American history*

The Committee recommends $100,000,000, the same as the fiscal year 2002 appropriation, for the instruction of American history in elementary and secondary education. This amount is $50,000,000 more than the budget request. Grants are limited to activities that are related to American history, and cannot be used for social studies coursework. Grant awards are designed to augment the quality of American history instruction and to provide professional development activities and teacher education in the area of American history. The Committee directs the Department to continue its current policy of awarding 3-year grants.

*Civic education*

The Committee recommends $30,000,000, which is $3,000,000 more than the fiscal year 2002 appropriation, for grants to improve the quality of civics and government education, to foster civic competence and responsibility, and to improve the quality of civic and economic education through exchange programs with emerging democracies. The administration requested no funds for this purpose.

Program funds support the Cooperative Education Exchange and We the People programs. The Committee recommends $12,000,000, which is $1,200,000 more than the fiscal year 2002 appropriation, for the Cooperative Education Exchange program, formerly called the International Education Exchange program.

Of these funds, the Committee has included $4,500,000 for the Center for Civic Education and $4,500,000 for the National Council on Economic Education. The remaining $3,000,000 should be used for a competitive grant program for civics and government education, and for economic education.

The Committee recommends $18,000,000, which is $1,800,000 more than the fiscal year 2002 appropriation, for the nonprofit Center for Civic Education to support the We the People program. We the People has two components: the Citizen and the Constitution, which provides teacher training and curriculum materials for upper elementary, middle, and high school students; and Project

Citizen, a program for middle school that focuses on the role of State and local governments in the American Federal system.

*National Writing Project*

The Committee recommends $18,000,000, which is $4,000,000 more than the fiscal year 2002 appropriation, for the National Writing Project. The administration recommended eliminating this program.

These funds are awarded to the National Writing Project, a nonprofit organization that supports and promotes K–16 teacher training programs in the effective teaching of writing.

INDIAN EDUCATION

| | |
|---|---|
| Appropriations, 2002 | $120,368,000 |
| Budget estimate, 2003 | 122,368,000 |
| Committee recommendation | 122,368,000 |

The Committee recommends $122,368,000, the same as the budget request, for Indian education programs. This amount is $2,000,000 more than the fiscal year 2002 appropriation.

*Grants to local education agencies*

For grants to local education agencies, the Committee recommends $97,133,000, the same as the budget request and the fiscal year 2002 appropriation. These funds provide financial support to reform elementary and secondary school programs that serve Indian students, including preschool children. Funds are awarded on a formula basis to local educational agencies and schools supported and operated by the Bureau of Indian Affairs.

*Special programs for Indian children*

The Committee recommends $20,000,000 for special programs for Indian children. This amount is the same as the budget request and the fiscal year 2002 appropriation. Funds are used for demonstration grants to improve Indian student achievement through early childhood and preschool education programs, and for professional development grants for training Indians who are preparing to begin careers in teaching and school administration.

*National activities*

The Committee recommends $5,235,000, the same as the budget request, for national activities. This amount is $2,000,000 more than the fiscal year 2002 appropriation. The increased funds will be used to expand efforts to improve research, evaluation, and data collection on the status and effectiveness of Indian education programs.

ENGLISH LANGUAGE ACQUISITION

| | |
|---|---|
| Appropriations, 2002 | $665,000,000 |
| Budget estimate, 2003 | 665,000,000 |
| Committee recommendation | 740,000,000 |

The Committee recommends an appropriation of $740,000,000 for English language acquisition. That amount is $75,000,000 more than the budget request and the fiscal year 2002 appropriation. The Department makes formula grants to States based on each

State's share of the Nation's limited-English-proficient and recent immigrant student population. The program is designed to increase the capacity of States and school districts to address the needs of these students.

SPECIAL EDUCATION

| | |
|---|---|
| Appropriations, 2002 | $8,672,804,000 |
| Budget estimate, 2003 | 9,687,804,000 |
| Committee recommendation | 9,696,424,000 |

The Committee strongly supports legislative measures that would fulfill the Federal Government's responsibility for paying its share of special education costs, as described in the Individuals with Disabilities Education Act (IDEA). The Committee notes that the Senate Budget Committee included in its budget resolution a measure to pay for increases in special education grants to States using mandatory funding, rather than discretionary funding.

In the meantime, the Committee recommends $9,696,424,000 for special education programs authorized by the IDEA. This amount is $1,023,620,000 more than the fiscal year 2002 appropriation and $8,620,000 more than the budget request.

*Grants to states*

The Committee recommends $8,528,533,000 for special education grants to States, as authorized under part B of the IDEA. The amount recommended is $1,000,000,000 more than the fiscal year 2002 appropriation and the same as the budget request. This program provides formula grants to assist States in meeting the costs of providing special education and related services for children with disabilities.

The Committee's recommended funding level represents approximately 18 percent of the average per-pupil expenditure, compared with 17 percent under the fiscal year 2002 appropriation.

*Preschool grants*

The Committee recommends $390,000,000 for preschool grants. This amount is the same as the fiscal year 2002 appropriation and the budget request. The preschool grants program provides formula grants to States to make available special education and related services for children with disabilities aged 3 through 5.

*Grants for infants and families*

The Committee bill provides $437,000,000, the same as the budget request, for grants for the infants and families program under part C of the IDEA. This amount is $20,000,000 more than the fiscal year 2002 appropriation. This program provides formula grants to States to implement statewide systems of coordinated, comprehensive, multidisciplinary interagency programs to make available early intervention services to all children with disabilities, ages 2 and under, and their families.

*State improvement*

For State improvement grants, the bill provides $51,700,000, the same as the fiscal year 2002 appropriation and the budget request. This program provides competitive grants to State educational

agencies to assist them, in partnership with parents, teachers, institutions of higher education, interest groups, and others, to improve results for children with disabilities by reforming and improving their educational systems.

*Research and innovation*

The Committee has included $70,000,000, which is $8,380,000 below the budget request and the fiscal year 2002 appropriation, for research and innovation. This program supports competitive awards to produce and advance the use of knowledge to improve services and results for children with disabilities.

The Committee's recommendation does not include any funding for the research agenda of the President's Commission on Excellence in Special Education. The Committee believes that funding for that purpose should be considered following the IDEA reauthorization, along with measures to fully fund the part B State grants program.

*Technical assistance and dissemination*

The Committee recommends $53,481,000, the same as the fiscal year 2002 level and the budget request, for technical assistance and dissemination. Awards support institutes, regional resource centers, clearinghouses, and other efforts to build State and local capacity to make systemic changes and improve results for children with disabilities.

*Personnel preparation*

The Committee recommends $100,000,000 for the personnel preparation program. This amount is $10,000,000 more than the fiscal year 2002 appropriation and the budget request. Funds support competitive awards to help address State-identified needs for qualified personnel to work with children with disabilities, and to ensure that these personnel have the skills and knowledge they need to serve these children.

The Committee is particularly concerned about the shortage of qualified special education teachers and higher education faculty. Therefore, it has provided sufficient resources in this account to ensure an increase in funding for leadership personnel over the fiscal year 2002 level. The Committee also urges the Department to use a portion of the increased appropriation for the preparation of personnel who serve children with low-incidence disabilities, particularly those with sensory disabilities such as low vision, blindness, and deafness.

*Parent information centers*

The Committee bill provides $28,000,000 for parent information centers. This amount is $2,000,000 more than the fiscal year 2002 appropriation 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.

*Technology and media services*

The Committee recommends $37,710,000 for technology and media services. This amount is $5,000,000 more than the budget request and the same as the fiscal year 2002 appropriation. This program makes competitive awards to support the development, demonstration, and use of technology, and educational media activities of value to children with disabilities.

The Committee recommendation includes $9,500,000 for Recording for the Blind and Dyslexic, Inc. This is the same amount as the fiscal year 2002 level and $3,500,000 more than the budget request. These funds support the continued production and circulation of recorded textbooks, increased outreach activities to print-disabled students and their teachers, and accelerated use of digital technology.

The Committee also recommends $1,500,000 for the Readline Program. The amount recommended is the same as the fiscal year 2002 appropriation for this activity. The administration proposed eliminating this program.

This activity is authorized by section 687(b)(2)(G) of the Individuals with Disabilities Education Act, as amended. The Committee recognizes the progress of the Readline Program, which is developing a wide range of media resources to disseminate research conducted by the National Institutes of Health, as well as other research concerning effective teaching strategies, early diagnosis of, and intervention for, young children with reading disabilities. These resources include an extensive Web site, videos, and programming for television and radio broadcast. The Committee includes funding for the continued development and distribution of media resources to reach the parents and teachers of children with reading disabilities.

REHABILITATION SERVICES AND DISABILITY RESEARCH

| | |
|---|---|
| Appropriations, 2002 | $2,945,813,000 |
| Budget estimate, 2003 | 3,001,840,000 |
| Committee recommendation | 2,963,722,000 |

The Committee recommends $2,963,722,000 for rehabilitation services and disability research, $17,909,000 more than the comparable fiscal year 2002 funding level and $38,118,000 less than the administration request.

*Vocational rehabilitation State grants*

The Committee provides $2,533,492,000 for vocational rehabilitation grants to States, which is $52,109,000 more than the comparable fiscal year 2002 funding level. The Committee recommendation provides the full amount authorized by the authorizing statute. The budget request proposed to eliminate several categorical programs, redirected $62,573,000 in funding to the State grant program and provided an additional increase of $20,260,000. The Committee rejected this approach and believes changes of this nature should be considered during reauthorization.

Basic State grant funds assist States in providing a range of services to help persons with physical and mental disabilities prepare for and engage in meaningful employment. Authorizing legis-

lation requires States to give priority to persons with significant disabilities. Funds are allotted to States based on a formula that takes into account population and per capita income. States must provide a 21.3 percent match of Federal funds, except the State's share is 50 percent for the cost of construction of a facility for community rehabilitation program purposes.

The Rehabilitation Act requires that no less than 1 percent and not more than 1.5 percent of the appropriation in fiscal year 2003 for vocational rehabilitation State grants be set aside for grants for Indians. Service grants are awarded to Indian tribes on a competitive basis to help tribes develop the capacity to provide vocational rehabilitation services to American Indians with disabilities living on or near reservations.

*Vocational Rehabilitation Incentive Grants*

The Committee recommendation does not include $30,000,000 proposed in the budget request for the new Vocational Rehabilitation Incentive Grants program. This proposed program is not authorized. Under this new program, grants would be awarded to State VR agencies based on their performance in helping individuals with disabilities obtain competitive jobs.

*Client assistance*

The Committee bill recommends $12,397,000 for the client assistance program, an increase of $500,000 more than the fiscal year 2002 appropriation and the administration request.

The client assistance program funds State formula grants to assist vocational rehabilitation clients or client applicants in understanding the benefits available to them and in their relationships with service providers. Funds are distributed to States according to a population-based formula, except that increases in minimum grants are guaranteed to each of the 50 States, the District of Columbia, and Puerto Rico, and guaranteed to each of the outlying areas, by a percentage not to exceed the percentage increase in the appropriation. States must operate client assistance programs in order to receive vocational rehabilitation State grant funds.

*Training*

The Committee provides $42,629,000 for training rehabilitation personnel, an increase of $3,000,000 more than the fiscal year 2002 appropriation and same as the administration request.

The purpose of this program is to ensure that skilled personnel are available to serve the rehabilitation needs of individuals with disabilities. It supports training, traineeships, and related activities designed to increase the numbers of qualified personnel providing rehabilitation services. The program awards grants and contracts to States and public or nonprofit agencies and organizations, including institutions of higher education, to pay all or part of the cost of conducting training programs. Long-term, in-service, short-term, experimental and innovative, and continuing education programs are funded, as well as special training programs and programs to train interpreters for persons who are deaf, hard of hearing and deaf-blind.

The Committee is concerned over the reduction in funding for rehabilitation long-term training programs, and in particular those that require orthotic and prosthetic care, and urges RSA to fund no fewer than four university O+P programs at $250,000 each.

*Demonstration and training programs*

The Committee bill includes $21,238,000 for demonstration and training programs for persons with disabilities, the same amount as the comparable fiscal year 2002 appropriation and $3,746,000 more than the administration request. This program awards grants to States and nonprofit agencies and organizations to develop innovative methods and comprehensive services to help individuals with disabilities achieve satisfactory vocational outcomes. Demonstration programs support projects for individuals with a wide array of disabilities.

*Migrant and seasonal farmworkers*

The Committee recommends $2,350,000 for migrant and seasonal farmworkers, the same as the fiscal year 2002 appropriation. The Department proposed eliminating funding for this program.

This program provide grants limited to 90 percent of the costs of the projects providing comprehensive rehabilitation services to migrant and seasonal farm workers with disabilities and their families. Projects also develop innovative methods for reaching and serving this population. The program emphasizes outreach, specialized bilingual rehabilitation counseling, and coordination of vocational rehabilitation services with services from other sources.

*Recreational programs*

The Committee provides $2,596,000 for recreational programs, the same amount as the fiscal year 2002 appropriation. The budget request did not include funding for this program.

Recreational programs help finance activities such as sports, music, dancing, handicrafts, and art to aid in the employment, mobility, and socialization of individuals with disabilities. Grants are awarded to States, public agencies, and nonprofit private organizations, including institutions of higher education. Grants are awarded for a 3-year period with the Federal share at 100 percent for the first year, 75 percent for the second year, and 50 percent for the third year. Programs must maintain the same level of services over the 3-year period.

The Committee notes that the primary purpose of this program is to initiate recreational and related activities for individuals with disabilities. These programs are designed to aid individuals with disabilities in employment, mobility, independence and community integration. The Committee notes that almost three out of four programs whose last year of Federal funding ended in fiscal years 1998 through 2000 are still in operation and continue to meet the recreational needs of individuals with disabilities. These results show that this limited investment is having a national impact, as each new grant supports seed money for recreational programs throughout the United States.

*Protection and advocacy of individual rights*

The Committee recommends $17,500,000 for protection and advocacy of individual rights, an increase of $2,300,000 more than the fiscal year 2002 appropriation and the budget request.

This program provides grants to agencies to protect and advocate for the legal and human rights of persons with disabilities who are not eligible for protection and advocacy services available through the Developmental Disabilities Assistance and Bill of Rights Act or the Protection and Advocacy for Individuals with Mental Illness Act.

The Committee notes that a recent evaluation of the PAIR program found that more than 98 percent of cases closed by a sample of PAIR programs were resolved through counseling, negotiation/mediation and supervised referrals. The evaluation also found that many of the programs had considerable difficulties attempting to serve the significant number of persons eligible for the program. Therefore, the Committee has recommended additional resources to continue to expand the availability of PAIR services to eligible individuals.

*Projects with industry*

The Committee bill includes $22,071,000 for projects with industry, the same as the 2002 appropriation. The administration proposed eliminating funding for this program.

The projects with industry [PWI] program promotes greater participation of business and industry in the rehabilitation process. PWI provides training and experience in realistic work settings to prepare individuals with disabilities for employment in the competitive job market. Postemployment support services are also provided. The program makes grants to a variety of agencies and organizations, including corporations, community rehabilitation programs, labor and trade associations, and foundations.

The Committee notes that according to the Department's 2001 Annual Performance Report, the Projects with Industry program has exceeded performance measures in all three areas by which the program is measured. More than 3 out of 5 PWI clients were placed in competitive employment in 2001; Projects With Industry projects will report that participants placed in competitive employment increase earnings by an average of at least $236 per week; and 67.2 percent of previously unemployed persons were placed in competitive employment. These significant achievements warrant continued funding, especially in light of the new Ticket to Work program and the role that PWI projects can play in assisting Social Security disability beneficiaries and SSI recipients in securing employment and exiting the disability roles.

*Supported employment State grants*

The Committee's bill includes $38,152,000 for the supported employment State grant program, the same as the 2002 appropriation. The administration proposed eliminating funding for this program.

This program assists persons who may have been considered too severely disabled to benefit from vocational rehabilitation services by providing the ongoing support needed to obtain competitive employment. Short-term vocational rehabilitation services are aug-

mented with extended services provided by State and local organizations. Federal funds are distributed on the basis of population.

*Independent living State grants*

The Committee recommends $22,296,000 for independent living State grants, which is the same as the amount appropriated in 2002 and the budget request.

The independent living State formula grants program provides funding to improve independent living services, support the operation of centers for independent living, conduct studies and analysis, and provide training and outreach.

*Independent living centers*

For independent living centers, the Committee recommends $69,500,000, an increase of $7,000,000 over the 2002 appropriation and the same amount as the budget request.

These funds support consumer-controlled, cross-disability, nonresidential, community-based centers that are designed and operated within local communities by individuals with disabilities. These centers provide an array of independent living services.

*Independent living services for older blind individuals*

The Committee provides $28,000,000 for independent living services to older blind individuals, an increase of $3,000,000 more than the 2002 appropriation and the administration request.

States participating in the program must match every $9 of Federal funds with not less than $1 in non-Federal resources. Assistance is provided to persons aged 55 or older to adjust to their blindness, continue living independently and avoid societal costs associated with dependent care. Services may include the provision of eyeglasses and other visual aids, mobility training, braille instruction and other communication services, community integration, and information and referral. These services help older individuals age with dignity, continue to live independently and avoid significant societal costs associated with dependent care. The services most commonly provided by this program are daily living skills training, counseling, the provision of low-vision devices community integration, information and referral, communication devices, and low-vision screening.

The Committee notes that there are 5,000,000 Americans in this country age 55 and older who are experiencing vision loss and that the number of Americans in this category is expected to double in the next 30 years. The Committee recognizes the very important and cost-effective work carried out through this program. By allowing older individuals to remain in their homes and communities, substantial savings are achieved. The Committee is informed that the yearly savings to society for just 10 percent of the clients now receiving independent living services is $56,000,000.

*Program improvement activities*

For program improvement activities, the Committee provides $900,000, the same amount as the 2002 appropriation and the budget request. In fiscal year 2003, funds for these activities will continue to support technical assistance efforts to improve the effi-

ciency and effectiveness of the vocational rehabilitation program and improve accountability efforts. The funds provided are sufficient to support ongoing program improvement activities and to support ongoing dissemination and performance measurement activities.

*Evaluation*

The Committee recommends $1,000,000 for evaluation activities, the same as the 2002 appropriation and the administration request.

These funds support evaluations of the impact and effectiveness of programs authorized by the Rehabilitation Act. The Department awards competitive contracts for studies to be conducted by persons not directly involved with the administration of Rehabilitation Act programs.

*Helen Keller National Center*

The Committee bill includes $8,717,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults, the same as the 2002 appropriation and the budget request.

The Helen Keller National Center consists of a national headquarters in Sands Point, NY, with a residential training and rehabilitation facility where deaf-blind persons receive intensive specialized services; a network of 10 regional field offices which provide referral and counseling assistance to deaf-blind persons; and an affiliate network of 48 agencies. At the recommended level, the center would serve approximately 102 persons with deaf-blindness at its headquarters facility and provide field services to approximately 1,850 individuals and families.

*National Institute on Disability and Rehabilitation Research*

The Committee recommends $110,000,000 for the National Institute on Disability and Rehabilitation Research [NIDRR], the same as the amount appropriated in fiscal year 2002 and the budget request.

NIDRR develops and implements a comprehensive and coordinated approach to the conduct of research, demonstration projects, and related activities that enable persons with disabilities to better function at work and in the community, including the training of persons who provide rehabilitation services or who conduct rehabilitation research. The Institute awards competitive grants to support research in Federally designated priority areas, including rehabilitation research and training centers, rehabilitation engineering research centers, research and demonstration projects, and dissemination and utilization projects. NIDRR also supports field-initiated research projects, research training, and fellowships.

The Committee urges the NIDRR to focus on activities to enhance access to assistive technology for people with disabilities, including technology-based activities, such as technology transfer.

The Committee strongly encourages NIDDR to give priority in awarding grants to establish new rehabilitation and research engineering centers which will aid in the implementation of the Executive Order related to the Supreme Court Decision in *L.C.* v. *Olmstead.*

The Committee encourges NIDRR to provide increased funding for the Interagency Committee on Disability Research (ICDR) and notes that the primary purpose of the ICDR is to promote cooperation across various government agencies in the development and execution of disability and rehabilitation and research activities. The Committee strongly encourages the ICDR to enter into cooperative agreements with other ICDR members to identify Federally funded technological and scientific research that could be applied to promote the independence of people with disabilities and the elderly. The same Federal agencies shall work in partnership with the private sector to develop a plan to bring the applied technologies to the private marketplace. The Committee commends ICDR for expansion of its website/database for the coordination of research by various agencies.

The Committee strongly urges NIDRR to use resources appropriated for the Assistive Technology Development Fund to develop new assistive technology, bring technology that has already been developed to market and expand the availability of existing assistive technology to people with disabilities. The Committee believes that priority for grants should be given to the development of technology that has a limited number of users, or orphan technology. In addition, a portion of these funds should be used to further the development of assistive technology for children and students and reach the goals of projects that were previously funded through the small business innovation research activity of OSER's technology and media services program.

*Assistive technology*

The Committee bill provides $30,884,000 for assistive technology, a reduction of $30,000,000 from the fiscal year 2002 appropriation and the same as the budget request.

The Assistive Technology Program is designed to improve occupational and educational opportunities and the quality of life for people of all ages with disabilities through increased access to assistive technology services and devices. It provides grants to States to develop comprehensive, consumer-responsive statewide programs that increase access to, and the availability of, assistive technology devices and services. The National Institute on Disability and Rehabilitation Research administers the program.

The Committee recommendation includes $26,971,484 for activities authorized under title I of the Assistive Technology Act (AT Act). The Committee has included bill language which allows all State projects funded currently under title I of the AT Act to receive not less than the amount they received in fiscal year 2002. The bill language also provides minimum grants of $100,000 for State protection and advocacy systems, $30,000 for systems in the outlying areas. In fiscal year 2003, the AT Act would require 23 States to lose Federal financial support provided by title I, at a time when States are operating in a new policy landscape that includes the Olmstead decision, final section 508 standards and the Ticket to Work and Work Incentives Improvement Act.

The Committee recommendation includes $3,912,516 to support grants to States and technical assistance activities, authorized under title III of the AT Act, to establish or maintain alternative

loan financing programs. The Committee has increased significantly funding for alternative financing programs authorized under title III of the AT Act. In fiscal year 2000, the Committee provided $4,028,000 in first year funding. Last year, the Committee provided $36,552,000, and allowed these funds to be available for 2 years. The Committee will review the program funding level in the fiscal year 2004 budget and ensure that sufficient resources are available to continue this important program. Currently, major service programs such as Medicaid, Medicare, special education, and vocational rehabilitation cannot meet the growing demand for assistive technology. Loan programs offer individuals with disabilities attractive options that significantly enhance their ability to purchase assistive technology devices and services.

The Committee recommendation concurs with the administration request to make technical changes to the alternative financing program authorized under title III of the AT Act. The changes will eliminate the minimum grant amount and formula allocation requirements, allow States to receive more than 1 year of funding and enable States to be awarded more than one grant. These changes will ensure that States are able to take full advantage of the opportunities presented by this program and are the same as enacted in the Department of Education Appropriations Act, 2002. The Committee believes that States should be allowed to utilize non-Federal resources from any source in order to meet the match required to receive an award to operate alternative loan programs.

*Access to telework fund*

The Committee does not recommend additional resources for the access to telework fund, the same amount requested by the administration. The Committee provided $20,000,000 for this new program last year, and notes that the grant competition has not been announced as of yet. Funding provided last year is available to the Department for 2 years. The Committee will review the funding needed in fiscal year 2004 to maintain and expand this program.

The access to telework fund is designed to increase employment opportunities for individuals with disabilities by providing greater access to computers and other equipment individuals need if they decide to work from home. The fund would provide matching funds to States to enable them to provide loans for individuals with disabilities to purchase computers and other equipment so that they can telework from home.

The Committee encourages the Department of Education to design the access to telework loan program in a manner which creates the maximum incentives for people with disabilities to participate. The Committee recognizes that the decision to attempt to work involves a high level of risk for a person with a disability, including the potential loss of health care coverage and income subsidies, and that the design of the program should take this fact into account (including the possibility of loan forgiveness should the person's attempt to work fail). Finally, the Committee encourages the Department to allow States flexibility in implementation of the program to encourage participation, including the use of any non-Federal resources to meet the match requirement.

## SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

### AMERICAN PRINTING HOUSE FOR THE BLIND

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|---|---|
| Appropriations, 2002 | $14,000,000 |
| Budget estimate, 2003 | 14,000,000 |
| Committee recommendation | 15,500,000 |

The Committee recommends $15,500,000 for the American Printing House for the Blind [APH], $1,500,000 more than the 2002 appropriation and the budget request.

This appropriation helps support the American Printing House for the Blind, which provides educational materials to students who are legally blind and enrolled in programs below the college level. The Federal subsidy provides almost 51 percent of APH's total sales income. Materials are distributed free of charge to schools and States through per capita allotments based on the total number of students who are blind. Materials provided include textbooks and other educational aids in braille, large type, and recorded form and microcomputer applications.

### NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

| | |
|---|---|
| Appropriations, 2002 | $55,376,000 |
| Budget estimate, 2003 | 52,014,000 |
| Committee recommendation | 54,600,000 |

The Committee recommends an appropriation of $54,600,000 for the National Technical Institute for the Deaf [NTID], a decrease of $776,000 from the fiscal year 2002 appropriation and $2,586,000 above the budget request.

The Institute, located on the campus of the Rochester Institute of Technology, was created by Congress in 1965 to provide a residential facility for postsecondary technical training and education for persons who are deaf. NTID also provides support services for students who are deaf, trains professionals in the field of deafness, and conducts applied research. Within the amount provided, $1,600,000 is for construction and funds, at the discretion of the Institute are available for the Endowment Grant program.

### GALLAUDET UNIVERSITY

| | |
|---|---|
| Appropriations, 2002 | $96,938,000 |
| Budget estimate, 2003 | 94,446,000 |
| Committee recommendation | 98,438,000 |

The Committee recommends $98,438,000 for Gallaudet University, an increase of $1,500,000 above the amount appropriated in 2002 and $3,992,000 more than the budget request.

Gallaudet University is a private, nonprofit institution offering undergraduate, and continuing education programs for students who are deaf, as well as graduate programs in fields related to deafness for students who are hearing-impaired and who are deaf. The university conducts basic and applied research related to hearing impairments and provides public service programs for the deaf community.

The Model Secondary School for the Deaf serves as a laboratory for educational experimentation and development, disseminates models of instruction for students who are deaf, and prepares ado-

lescents who are deaf for postsecondary academic or vocational education. The Kendall Demonstration Elementary School develops and provides instruction for children from infancy through age 15.

The Committee recommendation includes funding to enable Gallaudet University to maintain and enhance its technological base, continue investments in faculty and staff, continue to enhance developmental and honors programs and support improvements in physical facilities, including campus security. Funds also are available, at the discretion of the University, for the Endowment Grant program.

VOCATIONAL AND ADULT EDUCATION

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|---|---|
| Appropriations, 2002 | $1,934,060,000 |
| Budget estimate, 2003 | 1,897,560,000 |
| Committee recommendation | 1,938,060,000 |

The Committee recommendation includes a total of $1,938,060,000 for vocational and adult education, consisting of $1,322,000 for vocational education and $591,060,000 for adult education, and $25,000,000 for State grants for incarcerated youth offenders.

VOCATIONAL EDUCATION

The Committee recommendation of $1,322,000 for vocational education is $1,000,000 more than the fiscal year 2002 amount and $15,500,000 more than the administration's request.

*Basic grants*.—The Committee has included $1,180,000,000 for basic grants, the same as the fiscal year 2002 appropriation and the administration request.

Funds provided under the State grant program assist States, localities, and outlying areas to expand and improve their programs of vocational education and provide equal access to vocational education for populations with special needs. Persons assisted range from secondary students in prevocational courses through adults who need retraining to adapt to changing technological and labor market conditions. Funds are distributed according to a formula based on State population and State per capita income.

Under the Indian and Hawaiian natives programs, competitive grants are awarded to federally recognized Indian tribes or tribal organizations and to organizations primarily serving and representing Hawaiian natives for services that are in addition to services such groups are eligible to receive under other provisions of the Perkins Act.

*Tech-prep education*.—The Committee recommends $108,000,000 for tech-prep programs. This is the same as the 2002 appropriation and the administration request. This program is designed to link academic and vocational learning and to provide a structured link between secondary schools and postsecondary education institutions. Funds are distributed to the States through the same formula as the basic State grant program. States then make planning and demonstration grants to consortia of local educational agencies and postsecondary institutions to develop and operate model 4-year programs that begin in high school and provide students with the mathematical, science, communication, and technological skills

needed to earn a 2-year associate degree or 2-year certificate in a given occupational field.

*Tribally controlled postsecondary vocational institutions*.—The Committee has provided $7,000,000 on a current-funded basis for tribally controlled postsecondary vocational institutions, an increase of $500,000 over the fiscal year 2002 level and the budget request. This program provides grants for the operation and improvement of two tribally controlled postsecondary vocational institutions to ensure continued and expanding opportunities for Indian students: United Tribes Technical College in Bismarck, North Dakota, and Crownpoint Institute of Technology in Crownpoint, New Mexico.

*National programs, research*.—The Committee recommends $12,000,000 for national research programs and other national activities, the same amount as the 2002 appropriation and the administration request. The National Research Center for Career and Technical Education and the National Dissemination Center for Career and Technical Education are the only federally funded centers charged with the responsibility to conduct research and provide technical assistance to vocational educators. The results of the applied research done by these Centers inform technical assistance to reform and improve vocational education instruction in schools and colleges. Resources made available through this program also are used to support a variety of activities to identify and promote effective research-based programs and practice in vocational education.

Vocational training tied to real economic opportunities and rooted in endangered traditional crafts is a significant need in rural Hawaiian and part-Hawaiian communities. The Committee urges the Department to fund programs that support the development of mentoring programs pairing secondary students with individuals who have succeeded in commercially developing traditional Hawaiian arts and crafts. These mentoring programs can provide young Hawaiian and Part-Hawaiian students with training in important crafts while also teaching them how to successfully turn these skills into economic gain.

*Tech-prep education demonstration program*.—The Committee recommendation includes $5,000,000 for this program, the same amount as provided in fiscal year 2002. The administration did not request funding for this program. Under this demonstration authority, the Secretary awards grants competitively to consortia that involve a business as a member, locate a secondary school on the site of a community college, and seek voluntary participation of secondary school students enrolled such a high school. The purpose of the demonstration program is to support development of the "middle college" model of high school, which promotes higher student achievement and postsecondary enrollment. Funds may be used for curriculum, professional development, equipment, and other start-up and operational costs.

*Occupational and employment information program*.—The amount of $10,000,000 has been provided to continue activities authorized by section 118 of the Carl Perkins Act, $500,000 more than last year. The administration proposed the elimination of this program. The Act requires that at least 85 percent of the amount

be provided directly to State entities to develop and deliver occupational and career information to students, job seekers, employers, education, employment and training programs.

ADULT EDUCATION

The Committee has included $591,060,000 for adult education, the same amount as the 2002 appropriation and the administration request.

*Adult education State programs*.—For adult education State programs, the Committee recommends $575,000,000, the same amount as the fiscal year 2002 appropriation and the administration request. These funds are used by States for programs to enable economically disadvantaged adults to acquire basic literacy skills, to enable those who so desire to complete a secondary education, and to make available to adults the means to become more employable, productive, and responsible citizens.

The Committee recommendation continues the English literacy and civics education State grants set aside within the Adult Education State grant appropriation. Within the total, $70,000,000 is available to help States or localities affected significantly by immigration and large limited-English populations to implement programs that help immigrants acquire English literacy skills, gain knowledge about the rights and responsibilities of citizenship and develop skills that will enable them to navigate key institutions of American life. The amount recommended is the same as the fiscal year 2002 level and the budget request.

*National activities*.—The Committee has included $9,500,000, the same as the 2002 appropriation and the administration request. The Department supports applied research, development, dissemination, evaluation and program improvement activities to assist States in their efforts to improve the quality of adult education programs.

*National Institute for Literacy*.—The Committee recommends $6,560,000 for the National Institute for Literacy, authorized under section 242 of the Adult Education and Family Literacy Act, the same amount as available currently and the budget request. The Institute provides leadership and coordination for national literacy efforts by conducting research and demonstrations on literacy, providing technical assistance through a State capacity building grant program, establishing and maintaining a national center for adult literacy and learning disabilities, and awarding fellowships to outstanding individuals in the field to conduct research activities under the auspices of the Institute.

The Committee recognizes and supports the unique mandate of the National Institute for Literacy to serve as a national resource for adult education and literacy programs. The Committee is aware that the President has nominated 10 new advisory board members to oversee the work of the Institute. The Committee urges this new advisory board to assist the Institute in maintaining its unique focus on adult literacy through its programs, such as the Bridges to Practice initiative that informs and trains adult educators on proper assessments and interventions for low literate adults who have learning disabilities, and the Equipped for the Future initiative that works to improve the quality and results of adult learning

programs by focusing instruction and assessment on the skills and knowledge adults need to accomplish their goals as citizens, parents, and workers.

STATE GRANTS FOR INCARCERATED YOUTH OFFENDERS

The Committee has included $25,000,000 for a program authorized by part D of title VIII of the Higher Education Act, an increase of $3,000,000 more than the amount appropriated in fiscal year 2002. The Department proposed eliminating this program. This program provides grants to State correctional education agencies to assist and encourage incarcerated youth to acquire functional literacy, life and job skills, through the pursuit of a postsecondary education certificate or an associate of arts or bachelor's degree. Grants also assist correction agencies in providing employment counseling and other related services that start during incarceration and continue through prerelease and while on parole. Each student is eligible for a grant of not more than $1,500 annually for tuition, books, and essential materials, and not more than $300 annually for related services such as career development, substance abuse counseling, parenting skills training, and health education. In order to participate in a program, a student must be no more than 25 years of age and be eligible to be released from prison within 5 years. Youth offender grants are for a period not to exceed 5 years, 1 year of which may be devoted to study in remedial or graduate education.

The Committee notes the positive findings from a recent evaluation of programs funded in three States. The Three State Recidivism Study found that re-arrest, reconviction, and re-incarceration rates were significantly lower for the prison population who had participated in correctional education than for non-participants. The study found the re-arrest rate of correctional education participants was 48 percent, compared to 57 percent for the non-participants; re-conviction rate was 27 percent for correctional educational participants, compared to 35 percent for non-participants; and re-incarceration rate was 21 percent, compared to 31 percent for non-participants. This important program not only helps make the Nation's streets safer for all Americans, but it saves public money as fewer contacts are made with the more expensive criminal justice system and former prisoners become employed, contributing members of society.

Within the appropriation for State grants for incarcerated youth offenders, the Committee includes $5,000,000 to continue the prisoner literacy initiative. The Committee notes that the extremely high rates of illiteracy or marginal reading skills among inmates is a national problem and therefore encourages the development of a uniform model to evaluate literacy programs across the country.

STUDENT FINANCIAL ASSISTANCE

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|---|---|
| Appropriations, 2002 | $12,285,500,000 |
| Budget estimate, 2003 | 12,767,500,000 |
| Committee recommendation | 13,162,000,000 |

The Committee recommends an appropriation of $13,162,000,000 for student financial assistance, an increase of $876,500,000 more

than the comparable fiscal year 2002 appropriation and $394,500,000 more than the administration request.

*Federal Pell Grant Program*

For Pell grant awards in the 2003–2004 academic year, the Committee recommends $11,180,000,000. The Committee recommendation is $317,000,000 more than requested by the administration.

Pell grants provide need-based financial assistance that helps low-and middle-income undergraduate students and their families pay the costs of postsecondary education and vocational training. Awards are determined according to a statutory need analysis formula that takes into account a student's family income and assets, household size, and the number of family members, excluding parents, attending postsecondary institutions. Pell grants are considered the foundation of Federal postsecondary student aid.

The amount recommended is sufficient to raise the maximum Pell grant to $4,100, the highest level in the program's history and an increase of $100 over the maximum grant for the 2002–2003 academic year. The Pell grant maximum award supported by the Committee recommendation is at least $100 more than that requested by the administration.

The Committee has made significant gains in supporting increases in funding for the Pell Grant Program. Since fiscal year 2000, the maximum Pell grant has been increased from $3,300 to the current recommendation of $4,100, an increase of almost 25 percent in 3 years. With the Committee recommendation for this year, program funding will have increased by 50 percent over this period. Also, the number of students receiving Pell grant awards will have increased by more than 500,000 over the past 3 years. While the Committee would have liked to increase the maximum grant by a larger amount, budget constraints would not accommodate investments greater than the Committee recommendation.

The Committee has not included bill language requested by the administration that would allow the Secretary to establish the Pell grant maximum award after enactment of the appropriations bill.

*Federal supplemental educational opportunity grants*

The Committee recommends $725,000,000 for Federal supplemental educational opportunity grants [SEOG], the same amount as the 2002 appropriation level and the budget request.

This program provides funds to postsecondary institutions for need-based grants to undergraduate students. Institutions must contribute 25 percent of SEOG awards, which are subject to a maximum grant level of $4,000. School financial aid officers have flexibility to determine student awards, though they must give priority to Pell grant recipients.

*Federal work-study programs*

The Committee bill provides $1,011,000,000 for the Federal Work-Study Program, the same as the 2002 level and the administration request. This program provides grants to more than 3,300 institutions to help an estimated 1 million undergraduate, graduate, and professional students meet the costs of postsecondary education through part-time employment. Work-study jobs must

pay at least the Federal minimum wage and institutions must provide at least 25 percent of student earnings. Institutions also must use at least 7 percent of their grants for community-service jobs.

The Committee strongly supports continued funding for the work colleges program authorized in section 448 of the Higher Education Act of 1965. These funds help support comprehensive work-service learning programs at seven work colleges, and cooperative efforts among the work colleges to expose other institutions of higher education to the work college concept. Of the amount recommended by the Committee, $4,000,000 is available for this program.

*Federal Perkins loans*

The Committee bill includes $100,000,000 for Federal Perkins loans capital contributions, which is the same as the 2002 appropriation and the budget request. The amount recommended, when combined with institutional revolving funds, would maintain the 2003 loan volume at the current estimated level of $1,200,000,000. At this funding level more than 700,000 loans would be made.

The Federal Perkins Loan Program supports student loan revolving funds built up with capital contributions to about 2,000 participating institutions. Institutions use these revolving funds, which also include Federal capital contributions (FCC), institutional contributions equal to one-third of the FCC, and student repayments, to provide low-interest (5 percent) loans that help financially needy students pay the costs of postsecondary education. The Committee has included the amount necessary to maintain the current loan volume level.

The Committee bill also includes $72,500,000 for loan cancellations, an increase of $5,000,000 over the 2002 level and amount requested by the administration. These funds reimburse institutional revolving funds on behalf of borrowers whose loans are cancelled in exchange for statutorily specified types of public or military service, such as teaching in a qualified low-income school, working in a Head Start Program, serving in the Peace Corps or VISTA, or nurses and medical technicians providing health care services.

*Leveraging educational assistance partnership program*

For the leveraging educational assistance partnership [LEAP] program, the Committee includes $72,500,000, an increase of $5,500,000 over the 2002 appropriation. The administration proposed eliminating this program.

The leveraging educational assistance partnership program provides a Federal match to States as an incentive for providing need-based grant and work-study assistance to eligible postsecondary students. When the appropriation exceeds $30,000,000, amounts above this threshold must be matched by States on a 2:1 basis. Federally supported grants and job earnings are limited to $5,000 per award year for full-time students.

The Committee recognizes the important role that the LEAP program plays in maintaining a Federal-State partnership for ensuring that postsecondary education is available to all academically-qualified Americans. The Committee notes that a recent Advisory Committee on Student Financial Aid report recommended that Federal policy should encourage a far more substantial State and

institutional commitment to need-based grant aid. The Committee notes that this important program leverages almost $1,000,000,000 in State spending for need-based student grant programs. Therefore, it is the Committee's intent to continue to build on this important program.

*Loan forgiveness for child care providers*

The Committee recommends $1,000,000 for this demonstration program, the same as the fiscal year 2002 appropriation and the budget request. Under this demonstration program, Stafford and Unsubsidized Stafford Loan borrowers under the Federal Family Education Loan Program and the William D. Ford Direct Loan program who have earned a degree in early childhood education and work for 2 full years as a child care provider in a low-income community may have a portion of their loan obligation forgiven.

The Committee encourages the Department to prepare the required final evaluation report of this important program as soon as possible. The Committee looks forward to receiving this report, so further actions and investments can be made that support improvements in the education level and compensation of the early childcare profession.

HIGHER EDUCATION

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|---|---|
| Appropriations, 2002 | $2,031,048,000 |
| Budget estimate, 2003 | 1,883,053,000 |
| Committee recommendation | 1,986,336,000 |

The Committee recommends an appropriation of $1,986,336,000 for higher education programs, $44,712,000 less than the fiscal year 2002 amount and $103,283,000 more than the budget request.

*Aid for institutional development*

The Committee recommends $465,413,000 for aid for institutional development authorized by titles III and V of the Higher Education Act, $26,788,000 above the 2002 appropriation and $10,999,000 more than the budget request.

The Committee encourages the Department to provide technical assistance and conduct research on issues germane to predominately and Historically Black Colleges and Universities (HBCUs) and other institutions of higher education that have large minority student populations, including disseminating best practices information on the most efficient and cost-effective uses of title III funding, reducing student loan default rates, increasing graduation rates, and grant writing training.

*Strengthening institutions*.—The Committee bill includes $80,000,000 for the part A strengthening institutions program, an increase of $6,375,000 over the fiscal year 2002 level and $3,725,000 more than the budget request. The part A program supports competitive, 1-year planning and 5-year development grants for institutions with a significant percentage of financially needy students and low educational and general expenditures per student in comparison with similar institutions. Applicants may use part A funds to develop faculty, strengthen academic programs, improve institutional management, and expand student services. Institu-

tions awarded funding under this program are not eligible to receive grants under other sections of part A or part B.

*Hispanic-serving institutions [HSI].*—The Committee recommends $91,000,000 for institutions at which Hispanic students make up at least 25 percent of enrollment, $5,000,000 more than the fiscal year 2002 level and $1,904,000 more than the administration request. Institutions applying for title V funds must meet the regular part A requirements and show that at least one-half of their Hispanic students are low-income college students. Funds may be used for acquisition, rental or lease of scientific or laboratory equipment, renovation of instructional facilities, development of faculty, support for academic programs, institutional management, and purchase of educational materials. Title V recipients are not eligible for other awards provided under title III, parts A and B.

*Strengthening historically black colleges and universities.*—The Committee provides $213,415,000 for part B grants, $7,415,000 more than the fiscal year 2002 level and the same as the administration request. The part B strengthening historically black colleges and universities [HBCU] program makes formula grants to HBCUs that may be used to purchase equipment, construct and renovate facilities, develop faculty, support academic programs, strengthen institutional management, enhance fundraising activities, provide tutoring and counseling services to students, and conduct outreach to elementary and secondary school students. The minimum allotment is $500,000 for each eligible institution. Part B recipients are not eligible for awards under part A.

*Strengthening historically black graduate institutions.*—The Committee bill includes $50,764,000 for the part B, section 326 program, $1,764,000 more than the fiscal year 2002 level and the same amount as the administration request. The section 326 program provides 5-year grants to strengthen historically black graduate institutions [HBGIs]. The Higher Education Amendments of 1998 increased the number of recipients to 18 named institutions, but reserved the first $26,600,000 appropriated each year to the 16 institutions included in the previous authorization. Grants may be used for any part B purpose and to establish an endowment.

*Strengthening Alaska Native and Native Hawaiian-serving institutions*

The Committee recommends $7,234,000 for this program, an increase of $734,000 over the fiscal year 2002 appropriation and $500,000 more than budget request. The purpose of this program is to improve and expand the capacity of institutions serving Alaska Native and Native Hawaiian students. Funds may be used to plan, develop, and implement activities that encourage: faculty and curriculum development, better fund and administrative management, renovation and improvement of instructional facilities, student services, and the purchase of library books and other educational materials.

*Strengthening tribally controlled colleges and universities*

The Committee recommends $23,000,000 for strengthening tribal colleges and universities (TCUs), an increase of $5,500,000 over the

fiscal year 2002 level and $4,870,000 more than the budget request. Still in their early stages, TCUs rely on a portion of these funds to address developmental needs, including faculty development, curriculum and student services. In addition, the Committee in fiscal year 2001 helped launch a competitive grant program to assist institutions in addressing long overdue and high-priority infrastructure and facilities requirements. The funds provided shall be used to support continuation of existing basic grants and new planning or implementation grant awards. The remaining funds shall be available for grants for renovation and construction of facilities to help address urgently needed facilities repair and expansion.

*International education and foreign language studies*

The bill includes a total of $102,500,000 for international education programs, an increase of $4,000,000 over the fiscal year 2002 level and the same as the budget request.

*Domestic programs*.—The Committee recommends $88,000,000 for domestic program activities related to international education and foreign language studies, including international business education, under title VI of the HEA, an increase of $2,800,000 above the fiscal year 2002 appropriation and the same as the administration request. Domestic programs include national resource centers, undergraduate international studies and foreign language programs, international research and studies projects, international business education projects and centers, American overseas research centers, language resource centers, foreign language and area studies fellowships, and technological innovation and cooperation for foreign information access.

*Overseas programs*.—The bill includes $13,000,000 for overseas programs authorized under the Mutual Educational and Cultural Exchange Act of 1961, popularly known as the Fulbright-Hays Act. The recommendation is an increase of $1,200,000 more than the fiscal year 2002 level and the same as the budget request. Under these overseas programs, grants are provided for group and faculty research projects abroad, doctoral dissertation research abroad, and special bilateral projects. Unlike other programs authorized by the Fulbright-Hays Act and administered by the Department of State, these Department of Education programs focus on training American instructors and students in order to improve foreign language and area studies education in the United States.

*Institute for International Public Policy*.—The Committee bill recommends $1,500,000 for the Institute for International Public Policy. This is the same amount as the fiscal year 2002 level and the budget request. This program is designed to increase the number of minority individuals in foreign service and related careers by providing a grant to a consortium of institutions for undergraduate and graduate level foreign language and international studies. An institutional match of 50 percent is required.

*Fund for the improvement of postsecondary education*

The Committee recommends $75,922,000 for the Fund for the Improvement of Postsecondary Education [FIPSE], which is $105,000,000 less than the 2002 appropriation and $36,784,000 more than the administration request. FIPSE stimulates improve-

ments in education beyond high school by supporting exemplary, locally developed projects that have potential for addressing problems and recommending improvements in postsecondary education. The fund is administered by an independent board that provides small, competitive grants and contracts to a variety of postsecondary institutions and agencies, including 2- and 4-year colleges and universities, State education agencies, community-based organizations, and other non-profit institutions and organizations concerned with education beyond high school.

The Committee recommendation includes $25,810,000, the full amount requested for the comprehensive program. The Committee rejects the budget request to consolidate the Demonstration Projects to Ensure Quality Higher Education for Students with Disabilities program within the FIPSE program.

*Minority science and engineering improvement*

The Committee recommends $8,500,000 for the Minority Science and Engineering Improvement program [MSEIP], the same as the fiscal year 2002 level and the administration request. This program provides discretionary grants to institutions with minority enrollments greater than 50 percent to purchase equipment, develop curricula, and support advanced faculty training. Grants are intended to improve science and engineering education programs and increase the number of minority students in the fields of science, mathematics, and engineering.

*Interest subsidy grants*

The Committee recommends $3,000,000 for interest subsidy grants, $2,000,000 less than the fiscal year 2002 level and the same as the administration request. This appropriation is required to meet the Federal commitment to pay interest subsidies on 73 loans made in past years for constructing, renovating, and equipping postsecondary academic facilities. No new interest subsidy commitments have been entered into since 1973 but subsidy payments on existing loans are expected to continue until the year 2013.

*Federal TRIO programs*

The Committee bill includes $832,500,000 for Federal TRIO programs, an increase of $30,000,000 above the fiscal year 2002 appropriation and the administration request.

TRIO programs provide a variety of services to improve postsecondary education opportunities for low-income individuals and first-generation college students: Upward Bound offers disadvantaged high school students academic services to develop the skills and motivation needed to continue their education; Student Support Services provides remedial instruction, counseling, summer programs and grant aid to disadvantaged college students to help them complete their postsecondary education; Talent Search identifies and counsels individuals between ages 11 and 27 regarding opportunities for completing high school and enrolling in postsecondary education; Educational Opportunity Centers provide information and counseling on available financial and academic assistance to low-income adults who are first-generation college students;

and the Ronald E. McNair Postbaccalaureate Achievement Program supports research internships, seminars, tutoring, and other activities to encourage disadvantaged college students to enroll in graduate programs.

The Committee urges the Department to use a funding allocation strategy in making awards under TRIO that balances the need to fund a larger number of grantees with the need for projects to improve the quality of student services and expand to serve all eligible students. The Committee notes that, at the budget request level, $5,365,000 has not been allocated to any particular TRIO program.

*Gaining early awareness and readiness for undergraduate programs [GEAR UP]*

The Committee recommends $295,000,000, an increase of $10,000,000 over the amount provided in fiscal year 2002 and the budget request. Under this program funds are used by States and partnerships of colleges, middle and high schools, and community organizations to assist middle and high schools serving a high percentage of low-income students. Services provided help students prepare for and pursue a postsecondary education.

*Byrd honors scholarships*

The Committee recommends $41,001,000 for the Byrd honors scholarship program, the same amount as the fiscal year 2002 appropriation and the budget request.

The Byrd honors scholarship program is designed to promote student excellence and achievement and to recognize exceptionally able students who show promise of continued excellence. Funds are allocated to State education agencies based on each State's school-aged population. The State education agencies select the recipients of the scholarships in consultation with school administrators, teachers, counselors, and parents. The funds provided will support a new cohort of first-year students in 2003, and continue support for the 2000, 2001, and 2002 cohorts of students in their fourth, third and second years of study, respectively. The amount recommended will provide scholarships of $1,500 to 27,334 students.

*Javits fellowships*

The Committee recommends $12,000,000 for the Javits Fellowships program, an increase of $2,000,000 above the fiscal year 2002 amount and the budget request.

The Javits Fellowships program provides fellowships of up to 4 years to students of superior ability who are pursuing doctoral degrees in the arts, humanities, and social sciences at any institution of their choice. Each fellowship consists of a student stipend to cover living costs, and an institutional payment to cover each fellow's tuition and other expenses. Funds provided in the fiscal year 2003 appropriation support fellowships for the 2004–2005 academic year.

*Graduate assistance in areas of national need [GAANN]*

The Committee recommends $31,000,000 for graduate assistance in areas of national need, the same as the fiscal year 2002 level

and the budget request. This program awards competitive grants to graduate academic departments and programs for fellowship support in areas of national need as determined by the Secretary. In fiscal year 2001, the Secretary designated the following areas of national need: biology, chemistry, computer and information sciences, engineering, geological and related sciences, mathematics and physics. Recipients must demonstrate financial need and academic excellence, and seek the highest degree in their fields.

*Teacher quality enhancement grants*

The Committee recommends $90,000,000 for the teacher quality enhancement grants program, the same amount as the fiscal year 2002 level and the budget request. The program was established to support statewide initiatives that best meet their specific teacher preparation and recruitment needs. Further, the Act provides and designates funding for the program in three focus areas: 45 percent of resources support a State grant program, 45 percent of funds are used for a partnership program, and 10 percent are designated for a recruitment grant program.

Under the State grant program, funds may be used for a variety of State-level reforms, including more rigorous teacher certification and licensure requirements; provision of high-quality alternative routes to certification; development of systems to reward high-performing teachers and principals; and development of efforts to reduce the shortage of qualified teachers in high-poverty areas.

Teacher training partnership grants, which are awarded to local partnerships comprised of at least one school of arts and science, one school or program of education, a local education agency, and a K–12 school, may be used for a variety of activities designed to improve teacher preparation and performance, including efforts to provide increased academic study in a proposed teaching specialty area; to prepare teachers to use technology effectively in the classroom; to provide preservice clinical experiences; and to integrate reliable research-based teaching methods into the curriculum. Partnerships may work with other entities, with those involving businesses receiving priority consideration. Partnerships are eligible to receive a one-time-only grant to encourage reform and improvement at the local level.

The recruitment grant program supports efforts to reduce shortages of qualified teachers in high-need school districts as well as provide assistance for high-quality teacher preparation and induction programs to meet the specific educational needs of the local area.

*Child care means parents in schools*

The Committee recommends an appropriation of $15,000,000 for the Child Care Access Means Parents in School (CAMPUS) program, $10,000,000 less than the 2002 appropriation and the same as the budget request. The Committee takes this action because of the $8,700,000 lapsed in fiscal year 2001 and the Department's expectation that additional funds will lapse in fiscal year 2002. This program was established in the Higher Education Amendments of 1998 to support the efforts of a growing number of non-traditional students who are struggling to complete their college degrees at the

same time that they take care of their children. Discretionary grants of up to 4 years are made to institutions of higher education to support or establish a campus-based childcare program primarily serving the needs of low-income students enrolled at the institution.

The Committee expects the Department to continue to publicize the availability of these funds, provide appropriate technical assistance and offer pre-application workshops to ensure that eligible entities are able to access funding made available through this program.

*Demonstration projects to ensure quality higher education for students with disabilities*

The Committee recommends $7,000,000 for this program, the same amount appropriated in fiscal year 2002. The Department proposed eliminating funding for this program. This program's purpose is to ensure that students with disabilities receive a high-quality postsecondary education. Grants are made to support model demonstration projects that provide technical assistance and professional development activities for faculty and administrators in institutions of higher education.

*Underground railroad program*

The Committee recommendation includes $2,500,000 for the Underground Railroad program, an increase of $500,000 over the fiscal year 2002 amount. The administration did not request any resources for this program. The program was newly authorized by the Higher Education Amendments of 1998 and was funded for the first time in fiscal year 1999. Grants are provided to research, display, interpret, and collect artifacts relating to the history of the underground railroad. Educational organizations receiving funds must demonstrate substantial private support through a public-private partnership, create an endowment fund that provides for ongoing operation of the facility, and establish a network of satellite centers throughout the United States to share information and teach people about the significance of the underground railroad in American history.

*GPRA/Higher Education Act Program Evaluation*

The Committee recommends $1,000,000 for the Government Performance and Results Act data collection and for the Higher Education Act Program Evaluation program, the same amount as the fiscal year 2002 appropriation and the budget request. The administration requested these funds to comply with the Government Performance and Results Act, which requires the collection of data and evaluation of Higher Education programs and the performance of recipients of Higher Education funds.

*Thurgood Marshall legal educational opportunity program*

The Committee recommends $4,000,000 for this program, the same as the fiscal year 2002 appropriation. The Department did not request funding for this program. Resources will be used to provide minority, low-income or disadvantaged college students with

the information, preparation, and financial assistance needed to gain access to and complete law school study.

*B.J. Stupak Olympic scholarships*

The Committee recommendation does not include funding for this program, the same as the budget request. The $1,000,000 appropriated for fiscal year 2002 will be used to provide financial assistance to athletes who are training at the United States Olympic Education Center or one of the United States Olympic Training Centers and who are pursuing a postsecondary education at an institution of higher education.

HOWARD UNIVERSITY

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|---|---|
| Appropriations, 2002 | $237,474,000 |
| Budget estimate, 2003 | 237,474,000 |
| Committee recommendation | 237,474,000 |

The Committee recommends an appropriation of $237,474,000 for Howard University, which is the same as the fiscal year 2002 appropriation and the budget request. Howard University is located in the District of Columbia and offers undergraduate, graduate, and professional degrees through 12 schools and colleges. The university also administers the Howard University Hospital, which provides both inpatient and outpatient care, as well as training in the health professions. Federal funds from this account support about 53 percent of the university's projected educational and general expenditures, excluding the hospital. The Committee agrees with the administration and recommends, within the funds provided, $3,600,000 for the endowment program.

*Howard University Hospital*.—Within the funds provided, the Committee recommends $30,374,000 for the Howard University Hospital, the same as the fiscal year 2002 level and the budget request. The hospital serves as a major acute and ambulatory care center for the District of Columbia and functions as a major teaching facility attached to the university. The Federal appropriation provides partial funding for the hospital's operations.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS

| | |
|---|---|
| Appropriations, 2002 | $762,000 |
| Budget estimate, 2003 | 762,000 |
| Committee recommendation | 762,000 |

*Federal administration*.—The Committee bill includes $762,000 for Federal administration of the CHAFL program, the same as the 2002 level and the administration request.

These funds will be used to reimburse the Department for expenses incurred in managing the existing CHAFL loan portfolio during fiscal year 2003. These expenses include salaries and benefits, travel, printing, contracts (including contracted loan servicing activities), and other expenses directly related to the administration of the CHAFL Program.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING PROGRAM

| | |
|---|---|
| Appropriations, 2002 | $208,000 |
| Budget estimate, 2003 | 208,000 |
| Committee recommendation | 208,000 |

*Federal administration.*—The Committee recommends $208,000 for Federal administration of the Historically Black College and University [HBCU] Capital Financing Program, the same as the fiscal year 2002 level and the administration request.

The HBCU Capital Financing Program makes capital available to HBCUs for construction, renovation, and repair of academic facilities by providing a Federal guarantee for private sector construction bonds. Construction loans will be made from the proceeds of the sale of the bonds.

EDUCATION RESEARCH, STATISTICS, AND ASSESSMENT

| | |
|---|---|
| Appropriations, 2002 | $443,870,000 |
| Budget estimate, 2003 | 432,887,000 |
| Committee recommendation | 445,887,000 |

The bill includes $445,887,000 for educational research, statistics, and assessment programs. This amount is $2,017,000 more than the fiscal year 2002 appropriation and $13,000,000 more than the budget request. This account supports education research, data collection and analysis activities, and the assessment of student progress.

*Research and dissemination*

The Committee recommends $140,000,000 for educational research and national dissemination activities. This amount is $18,183,000 more than the fiscal year 2002 appropriation and $35,000,000 less than the budget request. These funds support research, development, and dissemination activities that are aimed at expanding fundamental knowledge of education and promoting the use of research and development findings in the design of efforts to improve education.

The Committee recognizes the important role of research as a key component of educational reform. However, it notes that the budget request presumed that Congress would succeed in passing legislation to reorganize education research in the Department of Education. Until such legislation is approved, the Committee believes it would be premature to increase funding in this account to the level requested by the administration.

*Regional educational laboratories*

The Committee recommends $67,500,000, the same amount as the budget request and the fiscal 2002 appropriation, for regional educational laboratories. Funding supports a network of 10 laboratories that are responsible for promoting the use of broad-based systemic strategies to improve student achievement.

*Statistics*

The Committee recommends $90,000,000 for data-gathering and statistical-analysis activities of the National Center for Education

Statistics (NCES). This amount is $5,000,000 more than the fiscal year 2002 appropriation and $5,000,000 less than the budget request.

The NCES collects, analyzes, and reports statistics on education in the United States. Activities are carried out directly and through grants and contracts. The Center collects data on educational institutions at all levels, longitudinal data on student progress, and data relevant to public policy. The NCES also provides technical assistance to State and local education agencies and postsecondary institutions.

*Assessment*

The Committee recommends $95,387,000, the same as the budget request, for assessment. This amount is $16,166,000 less than the fiscal year 2002 appropriation.

These funds provide support for the National Assessment of Educational Progress (NAEP), a congressionally mandated assessment created to measure the educational achievement of American students. The primary goal of NAEP is to determine and report the status and trends over time in educational achievement, subject by subject. Beginning in 2002, the Department will pay for State participation in biennial reading and mathematics assessments in grades 4 and 8.

Within the funds appropriated, the Committee recommends $4,562,000 for the National Assessment Governing Board (NAGB), which is responsible for formulating policy for NAEP. The amount is the same as the budget request and $509,000 more than the fiscal year 2002 appropriation.

*Multi-year grants and contracts*

The Committee recommends $53,000,000 to continue multi-year grants and contracts to comprehensive regional assistance centers, Eisenhower regional mathematics and science consortia, and regional technology in education consortia (R*TECs). This amount is $5,000,000 below the fiscal year 2002 appropriation. The administration requested no funds for this purpose.

Within the funds appropriated, the Committee recommends: $28,000,000 for the comprehensive regional assistance centers program, which funds 15 university-based or nonprofit centers that offer technical assistance to States, school districts, and schools on a variety of topics; $15,000,000 for Eisenhower regional mathematics and science consortia, which disseminate exemplary mathematics and science education instruction materials and provide technical assistance for the implementation of teaching methods and assessment tools; and $10,000,000 for R*TECs, which are regional centers that help States, local educational agencies, teachers, school library and media personnel, administrators, and other education entities successfully integrate technologies into K–12 classrooms, library media centers, and other educational settings, including adult literacy centers.

## DEPARTMENTAL MANAGEMENT

### PROGRAM ADMINISTRATION

| | |
|---|---|
| Appropriations, 2002 | $364,761,000 |
| Budget estimate, 2003 | 411,795,000 |
| Committee recommendation | 412,093,000 |

The Committee recommends $412,093,000 for program administration, $47,332,000 more than the comparable fiscal year 2002 funding level and $298,000 more than the budget request.

Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services required to award, administer, and monitor approximately 170 Federal education programs. Support for program evaluation and studies and advisory councils is also provided under this activity.

The Committee is concerned about the delay applicants are experiencing in receiving awards under grant programs. The Committee is aware of grant competitions that have taken more than 1 year from the announcement of the competition to the official notification of awards. The Committee understands that the events of September 11th and late enactment of the bill caused some delay in the process. However, it is the Committee's strong belief that every action should be taken to reduce the time it takes for applicants to learn whether their program has been renewed or whether they have been funded for the first time, while still maintaining a strong peer and grant review framework. The Committee requests that the Department provide a report within 60 days of enactment of this bill on the steps that it can take to reduce the delay in administering grant competitions.

The Committee has included $750,000 to provide to all Title IV institutions, that are eligible for funding under the higher education, a handbook providing detailed instructions on compliance with section 485(f) of the Higher Education Act of 1965. The Committee expects that these handbooks will be distributed no later than August 1, 2003.

The Committee has provided the authority for the Department to lease from non-Federal sources one additional passenger motor vehicle as requested in the budget.

The Committee has included $12,795,000, requested by the administration, to support costs associated with the renovation and modernization of the Mary E. Switzer building. These funds are available until expended. The Committee expects the Department to include a detailed explanation and justification of the funding required to complete this project in its fiscal year 2004 budget justification.

### OFFICE FOR CIVIL RIGHTS

| | |
|---|---|
| Appropriations, 2002 | $79,934,000 |
| Budget estimate, 2003 | 86,276,000 |
| Committee recommendation | 86,276,000 |

The Committee bill includes $86,276,000 for the Office for Civil Rights [OCR], $6,342,000 more than the comparable fiscal year 2002 appropriation and the same as the budget request.

The Office for Civil Rights is responsible for the enforcement of laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, and age in all programs and institutions funded by the Department of Education. To carry out this responsibility, OCR investigates and resolves discrimination complaints, monitors desegregation and equal educational opportunity plans, reviews possible discriminatory practices by recipients of Federal education funds, and provides technical assistance to recipients of funds to help them meet civil rights requirements.

OFFICE OF THE INSPECTOR GENERAL

| | |
|---|---|
| Appropriations, 2002 | $38,720,000 |
| Budget estimate, 2003 | 41,000,000 |
| Committee recommendation | 41,000,000 |

The Committee recommends $41,000,000 for the Office of the Inspector General, $2,280,000 more than the fiscal year 2002 appropriation and the same as the budget request.

The Office of the Inspector General has the authority to investigate all departmental programs and administrative activities, including those under contract or grant, to prevent and detect fraud and abuse, and to ensure the quality and integrity of those programs. The Office investigates alleged misuse of Federal funds, and conducts audits to determine compliance with laws and regulations, efficiency of operations, and effectiveness in achieving program goals.

STUDENT AID ADMINISTRATION

| | |
|---|---|
| Appropriations, 2002 | $107,484,000 |
| Budget estimate, 2003 | 105,388,000 |
| Committee recommendation | 105,388,000 |

The Committee recommends $105,388,000 in discretionary resources for the new Student Aid Administration account. The Committee recommendation is $2,096,000 less than the comparable fiscal year 2002 funding level and the same as the request.

Fiscal year 2002 funding for activities funded in this new account was provided by the the FFEL Federal Administration account and program administration account.

Funds appropriated for the Student Aid Administration account, in addition to mandatory funding available through Section 458 of the Higher Education Act, will support the Department's student aid management expenses. The Office of Student Financial Assistance and Office of Postsecondary Education have primary responsibility for administering Federal student financial assistance programs.

The Committee rejects the Administration's legislative proposal to fund this new account solely through annual appropriations.

## GENERAL PROVISIONS

The Committee bill contains language which has been included in the bill since 1974, prohibiting the use of funds for the transportation of students or teachers in order to overcome racial imbalance (sec. 301).

The Committee bill contains language included in the bill since 1977, prohibiting the transportation of students other than to the school nearest to the student's home (sec. 302).

The Committee bill contains language which has been included in the bill since 1980, prohibiting the use of funds to prevent the implementation of programs of voluntary prayer and meditation in public schools (sec. 303).

The Committee bill includes a provision giving the Secretary of Education authority to transfer up to 1 percent of any discretionary funds between appropriations (sec. 304).

The Committee bill includes a provision mandating the certain funds for reading activities not be used to supplant non-Federal funds (sec. 305).

The Committee bill includes a provision regarding allocation of Title I funds in New York City (sec. 306).

The Committee bill includes language making minor corrections in the Alaska native section of Public Law 107–110 (sec. 307).

The Committee includes language making a minor correction in the Native Hawaiian section of Public Law 107–110 (sec. 308).

# TITLE IV—RELATED AGENCIES

## ARMED FORCES RETIREMENT HOME BOARD

| | |
|---|---|
| Appropriations, 2002 | $71,440,000 |
| Budget estimate, 2003 | 67,340,000 |
| Committee recommendation | 67,340,000 |

The Committee recommends authority to expend $67,340,000 from the Armed Forces Home Trust Fund to operate and maintain the Armed Forces Retirement Home—Washington and the Armed Forces Retirement Home—Gulfport. This amount is equal to the budget request.

## CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

### DOMESTIC VOLUNTEER SERVICE PROGRAMS

| | |
|---|---|
| Appropriations, 2002 | $328,895,000 |
| Budget estimate, 2003 | 396,063,000 |
| Committee recommendation | 381,063,000 |

The Committee recommends an appropriation of $381,063,000 for the domestic volunteer service programs of the Corporation for National and Community Service. The Committee recommendation is $52,168,000 above the fiscal year 2002 comparable level, and $15,000,000 less than the budget request.

*VISTA*

The Committee bill provides $99,287,000 for the Volunteers in Service to America (VISTA) Program, $14,000,000 above the fiscal year 2002 level and $5,000,000 above the budget request.

VISTA is a 36-year-old program which provides capacity building for small community-based organizations. VISTA volunteers raise resources for local projects, recruit and organize volunteers, and establish and expand local community-based programs in housing, employment, health, and economic development activities.

*Special Volunteer Programs*

The Committee recommends $10,000,000 for the Special Volunteer Programs, double the fiscal year 2002 level and $45,000,000 below the budget request.

These funds will be used to carry out Part C of Title I of the Domestic Volunteer Service Act of 1973, which authorizes grants to volunteer organizations to encourage and enable persons from all age groups to perform volunteer service in agencies, institutions and situations of need. Grants are awarded to organizations that strengthen and support volunteer efforts, with a particular emphasis on anti-poverty efforts.

The Committee commends the CNS for its stated goal of recruiting 100,000 new Senior Corps volunteers and strongly supports

this effort. The Committee is aware that one of the most important factors in the decision to continue volunteering is the quality of the first volunteer experience and the ongoing presence of the volunteer organization. For this reason, the Committee has chosen to double this newly funded program and simultaneously expand the Corporation's direct service programs to better sustain these newly recruited volunteers. No funds have been included for the proposed Parent Drug Corps.

*National Senior Volunteer Corps*

The Committee bill provides $237,547,000 for the National Senior Volunteer Corps programs, $31,168,000 above the fiscal year 2002 level and $25,000,000 above the budget request.

The Committee recognizes the valuable contributions of seniors participating in the Foster Grandparent (FGP), Retired and Senior Volunteer (RSVP) and Senior Companion Programs (SCP). In accordance with the Domestic Volunteer Service Act (DVSA), the Committee intends that at least one-third of each program's increase over the fiscal year 2001 level shall be used to fund Program of National Significance (PNS) expansion grants to allow existing FGP, RSVP and SCP programs to expand the number of volunteers serving in areas of critical need as identified by Congress in the DVSA. Within the appropriation, sufficient funding has been included to provide adequate resources for administrative cost increases realized by all current grantees in each DVSA program. Remaining funds should be used to begin new FGP, RSVP and SCP programs in geographic areas currently underserved. The Committee expects these projects to be awarded via a nationwide competition among potential community-based sponsors.

The Committee is concerned that 1,474 service years under the Senior Corps programs went unfilled in fiscal year 2001. These unfilled slots resulted in over $5,000,000 of unexpended funds. Since the early 1990's, the Corporation has maintained a 15 percent allowance for health care costs above the income guidelines. Over the same period of time, health care costs have risen exponentially. Data from the Centers for Medicare and Medicaid Services (CMS) indicates that seniors under 125 percent of poverty (those eligible for Senior Corps) spend an average of 35 percent of their out-of-pocket income on prescription drugs alone—more than twice the Corporations' allowance for all healthcare costs. In addition, seniors just above the Senior Corps eligibility, between 135 percent and 150 percent of poverty, spend an average of 30 percent of their income on prescription drugs. The Committee urges the Corporation to examine the potential for a more appropriate health care allowance that would allow the Senior Corps to tap into these potential volunteers and engage more of the President's projected new volunteers into sustained volunteer opportunities.

The Committee has included $5,400,000 for senior demonstration programs, $5,000,000 above the fiscal year 2002 appropriation and the budget request.

As a result of the G.I. Bill and expanded opportunities for women, more retirees now hold college degrees than any generation before them. In addition, life expectancy has increased by 27 years since 1900. The last few decades have also seen a steady decline

in the number of disabilities and other impairments among the elderly population due to improvements in medical research. At the age of 65, the average American is more well-educated than their predecessors, more physically able and can now expect to live another 17 years. The Committee believes that this population of retirees holds a great deal of promise for our nation, in the form of experience and wisdom to solve the problems of their communities. Unfortunately, traditional volunteer opportunities offer few creative outlets for seniors to share their unique skills. The Committee is encouraged by examples like retired doctors opening clinics and retired teachers designing tutoring programs. The Committee urges the Corporation to develop demonstration programs to engage retired seniors in creative ways of sharing their professional expertise to address problems in their communities.

*Foster Grandparent Program*

The Committee recommends $106,700,000 for the Foster Grandparent Program, equal to the fiscal year 2002 appropriations level and the budget request.

This program provides volunteer opportunities to seniors age 60 and over who serve at-risk youth. This program involves seniors in their communities and provides a host of services to children.

*Senior Companion Program*

For the Senior Companion Program, the Committee bill includes $56,563,000, an increase of $12,168,000 over the fiscal year 2002 appropriations level and $10,000,000 over the budget request.

This program enables senior citizens to provide personal assistance and companionship to adults with physical, mental, or emotional difficulties. Senior companions provide vital in-home services to elderly Americans who would otherwise have to enter nursing homes. The volunteers also provide respite care to relieve care givers.

*Retired and Senior Volunteer Program*

The Committee bill provides $68,884,000 for the Retired and Senior Volunteer Program (RSVP), $14,000,000 above the fiscal year 2002 level and $10,000,000 above the budget request.

This program involves persons age 55 and over in volunteer opportunities in their communities.

*Program support*

The Committee bill includes $34,229,000 for program support, $2,000,000 above the fiscal year 2002 appropriation and equal to the budget request.

## CORPORATION FOR PUBLIC BROADCASTING

| | |
|---|---|
| Appropriations, 2003 | $365,000,000 |
| Appropriations, 2004 | 380,000,000 |
| Budget estimate, 2005 | 395,000,000 |
| Committee recommendation | 395,000,000 |

The Committee recommends an appropriation of $395,000,000 for the Corporation for Public Broadcasting (CPB), an advance appro-

priation for fiscal year 2005. This amount is $15,000,000 more than the fiscal year 2004 appropriation and equal to the budget request.

In addition, the Committee recommends $50,000,000 for the conversion to digital broadcasting. The recommendation is $25,000,000 above last year's appropriation and the administration request.

The Committee notes that since the passage of the 1996 Telecommunications Act, only 76 of the Nation's 356 public television stations have converted to digital. The remaining 280 stations are facing a May 2003 deadline by which to complete conversion or risk losing their licenses. To date, Federal funding for this conversion totals $158,000,000 out of the total estimated cost of $1,700,000,000. The estimated Federal share of this cost is $610,000,000. Stations have raised over $750,000,000 from State and private sources and are generally expected to cover more than half of the costs of conversion. The Committee is concerned that the Administration's request is not sufficient to meet the Federal mandate and to cover the Federal share of conversion. Therefore, the Committee has doubled the funding for this important program.

## FEDERAL MEDIATION AND CONCILIATION SERVICE

| | |
|---|---|
| Appropriations, 2002 | $39,982,000 |
| Budget estimate, 2003 | 40,718,000 |
| Committee recommendation | 41,218,000 |

The Committee recommends an appropriation of $41,218,000 for the Federal Mediation and Conciliation Service (FMCS), $1,236,000 above the fiscal year 2002 appropriation and $500,000 more than the budget request.

The FMCS was established by Congress in 1947 to provide mediation, conciliation, and arbitration services to labor and management. FMCS is authorized to provide dispute resolution consultation and training to all Federal agencies.

The Committee continues to support the FMCS program to prevent youth violence and has included second-year funding for this effort. The Committee is especially pleased with the initiative to train educators in conflict resolution and strongly urges the FMCS to invest more resources in this effort.

## FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

| | |
|---|---|
| Appropriations, 2002 | $6,939,000 |
| Budget estimate, 2003 | 7,127,000 |
| Committee recommendation | 7,127,000 |

The Committee recommends an appropriation of $7,127,000 for the Federal Mine Safety and Health Review Commission, an increase of $188,000 over the fiscal year 2002 appropriation and the same as the budget request.

The Federal Mine Safety and Health Review Commission provides administrative trial and appellate review of legal disputes under the Federal Mine Safety and Health Act of 1977. The five-member Commission provides administrative appellate review of the Commission's administrative law judge decisions.

## NATIONAL FOUNDATION ON THE ARTS AND HUMANITIES

### INSTITUTE OF MUSEUM AND LIBRARY SERVICE

| | |
|---|---|
| Appropriations, 2002 | $224,501,000 |
| Budget estimate, 2003 | 210,000,000 |
| Committee recommendation | 214,000,000 |

The Committee recommends an appropriation of $214,000,000 for the Institute of Museum and Library Services. This is $10,501,000 less than the 2002 level and $4,000,000 more than the administration request.

*Office of Museum Services Operations Grants*

The Committee recommends $15,932,000 for operations grants. These funds support grants to museums for building increased public access, expanding educational services, reaching families and children, and using technology more effectively in support of these goals. In addition, non-competitive grants are awarded for technical assistance in four types of assessments: Institutional, Collections Management, Public Dimension, and governance.

*Museum Conservation Programs*

The Committee recommends $3,630,000 for Conservation programs. These funds support grants to allow museums to survey collections, perform training, research, treatment and environmental improvements. In addition, grantees may receive additional funds to develop an education component that relates to their conservation project. In addition, non-competitive grants are awarded for technical assistance in conservation efforts.

*Museum National Leadership Projects*

The Committee recommends $5,700,000 for National Leadership projects. The National Leadership Grants encourage innovation in meeting community needs, widespread and creative use of new technologies, greater public access to museum collections, and an extended impact of Federal dollars through collaborative projects.

*Office of Museum Services Administration*

The Committee recommends $3,760,000 for program administration, the same as the budget request. Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services.

*Office of Library Services State Grants*

The Committee recommends $158,494,000 for State grants. Funds are provided to States by formula to carry out 5-year State plans. These plans must set goals and priorities for the State consistent with the purpose of the act, describe activities to meet the goals and priorities and describe the methods by which progress toward the goals and priorities and the success of activities will be evaluated. States may apportion their funds between two activities, technology and targeted services. For technology, States may use funds for electronic linkages among libraries, linkages to educational, social and information services, accessing information

through electronic networks, or link different types of libraries or share resources among libraries. For targeted services, States may direct library and information services to persons having difficulty using a library, underserved urban and rural communities, and children from low income families. Within the total recommended, $3,075,000 has been provided for library services to Native Americans and Native Hawaiians.

*Library National leadership projects*

The Committee recommends $21,081,000 for national leadership projects. These funds support activities of national significance to enhance the quality of library services nationwide and to provide coordination between libraries and museums. Activities are carried out through grants and contracts awarded on a competitive basis to libraries, agencies, institutions of higher education and museums. Priority is given to projects that focus on education and training of library personnel, research and development for the improvement of libraries, preservation, digitization of library materials, partnerships between libraries and museums and other activities that enhance the quality of library services nationwide.

The Committee commends the administration for proposing an Initiative to Recruit and Educate Librarians and has included $10,000,000 for this purpose. The nation is facing an impending retirement wave of librarians. The Bureau of Labor Statistics reports that 57 percent of current librarians are 45 and older and 50 percent of librarians are expected to leave the profession in the next 10 years. In addition, current librarians are being asked to take on expanded duties as information technology advances and our society experiences an ever-increasing need for the dissemination of public safety and public health data.

*Office of Library Services Administration*

The Committee recommends $6,145,000 for program administration, the same as the budget request. Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services.

## MEDICARE PAYMENT ADVISORY COMMISSION

| | |
|---|---|
| Appropriations, 2002 | $8,250,000 |
| Budget estimate, 2003 | 8,250,000 |
| Committee recommendation | 9,050,000 |

The Committee recommends an appropriation of $9,050,000 for the Medicare Payment Advisory Commission, $800,000 more than the fiscal year 2002 appropriation and the budget request.

The Medicare Payment Advisory Commission (MedPAC) was established by Congress as part of the Balanced Budget Act of 1997 (Public Law 105–33). Congress merged the Physician Payment Review Commission with the Prospective Payment Assessment Commission to create MedPAC.

## NATIONAL COMMISSION ON LIBRARIES AND INFORMATION SCIENCE

| | |
|---|---|
| Appropriations, 2002 | $1,000,000 |
| Budget estimate, 2003 | ..... |
| Committee recommendation | 1,000,000 |

The Committee recommends an appropriation of $1,000,000 for the National Commission on Libraries and Information Science, the same as the fiscal year 2002 appropriation and $1,000,000 more than the budget request.

The Commission determines the need for, and makes recommendations on, library and information services, and advises the President and Congress on the development and implementation of national policy in library and information sciences.

The Committee notes that legislation exists to create a joint Museum and Library Advisory Board to advise Congress and the Administration on the development of national policy relating to libraries.

## NATIONAL COUNCIL ON DISABILITY

| | |
|---|---|
| Appropriations, 2002 | $2,830,000 |
| Budget estimate, 2003 | 2,830,000 |
| Committee recommendation | 2,830,000 |

The Committee recommends an appropriation of $2,830,000 for the National Council on Disability, equal to the fiscal year 2002 appropriation and the budget request.

The Council is mandated to make recommendations to the President, the Congress, the Rehabilitation Services Administration, and the National Institute on Disability and Rehabilitation Research, on the public issues of concern to individuals with disabilities. The Council gathers information on the implementation, effectiveness, and impact of the Americans With Disabilities Act and looks at emerging policy issues as they affect persons with disabilities and their ability to enter or reenter the Nation's work force and to live independently.

## NATIONAL LABOR RELATIONS BOARD

| | |
|---|---|
| Appropriations, 2002 | $226,618,000 |
| Budget estimate, 2003 | 233,223,000 |
| Committee recommendation | 243,223,000 |

The Committee recommends an appropriation of $243,223,000 for the National Labor Relations Board (NLRB), $16,605,000 more than the fiscal year 2002 comparable level and $10,000,000 more than the budget request.

The NLRB is a law enforcement agency which adjudicates disputes under the National Labor Relations Act.

The Committee is disappointed to note that the progress made by the NLRB reducing the backlog of unfair labor practice cases has been stymied by an increase in case intakes. The backlog at the end of fiscal year 2001 was approximately 970 cases and is expected to grow to 1,700 cases by the end of fiscal year 2002. The Committee is concerned about the impact this backlog has on workplace conditions. To that end, the Committee has included additional funds to continue the effort to reduce backlogged cases.

## NATIONAL MEDIATION BOARD

| | |
|---|---|
| Appropriations, 2002 | $10,635,000 |
| Budget estimate, 2003 | 11,203,000 |
| Committee recommendation | 11,203,000 |

The Committee recommends an appropriation of $11,203,000 for the National Mediation Board, $568,000 more than the fiscal year 2002 appropriation and the same as the budget request.

The National Mediation Board protects interstate commerce as it mediates labor-management relations in the railroad and airline industries under the Railway Labor Act. The Board mediates collective bargaining disputes, determines the choice of employee bargaining representatives through elections, and administers arbitration of employee grievances.

## OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

| | |
|---|---|
| Appropriations, 2002 | $8,964,000 |
| Budget estimate, 2003 | 9,577,000 |
| Committee recommendation | 9,577,000 |

The Committee recommends an appropriation of $9,577,000 for the Occupational Safety and Health Review Commission, $613,000 above the fiscal year 2002 appropriation and the same as the budget request.

The Commission serves as a court to justly and expeditiously resolve disputes between the Occupational Safety and Health Administration (OSHA) and employers charged with violations of health and safety standards enforced by OSHA.

## RAILROAD RETIREMENT BOARD

### DUAL BENEFITS PAYMENTS ACCOUNT

| | |
|---|---|
| Appropriations, 2002 | $137,000,000 |
| Budget estimate, 2003 | 124,000,000 |
| Committee recommendation | 124,000,000 |

The Committee has provided a total of $124,000,000 for dual benefits, including $8,000,000 in income tax receipts on dual benefits as authorized by law. The Committee recommendation is $13,000,000 less than the fiscal year 2002 level and the same as the budget request.

This appropriation provides for vested dual benefit payments authorized by the Railroad Retirement Act of 1974, as amended by the Omnibus Reconciliation Act of 1981. This separate account, established for the payment of dual benefits, is funded by general fund appropriations and income tax receipts of vested dual benefits.

### FEDERAL PAYMENTS TO THE RAILROAD RETIREMENT ACCOUNT

| | |
|---|---|
| Appropriations, 2002 | $150,000 |
| Budget estimate, 2003 | 150,000 |
| Committee recommendation | 150,000 |

The Committee recommends $150,000 for interest earned on unnegotiated checks. This is the same as the fiscal year 2002 appropriation and budget request.

LIMITATION ON ADMINISTRATION

| | |
|---|---|
| Appropriations, 2002 | $97,700,000 |
| Budget estimate, 2003 | 97,720,000 |
| Committee recommendation | 97,720,000 |

The Committee recommends an appropriation of $97,720,000 for the administration of railroad retirement/survivor benefit programs. This amount is $20,000 more than the fiscal year 2002 comparable level, and the same as the budget request.

The Board administers comprehensive retirement-survivor and unemployment-sickness insurance benefit programs for the Nation's railroad workers and their families. This account limits the amount of funds in the railroad retirement and railroad unemployment insurance trust funds which may be used by the Board for administrative expenses.

The Committee is concerned by the administration's lack of a consistent policy on the payment of commercial rent by trust fund agencies. The Committee requests that the Office of Management and Budget clarify its policy in the fiscal year 2004 budget. In the meantime, the Committee has included language to prohibit funds from the railroad retirement trust fund from being spent on any charges over and above the actual cost of administering the trust fund, including commercial rental rates.

LIMITATION ON THE OFFICE OF THE INSPECTOR GENERAL

| | |
|---|---|
| Appropriations, 2002 | $6,261,000 |
| Budget estimate, 2003 | 6,300,000 |
| Committee recommendation | 6,300,000 |

The Committee recommends $6,300,000 for the Office of the Inspector General, $39,000 above the 2002 appropriation and the same as the budget request.

The Committee has included bill language to allow the Office of the Inspector General to use funds to conduct audits, investigations, and reviews of the Medicare program. The Committee finds that as long as the RRB has the authority to negotiate and administer the separate Medicare contract, the RRB Inspector General should not be prohibited from using funds to review, audit, or investigate the RRB's separate Medicare contract.

## SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

| | |
|---|---|
| Appropriations, 2002 | $434,400,000 |
| Budget estimate, 2003 | 20,400,000 |
| Committee recommendation | 20,400,000 |

The Committee recommends an appropriation of $20,400,000 for payments to Social Security trust funds, the same as the administration request. This amount reimburses the old age and survivors and disability insurance trust funds for special payments to certain uninsured persons, costs incurred administering pension reform activities, and the value of the interest for benefit checks issued but not negotiated. This appropriation restores the trust funds to the same financial position they would have been in had they not borne these costs, properly charged to the general funds.

The decrease in appropriation is a result of the inclusion of $414,000,000 in last year's appropriation for the quinquennial adjustment to reimburse the OASI trust funds for the costs of granting noncontributory wage credits for military service.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

| | |
|---|---|
| Appropriations, 2002 | $332,840,000 |
| Budget estimate, 2003 | 300,177,000 |
| Committee recommendation | 300,177,000 |

The Committee recommends an appropriation of $300,177,000 for special benefits for disabled coal miners. This is in addition to the $108,000,000 appropriated last year as an advance for the first quarter of fiscal year 2003. The recommendation is the same as the administration request. These funds are used to provide monthly benefits to coal miners disabled by black lung disease and to their widows and certain other dependents, as well as to pay related administrative costs.

The Social Security Administration holds primary responsibility for claims filed before July 1973, with the Department of Labor responsible for claims filed after that. By law, increases in black lung benefit payments are tied directly to Federal pay increases. The year-to-year decrease in this account reflects a declining beneficiary population.

The Committee recommends an advance appropriation of $97,000,000 for the first quarter of fiscal year 2004, the same as the administration request. These funds will ensure uninterrupted benefit payments to coal miners, their widows, and dependents.

SUPPLEMENTAL SECURITY INCOME

| | |
|---|---|
| Appropriations, 2002 | $21,577,412,000 |
| Budget estimate, 2003 | 24,017,392,000 |
| Committee recommendation | 24,025,392,000 |

The Committee recommends an appropriation of $24,025,392,000 for supplemental security income. This is in addition to the $10,790,000,000 appropriated last year as an advance for the first quarter of fiscal year 2003 and includes funds for continuing disability reviews. The recommendation is $2,447,980,000 more than the fiscal year 2002 level and $8,000,000 more than the administration's request. The Committee also recommends an advance appropriation of $11,080,000,000 for the first quarter of fiscal year 2004 to ensure uninterrupted benefits payments.

These funds are used to pay benefits under the SSI Program, which was established to ensure a Federal minimum monthly benefit for aged, blind, and disabled individuals, enabling them to meet basic needs. It is estimated that approximately 6.5 million persons will receive SSI benefits each month during fiscal year 2003. In many cases, SSI benefits supplement income from other sources, including Social Security benefits. The funds are also used to reimburse the Social Security trust funds for the administrative costs for the program with a final settlement by the end of the subsequent fiscal year as required by law, to reimburse vocational rehabilitation agencies for costs incurred in successfully rehabilitating SSI recipients and for research and demonstration projects.

The Committee is concerned about backlogs in the amount of time that many applicants for Social Security disability benefits must wait before they finally receive disability benefits to which they are entitled. In fiscal year 2002, the Committee provided funding to reduce this backlog, as well as the funding to address a special caseload of beneficiaries who have received Supplemental Security Income disability benefits, but are entitled to Social Security disability benefits as well. In May 2002, the Social Security Administration discovered that this special caseload was more extensive than originally believed, potentially including more than 500,000 individuals. The Committee understands that the Commissioner is in the process of undertaking a thorough review of this issue to determine the number of affected individuals and the cost of processing this caseload. These complex cases must be re-examined by specially trained SSA staff so that these SSI beneficiaries can receive Social Security disability benefits to which they are entitled, some from as far back as the 1970's. The Committee is also concerned that re-examining these cases and calculating past due benefits will lengthen the already-unacceptable waiting periods facing disabled Americans. The Committee directs the SSA Commissioner to submit a report to the Committee by December 31, 2002 detailing the amount of funds necessary to complete the training of staff and processing of this special caseload, as well as a plan for eliminating the backlog of disability applications and appeals and the amount of funding necessary to execute that plan.

*Beneficiary services*

The Committee recommendation includes $45,728,000 for beneficiary services, which is the same as the administration request and $8,316,000 more than the fiscal year 2002 level. This appropriation added to an estimated $39,300,000 in carryover funding will bring the fiscal year 2003 program funding level to approximately $85,000,000. This amount is available for payments to Employment Networks for successful outcomes or milestone payments under the Ticket to Work program and for reimbursement of State vocational rehabilitation agencies and alternate public or private providers.

*Research and demonstration projects*

The Committee recommendation includes $38,000,000 for research and demonstration projects conducted under sections 1110 and 1115 of the Social Security Act. This is $1,000,000 more than the fiscal year 2002 level and $8,000,000 more than the administration request.

This amount will support SSA's efforts to strengthen its policy evaluation capability and focus on research of: program issues, the impact of demographic changes on future workloads and effective return-to-work strategies for disabled beneficiaries.

The Committee commends the Administration on their stated goal of preventing and ending homelessness for people with disabilities, within 10 years. The Committee believes that increasing the Social Security Administration's outreach and application assistance to homeless people as well as others who are economically disadvantaged is an important part of this effort. The Committee is

aware that SSA operated an effective outreach program in the early 1990's, where grants were awarded to local non-profits to provide SSI outreach and application assistance. In light of the ongoing need for SSI outreach and application assistance, the Committee has included an additional $8,000,000 to provide and to administer a competitive demonstration grants demonstration program, targeted toward providing outreach and application assistance to homeless persons and other underserved populations.

*Administration*

The Committee recommendation includes $2,824,000,000 for payment to the Social Security trust funds for the SSI Program's share of SSA's base administrative expenses. This is $197,000,000 above the fiscal year 2002 level and equal to the administration request.

LIMITATION ON ADMINISTRATIVE EXPENSES

| | |
|---|---|
| Appropriations, 2002 | $7,575,500,000 |
| Budget estimate, 2003 | 7,936,000,000 |
| Committee recommendation | 7,936,000,000 |

The Committee recommends a program funding level of $7,936,000,000 for the limitation on administrative expenses, which is equal to the administration request and $360,500,000 higher than the fiscal year 2002 level.

This account provides resources from the Social Security trust funds to administer the Social Security retirement and survivors and disability insurance programs, and certain Social Security health insurance functions. As authorized by law, it also provides resources from the trust funds for certain nontrust fund administrative costs, which are reimbursed from the general funds. These include administration of the supplemental security income program for the aged, blind and disabled; work associated with the Pension Reform Act of 1984; and the portion of the annual wage reporting work done by the Social Security Administration for the benefit of the Internal Revenue Service. The dollars provided also support automated data processing activities and fund the State disability determination services which make initial and continuing disability determinations on behalf of the Social Security Administration. Additionally, the limitation provides funding for computer support, and other administrative costs.

The limitation includes $7,825,000,000 for routine operating expenses of the agency, which is equal to the amount requested by the President and $782,500,000 over the 2002 comparable amount. These funds, as well as those derived from an increase in the user fees which are discussed below, cover the mandatory costs of maintaining equipment and facilities, as well as staffing.

The Committee commends SSA for monitoring and assessing the impact of Social Security Ruling (SSR) 99–2p regarding Chronic Fatigue Syndrome. The Committee is pleased that SSA officials have continued to educate adjudicators at all levels of the SSA process about the April 1999 Chronic Fatigue Syndrome ruling (99–2p). The Committee encourages SSA to continue these educational efforts, as many SSA employees remain unfamiliar with or misinformed about CFS and the functional limitations it imposes. Finally, the Committee encourages SSA to continue examining obsta-

cles to benefits for persons with CFS. The Committee also encourages SSA to examine the impact of the ruling on CFS patients' access to benefits, and to keep medical information updated throughout all levels of the application and review process.

*Social Security Advisory Board*

The Committee has included $1,800,000 within the limitation on administrative expenses account for the Social Security Advisory Board for fiscal year 2003, the same level as the administration request and the same as the fiscal year 2002 level.

*User fees*

In addition to other amounts provided, the Committee recommends $111,000,000 for administrative activities funded from user fees that were authorized in fiscal year 1998. This is equal to the administration's request and an increase of $11,000,000 over the fiscal year 2002 level.

OFFICE OF THE INSPECTOR GENERAL

| | |
|---|---|
| Appropriations, 2002 | $75,000,000 |
| Budget estimate, 2003 | 83,000,000 |
| Committee recommendation | 83,000,000 |

The Committee recommends $83,000,000 for activities for the Office of the Inspector General, $8,000,000 more than fiscal year 2002 and equal to the administration request. This includes a general fund appropriation of $21,000,000 together with an obligation limitation of $62,000,000 from the Federal old-age and survivors insurance trust fund and the Federal disability insurance trust fund.

U.S. INSTITUTE OF PEACE

| | |
|---|---|
| Appropriations, 2002 | $15,104,000 |
| Budget estimate, 2003 | 16,200,000 |
| Committee recommendation | 17,200,000 |

The Committee recommends an appropriation of $17,200,000 for the U.S. Institute of Peace, $2,096,000 more than the fiscal year 2002 appropriation and $1,000,000 above the budget request.

The Institute was established by the U.S. Institute of Peace Act (Public Law 98–525) in 1984. The Institute is an independent, nonprofit, national organization whose primary mission is to promote, through scholarship and education, international peace, and the resolution of conflicts without recourse to violence.

The Committee supports the multi-faceted work of the USIP and recommends a modest increase in fiscal year 2003 funding to be used primarily for increasing understanding of the origins of international terrorism, identifying long-term, non-violent options for dissipating it, and enhancing the Institute's education and training programs. The Committee commends the USIP for the practical research it has undertaken to develop degree-awarding courses of study in peace-making and encourages the USIP to make use of distance-learning capabilities whenever possible. These courses are meant to prepare students for professional careers in governmental agencies and non-governmental organizations engaged in problem-solving and conflict resolution. The Committee urges the USIP to

consult with a cross-section of public and private sector practitioners in the development and implementation of these courses.

## TITLE V—GENERAL PROVISIONS

The Committee recommendation retains provisions which: authorize transfers of unexpended balances (sec. 501); limit funding to 1 year availability unless otherwise specified (sec. 502); limit lobbying and related activities (sec. 503); limit official representation expenses (amended) (sec. 504); prohibit funding of any program to carry out distribution of sterile needles for the hypodermic injection of any illegal drug unless the Secretary of HHS determines such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs (sec. 505); state the sense of Congress about purchase of American-made equipment and products (sec. 506); clarify Federal funding as a component of State and local grant funds (sec. 507); limit use of funds for abortion (sec. 508 and sec. 509); restrict human embryo research (sec. 510); limit the use of funds for promotion of legalization of controlled substances included last year (sec. 511); limits use of funds to enter into or review contracts with entities subject to the requirement in section 4212(d) of title 38, United States Code, if the report required by that section has not been submitted (sec. 512); and prohibits the use of funds to promulgate regulations regarding the individual health identifier (sec. 513).

The Committee recommendation includes a new provision regarding the Institute of Peace (sec. 514).

BUDGETARY IMPACT OF BILL

PREPARED IN CONSULTATION WITH THE CONGRESSIONAL BUDGET OFFICE PURSUANT TO SEC. 308(a), PUBLIC LAW 93–344, AS AMENDED

[In millions of dollars]

| | Budget authority | | Outlays | |
|---|---|---|---|---|
| | Committee allocation [1] | Amount of bill | Committee allocation [1] | Amount of bill |
| Comparison of amounts in the bill with Committee allocations to its subcommittees, fiscal year 2003: Subcommittee on Labor, Health and Human Services, Education, and Related Agencies: | | | | |
| Discretionary | 134,132 | 134,132 | 127,131 | [2] 126,299 |
| Mandatory | NA | 286,551 | NA | 286,497 |
| Projections of outlays associated with the recommendation: | | | | |
| 2003 | | | | [3] 272,095 |
| 2004 | | | | 55,080 |
| 2005 | | | | 14,823 |
| 2006 | | | | 1,434 |
| 2007 and future years | | | | 275 |
| Financial assistance to State and local governments for 2003 | NA | 171,330 | NA | 168,940 |

[1] Levels approved by the Committee on June 27, 2002.
[2] Includes outlays from prior-year budget authority.
[3] Excludes outlays from prior-year budget authority.

NA: Not applicable.

## COMPLIANCE WITH PARAGRAPH 7, RULE XVI, OF THE STANDING RULES OF THE SENATE

Paragraph 7 of rule XVI requires that Committee report on general appropriations bills identify each Committee amendment to the House bill "which proposes an item of appropriation which is not made to carry out the provisions of an existing law, a treaty stipulation, or an act or resolution previously passed by the Senate during that session."

The following items are identified pursuant to this requirement:

Nursing Loan Repayment, $15,000,000; Title VII of the Public Health Services Act, $160,000,000; Title VIII of the Public Health Services Act, $88,002,000; Universal Newborn Hearing Screening, $13,000,000; Trauma Care, $5,000,000; Abstinence Education, $40,000,000; Organ Transplantation, $24,990,000; Rural Hospital Flex Grants, $50,000,000; Denali Project, $30,000,000; Family Planning, $285,000,000; State Offices of Rural Health, $12,000,000; Health statistics, $125,899,000; Injury, $149,385,000; Birth defects and developmental disabilities, $99,823,000; Adolescent Family Life, $31,124,000; Office of Minority Health, $46,329,000; Office of Disease Prevention and Health Promotion, $7,589,000; Child Care and Development Block Grant, $2,099,994,000; Child Abuse Prevention and Treatment Act, $109,186,000; Abandoned Infants Assistance Act, $12,205,000; Native American Programs, $45,912,000;

Refugee and Entrant Assistance Programs, $442,724,000; Alzheimer's Disease Demonstration Grants to States, $15,000,000; Volunteers in Service to America, $99,287,000; Special Volunteer Programs, $10,000,000; National Senior Volunteer Corps, $237,547,000; Institute of Museum and Library Services, $214,000,000; United States Institute of Peace, $17,200,000;

## COMPLIANCE WITH PARAGRAPH 7(C), RULE XXVI OF THE STANDING RULES OF THE SENATE

Pursuant to paragraph 7(c) of rule XXVI, on July 18, 2002, the Committee ordered S. 2766, an original Labor, Health and Human Services, Education Appropriations bill, 2003, subject to amendment and each subject to the budget allocations, by a recorded vote of 29–0, a quorum being present. The vote was as follows:

| Yeas | Nays |
|---|---|
| Chairman Byrd | |
| Mr. Inouye | |
| Mr. Hollings | |
| Mr. Leahy | |
| Mr. Harkin | |
| Ms. Mikulski | |
| Mr. Reid | |
| Mr. Kohl | |
| Mrs. Murray | |
| Mr. Dorgan | |
| Mrs. Feinstein | |
| Mr. Durbin | |
| Mr. Johnson | |
| Ms. Landrieu | |
| Mr. Reed | |
| Mr. Stevens | |
| Mr. Cochran | |
| Mr. Specter | |
| Mr. Domenici | |
| Mr. Bond | |
| Mr. McConnell | |
| Mr. Burns | |
| Mr. Shelby | |
| Mr. Gregg | |
| Mr. Bennett | |
| Mr. Campbell | |
| Mr. Craig | |
| Mrs. Hutchison | |
| Mr. DeWine | |

## COMPLIANCE WITH PARAGRAPH 12, RULE XXVI OF THE STANDING RULES OF THE SENATE

Paragraph 12 of rule XXVI requires that Committee reports on a bill or a joint resolution repealing or amending any statute include "(a) the text of the statute or part thereof which is proposed to be repealed; and (b) a comparative print of that part of the bill or joint resolution making the amendment and of the statute or part thereof proposed to be amended, showing by stricken through

type and italics, parallel columns, or other appropriate typographical devices the omissions and insertions which would be made by the bill or joint resolution if enacted in the form recommended by the committee."

In compliance with this rule, the following changes in existing law proposed to be made by the bill are shown as follows: existing law to be omitted is enclosed in black brackets; new matter is printed in italic; and existing law in which no change is proposed is shown in roman.

With respect to this bill, it is the opinion of the Committee that it is necessary to dispense with these requirements in order to expedite the business of the Senate.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2002 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2003

[In thousands of dollars]

| Item | 2002 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2002 comparable | Budget estimate |
| TITLE I—DEPARTMENT OF LABOR | | | | | |
| EMPLOYMENT AND TRAINING ADMINISTRATION | | | | | |
| TRAINING AND EMPLOYMENT SERVICES | | | | | |
| Grants to States: | | | | | |
| Adult Training, current year | 238,000 | 188,000 | 238,000 | ..... | +50,000 |
| Advance from prior year | (712,000) | (712,000) | (712,000) | ..... | ..... |
| Fiscal year 2004 | 712,000 | 712,000 | 712,000 | ..... | ..... |
| Adult Training | 950,000 | 900,000 | 950,000 | ..... | +50,000 |
| Youth Training | 1,127,965 | 1,000,965 | 1,127,965 | ..... | +127,000 |
| Dislocated Worker Assistance | 281,200 | 258,432 | 391,200 | +110,000 | +132,768 |
| Advance from prior year | (848,000) | (848,000) | (848,000) | ..... | ..... |
| Fiscal year 2004 | 848,000 | 848,000 | 848,000 | ..... | ..... |
| Dislocated Worker Assistance | 1,129,200 | 1,106,432 | 1,239,200 | +110,000 | +132,768 |
| Federally Administered Programs: | | | | | |
| Dislocated Worker Assistance | 30,300 | 64,608 | 97,800 | +67,500 | +33,192 |
| Advance from prior year | (212,000) | (212,000) | (212,000) | ..... | ..... |
| Fiscal year 2004 | 212,000 | 212,000 | 212,000 | ..... | ..... |
| Dislocated Worker Assistance | 242,300 | 276,608 | 309,800 | +67,500 | +33,192 |
| Total, Dislocated Workers | 1,371,500 | 1,383,040 | 1,549,000 | +177,500 | +165,960 |
| Native Americans | 57,000 | 55,000 | 57,000 | ..... | +2,000 |
| Migrant and Seasonal Farmworkers | 79,751 | ..... | 79,751 | ..... | +79,751 |
| Job Corps: | | | | | |
| Operations | 737,377 | 813,610 | 800,000 | +62,623 | −13,610 |
| Advance from prior year | (591,000) | (591,000) | (591,000) | ..... | ..... |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2002 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2003—Continued

[In thousands of dollars]

| Item | 2002 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2002 comparable | Budget estimate |
| Fiscal year 2004 | 591,000 | 591,000 | 591,000 | ..... | ..... |
| Construction and Renovation | 30,375 | 27,550 | 27,550 | −2,825 | ..... |
| Advance from prior year | (100,000) | (100,000) | (100,000) | ..... | ..... |
| Fiscal year 2004 | 100,000 | 100,000 | 100,000 | ..... | ..... |
| Subtotal, Job Corps, program level | 1,458,752 | 1,532,160 | 1,518,550 | +59,798 | −13,610 |
| National activities: | | | | | |
| Pilots, Demonstrations and Research | 130,149 | 35,000 | 44,881 | −85,268 | +9,881 |
| Responsible Reintegrat'n of Youthful Offenders | 55,000 | ..... | 55,000 | ..... | +55,000 |
| Evaluation | 9,098 | 9,098 | 9,098 | ..... | ..... |
| Youth Opportunity Grants | 225,100 | 44,500 | 225,100 | ..... | +180,600 |
| Other | 16,019 | 15,000 | 16,019 | ..... | +1,019 |
| Subtotal, National activities | 435,366 | 103,598 | 350,098 | −85,268 | +246,500 |
| Subtotal, Federal activities | 2,273,169 | 1,967,366 | 2,315,199 | +42,030 | +347,833 |
| Total, Workforce Investment Act | 5,480,334 | 4,974,763 | 5,632,364 | +152,030 | +657,601 |
| Women in Apprenticeship | 1,000 | 1,000 | 1,000 | ..... | ..... |
| Skill Standards | 3,500 | ..... | ..... | −3,500 | ..... |
| Subtotal, National activities, TES | 439,866 | 104,598 | 351,098 | −88,768 | +246,500 |
| Subtotal, Training and Employment Services | 5,484,834 | 4,975,763 | 5,633,364 | +148,530 | +657,601 |
| Current Year | (3,021,834) | (2,512,763) | (3,170,364) | (+148,530) | (+657,601) |
| Fiscal year 2004 | (2,463,000) | (2,463,000) | (2,463,000) | ..... | ..... |
| COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS | 445,100 | 440,200 | 450,000 | +4,900 | +9,800 |
| WORKERS COMPENSATION PROGRAMS | 175,000 | ..... | ..... | −175,000 | ..... |

| | | | | | |
|---|---|---|---|---|---|
| FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES | | | | | |
| Trade Adjustment | 349,500 | 13,000 | 349,500 | ..... | +336,500 |
| NAFTA Activities | 66,150 | ..... | 66,150 | ..... | +66,150 |
| Total | 415,650 | 13,000 | 415,650 | ..... | +402,650 |
| STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS | | | | | |
| Unemployment Compensation: | | | | | |
| State Operations [1] | 2,777,986 | 2,717,688 | 2,641,488 | −136,498 | −76,200 |
| National Activities | 10,000 | 10,000 | 10,000 | ..... | ..... |
| Emergency Response Funds | 4,100 | ..... | ..... | −4,100 | ..... |
| Subtotal, Unemployment Compensation | 2,792,086 | 2,727,688 | 2,651,488 | −140,598 | −76,200 |
| Employment Service: | | | | | |
| Allotments to States: | | | | | |
| Federal Funds | 23,452 | 23,452 | 23,452 | ..... | ..... |
| Trust Funds | 773,283 | 773,283 | 773,283 | ..... | ..... |
| Subtotal | 796,735 | 796,735 | 796,735 | ..... | ..... |
| ES National Activities | 50,680 | 29,120 | 50,680 | ..... | +21,560 |
| Subtotal, Employment Service | 847,415 | 825,855 | 847,415 | ..... | +21,560 |
| Federal Funds | 23,452 | 23,452 | 23,452 | ..... | ..... |
| Trust Funds | 823,963 | 802,403 | 823,963 | ..... | +21,560 |
| One Stop Career Centers/Labor Market Information | 120,000 | 113,000 | 113,000 | −7,000 | ..... |
| Work Incentives Grants | 20,000 | 20,000 | 20,000 | ..... | ..... |
| Total, State Unemployment | 3,779,501 | 3,686,543 | 3,631,903 | −147,598 | −54,640 |
| Federal Funds | 167,552 | 156,452 | 156,452 | −11,100 | ..... |
| Trust Funds | 3,611,949 | 3,530,091 | 3,475,451 | −136,498 | −54,640 |
| ADVANCES TO THE UI AND OTHER TRUST FUNDS [1] | 464,000 | 463,000 | 463,000 | −1,000 | ..... |
| PROGRAM ADMINISTRATION | | | | | |
| Adult Employment and Training | 34,076 | 42,620 | 39,090 | +5,014 | −3,530 |
| Trust Funds | 2,887 | 2,973 | 2,973 | +86 | ..... |
| Youth Employment and Training | 37,603 | 38,947 | 40,858 | +3,255 | +1,911 |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2002 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2003—Continued

[In thousands of dollars]

| Item | 2002 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2002 comparable | Budget estimate |
| Employment Security | 5,867 | 6,051 | 6,051 | +184 | ..... |
| Trust Funds | 44,216 | 45,586 | 51,586 | +7,370 | +6,000 |
| Apprenticeship Services | 21,406 | 20,836 | 22,036 | +630 | +1,200 |
| Executive Direction | 7,914 | 8,286 | 8,286 | +372 | ..... |
| Trust Funds | 1,404 | 2,051 | 2,051 | +647 | ..... |
| Welfare to Work | 5,903 | 4,711 | 4,711 | −1,192 | ..... |
| Subtotal, Program Administration | 161,276 | 172,061 | 177,642 | +16,366 | +5,581 |
| Federal Funds | 112,769 | 121,451 | 121,032 | +8,263 | −419 |
| Trust Funds | 48,507 | 50,610 | 56,610 | +8,103 | +6,000 |
| Total, Employment and Training Administration | 10,925,361 | 9,750,567 | 10,771,559 | −153,802 | +1,020,992 |
| Federal Funds | 7,264,905 | 6,169,866 | 7,239,498 | −25,407 | +1,069,632 |
| Current Year | (4,801,905) | (3,706,866) | (4,776,498) | (−25,407) | (+1,069,632) |
| Fiscal year 2003 | (2,463,000) | (2,463,000) | (2,463,000) | ..... | ..... |
| Trust Funds | 3,660,456 | 3,580,701 | 3,532,061 | −128,395 | −48,640 |
| PENSION AND WELFARE BENEFITS ADMINISTRATION | | | | | |
| Enforcement and Compliance | 85,502 | 92,125 | 89,125 | +3,623 | −3,000 |
| Policy, Regulation and Public Service | 19,694 | 20,575 | 20,575 | +881 | ..... |
| Program Oversight | 5,736 | 4,344 | 4,344 | −1,392 | ..... |
| Total, PWBA | 110,932 | 117,044 | 114,044 | +3,112 | −3,000 |
| PENSION BENEFIT GUARANTY CORPORATION | | | | | |
| Program Administration subject to limitation (TF) | 11,567 | 13,050 | 13,050 | +1,483 | ..... |
| Termination services not subject to limitation (NA) | (178,924) | (179,844) | (179,844) | (+920) | ..... |
| Total, PBGC (Program level) | (190,491) | (192,894) | (192,894) | (+2,403) | ..... |

| | | | | | |
|---|---|---|---|---|---|
| EMPLOYMENT STANDARDS ADMINISTRATION | | | | | |
| SALARIES AND EXPENSES | | | | | |
| Enforcement of Wage and Hour Standards | 155,580 | 155,387 | 159,387 | +3,807 | +4,000 |
| Office of Labor-Management Standards | 30,622 | 34,503 | 31,142 | +520 | −3,361 |
| Federal Contractor EEO Standards Enforcement | 77,678 | 77,544 | 79,544 | +1,866 | +2,000 |
| Federal Programs for Workers' Compensation | 91,327 | 96,975 | 97,675 | +6,348 | +700 |
| FECA Fees | ..... | −86,442 | ..... | ..... | +86,442 |
| Trust Funds | 1,975 | 2,029 | 2,029 | +54 | ..... |
| Program Direction and Support | 13,054 | 14,319 | 14,319 | +1,265 | ..... |
| Total, ESA salaries and expenses | 370,236 | 294,315 | 384,096 | +13,860 | +89,781 |
| Federal Funds | 368,261 | 292,286 | 382,067 | +13,806 | +89,781 |
| Trust Funds | 1,975 | 2,029 | 2,029 | +54 | ..... |
| SPECIAL BENEFITS | | | | | |
| Federal employees compensation benefits | 118,000 | 160,000 | 160,000 | +42,000 | ..... |
| Longshore and harbor workers' benefits | 3,000 | 3,000 | 3,000 | ..... | ..... |
| Total, Special Benefits | 121,000 | 163,000 | 163,000 | +42,000 | ..... |
| ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND | | | | | |
| Program Benefits | (769,000) | (758,000) | (758,000) | (−11,000) | ..... |
| Administrative Expenses | 135,665 | 104,867 | 104,867 | −30,798 | ..... |
| BLACK LUNG DISABILITY TRUST FUND | | | | | |
| Benefit payments and interest on advances | 981,283 | 979,371 | 979,371 | −1,912 | ..... |
| Employment Standards Adm. S&E | 31,377 | 31,987 | 31,987 | +610 | ..... |
| Departmental Management S&E | 22,590 | 22,952 | 22,952 | +362 | ..... |
| Departmental Management, Inspector General | 328 | 334 | 334 | +6 | ..... |
| Subtotal, Black Lung Disablty | 1,035,578 | 1,034,644 | 1,034,644 | −934 | ..... |
| Treasury Administrative Costs | 356 | 356 | 356 | ..... | ..... |
| Total, Black Lung Disability Trust Fund | 1,035,934 | 1,035,000 | 1,035,000 | −934 | ..... |
| Total, Employment Standards Administration | 1,662,835 | 1,597,182 | 1,686,963 | +24,128 | +89,781 |
| Federal Funds | 1,660,860 | 1,595,153 | 1,684,934 | +24,074 | +89,781 |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2002 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2003—Continued

[In thousands of dollars]

| Item | 2002 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2002 comparable | Budget estimate |
| Trust Funds | 1,975 | 2,029 | 2,029 | +54 | ..... |
| OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION | | | | | |
| SALARIES AND EXPENSES | | | | | |
| Safety and Health Standards | 15,567 | 14,237 | 18,000 | +2,433 | +3,763 |
| Federal Enforcement | 161,998 | 161,080 | 171,080 | +9,082 | +10,000 |
| State Programs | 89,747 | 89,747 | 93,747 | +4,000 | +4,000 |
| Technical Support | 19,612 | 20,234 | 20,234 | +622 | ..... |
| Compliance Assistance: | | | | | |
| Federal Assistance | 59,104 | 60,248 | 64,248 | +5,144 | +4,000 |
| State Consultation Grants | 51,021 | 52,521 | 55,521 | +4,500 | +3,000 |
| Training Grants | 11,175 | 4,000 | 11,175 | ..... | +7,175 |
| Subtotal, Compliance Assistance | 121,300 | 116,769 | 130,944 | +9,644 | +14,175 |
| Safety and Health Statistics | 26,257 | 25,739 | 26,386 | +129 | +647 |
| Executive Direction and Administration | 9,017 | 9,213 | 9,213 | +196 | ..... |
| Total, OSHA | 443,498 | 437,019 | 469,604 | +26,106 | +32,585 |
| MINE SAFETY AND HEALTH ADMINISTRATION | | | | | |
| SALARIES AND EXPENSES | | | | | |
| Coal Enforcement | 117,049 | 112,337 | 119,655 | +2,606 | +7,318 |
| Metal/Non-Metal Enforcement | 61,099 | 63,910 | 63,910 | +2,811 | ..... |
| Standards Development | 2,357 | 2,328 | 2,428 | +71 | +100 |
| Assessments | 4,807 | 4,836 | 4,936 | +129 | +100 |
| Educational Policy and Development | 27,984 | 27,914 | 27,914 | −70 | ..... |
| Technical Support | 28,085 | 28,675 | 28,675 | +590 | ..... |
| Program Administration | 12,551 | 14,323 | 14,323 | +1,772 | ..... |

| | | | | | |
|---|---|---|---|---|---|
| Total, Mine Safety and Health Administration | 253,932 | 254,323 | 261,841 | +7,909 | +7,518 |
| BUREAU OF LABOR STATISTICS | | | | | |
| SALARIES AND EXPENSES | | | | | |
| Employment and Unemployment Statistics | 146,889 | 151,004 | 151,004 | +4,115 | ..... |
| Labor Market Information (Trust Funds) | 69,132 | 72,029 | 72,029 | +2,897 | ..... |
| Prices and Cost of Living | 148,494 | 160,716 | 160,716 | +12,222 | ..... |
| Compensation and Working Conditions | 74,221 | 76,422 | 76,422 | +2,201 | ..... |
| Productivity and Technology | 9,605 | 9,925 | 9,925 | +320 | ..... |
| Executive Direction and Staff Services | 27,090 | 28,068 | 28,068 | +978 | ..... |
| Total, Bureau of Labor Statistics | 475,431 | 498,164 | 498,164 | +22,733 | ..... |
| Federal Funds | 406,299 | 426,135 | 426,135 | +19,836 | ..... |
| Trust Funds | 69,132 | 72,029 | 72,029 | +2,897 | ..... |
| OFFICE OF DISABILITY EMPLOYMENT POLICY | | | | | |
| Office of Disability Employment Policy | 35,416 | 47,015 | 47,015 | +11,599 | ..... |
| Task Force on Employment of Adults with Disabilities | 2,640 | ..... | ..... | −2,640 | ..... |
| Total, Office of Disability Employment Policy | 38,056 | 47,015 | 47,015 | +8,959 | ..... |
| DEPARTMENTAL MANAGEMENT | | | | | |
| SALARIES AND EXPENSES | | | | | |
| Executive Direction | 27,054 | 26,468 | 26,468 | −586 | ..... |
| Departmental IT Crosscut | 50,000 | 74,000 | 55,000 | +5,000 | −19,000 |
| Departmental Management Crosscut | 884 | 7,000 | 5,884 | +5,000 | −1,116 |
| Legal Services | 77,104 | 77,680 | 77,680 | +576 | ..... |
| Trust Funds | 310 | 310 | 310 | ..... | ..... |
| International Labor Affairs | 148,015 | 54,574 | 148,015 | ..... | +93,441 |
| Administration and Management | 35,553 | 30,191 | 30,191 | −5,362 | ..... |
| Adjudication | 24,632 | 25,472 | 25,232 | +600 | −240 |
| Women's Bureau | 10,165 | 8,369 | 10,973 | +808 | +2,604 |
| Civil Rights Activities | 5,635 | 5,969 | 5,969 | +334 | ..... |
| Chief Financial Officer | 6,249 | 7,901 | 7,901 | +1,652 | ..... |
| Office of Pension Participant Advocacy | ..... | ..... | 3,000 | +3,000 | +3,000 |
| Total, Salaries and expenses | 385,601 | 317,934 | 396,623 | +11,022 | +78,689 |
| Federal Funds | 385,291 | 317,624 | 396,313 | +11,022 | +78,689 |
| Trust Funds | 310 | 310 | 310 | ..... | ..... |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2002 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2003—Continued

[In thousands of dollars]

| Item | 2002 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2002 comparable | Budget estimate |
| VETERANS EMPLOYMENT AND TRAINING | | | | | |
| State Administration: | | | | | |
| Disabled Veterans Outreach Program | 81,615 | 81,615 | 83,615 | +2,000 | +2,000 |
| Local Veterans Employment Program | 77,253 | 77,253 | 79,253 | +2,000 | +2,000 |
| Subtotal, State Administration | 158,868 | 158,868 | 162,868 | +4,000 | +4,000 |
| Federal Administration | 27,956 | 26,669 | 28,669 | +713 | +2,000 |
| Homeless Veterans Program | 18,250 | 17,500 | 19,000 | +750 | +1,500 |
| Veterans Workforce Investment Programs | 7,550 | 7,300 | 7,550 | ..... | +250 |
| Total, Veterans Employment and Training | 212,624 | 210,337 | 218,087 | +5,463 | +7,750 |
| Federal Funds | 25,800 | 24,800 | 26,550 | +750 | +1,750 |
| Trust Funds | 186,824 | 185,537 | 191,537 | +4,713 | +6,000 |
| OFFICE OF THE INSPECTOR GENERAL | | | | | |
| Program Activities | 51,909 | 56,659 | 54,159 | +2,250 | −2,500 |
| Trust Funds | 4,951 | 5,597 | 5,597 | +646 | ..... |
| Executive Direction and Management | ..... | ..... | ..... | ..... | ..... |
| Total, Office of the Inspector General | 56,860 | 62,256 | 59,756 | +2,896 | −2,500 |
| Federal funds | 51,909 | 56,659 | 54,159 | +2,250 | −2,500 |
| Trust funds | 4,951 | 5,597 | 5,597 | +646 | ..... |
| Total, Departmental Management | 655,085 | 590,527 | 674,466 | +19,381 | +83,939 |
| Federal Funds | 463,000 | 399,083 | 477,022 | +14,022 | +77,939 |
| Trust Funds | 192,085 | 191,444 | 197,444 | +5,359 | +6,000 |
| Total, Labor Department | 14,576,697 | 13,304,891 | 14,536,706 | −39,991 | +1,231,815 |
| Federal Funds | 10,641,482 | 9,445,638 | 10,720,093 | +78,611 | +1,274,455 |

| | | | | | |
|---|---|---|---|---|---|
| Current Year | (8,178,482) | (6,982,638) | (8,257,093) | (+78,611) | (+1,274,455) |
| Fiscal year 2004 | (2,463,000) | (2,463,000) | (2,463,000) | ..... | ..... |
| Trust Funds | 3,935,215 | 3,859,253 | 3,816,613 | −118,602 | −42,640 |
| TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES | | | | | |
| HEALTH RESOURCES AND SERVICES ADMINISTRATION | | | | | |
| HEALTH RESOURCES AND SERVICES | | | | | |
| Community health centers | 1,343,570 | 1,457,864 | 1,533,570 | +190,000 | +75,706 |
| National Health Service Corps: | | | | | |
| Field placements | 46,506 | 46,498 | 46,498 | −8 | ..... |
| Recruitment | 98,989 | 142,918 | 142,918 | +43,929 | ..... |
| Subtotal, National Health Service Corps | 145,495 | 189,416 | 189,416 | +43,921 | ..... |
| HEALTH PROFESSIONS | | | | | |
| Consolidated Title VII Health Professions | ..... | ..... | 160,000 | +160,000 | +160,000 |
| Training for Diversity: | | | | | |
| Centers of excellence | 32,633 | ..... | ..... | −32,633 | ..... |
| Health careers opportunity program | 34,791 | ..... | ..... | −34,791 | ..... |
| Faculty loan repayment | 1,330 | ..... | ..... | −1,330 | ..... |
| Scholarships for disadvantaged students | 46,233 | 10,000 | ..... | −46,233 | −10,000 |
| Subtotal, Training for Diversity | 114,987 | 10,000 | ..... | −114,987 | −10,000 |
| Training in Primary Care Medicine and Dentistry | 93,037 | ..... | ..... | −93,037 | ..... |
| Interdisciplinary Community-Based Linkages: | | | | | |
| Area health education centers | 33,358 | ..... | ..... | −33,358 | ..... |
| Health education and training centers | 4,402 | ..... | ..... | −4,402 | ..... |
| Allied health and other disciplines | 9,499 | ..... | ..... | −9,499 | ..... |
| Geriatric programs | 20,408 | ..... | ..... | −20,408 | ..... |
| Quentin N. Burdick program for rural training | 6,999 | ..... | ..... | −6,999 | ..... |
| Subtotal, Interdisciplinary Comm. Linkages | 74,666 | ..... | ..... | −74,666 | ..... |
| Health Professions Workforce Info & Analysis | 824 | 1,000 | ..... | −824 | −1,000 |
| Public Health Workforce Development: | | | | | |
| Public health, preventive med. & dental pgms | 10,477 | ..... | ..... | −10,477 | ..... |
| Health administration programs | 1,230 | ..... | ..... | −1,230 | ..... |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2002 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2003—Continued

[In thousands of dollars]

| Item | 2002 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2002 comparable | Budget estimate |
| Subtotal, Public Health Workforce Development | 11,707 | ..... | ..... | −11,707 | ..... |
| Subtotal, Title VII Health Professions | 295,221 | 11,000 | 160,000 | −135,221 | +149,000 |
| Children's Hospitals Graduate Medical Educ | 284,967 | 200,000 | 290,000 | +5,033 | +90,000 |
| Advanced Education Nursing | 60,041 | 61,041 | 62,541 | +2,500 | +1,500 |
| Basic nurse education and practice | 16,289 | 16,289 | 18,289 | +2,000 | +2,000 |
| Nursing workforce diversity | 6,172 | 6,172 | 7,172 | +1,000 | +1,000 |
| Subtotal, Health Professions | 662,690 | 294,502 | 538,002 | −124,688 | +243,500 |
| Other HRSA Programs: | | | | | |
| Hansen's Disease Services | 17,839 | 18,142 | 18,142 | +303 | ..... |
| Healthy Communities Innovation Initiative | ..... | 20,000 | 20,000 | +20,000 | ..... |
| Maternal & Child Health Block Grant | 731,531 | 731,531 | 755,000 | +23,469 | +23,469 |
| Abstinence Education: | | | | | |
| Advance from prior year | (30,000) | ..... | ..... | (−30,000) | ..... |
| Current Year | 10,000 | 72,979 | 40,000 | +30,000 | −32,979 |
| Healthy Start | 98,989 | 98,989 | 103,000 | +4,011 | +4,011 |
| Universal Newborn Hearing | 9,999 | ..... | 13,000 | +3,001 | +13,000 |
| Organ Transplantation | 19,990 | 24,990 | 24,990 | +5,000 | ..... |
| Bone Marrow Program | 21,997 | 22,034 | 22,034 | +37 | ..... |
| Rural outreach grants | 51,472 | 37,852 | 51,472 | ..... | +13,620 |
| Rural Health Research | 16,808 | 6,000 | 16,808 | ..... | +10,808 |
| Telehealth | 39,192 | 5,609 | 39,192 | ..... | +33,583 |
| State offices of rural health | 7,999 | 4,000 | 12,000 | +4,001 | +8,000 |
| Denali Commission | 20,000 | ..... | 30,000 | +10,000 | +30,000 |
| Critical Care Programs: | | | | | |
| Emergency medical services for children [2] | 18,991 | ..... | 20,000 | +1,009 | +20,000 |
| Poison control [2] | 21,208 | ..... | 25,600 | +4,392 | +25,600 |

| | | | | | |
|---|---|---|---|---|---|
| Traumatic Brain Injury | 7,499 | 7,499 | 10,000 | +2,501 | +2,501 |
| Subtotal, Critical Care Programs | 47,698 | 7,499 | 55,600 | +7,902 | +48,101 |
| Black lung clinics | 6,000 | 6,000 | 6,000 | ..... | ..... |
| Trauma Care | 3,500 | ..... | 5,000 | +1,500 | +5,000 |
| Nursing loan repayment for shortage area service | 10,239 | 15,000 | 15,000 | +4,761 | ..... |
| Payment to Hawaii, treatment of Hansen's | 2,045 | 2,045 | 2,045 | ..... | ..... |
| Other HRSA programs—Current Year | 1,115,298 | 1,072,670 | 1,229,283 | +113,985 | +156,613 |
| Ryan White AIDS Programs: | | | | | |
| Emergency Assistance | 619,514 | 619,514 | 640,000 | +20,486 | +20,486 |
| Comprehensive Care Programs | 977,373 | 977,373 | 1,095,000 | +117,627 | +117,627 |
| AIDS Drug Assistance Program (ADAP) (NA) | (639,000) | (639,000) | (739,000) | (+100,000) | (+100,000) |
| Early Intervention Program | 193,917 | 194,055 | 205,000 | +11,083 | +10,945 |
| Pediatric HIV/AIDS | 70,990 | 70,990 | 75,000 | +4,010 | +4,010 |
| AIDS Dental Services | 13,498 | 13,498 | 17,000 | +3,502 | +3,502 |
| Education and Training Centers | 35,295 | 35,295 | 40,000 | +4,705 | +4,705 |
| Subtotal, Ryan White AIDS programs | 1,910,587 | 1,910,725 | 2,072,000 | +161,413 | +161,275 |
| Family Planning | 265,055 | 265,275 | 285,000 | +19,945 | +19,725 |
| Health Care and Other Facilities | 311,942 | ..... | ..... | −311,942 | ..... |
| Buildings and Facilities | 250 | 250 | 250 | ..... | ..... |
| Rural Hospital Flexibility Grants | 40,000 | 25,000 | 50,000 | +10,000 | +25,000 |
| Rural Access to Emergency Devices | 12,500 | 2,000 | 12,500 | ..... | +10,500 |
| Radiation Exposure Compensation Act | 4,000 | 4,000 | 2,000 | −2,000 | −2,000 |
| National Practitioner Data Bank | 16,600 | 19,500 | 19,500 | +2,900 | ..... |
| User Fees | −16,600 | −19,500 | −19,500 | −2,900 | ..... |
| Health Care Integrity and Protection Data Bank | 5,100 | 5,600 | 5,600 | +500 | ..... |
| User Fees | −5,100 | −5,600 | −5,600 | −500 | ..... |
| Community Access Program | 120,027 | ..... | 120,027 | ..... | +120,027 |
| Program Management | 149,137 | 143,702 | 143,354 | −5,783 | −348 |
| Total, Health resources and services | 6,080,551 | 5,365,404 | 6,175,402 | +94,851 | +809,998 |
| HEALTH EDUCATION ASSISTANCE LOANS PROGRAM: | | | | | |
| Liquidating account | (10,000) | (7,000) | (7,000) | (−3,000) | ..... |
| Program management | 3,791 | 3,914 | 3,914 | +123 | ..... |
| Total, HEAL | 3,791 | 3,914 | 3,914 | +123 | ..... |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2002 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2003—Continued

[In thousands of dollars]

| Item | 2002 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2002 comparable | Budget estimate |
| VACCINE INJURY COMPENSATION PROGRAM TRUST FUND: | | | | | |
| Post-fiscal year 1988 claims | 81,704 | 85,918 | 85,918 | +4,214 | ..... |
| HRSA administration | 2,992 | 2,991 | 2,991 | −1 | ..... |
| Total, Vaccine Injury Compensation Trust Fund | 84,696 | 88,909 | 88,909 | +4,213 | ..... |
| Total, Health Resources and Services Admin | 6,169,038 | 5,458,227 | 6,268,225 | +99,187 | +809,998 |
| CENTERS FOR DISEASE CONTROL | | | | | |
| Birth Defects/Developmental Disabilities/Disability and Health | 89,910 | 89,323 | 99,823 | +9,913 | +10,500 |
| Chronic Disease Prevention and Health Promotion | 747,222 | 690,230 | 810,785 | +63,563 | +120,555 |
| Environmental Health | 153,431 | 152,155 | 189,489 | +36,058 | +37,334 |
| Epidemic Services and Response | 80,139 | 78,001 | 78,001 | −2,138 | ..... |
| Health Statistics | 103,393 | 78,917 | 71,708 | −31,685 | −7,209 |
| Evaluation Tap Funding | (23,286) | (46,982) | (54,191) | (+30,905) | (+7,209) |
| HIV/AIDS, STD and TB Prevention | 1,135,000 | 1,135,000 | 1,168,532 | +33,532 | +33,532 |
| Immunization | 627,601 | 627,601 | 672,895 | +45,294 | +45,294 |
| Infectious Disease Control | 344,446 | 334,471 | 350,597 | +6,151 | +16,126 |
| Injury Prevention and Control | 149,447 | 144,764 | 149,385 | −62 | +4,621 |
| Occupational Safety and Health [3] | 276,080 | 247,318 | 274,899 | −1,181 | +27,581 |
| Preventive Health and Health Services Block Grant | 134,967 | 134,966 | 134,966 | −1 | ..... |
| Public Health Improvement | 148,200 | 116,819 | 117,743 | −30,457 | +924 |
| Buildings and Facilities | 250,000 | ..... | 322,000 | +72,000 | +322,000 |
| Office of the Director | 51,420 | 44,879 | 52,749 | +1,329 | +7,870 |
| Emergency Response and Recovery | 12,000 | ..... | ..... | −12,000 | ..... |
| ATSDR [4] | (78,235) | (77,388) | (77,388) | (−847) | ..... |
| Total, Disease Control | 4,303,256 | 3,874,444 | 4,493,572 | +190,316 | +619,128 |

| NATIONAL INSTITUTES OF HEALTH | | | | | |
|---|---|---|---|---|---|
| National Cancer Institute | 4,128,351 | 4,642,394 | 4,642,394 | +514,043 | ..... |
| National Heart, Lung, and Blood Institute | 2,560,197 | 2,776,411 | 2,820,011 | +259,814 | +43,600 |
| National Institute of Dental & Craniofacial Research | 343,149 | 372,167 | 374,067 | +30,918 | +1,900 |
| National Institute of Diabetes and Digestive and Kidney Diseases | 1,466,380 | 1,604,647 | 1,637,347 | +170,967 | +32,700 |
| National Institute of Neurological Disorders & Stroke | 1,312,780 | 1,424,405 | 1,466,005 | +153,225 | +41,600 |
| National Institute of Allergy and Infectious Diseases | 2,509,539 | 3,890,473 | 3,627,473 | +1,117,934 | −263,000 |
| Global HIV/AIDS Fund Transfer | 25,000 | 100,000 | 100,000 | +75,000 | ..... |
| Subtotal | 2,534,539 | 3,990,473 | 3,727,473 | +1,192,934 | −263,000 |
| National Institute of General Medical Sciences | 1,700,139 | 1,854,984 | 1,853,584 | +153,445 | −1,400 |
| National Institute of Child Health & Human Development | 1,113,087 | 1,213,817 | 1,213,817 | +100,730 | ..... |
| National Eye Institute | 581,191 | 629,990 | 634,290 | +53,099 | +4,300 |
| National Institute of Environmental Health Sciences | 566,118 | 614,258 | 617,258 | +51,140 | +3,000 |
| NIEHS/Superfund (NA) [5] | (76,074) | (76,074) | (76,074) | ..... | ..... |
| National Institute on Aging | 893,130 | 968,699 | 1,000,099 | +106,969 | +31,400 |
| National Institute of Arthritis and Musculoskeletal and Skin Diseases | 448,699 | 486,624 | 489,324 | +40,625 | +2,700 |
| National Institute on Deafness and Other Communication Disorders | 341,965 | 370,805 | 372,805 | +30,840 | +2,000 |
| National Institute of Nursing Research | 120,428 | 130,438 | 131,438 | +11,010 | +1,000 |
| National Institute on Alcohol Abuse and Alcoholism | 384,071 | 416,773 | 418,773 | +34,702 | +2,000 |
| National Institute on Drug Abuse | 887,733 | 964,613 | 968,013 | +80,280 | +3,400 |
| National Institute of Mental Health | 1,238,093 | 1,343,088 | 1,350,788 | +112,695 | +7,700 |
| National Human Genome Research Institute | 429,312 | 465,137 | 468,037 | +38,725 | +2,900 |
| National Institute of Biomedical Imaging and Bioengineering | 261,951 | 271,200 | 283,100 | +21,149 | +11,900 |
| National Center for Research Resources | 986,505 | 1,065,272 | 1,161,272 | +174,767 | +96,000 |
| National Center for Complementary and Alternative Medicine | 104,592 | 113,249 | 114,149 | +9,557 | +900 |
| National Center on Minority Health and Health Disparities | 157,742 | 186,929 | 186,929 | +29,187 | ..... |
| John E. Fogarty International Center | 56,918 | 63,380 | 60,880 | +3,962 | −2,500 |
| National Library of Medicine | 277,273 | 310,299 | 310,299 | +33,026 | ..... |
| Office of the Director | 235,400 | 255,074 | 257,974 | +22,574 | +2,900 |
| Buildings and Facilities | 251,100 | 632,800 | 632,800 | +381,700 | ..... |
| Global HIV/AIDS Fund Transfer | 75,000 | ..... | ..... | −75,000 | ..... |
| Subtotal, Buildings and Facilities | 326,100 | 632,800 | 632,800 | +306,700 | ..... |
| Total, N.I.H. appropriations | 23,455,843 | 27,167,926 | 27,192,926 | +3,737,083 | +25,000 |
| Global HIV/AIDS Fund Transfer | −100,000 | −100,000 | −100,000 | ..... | ..... |
| Total, N.I.H., Program Level | (23,355,843) | (27,067,926) | (27,092,926) | (+3,737,083) | (+25,000) |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2002 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2003—Continued

[In thousands of dollars]

| Item | 2002 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2002 comparable | Budget estimate |
| SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES | | | | | |
| Mental Health: | | | | | |
| Programs of Regional and National Significance | 229,918 | 213,067 | 231,067 | +1,149 | +18,000 |
| Mental Health Performance Partnership | 433,000 | 433,000 | 433,000 | ..... | ..... |
| Children's Mental Health | 96,631 | 96,694 | 96,694 | +63 | ..... |
| Grants to States for the Homeless (PATH) | 39,855 | 46,855 | 46,855 | +7,000 | ..... |
| Protection and Advocacy | 32,500 | 32,500 | 35,500 | +3,000 | +3,000 |
| Subtotal, Mental Health | 831,904 | 822,116 | 843,116 | +11,212 | +21,000 |
| Substance Abuse Treatment: | | | | | |
| Programs of Regional and National Significance | 291,383 | 357,994 | 310,000 | +18,617 | −47,994 |
| Substance Abuse Performance Partnership | 1,725,000 | 1,785,000 | 1,795,000 | +70,000 | +10,000 |
| Subtotal, Substance Abuse Treatment | 2,016,383 | 2,142,994 | 2,105,000 | +88,617 | −37,994 |
| Substance Abuse Prevention: | | | | | |
| Programs of Regional and National Significance | 198,011 | 152,815 | 202,000 | +3,989 | +49,185 |
| Program Management and Buildings and Facilities | 91,392 | 75,161 | 86,467 | −4,925 | +11,306 |
| St. Elizabeth's | ..... | ..... | 955 | +955 | +955 |
| Total, Substance Abuse and Mental Health | 3,137,690 | 3,193,086 | 3,237,538 | +99,848 | +44,452 |
| AGENCY FOR HEALTHCARE RESEARCH AND QUALITY | | | | | |
| Research on Health Costs, Quality, and Outcomes: | | | | | |
| Federal Funds | ..... | ..... | 146,645 | +146,645 | +146,645 |
| Evaluation Tap funding (NA) | (247,645) | (194,000) | (106,000) | (−141,645) | (−88,000) |
| Health Coverage Data Improvement (CPS) | ..... | (10,000) | ..... | ..... | (−10,000) |
| Portion for reducing medical errors (non-add) | (55,000) | (60,000) | (60,000) | (+5,000) | ..... |

| | | | | | |
|---|---|---|---|---|---|
| Subtotal including Evaluation Tap funds | ..... | ..... | (146,645) | (+146,645) | (+146,645) |
| Health insurance and expenditure surveys: | | | | | |
| Federal Funds | ..... | ..... | 53,300 | +53,300 | +53,300 |
| Evaluation Tap funding (NA) | (48,500) | (53,300) | ..... | (−48,500) | (−53,300) |
| Program Support | 2,600 | ..... | 2,700 | +100 | +2,700 |
| Evaluation Tap funding (NA) | ..... | (2,700) | ..... | ..... | (−2,700) |
| Federal Funds | 2,600 | ..... | 202,645 | +200,045 | +202,645 |
| Evaluation Tap funding (NA) | (296,145) | (250,000) | (106,000) | (−190,145) | (−144,000) |
| Total, AHRQ | (298,745) | (250,000) | (308,645) | (+9,900) | (+58,645) |
| Total, Public Health Service | 37,068,427 | 39,693,683 | 41,394,906 | +4,326,479 | +1,701,223 |
| CENTER FOR MEDICARE AND MEDICAID SERVICES | | | | | |
| GRANTS TO STATES FOR MEDICAID | | | | | |
| Medicaid current law benefits | 134,308,100 | 148,726,168 | 148,726,168 | +14,418,068 | ..... |
| State and local administration | 8,293,316 | 9,142,049 | 9,142,049 | +848,733 | ..... |
| Vaccines for Children | 795,533 | 823,938 | 823,938 | +28,405 | ..... |
| Subtotal, Medicaid program level | 143,396,949 | 158,692,155 | 158,692,155 | +15,295,206 | ..... |
| Less Medicare Transfer (Public Law 105–33) | −70,000 | ..... | ..... | +70,000 | ..... |
| Less funds advanced in prior year | −36,207,551 | −46,601,937 | −46,601,937 | −10,394,386 | ..... |
| Total, request | 107,119,398 | 112,090,218 | 112,090,218 | +4,970,820 | ..... |
| New advance, 1st quarter | 46,601,937 | 51,861,386 | 51,861,386 | +5,259,449 | ..... |
| PAYMENTS TO HEALTH CARE TRUST FUNDS | | | | | |
| Supplemental medical insurance | 81,332,000 | 80,905,000 | 80,905,000 | −427,000 | ..... |
| Hospital insurance for the uninsured | 292,000 | 225,000 | 225,000 | −67,000 | ..... |
| Federal uninsured payment | 150,000 | 168,000 | 168,000 | +18,000 | ..... |
| Program management | 205,200 | 164,700 | 164,700 | −40,500 | ..... |
| Total, Payments to Trust Funds, current law | 81,979,200 | 81,462,700 | 81,462,700 | −516,500 | ..... |
| PROGRAM MANAGEMENT | | | | | |
| Research, Demonstration, and Evaluation: | | | | | |
| Regular Program | 117,201 | 28,400 | 68,400 | −48,801 | +40,000 |
| Medicare Operations | 1,482,000 | 1,675,084 | 1,680,084 | +198,084 | +5,000 |
| H.R. 3103 funding (NA) | (700,000) | (720,000) | (720,000) | (+20,000) | ..... |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2002 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2003—Continued

[In thousands of dollars]

| Item | 2002 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2002 comparable | Budget estimate |
| Medicare Plus Choice | 52,000 | ..... | ..... | −52,000 | ..... |
| Subtotal, Medicare Operations limit'n on new BA | 1,534,000 | 1,675,084 | 1,680,084 | +146,084 | +5,000 |
| Subtotal, Operations program level | (2,234,000) | (2,395,084) | (2,400,084) | (+166,084) | (+5,000) |
| State Survey and Certification | 254,397 | 247,647 | 260,000 | +5,603 | +12,353 |
| Federal Administration: | | | | | |
| Federal Administration | 533,603 | 556,783 | 562,497 | +28,894 | +5,714 |
| User Fees | −2,118 | ..... | ..... | +2,118 | ..... |
| Subtotal, Federal Administration | 531,485 | 556,783 | 562,497 | +31,012 | +5,714 |
| Total, Program management | 2,437,083 | 2,507,914 | 2,570,981 | +133,898 | +63,067 |
| Total, Program management, program level | (3,137,083) | (3,227,914) | (3,290,981) | (+153,898) | (+63,067) |
| Total, Center for Medicare and Medicaid Services | 238,137,618 | 247,922,218 | 247,985,285 | +9,847,667 | +63,067 |
| Federal funds | 235,700,535 | 245,414,304 | 245,414,304 | +9,713,769 | ..... |
| Current year | (189,098,598) | (193,552,918) | (193,552,918) | (+4,454,320) | ..... |
| New advance, 1st quarter, fiscal year 2004 | (46,601,937) | (51,861,386) | (51,861,386) | (+5,259,449) | ..... |
| Trust Funds | 2,437,083 | 2,507,914 | 2,570,981 | +133,898 | +63,067 |
| ADMINISTRATION FOR CHILDREN AND FAMILIES | | | | | |
| FAMILY SUPPORT PAYMENTS TO STATES | | | | | |
| Prior year AFDC and related payments | 50,000 | ..... | ..... | −50,000 | ..... |
| Payments to territories | 23,000 | 23,000 | 23,000 | ..... | ..... |
| Repatriation | 1,000 | 1,000 | 1,000 | ..... | ..... |
| Subtotal, Other payments | 74,000 | 24,000 | 24,000 | −50,000 | ..... |

| | | | | | |
|---|---|---|---|---|---|
| Child Support Enforcement: | | | | | |
| State and local administration | 3,452,313 | 3,482,800 | 3,541,800 | +89,487 | +59,000 |
| Federal incentive payments | 450,000 | 461,000 | 461,000 | +11,000 | ..... |
| Hold Harmless payments | 10,000 | ..... | ..... | −10,000 | ..... |
| Access and visitation | 10,000 | 10,000 | 10,000 | ..... | ..... |
| Subtotal, Child Support Enforcement | 3,922,313 | 3,953,800 | 4,012,800 | +90,487 | +59,000 |
| Total, Payments, fiscal year 2003 program level | 3,996,313 | 3,977,800 | 4,036,800 | +40,487 | +59,000 |
| Less funds advanced in previous years | −1,000,000 | −1,100,000 | −1,100,000 | −100,000 | ..... |
| Total, payments, current request | 2,996,313 | 2,877,800 | 2,936,800 | −59,513 | +59,000 |
| New advance, 1st quarter, fiscal year 2004 | 1,100,000 | 1,100,000 | 1,100,000 | ..... | ..... |
| LOW INCOME HOME ENERGY ASSISTANCE | | | | | |
| Current Year | 1,700,000 | 1,400,000 | 1,700,000 | ..... | +300,000 |
| Non-emergency funding | 300,000 | 300,000 | ..... | −300,000 | −300,000 |
| Emergency allocation | ..... | ..... | 300,000 | +300,000 | +300,000 |
| REFUGEE AND ENTRANT ASSISTANCE | | | | | |
| Transitional and Medical Services | 227,283 | 227,291 | 227,291 | +8 | ..... |
| Victims of Trafficking | 10,000 | 10,000 | 10,000 | ..... | ..... |
| Social Services | 158,600 | 151,121 | 151,121 | −7,479 | ..... |
| Preventive Health | 4,835 | 4,835 | 4,835 | ..... | ..... |
| Targeted Assistance | 49,477 | 49,477 | 49,477 | ..... | ..... |
| Victims of Torture | 10,000 | 10,000 | 10,000 | ..... | ..... |
| Total, Refugee and entrant assistance | 460,195 | 452,724 | 452,724 | −7,471 | ..... |
| CHILD CARE AND DEVELOPMENT BLOCK GRANT | 2,099,976 | 2,099,994 | 2,099,994 | +18 | ..... |
| 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 | 5,137,640 | 5,267,533 | 5,470,000 | +332,360 | +202,467 |
| Advance from prior year | (1,400,000) | (1,400,000) | (1,400,000) | ..... | ..... |
| Fiscal year 2004 | 1,400,000 | 1,400,000 | 1,400,000 | ..... | ..... |
| Subtotal, Head Start, program level | 6,537,640 | 6,667,533 | 6,870,000 | +332,360 | +202,467 |
| Consolidated Runaway, Homeless Youth Prog | 88,102 | 88,133 | 93,000 | +4,898 | +4,867 |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2002 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2003—Continued

[In thousands of dollars]

| Item | 2002 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2002 comparable | Budget estimate |
| Maternity Group Homes | ..... | 10,000 | ..... | ..... | −10,000 |
| Child Abuse State Grants | 22,013 | 22,013 | 22,013 | ..... | ..... |
| Child Abuse Discretionary Activities | 26,150 | 26,351 | 26,351 | +201 | ..... |
| Abandoned Infants Assistance | 12,202 | 12,205 | 12,205 | +3 | ..... |
| Child Welfare Services | 291,986 | 291,986 | 291,986 | ..... | ..... |
| Child Welfare Training | 7,495 | 7,498 | 7,498 | +3 | ..... |
| Adoption Opportunities | 27,385 | 27,405 | 27,405 | +20 | ..... |
| Adoption Incentive | 20,000 | 43,000 | 43,000 | +23,000 | ..... |
| Adoption Incentive (no cap adjustment) | 23,000 | ..... | ..... | −23,000 | ..... |
| Adoption Awareness | 12,906 | 12,906 | 12,906 | ..... | ..... |
| Compassion Capital Fund | 30,000 | 100,000 | 45,000 | +15,000 | −55,000 |
| Social Services and Income Maintenance Research | 31,158 | 6,000 | 6,000 | −25,158 | ..... |
| Community Based Resource Centers | 33,416 | 33,417 | 33,417 | +1 | ..... |
| Developmental Disabilities Program: | | | | | |
| State Councils | 69,800 | 69,800 | 73,300 | +3,500 | +3,500 |
| Protection and Advocacy | 35,000 | 35,000 | 37,000 | +2,000 | +2,000 |
| Developmental Disabilities Special Projects | 11,720 | 11,734 | 12,734 | +1,014 | +1,000 |
| Developmental Disabilities University Affiliated | 24,000 | 24,000 | 26,500 | +2,500 | +2,500 |
| Subtotal, Developmental disabilities | 140,520 | 140,534 | 149,534 | +9,014 | +9,000 |
| Native American Programs | 45,912 | 45,196 | 45,912 | ..... | +716 |
| Community Services: | | | | | |
| Grants to States for Community Services | 649,987 | 570,000 | 652,500 | +2,513 | +82,500 |
| Community Initiative Program: | | | | | |
| Economic Development | 32,509 | 32,517 | 34,000 | +1,491 | +1,483 |
| Individual Development Account Initiative | 24,976 | 24,990 | 24,990 | +14 | ..... |
| Rural Community Facilities | 7,000 | 6,161 | 7,500 | +500 | +1,339 |

| | | | | | |
|---|---|---|---|---|---|
| Subtotal, Community Initiative Program | 64,485 | 63,668 | 66,490 | +2,005 | +2,822 |
| National Youth Sports | 17,000 | ..... | 17,000 | ..... | +17,000 |
| Community Food and Nutrition | 7,313 | 6,657 | 8,000 | +687 | +1,343 |
| Subtotal, Community Services | 738,785 | 640,325 | 743,990 | +5,205 | +103,665 |
| Runaway Youth Prevention | 14,999 | 14,999 | 16,000 | +1,001 | +1,001 |
| Domestic Violence Hotline | 2,157 | 2,157 | 3,000 | +843 | +843 |
| Battered Women's Shelters | 124,459 | 124,459 | 130,000 | +5,541 | +5,541 |
| Early Learning Fund | 24,997 | ..... | 38,000 | +13,003 | +38,000 |
| Faith-Based Center | 1,500 | 1,500 | 1,500 | ..... | ..... |
| Promotion of Responsible Fatherhood & Healthy Marriage | ..... | 20,000 | ..... | ..... | −20,000 |
| Mentoring Children of Prisoners | ..... | 25,000 | 12,500 | +12,500 | −12,500 |
| Independent Living Training Vouchers | ..... | 60,000 | 60,000 | +60,000 | ..... |
| Program Direction | 171,792 | 170,747 | 172,837 | +1,045 | +2,090 |
| Total, Children and Families Services Programs | 8,428,574 | 8,593,364 | 8,864,054 | +435,480 | +270,690 |
| Current Year | (7,028,574) | (7,193,364) | (7,464,054) | (+435,480) | (+270,690) |
| Fiscal year 2004 | (1,400,000) | (1,400,000) | (1,400,000) | ..... | ..... |
| Rescission of permanent appropriations | −21,000 | ..... | ..... | +21,000 | ..... |
| PROMOTING SAFE AND STABLE FAMILIES | 305,000 | 305,000 | 305,000 | ..... | ..... |
| Discretionary Funds | 70,000 | 200,000 | 200,000 | +130,000 | ..... |
| PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION | | | | | |
| Foster Care | 5,055,500 | 4,884,500 | 4,884,500 | −171,000 | ..... |
| Adoption Assistance | 1,426,000 | 1,584,500 | 1,584,500 | +158,500 | ..... |
| Independent living | 140,000 | 140,000 | 140,000 | ..... | ..... |
| Total, Program level, Payments to States | 6,621,500 | 6,609,000 | 6,609,000 | −12,500 | ..... |
| Less Advances from Prior Year | −1,735,900 | −1,754,000 | −1,754,000 | −18,100 | ..... |
| Total, payments, current request | 4,885,600 | 4,855,000 | 4,855,000 | −30,600 | ..... |
| New Advance, 1st quarter | 1,754,000 | 1,745,600 | 1,745,600 | −8,400 | ..... |
| Total, Administration for Children & Families | 25,778,658 | 25,629,482 | 26,259,172 | +480,514 | +629,690 |
| Current year | (21,524,658) | (21,383,882) | (22,013,572) | (+488,914) | (+629,690) |
| Fiscal year 204 | (4,254,000) | (4,245,600) | (4,245,600) | (−8,400) | ..... |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2002 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2003—Continued

[In thousands of dollars]

| Item | 2002 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2002 comparable | Budget estimate |
| ADMINISTRATION ON AGING | | | | | |
| Grants to States: | | | | | |
| Supportive Services and Centers | 356,994 | 357,000 | 364,500 | +7,506 | +7,500 |
| Preventive Health | 21,123 | 21,562 | 24,062 | +2,939 | +2,500 |
| Title VII | 17,681 | 17,681 | 20,681 | +3,000 | +3,000 |
| Family Caregivers | 136,000 | 136,000 | 153,500 | +17,500 | +17,500 |
| Native American Caregivers Support | 5,500 | 5,500 | 7,000 | +1,500 | +1,500 |
| Subtotal, Caregivers | 141,500 | 141,500 | 160,500 | +19,000 | +19,000 |
| Nutrition: | | | | | |
| Congregate Meals | 390,000 | 390,000 | 390,000 | ..... | ..... |
| Home Delivered Meals | 176,142 | 178,142 | 183,617 | +7,475 | +5,475 |
| Nutrition Services Incentive program | 149,670 | 149,670 | 149,670 | ..... | ..... |
| Grants to Indians | 25,729 | 25,729 | 27,675 | +1,946 | +1,946 |
| Aging Research, Training and Special Projects | 38,273 | 27,837 | 27,837 | −10,436 | ..... |
| Aging Network Support Activities | 2,379 | 2,379 | 2,379 | ..... | ..... |
| Alzheimer's Initiative | 11,496 | 11,500 | 15,000 | +3,504 | +3,500 |
| Program Administration | 18,102 | 17,986 | 17,986 | −116 | ..... |
| Total, Administration on Aging | 1,349,089 | 1,340,986 | 1,383,907 | +34,818 | +42,921 |
| OFFICE OF THE SECRETARY | | | | | |
| GENERAL DEPARTMENTAL MANAGEMENT: | | | | | |
| Federal Funds | 140,178 | 177,272 | 168,263 | +28,085 | −9,009 |
| NAS study | 499 | ..... | ..... | −499 | ..... |
| Trust Funds | 5,851 | 5,851 | 5,851 | ..... | ..... |
| 1 percent Evaluation funds (ASPE) (NA) | (21,552) | (21,552) | ..... | (−21,552) | (−21,552) |
| Subtotal | (168,080) | (204,675) | (174,114) | (+6,034) | (−30,561) |

| | | | | | |
|---|---|---|---|---|---|
| Adolescent Family Life (Title XX) | 28,926 | 31,124 | 31,124 | +2,198 | ..... |
| Physical Fitness and Sports | 1,137 | 1,223 | 1,223 | +86 | ..... |
| Minority health | 49,557 | 46,329 | 46,329 | −3,228 | ..... |
| Office of women's health | 26,761 | 28,795 | 31,795 | +5,034 | +3,000 |
| U.S. Surgeon General violence initiative | 1,000 | 1,000 | ..... | −1,000 | −1,000 |
| Office of Emergency Preparedness | 14,171 | 15,247 | 15,247 | +1,076 | ..... |
| Office of Human Research Protection | 7,021 | 7,554 | 7,554 | +533 | ..... |
| Bioterrorism (PHSSEF) [6] | ..... | ..... | ..... | ..... | ..... |
| Minority HIV/AIDS | 49,991 | 50,000 | 50,000 | +9 | ..... |
| IT Security and Innovation Fund | 21,960 | 20,000 | 20,000 | −1,960 | ..... |
| Total, General Departmental Management | 347,052 | 384,395 | 377,386 | +30,334 | −7,009 |
| Federal Funds | 341,201 | 378,544 | 371,535 | +30,334 | −7,009 |
| Trust Funds | 5,851 | 5,851 | 5,851 | ..... | ..... |
| OFFICE OF THE INSPECTOR GENERAL: | | | | | |
| Federal Funds | 35,727 | 39,747 | 39,747 | +4,020 | ..... |
| HIPAA funding (NA) | (150,000) | (160,000) | (160,000) | (+10,000) | ..... |
| Total, Inspector General program level | (185,727) | (199,747) | (199,747) | (+14,020) | ..... |
| OFFICE FOR CIVIL RIGHTS: | | | | | |
| Federal Funds | 28,641 | 30,328 | 30,328 | +1,687 | ..... |
| Trust Funds | 3,314 | 3,314 | 3,314 | ..... | ..... |
| Total, Office for Civil Rights | 31,955 | 33,642 | 33,642 | +1,687 | ..... |
| POLICY RESEARCH | 2,500 | 2,499 | 2,499 | −1 | ..... |
| RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED: | | | | | |
| Retirement payments | 207,887 | 222,058 | 222,058 | +14,171 | ..... |
| Survivors benefits | 12,115 | 12,904 | 12,904 | +789 | ..... |
| Dependents' medical care | 40,780 | 14,668 | 14,668 | −26,112 | ..... |
| Military services credits | 1,293 | 1,409 | 1,409 | +116 | ..... |
| Total, Retirement pay and medical benefits | 262,075 | 251,039 | 251,039 | −11,036 | ..... |
| HEALTH FACILITIES CONSTRUCTION AND MANAGEMENT FUND | ..... | 184,000 | ..... | ..... | −184,000 |
| PUBLIC HEALTH AND SOCIAL SERVICE EMERGENCY FUND | | | | | |
| Public Health/Social Service Emergency (Public Law 107–38) | 2,464,314 | ..... | ..... | −2,464,314 | ..... |
| Public Health/Social Service Fund [7] | 242,949 | 2,295,184 | 2,255,980 | +2,013,031 | −39,204 |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2002 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2003—Continued

[In thousands of dollars]

| Item | 2002 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2002 comparable | Budget estimate |
| Total, Office of the Secretary | 3,386,572 | 3,190,506 | 2,960,293 | −426,279 | −230,213 |
| Federal Funds | 3,377,407 | 3,181,341 | 2,951,128 | −426,279 | −230,213 |
| Trust Funds | 9,165 | 9,165 | 9,165 | ..... | ..... |
| Total, Department of Health and Human Services | 305,720,364 | 317,776,875 | 319,983,563 | +14,263,199 | +2,206,688 |
| Federal Funds | 303,274,116 | 315,259,796 | 317,403,417 | +14,129,301 | +2,143,621 |
| Current year | (252,418,179) | (259,152,810) | (261,296,431) | (+8,878,252) | (+2,143,621) |
| Fiscal year 204 | (50,855,937) | (56,106,986) | (56,106,986) | (+5,251,049) | ..... |
| Trust Funds | 2,446,248 | 2,517,079 | 2,580,146 | +133,898 | +63,067 |
| TITLE III—DEPARTMENT OF EDUCATION | | | | | |
| EDUCATION FOR THE DISADVANTAGED | | | | | |
| Grants to Local Education Agencies (LEAs): | | | | | |
| Basic Grants: | | | | | |
| Advance from prior year | (5,394,300) | (4,011,272) | (4,011,272) | (−1,383,028) | ..... |
| Forward funded | 3,158,199 | 4,158,199 | 3,414,199 | +256,000 | −744,000 |
| Current funded | 3,500 | 3,500 | 3,500 | ..... | ..... |
| Subtotal, Basic grants current year approp | 3,161,699 | 4,161,699 | 3,417,699 | +256,000 | −744,000 |
| Subtotal, Basic grants total funds available | (8,555,999) | (8,172,971) | (7,428,971) | (−1,127,028) | (−744,000) |
| Basic Grants fiscal year 2004 Advance | 4,011,272 | 3,011,272 | 3,755,272 | −256,000 | +744,000 |
| Subtotal, Basic grants, program level | 7,172,971 | 7,172,971 | 7,172,971 | ..... | ..... |
| Concentration Grants: | | | | | |
| Advance from prior year | (1,364,000) | (1,365,031) | (1,365,031) | (+1,031) | ..... |
| Fiscal year 2004 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 | ..... | (1,018,499) | (1,018,499) | (+1,018,499) | ..... |
| Fiscal year 2004 advance | 1,018,499 | 2,018,499 | 1,655,999 | +637,500 | −362,500 |
| Subtotal, Targeted Grants program level | 1,018,499 | 2,018,499 | 1,655,999 | +637,500 | −362,500 |
| Education Finance Incentive Grants: | | | | | |
| Advance from prior year | ..... | (793,499) | (793,499) | (+793,499) | ..... |
| Fiscal year 2004 advance | 793,499 | 793,499 | 1,655,999 | +862,500 | +862,500 |
| Subtotal, Education Finance Incentive Grants | 793,499 | 793,499 | 1,655,999 | +862,500 | +862,500 |
| Subtotal, Grants to LEAs (program level) | 10,350,000 | 11,350,000 | 11,850,000 | +1,500,000 | +500,000 |
| School Improvement | ..... | ..... | 100,000 | +100,000 | +100,000 |
| Even Start | 250,000 | 200,000 | 250,000 | ..... | +50,000 |
| Reading First | | | | | |
| State Grants (forward funded) | 690,000 | 790,000 | 790,000 | +100,000 | ..... |
| State Grants (current funded) | 15,000 | 15,000 | 15,000 | ..... | ..... |
| Advance from prior year | ..... | (195,000) | (195,000) | (+195,000) | ..... |
| Fiscal year 2004 advance | 195,000 | 195,000 | 195,000 | ..... | ..... |
| Subtotal, Reading First, program level | 900,000 | 1,000,000 | 1,000,000 | +100,000 | ..... |
| Early Reading First | 75,000 | 75,000 | 75,000 | ..... | ..... |
| Literacy through School Libraries | 12,500 | 12,500 | 25,000 | +12,500 | +12,500 |
| State agency programs: | | | | | |
| Migrant | 396,000 | 396,000 | 410,000 | +14,000 | +14,000 |
| Neglected and Delinquent/High Risk Youth | 48,000 | 48,000 | 52,000 | +4,000 | +4,000 |
| Evaluation | 8,900 | 8,900 | 8,900 | ..... | ..... |
| Comprehensive School Reform Demonstration | 235,000 | 235,000 | 235,000 | ..... | ..... |
| Dropout Prevention Programs | 10,000 | ..... | 15,000 | +5,000 | +15,000 |
| Ellender Fellowships/Close Up | 1,500 | ..... | 1,500 | ..... | +1,500 |
| Advanced Placement Fees | 22,000 | 22,000 | 25,000 | +3,000 | +3,000 |
| Migrant Education: | | | | | |
| High School Equivalency Program | 23,000 | 23,000 | 24,000 | +1,000 | +1,000 |
| College Assistance Migrant Program | 15,000 | 15,000 | 16,000 | +1,000 | +1,000 |
| Subtotal, Migrant Education | 38,000 | 38,000 | 40,000 | +2,000 | +2,000 |
| Total, Education for the disadvantaged | 12,346,900 | 13,385,400 | 14,087,400 | +1,740,500 | +702,000 |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2002 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2003—Continued

[In thousands of dollars]

| Item | 2002 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2002 comparable | Budget estimate |
| Current Year | (4,963,599) | (6,002,099) | (5,460,099) | (+496,500) | (−542,000) |
| Fiscal year 2004 | (7,383,301) | (7,383,301) | (8,627,301) | (+1,244,000) | (+1,244,000) |
| Subtotal, forward funded | (4,777,199) | (5,827,199) | (5,151,199) | (+374,000) | (−676,000) |
| IMPACT AID | | | | | |
| Basic Support Payments | 982,500 | 982,500 | 1,032,500 | +50,000 | +50,000 |
| Payments for Children with Disabilities | 50,000 | 50,000 | 52,000 | ++2,000 | |
| Facilities Maintenance (Sec. 8008) | 8,000 | 8,000 | 8,000 | | |
| Construction (Sec. 8007) | 48,000 | 45,000 | 50,000 | +2,000 | +5,000 |
| Payments for Federal Property (Sec. 8002) | 55,000 | 55,000 | 58,000 | +3,000 | +3,000 |
| Total, Impact aid | 1,143,500 | 1,140,500 | 1,200,500 | +57,000 | +60,000 |
| SCHOOL IMPROVEMENT PROGRAMS | | | | | |
| State Grants for Improving Teacher Quality | 1,700,000 | 1,700,000 | 1,950,000 | +250,000 | +250,000 |
| Advance from prior year | (1,150,000) | (1,150,000) | (1,150,000) | | |
| Fiscal year 2004 advance | 1,150,000 | 1,150,000 | 1,150,000 | | |
| State Grants for Improving Teacher Quality, program level | 2,850,000 | 2,850,000 | 3,100,000 | +250,000 | +250,000 |
| National Activities: | | | | | |
| School Leadership | 10,000 | | 15,000 | +5,000 | +15,000 |
| Advanced Credentialing | 10,000 | | 10,000 | | +10,000 |
| Early Childhood Educator Professional Development | 15,000 | 15,000 | 15,000 | | |
| Subtotal, National Activities | 35,000 | 15,000 | 40,000 | +5,000 | +25,000 |
| Mathematics and Science Partnerships | 12,500 | 12,500 | 25,000 | +12,500 | +12,500 |
| Troops-to-Teachers | 18,000 | 20,000 | 20,000 | +2,000 | |
| Transition to Teaching | 35,000 | 39,400 | 39,400 | +4,400 | |

| | | | | | |
|---|---|---|---|---|---|
| State Grants for Innovative Education (Education Block Grant) | 100,000 | 100,000 | 100,000 | ..... | ..... |
| Advance from prior year | (285,000) | (285,000) | (285,000) | ..... | ..... |
| Fiscal year 2004 | 285,000 | 285,000 | 285,000 | ..... | ..... |
| Education Block Grant, program level | 385,000 | 385,000 | 385,000 | ..... | ..... |
| Educational Technology: | | | | | |
| Educational Technology State Grants | 700,500 | 700,500 | 700,500 | ..... | ..... |
| Ready to Learn | 22,000 | 22,000 | 24,000 | +2,000 | +2,000 |
| Preparing Tomorrow's Teachers to Use Technology | 62,500 | ..... | 67,500 | +5,000 | +67,500 |
| Subtotal, Educational Technology | 785,000 | 722,500 | 792,000 | +7,000 | +69,500 |
| 21st Century Community Learning Centers | 1,000,000 | 1,000,000 | 1,090,000 | +90,000 | +90,000 |
| Safe and Drug Free Schools: | | | | | |
| State Grants, current funded | 142,017 | 142,017 | 155,017 | +13,000 | +13,000 |
| Advance from prior year | (330,000) | (330,000) | (330,000) | ..... | ..... |
| Fiscal year 2004 | 330,000 | 330,000 | 330,000 | ..... | ..... |
| State Grants, program level | 472,017 | 472,017 | 485,017 | +13,000 | +13,000 |
| National Programs | 182,233 | 172,233 | 169,233 | −13,000 | −3,000 |
| Subtotal, Safe and Drug Free Schools | 654,250 | 644,250 | 654,250 | ..... | +10,000 |
| Magnet Schools Assistance | 110,000 | 110,000 | 110,000 | ..... | ..... |
| Charter Schools Grants | 200,000 | 200,000 | 200,000 | ..... | ..... |
| Credit Enhancement for Charter School Facilities | ..... | 100,000 | ..... | ..... | −100,000 |
| Voluntary Public School Choice | 25,000 | 25,000 | 35,000 | +10,000 | +10,000 |
| Choice Demonstration Fund | ..... | 50,000 | ..... | ..... | −50,000 |
| State Assessments/Enhanced Assessment Instruments | 387,000 | 387,000 | 397,000 | +10,000 | +10,000 |
| Education for Homeless Children & Youth | 50,000 | 50,000 | 52,000 | +2,000 | +2,000 |
| Training and Advisory Services (Civil Rights) | 7,334 | 7,334 | 7,334 | ..... | ..... |
| Education for Native Hawaiians | 30,500 | 18,300 | 32,500 | +2,000 | +14,200 |
| Alaska Native Education Equity | 24,000 | 14,200 | 32,500 | +8,500 | +18,300 |
| Rural Education | 162,500 | ..... | 175,000 | +12,500 | +175,000 |
| Mentoring Programs | 17,500 | ..... | 17,500 | ..... | +17,500 |
| Fund for the Improvement of Education (FIE): | | | | | |
| Programs of National Significance, Current funded | 308,955 | 35,000 | 300,416 | −8,539 | +265,416 |
| Programs of National Signifiance, Forward funded | 75,000 | ..... | 75,000 | ..... | +75,000 |
| Subtotal, Programs of National Significance | 383,955 | 35,000 | 375,416 | −8,539 | +340,416 |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2002 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2003—Continued

[In thousands of dollars]

| Item | 2002 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2002 comparable | Budget estimate |
| Character Education | 25,000 | 25,000 | 25,000 | ..... | ..... |
| Reading is Fundamental/Inexpensive Book Dist | 24,000 | 24,000 | 27,000 | +3,000 | +3,000 |
| School Counseling | 32,500 | ..... | 32,500 | ..... | +32,500 |
| Smaller Learning Communities. | | | | | |
| Current funded | 7,109 | ..... | 7,109 | ..... | +7,109 |
| Forward funded | 135,080 | ..... | 135,080 | ..... | +135,080 |
| Subtotal, Smaller Learning Communities | 142,189 | ..... | 142,189 | ..... | +142,189 |
| Javits Gifted and Talented | 11,250 | ..... | 13,250 | +2,000 | +13,250 |
| Star Schools | 27,520 | ..... | 27,520 | ..... | +27,520 |
| Ready to Teach | 12,000 | ..... | 17,000 | +5,000 | +17,000 |
| Foreign Language Assistance | 14,000 | ..... | 20,000 | +6,000 | +20,000 |
| Carol M. White Physical Education for Progress | 50,000 | ..... | 70,000 | +20,000 | +70,000 |
| Community Technology Centers | 32,475 | ..... | 32,475 | ..... | +32,475 |
| Exchanges with Historic Whaling&Trading Partners | 5,000 | ..... | 10,000 | +5,000 | +10,000 |
| Arts in Education | 30,000 | ..... | 36,000 | +6,000 | +36,000 |
| Parental Assistance Information Centers | 40,000 | ..... | 45,000 | +5,000 | +45,000 |
| Women's Education Equity | 3,000 | ..... | 3,000 | ..... | +3,000 |
| Subtotal, Fund for the Improvement of Education | 832,889 | 84,000 | 876,350 | +43,461 | +792,350 |
| Community Service for Expelled or Susp'd Students | 50,000 | ..... | 50,000 | ..... | +50,000 |
| Alcohol Abuse Reduction | 25,000 | ..... | 25,000 | ..... | +25,000 |
| Teaching of Traditional American History | 100,000 | 50,000 | 100,000 | ..... | +50,000 |
| Civic Education | ..... | ..... | ..... | ..... | ..... |
| Cooperative Education Exchanges | 10,800 | ..... | 12,000 | +1,200 | +12,000 |
| We the People | 16,200 | ..... | 18,000 | +1,800 | +18,000 |
| National Writing Project | 14,000 | ..... | 18,000 | +4,000 | +18,000 |
| Total, School improvement programs | 7,837,473 | 6,784,484 | 8,303,834 | +466,361 | +1,519,350 |

| | | | | | |
|---|---|---|---|---|---|
| Current Year | (6,072,473) | (5,019,484) | (6,538,834) | (+466,361) | (+1,519,350) |
| Fiscal year 2004 | (1,765,000) | (1,765,000) | (1,765,000) | ..... | ..... |
| Subtotal, forward funded | (2,801,597) | (2,379,017) | (3,089,097) | (+287,500) | (+710,080) |
| Reading Excellence Act | ..... | ..... | ..... | ..... | ..... |
| Advance from prior year | (195,000) | ..... | ..... | (−195,000) | ..... |
| Fiscal year 2004 | ..... | ..... | ..... | ..... | ..... |
| Reading Excellence, program level | ..... | ..... | ..... | ..... | ..... |
| INDIAN EDUCATION | | | | | |
| Grants to Local Educational Agencies | 97,133 | 97,133 | 97,133 | ..... | ..... |
| Federal Programs: | | | | | |
| Special Programs for Indian Children | 20,000 | 20,000 | 20,000 | ..... | ..... |
| National Activities | 3,235 | 5,235 | 5,235 | +2,000 | ..... |
| Subtotal | 23,235 | 25,235 | 25,235 | +2,000 | ..... |
| Total, Indian Education | 120,368 | 122,368 | 122,368 | +2,000 | ..... |
| ENGLISH LANGUAGE ACQUISITION | | | | | |
| Current funded | 250,000 | 196,000 | 196,000 | −54,000 | ..... |
| Forward funded | 415,000 | 469,000 | 544,000 | +129,000 | +75,000 |
| Total, English Language Acquisition | 665,000 | 665,000 | 740,000 | +75,000 | +75,000 |
| SPECIAL EDUCATION | | | | | |
| State grants: | | | | | |
| Grants to States Part B advance funded | 5,072,000 | 5,072,000 | 6,072,000 | +1,000,000 | +1,000,000 |
| Part B advance from prior year | (5,072,000) | (5,072,000) | (5,072,000) | ..... | ..... |
| Grants to States Part B current year | 2,456,533 | 3,456,533 | 2,456,533 | ..... | −1,000,000 |
| Grants to States, program level | 7,528,533 | 8,528,533 | 8,528,533 | +1,000,000 | ..... |
| Preschool Grants | 390,000 | 390,000 | 390,000 | ..... | ..... |
| Grants for Infants and Families | 417,000 | 437,000 | 437,000 | +20,000 | ..... |
| Subtotal, State grants, program level | 8,335,533 | 9,355,533 | 9,355,533 | +1,020,000 | ..... |
| IDEA National Activities (current funded): | | | | | |
| State Program Improvement Grants | 51,700 | 51,700 | 51,700 | ..... | ..... |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2002 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2003—Continued

[In thousands of dollars]

| Item | 2002 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2002 comparable | Budget estimate |
| Research and Innovation | 78,380 | 78,380 | 70,000 | −8,380 | −8,380 |
| Technical Assistance and Dissemination | 53,481 | 53,481 | 53,481 | ..... | ..... |
| Personnel Preparation | 90,000 | 90,000 | 100,000 | +10,000 | +10,000 |
| Parent Information Centers | 26,000 | 26,000 | 28,000 | +2,000 | +2,000 |
| Technology and Media Services | 37,710 | 32,710 | 37,710 | ..... | +5,000 |
| Subtotal, IDEA special programs | 337,271 | 332,271 | 340,891 | +3,620 | +8,620 |
| Total, Special education | 8,672,804 | 9,687,804 | 9,696,424 | +1,023,620 | +8,620 |
| Current Year | (3,600,804) | (4,615,804) | (3,624,424) | (+23,620) | (−991,380) |
| Fiscal year 2004 | (5,072,000) | (5,072,000) | (6,072,000) | (+1,000,000) | (+1,000,000) |
| Subtotal, Forward funded | (3,315,233) | (4,335,233) | (3,335,233) | (+20,000) | (−1,000,000) |
| REHABILITATION SERVICES AND DISABILITY RESEARCH | | | | | |
| Vocational Rehabilitation State Grants | 2,481,383 | 2,533,492 | 2,533,492 | +52,109 | ..... |
| Discretionary Supplement to Voc. Rehab. State Grants | ..... | 82,833 | ..... | ..... | −82,833 |
| Vocational Rehabilitation Incentive Grants | ..... | 30,000 | ..... | ..... | −30,000 |
| Client Assistance State grants | 11,897 | 11,897 | 12,397 | +500 | +500 |
| Training | 39,629 | 42,629 | 42,629 | +3,000 | ..... |
| Demonstration and training programs | 21,238 | 17,492 | 21,238 | ..... | +3,746 |
| Migrant and seasonal farmworkers | 2,350 | ..... | 2,350 | ..... | +2,350 |
| Recreational programs | 2,596 | ..... | 2,596 | ..... | +2,596 |
| Protection and advocacy of individual rights (PAIR) | 15,200 | 15,200 | 17,500 | +2,300 | +2,300 |
| Projects with industry | 22,071 | ..... | 22,071 | ..... | +22,071 |
| Supported employment State grants | 38,152 | ..... | 38,152 | ..... | +38,152 |
| Independent living: | | | | | |
| State grants | 22,296 | 22,296 | 22,296 | ..... | ..... |
| Centers | 62,500 | 69,500 | 69,500 | +7,000 | ..... |

| | | | | | |
|---|---|---|---|---|---|
| Services for older blind individuals | 25,000 | 25,000 | 28,000 | +3,000 | +3,000 |
| Subtotal, Independent living | 109,796 | 116,796 | 119,796 | +10,000 | +3,000 |
| Program Improvement | 900 | 900 | 900 | ..... | ..... |
| Evaluation | 1,000 | 1,000 | 1,000 | ..... | ..... |
| Helen Keller National Center for Deaf/Blind | 8,717 | 8,717 | 8,717 | ..... | ..... |
| National Inst. Disability and Rehab Research (NIDRR) | 110,000 | 110,000 | 110,000 | ..... | ..... |
| Assistive Technology | 60,884 | 30,884 | 30,884 | −30,000 | ..... |
| Access to Telework Fund | 20,000 | ..... | ..... | −20,000 | ..... |
| Subtotal, discretionary programs | 464,430 | 468,348 | 430,230 | −34,200 | −38,118 |
| Total, Rehabilitation services | 2,945,813 | 3,001,840 | 2,963,722 | +17,909 | −38,118 |
| SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES | | | | | |
| AMERICAN PRINTING HOUSE FOR THE BLIND | 14,000 | 14,000 | 15,500 | +1,500 | +1,500 |
| NATIONAL TECHNICAL INSTITUTE FOR THE DEAF: | | | | | |
| Operations | 50,000 | 49,414 | 53,000 | +3,000 | +3,586 |
| Endowment | ..... | 1,000 | ..... | ..... | −1,000 |
| Construction | 5,376 | 1,600 | 1,600 | −3,776 | ..... |
| Total | 55,376 | 52,014 | 54,600 | −776 | +2,586 |
| GALLAUDET UNIVERSITY: | | | | | |
| Operations | 96,938 | 93,446 | 98,438 | +1,500 | +4,992 |
| Endowment | ..... | 1,000 | ..... | ..... | −1,000 |
| Total | 96,938 | 94,446 | 98,438 | +1,500 | +3,992 |
| Total, Special Institutions for Persons with Disabilities | 166,314 | 160,460 | 168,538 | +2,224 | +8,078 |
| VOCATIONAL AND ADULT EDUCATION | | | | | |
| Vocational Education: | | | | | |
| Basic State Grants, current funded | 389,000 | 389,000 | 389,000 | ..... | ..... |
| Advance from prior year | (791,000) | (791,000) | (791,000) | ..... | ..... |
| Fiscal year 2004 | 791,000 | 791,000 | 791,000 | ..... | ..... |
| Basic State Grants, program level | 1,180,000 | 1,180,000 | 1,180,000 | ..... | ..... |
| Tech-Prep Education State Grants | 108,000 | 108,000 | 108,000 | ..... | ..... |
| Tribally Controlled Postsec Vocational & Tech Inst | 6,500 | 6,500 | 7,000 | +500 | +500 |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2002 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2003—Continued

[In thousands of dollars]

| Item | 2002 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2002 comparable | Budget estimate |
| National Programs | 12,000 | 12,000 | 12,000 | ..... | ..... |
| Tech-Prep Education Demonstration | 5,000 | ..... | 5,000 | ..... | +5,000 |
| Occupational and Employment Information Program | 9,500 | ..... | 10,000 | +500 | +10,000 |
| Subtotal, Vocational Education | 1,321,000 | 1,306,500 | 1,322,000 | +1,000 | +15,500 |
| Adult education: | | | | | |
| State Grants, current funded | 575,000 | 575,000 | 575,000 | ..... | ..... |
| National Programs: | | | | | |
| National Leadership Activities | 9,500 | 9,500 | 9,500 | ..... | ..... |
| National Institute for Literacy | 6,560 | 6,560 | 6,560 | ..... | ..... |
| Subtotal, National programs | 16,060 | 16,060 | 16,060 | ..... | ..... |
| Subtotal, Adult education | 591,060 | 591,060 | 591,060 | ..... | ..... |
| State Grants for Incarcerated Youth Offenders | 22,000 | ..... | 25,000 | +3,000 | +25,000 |
| Total, Vocational and adult education | 1,934,060 | 1,897,560 | 1,938,060 | +4,000 | +40,500 |
| Current Year | (1,143,060) | (1,106,560) | (1,147,060) | (+4,000) | (+40,500) |
| Fiscal year 2004 | (791,000) | (791,000) | (791,000) | ..... | ..... |
| Subtotal, forward funded | (1,136,560) | (1,100,060) | (1,140,060) | (+3,500) | (+40,000) |
| STUDENT FINANCIAL ASSISTANCE | | | | | |
| Pell Grants—maximum grant (NA) | (4,000) | (4,000) | (4,100) | (+100) | (+100) |
| Pell Grants—Regular Program | 10,314,000 | 10,863,000 | 11,180,000 | +866,000 | +317,000 |
| Federal Supplemental Educational Opportunity Grants | 725,000 | 725,000 | 725,000 | ..... | ..... |
| Federal Work Study | 1,011,000 | 1,011,000 | 1,011,000 | ..... | ..... |
| Federal Perkins loans: | | | | | |
| Capital Contributions | 100,000 | 100,000 | 100,000 | ..... | ..... |

| | | | | | |
|---|---|---|---|---|---|
| Loan Cancellations | 67,500 | 67,500 | 72,500 | +5,000 | +5,000 |
| Subtotal, Federal Perkins loans | 167,500 | 167,500 | 172,500 | +5,000 | +5,000 |
| LEAP program | 67,000 | ..... | 72,500 | +5,500 | +72,500 |
| Loan Forgiveness for Child Care | 1,000 | 1,000 | 1,000 | ..... | ..... |
| Total, Student Financial Assistance | 12,285,500 | 12,767,500 | 13,162,000 | +876,500 | +394,500 |
| HIGHER EDUCATION | | | | | |
| Aid for institutional development: | | | | | |
| Strengthening Institutions | 73,625 | 76,275 | 80,000 | +6,375 | +3,725 |
| Hispanic Serving Institutions | 86,000 | 89,096 | 91,000 | +5,000 | +1,904 |
| Strengthening Historically Black Colleges (HBCUs) | 206,000 | 213,415 | 213,415 | +7,415 | ..... |
| Strengthening historically black graduate insts | 49,000 | 50,764 | 50,764 | +1,764 | ..... |
| Strengthening Alaska/Native Hawaiian-Serving Inst | 6,500 | 6,734 | 7,234 | +734 | +500 |
| Strengthening Tribal Colleges | 17,500 | 18,130 | 23,000 | +5,500 | +4,870 |
| Subtotal, Aid for Institutional development | 438,625 | 454,414 | 465,413 | +26,788 | +10,999 |
| International education & foreign language: | | | | | |
| Domestic Programs | 85,200 | 88,000 | 88,000 | +2,800 | ..... |
| Overseas Programs | 11,800 | 13,000 | 13,000 | +1,200 | ..... |
| Institute for International Public Policy | 1,500 | 1,500 | 1,500 | ..... | ..... |
| Subtotal, International Ed & Foreign Lang | 98,500 | 102,500 | 102,500 | +4,000 | ..... |
| Fund for the Improvement of Postsec. Ed. (FIPSE) | 180,922 | 39,138 | 75,922 | −105,000 | +36,784 |
| Minority Science and Engineering Improvement | 8,500 | 8,500 | 8,500 | ..... | ..... |
| Interest Subsidy Grants | 5,000 | 3,000 | 3,000 | −2,000 | ..... |
| Federal TRIO Programs | 802,500 | 802,500 | 832,500 | +30,000 | +30,000 |
| GEAR UP | 285,000 | 285,000 | 295,000 | +10,000 | +10,000 |
| Byrd Honors Scholarships | 41,001 | 41,001 | 41,001 | ..... | ..... |
| Javits Fellowships | 10,000 | 10,000 | 12,000 | +2,000 | +2,000 |
| Graduate Assistance in Areas of National Need | 31,000 | 31,000 | 31,000 | ..... | ..... |
| Teacher Quality Enhancement Grants | 90,000 | 90,000 | 90,000 | ..... | ..... |
| Child Care Access Means Parents in School | 25,000 | 15,000 | 15,000 | −10,000 | ..... |
| Demonstration in Disabilities/Higher Education | 7,000 | ..... | 7,000 | ..... | +7,000 |
| Underground Railroad Program | 2,000 | ..... | 2,500 | +500 | +2,500 |
| GPRA data/HEA program evaluation | 1,000 | 1,000 | 1,000 | ..... | ..... |
| Thurgood Marshall Scholarships | 4,000 | ..... | 4,000 | ..... | +4,000 |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2002 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2003—Continued

[In thousands of dollars]

| Item | 2002 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2002 comparable | Budget estimate |
| B.J. Stupak Olympic Scholarships | 1,000 | ..... | ..... | −1,000 | ..... |
| Total, Higher education | 2,031,048 | 1,883,053 | 1,986,336 | −44,712 | +103,283 |
| HOWARD UNIVERSITY | | | | | |
| Academic Program | 203,500 | 203,500 | 203,500 | ..... | ..... |
| Endowment Program | 3,600 | 3,600 | 3,600 | ..... | ..... |
| Howard University Hospital | 30,374 | 30,374 | 30,374 | ..... | ..... |
| Total, Howard University | 237,474 | 237,474 | 237,474 | ..... | ..... |
| College Housing and Academic Facilities Loans Program: CHAFL) | 762 | 762 | 762 | ..... | ..... |
| HBCU Capital Financing Program: Federal Administration | 208 | 208 | 208 | ..... | ..... |
| EDUCATION RESEARCH, STATISTICS, AND IMPROVEMENT | | | | | |
| Research and statistics: | | | | | |
| Research | 121,817 | 175,000 | 140,000 | +18,183 | −35,000 |
| Regional Educational Laboratories | 67,500 | 67,500 | 67,500 | ..... | ..... |
| Statistics | 85,000 | 95,000 | 90,000 | +5,000 | −5,000 |
| Assessment: | | | | | |
| National Assessment | 107,500 | 90,825 | 90,825 | −16,675 | ..... |
| National Assessment Governing Board | 4,053 | 4,562 | 4,562 | +509 | ..... |
| Subtotal, Assessment | 111,553 | 95,387 | 95,387 | −16,166 | ..... |
| Subtotal, Research and statistics | 385,870 | 432,887 | 392,887 | +7,017 | −40,000 |
| Multi-year Grants and Contracts | 58,000 | ..... | 53,000 | −5,000 | +53,000 |
| Total, ERSI | 443,870 | 432,887 | 445,887 | +2,017 | +13,000 |

| | | | | | |
|---|---|---|---|---|---|
| DEPARTMENTAL MANAGEMENT | | | | | |
| PROGRAM ADMINISTRATION | 364,761 | 411,795 | 412,093 | +47,332 | +298 |
| OFFICE FOR CIVIL RIGHTS | 79,934 | 86,276 | 86,276 | +6,342 | ..... |
| OFFICE OF THE INSPECTOR GENERAL | 38,720 | 41,000 | 41,000 | +2,280 | ..... |
| Total, Departmental management | 483,415 | 539,071 | 539,369 | +55,954 | +298 |
| STUDENT AID ADMINISTRATION | | | | | |
| Administrative Costs | 107,484 | 932,000 | 105,388 | −2,096 | −826,612 |
| Federal Direct Student Loan Reclassification (Leg pro) | ..... | −797,000 | ..... | ..... | +797,000 |
| Total: Elementary and Secondary Education Act programs | 22,222,794 | 22,133,139 | 24,537,489 | +2,314,695 | +2,404,350 |
| Total, Department of Education | 51,421,993 | 52,841,371 | 55,698,270 | +4,276,277 | +2,856,899 |
| Current Year | (36,410,692) | (37,830,070) | (38,442,969) | (+2,032,277) | (+612,899) |
| Fiscal year 2004 | (15,011,301) | (15,011,301) | (17,255,301) | (+2,244,000) | (+2,244,000) |
| TITLE IV—RELATED AGENCIES | | | | | |
| ARMED FORCES RETIREMENT HOME | | | | | |
| Operations and Maintenance | 61,628 | 61,628 | 61,628 | ..... | ..... |
| Capital Program | 9,812 | 5,712 | 5,712 | −4,100 | ..... |
| Total, AFRH | 71,440 | 67,340 | 67,340 | −4,100 | ..... |
| CORPORATION FOR NATIONAL AND COMMUNITY SERVICE [8] | | | | | |
| Volunteers in Service to America (VISTA) | 85,287 | 94,287 | 99,287 | +14,000 | +5,000 |
| Special Volunteer Programs | 5,000 | 55,000 | 10,000 | +5,000 | −45,000 |
| National Senior Volunteer Corps: | | | | | |
| Foster Grandparents Program | 106,700 | 106,700 | 106,700 | ..... | ..... |
| Senior Companion Program | 44,395 | 46,563 | 56,563 | +12,168 | +10,000 |
| Retired Senior Volunteer Program | 54,884 | 58,884 | 68,884 | +14,000 | +10,000 |
| Senior Demonstration Program | 400 | 400 | 5,400 | +5,000 | +5,000 |
| Subtotal, Senior Volunteers | 206,379 | 212,547 | 237,547 | +31,168 | +25,000 |
| Program Administration | 32,229 | 34,229 | 34,229 | +2,000 | ..... |
| Total, Domestic Volunteer Service Programs | 328,895 | 396,063 | 381,063 | +52,168 | −15,000 |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2002 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2003—Continued

[In thousands of dollars]

| Item | 2002 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2002 comparable | Budget estimate |
| CORPORATION FOR PUBLIC BROADCASTING: | | | | | |
| Fiscal year 2005 (current request) with fiscal year 2004 comparable | 380,000 | 395,000 | 395,000 | +15,000 | ..... |
| Fiscal year 2004 advance with fiscal year 2003 comparable (NA) | (365,000) | (380,000) | (380,000) | (+15,000) | ..... |
| Fiscal year 2003 advance with fiscal year 2002 comparable (NA) | (350,000) | (365,000) | (365,000) | (+15,000) | ..... |
| Digitalization program [9] | 25,000 | 25,000 | 50,000 | +25,000 | +25,000 |
| Subtotal, fiscal year 2003 appropriation | 25,000 | 25,000 | 50,000 | +25,000 | +25,000 |
| FEDERAL MEDIATION AND CONCILIATION SERVICE | 39,982 | 40,718 | 41,218 | +1,236 | +500 |
| FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION | 6,939 | 7,127 | 7,127 | +188 | ..... |
| INSTITUTE OF MUSEUM AND LIBRARY SERVICES [10] | 224,501 | 210,000 | 214,000 | −10,501 | +4,000 |
| MEDICARE PAYMENT ADVISORY COMMISSION | 8,250 | 8,250 | 9,050 | +800 | +800 |
| NATIONAL COMMISSION ON LIBRARIES AND INFO SCIENCE | 1,000 | ..... | 1,000 | ..... | +1,000 |
| NATIONAL COUNCIL ON DISABILITY | 2,830 | 2,830 | 2,830 | ..... | ..... |
| NATIONAL EDUCATION GOALS PANEL | 400 | ..... | ..... | −400 | ..... |
| NATIONAL LABOR RELATIONS BOARD | 226,618 | 233,223 | 243,223 | +16,605 | +10,000 |
| NATIONAL MEDIATION BOARD | 10,635 | 11,203 | 11,203 | +568 | ..... |
| OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION | 8,964 | 9,577 | 9,577 | +613 | ..... |
| RAILROAD RETIREMENT BOARD | | | | | |
| Dual Benefits Payments Account | 146,000 | 132,000 | 132,000 | −14,000 | ..... |
| Less Income Tax Receipts on Dual Benefits | −9,000 | −8,000 | −8,000 | +1,000 | ..... |
| Subtotal, Dual Benefits | 137,000 | 124,000 | 124,000 | −13,000 | ..... |
| Federal Payment to the RR Retirement Account | 150 | 150 | 150 | ..... | ..... |
| Limitation on administration | 97,700 | 97,720 | 97,720 | +20 | ..... |
| Inspector General | 6,261 | 6,300 | 6,300 | +39 | ..... |
| SOCIAL SECURITY ADMINISTRATION | | | | | |
| Payments to Social Security Trust Funds | 434,400 | 20,400 | 20,400 | −414,000 | ..... |

| | | | | | |
|---|---|---|---|---|---|
| SPECIAL BENEFITS FOR DISABLED COAL MINERS | | | | | |
| Benefit payments | 440,931 | 402,089 | 402,089 | −38,842 | ..... |
| Administration | 5,909 | 6,088 | 6,088 | +179 | ..... |
| Subtotal, Black Lung, fiscal year 2004 program level | 446,840 | 408,177 | 408,177 | −38,663 | ..... |
| Less funds advanced in prior year | −114,000 | −108,000 | −108,000 | +6,000 | ..... |
| Total, Black Lung, current request, fiscal year 2004 | 332,840 | 300,177 | 300,177 | −32,663 | ..... |
| New advances, 1st quarter fiscal year 2004 | 108,000 | 97,000 | 97,000 | −11,000 | ..... |
| SUPPLEMENTAL SECURITY INCOME | | | | | |
| Federal benefit payments | 29,046,000 | 31,795,664 | 31,795,664 | +2,749,664 | ..... |
| Beneficiary services | 37,412 | 45,728 | 45,728 | +8,316 | ..... |
| Research and demonstration | 37,000 | 30,000 | 38,000 | +1,000 | +8,000 |
| Administration | 2,627,000 | 2,825,000 | 2,825,000 | +198,000 | ..... |
| Subtotal, SSI program level | 31,747,412 | 34,696,392 | 34,704,392 | +2,956,980 | +8,000 |
| Less funds advanced in prior year | −10,470,000 | −10,790,000 | −10,790,000 | −320,000 | ..... |
| Subtotal, regular SSI current year | 21,277,412 | 23,906,392 | 23,914,392 | +2,636,980 | +8,000 |
| Additional CDR funding [1] | 200,000 | ..... | ..... | −200,000 | ..... |
| User Fee Activities | 100,000 | 111,000 | 111,000 | +11,000 | ..... |
| Total, SSI, current request | 21,577,412 | 24,017,392 | 24,025,392 | +2,447,980 | +8,000 |
| New advance, 1st quarter, fiscal eyar 2004 | 10,790,000 | 11,080,000 | 11,080,000 | +290,000 | ..... |
| LIMITATION ON ADMINISTRATIVE EXPENSES | | | | | |
| OASDI Trust Funds | 3,219,700 | 3,775,200 | 3,775,200 | +555,500 | ..... |
| HI/SMI Trust Funds | 1,194,000 | 1,223,000 | 1,223,000 | +29,000 | ..... |
| Social Security Advisory Board | 1,800 | 1,800 | 1,800 | ..... | ..... |
| SSI | 2,627,000 | 2,825,000 | 2,825,000 | +198,000 | ..... |
| Subtotal, regular LAE | 7,042,500 | 7,825,000 | 7,825,000 | +782,500 | ..... |
| User Fee Activities (SSI) | 100,000 | 111,000 | 111,000 | +11,000 | ..... |
| Total, REGULAR LAE | 7,142,500 | 7,936,000 | 7,936,000 | +793,500 | ..... |
| Additional CDR funding [1]. | | | | | |
| OASDI | 233,000 | ..... | ..... | −233,000 | ..... |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2002 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2003—Continued

[In thousands of dollars]

| Item | 2002 comparable | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2002 comparable | Budget estimate |
| SSI | 200,000 | ..... | ..... | −200,000 | ..... |
| Subtotal, CDR funding | 433,000 | ..... | ..... | −433,000 | ..... |
| Total, LAE | 7,575,500 | 7,936,000 | 7,936,000 | +360,500 | ..... |
| OFFICE OF INSPECTOR GENERAL | | | | | |
| Federal Funds | 19,000 | 21,000 | 21,000 | +2,000 | ..... |
| Trust Funds | 56,000 | 62,000 | 62,000 | +6,000 | ..... |
| Total, Office of the Inspector General | 75,000 | 83,000 | 83,000 | +8,000 | ..... |
| Adjustment: Trust fund transfers from general revenues | −2,927,000 | −2,936,000 | −2,936,000 | −9,000 | ..... |
| Total, Social Security Administration | 37,966,152 | 40,597,969 | 40,605,969 | +2,639,817 | +8,000 |
| Federal funds | 33,261,652 | 35,535,969 | 35,543,969 | +2,282,317 | +8,000 |
| Current year | (22,363,652) | (24,358,969) | (24,366,969) | (+2,003,317) | (+8,000) |
| New advances, 1st quarter | (10,898,000) | (11,177,000) | (11,177,000) | (+279,000) | ..... |
| Trust funds | 4,704,500 | 5,062,000 | 5,062,000 | +357,500 | ..... |
| UNITED STATES INSTITUTE OF PEACE | 15,104 | 16,200 | 17,200 | +2,096 | +1,000 |
| Total, Title IV, Related Agencies | 39,557,821 | 42,248,670 | 42,283,970 | +2,726,149 | +35,300 |
| Federal Funds | 34,741,110 | 37,074,400 | 37,108,900 | +2,367,790 | +34,500 |
| Current Year | (23,463,110) | (25,502,400) | (25,536,900) | (+2,073,790) | (+34,500) |
| Fiscal year 2004 | (10,898,000) | (11,177,000) | (11,177,000) | (+279,000) | ..... |
| Fiscal year 2005 | (380,000) | (395,000) | (395,000) | (+15,000) | ..... |
| Trust Funds | 4,816,711 | 5,174,270 | 5,175,070 | +358,359 | +800 |

| SUMMARY | | | | | |
|---|---|---|---|---|---|
| Federal Funds | 400,078,701 | 414,621,205 | 420,930,680 | +20,851,979 | +6,309,475 |
| Current year | (320,470,463) | (329,467,918) | (333,533,393) | (+13,062,930) | (+4,065,475) |
| 2004 advance | (79,228,238) | (84,758,287) | (87,002,287) | (+7,774,049) | (+2,244,000) |
| 2005 advance | (380,000) | (395,000) | (395,000) | (+15,000) | ..... |
| Trust Funds | 11,198,174 | 11,550,602 | 11,571,829 | +373,655 | +21,227 |
| Grand Total | 411,276,875 | 426,171,807 | 432,502,509 | +21,225,634 | +6,330,702 |

[1] Two year availability.
[2] Requested in the Public Health and Human Services Emergency Fund.
[3] Includes Mine Safety and Health.
[4] Funded in VA/HUD Bill.
[5] Superfund dollars are appropriated in the VA/HUD Bill.
[6] Funds are provided in the Public Health and Social Service Emergency Fund.
[7] Funding transferred from Office of the Secretary and CDC to the PHSSEF.
[8] Appropriations for Americorps are provided in the VA–HUD bill.
[9] Current Funded.
[10] Fiscal year 2002 & fiscal year 2003 includes both Interior & LHHS portions.

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