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107TH CONGRESS, 1st Session } HOUSE OF REPRESENTATIVES { REPORT 107–229

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 2002

OCTOBER 9, 2001.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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

REPORT

[To accompany H.R. 3061]

The Committee on Appropriations submits the following report in explanation of the accompanying bill making appropriations for the Departments of Labor, Health and Human Services (except the Food and Drug Administration and the Indian Health Service), and Education, Armed Forces Retirement Home, Corporation for National and Community Service, Corporation for Public Broadcasting, Federal Mediation and Conciliation Service, Federal Mine Safety and Health Review Commission, Institute of Museum and Library Services, Medicare Payment Advisory Commission, National Commission on Libraries and Information Science, National Council on Disability, National Labor Relations Board, National Mediation Board, Occupational Safety and Health Review Commission, Railroad Retirement Board, Social Security Administration, and the United States Institute of Peace for the fiscal year ending September 30, 2002, and for other purposes.

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Summary of Estimates and Appropriations

The following table compares on a summary basis the appropriations including trust funds for fiscal year 2001, the budget estimate for fiscal year 2002 and the Committee recommendation for fiscal year 2002 in the accompanying bill.

2002 LABOR, HHS, EDUCATION APPROPRIATIONS BILL

[In millions of dollars]

	Fiscal year—			2002 committee compared to—	
	2001 comparable	2002 budget	2002 committee	2001 comparable	2002 budget
Department of Labor	$11,235	$13,511	$12,001	$766	−$1,510
Advances	$2,463	0	2,098	−365	2,098
Department of Health and Human Services	225,882	250,635	250,652	24,770	17
Advances	40,373	49,456	50,856	10,483	1,400
Department of Education	30,056	47,023	37,151	7,095	−9,872
Advances	14,581	0	14,597	16	14,597
Related Agencies	29,434	28,187	28,198	−1,236	11
Advances	10,949	10,898	11,263	314	365
Grand Total, current year	269,607	339,356	328,002	31,395	−11,354
Advances	68,366	60,354	78,814	10,448	18,460
Current year total using 302(b) scorekeeping	357,929	407,607	396,219	38,290	−11,388
Mandatory	248,577	272,554	272,494	23,917	−60
Discretionary	109,352	135,053	123,725	14,373	−11,328

PROGRAM LEVEL DISCRETIONARY

[In millions of dollars]

	Fiscal year—			2002 committee compared to—	
	2001 comparable	2002 budget	2002 committee	2001 comparable	2002 budget
Department of Labor	$11,712	$11,338	$11,927	$215	$598
Department of Health and Human Services	49,275	51,673	53,151	3,876	1,478
Department of Education	42,238	44,541	49,267	7,029	4,726
Related Agencies	8,694	8,776	8,787	93	11
Subtotal, Program Level	111,919	116,328	123,132	11,213	6,804
Adjustments	−2,567	18,725	593	3,160	−18,132
Total, Discretionary	109,352	135,053	123,725	14,373	−11,328

Highlights of the Bill

Funding levels in the fiscal year 2002 appropriation bill for the Departments of Labor, Health and Human Services, and Education and Related Agencies reflect the Committee's attempt to establish priorities within the limitations and competing demands facing the Committee. Mandatory spending continues its inexorable increase, this year by $32.6 billion or 13 percent.

As in past years, the Committee has increased funding for programs that work for people and represent a core Federal responsibility. Consistent with the fiscal year 2002 budget request and passage in the House of Representatives of H.R. 1, the bill places high priority on enhancing Federal support for education. For example, the bill embraces reforms outlined in the budget request and embodied in H.R. 1 for funding Elementary and Secondary Education Act programs. The bill also maintains the Committee's commitment

to raising the Federal contribution for educating students with special needs under the Individuals with Disabilities Education Act and to increasing support for students pursuing a higher education by raising the maximum Pell Grant.

Bill total.—Total funding, including offsets, for fiscal year 2002 in the Departments of Labor, Health and Human Services and Education and Related Agencies Appropriations Act, 2002 is $406,816,801,000. For Discretionary accounts for 2002 the bill provides $123,725,000,000, including offsets.

Mandatory programs.—The bill provides $272,494,315,000 for entitlement programs in fiscal year 2002. Seventy percent of the funding in the bill is for these mandatory costs. Funding requirements for entitlement programs are determined by the basic authorizing statutes. Mandatory programs include general fund support for the Medicare and Medicaid programs, Supplemental Security Income, and Black Lung payments. The following chart indicates the funding levels for the major mandatory programs in fiscal years 2000 and 2001 and the growth in these programs.

MANDATORY

[Dollars in thousands]

Program	Fiscal year 2001	Fiscal year 2002	Change
Department of Labor:			
Black Lung Disability Trust Fund	$1,027,900	$1,036,115	$8,215
Department of Health and Human Services:			
Center for Medicare and Medicaid Services:			
Medicaid current law benefits	122,488,800	134,308,100	11,819,300
Medicare Payments to Health Care Trust Fund	70,381,600	81,924,200	11,542,600
Department of Education:			
Rehabilitation Services	2,399,790	2,481,383	81,593
Related Agencies:			
Social Security Administration:			
Special Benefits for Disabled Coal Miners	489,748	446,840	−42,908
Supplemental Security Income	32,933,000	31,740,412	−1,192,588

Department of Labor.—The bill appropriates $14,099,407,000 for the Labor Department, an increase of $401,628,000 above the comparable fiscal year 2001 amount and $588,541,000 above the budget request. Program level funding for discretionary programs totals $11,926,642,000, which is an increase of $588,426,000 above the budget request and $214,641,000 over least year's level. Included is $5,578,647,000 to carry out the provisions of the Workforce Investment Act (WIA). Due to the slowing economy and growing unemployment, the bill provides $105,694,000 above fiscal year 2001, and $454,626,000 above the budget request, for WIA job training and employment services activities.

Job Corps.—The Committee provides $1,474,174,000 for Job Corps. This is $75,026,000 above both the fiscal year 2001 level and the budget request.

Youth Opportunity Grants.—The Committee provides $250,000,000 for this program, the same as fiscal year 2001 and the budget request.

Employment Standards Administration.—The Committee recommends $369,631,000 for ESA. This level is $6,915,000 above the fiscal year 2001 level.

Occupational Safety and Health Administration.—The Committee recommends funding for OSHA at $435,307,000, $9,472,000

above the budget request and $9,421,000 above last year's level. Within OSHA, state compliance assistance programs are increased by $2,503,000 above fiscal year 2001 and $4,578,000 above the budget request.

Department of Health and Human Services.—The bill appropriates $301,508,579,000, which is $1,417,794,000 above the budget request and $35,253,396,000 above the fiscal year 2001 level. Program level funding for discretionary programs totals $53,150,728,000, which is $1,477,394,000 above the President's request and $3,876,081,000 above last year's level.

Countering Bioterrorism.—In fiscal year 1999, the Committee began increasing support for developing an infrastructure and resources for the medical and public health response to terrorist acts involving biological or chemical weapons. This effort involved the activities of the Office of Emergency Preparedness (OEP) within the Office of the Secretary; the Centers for Disease Control and Prevention (CDC); and the National Institutes of Health (NIH). Although progress has been made, the tragic events of September 11, 2001 impressed upon the Committee the importance of ensuring that the Country is prepared at the Federal, State and local levels to respond rapidly to any incident of bioterrorism. The Committee recommendation includes $393,319,000 for countering bioterrorism and improving preparedness. Of this amount, $300,619,000 is provided within the Public Health and Social Services Emergency Fund to support the activities of the Office of the Secretary, the Office of Emergency Preparedness, and the Centers for Disease Control and Prevention. In addition, an estimated $92,700,000 will be used to fund research supported by the National Institutes of Health. These amounts total $100,000,000 over comparable levels in fiscal year 2001.

Health Resources and Services Administration.—Funding for the Health Resources and Services Administration (HRSA) programs is $5,813,119,000, an increase of $117,111,000 above last year and $718,793,000 above the budget request. Within HRSA, the community health centers funding is at $1,318,559,000, an increase of $150,000,000 above the fiscal year 2001 level and $25,836,000 above the budget request. Health professions training is funded at $669,992,000, $82,103,000 above last year's level and $330,145,000 above the budget request. Ryan White AIDS Care Act programs are funded at $1,919,609,000, $112,000,000 above last year and $111,845,000 above the budget request.

Centers for Disease Control and Prevention.—The bill provides $4,077,060,000 directly to the Centers for Disease Control and Prevention (CDC) and an additional $231,919,000 for CDC activities related to bioterrorism preparedness funded in the Public Health and Social Services Emergency Fund. As a result, overall funding for CDC is $4,308,979,000, $264,287,000 above the comparable fiscal year 2001 level and $430,449,000 above the budget request.

National Institutes of Health.—The Committee provides $22,874,971,000 for biomedical research activities at the National Institutes of Health (NIH). This is $2,579,711,000 above the comparable fiscal year 2001 level and the same program level provided in the budget request. The Committee has maintained its policy of resisting disease specific earmarks in the bill and report, believing that decisions as to appropriate levels of funding and appropriate

avenues of research are best left to the scientific managers at NIH. NIH has testified that its allocation will allow increases above the overall NIH level for research related to Parkinson's disease, Alzheimer's disease, diabetes and cardiovascular disease, among others.

Substance Abuse and Mental Health Services Administration.—The bill provides $3,131,558,000 for the Substance Abuse and Mental Health Services Administration (SAMHSA), an amount $168,134,000 above fiscal year 2001 and $102,102,000 above the budget request. The Committee has provided $1,725,000,000 for the Substance Abuse Block Grant which is $60,000,000 above last year's level and the same as the budget request.

Agency for Healthcare Research and Quality.—The bill provides $306,245,000 for the Agency for Healthcare Research and Quality (AHRQ), an amount $36,510,000 above last year and the same as the budget request.

Low Income Home Energy Assistance.—The Committee recommendation provides $1,700,000,000 for the Low Income Home Energy Assistance Program in fiscal year 2002. An additional $300,000,000 is provided in emergency funding for heating and cooling emergencies. The combination of the formula and emergency funds brings the total in the bill to $2,000,000,000 which is $300,000,000 above both the fiscal year 2001 and the budget request.

Child Care and Development Block Grant.—The fiscal year 2001 Departments of Labor, Health and Human Services and Education and Related Agencies Act provided $2,199,987,000 for fiscal year 2002 funding of the Child Care and Development Block Grant. This is $200,119,000 over fiscal year 2001 and the same as the budget request.

Social Services Block Grant.—The Committee recommends $1,700,000,000, for the Social Services Block Grant. This is $25,000,000 below last year and the same as the budget request.

Head Start.—The bill includes $6,475,812,000 for Head Start, $276,000,000 above last year's level and $151,000,000 above the budget request.

Community Services Block Grant.—The bill provides $620,000,000 for the community services block grant, $20,009,000 above both the fiscal year 2001 level and the budget request.

Funding of Abortions.—The bill includes the revised "Hyde" language that has been carried in the bill for several years.

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

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

Title X Family Participation in Decisions of Minors to Seek Family Planning.—The bill includes language requiring recipients of title X funding, family planning funding, to certify that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities. This language has been included in the bill for several years.

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

Department of Education.—The bill funds programmatic and support activities in the Department of Education at $49,266,632,000, an increase of $4,725,469,000 above the budget request and $7,028,811,000 above last year's level (adjusted for advance appropriations in fiscal year 2001).

Education for the Disadvantaged.—The bill provides $10,500,000,000, for grants to local education agencies under title I of the Elementary and Secondary Education Act. This level is $1,737,279,000 above the fiscal year 2001 amount and $1,439,279,000 above the request level. The bill also provides $310,000,000, $50,000,000 above the budget request and $100,000,000 above last year, for Comprehensive School Reform. The bill also includes $975,000,000 for Reading First and Early Reading First, two new programs designed to help all children learn to read. This level is the same as the budget request.

Impact Aid.—The bill provides $1,130,500,000 for school districts that are impacted by Federal activities, such as military bases or Indian lands. This is an increase of $137,198,000 above the fiscal year 2001 level, and the same as the budget request.

School Improvement Programs.—The bill provides $3,175,000,000 for State grants for improving teacher quality, a new program which consolidates existing teacher training programs. The budget request was $2,600,000,000. The bill provides $1,000,000,000 in this account for educational technology state grants, a new program which consolidates existing educational technology programs. The budget request was $817,096,000. 21st Century Community Learning Centers are funded at $1,000,000,000 in the bill, an increase of $154,386,000 above both last year's level and the budget request.

Bilingual and Immigrant Education.—Bilingual and Immigrant Education programs are funded at $700,000,000, an increase of $240,000,000 above fiscal year 2001 amount and the budget request.

Special Education.—The Committee recommends an overall program funding level for special education programs of $8,860,076,000, $1,420,128,000 above last year's level and $434,481,000 above the budget request. The bill provides a $1,375,000,000 increase for grants to states under part B of the Individuals with Disabilities Education Act.

Vocational and Adult Education.—Vocational education state grants are funded at $1,250,000,000 and adult education state grants are funded at $595,000,000.

Student Financial Assistance and Higher Education.—The Committee places a high priority on direct assistance to students. For Student Financial Aid, the Committee provides $12,410,000,000, $1,736,100,000 above last year and $736,100,000 above the budget request. For Higher Education, the Committee provides $1,906,401,000. This level is $5,309,000 below last year and $183,178,000 above the request. The bill includes funding to allow the maximum Pell grant to rise to $4,000—the highest in history, $250 above last year and $150 above the budget request. SEOG's,

TRIO and institutional development for minority schools are increased. TRIO is funded at $800,000,000, an increase of $70,000,000 above fiscal year 2001 and $20,000,000 above the President's request.

Education Research and Statistics.—The Committee proposes $445,620,000 for education research and statistics.

Social Security Administrative Costs.—Funding for the cost of administering the social security programs is $7,568,000,000, $444,000,000 above last year and the same as the budget request. Full funding is provided for continuing disability reviews.

National Labor Relations Board.—Funding for the National Labor Relations Board is $221,438,000, $5,000,000 above last year's level and the same as the budget request.

Corporation for Public Broadcasting.—CPB is an advance funded account with funds already appropriated through fiscal year 2003. Funding proposed by the Committee is $365,000,000 for 2004, the same as fiscal year 2003 and the budget request.

TRANSFER AUTHORITY

The Committee, again this year, has included a general transfer authority for several of the Departments and agencies funded under this bill. In doing so, it is providing the Executive Branch with the ability to respond to emergencies or unanticipated needs.

The Committee reiterates that it is not the purpose of the transfer authority to provide funding for new policy proposals that can, and should, be included in subsequent budget proposals. The Congress sets funding levels for programs, projects and activities through the annual appropriations act and the accompanying tables included in the conference report. Absent the need to respond to emergencies or unforeseen circumstances discussed above, this authority cannot be used simply to increase funding for programs, projects or activities because of disagreements over the funding level or the difficulty or inconvenience with operating levels set by the Congress.

GOVERNMENT PERFORMANCE AND RESULTS ACT

As with last year, the Committee believes that the Departments and agencies under its jurisdiction have made progress toward the establishment of goals and other benchmarks as required by the Government Performance and Results Act. However, they remain a long way from meeting its overall intent. As noted in specific instances throughout this Report, the Committee continues to feel that quantifiable and measurable individual performance indicators need to be developed for each program. Individual indicators need to be specific and measurable wherever possible, need to be consistent with other measures used in similar programs and need to be supported by systems that can provide annual information on the progress being made toward achieving the stated goals. There are still far too many programs with indicators using the terms "increase," or "decrease," or "improve" rather than specific numerical goals.

In addition, these indicators must increasingly focus on the improvements in employment and income, worker safety, health status, biomedical discoveries, the quality of life of various popu-

lations, educational achievement, and the many other goals that are the primary purpose of the programs funded by this bill. Again, the indicators are far too often related to the issuance of program guidance or focus on the number of individuals served. The Committee is disappointed that the baselines so necessary for measuring progress are not being established rapidly enough. These baselines need to indicate multi-year trends so that the Committee and the American people can judge program effectiveness against long-term trend data.

Finally, the Committee continues to urge the Departments and agencies under its jurisdiction to manage themselves based on performance and outcomes. They should use outcome and performance measures as the primary management tool for resource allocation and the evaluation of programs and individuals. The Committee expects that each Department and office funded in the bill will be prepared to testify during the fiscal year 2003 cycle on how performance and outcome measures are being used to manage their programs, including:

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

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

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

OPERATING PLANS

The Committee directs the Departments and agencies identified in the report accompanying the fiscal year 1998 bill to continue to provide it with operating plans on the dates identified in that report. These plans should follow the instructions outlined in House Report 106–370.

The Committee believes that the Departments and agencies must make better progress in upgrading their financial management systems to determine better the actual flow of appropriated dollars to individual programs and identifying obligation schedules. However, the Committee is troubled by the fact that for many programs, simple formulas are used for outlay and obligation patterns rather than a true analysis of the likely obligation and spending patterns for the program.

TITLE I—DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

TRAINING AND EMPLOYMENT SERVICES

The Committee recommends $5,583,147,000 for this account, which provides funding authorized primarily by the Workforce Investment Act (WIA). This is $105,694,000 above the fiscal year 2001 level and $454,626,000 above the budget request. Of the total provided, the Committee recommends that $2,098,000,000 is made available as of October 1, 2002.

The Training and Employment Services account is comprised of programs that enhance the employment and earnings of those in

need of such services, operated through a decentralized system of skill training and related services. The account is mostly forward-funded on a July to June cycle, with funds provided for fiscal year 2002 supporting the effort from July 1, 2002 through June 30, 2003.

Program year 2000 was the first year under the new Workforce Investment Act, beginning July 1, 2000. The new legislation is expected to significantly enhance employment and training services, consolidating, coordinating, and improving programs utilizing a local level one-stop delivery system. There was a difficult transition to the Workforce Investment Act in program year 2000 in which States experienced significant carry-over balances. The Committee is concerned about this and is closely monitoring State expenditure patterns.

The Committee requests the Department submit a report, no later than June 30, 2002, on the extent to which the Workforce Investment Act State grant funding is used by migrant and seasonal farmworkers. Included in the report should be information concerning the utilization of the training programs by this population, causes for underutilization if any, and whether these programs meet the needs of migrant and seasonal farmworkers, whether they are culturally appropriate and whether they reflect the training needs of these populations.

The Committee notes that the Workforce Investment Act requires the establishment of local workforce investment boards that are to be comprised of local public and private sector leaders, among them representatives from community-based organizations. The Committee urges the Department to encourage State and local authorities to include individuals familiar with community and faith-based organizations on local workforce investment boards.

Adult employment and training activities

For adult employment and training activities, the Committee recommends $950,000,000. Of this amount, $712,000,000 will become available on October 1, 2002. The total recommended is $50,000,000 more than the budget request and the same as the 2001 comparable level.

This program is authorized by the Workforce Investment Act. The funds are allocated by formula to States and further distributed to local workforce investment boards. Services for adults will be provided through the One-Stop system and most customers receiving training will use their individual training accounts to determine which programs and providers fit their needs. The Act authorizes core services, 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.

States have had difficulty transitioning to the Workforce Investment Act and as a result, have experienced significant carry-over from program year 2000 funds. The Committee believes that with the downturn in the economy and more and more workers being laid off from their jobs that funding levels should be increased to meet those training needs. However, the Committee will continue to closely monitor the expenditures for this program, as well as the other State grant training programs authorized by the Workforce Investment Act.

Dislocated worker employment and training activities

For dislocated worker employment and training activities, the Committee recommends $1,535,040,000, of which, $695,000,000 will be made available on October 1, 2002. This total is $97,500,000 more than the 2001 comparable level and $152,000,000 more than the budget request.

This activity is a State-operated program 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. Eighty percent of funding is distributed by formula to the States. The remaining twenty percent is 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.

Funding was reduced in this program in the fiscal year 2001 supplemental due to the significant carry-over balances anticipated from fiscal year 2000 funds. The Committee believes that with the downturn in the economy and more and more workers being dislocated permanently from their jobs that funding levels should be increased to meet those training needs. However, the Committee will continue to closely monitor the expenditures for this program, as well as the other State grant training programs authorized by the Workforce Investment Act.

Youth activities

For youth activities, the bill includes $1,353,065,000. This level is $225,100,000 above the fiscal year 2001 funding and $352,100,000 above the budget request.

The Workforce Investment Act consolidated the Summer Youth Employment and Training Program and Youth Training Grants under JTPA into a single youth training activity. The funds are allocated by formula to States and further distributed to local workforce investment boards. Also, the Workforce Investment Act requires that when the appropriation for this program exceeds $1,000,000,000, up to $250,000,000 shall be reserved by the Secretary for Youth Opportunity grants. These grants are aimed at increasing the long-term employment of youth who live in empowerment zones, enterprise communities, and other high-poverty areas. In past appropriations, the Committee has provided funds for these grants as a separate program. The Committee believes that consolidating the funding for both of these youth programs is consistent with the Workforce Investment Act.

Funds reserved in fiscal year 2002 for the Youth Opportunity grants are sufficient to maintain the current projects administered in this program. The Committee understands that the Department is conducting a review of this program and requests a copy of this review upon completion.

States have had difficulty transitioning to WIA and as a result, have experienced significant carry-over from program year 2000 funds. The Committee believes that with the downturn in the economy affecting all members of the workforce, including youth, that funding levels should be increased to meet those training needs.

However, the Committee will continue to closely monitor the expenditures for this program, as well as other State grant training programs authorized by the Workforce Investment Act.

Youth opportunity grants

The Committee does not provide separate funding for the Youth Opportunity grants in fiscal year 2002. Funding for the program has been provided in the Youth Training program as authorized in the Workforce Investment Act.

Job Corps

For Job Corps, the Committee recommends $1,474,174,000. This is $75,026,000 more than the 2001 comparable level and the budget request. Of the amount provided, $691,000,000 will become available on October 1, 2002.

The 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 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 supports the effort of the Workforce Investment Act of 1998 to more fully integrate Job Corps centers in their local communities.

As a national training program, Job Corps is particularly well suited to help meet the needs of large, multi-state employers for skilled entry-level workers. The Committee commends Job Corps for establishing partnerships with nine national employers, and encourages Job Corps to continue to work with both larger employers and small businesses to ensure that student training meets current labor market needs. Job Corps should intensify its efforts to upgrade its vocational offerings and curricula to reflect industry standards and skill shortages.

The Committee understands that there is an ongoing need within Job Corps to bring salaries of academic and vocational instructors into line with those of comparable institutions. The Secretary is encouraged to use a portion of the funds provided above the budget request to address this need. In addition, the Committee reiterates concern expressed last year that there is a need to expand the number of Job Corps centers. The Committee intends to work with the Secretary prior to conference to determine whether a portion of the increase should be allocated to Job Corps center renovation and new construction. Further, the Committee strongly urges the Secretary to include additional construction funds for new centers in the 2003 budget, which is currently being formulated.

Native Americans

For Native Americans, the bill includes $55,000,000, the amount requested. This is the same as the 2001 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. The Department of Labor allocates formula grants to Indian tribes and other Native American groups whose eligibility for such grants is established in accordance with Department's regulations.

Migrant and seasonal farmworkers

For Migrant and Seasonal Farmworkers, the Committee recommends $77,270,000, which is $500,000 higher than the 2001 comparable level and the budget request. 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. Through training and other employability development services, the program prepares eligible seasonal farmworkers and their family members for stable, year-round employment, both inside and outside the agricultural industry. The program also provides health care, day care and other supportive services for farmworkers who choose to stay in agriculture. At least 94 percent of each year's appropriation is allocated to States according to a population-based formula. The remainder of each year's appropriation is set aside for technical assistance to grantees and for other special projects to benefit seasonal farmworkers such as the Migrant Farmworker Housing Program. The Department is expected to continue the farmworker housing program at no less than the current year level.

National programs

For national programs, the Committee recommends $134,098,000. This is $42,432,000 less than the 2001 comparable level and $75,000,000 more than the budget request. This activity includes WIA-authorized programs in support of the workforce system including technical assistance and incentive grants, evaluations, pilots, demonstrations and research. In addition, the activity includes the National Skills Standards Board.

Technical Assistance/Incentive Grants: The Committee recommends $15,000,000, the amount provided in 2001, 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 $55,000,000 for grants or contracts to conduct research, pilots or demonstrations that improve techniques or demonstrate the effectiveness of programs. This is $42,432,000 below the 2001 level and $20,000,000 more than the budget request.

The Committee is greatly concerned that America faces a desperate need for qualified help in hospitals, assisted living facilities, nursing homes, and home health. As the country ages, this demand will only get stronger. The demand for trained and qualified health

care workers is at record levels. The Committee encourages the Department to support research and pilot programs which would encourage the training and retention of health care workers to help confront the health care worker shortage facing every community. The Committee also urges the Secretary to work closely with the Attorney General to develop appropriate foreign trained nurses and nursing assistant visa programs in order to assure an adequate supply of quality health care workers in the United States.

The Committee is also aware of the acute need to provide models for cooperation between government and small faith and community-based entities in the administration of Federal job training funds. The Committee believes the Department of Labor should develop and implement pilot and demonstration programs that are targeted at creating such models as well as improving outreach, technical assistance and capacity building among faith-based and community organizations working in the areas of job readiness and training.

Responsible Reintegration of Youthful Offenders: The Committee recommends $55,000,000. This is the same as the 2001 level; no funding was requested in fiscal year 2002.

Employer-based national training contractors play a unique role in helping the Department comply with the Workforce Investment Act's requirements for closer ties with industry, while fulfilling the skills training and job placement needs of this country's most economically disadvantaged youth. The Committee encourages the Department to expand its relationships with these organizations. The Committee recognizes the Home Builders Institute's Project CRAFT (Community Restitution and Apprenticeship Focused Training) program as a successful model and proven intervention technique in the rehabilitation and reduced recidivism of accused and adjudicated juvenile offenders. The Committee also acknowledges the home building industry's shortage of skilled workers and the role that Project CRAFT plays in helping to address this need. As such, the Committee encourages the Department to work with the Department of Justice to replicate project CRAFT in order to offer at-risk and juvenile offenders training and job placement in the building industry.

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. This is the same as both the 2001 level and the budget request.

National Skill Standards Board: The Committee recommends $3,500,000 for the Board to continue the development of voluntary partnerships. This is the same as the 2001 level and the budget request.

The Committee has provided funds to be used to complete the activities of the Board, as this is the final year of funding, and to transition the voluntary partnerships to self-sustaining operations, as requested in the budget.

Women in Apprenticeship for Non-Traditional Occupations: The Committee recommends $1,000,000. This is the same as the 2001 level and the budget request.

The Women in Apprenticeship and Non-traditional Occupations program supports the Women's Bureau work with community and

faith-based organizations who provide technical assistance to employers and labor unions on how to effectively recruit, hire, and retain women in non-traditional jobs. The program will continue to focus on recruiting women for jobs in high technology.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

The bill includes $440,200,000 for community service employment for older Americans. This is the same as the fiscal year 2000 level and the budget request.

The community service employment for older Americans program provides grants to public and private nonprofit organizations that subsidize part-time work in community service activities for unemployed persons aged 55 and older, whose family's annual income does not exceed 125 percent of the poverty level. The funds provided will maintain the fiscal year 2001 level of 48,000 slots in community services such as day-care centers, schools, and hospitals.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

The bill includes $11,000,000, and an additional $404,650,000 contingent upon authorization. Authorization for trade adjustment assistance benefits and NAFTA transitional adjustment assistance benefits were authorized through September 30, 2001. The Committee has provided additional funding contingent upon enactment of legislation extending these programs.

Weekly benefits as well as training and job search allowances are provided to certified workers adversely affected by imports and trade with countries covered by the North America Free Trade Agreement.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

The bill includes $3,400,338,000 for this account, an increase of $16,628,000 above the fiscal year 2001 level and $14,000,000 below the budget request. Included in the total availability are $3,236,886,000 authorized to be drawn from the Employment Security Administration Account of the Unemployment Trust Fund and $163,452,000 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 that administer Federal and State unemployment compensation laws and operate the public employment service.

For Unemployment Insurance Services, the bill provides $2,413,923,000. This total includes $2,403,923,000 for State Operations and $10,000,000 for national activities. The recommendation is $46,628,000 more than the fiscal year 2001 level and the same as the budget request.

For the Employment Service, the bill provides $846,415,000 which includes $23,452,000 in general funds together with an authorization to spend $822,963,000 from the Employment Security Administration Account of the Unemployment Trust Fund. These amounts are the same as the fiscal year 2001 level and the budget request. Included in the bill for the Employment Service is $796,735,000 for Wagner-Peyser Act Grants to States, available for

the program year of July 1, 2001 through June 30, 2002. This is the same as the fiscal year 2001 level and the budget request.

The Committee has provided $49,680,000 for ES national activities, the same as the fiscal year 2001 level and the budget request.

Funds provided support the Alien Labor Certification Program, Welfare-to-Work tax credit programs, capacity building and technical assistance. The Committee notes that the Administration has requested funds to support the implementation of the permanent labor application and adjudication process.

The bill provides $20,000,000 for Work Incentive Grants. This is the same as the fiscal year 2001 level and the budget request.

Work Incentive Grants are competitively awarded to partnerships of organizations that assist the One-Stop system in providing the full range of services to people with disabilities.

The Committee has provided $120,000,000 for One-Stop career centers. This is $30,000,000 less than the fiscal year 2001 level and $14,000,000 less than the budget request. The One-Stop program provided significant funding for State implementation of One-Stop grants to create a comprehensive one stop system for service delivery. The Committee understands that the Department is focusing on universal access through its core products and encourages the Department to streamline and avoid duplication in its labor market information products.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

The bill includes $464,000,000, the same as the budget request and an increase of $29,000,000 above the fiscal year 2001 level. The appropriation is available to provide advances to several accounts for purposes authorized under various Federal and State unemployment compensation laws and the Black Lung Disability Trust Fund, whenever balances in such accounts prove insufficient.

PROGRAM ADMINISTRATION

The bill includes total funding for this account of $161,863,000. This is $3,000,000 more than the 2001 level and $785,000 more than the budget request. This includes $113,365,000 in general funds and authority to expend $48,507,000 from the Employment Security Administration Account of the Unemployment Trust Fund.

Within the funds provided, the Committee assumes a 4.6 percent pay increase as well as an increase of $1.5 million for procuring contractor services to provide specialized financial and program management information to all levels of ETA organizations.

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 welfare-to-work program, 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.

PENSION AND WELFARE BENEFITS ADMINISTRATION

SALARIES AND EXPENSES

The bill provides $109,866,000 for this account, an increase of $2,233,000 over the fiscal year 2001 level and $1,878,000 over the

budget request. Within the funds provided, the Committee assumes a 4.6 percent pay increase.

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. This involves ERISA fiduciary and reporting/disclosure requirements. PWBA is also responsible for enforcement of sections 8477 and 8478 of the Federal Employees' Retirement Security Act of 1986 (FERSA). The agency was also given new responsibilities under the Health Insurance Portability and Accountability Act of 1996.

PENSION BENEFIT GUARANTY CORPORATION

The Corporation's budget estimate for fiscal year 2002 includes benefit payments of $1,079,000,000, multi-employer financial assistance of $6,270,000, an administrative expenses limitation of $11,690,000, and services related to terminations of $178,924,000. The amount in the administrative expense limitation is $38,000 above the fiscal year 2001 level and the budget request.

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 chairman of its board of directors. The Corporation receives its income 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 million 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

The bill includes $369,631,000 for this agency. This is $6,915,000 more than the fiscal year 2001 level and $85,197,000 more than the budget request. The bill includes $367,650,000 in general funds for this account and also contains authority to expend $1,981,000 from the Special Fund established by the Longshore and Harbor Workers' Compensation Act. The Committee does not include authority for the Department to impose a surcharge totaling $80,281,000 collected from Federal agencies for workers compensation for administration of the FECA program as requested. The Committee has instead provided this funding in appropriations to the Department for administration of the FECA program.

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 agency also administers Executive Order 11246 related to affirmative action by Federal contractors and the Labor-Management Reporting and Disclosure Act.

The Committee has provided sufficient funds to create a searchable LM2 filing database and expects that this computer database will be completed and available to the public as soon as possible.

For several years, the Labor Department has been evaluating ways to modernize the Davis-Bacon wage determinations process. The Employment Standards Administration issued a letter to the Committee on January 17, 2001, regarding a decision to move ahead with the "reengineering" approach to modernization. The Committee requests the Department to submit a report outlining specific changes which are proposed to modernize the wage determination process under the reengineering approach as well as the reinvention approach (which could utilize data already being gathered by the Bureau of Labor Statistics) including cost analysis for both options. The report should also identify what additional data—if any—other than data already being gathered by the Bureau of Labor Statistics, would be necessary to complete reinvention of the Davis-Bacon process.

SPECIAL BENEFITS

The bill includes $121,000,000. This is an increase of $65,000,000 above the fiscal year 2001 appropriation and the same as the budget request. This appropriation primarily provides benefits under the Federal Employees' Compensation Act (FECA). The payments are required by law.

The total amount to be available in fiscal year 2002 for FECA payments, including anticipated reimbursements from Federal agencies of $1,388,000,000, is expected to be $2,226,000,000, an increase of $48,044,000 over the fiscal year 2001 comparable level.

The Committee recommends continuation of appropriation language to provide authority to deposit into the Special Benefits account 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 also recommends approval of appropriation language to provide that up to $36,696,000 of the funds transferred from the "fair share" agencies to pay the costs of administration will be available to the Secretary of Labor to finance capital improvements relating to upgrading and enhancing the Federal Employees' Compensation program computer system and to finance staff costs related to the FECA periodic roll management project. The remaining balance of the administrative costs paid by the "fair share" agencies will revert to Treasury as miscellaneous receipts.

ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM

The bill includes $136,000,000 for the Energy Employees Occupational Illness Compensation Program authorized by Title XXXVI of the National Defense Authorization Act of 2001. This is $75,672,000 above the fiscal year 2001 level and the same as the budget request. Funds will be used to administer a program that provides compensation to employees or survivors of employees of the Department of Energy (DOE), its contractors and subcontractors, companies that provided beryllium to DOE, and atomic weapons employees who suffer from a radiation-related cancer, beryl-

lium-related disease, or chronic silicosis as a result of their work in producing or testing nuclear weapons, and uranium workers covered under the Radiation Exposure Compensation Act.

BLACK LUNG DISABILITY TRUST FUND

The bill includes authority to obligate a total of $1,036,115,000 from the Black Lung Disability Trust Fund in fiscal year 2002, with $981,283,000 for benefits and interest authorized to be made from the Trust Fund. For administrative purposes, the total amount available for fiscal year 2002 will provide $54,476,000 and $356,000 for administrative expenses for the Departments of Labor and Treasury, respectively.

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

It is estimated that 53,250 people will be receiving black lung benefits financed from the Trust Fund in fiscal year 2002. This compares with an estimated 59,500 receiving benefits in fiscal year 2001.

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 from the general fund, estimated at $464,000,000 in fiscal year 2002. The advances to the Fund assure availability of necessary funds when liabilities may exceed other income. The Omnibus Budget Reconciliation Act of 1987 continues the current tax structure until 2014.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

The bill includes $435,307,000 for OSHA. This is $9,472,000 above the budget request and $9,421,000 above the 2001 comparable level. This agency is responsible for enforcing the Occupational Safety and Health Act of 1970 in the Nation's workplaces. Within the funds provided, the Committee assumes a 4.6 percent pay increase.

The Committee is very pleased with OSHA's efforts in placing high priority on the Voluntary Protection Program (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. In fiscal year 2002 the Committee expects OSHA to continue to place priority on the VPP, making every effort to ensure 25 percent growth in participation by sites covered under Federal OSHA jurisdiction. Cooperative voluntary programs, especially the VPP, are important to employers' ability to assure worker safety and health.

The Committee has included language carried in the bill since 1976 in one instance and 1979 in the other that restricts the use of funds for certain purposes. First, the bill includes language that effectively exempts farms employing 10 or fewer people from the

provisions of the Act except those farms having a temporary labor camp. Second, the bill includes language exempting businesses employing 10 or fewer in industry classifications having a lost workday injury rate less than the national average from general schedule safety inspections.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

The bill includes $251,725,000 for this agency. This is $5,419,000 above the budget request and the fiscal year 2001 comparable level. This agency enforces the Federal Mine Safety and Health Act in underground and surface coal and metal and non-metal mines. Within the funds provided, the Committee assumes a 4.6 percent pay increase.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

The total funding recommended by the Committee for the Bureau of Labor Statistics is $477,108,000. This is $1,108,000 above the budget request and is an increase of $26,221,000 over the 2001 comparable level. The bill includes $407,976,000 in general funds for this account and authority to spend $69,132,000 from the Employment Security Administration Account of the Unemployment Trust Fund. The Bureau of Labor Statistics is the principal fact-finding agency in the Federal Government in the broad field of labor economics. Its principal surveys include the Consumer Price Index and the monthly unemployment series. Within the funds provided, the Committee assumes a 4.6 percent pay increase.

OFFICE OF DISABILITY EMPLOYMENT POLICY

SALARIES AND EXPENSES

The bill includes $33,053,000 for the new Office of Disability Employment Policy, which is $10,210,000 below the budget request and $10,084,000 above the fiscal year 2001 comparable level. Fiscal year 2002 is the first year that funding for this program is not provided under the Departmental Management activities. Of the funds provided, $2,640,000 is for the National Task Force on Employment of Adults with Disabilities. The Office provides leadership to eliminate employment barriers to people with disabilities. The Committee is pleased that the Department has made the employment of people with disabilities a priority, however, there is concern that the Office is not prepared for the 88 percent increase requested due to the slow start in hiring staff and in confirmation of an Assistant Secretary. Although full funding for this program is not provided in this bill, the Committee supports the Secretary's initiative. Within the funds provided, the Committee assumes a 4.6 percent pay increase.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

The bill includes $383,878,000 for Departmental Management activities. This is $26,491,000 above the fiscal year 2001 comparable level and $54,113,000 above the budget request. The bill includes $383,568,000 in general funds for this account along with authority to transfer $310,000 from the Employment Security Administration Account of the Unemployment Trust Fund. In addition, an amount of $22,590,000 is available by transfer from the Black Lung Disability Trust Fund. This is an increase of $1,000,000 over the fiscal year 2001 level and the same as the budget request. Within the funds provided, the Committee assumes a 4.6 percent pay increase.

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

The Committee is aware that the Department of Labor, like the rest of the government departments, is going through a transition from one Administration to the next. However, the Committee is concerned about the lack of timely responses to the Committee's requests for information and material. In particular, the Committee experienced difficulties in receiving hearing testimony, responses to hearing questions, and other requests for information and briefings pertaining to the funding and operation of the Department's programs and activities. These delays hindered the Committee's ability to perform its oversight responsibilities in reviewing the budget request for fiscal year 2002. Given the nature of the appropriations process, the majority of the Committee's requests need to be directed to the Department's budget office. It is critical that the Committee have access to that office. In addition, the Committee reserves the right to call upon all components of the Department for information and assistance. The workload generated in the budget process is large and growing; therefore, a positive, responsive relationship between the Committee, the legislative affairs office, and the budget office is absolutely essential to the appropriations process of the United States government.

The bill includes $147,982,000 for the Bureau of International Labor Affairs, which is the same as the fiscal year 2001 comparable level and an increase of $76,394,000 above the budget request.

The Committee is concerned that the growth in ILAB's programs in recent years might be outpacing ILAB's capacity to monitor grants and contracts to ensure that funds are achieving the purposes for which they were appropriated and that the implementing organizations are utilizing the grants efficiently in obtaining the desired results. The Committee is aware that a study is underway and anticipates receiving a report from ILAB by July 31, 2002 listing the specific evaluations or other methods used by ILAB to monitor the results achieved by these programs.

The bill reduces the request for the Department-wide information technology crosscut by $28,292,000. The funding level after this reduction is $51,708,000, which is $14,708,000 above the fiscal year

2001 comparable level. The Committee commends the Department in streamlining its information technology infrastructure into a single, uniform system and encourages the Department in this effort. However, the Committee was forced to make difficult choices given the budget constraints under which it is operating this year.

The Committee is aware of concerns about the Department's "policy guidance" issued January 17, 2001 pursuant to Executive Order 13166, published on August 16, 2000, regarding Limited English Proficiency. For example, some argue the "policy guidance" may require State-level agencies, including local Workforce Investment Boards, grant recipients, Job Corps, One-Stop Centers and others, to provide oral translations plus written translations of almost all notices, letters, pamphlets and brochures, posters, and other printed materials into scores of languages, leading to costs that could overwhelm State agencies, small businesses and even Federal agencies. The Committee recommends that the Department carefully review the guidance and revisit its implications, impacts and consequences both practically and fiscally.

In light of the enactment of the Workforce Investment Act, the Committee requests the Secretary update and submit to this Committee and the authorization committees with jurisdiction over the Department's programs by September 30, 2002, a report that describes current policy and practice barriers to access and utilization of targeted and mainstream employment and training systems and programs by homeless people and recommendations for removing such impediments and strengthening such programs.

ASSISTANT SECRETARY FOR VETERANS EMPLOYMENT AND TRAINING

The bill includes $211,703,000 for veteran employment and training activities, the same level as the 2001 comparable level and the budget request. Within this amount, the bill includes $186,903,000 to be expended from the Employment Security Administration account of the Unemployment Trust Fund for the traditional State and Federal administration of veterans employment and training activities.

For State grants, the bill provides $81,615,000 for the Disabled Veterans Outreach program. The bill also provides $77,253,000 for the Local Veterans Employment Representative program. For Federal administration, the bill provides $28,035,000 which is $47,000 more than the 2001 level and the same as the budget request.

For veterans workforce investment programs, the Committee recommends $7,300,000. This is the same as the 2001 comparable level and the same as the budget request. This budget activity, authorized by WIA, supports efforts to provide lifelong learning and skills development to veterans who have service-connected disabilities, who have significant barriers to employment, who served on active duty in the armed forces during a war or in a campaign or expedition for which a campaign badge has been authorized, or who are recently separated.

The Committee recommends $17,500,000 for the homeless veterans reintegration program assisting homeless veterans to find jobs. This is the same as 2001 and the budget request.

OFFICE OF THE INSPECTOR GENERAL

The bill includes $57,133,000 for the Office of Inspector General. This is $2,450,000 above the fiscal year 2001 level and the same as the budget request. This includes $52,182,000 in general funds for this account along with authority to transfer $4,951,000 from the Employment Security Administration account of the Unemployment Trust Fund.

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

GENERAL PROVISIONS

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

Sec. 102. The Committee continues a provision to permit transfers of up to one percent between appropriations.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HEALTH RESOURCES AND SERVICES

The bill includes $5,691,480,000 for health resources and services programs, which is $146,491,000 above the fiscal year 2001 comparable level for these activities and $718,793,000 above the budget request. Within the funds provided, the Committee assumes a 4.6 percent pay increase.

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

Community health centers

The Committee provides $1,318,559,000 for community health centers, which is $150,000,000 above the fiscal year 2001 comparable level and $25,836,000 above the budget request. These funds support programs which include community health centers, migrant health centers, health care for the homeless and public housing health service grants.

The Committee includes bill language similar to previous years limiting the amount of funds available for the payment of claims under the Federal Tort Claims Act to $15,000,000. The Committee recognizes the value of this program for health centers and as additional health centers participate in the program, the number of claims submitted and paid also increases. The agency reports that currently only $1,100,000 remains available to pay claims and

there are 465 claims pending. Therefore, the Committee has increased the limitation for tort claims to $15,000,000. The Committee requests HRSA to submit a report by February 15, 2002 that provides an analysis of the Federal tort claims program. This report should include a history of the program, trends in the number and type of claims submitted as well as those paid, any proposals, including legislative proposals, to change the program, and any other information the Committee might need to address this issue.

The Committee is pleased with the Administration initiative to double the number of citizens served by community health centers. However, the Committee emphasizes that the ends to such a goal must not be achieved simply by placing additional centers in densely populated urban communities, thus leaving less densely populated rural areas still underserved.

For the past few years, priority has been given to ensure that financially-pressed health centers remain viable in under-served communities. The Committee commends HRSA for stabilizing many health centers through its funding methodology and supports continuation of that effort. In addition, the Committee has increased funding above the budget request in order to expand current service levels and sites. The Committee encourages HRSA to distribute these additional funds to existing health centers based on their ability to expand their delivery of care to new patients and for new sites in communities without adequate access to primary and preventive care.

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

The Committee recognizes that a growing number of community health centers are feeling the financial impact of providing culturally and linguistically appropriate services to multicultural and limited English speaking patients. Community health centers providing services in more than two languages and/or dialects and to a patient base with at least 70 percent requiring such services are not compensated for providing culturally and linguistically appropriate services. The Committee encourages HRSA to include such costs in formulas that determine base funding for community health centers.

National Health Service Corps: Field placements

The Committee provides $42,511,000 for field placement activities, which is $1,049,000 above the fiscal year 2001 comparable level and the same as the budget request. These funds are used to support the activities of National Health Service Corps (NHSC) obligors and volunteers in the field, including travel and transportation costs of assignees, training and education, recruitment of volunteers, and retention activities. Salary costs of most new assignees are paid by the employing entity.

National Health Service Corps: Recruitment

The Committee provides $100,000,000 for recruitment activities, which is $12,088,000 above the fiscal year 2001 comparable level

and $12,084,000 above the budget request. The program awards scholarships to health professions students and assists graduates in repaying their student loans. In return for every year of support, these students are obligated to provide a year of service in health professional shortage areas usually located in inner cities or rural areas, with a two-year minimum obligation. Within the total provided, $4,000,000 is for State offices of rural health.

Health professions

The Committee provides $669,992,000 for all health professions training programs, which is $82,103,000 above the fiscal year 2001 comparable level and $330,145,000 above the budget request. The Bureau of Health Professions provides both policy leadership and support for health professions workforce enhancement and educational infrastructure development.

Centers of excellence

The Committee provides $33,637,000 for centers of excellence, which is $3,000,000 above the fiscal year 2001 comparable level and $20,790,000 above the budget request. The program is designed to strengthen the national capacity to educate underrepresented minority (URM) students in the health professions by offering special support to those institutions which train a significant number of URM individuals, including African-Americans, Hispanics and Native Americans. Funds are used for the recruitment and retention of students and faculty, information resources and curricula, faculty and student research, and the development of plans to achieve institutional improvements.

The Committee is pleased that HRSA has re-focused the minority centers of excellence program on providing support to historically minority health professions institutions. The Committee encourages the program to consider applications that are responsive to allied health professions that are experiencing shortages and high vacancy rates such as laboratory personnel.

Health careers opportunity program

The Committee provides $35,795,000 for the health careers opportunity program, which is $3,000,000 above the fiscal year 2001 comparable level and $22,043,000 above the budget request. This program provides grants and contracts to eligible health professions schools for identifying, recruiting, and selecting individuals from the various racial and ethnic populations who are from disadvantaged backgrounds for education and training in a health profession and facilitating their entry into, retention and completion of their education at a health professions school.

The Committee is pleased that HRSA has given priority consideration for health careers opportunities program (H–COP) grants to minority health professions institutions and recommends that grant review committees have proportionate representation from these institutions. The Committee encourages the program to consider applications that are responsive to allied health professions that are experiencing shortages and high vacancy rates such as laboratory personnel.

Loan repayments and fellowships regarding faculty positions

The Committee provides $1,330,000 for loan repayments and fellowships regarding faculty positions, which is the same as the fiscal year 2001 comparable level and $773,000 above the budget request. The program provides for the repayment of educational loans of individuals from disadvantaged backgrounds who are health professions students or graduates, and who have agreed to serve for not less than two years as a faculty member of an eligible health professions school. The school matches the Federal contribution toward loan repayment. The program also supports fellowships for URM faculty members.

Scholarships for disadvantaged students

The Committee provides $46,473,000 for scholarships for disadvantaged students, which is $2,000,000 above the fiscal year 2001 comparable level and $27,822,000 above the budget request. The program provides grants to eligible health professions and nursing schools to provide scholarships to eligible individuals from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups. By statute, not less than 16 percent of the funds must go to schools of nursing. The Committee continues to intend that all health professions disciplines made eligible by statute be able to participate in the program.

Training in primary care medicine and dentistry

The Committee provides $95,048,000 for training in primary care medicine and dentistry, which is $4,000,000 above the fiscal year 2001 comparable level. The Administration did not request funding for this program. The program is comprised of four elements: (1) family medicine programs; (2) general internal medicine and general pediatrics (GIM/GP) training; (3) physician assistants (PA) training; and (4) general or pediatric dentistry training. Family medicine grants and contracts promote the predoctoral training of medical students, support family medicine residency programs and their trainees, train physicians who plan to teach in family medicine programs, and assist in establishing or improving family medicine academic administrative units. GIM/GP grants and contracts are to plan and operate residency programs and to provide financial assistance for residents, meet the costs of training programs for physicians who plan to teach in GIM/GP, as well as to support the faculty trainees, and develop programs to support predoctoral activities. PA training grants and contracts are to plan, develop, and operate or maintain programs for the training of PAs and for the training of individuals who will teach in programs to provide such training. General or pediatric dentistry training grants and contracts are to meet the costs of planning, developing, or operating programs and to provide financial assistance to residents in such programs.

Area health education centers

The Committee provides $33,362,000 for area health education centers (AHEC), which is the same as the fiscal year 2001 comparable level and $25,806,000 above the budget request. The program links university health science centers with community health service delivery systems to provide community-based train-

ing sites for students, faculty, and practitioners. The program supports two types of projects: (1) basic/core AHEC cooperative agreement projects to plan and implement new and developing programs; and (2) model programs to extend AHEC cooperative agreement projects, with not less than 50 percent of the project costs supported by non-Federal contributions in cash.

Health education and training centers

The Committee provides $4,403,000 for health education and training centers, which is the same as the fiscal year 2001 comparable level. The Administration did not request funding for this program. The program funds schools of medicine and osteopathy to conduct training and education programs for health professions students to improve the access, diversity, and quality of health personnel along the border between the United States and Mexico, in the State of Florida, and in other urban and rural areas with populations with serious unmet health care needs. The program also provides educational support to health professionals, including nursing, practicing in the area.

Allied health and other disciplines

The Committee provides $9,501,000 for allied health and other disciplines, which is $1,079,000 above the fiscal year 2001 comparable level and $7,594,000 above the budget request. The program is comprised of three elements: (1) allied health special projects; (2) podiatric primary care residency training; and (3) chiropractic demonstration projects. Allied health special projects assist entities in meeting the costs associated with expanding or establishing programs that will increase the number of individuals trained in allied health professions. Activities included are those that: (1) expand enrollments; (2) provide rapid transition and career advancement training programs; (3) establish community-based training programs; (4) expand or establish interdisciplinary training programs, demonstration centers, and clinical training sites in medically underserved or rural communities; (5) provide traineeships to students; and (6) plan, develop, and operate or maintain graduate programs in behavioral and mental health practice. Podiatric primary care residency training grants and contracts are for planning and implementing projects in residency programs and providing traineeships to residents who plan to specialize in primary care. Chiropractic demonstration grants and contracts are to carry out demonstration projects in which chiropractors and physicians collaborate to identify and provide effective treatment of spinal and lower-back conditions.

Within the total provided, $2,000,000 above the budget request is to establish a graduate psychology education program to train health service psychologists in accredited psychology programs. This competitive program will provide awards for work with underserved populations, including children, the elderly, victims of abuse, the chronically ill or disabled and in areas of emerging needs, which will foster an integrated approach to health care services, address access for underserved populations and build on the interrelatedness of behavior and health.

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. The Committee is concerned about high vacancy rates for these laboratory personnel and urges HRSA to redouble efforts to address these shortages.

Geriatric programs

The Committee provides $22,410,000 for geriatric programs, which is $10,000,000 above the fiscal year 2001 comparable level. The Administration did not request funding for this program. The program provides grants and contracts to eligible entities to: (1) establish geriatric education centers to provide training for health care professionals who provide treatment and for training and retraining of faculty who teach geriatrics; (2) provide support for geriatric training projects to train physicians, dentists, and behavioral and mental health professionals who plan to teach geriatrics; and (3) establish a program to provide Geriatric Academic Career Awards to eligible individuals to promote the career development of such individuals as academic geriatricians.

Within the total provided, $10,000,000 above the budget request is to expand graduate medical education curriculum in geriatrics. The Committee is concerned that there is an insufficient number of health care providers trained to address the health care needs of the growing older population. With only a small number of new physicians going into the field and those already in the field approaching retirement age, incentives are needed to increase the number of academic geriatricians to competently train health professionals from a variety of disciplines, including geriatric medicine. The Committee believes that to meet the needs of an aging population, HRSA needs to improve the training of all health professionals in geriatrics.

Quentin N. Burdick program for rural interdisciplinary training

The Committee provides $5,988,000 for the Quentin N. Burdick program for rural interdisciplinary training program, which is the same as the fiscal year 2001 comparable level. The Administration did not request funding for this program. The program provides grants and contracts to entities for the purpose of funding interdisciplinary training projects that are designed to train, recruit, and retain teams of interdisciplinary professionals to work in underserved areas.

Health professions workforce information and analysis

The Committee provides $824,000 for health professions workforce information and analysis, which is the same as both the fiscal year 2001 comparable level and the budget request. The program provides grants and contracts to eligible entities to provide for the collection and analysis of targeted information, research on high priority workforce questions, the development of a non-Federal analytic and research infrastructure, and the conduct of program evaluation and assessment.

Public health, preventive medicine and dental public health programs

The Committee provides $11,478,000 for public health, preventive medicine and dental public health programs, which is

$2,000,000 above the fiscal year 2001 comparable level and $9,331,000 above the budget request. The program is comprised of three elements: (1) public health training centers; (2) public health traineeships; and (3) preventive medicine and dental public health residencies. Grants or contracts for the operation of public health training centers are awarded to an accredited school of public health, or another public or nonprofit private institution accredited for the provision of graduate or specialized training in public health, that plans, develops, operates, and evaluates projects that are in furtherance of the goals for the year 2000 in the areas of preventive medicine, health promotion and disease prevention, or improving access to and quality of health services in medically underserved communities. Public health traineeship grants provide graduate or specialized public health training to individuals in the fields of epidemiology, environmental health, biostatistics, toxicology, nutrition, and maternal and child health. Preventive medicine and dental public health residency grants and contracts assist schools in developing new residency training programs or improving existing programs and in providing financial assistance to residency trainees.

Health administration programs

The Committee provides $1,231,000 for health administration programs, which is the same as the fiscal year 2001 comparable level. The Administration did not request funding for this program. These programs provide grants to eligible entities with an accredited program in health administration, hospital administration, or health policy analysis and planning to provide traineeships to students and assist accredited health administration programs in the development or improvement of programs to prepare students for employment with public or nonprofit private agencies. Priority in awarding of traineeships is given to students who demonstrate a commitment to employment with public or non-profit entities in the fields with respect to which the traineeships are awarded.

Children's hospitals graduate medical education program

The Committee provides $285,000,000 for the children's hospitals graduate medical education program, which is $50,020,000 above the fiscal year 2001 comparable bill and $84,906,000 above the budget request. The program provides a more adequate level of support for health professions training in children's teaching hospitals that have a separate Medicare provider number ("free-standing" children's hospitals). Children's hospitals are statutorily defined under Medicare as those whose inpatients are predominantly under the age of 18. The funding in this program is intended to make the level of Federal Graduate Medical Education support more consistent with other teaching hospitals, including children's hospitals which share provider numbers with other teaching hospitals. Payments are determined by formula, based on a national per-resident amount. Payments support training of resident physicians as defined by Medicare in both ambulatory and inpatient settings.

Advanced education nursing

The Committee provides $61,048,000 for advanced education nursing, which is $2,003,000 above the fiscal year 2001 comparable level and $2,000,000 above the budget request. The program provides grants and contracts to eligible entities to meet the costs of: (1) projects that support the enhancement of advanced nursing education and practice; and (2) traineeships for individuals in advanced nursing education programs. The program prepares nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists, nurse educators, nurse administrators, public health nurses or other nurse specialists for advanced practice roles. The type of advanced education programs include master's and doctoral degree programs, combined registered nurse/master's program, post-nursing master's certificate programs, or in the case of certificate nurse midwifery programs, those in existence on November 12, 1998.

Nursing workforce diversity

The Committee provides $6,173,000 for nursing workforce diversity, which is $1,500,000 above the fiscal year 2001 comparable level and the same as the budget request. The program provides grants and contracts to schools of nursing and other eligible entities to meet the costs of special projects to increase nursing education opportunities for individuals who are from disadvantaged backgrounds, including racial and ethnic minorities, by providing student scholarships or stipends, pre-entry preparation, and retention activities. The program also contributes to the basic preparation of disadvantaged and minority nurses for leadership positions within the nursing and health care community.

Basic nurse education and practice

The Committee provides $16,291,000 for basic nurse education and practice, which is $3,501,000 above the fiscal year 2001 comparable level and the same as the budget request. The program provides grants and contracts to schools of nursing and other eligible entities for projects to strengthen capacity for basic nurse education and practice by strengthening programs that provide basic nurse education through establishing or expanding nursing practice arrangements in non-institutional settings; providing care for underserved populations and other high-risk groups, such as the elderly, individuals with HIV/AIDS, substance abusers, the homeless, and victims of domestic violence; providing managed care, quality improvement, and other skills needed to practice in existing and emerging health care systems; develop cultural competencies among nurses; expand the enrollment in baccalaureate programs; promote career mobility and cross training or specialty training among diverse population groups; and providing education in informatics, including distance learning methodologies or other priority areas.

Hansen's disease services

The Committee provides $17,491,000 for the Hansen's disease program, which is $399,000 below the fiscal year 2001 comparable level and $900,000 below the budget request. This program offers Hansen's disease treatment to about 40 long term residents who

continue to reside at Carville, to patients at a Center in Baton Rouge, as well as to patients at other contract supported locations in Baton Rouge and in grant supported outpatient regional clinics. Other former long term residents have been offered and elected to receive a living allowance from the program and now live independently. These programs provide treatment to about 3,000 of the 6,000 Hansen's disease sufferers in the continental United States. 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.

Maternal and child health block grant

The Committee provides $740,000,000 for the maternal and child health (MCH) block grant, which is $25,849,000 above the fiscal year 2001 comparable level and $30,913,000 above the budget request. The MCH block grant provides funds to States to meet a broad range of enhanced and wraparound health services, including personal health services; general, population-wide health services, such as screening; family support services; and integrated systems of care. About 17 million women, infants, children, adolescents and children with special health care needs will be served in fiscal year 2002. The authorizing statute provides that, up to a funding level of $600,000,000, 85 percent of the funds are distributed to the States, with 15 percent of the funds set-aside by the Secretary for special projects of regional and national significance (SPRANS). When the appropriation exceeds $600,000,000, 12.75 percent of the amount over $600,000,000 is directed to the Community Integrated Service Systems set-aside program. The remaining 87.25 percent is distributed by the same 85/15 percent allocation as in the basic block grant formula.

The Committee provides $9,000,000 more for SPRANS activities than would otherwise be the case under the statutory formula, of which $5,000,000 is to continue the traumatic brain injury health services demonstration projects initiated in fiscal year 1997 under this authority and $4,000,000 is to enhance the sickle cell newborn screening program and its locally based outreach and counseling efforts. HRSA is urged to give priority consideration to sickle cell disease organizations that have a proven track record of providing supportive and related services.

In addition, $10,000,000 is provided for the title V SPRANS abstinence education program. This brings the total program level to $40,000,000 for fiscal year 2002. The Committee supports abstinence education for adolescents, ages 12 through 18, and supports expansion of efforts to present an abstinence-only message to America's youth. It is important, however, to ensure that America's youth do not receive mixed messages, or medically inaccurate information. The legislation directs that abstinence messages given to a group of youth by a grantee must not be diluted by any instructor or materials from the same grantee. Nothing in the legislation is intended to prevent these adolescents from seeking health information or services. Nothing shall preclude entities who are teaching these abstinence-only classes and who have a public health mandate from discussing other forms of sexual conduct or providing

services, as long as this is conducted in a different setting than where and when the abstinence-only course is being conducted. In allocating grant funds, priority should be given to those organizations which have a strong record of support of abstinence education as defined in sections (a) through (h) of title 5, section 510(b)(2) of the Social Security Act.

The Committee is also committed to studying the effectiveness of abstinence education, of sexuality education, and the lack of education in these areas. In order to properly track the long term effects of these programs, it is necessary to conduct longitudinal studies that follow groups of adolescents receiving a particular curricula for a number of years. Therefore the Committee provides up to 3.5 percent of the funding under this legislation to study, track and evaluate groups of youth who receive such education, including a representative sample of adolescent clients who use Federally funded family planning services. If possible, these cohorts should be large enough to provide statistically significant results in all major population segments of American society, including African Americans, Asians, Caucasians, Hispanics, and Native Americans. They should also be able to track socio-economic variables as well. All appropriate active prior parental consent, age-appropriateness and privacy guidelines should be followed. Criteria for success should include prevention and reduction of out of wedlock pregnancies and sexually transmitted diseases, including both viral and bacterial; rates of abortion; age at first sexual activity and intercourse; frequency of sexual activity and intercourse, and numbers who postpone sexual activity or intercourse through adolescence. Progress reports should be submitted to Congress annually.

Within the total provided, the Committee expects HRSA to work with States to begin implementing the heritable disorders program authorized in the Children's Health Act of 2000. This program is designed to strengthen State's newborn screening programs and improve State's ability to develop, evaluate, and acquire innovative testing technologies, and establish and improve programs to provide screening, counseling, testing, and special services for newborns and children at risk for heritable disorders.

The Committee continues to recognize the critical role of hemophilia treatment centers in the prevention and treatment of the complications of hemophilia and other bleeding and clotting disorders. The Committee urges HRSA to strengthen support for these centers and requests a report by February 15, 2002 on steps taken to improve services provided through the network to persons with hemophilia and other blood disorders, especially in reaching the underserved.

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

The Committee is pleased to learn that HRSA will continue to fund three thalassemia centers. These centers provide comprehensive services to patients and families. The Committee urges HRSA

to continue to work closely with these centers and the Cooley's Anemia Foundation.

The Committee is aware of HRSA's activities to improve access to dental care for underserved populations. The Committee urges HRSA to continue and to expand its programs with the Centers for Medicare and Medicaid Service (CMS) and the private sector dental community that promote access to dental services for underserved populations. The Committee also urges HRSA, through its Maternal and Child Health program, to continue to collaborate with CMS and adequately fund HRSA/CMS regional dental access teams and efforts to assist states to reduce barriers to care for Medicaid and SCHIP populations. Such collaborations should include expanding its state oral health systems development grant program, formalizing its partnership with CMS to conduct State dental access summit meetings, and funding innovative demonstration projects for the prevention and early intervention of dental disease in children under three years of age.

Healthy Start

The Committee provides $102,000,000 for Healthy Start, which is $12,004,000 above both the fiscal year 2001 comparable level and the budget request. Healthy Start provides grants to select communities with high rates of infant mortality to help them identify, plan, and implement a diverse range of community-driven strategies that can successfully and significantly reduce disparities in perinatal health that contribute to the Nation's high infant mortality rate.

In structuring the competition for Healthy Start grant awards in fiscal year 2002, HRSA is urged to give a preference to current and former grantees with expiring or recently expired project periods, including grantees that did not receive renewed funding during the fiscal year 2001 round.

Universal newborn hearing screening

The Committee provides $10,000,000 for the universal newborn hearing screening program, which is $2,001,000 above the fiscal year 2001 comparable level and $3,419,000 above the budget request. The program provides competitive grants to States for the purpose of implementing a national program of universal newborn hearing screening by means of physiologic testing prior to hospital discharge, audiologic evaluation by three months of age, and entry into a program of early intervention by six months of age.

Organ transplantation

The Committee provides $19,992,000 for organ transplantation activities, which is $5,000,000 above the fiscal year 2001 comparable level and the same as the budget request. The program supports a scientific registry of organ transplant recipients; the National Organ Procurement and Transplantation Network, which matches organ donors with potential recipients; and grants and contracts with public and private non-profit organizations to promote and improve organ donations.

The Committee urges HRSA to use increased funding for media advertising and best practices demonstrations designed to increase the number of annual organ donations. Such demonstrations could

include providing assistance to State Departments of Motor Vehicles to establish donor registries that are accessible to organ procurement agencies and programs to encourage licensed drivers to become organ donors.

Bone marrow program

The Committee provides $22,000,000 for the bone marrow program, which is $42,000 above the fiscal year 2001 comparable level and the same as the budget request. In addition to funding from HRSA in fiscal year 2002, the National Marrow Donor Program is expected to receive $19,000,000 from the U.S. Navy. Funds are used for donor medical costs, donor centers, tissue typing, research, minority recruitment, and program administration. The registry is run by contract.

Rural outreach grants

The Committee provides $51,863,000 for rural outreach grants, which is $6,348,000 below the fiscal year 2001 comparable level and $14,000,000 above the budget request. The program supports projects that provide health services to rural populations not currently receiving them and that enhance access to existing services. The reduction below last year's level is due to the funding of one-time projects.

Rural health research

The Committee provides $12,099,000 for rural health research, which is $1,337,000 below the fiscal year 2001 comparable level and $6,000,000 above the budget request. The activity supports several rural health research centers and the Office for Rural Health Policy's advisory committee. The reduction below last year's level is due to the funding of one-time projects.

Telehealth

The Committee provides $27,609,000 for telehealth, which is $8,367,000 below the fiscal year 2001 comparable level and $22,000,000 above the budget request. The telehealth program works with and support communities in their efforts to develop cost-effective uses of telehealth technologies. These technologies bring health services to residents of the Nation who are isolated from health care, and health-related education to the practitioners who serve them. The reduction below last year's level is due to the funding of one-time projects.

The Committee recognizes the potential that telehealth has for improving the delivery of quality health care and health information to rural underserved areas and providing distance education to health care professionals and consumers. The Committee strongly supports HRSA's rural telehealth initiatives and encourages the agency to work in partnership with medical librarians, the National Library of Medicine, and other health information specialists in the development and implementation of its telehealth projects.

Denali Commission

The Committee does not provide funding for the Denali Commission, the same as the budget request.

Emergency medical services for children

The Committee provides $19,000,000 for emergency medical services for children, which is $15,000 above the fiscal year 2001 comparable level and $3,426,000 above the budget request. The program supports demonstration grants for the delivery of emergency medical services to acutely ill and seriously injured children.

Poison control centers

The Committee provides $16,421,000 for poison control centers, which is $3,574,000 below the fiscal year 2001 comparable level and the same as the budget request. The amount provided is to support activities authorized in the Poison Control Center Enhancement and Awareness Act.

Black lung clinics

The Committee provides $6,000,000 for black lung clinics, which is the same as both the fiscal year 2001 comparable level and the budget request. The program supports 14 grantees that treat a declining population of coal miners with respiratory and pulmonary impairments. The clinics presently receive more than one-third of their funding from other sources, such as Medicaid and Medicare. Of the 14 grantees, three actually receive community health center funding as well as black lung grants.

Trauma care

The Committee provides $3,000,000 for trauma care, which is the same as the fiscal year 2001 comparable level and $533,000 above the budget request. Trauma systems respond to public health emergencies such as natural disasters, e.g. earthquakes, or mass violence, e.g. riots, or school shootings, or motor vehicle accidents. HRSA efforts include assisting States in stabilizing their trauma/emergency medical services basic infrastructure of their systems, and public information and education campaigns to assist State and local agencies to raise awareness of this vital component of the public health system.

Nurse loan repayment for shortage area service

The Committee provides $2,279,000 for nurse loan repayment for shortage area service, which is $5,000,000 below the fiscal year 2001 comparable level and the same as the budget request. This program offers student loan repayment to nurses in exchange for an agreement to serve not less than two years in an Indian Health Service health center, Native Hawaiian health center, public hospital, community or migrant health center, or rural health clinic. The reduction below last year's level is due to the use of the Secretary's one percent transfer authority.

Payment to Hawaii for treatment of Hansen's disease

The Committee provides $2,045,000 for the treatment of persons with Hansen's disease in the State of Hawaii, which is the same as both the fiscal year 2001 comparable level and the budget request. The program, which provides a partial matching payment to the State of Hawaii, dates to the period of Father Damien's facility for sufferers of Hansen's disease (leprosy). That facility now has only 47 residents who live there by choice, and the grounds have

been converted to a historical site. Most patients diagnosed with Hansen's disease in Hawaii are now treated in the same manner as new patients on the mainland; their care is handled on an outpatient basis, with the program paying for about 5,200 outpatient visits per year.

Ryan White AIDS programs

The Committee provides $1,919,609,000 for Ryan White AIDS programs, which is $112,000,000 above the fiscal year 2001 comparable level and $111,845,000 above the budget request. The Committee recognizes that each Part of the Ryan White CARE Act provides services, which enable individuals to adhere to HIV drug treatments and access needed medical care.

The Committee is aware of several formal collaborations between Veteran's Health Administration facilities and local providers of Ryan White Care Act funding. The Committee is supportive of such efforts to enhance HIV/AIDS services through these innovations. The Committee requests that HRSA submit a report by February 15, 2002 detailing actions taken by the agency to further develop collaborations, reduce barriers, and strengthen such activities to maximize Federal HIV/AIDS care resources.

Within the total provided, $123,200,000 is for Ryan White AIDS activities that are targeted to address the growing HIV/AIDS epidemic and its disproportionate impact upon communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders. Department statistics show that racial and ethnic minorities represent the highest number of new AIDS cases. While African-Americans and Hispanics are only 12 percent and 13 percent of the U.S. population respectively, they account for at least 55 percent and 20 percent of all new AIDS cases. In addition, more than 60 percent of people living with AIDS are racial minorities. Congress began funding the Minority HIV/AIDS Initiative in fiscal year 1999. It was designed to focus special attention on solving a growing public health problem as well as to develop and improve the capacity of minority community based organizations to more effectively serve their communities. This approach was tailored to yield innovative and successful strategies specifically targeted to the highest risk and hardest to serve populations, which for the past two decades have eluded more traditional HIV/AIDS prevention, treatment, and education efforts. In distributing these funds, the Committee expects HRSA to tailor the portion of the Ryan White programs that are funded under the Minority HIV/AIDS Initiative as tightly as possible in order to address the growing health problem and maximize the participation of minority community based organizations. In evaluating organizations' capacities, HRSA should take into consideration that the board, management and key staff are representative of the minority communities served, be situated closest to the targeted problem, have a history of providing services to these communities, and have documented linkages to the targeted populations, so that they can help close the gap in access to service for the highly impacted communities of color in the interest of public health. These funds are for activities that are designed to address the trends of the HIV/AIDS epidemic in communities of color based on the most recent estimated living AIDS cases, HIV infections and

AIDS mortality among ethnic and racial minorities as reported by the Centers for Disease Control and Prevention. Consistent with this overall direction, these funds are allocated as follows:

Emergency assistance

The Committee provides $619,169,000 for the Part A, emergency assistance program, which is $15,000,000 above both the fiscal year 2001 comparable level and the budget request. These funds provide grants to metropolitan areas with very high numbers of AIDS cases for outpatient and ambulatory health and social support services. Half of the amount appropriated is allocated by formula and half is allocated to eligible areas demonstrating additional need through a competitive grant process.

Within the total provided, $41,800,000 is for competitive, supplemental grants to improve the HIV-related health outcomes for communities of color and reduce existing health disparities. Funds should be allocated through the established planning council processes of Title I eligible metropolitan areas. The Committee strongly urges the Planning Councils to maximize the participation of minority community based organizations as defined above. These funds are expected to improve and develop the capacity of these organizations to deliver HIV-related treatment and supportive services within communities of color, that are both culturally and linguistically appropriate to individuals living with HIV/AIDS.

Comprehensive care programs

The Committee provides $985,969,000 for Part B, comprehensive care programs, which is $75,000,000 above both the fiscal year 2001 comparable level and the budget request. The funds provided support formula grants to States for the operation of HIV service delivery consortia in the localities most heavily affected, for the provision of home and community-based care, for continuation of health insurance coverage for infected persons, and for purchase of therapeutic drugs.

The Committee has included bill language identifying $649,000,000 specifically for the purchase of AIDS drugs. The fiscal year 2001 bill designated $589,000,000 for this purpose.

Within the total provided, $7,000,000 is for State HIV care grants to support educational and outreach services to increase the number of eligible minorities who access HIV/AIDS treatment through AIDS Drug Assistance Programs (ADAP). The Committee strongly urges States to maximize the participation of minority community based organizations in delivering these educational and outreach services. The Committee is concerned that the continuing under representation of African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders in State-run ADAP contributes to their persistently poor HIV/AIDS health outcomes in comparison to other populations.

Early intervention program

The Committee provides $192,878,000 for Part C, the early intervention program, which is $6,999,000 above the fiscal year 2001 comparable level and $6,844,000 above the budget request. Funds are used for discretionary grants to migrant and community health centers, health care for the homeless grantees, family planning

grantees, hemophilia centers and other private non-profit entities that provide comprehensive primary care services to populations with or at risk for HIV disease. The grantees provide testing, risk reduction counseling, transmission prevention, and clinical care; case management, outreach, and eligibility assistance are optional services.

Within the total provided, $49,400,000 is for planning grants and Early Intervention Service (EIS) grants to health care providers with a history of serving communities of color. The Committee strongly urges HRSA to maximize the participation of minority community based organizations as defined above in planning and delivering EIS. Funds should also be made available to regional and local technical assistance organizations to assist service providers in identifying and increasing the retention of minorities in care with an emphasis on women and gay men of color in highly impacted and underserved areas. Within the increase provided, HRSA is urged to make enhancing the service capacity of existing minority EIS providers a priority.

Pediatric demonstrations

The Committee provides $69,995,000 for Part D, pediatric AIDS demonstrations, which is $5,000,000 above both the fiscal year 2001 comparable level and the budget request. The program supports demonstration grants to foster collaboration between clinical research institutions and primary community-based medical and social service providers for the target population of HIV-infected children, pregnant women and their families. The projects are intended to increase access to comprehensive care, as well as to voluntary participation in NIH and other clinical trials.

Within the total provided, the Committee intends that at least 90 percent should be spent on direct primary care and support services. With the exception of any increases provided through the minority AIDS initiative, priority should be placed on funding increases to existing grantees as a percentage increase to their base grants in order to recognize the increasing costs of providing services.

The Committee encourages HRSA to expand efforts to facilitate ongoing communication with grantees so that prospective changes in the administration of the program can be discussed. Such efforts should include collaboration with grantees on the study connected with the forthcoming determination by the Secretary on a potential limit on administrative expenses, as mandated in the Ryan White CARE Act Amendments of 2000. The Committee also encourages HRSA to work with CDC to identify and eliminate barriers between HIV prevention and care services.

Within the total provided, $17,000,000 is to sustain and expand efforts to deliver comprehensive, culturally competent and linguistically appropriate research-based intervention and HIV care services to minority women, infants, and children. The Committee strongly urges HRSA to maximize the participation of minority community based organizations as defined above in delivering these services. Priority should be given to these organizations and providers with a history of effectively providing services to communities of color to expand or implement programs specifically designed to provide youth, adolescent, and young adult-focused HIV/

AIDS care and services. These funds will help to bridge targeted prevention and medical care and treatment services to youth and young adults.

AIDS dental services

The Committee provides $15,000,000 for AIDS dental services, which is $5,001,000 above both the fiscal year 2001 comparable level and the budget request. The program provides grants to dental schools and postdoctoral dental education programs to assist with the cost of providing unreimbursed oral health care to patients with human immunodeficiency virus disease. Dental students and residents participating in this program receive extensive training in the understanding and management of the oral health care needs of people living with HIV/AIDS.

Education and training centers

The Committee provides $36,598,000 for AIDS education and training centers, AETCs, which is $5,000,000 above both the fiscal year 2001 comparable level and the budget request. The centers train health care personnel who care for AIDS patients and develop model education programs.

Within the total provided, $8,000,000 is to increase the training capacity of AETCs to expand the number of community-based minority health care professionals with treatment expertise and knowledge about the most appropriate standards of HIV/AIDS-related treatments and medical care for HIV infected adults, adolescents and children as developed by the US Public Health Service. The training of minority providers is to be implemented through collaborations with Historically Black Colleges and Universities (HBCU), Hispanic Serving Institutions, and Tribal Colleges. These efforts are designed to increase the treatment expertise and HIV knowledge of minority front-line providers serving individuals living with HIV/AIDS. Funds are also intended to support minority community based organizations to train minority providers to deliver culturally competent and linguistically appropriate treatment education services.

Family planning

The Committee provides $264,170,000 for the family planning program, which is $10,273,000 above the fiscal year 2001 comparable level and $10,000,000 above the budget request. The program provides grants to public and private non-profit agencies to support projects which provide a range of family planning and reproductive services, as well as screening for ancillary health problems such as hypertension and diabetes. The program also supports training for providers, an information and education program, and a research program which focuses on family planning service delivery improvements.

The bill repeats language from the 2001 appropriations bill making clear that these funds shall not be expended for abortions, that all pregnancy counseling shall be nondirective, and that these funds shall not be used to promote public opposition to or support of any legislative proposal or candidate for public office.

Health care facilities

The Committee has not included funding for health care facilities. A total of $251,546,000 was provided for this purpose in fiscal year 2001; no funding was included in the budget request. This program provides funds to public and private nonprofit entities for construction or modernization of outpatient medical facilities. This activity has not been funded by the Committee on a regular annual basis.

Buildings and facilities

The Committee provides $250,000 for buildings and facilities, which is the same as both the fiscal year 2001 comparable level and the budget request. These funds are used to finance the repair and upkeep of buildings at the Gillis W. Long Hansen's Disease Center at Carville, Louisiana.

Rural hospital flexibility grants

The Committee provides $35,000,000 for rural hospital flexibility grants, which is $10,004,000 above the fiscal year 2001 comparable level and $10,003,000 above the budget request. The program provides grants to States to help them improve access to health care services in rural communities by: (1) developing and implementing a State rural health plan; (2) assisting small, at risk rural hospitals that wish to convert to Critical Access Hospitals and receive cost-based payments from Medicare; and (3) supporting these hospitals and the communities they serve in developing networks of care that meet the requirements of the law and integrate Critical Access Hospitals with emergency services and other sources of health care in the communities.

Within the total provided, $10,000,000 above the budget request is for a small rural hospital prospective payment systems (PPS) grant program as authorized in the Children's Health Act.

Rural access to emergency devices

The Committee provides $12,500,000 for rural access to emergency devices to be administered through the Rural Health Outreach Office. This newly authorized program provides grants to expand the placement of automatic external defibrillators (AED) to rural areas and to address AED training needs for first responders and emergency medical technicians in rural communuties.

National practitioner data bank

The Committee does not provide funding for the national practitioner data bank for fiscal year 2002, which is the same as both the fiscal year 2001 action on appropriations and the budget request. The Committee recommendation and the budget request assume that the data bank will be self-supporting, with collections of $17,200,000 in user fees. The national data bank receives, stores and disseminates information on paid medical malpractice judgments and settlements, sanctions taken by Boards of Medical Examiners, losses of membership in professional societies, and certain professional review actions taken by health care entities. Insurance companies, State licensure boards and authorities, and other health care entities and professional societies are required to report information to the data bank within 30 days of each action. The

coverage of the data bank includes dentists and physicians, and, with respect to malpractice settlements and judgments, other categories of licensed health professionals. Hospitals are required to search the data bank when a health care provider applies for employment and once every two years thereafter. State licensing boards, other health care entities, licensing authorities, and professional societies also have access to the data bank. Traditional bill language is included to ensure that user fees are collected to cover the full costs of the data bank operations.

Healthcare integrity and protection data bank

The Committee does not provide funding for the healthcare integrity and protection data bank (HIPDB) for fiscal year 2002. The Committee recommendation and the budget request assume that the data bank will be self-supporting, with collections of $8,000,000 in user fees. HIPDB receives, stores, and disseminates information on final adverse actions taken against health care providers, suppliers, and practitioners. This information is collected from and made available to Government agencies and health plans. In addition, disclosure of the information is made available, upon request, to health care providers, suppliers, and practitioners who wish to self-query.

Community access program

The Committee has provided $120,041,000 for the community access program, which is $19,943,000 below the fiscal year 2001 comparable level and $105,000,000 above the budget request.

Within the total provided, $15,041,000 is to help States identify the characteristics of the uninsured within the State and develop approaches for providing all uninsured with health coverage and $105,000,000 is to continue the program of grants to public, private, and non-profit health entities to develop and expand integrated systems of care and address service gaps within such integrated systems with a focus on primary care, mental health and substance abuse services.

Program management

The Committee provides $147,049,000 for the cost of Federal staff and related activities to coordinate, direct and manage the programs of the Health Resources and Services Administration. This amount is $8,077,000 above the fiscal year 2001 comparable level and the same as the budget request. Within the funds provided, the Committee assumes a 4.6 percent pay increase.

The Committee requested a report from HRSA outlining a detailed plan on how to consolidate the oral health programs and their funding in an effort to better coordinate HRSA's oral health activities. This report was due to the Committee by February 1, 2001. The Committee is extremely disappointed that it did not receive this report until August 31, 2001 and the report did not contain the requested consolidation plan. The Committee directs HRSA to tell the Committee why it did not comply with this request.

MEDICAL FACILITIES GUARANTEE AND LOAN FUND

FEDERAL INTEREST SUBSIDIES FOR MEDICAL FACILITIES

The Committee does not provide funding for the Medical Facilities Guarantee and Loan Fund, the same as the budget request. Appropriations are used to pay interest subsidies on loans made or guaranteed prior to fiscal year 1977 for hospital construction. There are sufficient carryover funds from prior years' appropriations to pay defaults and interest subsidy payments; therefore, no appropriation is required to cover these payments. In addition, the bill includes language, as in prior years, which prohibits commitments for new loans or loan guarantees in fiscal year 2002.

HEALTH EDUCATION ASSISTANCE LOANS PROGRAM

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

The Committee provides $10,000,000 to liquidate obligations from loans guaranteed prior to 1992, which is the same as both the fiscal year 2001 level and the budget request.

The Committee provides $3,792,000 for HEAL program management, which is $120,000 above the fiscal year 2001 comparable level and the same as the budget request.

NATIONAL VACCINE INJURY COMPENSATION PROGRAM

The Committee makes available the release of $114,855,000 from the Vaccine Injury Compensation Trust Fund in fiscal year 2002, which is $500,000 above the fiscal year 2001 level and the same as the budget request.

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

Trust funds made available in the bill will support the liability costs of vaccines administered after September 30, 1988. They will also support the $2,992,000 in costs incurred by the agency in the operation of the program, which is the same as both the fiscal year 2001 level and the budget request.

CENTERS FOR DISEASE CONTROL AND PREVENTION

DISEASE CONTROL, RESEARCH AND TRAINING

The Committee provides $4,077,060,000 for the Centers for Disease Control and Prevention (CDC), which is $214,287,000 above

the fiscal year 2001 comparable level and $380,449,000 above the budget request. Within the funds provided, the Committee assumes a 4.6 percent pay increase.

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

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

Birth defects, developmental disabilities, disability and health

The Committee provides $80,280,000 for birth defects, developmental disabilities, disability and health, which is $9,554,000 above the fiscal year 2001 comparable level and $4,000,000 above the budget request. This program collects, analyzes, and makes available data on the incidence and causes of birth defects and developmental disabilities.

Within the total provided, $2,000,000 above the budget request is to expand autism and developmental disabilities surveillance activities in additional States.

Within the total provided, $2,000,000 above the budget request is to expand surveillance and epidemiological efforts of Duchenne and Becker muscular dystrophy in the United States, which will assist with research decisions, standards of care formation, prenatal and infant screening and medical education efforts.

With the creation of this Center, CDC has an unprecedented opportunity to support research to prevent birth defects and disabilities. The Committee has included funding to increase efforts to discover causes and develop prevention and intervention strategies for birth defects and developmental disabilities. The Committee encourages CDC to increase monitoring, research, and prevention activities conducted by CDC in cooperation with States and other partners.

The Committee commends CDC for its partnership with the Christopher Reeve Paralysis Foundation to establish an information and support center. This is a critical resource for families and individuals that experience spinal cord injuries and neurological conditions which result in paralysis. The Committee understands that, within the $10,000,000 increase requested in the President's budget, funds are included to continue working with the Foundation on projects dealing with paralysis.

Within the total provided, the Committee urges CDC to work with NICHD, NINDS, AHRQ, and private organizations in convening a consensus conference examining the current state of practice and its opportunities relating to secondary prevention, includ-

ing *in utero* surgery, and efforts to reduce and prevent secondary conditions of Spina bifida.

The Committee commends CDC for continuing the National Limb Loss Information Center and expanding its efforts to address the needs of the over 1.5 million people who have experienced limb loss. The Committee urges CDC to further enhance its limb loss efforts including improved epidemiological research and quality of life assessments among persons with childhood skeletal malignancies.

The Committee is aware of the importance of early identification and proper treatment of attention deficit/hyperactivity disorder (AD/HD) in the prevention of serious consequences, including school and work failure, depression, conduct disorder, failed relationships and substance abuse. The Committee understands that CDC plans to establish a pilot program for AD/HD in fiscal year 2002. The Committee urges CDC to expand its public health research agenda on AD/HD and work with non-profit organizations representing individuals with AD/HD to establish an AD/HD resource center.

Chronic disease prevention and health promotion

The Committee provides $722,495,000 for chronic disease prevention and health promotion, which is $27,213,000 below the fiscal year 2001 comparable level and $147,935,000 above the budget request. This program implements research and programs to prevent the leading causes of death and disability (e.g., heart disease and stroke, cancer, diabetes, and arthritis) which are among the most prevalent, costly, and preventable of all health problems. CDC plays a leadership role in coordinating and catalyzing the efforts of numerous public and private partners, which allows CDC to substantially extend its effectiveness in reaching people at highest risk for chronic disease.

Within the total provided, the following funding levels are for the specific program activities identified: heart disease and stroke, $32,727,000; cancer prevention and control, $67,879,000, of which $38,021,000 is for cancer registries, $10,569,000 is for colorectal cancer, $13,046,000 is for prostate cancer, $1,647,000 is for skin cancer and $4,596,000 is for ovarian cancer; diabetes, $57,728,000; arthritis, $13,251,000; health promotion, $8,630,000; tobacco, $101,071,000; nutrition, physical activity, and obesity, $17,988,000; school health, $58,327,000; safe motherhood/infant health including HIV/AIDS, $49,472,000; oral health, $11,678,000; prevention centers, $22,432,000; epilepsy, $6,527,000; iron overload, $489,000; breast and cervical cancer, $189,296,000; and National Campaign to Change Children's Health Behavior, $85,000,000.

CDC is implementing the first year of a youth media campaign, which uses principles of marketing and communications strategies to influence America's children to develop habits that foster good health over a lifetime—including physical activity, good nutrition, and the avoidance of illicit drugs, tobacco, and alcohol. The Committee has provided funds to continue this campaign for a second year. The Committee continues to believe that, if we are to have a positive impact on the future health of the American population, we must change the behaviors of our children and young adults by reaching them with important health messages. The Committee

notes that CDC is working with the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the National Institute of Child Health and Human Development (NICHD) to implement the campaign. The Committee strongly urges CDC to include the use of in-school networks in distributing the messages of the campaign.

The Committee encourages CDC to continue its collaborative efforts with the National Cancer Institute and the National Institute of Environmental Health Sciences on lymphoma data collection to better understand current trends of lymphoma incidence in the United States. The Committee also encourages CDC to consider developing new efforts to educate patients and health care practitioners about the symptoms associated with lymphoma and the challenges of correct diagnosis.

The Committee is encouraged by CDC's work with State and national health organizations to develop an integrated and comprehensive national cardiovascular disease program. The Committee understands that, in fiscal year 2001, 25 States will have received Federal funding to design and/or deliver cardiovascular disease prevention and control programs to meet local needs. These programs target reduction of heart disease and stroke risk factors through efforts to promote physical activity and good nutrition and to prevent or control high blood pressure, elevated cholesterol, and obesity. The Committee has provided additional funds to expand these activities to additional States.

Stroke remains America's number three killer, a major cause of permanent disability and a key contributor to late-life dementia. The Paul Coverdell National Acute Stroke Registry is designed to track and improve the delivery of care to patients with acute stroke. The Committee urges CDC to continue to work with the National Heart, Lung and Blood Institute and other professional organizations, including hospitals, universities, State and local health departments and other appropriate partners experienced in the treatment of stroke to further implement the registry.

Prostatitis affects 10 percent of the male population. It may be the trigger for both prostatic enlargement and prostate cancer. It may also 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 investigate the etiology of prostatitis, begin disease surveillance, increase public awareness and determine treatment and prevention strategies.

Epilepsy is a chronic neurological condition affecting over 2.3 million persons in the United States. The Committee commends CDC for its work over the last couple of years to promote better public education and treatment of people with epilepsy. The Committee has provided additional funds to allow CDC to continue to enhance its efforts related to epilepsy with a focus on health education programs at schools; modeling State based epilepsy public health education programs; nationwide public service campaigns; targeted training curriculums for transit officials and other members of the public sector; stigma, self-esteem and other psychological consequences associated with the disorder; and developing medical school and professional education curriculum on epilepsy and seizures. The Committee also urges CDC to enhance its vol-

untary health agency partnerships, including increased attention to external public health activities.

The Committee notes the work of CDC, the National Institute of Child Health and Human Development, and the Health Resources and Services Administration in developing a model guideline for a death scene protocol for Sudden Infant Death Syndrome (SIDS). The Committee encourages CDC to implement projects to demonstrate the effectiveness of the protocol in a variety of locales throughout the Nation. The Committee requests that the Director be prepared to report on the progress of this initiative at the fiscal year 2003 appropriations hearing.

The Committee provides continued funding for the WISEWOMAN screening demonstration program at last year's level. This program uses the framework of CDC's National Breast and Cervical Cancer Early Detection Program to screen women for heart attack, stroke, and other cardiovascular disease risk factors such as high blood pressure, lack of physical activity, and obesity. CDC also delivers dietary and physical activity counseling to these women to improve their health and to prevent cardiovascular diseases, the leading cause of death of American women.

The Committee encourages CDC to plan and implement public awareness programs for orphan cancers for patients and physicians. Such cancers include esophageal, kidney, liver, multiple myeloma, pancreatic and stomach. Patients diagnosed with these cancers have the lowest life expectancy rates of all diagnosed cancers, yet community oncologists generally lack specific knowledge about these malignancies. Public awareness programs would help physicians better identify orphan cancer symptoms and make more accurate, timely diagnoses.

The Committee encourages CDC to integrate epidemiological data of the National Cancer Registries program, NCI SEER data, NIEHS data and other appropriate Federal sources to create reliable baseline information for all cancer-specific sites and more comprehensive statistical data needed to support research, particularly in the orphan cancers.

The Committee encourages CDC to determine the feasibility of integrating hematological, digestive system and genitourinary cancers screening and awareness programs into existing activities.

The Committee encourages CDC to enhance its chronic fatigue syndrome program to include the study of cancers and linkages with immune-deficiency factors such as multiple myeloma.

The Committee continues to recognize the need for enhanced epidemiological research in inflammatory bowel disease (IBD), especially in light of recent advancements in treatment for these diseases and the increased risk that IBD patients have for developing colorectal cancer. The Committee continues to encourage CDC to work to further the understanding of the prevalence of these diseases through appropriate epidemiological and surveillance activities and to explore collaboration with NIDDK and NIAID.

Colorectal cancer is the third most commonly diagnosed cancer for both men and women in the U.S. and the second leading cause of cancer related deaths. 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 commends 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 has provided additional funds to continue to expand partnerships with State health departments, professional and patient organizations, and private industry to combat this disease.

The Committee supports the partnership between CDC, the States and the Arthritis Foundation to implement the National Arthritis Plan. This collaboration is an effective model for leveraging resources to address the burden of this chronic disease. The Committee has provided additional funds to allow CDC to continue to implement this Plan.

The Committee has provided additional funds to further enhance CDC's oral health activities to reduce the disparity of oral health diseases including dental decay, tooth loss, oral cancers, gum disease and oral conditions associated with chronic diseases such as diabetes and heart disease. The Committee expects CDC to work with eligible entities to implement the oral health prevention programs of the Children's Health Act of 2000 and to allow States to assist communities that are initiating water fluoridation projects to apply for appropriate assistance.

The Committee encourages CDC to enhance school health HIV activities to the extent possible within the budget request. Significant increases in the HIV epidemic in the United States during the last decade have disproportionately affected adolescents and young adults who can benefit from school and university based HIV prevention programs.

National breast and cervical cancer early detection program funds may be used to reimburse for HPV/DNA tests for women with inconclusive or ASCUS Pap test results. Recently published findings from a National Cancer Institute study showed that HPV testing is the most effective way to manage the more than two million women every year who are diagnosed with ASCUS results following their routine Pap test. The test would help distinguish false positive and true positive Pap test results, allowing for more appropriate decisions regarding colposcopy, biopsy, and treatment.

The Committee is aware of the NCI-convened progress review group on hematological cancers and encourages CDC to work with NCI to determine possible areas of collaboration.

Environmental health

The Committee provides $146,683,000 for environmental health, which is $9,428,000 above the fiscal year 2001 comparable level and $10,000,000 above the budget request.

Within the total provided, the following funding levels are for the specific program activities identified: $38,649,000 is for the environmental health laboratory; $33,201,000 is for environmental health activities; $32,693,000 is for the asthma program; and $42,140,000 is for the childhood lead poisoning program.

The funds provided for the environmental health laboratory are to assist States in responding to environmental emergencies and to administer the National Biomonitoring program. CDC is urged to use these funds to expand the assessment of exposure of the U.S. population to environmental chemicals, expand assistance to States in assessing exposure of individuals and groups of people to toxic substances, provide more effective laboratory response to toxic

emergencies by developing more rapid, sensitive and specific methods to measure toxic substances in people, and develop and apply laboratory methods that help determine the role of nutritional and generic risk factors in disease, especially those caused by exposure to toxic substances.

The Committee encourages CDC to enhance its current activities to include the study of cancer incidence rates, especially cancers such as multiple myeloma, pancreatic and kidney, among remote arctic communities.

Epidemic services and response

The Committee provides $80,303,000 for epidemic services and response, which is $2,542,000 above the fiscal year 2001 comparable level and the same as the budget request. The objectives of the program include the prevention and control of epidemics, the maintenance of surveillance systems, the training of public health epidemiologists, and the operation of the quarantine program. The program supports the Epidemic Intelligence Service program, the publication of the Morbidity and Mortality Weekly Report, and a variety of infant and minority health programs.

The Committee commends CDC for its leadership role in landmine victim assistance programs and encourages CDC to continue to partner with the Landmine Survivors Network and to further develop peer support networks that address the rehabilitative and socioeconomic needs of landmine victims in mine affected countries.

Health statistics

The Committee provides a total of $126,978,000 for health statistics, which is $5,028,000 above the fiscal year 2001 comparable level and the same as the budget request. Of this amount, $33,014,000 is provided in general funds and $93,964,000 is derived from the one percent evaluation set-aside. The budget request proposed to fund the full amount through the one percent evaluation set-aside.

This program is responsible for collecting, interpreting, and disseminating data on the health status of the U.S. population and the use of health services. Surveys include the National Vital Statistics System, the National Health Interview Survey, the National Survey of Family Growth, the National Health and Nutrition Examination Survey, and the National Health Care Survey.

The Committee is pleased that NCHS is working to establish a primary immune deficiency national surveillance program in collaboration with the National Center for Infectious Diseases.

Of the 10,000 women who give birth each day in the United States, 20 percent have a major complication before labor begins. In addition, each day two to three women die as a result of pregnancy. The Committee urges NCHS to work with NCCDPHP to review the Pregnancy Risk Assessment Monitoring Survey with the intent of expanding this survey to add a reporting requirement to track the medical care and interventions that women receive during pregnancy and delivery.

HIV/AIDS, STD and TB prevention

The Committee provides $1,148,452,000 for HIV/AIDS, STD and TB prevention, which is $104,382,000 above the fiscal year 2001

comparable level and $80,000,000 above the budget request. Of the amount provided, $844,213,000 is for the HIV/AIDS programs, of which $137,527,000 is for global HIV/AIDS programs; $167,700,000 is for the STD program; and $136,539,000 is for the TB program.

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

The Committee commends CDC for its continued efforts to control TB in the United States, as demonstrated by the eighth year of declining TB trends reported for 2000. However, with the release of the Institute of Medicine's report "Ending Neglect: the Elimination of Tuberculosis in the U.S.", the Committee remains concerned about the threat of TB and multi-drug resistant TB. The Committee is also concerned that, until global control efforts are more effective and new treatments and effective vaccines are developed, the global crisis on TB will continue to impact the U.S. Therefore, the Committee has provided additional funds for CDC to continue to work with domestic partners to maintain strong prevention and control programs, to work with international partners to assure the success of control programs, and to encourage and support, when possible, the development of new TB treatments and the development of an effective TB vaccine.

CDC estimates that between four and five million people in the United States are at continued behavioral risk for HIV infection and this is probably a low estimate. 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. Those at risk for or living with HIV infection are often also at risk for other health problems, such as STD and TB. Therefore, HIV prevention should be integrated with other services, including STD and TB screening and treatment, reproductive health, mental health and drug use prevention and treatment. The Committee urges CDC to give its HIV strategic plan high priority, especially with regard to behavioral research, development, implementation and evaluation of prevention and intervention programs for at-risk subpopulations such as racial and ethnic minorities, adolescents, women, sex workers, substance abusers and incarcerated individuals.

Within global HIV/AIDS, the Committee expects CDC to expand support for microbicide research and development and support the priorities established in the HIV prevention strategic plan and the tropical microbicides five-year research agenda.

Within the total provided, $100,000,000 is for activities that are targeted to address the growing HIV/AIDS epidemic and its disparate impact on communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders. Department statistics show that racial minorities represent the highest number of new AIDS cases. While African-Americans and Hispanics are only 12 percent and 13 percent of the U.S. population respectively, they account for at least 55 percent and 20 percent of all new AIDS cases. In addition, more than 60 percent of people living with AIDS are racial and ethnic minorities. Congress began funding the Minority HIV/AIDS Initiative in fiscal year 1999. It was designed to focus special attention on solving a growing public health problem and to develop and improve the capacity of minority community based organizations to more effectively serve their communities. This approach was tailored to yield innovative and successful strategies specifically targeted to the highest risk and hardest to serve populations, which for the past two decades have eluded more traditional HIV/AIDS prevention, treatment, and education efforts. In distributing these funds, the Committee expects CDC to tailor the portion of its programs that are funded under the Minority HIV/AIDS Initiative as tightly as possible in order to address the growing health problem and maximize the participation of minority community based organizations. In evaluating organizations' capacities, CDC should take into consideration that the board, management and key staff are representative of the minority communities service, be situated closest to the targeted problem, have a history of providing services to these communities, and have documented linkages to the targeted populations, so that they can help close the gap in access to service for the highly impacted communities of color in the interest of public health.

These funds are for activities that are designed to address the trends of the HIV/AIDS epidemic in communities of color based on the most recent estimated living AIDS cases, HIV infections and AIDS mortality among ethnic and racial minorities as reported by the CDC. These funds are to support HIV prevention services for individuals who are already living with HIV/AIDS and those who are uninfected that will promote behavioral change and ensure that those who are uninfected, remain uninfected, thereby reducing the overall number of new HIV infections. These funds are intended to develop and expand HIV prevention interventions and services targeted to highly impacted minority men, women, and youth. Minority youth, adolescents, young adults, women and gay men remain at disproportionate risk for HIV infection and in critical need of targeted, culturally competent and linguistically appropriate HIV prevention interventions and services.

Included in the total funding for CDC's Minority HIV/AIDS Initiative, the Committee provides funds for the Directly Funded Minority Community Based Organization Program to fund technical assistance programs for grant applications from minority community based organizations, as defined above. The Committee also provides funds for the Community Development Program, which supports State-based and local needs assessments that enhance community planning processes to integrate HIV, hepatitis, STD, TB, and substance abuse prevention within communities of color.

In addition, funds are provided for coalitions and partnerships with faith-based institutions. The Committee supports faith-based initiatives as proven and effective HIV prevention and intervention strategies in communities of color. Funds are also provided for HIV prevention programs targeted to serving the incarcerated population and ex-offenders who suffer from disproportionately higher HIV/AIDS rates than the general population.

These funds are also for HIV/AIDS education and prevention efforts targeting adolescents of color who are at highest risk for HIV infection, such as a public/private non-traditional media and marketing effort with organizations that have a proven track record in this area and through media venues typically accessed by the Nation's youth such as music, concerts, broadcasts and the Internet.

Funds are also provided to support HIV surveillance activities, including HIV surveillance and behavioral surveillance studies on Native Americans, Asians Americans, Native Hawaiians, Pacific Islanders and Haitian Americans. Minority AIDS funds provided to CDC should support priorities identified in the previous fiscal year as well as new priorities, with emphasis on infrastructure development, service capacity building, and technical assistance to minority community-based organizations, HIV prevention services to highly impacted high-risk populations, including outreach and risk reduction education, HIV testing, linkage to HIV care services and follow up.

Immunization

The Committee provides $599,645,000 for immunization, which is $47,073,000 above the fiscal year 2001 comparable level and $25,000,000 above the budget request. In addition, the Vaccines for Children (VFC) program funded through the Medicaid program is expected to provide $795,533,000 in vaccine purchases and distribution support in fiscal year 2002, an increase of $20,300,000 above the fiscal year 2001 comparable level and the same as the budget request. Immunization project grants are awarded to States and local agencies for planning, developing, and conducting childhood immunization programs including enhancement of the vaccine delivery infrastructure. CDC directly maintains a stockpile of vaccines, supports consolidated purchase of vaccines for state and local health agencies, and conducts surveillance, investigations, and research into the safety and efficacy of new and presently used vaccines. The Committee notes that there are other Federal programs that provide immunizations to children, including the State Children's Health Insurance Program (SCHIP), the Maternal and Child Health Block Grant, and community health centers.

Infectious diseases control

The Committee provides $343,018,000 for infectious diseases control, which is $25,436,000 above the fiscal year 2001 comparable level and $11,500,000 above the budget request. The program supports national surveillance of infectious diseases, the development of new or improved prevention and control methods and techniques, the acceleration of the general application of accepted prevention technologies, and strengthening of the capability to respond to outbreaks of new and re-emerging infectious diseases.

Within the total provided, $1,500,000 above the budget request is for the establishment of a national autopsy network for prion disease surveillance. Currently, autopsies are performed in less than 30 percent of prion cases leaving a large surveillance gap. The network should be designed to close this gap by assisting in performing autopsies and evaluating tissue samples from all individuals who have died of prion diseases such as Creutzfeldt-Jakob disease. The Committee also encourages CDC to work with State and local health departments to improve the timely reporting of prion diseases cases to CDC.

Within the total provided, $5,000,000 above the budget request is for a prevention program to control and reduce the incidents of hepatitis C. This funding is to develop State-based programs and demonstrations to learn the most feasible approach to integrating hepatitis C and B screening, counseling, and referral programs into existing HIV and STD State programs. The Committee requests that the Director be prepared to provide a progress report outlining a plan for a full response to the need for hepatitis C prevention activities at the fiscal year 2003 appropriations hearing.

Within the total provided, $5,000,000 above the budget request is to continue planned activities and expand efforts to control the West Nile virus. The Committee is aware of CDC's effort to complete a national plan for West Nile virus response in the U.S. and encourages CDC to continue its efforts as quickly as possible. That includes developing a computerized national surveillance system for West Nile virus and providing funds to build national capacity to develop and implement effective surveillance, prevention, and control activities.

The Committee urges CDC to continue working with the National Hemophilia Foundation to strengthen disease management, prevention and outreach programs and its blood safety surveillance. Genotyping of the hemophilia population would speed identification of inhibitors and facilitate the rapid translation of gene therapy technologies into treatment and prevention efforts. The Committee encourages CDC to establish a genetic databank for persons with hemophilia and bleeding disorders.

The Committee is pleased that CDC is working to establish a competitively awarded primary immune deficiency diseases national surveillance program. These diseases, which impair the body's immune system, strike most severely at children, many of whom do not survive beyond their teens or early twenties. Primary immune deficient patients require regular infusions of immune globulin intravenous (IGIV) to bolster their immune systems and maintain their health. Given the serious public health problems caused by the longstanding shortage of IGIV in the United States and the lack of knowledge regarding the long-term effects of IGIV use, the Committee encourages CDC to continue its partnership with the primary immune deficiency community, NCHS and the National Institute of Allergy and Infectious Diseases in developing a primary immune deficiency surveillance program.

The Committee commends CDC for increasing its involvement in the national education and awareness campaign sponsored by the Jeffrey Modell Foundation (JMF) in collaboration with NICHD, NIAID, NCI and other private entities. The campaign is targeted at the estimated 500,000 Americans whose primary immuno-

deficiency (PI) is undiagnosed, under-diagnosed or misdiagnosed through distribution of a 10 warning signs poster and other related materials to physicians, day care programs, public health departments and clinics, third-party payers and others. The Committee understands that CDC and JMF will jointly sponsor two Jeffrey Modell fellows dedicated to researching the role of public health in addressing PI. In addition, CDC is planning a workshop in the Fall of 2001 on the role of public health in PI and will publish the results as a supplement to a major journal. The Committee strongly urges CDC to further this national education and awareness campaign from within available funds. The Director should be prepared to provide a status report outlining the progress that has been made in this area at the fiscal year 2003 appropriations hearing.

The Committee encourages CDC to evaluate the effectiveness of existing data collection, reporting, and analyzing systems related to food allergies. The Committee requests that the Director be prepared to provide information about how these efforts could be improved at the fiscal year 2003 appropriations hearing.

The Committee is pleased that CDC is restoring funding to the chronic fatigue syndrome (CFS) research program and that these funds are being used in substantive areas of research and education. The Committee commends CDC on its collaborations with prominent CFS clinicians, researchers and advocates and supports efforts to develop and test an empirically derived case definition and initiate a national CFS survey to estimate sex, age, race/ethnic and socioeconomic specific prevalence of CFS. CDC is encouraged to enhance support of its CFS research plan, which includes surveillance projects on children, adolescents and minorities, a national patient registry, studies of etiologic agents, diagnostic markers, identifying risk factors, and public education programs. The Committee recognizes CDC's support of the CFS Coordinating Committee (CFSCC) and urges CDC to continue this support as the CFSCC transitions from a Coordinating Committee to an advisory committee.

The Committee commends CDC for developing its new Working Document on Potential Infectious Etiologies of Crohn's Disease and encourages the agency to enhance efforts to pursue the research directions outlined in the document.

Patients with Cooley's anemia, or thalassemia, are the most heavily transfused of all patients, often receiving blood every two weeks. CDC has created a program outline for establishing a blood safety surveillance program through the major clinical research centers and other sources in cooperation with the Cooley's Anemia Foundation. This program is modeled on the Universal Data Collection program used in hemophilia. The Committee urges CDC to begin work to establish this program from within available funds.

Injury prevention and control

The Committee provides $143,655,000 for the injury control program, which is $823,000 above the fiscal year 2001 comparable level and the same as the budget request. The injury prevention and control program supports intramural research, injury control research centers, extramural research grants, and technical assistance to state and local health departments.

The bill retains a limitation included in previous Appropriation Acts to prohibit the National Center for Injury Prevention and Control from engaging in any activities to advocate or promote gun control. The Committee does not believe that CDC should advocate or promote policies to advance gun control initiatives, or discourage responsible private gun ownership. The Committee expects research on gun violence to be objective and grants to be awarded through an impartial peer review process.

The Committee urges CDC to continue the establishment of a uniform trauma surveillance data system from within available resources.

Occupational safety and health

The Committee provides $270,135,000 for occupational safety and health, which is $10,103,000 above the fiscal year 2001 comparable level and $4,000,000 above the budget request. This program conducts applied research, develops criteria for occupational safety and health standards, and provides technical services to government, labor and industry, including training for the prevention of work-related diseases and injuries. This appropriation supports surveillance, health hazard evaluations, intramural and extramural research, instrument and methods development, dissemination, and training grants.

The Committee supports NIOSH's activities in domestic terrorism preparedness to protect emergency responders from biological and chemical terrorism exposures as well as industrial accidents. Fire fighters, emergency medical personnel, and other onsite workers need reliable personal protective equipment, particularly respirators, protective clothing, and detection devices to be able to effectively help victims in case of exposure to biological or chemical terrorist agents. The Committee urges NIOSH to make certification of protective equipment a high priority.

Sleepiness, as a result of either untreated sleep disorders or simple sleep deprivation, has been identified as a causal factor in many chronic diseases as well as a growing number of vehicular and on-the-job injuries. Sleep deprivation is also a growing problem for high school students, the largest at-risk group for fall-asleep car crashes, as well as parents, police officers, and medical residents. The Committee encourages NIOSH to serve as the primary Federal partner for state and community programs in collaboration with other appropriate centers at the CDC.

Preventive health and health services block grant

The Committee provides $135,030,000 for the preventive health and health services block grant, which is $1,000 above the fiscal year 2001 comparable level and the same as the budget request. This program provides grants to States for a wide range of public and preventive health activities.

Public health improvement

The Committee provides $149,910,000 for public health improvement, which is $39,034,000 above the fiscal year 2001 comparable level and $40,000,000 above the budget request. This program funds activities designed to close the Nation's gap in public health capacity and strengthen the practice of public health at the front

lines, develop improved interventions and services, help racial and ethnic minority communities mobilize and organize their resources to support effective and sustainable programs that will contribute to the elimination of health disparities, and develop and implement national data standards for surveillance reporting.

Within the total provided, $20,000,000 above the budget request is for development and implementation of a nationwide environmental public health tracking network and capacity development in environmental health at State and local health departments. The combination of information obtained from a national tracking system and enhanced State and local capacity in environmental public health would enable State and local health departments to rapidly respond to outbreaks, disease clusters, and emerging trends in identified health conditions. These funds will allow CDC to develop standards, protocols, and demonstration models for implementation of State-based tracking systems, support demonstration projects in 25 States, support training in the use of information derived from such a tracking system, and focus efforts on developing capacity in States so that information obtained from such a system can be used for public health action.

Within the total provided, $20,000,000 above the budget request is to improve public health infrastructure and capacity at the State and local level to identify, detect, monitor, and respond to threats to the public health. Our national public health system is the first line of defense against preventable disease and disability. The Committee believes that additional steps are needed to close the gaps in the capacity of this system to respond to the many health challenges this country is facing. In response to the seriousness of the problem, Congress passed the Public Health Improvement Act. The Committee has provided funds for programs and activities outlined in this Act.

Buildings and facilities

The Committee provides $175,000,000 for buildings and facilities, which is the same as the fiscal year 2001 comparable level and $25,000,000 above the budget request. This line item supports ongoing maintenance projects, as well as safety repairs and equipment purchases. Funding is included for storage infrastructure hardware and software upgrades to provide for heterogeneous correctivity to all existing systems used at CDC.

Office of the Director

The Committee provides $49,440,000 for the activities of the Office of the Director, which is $10,370,000 above the fiscal year 2001 comparable level and the same as the budget request. The Committee intends this amount to be a ceiling. The Director may transfer these funds to non-administrative, programmatic activities at his discretion.

The Committee continues to be interested in the financial accountability of CDC. The mission of CDC is critical to the health and well-being of the people of this country and others around the world and the integrity of the agency must be intact. The budget request reflects a new budget structure for the agency that is intended to make CDC more transparent and strengthen its accountability. The Committee has concurred with this new structure, but

will be monitoring its implementation. The Committee requests the Director to be prepared to provide a progress report at the fiscal year 2003 appropriations hearing.

The Committee commends CDC's commitment to improving the health status of minority and disadvantaged individuals and urges expansion of these efforts including the coordination of preventative health care, substance abuse treatment and HIV.

Bioterrorism

The Committee provides $231,919,000 for bioterrorism activities, within the Public Health and Social Services Emergency Fund.

NATIONAL INSTITUTES OF HEALTH

The Committee provides $22,874,971,000, for the 26 appropriations, which together fund the programs of the National Institutes of Health (NIH). These include appropriations for the 19 research Institutes, the National Center for Research Resources, the John E. Fogarty International Center, the National Library of Medicine, the National Center for Complimentary and Alternative Medicine, the National Center on Minority Health and Health Disparities, the Office of the Director, and Buildings and Facilities. The total in the bill is $2,579,711,000 above the fiscal year 2001 comparable level and the same as the budget program request. This funding level provides a 12.3 percent increase in total for the research components of NIH, the same as the budget program request. Programs funded in this account are not authorized for fiscal year 2002.

The funding levels provided in the bill for each of the Institutes and Centers reflect the same program level as the Administration request. The budget proposed to increase the Public Health Service evaluation tap from one percent to two percent. The Committee has not agreed to this proposal. The Committee has adjusted the appropriation for each Institute and Center based on a one percent evaluation tap amount and provides each Institute and Center with the same program level as requested by the President.

Within the funds provided, the Committee assumes a 4.6 percent pay increase.

Committee Priorities.—The Committee views NIH as one of its very highest priorities and has made difficult resource allocation decisions throughout the bill to provide what it believes is the necessary funding level for NIH. NIH is the world's leading biomedical research institution; its investments in research save lives, relieves suffering, and reduce health care costs while creating jobs and economic growth in a global economy. This research has produced major advances in the treatment of cancer, heart disease, diabetes, and mental illness that have helped thousands of American families. The U.S.'s ability to translate scientific discoveries into new product development has resulted in its lead over Europe and Japan in pharmaceutical and biotechnology patents. While the Committee is firm in its commitment to budget restraints, it believes that funding of biomedical research is an important investment in the future health and economic well-being of our nation.

Balance in the Research Portfolio.—The Committee believes that NIH should distribute funding on the basis of scientific opportunity. As a result, the Committee has allocated the Institute ap-

propriations consistent with the distribution recommended by NIH and reflecting the Director's judgment of scientific opportunity. The Committee urges the Director and the Administration to continue to resist pressures to earmark, set-aside and otherwise politicize these invaluable resources. If NIH believes that adjustments to this allocation are necessary as the fiscal year 2002 appropriations bill moves through the legislative cycle, the Committee would be pleased to consider them in later action on the bill.

To enhance NIH's flexibility to allocate funding based on scientific opportunity, the Committee has attempted to minimize the amount of direction provided in the report accompanying the bill. For example, there are no directives to fund particular research mechanisms, such as centers or requests for applications, or specific amounts of funding for particular diseases.

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

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

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

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

Government Performance and Results Act.—The Committee recognizes that the development of programmatic indicators for NIH under the Government Performance and Results Act is one of the most difficult conceptual and methodological problems in the Act's implementation. NIH should continue to work with the National

Academy of Sciences and the other science agencies to develop a better conceptual and theoretical framework for such measures. The Committee believes that NIH should begin to implement the Act where it can. Measures of administrative efficiency and effectiveness can and should be adopted and tracked. Similarly, indicators of the ability of systems to support the research enterprise exist, and should be included. Presentation of these measures, including goals for improvements, baselines and reporting systems are an initial step. Information presented with the President's budget should include improvements in these indicators resulting from proposed funding levels. In addition, the Committee will expect the Director to include a report in the fiscal year 2003 appropriations budget justifications on the progress toward indicators relating directly to research and the translation of basic research findings to medical and other applications.

NATIONAL CANCER INSTITUTE

The Committee provides $4,146,291,000 for the National Cancer Institute (NCI), which is $409,074,000 above the fiscal year 2001 comparable level and the same as the budget program request.

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

Blood Cancers.—The Committee is pleased that NCI has conducted a progress review group on lymphoma, leukemia and myeloma to evaluate opportunities for research in these areas and looks forward to receiving a copy of the final report. The Committee requests that the Director of the Institute be prepared to provide a progress report on lymphoma and hematological cancer research, including a proposed budget plan, at the fiscal year 2003 appropriations hearing.

The Committee urges NCI to enhance research support to improve the understanding of, and develop treatments for, myelodysplasia, a serious blood disorder affecting primarily older Americans and individuals who have previously undergone radiation or chemotherapy treatment for cancer.

Bone Disease.—The Committee encourages NCI to include multiple myeloma, a cancer of the plasma cells of the bone marrow, in its study of bone involvement in certain cancers. The Committee urges NCI to collaborate with NIAMS in translational research activities to capitalize on recent advances in the study of biophosphonates, a class of drugs that strengthen bone through all available mechanisms, as appropriate.

Cancer Metastases.—The Committee encourages NCI to conduct research to develop a better understanding of the unique role bone microenvironment plays in cancer metastatic to bone, in particular, in breast cancer, prostate cancer and myeloma through all available mechanisms, as appropriate, including the development of animal models of bone metastases and the identification of novel

therapeutic targets and modalities to prevent and treat bone metastases.

Chronic Lymphocytic Leukemia.—Chronic Lymphocytic Leukemia (CLL), the most common form of adult leukemia in the United States, is characterized by an accumulation of abnormal lymphocytes in the blood and bone marrow. The Committee understands that NCI awarded a program project grant last year to establish and lead a multi-disciplinary national research consortium to study CLL at both the cellular and clinical levels. The Committee encourages NCI to consider expanding the scope of research activities of the consortium through all available mechanisms, as appropriate.

Five a Day Nutrition Program.—The Committee commends the NCI's national 5–A-Day program and encourages the Institute to conduct research on how best to promote healthy eating, especially fruit and vegetable consumption. This research should include, but not be limited to, research on children and adolescents, the general adult population, low-income and disparate groups, especially African Americans and Latinos and ways to transfer already-developed technologies to other government agencies and to non-profit, civic, and other organizations.

Lymphoma.—The incidence of non-Hodgkin's lymphoma has grown by an estimated 80 percent between 1973 and 1997 and has a survival rate of only 51 percent. The Committee understands that NCI is currently supporting research to identify possible risk factors for non-Hodgkin's lymphoma, including a case control study investigating the role of immune suppression and stimulation in non-Hodgkin's lymphoma incidence. The Committee encourages NCI to make the investigation of risk factors for non-Hodgkin's lymphoma a high priority and evaluate the possibility of a workshop to assess the state of knowledge of the causes of the disease.

Multiple Myeloma.—Multiple myeloma is unique among all cancers in that the progress of the disease can be tracked from its precursor through active stages through markers of abnormal proteins in the blood and urine. The Committee urges NCI to collaborate with NIAMS and NHLBI and expand knowledge of these markers through all available mechanisms, as appropriate, including greater use of translational research activities. The Committee also urges NCI to work with CDC regarding epidemiological data gathering and interpretation.

Natural Products Drug Development.—The Committee encourages NCI to enhance the Natural Products Drug Development program, particularly in the area of complementary and alternative medicine. Recent surveys indicate that a majority of cancer patients will include complementary and alternative therapies in their treatment regime. NCI is encouraged to support high quality research proposals investigating cancer therapies such as iscadore and other botanical substances. Ayurvedic, homeopathic, traditional Chinese approaches, and alternative dietary approaches. The Director of the Institute should be prepared to provide a progress report at the fiscal year 2003 appropriations hearings.

Neurofibromatosis.—The Committee encourages NCI to strengthen its neurofibromatosis (NF) research portfolio in such areas as further development of animal models, natural history studies, therapeutic experimentation and clinical trials through all avail-

able mechanisms, as appropriate. The Committee also urges NCI to continue to coordinate its efforts with other Institutes engaged in NF research.

Ovarian Cancer.—Ovarian cancer remains one of the deadliest cancers for women, in part due to the lack of effective early screening methods. The Committee urges NCI to expedite current research in screening methods to detect, diagnose, and identify staging of ovarian cancer. The Committee also encourages NCI to fully fund the four ovarian cancer SPOREs and accelerate research in this area through all available mechanisms, as appropriate, including the establishment of additional ovarian cancer SPOREs.

Primary Immune Deficiency Diseases.—A symposium held in March 2000 to investigate the relationship between primary immune deficiency diseases and cancer showed that primary immunodeficiency patients have a 200 times greater risk of developing cancer than someone without primary immunodeficiency. The Committee encourages NCI to develop a comprehensive research portfolio in this area. The Director of the Institute should be prepared to provide a progress report at the fiscal year 2003 appropriations hearing. NCI is also encouraged to expand its role in a national education and awareness campaign through all available mechanisms, as appropriate.

Prostate Cancer.—Cancer of the prostate is the most commonly diagnosed non-skin cancer in America and tends to disproportionately affect men who are members of minority groups. If detected early, it can be treated successfully with no negative impact on the cancer survivor's quality of life. However, existing forms of detection are insufficient, and available treatments frequently result in erectile dysfunction, urinary problems, or other disorders and disruptions that negatively impact the patients quality of life. The Committee urges NCI to place an increased priority on research through all available mechanisms, as appropriate, including clinical trials that result in earlier, more reliable detection methods and more effective and less disfiguring treatment regimes.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

The Committee provides $2,547,675,000 for the Heart, Lung and Blood Institute (NHLBI), which is $249,011,000 above the fiscal year 2001 comparable level and the same as the budget program request.

Mission.—The National Heart, Lung, and Blood Institute provides leadership for a national research program in diseases of the heart, blood vessels, lungs, and blood, in transfusion medicine, and in sleep disorders through support of basic, clinical, and population-based and health education research. The Women's Health Initiative (WHI) was transferred from the Office of the Director to NHLBI. WHI is a large cross-Institute initiative to study prevention of conditions responsible for deaths, disability and frailty in older women—breast and colorectal cancer, heart disease, and osteoporosis. There are three components of the study: a randomized clinical trial; an observational study; and a community prevention study. The clinical trial is being conducted at 40 centers with 161,809 women participating. It is scheduled for completion in 2004.

Blood Disorders.—The Committee encourages NHLBI to support research in transfusion medicine and hemostasis through all available mechanisms, as appropriate, including the establishment of a clinical research network, which would enable patients with non-malignant blood disorders to participate in clinical protocols while at the same time attracting and training clinicians in hematology.

Bone Formation and Calcification in Cardiovascular Diseases.—Evidence suggests an association between bone formation, repair and breakdown (e.g. osteoporosis) and development of heart disease and other cardiovascular diseases. The Committee urges NHLBI to explore basic research in this area that may result in strategies to prevent osteoporosis and cardiovascular diseases.

Cardiovascular Diseases.—Cardiovascular diseases remain the leading cause of death in the United States and a major cause of disability. Nearly 61 million Americans of all ages suffer from cardiovascular diseases. An expert panel, convened in 1999, reports that progress in reducing the death rate from cardiovascular diseases has slowed and that there are differences in these death rates by race/ethnicity, socioeconomic status and geography. The Committee supports an intensive research program on cardiovascular diseases at NHLBI and urges the Institute to place a high priority on such research by supporting existing heart and stroke-related research and investing in promising heart and stroke-related research initiatives.

Cardiovascular Diseases and Stroke in Women.—Cardiovascular diseases remains a leading cause of disability and is the number one cause of death in women. The clinical course of cardiovascular diseases is different in men than in women and current diagnostic capabilities are less accurate in women than in men. The Committee encourages NHLBI to expand its research on cardiovascular diseases in women, through all available mechanisms, as appropriate, including the development of safe, efficient, and cost effective diagnostic approaches for women and to create more informational and educational programs for women patients and health care providers on heart disease and stroke risk factors, such as high blood pressure, elevated cholesterol and obesity.

Chronic Obstructive Pulmonary Disease.—Chronic Obstructive Pulmonary Disease (COPD) is a major cause of chronic morbidity and mortality throughout the world. The Committee commends NHLBI for its collaborative effort with the World Health Organization to release a new report on the global burden of COPD, titled Global Initiative for Chronic Obstructive Lung Disease. The Institute is encouraged to utilize this report to increase awareness of COPD in the public and research community. The Committee also encourages NHLBI to expand research to improve prevention and management of COPD through all available mechanisms, as appropriate.

Cooley's Anemia.—The Committee continues to be pleased with the progress being made by the Thalassemia Clinical Research Network, which is comprised of the leading research centers in North America on thalassemia as well as with the leadership of NHLBI. The Committee understands that the Network is currently prioritizing a wide variety of potential research areas that are ripe for investigation. The Director of the Institute is requested to sub-

mit a summary report to the Committee on the work of the Network by February 1, 2002.

Diabetes.—Vascular complications, including cardiovascular, peripheral vascular and cerebrovascular, are a major cause of mortality and morbidity in persons with diabetes, particular in those with juvenile diabetes. NHLBI is encouraged to enhance research in diabetic-specific vascular complications with emphasis on the accelerate pathways seen in juvenile diabetes in order to develop effective treatments and prevention. This research should be conducted through all available mechanisms, as appropriate, including gene therapy and angiogenesis. The Institute is also encouraged to collaborate with NIDDK to assess the genetics of complications of juvenile diabetes as well as understanding gene function in individuals with diabetes who have serious and life threatening complications, to develop more effective therapeutic interventions.

Hematological Cancers.—The Committee urges NHLBI to collaborate with NCI on mutual research areas related to leukemia, lymphoma and multiple myeloma through all available mechanisms, as appropriate.

Hemophilia.—The Committee commends NHLBI for the support it has provided for hemophilia gene therapy research and urges the Institute to continue this and other efforts to address the needs of persons with hemophilia and bleeding disorders, including blood and blood product safety, treatment of hepatitis C and other complications, and women's bleeding disorders. The Committee is concerned about the increasing shortage of trained hematology specialists to translate research discoveries into the treatment of hemophilia and prevention of its complications. NHLBI is urged to pursue strategies for addressing this critical issue.

HIV/AIDS.—The Committee supports research on the interaction of tuberculosis and AIDS and encourages NHLBI to strengthen its research in this area through all available mechanisms, as appropriate.

Lyme Disease.—The Committee urges the Institute to study vascular disease with a specific focus on the unique features associated with Lyme disease through all available mechanisms, as appropriate.

Lymphangioleiomyomatosis.—Lymphangioleiomyomatosis (LAM) is a progressive and often fatal lung disease of young women. Currently, there is no effective treatment and hypothesis driven research is just beginning. It has been recently discovered that LAM occurs in up to 40 percent of women with tuberous sclerosis, increasing the urgency for development of effective therapies and suggests the targeting of specific molecular pathways for future research. The Committee urges NHLBI to continue to support the LAM intramural and the LAM clinical protocol. The Committee also urges NHLBI to expand efforts through all available mechanisms, as appropriate, including sponsoring a state of the science workshop, development of a research plan, request for applications, and clinical trials directed at limiting the decline in lung function.

National Asthma Education and Prevention Program.—The Committee commends the National Asthma Education and Prevention Program (NAEPP) for its leadership in helping to educate physicians, asthma patients, their families, and the general public regarding asthma and its management. The Committee urges

NAEPP to enhance the role of its Advisory Committee in helping to coordinate asthma education throughout the United States. The Committee encourages NHLBI and NAEPP to develop, in conjunction with other Federal agencies and voluntary and professional health organizations, a Federal plan to respond to asthma. The Director of the Institute should be prepared to provide a progress report on this effort at the fiscal year 2003 appropriations hearing.

Neurofibromatosis.—Advances continue to be made in research on neurofibromatosis (NF). Recent studies have documented the involvement of NF1 in valve formation, which may open up a new area for future research in congenital heart disease. Understanding how NF1 deficiency leads to heart disease may help to unravel the molecular pathways affected in genetic and environmental causes of heart disease. The Committee encourages NHLBI to enhance its NF research activities and coordinate its efforts with other Institutes engaged in NF research.

Pediatric Asthma Network.—Little is known about the optimal treatment for asthma in infants and young children. Many questions remain unanswered, such as what is the most effective dose and type of medication for different types of asthma, what is the correct balance between medical benefits and possible side effects, when is the best time to start different types of therapies, whether early therapy can prevent asthma from becoming more severe or even eliminate it as a child gets older, and what are the combination of therapies that will allow a child to participate fully in childhood activities. The Committee urges NHLBI to use the research amassed through the Pediatric Asthma Clinical Research Network to provide clearer choices for childhood asthma therapy, to encourage the development and dissemination of new therapies, and to identify optimum asthma management strategies for children.

Pediatric Cardiology.—Children's cardiovascular disorders represent a leading cause of childhood disability and death as well as the precursor to many adult heart disorders. NHLBI is encouraged to enhance research at understanding the natural history, the prevention and the treatment of childhood heart diseases such as childhood heart defects and cardiomyopathies through all available mechanisms, as appropriate, including clinical research and greater representation by pediatric cardiologists on committees and boards.

Primary Pulmonary Hypertension.—Primary Pulmonary Hypertension (PPH) is a rare, progressive, and fatal disease affecting predominantly women of all races and ages. This disease involves deadly deterioration of the heart and lungs and is a secondary condition in many other serious and fatal conditions such as scleroderma and lupus. The Committee commends NHLBI's efforts to promote research of PPH and urges the Institute to enhance its support for basic research, gene therapy, and clinical trials of promising pharmaceuticals through all available mechanisms, as appropriate. NHLBI is also urged to take appropriate measures to ensure the submission of high quality proposals in this area.

Transfusion Medicine.—The Committee encourages NHLBI to continue to support research and development efforts associated with polynitroxylated hemoglobin, a blood cell substitute that is being developed to provide oxygen carrying capacity and blood flow to the critically injured.

Transmissible Spongiform Encephalopathies.—The Committee encourages NHLBI, in collaboration with NINDS, to enhance its efforts to develop a diagnostic test for transmissible spongiform encephalopathies (TSE) that would be suitable for screening the blood supply. Currently, there is no suitable method for identifying TSE-infected blood or humans infected with TSEs. Human TSEs, for which there are no known treatments, include Creutzfeld-Jakob disease and new variant Creutzfeldt-Jakob disease.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

The Committee provides $2,337,204,000 for the National Institute of Allergy and Infectious Diseases (NIAID), which is $274,583,000 above the fiscal year 2001 comparable level and the same as the budget program request. The Committee includes language to allow the Director of NIH to transfer up to $25,000,000 to International Assistance Programs, "Global Fund to Fight HIV/AIDS, Malaria, and Tuberculosis."

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

Asthma.—The Committee is pleased with NIAID's leadership regarding asthma research and management and 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 urges the Institute to continue to improve its focus and effort on asthma management, especially as it relates to children.

Autoimmune Diseases.—NIH and the Autoimmune Diseases Coordination Committee are encouraged to enhance research aimed at improving awareness, diagnosis and treatment for the entire family of autoimmune diseases through all available mechanisms, as appropriate, including the study of overlapping genetics and environmental triggers of autoimmune diseases.

Diabetes.—The Committee commends the Institute for its work in implementing juvenile diabetes research. The Committee is pleased with the progress of the Collaborative Network for Clinical Research on Immune Tolerance and particularly with the research successes involved with transplantation of insulin-producing cells, and urges NIAID to enhance efforts in this area. The Committee requests that the Director of the Institute be prepared to provide a status of efforts to develop a vaccine to prevent juvenile diabetes at the fiscal year 2003 appropriations hearing.

Food Allergies.—Approximately seven million Americans suffer from food allergies. Every year, roughly 30,000 people receive emergency room treatment due to the ingestion of allergenic foods and an estimated 150 people die from anaphylactic shock caused by a food allergy. The Committee encourages NIAID to enhance efforts

in this area through all available mechanisms, as appropriate, including convening a panel of expert to review current basic and clinical research efforts and development of a research agenda.

Hemophilia.—The Committee encourages NIAID to continue its efforts with the national hemophilia foundation to ensure people with hemophilia have access to and opportunities to participate in research for improving treatment of HIV and complications of hemophilia including hepatitis C.

Hepatitis C.—The Committee urges NIAID to work with other Institutes and Centers and with public health organizations to promote liver wellness and prevention on hepatitis C, especially among African Americans.

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

Multiple Sclerosis.—The Committee understands that NIAID has partnered with the Multiple Sclerosis Society and other groups to support research related to gender-based differences in immune function and immunologic disease. The Committee commends the Institute for undertaking this important initiative.

Pediatric Kidney Disease.—An estimated 150,000 children and adolescents suffer from kidney diseases for which no cure or effective treatment exists. Approximately 10,000 of these children suffer from chronic kidney failure, are on dialysis, or have received a kidney transplant. Studies have shown that improvements seen in transplant survival among adults have not been completely realized in children, who have not fully benefited from improvements in immunosuprressive medications tested largely in the adult population. NIAID is encouraged to enhance its efforts to maintain transplants over a longer period, thereby improving kidney transplant outcomes in children and adolescents.

Primary Immune Deficiency Diseases.—More than 70 primary immune deficiency diseases have been identified to date. These diseases, which impair the body's immune system, strike most severely at children, many whom do not survive beyond their teens or early twenties. The Committee continues to be pleased with NIAID's commitment to addressing the medical and other problems caused by primary immunodeficiencies, including the primary immune deficiencies clinical registries program. The Committee urges NIAID to continue to support this program and enhance research efforts with respect to these diseases through all available mechanisms, as appropriate, including gene therapy, bone marrow transplantation, and cord blood transplantation. The Committee also urges the Institute to continue to work with the primary immune deficient community and the Centers for Disease Control and Prevention on a national education and awareness campaign and a primary immune deficiency surveillance program.

The Committee looks forward to learning the results of NIAID-sponsored research concerning the impact of primary immunodeficiencies among urban minority populations.

Rhinosinusitis.—Rhinosinusitis affects approximately 33 million Americans, yet its cause remains unclear. Recent studies have suggested that the trigger in the development of sinusitis, accompanied by benign polyps in one or more sinus, is fungus or fungi that circulate in the environment. Many people may be exposed to the same fungi, yet some do not develop rhinosinusitis or sinus polyps. NIAID is encouraged to support research to determine the factors that sensitize a patient to fungus or which generate a fungus-specific immune response through all available mechanisms, as appropriate.

Sjogren's Syndrome.—NIAID has taken a leadership role in the NIH Autoimmune Diseases Coordination Committee (ADCC), which is vital to the coordination and promotion of autoimmune research. The Committee is encouraged to pursue critical statistics and epidemiology in Sjogren's and other autoimmune diseases that will expand knowledge and lead to new avenues for research. NIAID is encouraged to enhance its research support into the immunological aspects of Sjogren's syndrome through all available mechanisms, as appropriate, including ensuring the submission of high quality proposals in this area.

Vaccine Safety.—The Committee encourages NIAID, in coordination with NICHD and NIEHS, to enhance research to evaluate the long-term safety of vaccines for children and vaccine ingredients including the potential connection to diabetes, autism, ADD/ADHS, SIDS and pediatric brain tumors. The Committee requests that the Director of the Institute be prepared to provide a progress report at the fiscal year 2003 appropriations hearing.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

The Committee provides $1,706,968,000 for the National Institute of General Medical Sciences (NIGMS), which is $167,065,000 above the fiscal year 2001 comparable level and the same as the budget program request.

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

Minority Scientist Training Programs.—The Committee continues to be pleased with the quality of NIGMS's training programs, particularly those that have a special focus on increasing the number of minority scientists such as Minority Access to Research Careers (MARC) and Minority Biomedical Research Support (MBRS). The Committee urges NIGMS to continue to support these training programs. The Committee commends NIGMS for its sup-

port of biomedical research career opportunities programs for high school and undergraduate college students in conjunction with minority institutions.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

The Committee provides $1,446,705,000 for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), which is $143,135,000 above the fiscal year 2001 comparable level and the same as the budget program request.

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

Bladder Disease.—More than one of every ten Americans suffers from bladder disease. The Committee understands that NIDDK convened the Bladder Research Progress Review Group in 2001 and has issued an RFA related to urinary incontinence. The Committee urges NIDDK to finalize a long-term research strategy based on the recommendations of the progress review group. NIDDK is also urged to enhance research in such areas as basic bladder disease, pediatric urology and urinary tract infection through all available mechanisms, as appropriate, including establishing centers of excellence and maintaining a cell/tissue archive for bladder disease. The Committee requests that the Director of the Institute be prepared to report on the progress in this area at the fiscal year 2003 appropriations hearing.

Cooley's Anemia.—The Committee continues to support work to advance treatments for Cooley's anemia in the areas of iron measurement, fetal hemoglobin and iron chelation and encourages NIDDK to enhance research through all available mechanisms, as appropriate, including investigator-initiated research. The Committee requests that the Director of the Institute be prepared to provide a progress report at the fiscal year 2003 appropriations hearing.

Cystic Fibrosis.—The Committee commends NIDDK for its support of a clinical trial testing the safety and efficacy of inhaled tobramycin in infants with cystic fibrosis.

Diabetes.—The Committee commends NIDDK for its leadership in implementing juvenile diabetes research. The Institute encourages NIDDK to enhance research in this area through all available mechanisms, as appropriate, including vaccine development, genomics/bioinformatics, research training and development of alternative sources of insulin-producing beta cells for therapeutic replacement.

The Committee is aware that the Diabetes Research Working Group's (DRWG) five-year strategic plan has aided in the advancement of diabetes research. To review the progress in both type 1 and type 2 diabetes research, the Committee requests that NIDDK coordinate the development of a trans-NIH report which highlights

major research efforts that have been undertaken across the NIH relative to the DRWG's key categories of scientific recommendations and which also highlights important research advances and new scientific opportunities that have emerged since issuance of the plan. This report should be submitted to the Committee by August 31, 2002.

Digestive Diseases.—The Committee continues to encourage NIDDK to strike an appropriate balance between conducting basic studies on digestive diseases and bringing those research findings to the bedside in the form of improved patient care.

The Committee commends NIDDK for its leadership in the area of inflammatory bowel disease (IBD). The Committee also remains concerned about the increasing frequency of irritable bowel syndrome (IBS), a chronic complex of disorders that malign the digestive system and encourages NIDDK to enhance research for irritable bowel syndrome/functional bowel disorders through all available mechanisms, as appropriate, including education/scientific symposiums. The Institute is also encouraged to collaborate with CDC and the private sector on an IBS awareness campaign.

The Committee recognizes the success of the Digestive Disease Centers program in addressing a wide range of disorders that result in significant human suffering and economic burden. The Committee continues to encourage NIDDK to expand this program with an increased emphasis on inflammatory bowel disease

End Stage Renal Disease.—There is preliminary evidence that many end stage renal disease patients could have improved outcomes from an increased frequency of dialysis. The Committee is pleased that NIDDK and the Centers for Medicare and Medicaid Services (CMS) hosted a planning meeting earlier this year in preparation for a jointly funded clinical trial to study the efficacy of daily dialysis. The Committee requests that the Director of the Institute be prepared to provide a progress report on this initiative at the fiscal year 2003 appropriations hearing.

Glomerular Injury Research.—The Committee is pleased that NIDDK is working to initiate several clinical trials related to glomerular injury and urges the Institute to enhance its efforts in this area through all available mechanisms, as appropriate, including a consensus development conference.

Hepatitis C.—The Committee is encouraged that the HALT-Hepatitis C clinical trial is expected to yield important information about the relatively low response rates to current hepatitis C treatments. The Committee is also encouraged that ten promising ancillary research projects have been developed. The Director of the Institute should be prepared to provide a progress report of this trial at the fiscal year 2003 appropriations hearing. The Committee encourages NIDDK to enhance efforts to study the different response rates of the various racial and ethnic groups through all available mechanisms, as appropriate. The Committee also encourages NIDDK to explore ways to work with public and non-profit organizations to assist with patient accrual. The Committee is pleased to learn that a new consensus conference is scheduled for September 2002.

Hyperoxaluria and Oxalate.—The Committee encourages NIDDK to enhance basic and clinical research on hyperoxaluria and oxalate

stone diseases through all available mechanisms, as appropriate, including issuing an RFA proposal.

Interstitial Cystitis.—The Committee understands that research on interstitial cystitis (IC) is progressing and is encouraged by the recent discovery and identification of specific markers in the urine of patients with IC. This marker will not only help in selecting patients for successful therapy, but will allow the development of new, specific, targeted therapies that can cure this chronic disabling disease. The Committee encourages NIDDK to enhance research efforts in this area. The Committee also understands that NIDDK convened a Bladder Research Review Group in 2001 to create a strategic plan and set research priorities for all aspects of bladder disease, including IC and encourages the Institute to implement this plan as expeditiously as possible. The Committee is pleased with the progress of the IC clinical trials groups and encourages NIDDK to consider its continuation.

Patients with IC frequently get multiple disorders, including irritable bowel syndrome, vulvodynia, allergies, Crohn's disease, ulcerative colitis, and fibromyalgia. The Committee encourages NIDDK to support collaborative research on the etiology, diagnosis, genetics, pathophsysiology and epidemiology of IC that includes urologists, neurologists, visceral pain specialists, and specialists in vulvodynia, irritable bowel syndrome and irritable bowel diseases and genetics.

Kidney Disease.—The yearly mortality rate for dialysis patients is approximately 20 percent and it is estimated that the renal failure population will double over the next 10 years. The Committee urges NIDDK to enhance kidney disease research through all available mechanisms, as appropriate, including clinical trials. The Committee requests that the Director of the Institute be prepared to give a progress report at the fiscal year 2003 appropriations hearing.

Liver Disease.—The Committee is pleased with the research focus on hepatitis C, but urges the Institute to continue focus on other liver diseases, hepatocellular carcinoma in collaboration with NCI, alcoholic liver disease in collaboration with NIAAA, and hereditary hemochromatosis in collaboration with NHLBI. The Committee is aware that NIDDK, working with NCCAM, has begun studies of some complementary and alternative medicine treatments for liver diseases. The Committee urges NIDDK to continue to support this research and to assure that the public is aware of the results.

Living Donor Liver Transplantation.—The Committee is encouraged by the growing number of transplants using living donors who contribute a portion of their liver to a recipient. The Committee urges NIDDK to enhance research to study the outcome of both donors and recipients, define optimal surgical procedures, and identify eligibility criteria in order to increase living donor transplantations through all available mechanisms, as appropriate, including the establishment of clinical centers and a data coordinating center.

Mucopolysaccharidosis Diseases.—The Committee encourages NIDDK to enhance research efforts in the development of effective treatments for mucopolysaccharidosis (MPS) disorders through all available mechanisms, as appropriate, including genotype-pheno-

type studies, cell biology and the pathophysiology of brain damage and substrate deprivation as it relates to MPS disorders. The Committee also encourages NIDDK, NINDS and NICHD to collaborate its research efforts and enhance support for both current MPS studies as well as new efforts to develop effective therapies.

Obesity.—Obesity is a complex chronic disease that results from an integration of social, behavioral, cultural, psychological, metabolic and genetic factors. It is a major health threat in the United States. The Committee commends NIH for increasing the number of grants examining obesity and encourages NIDDK to expand efforts in such areas as the effects of obesity on gene expression, the risk of gastrointestinal cancers, the role of GI hormones, motility and mucosal absorption in the complex balances of satiety, nutrient uptake and calorie and energy balance, and the effect of diet and nutrient intake on metabolism and gene function through all available mechanisms, as appropriate.

Pediatric Kidney Disease.—The Committee remains concerned over the alarming number of children and adolescents suffering from kidney disease, a disproportionate number of whom are minorities. Chronic kidney failure among young people results in particularly severe consequences. Normal growth and development are impaired, and many scientists believe that chronic kidney failure has a profound effect on the developing brain, often resulting in learning disabilities and mental retardation. Research and treatment are hampered by the critical and growing shortage of pediatric kidney specialists, individuals who are specially trained and qualified to manage renal disease that arise in this vulnerable age group. The Committee urges NIDDK to enhance research on both congenital and acquired chronic renal failure through all available mechanisms, as appropriate, including the molecular mechanisms underlying growth failure in children with kidney failure, hypertension as a risk factor for cardiovascular and renal disease, and the development of a database of genetic renal diseases. NIDDK is also encouraged NIDDK to consider launching new training initiatives to help ease the workforce shortage in this field.

Pediatric Liver Disease.—Biliary atresia is the most common cause of liver transplantation in children. The Committee urges NIDDK to enhance efforts to address this and other pediatric liver diseases through all available mechanisms, as approprirate including the establishment of clinical centers and a data-coordinating center.

Polycystic Kidney Disease.—The Committee is encouraged that the number of research discoveries aimed at treatment and a cure for Polycystic Kidney Disease (PKD) are numerous. Notable breakthroughs are coming from the four interdisciplinary research centers established last year. The Committee is aware that the Institute is planning an international scientific workshop focusing on clinical aspects of PKD and an RFA for a PKD interventional trials network. In light of the scientific momentum in this field, the Committee urges the Institute to continue to implement the PKD strategic plan through all available mechanisms, as appropriate.

Prostatitis.—The Committee commends NIDDK for establishing the Chronic Prostatitis Collaborative Research Network and is pleased that it will be expanding into multicenter trials. The Institute is encouraged to establish these centers separate from the

urological centers. The Committee also encourages NIDDK to enhance research in areas that will correlate clinical findings with fundamental research studies.

Urinary Incontinence.—Urinary incontinence afflicts approximately 13 million adults in the United States, 85 percent of whom are women. The Committee encourages NIDDK to enhance research in this area through all available mechanisms, as appropriate including support to the urinary incontinence treatment network and clinical trials.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

The Committee provides $1,306,321,000 for the National Institute of Neurological Disorders and Stroke (NINDS), which is $129,524,000 above the fiscal year 2001 comparable level and the same as the budget program request.

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

Alzheimer's Disease.—NINDS continues to play an integral part in advancing science's understanding of Alzheimer's disease. Working collaboratively with NIA, NINDS-supported researchers found that cortical degeneration or brain atrophy was 20 to 25 percent greater in patients with Alzheimer's. The Committee encourages NINDS to make Alzheimer's research a high priority and to continue to work closely with NIA and other Institutes.

Dystonia.—The Committee continues to be interested in the extramural research portfolio of NINDS with respect to dystonia and encourages NINDS to continue to expand the study of the DYT1 gene and any other promising genetic leads. The Committee also encourages NINDS to enhance its collaboration with the dystonia research community in supporting epidemiological studies on dystonia and enhancing public and professional awareness of this disorder. The Director of the Institute should be prepared to provide a status report on the dystonia research portfolio at the fiscal year 2003 appropriations hearing.

Epilepsy.—The Committee is encouraged by the development of 13 benchmarks for epilepsy research resulting from the Institute sponsored conference held in March 2000 on "Curing Epilepsy: Focus on the Future". The Committee urges NINDS to enhance research efforts in the prevention, treatment and eventual cure of this disease through all available mechanisms, as appropriate, including the development of a plan to implement the research benchmarks and establishment of an Interagency Epilepsy Coordinating Committee. The Committee also urges the Institute to enhance efforts to address research issues related to the impact of seizures on young children, women, the elderly and those with intractable or uncontrolled epilepsy. NINDS is also encouraged to develop research plans and goals for the anti-epileptic drug development program. The Director should be prepared to testify on its efforts to advance these areas of research at the fiscal year 2003 appropriations hearing.

Facioscapulohumeral Muscular Dystrophy.—Facioscapulohumeral muscular dystrophy (FSHD) is the third most common form of muscular dystrophy. The Committee is pleased that NINDS and NIAMS have taken steps to begin implementation of the recommendations of the 2000 research planning conference on FSHD and urges NINDS and NIAMS to develop a comprehensive research portfolio through all available mechanisms, as appropriate.

Fragile X.—Fragile X is a single-gene neurological disorder affecting 1 in 2000 males and 1 in 4000 females with mental disorders, cognitive impairment and seizures. The cause of the disease is the failure of a single gene to produce a protein. The Committee urges 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 NINDS to coordinate these efforts with other Institutes working on related activities, including NIMH and NICHD.

Mucolipidosis Type IV.—The Committee commends NINDS for sponsoring research with the Mucolipidosis Type IV (ML4) Foundation. This research identified the gene whose mutation causes this debilitating genetic metabolic disease. The Committee urges NINDS and other Institutes to expand both intramural and extramural research on this disease.

Neurofibromatosis.—Recent advances in Neurofibromatosis (NF) research have linked NF to cancer, brain tumors, learning disabilities, and heart disease. The Committee encourages NINDS to expand its NF basic and clinical research portfolio through all available mechanisms, as appropriate, including clinical trials. The Committee commends NINDS for its leadership in initiating a NF workshop that involved other relevant NIH Institutes as well as the Army and Veterans Administration. NINDS is encouraged to translate the recommendations of the workshop into research initiatives and to continue to coordinate its efforts with other Institutes engaged in NF research.

Parkinson's Disease.—NIH has developed a five-year Parkinson's Disease Research Agenda. The Committee urges NINDS to work toward full implementation of this research agenda through all available mechanisms, as appropriate, including research opportunities in the development of stem cell therapy for neurodegenerative disorders, related brain repair research that will develop the scientific opportunity presented in this fast moving field, and support for consortia to involve the extramural research community in planning and executing this initiative. The Committee commends NIH for supporting workshops and other collaborations between sectors of the Parkinson's research community, including the workshop on gene therapy, and encourages similar collaborative models. The Committee is encouraged by the reference in the Parkinson's Research agenda to support translational research. The Committee also commends NINDS for its efforts, through supplemental funding, workshop sponsorship and other mechanisms, in developing the Morris K. Udall centers for Parkinson's Research as an important research resource and urges continued support for these Centers for all authorized activities including a clinical component.

Reflex Sympathetic Dystrophy.—Reflex Sympathetic Dystrophy (RSD), also known as Complex Regional Pain Syndrome (CRPS), is

a chronic debilitating condition characterized by severe burning, pain, pathological changes in bone and skin, excessive sweating, tissue swelling, and extreme sensitivity to touch. It is estimated that between two and five percent of individuals with peripheral nerve injury and up to 20 percent of those with paralysis on one side of the body will suffer from RSD. The Committee is pleased to learn about the State of the Science conference being planned for RSD and other chronic pain diseases. The Committee encourages NINDS to enhance research into this condition through all available mechanisms, as appropriate.

Spina Bifida.—Spina bifida and neural tube defects are the leading, permanent disabling birth defect in the United States. The Committee urges NINDS to work with NICHD, AHRQ and CDC to enhance efforts to assess and evaluate secondary prevention strategies to reduce the complications associated with Spina bifida, including an evaluation of *in utero* surgical techniques through all available mechanisms, as appropriate, including a consensus conference. The Committee requests that the Director of the Institute be prepared to provide a progress report at the fiscal year 2003 appropriations hearing.

Stroke.—Stroke remains the third leading cause of death, a leading cause of permanent disability, and a major contributor of late-life dementia. The Committee encourages NINDS to place a high priority on stroke research. The Committee also encourages the Institute to expand its stroke education program and to initiate and continue innovative approaches to improve stroke diagnosis, treatment, rehabilitation, and prevention through all available mechanisms, as appropriate. The Committee looks forward to receiving the NINDS five-year strategic stroke research plan scheduled to be released this fall.

The Committee encourages NINDS to support research and development in the area of polynitroxylated albumin as a neuroprotectant for ischemic, hemorrhagic and transient ischemic stroke through all available mechanisms, as appropriate.

Tuberous Sclerosis.—Tuberous scelosis (TS) is a genetic disorder that affects many different organ systems. TS occurs in all races, both sexes, affects over one million individuals worldwide, and is the leading genetic cause of epilepsy and the second most identifiable genetic cause of autism. The Committee encourages NINDS to enhance research in this area through all available mechanisms, as appropriate, including working collaboratively with private patient foundations to develop a research plan.

NATIONAL INSTITUTE OF MENTAL HEALTH

The Committee provides $1,228,780,000 for the National Institute of Mental Health (NIMH), which is $122,261,000 above the fiscal year 2001 comparable level and the same as the budget program request.

Mission.—The NIMH is responsible for research activities that seek to improve diagnosis, treatments, and overall quality of care for persons with mental illnesses. Disorders of high priority to NIMH include schizophrenia, depression and manic depressive illness, obsessive-compulsive disorder, anxiety disorders and other mental and behavioral disorders that occur across the lifespan; these include childhood mental disorders such as autism and atten-

tion-deficit/hyperactivity disorder; eating disorders; Alzheimer's disease; and other illnesses. NIMH supports and conducts fundamental research in neuroscience, genetics, and behavioral science. In addition to laboratory and controlled clinical studies, the NIMH supports research on the mental health needs of special populations and health services research.

Alzheimer's Disease.—NIMH continues to play an important role in research on the causes of Alzheimer's disease, its clinical course and treatment and services for patients. NIMH research has documented a strong link between depression and physical aggression in Alzheimer's patients suggesting that depression treatment may reduce aggression in patients. The Committee encourages NIMH to make Alzheimer's research a high priority and continue to collaborate with NIA and other Institutes.

Fragile X.—Fragile X is the most common single-gene neuropsychiatric disease known. The Committee urges NIMH to support research on the neurobiological basis of Fragile X through all available mechanisms, as appropriate, including studies on specific neural circuits and molecules. The Committee also urges NIMH to characterize the mental health symptoms of Fragile X, investigate effective treatments and promising new psychopharmacologic interventions that target these symptoms and include Fragile X in studies of related neuropsychiatric disorders through all available mechanisms, as appropriate. NIMH is encouraged to work with NICHD and NINDS to develop cooperative research in this area.

Psychiatric Nursing.—The Committee is encouraged by the progress made by NIMH and NINR in implementing a technical assistance workshop on grant writing and navigating a research career trajectory in the area of behavioral change related to psychiatric mental health nurse researchers. The Committee encourages NIMH to continue to collaborate with NINR and expand research in this area through all available mechanisms, as appropriate.

Senior Citizen Mental Health.—Older Americans are at greater risk of mental disorders and their complications than younger people. However, depression does not have to be an inevitable part of the aging process and many of these illnesses can be accurately diagnosed and successfully treated. The Committee is pleased that NIMH has renewed and strengthened its emphasis in this area and notes the launch of an intra-NIMH consortium of scientists concerned with mental disorders in the aging population with a goal of increasing coordinated research efforts, expanding recognition of disorders in the elderly, developing new treatments and reducing stigma. The Committee urges NIMH to expand research in this area extramurally through all available mechanisms, as appropriate.

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

The Committee provides $1,088,208,000 for the National Institute of Child Health and Human Development (NICHD), which is $109,487,000 above the fiscal year 2001 comparable level and the same as the budget program request.

Mission.—The NICHD conducts and supports laboratory and clinical research on the reproductive, developmental, and behav-

ioral processes that determine and maintain the health and well-being of children, adults, families and populations. In addition, research in medical rehabilitation is supported. The Committee commends NICHD for its innovative program of Specialized Centers for Research in Reproductive Medicine in Minority Institutions and looks forward to learning about the progress of this initiative.

Bone Disease in Adolescents.—The Committee encourages NICHD to support research to understand the relationship between pregnancy and lactation and bone mass in adolescents. Such research might address the impact of chronic anticoagulation on bone mass in pregnancy, the effect of oral contraceptives on acquisition of peak bone mass and bone loss in early adolescence and the impact on bone status of chronic under-nutrition of young women. The Committee supports the continuing efforts of the Institute to provide a database of bone density across a decade for white and minority children and adolescents.

Demographic Research.—The Committee recognizes that demographic research is fundamental to the understanding of national and international trends. The Committee urges NICHD to continue its support of demographic research on such issues as marriage, family structure, fatherhood, teen childbearing, immigration, child and adolescent health and the impact of changing age structures on children and adults. The Committee continues to support NICHD's partnerships with other Federal agencies that help produce data for demographic research.

Diabetes.—The Committee is concerned about reports of a shortage of pediatric endocrinologists and urges NICHD to enhance efforts to address this problem through all available mechanisms, as appropriate. The Committee urges NICHD to continue collaborating with NIAID and NIDDK in an effort to develop a vaccine to prevent juvenile, or Type 1, diabetes. The Committee also urges the Institute to collaborate with CDC's initiative to establish a pediatric diabetes registry.

Fragile X.—Fragile X is the most common inherited cause of mental retardation. The Committee commends NICHD for its research actions, both intramurally and extramurally, in this area. The Committee encourages NICHD to enhance its research efforts on Fragile X through all available mechanisms, as appropriate, including establishment of research centers. The Committee requests that the Director of the Institute be prepared to provide a progress report at the fiscal year 2003 appropriations hearing.

Limb Loss.—Congenital limb deficiency, vascular disease, childhood skeletal malignancy, and trauma have resulted in over 1.5 million persons in the United States with limb loss. Technological advancements today offer considerable opportunity for persons with limb loss to effectively resume active, productive lives. The Committee commends the National Center for Medical Rehabilitation Research (NCMMR) for holding a prosthetic outcomes research consensus conference, together with the Department of Veterans Affairs and the Department of Education. The Committee encourages NCMMR to continue its program in prosthetic research.

Literacy and Preventive Interventions.—The Committee encourages NICHD to develop a comprehensive research program designed to assess the effectiveness of well defined and evidence-based early childhood, school readiness and child care programs

and interventions that significantly improve the integrated development of social competencies, emotional health, physical health and cognitive abilities and skills to the maximum extent possible in children from birth to entry into the first grade. This research should also look at the role of parental involvement and the quality of training and experience of preschool teachers and child care personnel on developmental outcomes at different stages of development. The Committee encourages NICHD to develop collaborations with the Department of Education and programs within the Department of Health and Human Services to develop and implement programs in the most timely and optimal manner.

The Committee commends NICHD for its promising research of the educational practices that help disadvantaged children effectively learn to read and write. States, such as California would benefit from the application of this research. NICHD is urged to continue this research and coordinate with other Federal agencies, State and local education agencies, the private sector and the general public to put the results of this research into the widest and most productive use.

Maternal-Fetal Medicine.—Seventy-five percent of the infant deaths and substantial morbidity occurring during the neonatal period are caused by pre-mature delivery. The Committee urges NICHD to enhance its research efforts into the causes of pre-term delivery building on previous research surrounding the role of infection and immune response and the role of genetics through all available mechanisms, as appropriate, including sponsoring a planning workshop. The Director of the Institute should be prepared to testify on the progress in this area at the fiscal year 2003 appropriations hearing.

Mathematical Skills Improvement.—The Committee urges NICHD to pursue research on the development of skills needed to learn math, the means to address difficulties learning math, as well as the effective instruction for math. The Committee also urges NICHD to examine the use of technology such as calculators and its effects on long-term math achievement.

Mental Retardation/Developmental Disabilities.—Nearly 500,000 children are born each year in the United States with mental retardation and/or other developmental disabilities. In the past, the Committee has highlighted the importance of research in specific conditions such as Rett syndrome, autism, spina bifida, learning disabilities, Fragile X syndrome and other related diseases. As a result of center-based research focusing specifically on mental retardation and developmental disabilities the knowledge base has been advanced in such areas as imaging technology, brain development, genetic mapping, low birthweight, prematurity and family functioning. The Committee encourages NICHD to enhance the efforts of these centers to continue the advancement of both basic and clinical research into the causes, diagnosis, early detection, prevention, and treatment of mental retardation and developmental disabilities through all available mechanisms, as appropriate, including infrastructure improvements.

National Longitudinal Children's Cohort Study.—Children are more vulnerable than adults to environmental influences because of fragile developing systems and behaviors that may lead to increased exposure to environmental contaminants. It is thought that

evidence-based policies and effective prevention and health promotion strategies to achieve a healthy and safe environment for children are best derived from a Federal multi-agency longitudinal study. The Committee supports the National Longitudinal Children's Cohort Study and urges NICHD to provide sufficient funds to enhance ongoing multi-agency planning activities, facilitate collaboration among Federal and non-Federal scientists and other stakeholders and support initial pilot studies. This study should investigate basic mechanisms of developmental disorders and environmental processes and incorporate behavioral, emotional, educational, and contextual consequences to enable a complete assessment of the physical, chemical, biological, and psychological environmental influences on children's well being. NICHD is urged to support the full scope of work of the Interagency Work Group and the Scientific Assembly so that initial enrollment in the full study can begin by the end of 2003. The Committee requests that the Director of the Institute be prepared to provide a progress report on this study at the fiscal year 2003 appropriations hearing.

Neurofibromatosis.—Learning disabilities occur with high frequency in children with Neurofibromatosis (NF). NF1 provides an opportunity to uncover a molecular basis for cognitive impairment and to identify a marker for brain dysfunction. Research in understanding the cognitive deficits of NF1 patients possesses broad application to learning disabilities in the general population. NICHD is encouraged to enhance its NF research portfolio and to coordinate its efforts with other Institutes engaged in NF research.

Osteogenesis Imperfecta.—The Committee encourages NICHD to enhance research on osteogenesis imperfecta with emphasis on genetic therapies, animal models, drug treatment and rehabilitation techniques through all available mechanisms, as appropriate.

Pediatric Kidney Disease.—Despite scientific advances, kidney disease continues to be a major cause of illness and death among children and adolescents. NICHD is encouraged to enhance research on the understanding and treatment of congenital diseases and kidney malformations which lead to chronic renal failure and end-stage renal disease in children and adolescents, as well as the prevention and treatment of the adverse effects of chronic renal failure on cognitive and physical development in children.

Pelvic Floor Dysfunction.—The Committee commends NICHD on the progress made in establishing a research portfolio in pelvic floor disorders. The Committee urges the Institute to expand efforts in this area through all available mechanisms, as appropriate, including epidemiological research, clinical trials, and increasing the capacity of gynecologic and obstetrics researchers to submit grant applications.

Primary Immune Deficiency Diseases.—The Committee continues to be pleased with the comprehensive commitment that NICHD has demonstrated in addressing primary immunodeficiency diseases. The active role NICHD has taken with regard to the national education and awareness campaign sponsored by the Jeffrey Modell Foundation in partnership with NIAID, NCI, CDC and other private entities stands as a model for all agencies. The Committee encourages NICHD to remain committed to this collaboration and enhance its efforts through all available mechanisms, as appropriate, including the distribution of appropriate materials to

pediatricians and others, trans-Institute cooperation on research issues and replication of successful programs to determine the nature of under-diagnosis in minority communities.

Reading Development.—The Committee commends NICHD for its priority on reading development as a means to better predict reading difficulties, reading disabilities and learning disabilities in young children. The Committee encourages NICHD to enhance its efforts to identify effective intervention strategies and teaching techniques for older children who are still struggling to read. NICHD is urged to work with the relevant components of the Department of Education, including the Office of Educational Research, Statistics, and Improvement (OERI) as well as the National Institute for Literacy.

The Committee also commends NICHD for the leadership contributions it has provided to the Interagency Educational Research Initiative undertaken with OERI at the Department of Education, and the National Science Foundation. The Institute is urged to continue its participation and leadership in this promising joint effort.

Spina Bifida.—Spina bifida and neural tube defects are the leading, permanent disabling birth defect in the United States. The Committee urges NICHD to work with NINDS, AHRQ and CDC to enhance efforts to assess and evaluate secondary prevention strategies to reduce the complications associated with Spina bifida, including an evaluation of *in utero* surgical techniques through all available mechanisms, as appropriate, including a consensus conference. The Committee requests that the Director of the Institute be prepared to provide a progress report at the fiscal year 2003 appropriations hearing.

Sudden Infant Death Syndrome.—The Committee is pleased with NICHD's continued efforts to extend the reach of its extremely successful "Back to Sleep" campaign to underserved populations and daycare providers. The Committee also commends NICHD's attempts to further its progress in SIDS research by initiating a third SIDS five-year research plan. This third five-year plan will continue the efforts of the past two five-year plans, which have been responsible for many of the research breakthroughs in the effort to reduce SIDS cases in the United States. The Committee is pleased that NICHD is collaborating with HRSA's Maternal and Child Health Bureau and the NIH's Office of the Director to improve public awareness about SIDS to the African American community.

NATIONAL INSTITUTE ON DRUG ABUSE

The Committee provides $900,389,000 for the National Institute on Drug Abuse (NIDA), which is $119,562,000 above the fiscal year 2001 comparable level and the same as the budget program request.

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

Club Drugs.—The landscape of the drug abuse problem is constantly changing and new drugs of abuse are continually emerging in local communities across the country. The Committee commends NIDA for having rapidly identified club drugs, particularly MDMA or ecstasy, as a serious threat and for quickly launching a research and information dissemination effort to inform communities about this and other emerging drugs. The Committee urges NIDA to enhance research to determine the consequences of abusing these drugs, to work toward the development of both behavioral and pharmacological treatments that may be used to treat individuals who abuse these drugs and develop targeted prevention efforts.

NATIONAL INSTITUTE ON AGING

The Committee provides $873,186,000 for the National Institute on Aging (NIA), which is $86,883,000 above the fiscal year 2001 comparable level and the same as the budget program request.

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

Alzheimer's Disease.—An estimated four million Americans now suffer with Alzheimer's disease and by the time the "baby boomer" generation reaches the age of greatest risk, as many as 14 million persons will be afflicted. The disease has a significant impact on the Nation's health care system, which will only be exacerbated as the population ages. After two decades of intensive research, scientists have begun to understand the basic mechanisms of Alzheimer's as well as the complex interplay of genetic and environmental risk factors. Past investments have lead to a number of exciting new opportunities, including clinical trials of a vaccine that may prevent amyloid deposits in the brain and the FDA approval of a fourth drug for the treatment of the disease's cognitive symptoms. However, researchers believe that Alzheimer's actually begins 10 to 20 years before its first symptoms appear. Therefore, the Committee urges NIA to expand its efforts in Alzheimer's disease research through all available mechanisms, as appropriate, including clinical trials.

The Committee is aware of potential benefits that may be derived from compounds found in nature in developing new drug treatments for Alzheimer's disease. The Committee is also aware of current pilot studies taking place using families of compounds obtainable from ginkgo biloba, huperzine and nicotine and encourages the Institute to examine more fully their potential in treating this disease.

Bone Diseases.—The Committee encourages NIA to coordinate research with NIAMS on osteoporosis and Paget's disease. The Committee also encourages NIA to study the effects of aging on people with Osteogenesis Imperfecta through all available mechanisms, as appropriate, including studies related to the aging skeleton.

Demographic Research.—The Committee commends NIA for its demographic and economic research on health dynamics in older populations and the early life determinants of the late life health disparities. This research, conducted through the Health and Retirement Study, the National Long Term Care Survey, the Office of Demography and the Demography of Aging Centers, is important

for advancing research on the Medicare and Social Security systems. The Committee also commends NIA for its efforts to link demography and biology and develop a more integrated social and behavioral science.

NATIONAL CENTER FOR RESEARCH RESOURCES

The Committee provides $966,541,000 for the National Center for Research Resources (NCRR), which is $149,443,000 above the fiscal year 2001 comparable level and the same as the budget program request.

Mission.—The NCRR develops and supports critical research technologies and shared resources that underpin biomedical research. The NCRR programs develop a variety of research resources; provide resources for complex biotechnologies, clinical research and specialized primate research; develop research capacity in minority institutions; and enhance the science education of precollege students and the general public.

Animal Research Facilities.—The Committee commends NCRR for its initiative to upgrade animal research facilities at minority health professions schools. The Committee urges NCRR to continue its collaboration with minority health professions schools in providing grants to upgrade their animal facilities in an effort to assist them in complying with Federal laws and regulations and receive accreditation by the appropriate scientific accreditation organization.

Cystic Fibrosis.—The Committee is encouraged by the assessment of researchers that improved treatments for cystic fibrosis are promising. The Committee encourages NCRR, in partnership with other NIH Institutes, to continue to support the coordinating center for the therapeutic development centers so that progress in moving research from the bench to bedside will occur promptly.

Extramural Facilities.—The Committee has included bill language identifying $97,000,000 in extramural biomedical facility renovation and construction, which is $22,000,000 above the fiscal year 2001 level and the same as 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. The Committee commends NCRR for taking a more proactive role in fulfilling this requirement. The Committee urges NCRR to continue to improve animal research facilities at Institutions of Emerging Excellence.

General Clinical Research Centers.—Over three decades ago, NIH established the General Clinical Research Centers (GCRCs) program to support regional patient-oriented research centers. Today, NCRR supports 75 GCRCs, which provide citizens across the country with local access to clinical research programs focused on a wide range of diseases and disorders. In recent years, the Committee has expressed its concern regarding the funding provided to the GCRCs. The Committee strongly urges NCRR to enhance funding for GCRCs as authorized by section 481C of the Public Health Service Act.

Graduate Training in Clinical Investigation Awards.—The Committee is concerned about the declining numbers of physician-scientists pursuing careers in clinical research and is pleased that

NIH has initiated the Clinical Research Curriculum Awards to improve the quality of training in clinical research. The Committee understands that NCRR is developing a non-categorical, institutional career development award that should be announced sometime this fall consistent with the Graduate Training in Clinical Investigation Awards in the Clinical Research Enhancement Act. This program will provide salary and other types of career development support to physicians and dentists interested in research training that will launch a career in patient oriented clinical research. This program will also provide the option for candidates to obtain advance degrees, such as MS or Ph.D. in clinical investigation, or MPH. In order to assess the funding needs for fiscal year 2003, the Committee requests data on the number of applications and likely awards by the summer of 2002.

Institutional Development Awards.—The Institutional Development Awards (IDeA) program provides capacity building assistance for biomedical research efforts in States that have not previously participated fully in the research programs of the NIH. The Committee supports the budget request for this program. These funds should be used to continue the Centers of Biomedical Research Excellence program and the Biomedical Research Infrastructure Network program and may be used to provide for new competitions for these programs. The focus of IDeA should continue to be on improving the necessary infrastructure and strengthening the biomedical research capacity and capability of research institutions within IDeA States.

Research Centers at Minority Institutions.—The Committee recognizes 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 encourages NCRR to strengthen participation from minority institutions and enhance resources in this area. The Committee also encourages NCRR to work with minority institutions with a track record of producing minority scholars in science and technology.

NATIONAL EYE INSTITUTE

The Committee provides $566,725,000 for the National Eye Institute (NEI), which is $56,200,000 above the fiscal year 2001 comparable level and the same as the budget program request.

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

Diabetic Retinopathy.—Diabetic retinopathy is the leading cause of new cases of blindness in working age adults. The Committee recognizes the collaborative efforts of NEI and other Institutes and Centers to study ways to control the proliferation of abnormal vessels that give rise to diabetic complications within the eye and on other organs and systems of the body. The Committee encourages

NEI to continue research that may lead to the development of methods to inhibit this proliferation before sight-threatening damage has occurred.

Genomic Research.—The Committee recognizes the success of NEI's Functional Genomics Workshop and the implementation of its recommendations to create a national eye genome resource to identify and sequence genes that are expressed in the visual system. The Committee understands that work is underway to make this information publicly available in an easily accessible and retrievable database through a NEI-supported website. The Committee is pleased with this model approach of providing the information and other related resources that will assist researchers in gaining a better understanding of genetic diseases that effect the eye and visual system and will speed the development and testing of new gene-based therapies. NEI is encouraged to enhance the development of these gene-based therapies, especially for retinal degenerative diseases, through all available mechanisms, as appropriate.

Healthy People 2010.—The Committee is pleased to see that vision impairment is a priority area in the Healthy People 2010 initiative. NEI is encouraged to develop 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.

Lyme Disease.—The Committee encourages NEI to study the neuro-opthalmalogic abnormalities associated with Lyme disease through all available mechanisms, as appropriate.

Ocular Albinism—Ocular Albinism (OA) is a hereditary disease that causes distorted vision in children. Individuals with this disorder are usually boys who receive the defective gene from their mother. Affected patients experience nystagmus, photophobia, lack of stereoscopic vision, strabismus and other symptoms that deny them normal vision. Recently, the OA1 gene, responsible for most cases of the disease, was identified and a diagnostic screening test was created to help women determine if they are at risk of passing the disease on to their children. The Committee urges NEI to enhance its research efforts in OA through all available mechanisms, as appropriate, including a request for proposal. The Committee requests that the Director of the Institute be prepared to provide a progress report at the fiscal year 2003 appropriations hearing.

Sjogren's Syndrome.—One of the symptoms of Sjogren's syndrome is dry eye, a serious disorder that can lead to blindness if left untreated and, even when treated properly, can greatly affect one's quality of life. NEI has recently completed clinical trials on cyclosporin as a treatment for dry eye and currently sponsors the largest number of extramural grants at NIH for Sjogren's-related research. The Committee encourages NEI to enhance research on Sjogren's syndrome and dry eye research.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

The Committee provides $557,435,000 for the National Institute of Environmental Health Science (NIEHS), which is $54,448,000 above the fiscal year 2001 comparable level and the same as the budget program request.

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

Diethylstilbestrol.—The Committee encourages NIEHS to support research on third generation effects of diethylstilbestrol (DES) exposure, the long-term risks of cancer among DES-exposed daughters and sons and genetic markers for DES exposure through all available mechanisms, as appropriate.

Interagency Coordinating Committee for the Validation of Alternative Methods (ICCVAM).—The Committee supports the assessment of scientific validation of new, revised and alternative toxicological test methods by the ICCVAM and encourages NIEHS to use the expertise and credibility of the National Toxicology Program Center for the Evaluation of Alternative Methods for these assessments to streamline individual consideration of new, revised and alternative toxicological test methods.

Lymphoma.—The Committee encourages NIEHS to enhance research on investigating the potential of environmental, bacterial and viral factors that are associated with the development of lymphoma and other hematological cancers. The Committee also encourages NIEHS to collaborate its research efforts with NCI, CDC and other appropriate agencies that will lead to a better understanding of how environmental factors contribute to the development of lymphoid malignancies. The Committee requests that the Director of the Institute be prepared to report on the status of its research portfolio on lymphoma and the direction of future research at the fiscal year 2003 appropriations hearing.

Metals-in-Medicine.—There is growing concern about the health affects of mercury in the environment including exposure through medicine. NIEHS is urged to coordinate with the NIH Metals-in-Medicine initiative to conduct research to further understand the health effects of mercury through environmental and medical exposures. Given recent hearings on mercury exposure and suspected relationships between mercury exposure and various neurological diseases such as autism and Alzheimer's disease, the NIH is encouraged to explore as part of the Metals, In, Medicine initiative, studies of how inorganic mercury and organic mercury compounds (including ethyl, methyl and other forms of mercury from both food and pharmaceutical and dental sources) are processed in the bodies of children and adults, studies of the toxic effects of inorganic mercury and organic mercury compounds on the nervous systems of young children, adults and the elderly, and methods of properly removing mercury and mercury containing compounds from the brains of affected humans. This initiative will be enhanced by coordination with various medical groups that have expressed interest in this issue.

National Toxicology Program.—Chromium is used in industrial manufacturing and its toxic version, hexavalent chromium or chromium 6, has been detected in groundwater wells used for drinking. The Committee encourages the National Toxicology Program to

study the carcinogenicity of hexavalent chromium compounds when ingested in drinking water through all available mechanisms, as appropriate.

Parkinson's Disease.—The Committee commends NIEHS for its leadership in developing an important initiative in the environmental role in the cause of Parkinson's and related disorders, including gene-environment interactions. There is hope that this initiative will produce important information on the cause of Parkinson's-related syndromes and provide a model for understanding the environmental role in other chronic and life-threatening disorders. The Committee urges NIEHS to work toward full implementation of the Parkinson's Research Agenda through all available mechanisms, as appropriate.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

The Committee provides $440,144,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), which is $43,616,000 above the fiscal year 2001 comparable level and the same as the budget program request.

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

Bone Disease and Cancer.—Significant advances have been made in the understanding of biophosphonates in bone disease and the role of anti-angiogenesis in restricting tumor growth and malignancies. The Committee urges NIAMS to work with NCI and NHLBI to establish translational research activities to understand the role of bone involvement and tumor growth in multiple myeloma, lymphoma, breast and prostate cancer.

Duchenne Muscular Dystrophy.—The Committee urges NIAMS to continue working with NINDS and the Centers for Disease Control and Prevention to identify collaborative opportunities to advance basic, clinical, and translational research into treatment for Duchenne Muscular Dystrophy.

Ehlers-Danlos Syndrome.—Ehlers-Danlos syndrome (EDS) is a group of heritable connective tissue disorders that develop as a result of faulty collagen. Individuals with EDS often suffer from fragile skin and unstable joints. The Committee urges NIAMS to aggressively pursue basic research programs on EDS through all available mechanisms, as appropriate.

Facioscapulohumeral Muscular Dystrophy.—The Committee understands that NIAMS and NINDS have taken steps to begin implementation of the recommendations of the 2000 research planning conference on facioscapulohumeral muscular dystrophy (FSHD). The Committee strongly urges that research on muscle biology, muscular dystrophy in general and FSHD in particular be enhanced through all available mechanisms, as appropriate, including the development of a comprehensive research portfolio.

Fibrous Dysplasia.—Fibrous dysplasia is a chronic disorder of the skeleton that predominately afflicts young children and adolescents resulting in uneven growth, severe pain and deformed extremities.

The cause of fibrous dysplasia is unknown although recent studies indicate that it may be caused by a chemical abnormality leading to the overgrowth of fibrous tissue in the bone. The Committee encourages NIAMS to enhance research to evaluate promising drug therapies in both pediatric and adolescent fibrous dysplasia patients through all available mechanisms, as appropriate.

Lupus.—Lupus is an autoimmune disease that mainly affects women of child-bearing age, can lead to severe organ injury, and the treatment is often as devastating as the disease. Women of color, especially African-Americans, are three times more likely to have lupus than Caucasian women. Recent research developments are very encouraging and give promise to new scientific opportunities for the study of lupus. The Committee encourages NIAMS to enhance research efforts that would increase understanding of the factors associated with the high prevalence of lupus in women and people of color. The Committee also encourages NIAMS to enhance research efforts at developing new and innovative treatments that are safer and more effective.

Marfan Syndrome.—The Committee commends NIAMS for its support of research on heritable disorders of connective tissue, which includes Marfan syndrome and for co-sponsoring the Third Workshop on Heritable Disorders of Connective Tissue. The Committee urges NIAMS and other appropriate Institutes to enhance its research efforts on Marfan syndrome through all available mechanisms, as appropriate, including the establishment of research centers to coordinate basic research enabling studies to be rapidly translated into advances in patient care.

Osteogenesis Imperfecta.—The Committee encourages NIAMS to continue its research efforts into gene and cell therapies and drug treatment for osteogenesis imperfecta (OI) and active follow-up of new research opportunities arising out of the 2001 NIH workshop on OI through all available mechanisms, as appropriate. The Committee also encourages NIAMS, in collaboration with NHLBI, to investigate respiratory and cardiovascular problems associated with OI.

Osteoporosis.—The Committee encourages NIAMS to continue to work with NHLBI in investigating the basic and clinical relationship between cardiovascular diseases and osteoporosis. The Committee also encourages NIAMS to enhance research through all available mechanisms, as appropriate, to study osteoporosis in nonwhite women as well as to understand the genetic predisposition for osteoporosis in certain populations.

Paget's Disease.—The Committee is aware of the importance of research on the viral and genetic factors that may cause Paget's disease and encourages NIAMS to enhance efforts in this area through all available mechanisms, as appropriate, including the development of animal models.

Psoriasis.—Psoriasis is a genetically-acquired immune-mediated disease of the skin and joints that affects over seven million Americans. In its most severe forms, patients may have psoriatic lesions covering widespread areas of the body, swollen joints, extreme physical and emotional pain and a diminished quality of life. The Committee urges NIAMS to enhance research in this area through all available mechanisms, as appropriate, including conducting a scientific workshop to assess basic and clinical research in psori-

asis, especially prospects for innovative therapeutic approaches for moderate to severe forms of the disease, and support for a comprehensive public awareness and education program on the best available treatments for moderate and severe psoriasis.

Scleroderma.—Characterized by hardening of the body's connective tissue, scleroderma is a chronic, debilitating disease that is fatal in its worst forms. With improvements in diagnostics, prevalence and incidence of scleroderma is growing, as is the death rate for this disease. The Committee urges NIAMS to aggressively pursue basic research programs on scleroderma.

Sjogren's Syndrome.—The Committee is pleased that NIAMS has published a booklet on Sjogren's syndrome, which is a common, systemic, autoimmune disease affecting the musculoskeletal system and many body organs. The Committee encourages NIAMS to enhance efforts through all available mechanisms, as appropriate, including scientific workshops, research grants and inclusion in autoimmune databases.

Skin Diseases.—The Committee encourages NIAMS to enhance efforts to identify existing information sources on the costs and scope of skin diseases and to recommend strategies for developing new information sources through all available mechanisms, as appropriate, including sponsoring a workshop. NIAMS is encouraged to collaborate with CDC, AHRQ, HRSA as well as skin disease researchers and voluntary health organizations.

Tissue Engineering.—The Committee commends NIAMS for its ongoing work in advancing the science of tissue engineering, acknowledging in particular the potential future benefits such research will have for burn victims and diabetics. The Committee urges NIAMS to continue to review the benefits of utilizing naturally derived biopolymer materials as a medium for tissue scaffolds.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

The Committee provides $379,026,000 for the National Institute on Alcohol Abuse and Alcoholism (NIAAA), which is $38,489,000 above the fiscal year 2001 comparable level and the same as the budget program request.

Mission.—The NIAAA supports research to generate new knowledge to answer crucial questions about why people drink; why some individuals are vulnerable to alcohol dependence or alcohol-related diseases and others are not; the relationship of genetic and environmental factors involved in alcoholism; the mechanisms whereby alcohol produces its disabling effects, including organ damage; how to prevent alcohol misuse and associated damage and how alcoholism treatment can be improved. NIAAA addresses these questions through a program of biomedical, behavioral, and epidemiologic research on alcoholism, alcohol abuse, and related problems. This program includes various areas of special emphasis such as medications development, fetal alcohol syndrome, genetics, and moderate drinking.

Alcohol-Induced Liver Disease.—Alcoholic liver disease remains a major cause of morbidity and mortality in the United States. The development of effective interventions to prevent alcoholism and/or prevent alcohol-induced liver injury would enhance health and result in savings to healthcare costs. The Committee encourages NIAAA, in collaboration with NIDDK, to enhance research on stud-

ies of the pathogenesis and treatment of alcoholic liver disease through all available mechanisms, as appropriate.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

The Committee provides $423,454,000 for the National Human Genome Research Institute (NHGRI), which is $41,414,000 above the fiscal year 2001 comparable level and the same as the budget program request.

Mission.—The NHGRI coordinates extramural research and research training for the NIH component of the Human Genome Project, an effort to determine the location and sequence of the estimated 100,000 genes which constitute the human genome. The Division of Extramural Research supports research in genetic and physical mapping, DNA sequencing and 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 therapies.

Ethical, Legal and Social Implications.—The Committee commends the Institute for its leadership in research and policy development related to the ethical, legal and social implications (ELSI) of the human genome project. The early commitment to devote resources to study ELSI issues has generated important information and recommendations concerning both research and public policy. The Committee encourages NHGRI to move forward with ELSI research and policy initiatives outlined in the budget justifications and in testimony before the Committee.

Human Genome Project.—The Committee commends the international Human Genome Project, led by NHGRI, for the February 15, 2001 publication of 95 percent of the 3.1 billion bases that comprise the human genome. This was a historic achievement that occurred ahead of schedule and within budget. The Committee understands that substantial effort will be required to produce the final, highly accurate sequence by 2003. The Committee encourages the Institute to pursue the development of the next generation of genomic tools and technologies needed to study the human genome and understand its role in human health and disease.

The Committee is pleased that NHGRI has upheld the policy that all sequence information is provided freely to all via the World Wide Web, with no restrictions on its use or redistribution. The Committee understands that ready access to this fundamental sequence information already has led to the identification of tens of thousands of genes, including in excess of 30 over the past two years that play a direct role in human disease. The Committee encourages the Institute to continue this policy of free and unfettered access to genomic data.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

The Committee provides $339,268,000 for the National Institute of Dental and Craniofacial Research (NIDCR), which is $33,115,000 above the fiscal year 2001 comparable level and the same as the budget program request.

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

Bone Diseases.—Osteoporosis and related bone diseases affect millions of Americans. The Committee encourages the Institute to enhance its research efforts to compare bone loss in the oral cavity with bone loss elsewhere in the body. The Committee also encourages NIDCR to enhance research on dentinogenesis imperfecta, orthodontic manipulation in people with osteogenesis imperfecta and fibrous dysplasia through all available mechanisms, as appropriate.

Head and Neck Cancer.—Head and neck cancer has diverse and debilitating effects on a person's quality of life. Surgery to treat the cancer can significantly disrupt a person's speaking and eating functions and result in facial disfigurement. The Committee encourages NIDCR to support research to advance techniques for replacing bony structures of the head and face with restoration of sensory and motor functions of the reconstructed structures through all available mechanisms, as appropriate, including basic, clinical and translational research.

Native American Communities.—The Committee is concerned about the high rate of severe dental caries suffered by Native American children. The Committee encourages NIDCR to enhance research of the etiology and pathogenesis of dental caries in these populations. The Committee also encourages NIDCR to enhance research on effective ways to control severe caries in American Indian children through all available mechanisms, as appropriate, including clinical trials.

Sjogren's Syndrome.—The Committee commends NIDCR for its leadership in Sjogren's syndrome research, including hosting the first clinical conference with the Sjogren's Syndrome Foundation. The Committee encourages NIDCR to expand efforts to help people who have Sjogren's syndrome.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS

The Committee provides $334,161,000 for the National Institute on Deafness and Other Communication Disorders (NIDCD), which is $33,092,000 above the fiscal year 2001 comparable level and the same as the budget program request.

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

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

Dysphonia.—The Committee continues to be pleased with NIDCD's intramural research program with respect to dysphonia and encourages Institute leaders to enhance its extramural research efforts and its collaborations with other Institutes in this area of research.

Neurofibromatosis.—NF2 accounts for approximately five percent of genetic forms of deafness and, unlike other genetic forms of deafness, NF2 associated deafness is potential preventable or curable if tumor growth is halted before damage has been done to the adjacent nerve. Conditional mutant mice can be used to test the effectiveness of gene therapy for NF2, which could be beneficial for all patients suffering from meningiomas and other tumors. The Committee encourages NIDCD to enhance its NF research and to coordinate its efforts with other Institutes conducting NF research.

NATIONAL LIBRARY OF MEDICINE

The Committee provides $273,610,000 for the National Library of Medicine (NLM), which is $27,306,000 above the fiscal year 2001 comparable level and the same as the budget program request.

Mission.—The National Library of Medicine collects, organizes, disseminates, and preserves biomedical literature in all forms, regardless of country of origin, language, or historical period. The Library's collection is widely available; it may be consulted at the NLM facility on the NIH campus; items may be requested on interlibrary loan; and the extensive NLM bibliographic databases may be searched online by health professionals around the world. NLM has a program of outreach to acquaint health professions with available NLM services. The Library also is mandated to conduct research into biomedical communications and biotechnology; to award grants in support of health science libraries and medical informatics research and training; and to create specialized information services in such areas as health services research, environmental health, AIDS, hazardous substances, and toxicology.

Access to Health Information in Rural Areas.—The Committee is concerned about challenges related to access to health information in rural and other medically underserved areas and supports the Library's efforts to address this through its Internet Connection Grant program, which provides resources for education of consumers and health care professionals by partnering with regional libraries to provide hardware, training and access to the Internet at locations in medically underserved areas.

Bioethics.—The Committee commends NLM for its work over the past 15 years in support of information retrieval in bioethics. As public policy debates today increasingly include in depth discussion of the bioethical aspects of topics such as the oversight of human experimentation, stem cell research, cloning and privacy issues surrounding health and genetic records, the Committee encourages NLM to maintain and build on this important work through all available mechanisms, as appropriate, including the cooperative relationship with the Kennedy Institute of Ethics.

Minority Outreach.—The Committee encourages NLM to support initiatives to strengthen information technology infrastructure at minority health professions schools that focus their research efforts

on health disparities and educating health professionals who serve in medically underserved communities through all available mechanisms, as appropriate.

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

PubMed Central.—PubMed Central is an electronic online repository for life science articles and holds promise for increasing access to health care literature by health professions, students, educators, researchers, and the general public. The Committee encourages NLM to work with the medical library community, including health sciences librarians, regarding issues related to copyright, fair use, peer-review, and classification of information on PubMed Central.

NATIONAL INSTITUTE OF NURSING RESEARCH

The Committee provides $116,773,000 for the National Institute of Nursing Research (NINR), which is $11,615,000 above the fiscal year 2001 comparable level and the same as the budget program request.

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

Caregivers Research.—Caregivers must cope with complex issues such as ventilators, special nutritional needs, and medications while managing their own health, stress and quality of life. The Committee encourages NINR to continue to emphasize science-based strategies to help families and friends with their care-giving responsibilities while reducing the burdens that compromise quality of life.

End-of-Life Issues.—The Committee urges NINR to continue to make end-of-life research a priority, particularly in the areas of palliative care, which involves managing pain and other discomforts of the dying process, and helping patients, families and healthcare providers make decisions about when to withdraw treatment in favor of comfort care.

Health Disparities.—NINR has long been active in ethnically and culturally sensitive research to improve health and reduce health disparities. The Committee is encouraged that NINR is focusing on testing strategies that increase screening for cancer among minorities and encourages NINR to continue this important research.

Improving Quality of Life.—The Committee commends NINR for stimulating research to address key issues of chronic illness. It is important to alleviate symptoms such as pain and that quality of life be maintained or improved to the maximum extent possible.

Nursing Interventions for Psychiatric Populations.—The Committee understands that NINR and NIMH implemented a technical assistance workshop on grant writing and navigating a research career trajectory in the area of behavioral change related to psychiatric populations, which will build the research capacity of psychiatric mental-health nurse researchers. The Committee encourages NINR and NIMH to expand research in this area through all

available mechanisms, as appropriate, including a mentorship program.

JOHN E. FOGARTY INTERNATIONAL CENTER

The Committee provides $56,021,000 for the Fogarty International Center (FIC), which is $5,549,000 above the fiscal year 2001 comparable level and the same as the budget program request.

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

NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE

The Committee provides $99,288,000 for the National Center for Complementary and Alternative Medicine (NCCAM), which is $10,167,000 above the fiscal year 2001 comparable level and the same as the budget program request.

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

EDTA Chelation Therapy.—EDTA chelation therapy has long been used for improved circulation, but the potential benefits for use of this therapy for claudication or arteriosclerosis has not been studied. The Committee encourages NCCAM, in collaboration with NHLBI, to enhance efforts in this area through all available mechanisms, as appropriate, including clinical trials.

Frontier Medicine.—Frontier medicine includes the role of spirituality in healing, vibrational medicine, and subtle energies such as homeopathy, reiki, aromatherapy, Bach Flower Remedies, and Qi gong. Additionally, alternative diagnostic equipment using the human energy field may offer the potential for cost-saving opportunities in health care. The Committee urges NCCAM to enhance research in these areas through all available mechanisms, as appropriate.

Herbal Medicine.—The Committee encourages the Center to enhance research to study the basic mechanisms of action and toxicity of herbal medicine through all available mechanisms, as appropriate, including requests for applications. The Committee also encourages the Center to enhance research on the risk of unanticipated and potentially dangerous interactions between botanical and prescription drugs and to continue to seek collaboration with other Institutes on research opportunities on botanical drugs that could lead to the development of new therapeutics.

Research Training Program.—As required by the legislation creating NCCAM, NIH is encouraged to assist the Center in developing a research training program for complementary and alternative therapy professionals to improve opportunities for non-MD

health care professionals to conduct or participate in high quality research evaluating the effectiveness and potential cost-savings of CAM therapies. NCCAM is also encouraged to establish a clinical research program within the Clinical Center in order to provide intramural research opportunities at NIH.

Sickle Cell Disease.—The Committee encourages NCCAM to support potential nutritional supplement and food additive research for sickle cell disease through all available mechanisms, as appropriate.

NATIONAL CENTER ON MINORITY HEALTH AND HEALTH DISPARITIES

The Committee provides $157,204,000 for the National Center on Minority Health and Health Disparities (NCMHD), which is $25,160,000 above the fiscal year 2001 comparable level and the same as the budget program request.

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

Breast Cancer.—The Committee urges NCMHD, in collaboration with NCI, to enhance research targeting the rising incidence and mortality rate of breast cancer in African American women.

Glomerular Injury.—Glomerular injury, a group of diseases that effect the filtering mechanisms of the kidney, are more prevalent among African Americans than the general population. The Committee urges NCMHD to explore collaborations with NIDDK to support research activities related to glomerular injury.

Osteoporosis.—The Committee urges NCMHD to support research that furthers the understanding of the risk factors, causes and consequences of osteoporosis among African Americans, Hispanic, Asian American and Native American women and men through all available mechanisms, as appropriate, including epidemiological studies.

Research Endowments.—The Committee commends the newly established Center for its leadership in addressing the longstanding problem of health disparities in minority populations and looks forward to reviewing the strategic plan for health disparities research currently being developed. The Committee encourages NCMHD to work with its advisory committee in the full implementation of the pilot research endowment program launched this year. The Committee also encourages NCMHD to coordinate with NCRR in support of extramural facility construction and the development of other research infrastructure at minority health professions schools.

Rural Poor.—While studies have shown that certain diseases affect minority groups, economic status may also have an impact on health outcomes. The rural poor have a high incidence of cancer and other diseases, therefore, the Committee expects NCMHD to include the rural poor population in its efforts to eliminate health disparities as authorized by law.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

The Committee provides $39,896,000 for the National Center on Minority Health and Health Disparities (NCMHD), which is the same as the budget program request.

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

Brain Imaging.—The Committee encourages NIBIB to examine SPECT brain imaging as a surrogate marker of brain function through all available mechanisms, as appropriate.

Breast Cancer.—The Committee recognizes the development of advanced imaging technologies including medical infrared imaging derived from the U.S. military and NASA as well as other optical and non-invasive modalities that can be incorporated into comprehensive systems for the early detection and treatment of breast cancer. The Committee encourages NIBIB to explore these approaches to disease management through all available mechanisms, as appropriate.

Joint Replacement.—An estimated 500,000 joint replacements are performed in the U.S. each year, a number of which fail and require additional surgery. Patients who require additional surgery are typically elderly. The failure of the replacement joint is usually caused by wear of the weight-bearing surfaces, the surgery is often more complex and expensive than the original procedure, and the failure rate is several times greater. The Committee encourages NIBIB to enhance research to identify the causes of wear in prosthetic joints and find solutions to the problem, such as new materials through all available mechanisms, as appropriate.

OFFICE OF THE DIRECTOR

The Committee provides $232,098,000 for the Office of the Director (OD), which is $43,752,000 above the fiscal year 2001 comparable level and the same as the budget request. The bill includes language proposed by the Administration and included in the 1998 through 2001 appropriations bill authorizing the collection of third party payments for the cost of clinical services.

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

Office of Research on Women's Health.—The Office of Research on Women's Health (ORWH) works in collaboration with the ICDs of NIH to promote and foster efforts to address gaps in knowledge related to women's health through the enhancement and expansion of funded research and/or the initiation of new investigative studies. The ORWH is responsible for ensuring the inclusion of women in clinical research funded by NIH, including the development of

a computerized tracking system and the implementation of new guidelines on such inclusion. This Office is also involved in promoting programs to increase the number of women in biomedical science careers, and in the development of women's health and sex and gender factors in biology as a focus of medical/scientific research.

For the past decade, ORWH has advanced research on women's health, ensured that women participate in NIH studies, and supported women in biomedical careers. The Committee urges the Director to continue to provide fiscal and administrative support that will permit the Office to serve as the central focus for all NIH on women's health research and career development. The additional funding provided in fiscal year 2002 will permit the Office to continue to enhance, stimulate, and co-fund meritorious research on sex and gender factors in basic and clinical studies. These funds should also be used for new research activities in a variety of health issues and new and expanded career development programs for women scientists, such as BIRCWH. The Committee also urges ORWH to enhance research on multi-systemic diseases in women through all available mechanisms, as appropriate, including the establishment of interdisciplinary research centers. The Director should be prepared to provide a progress report at the fiscal year 2003 appropriations hearing.

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

The Committee has included the same general provisions in bill language that was contained in the 2001 appropriations bill. This language permits the Director of OAR, jointly with the Director of NIH, to transfer between ICDs up to three percent of the funding determined by NIH to be related to AIDS research. This authority could be exercised throughout the fiscal year subject to normal reprogramming procedures, and is intended to give NIH flexibility to adjust the AIDS allocations among Institutes if research opportunities and needs should change. The Committee also repeats language from last year's bill making the research funds identified by NIH as being AIDS related available to the OAR account for transfer to the Institutes. This provision permits the flow of funds through the OAR in the spirit of the authorization legislation without requiring the Congress to earmark a specific dollar amount for AIDS research.

The Office is encouraged to expand and strengthen science-based HIV prevention research for African Americans, Latinos, Native

Americans, Asian Americans, Native Hawaiians, and Pacific Islanders. The Office is also encouraged to expand existing and develop new areas of culturally appropriate behavior and social research that seeks to reduce the risk of contracting HIV through high risk behaviors and the transmission of HIV infection in the targeted minority populations. OAR, and a number of NIH Institutes and Centers, have a longstanding commitment to AIDS research and training efforts to benefit minority populations and increase minority investigators. The Committee strongly supports the continued efforts in this area.

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

Office of Behavioral and Social Sciences Research.—The Office of Behavioral and Social Sciences Research (OBSSR) provides leadership and direction for the development of a trans-NIH plan to increase the scope of and support for behavioral and social science research and in defining an overall strategy for the integration of these disciplines across NIH institutes and centers; develops initiatives to stimulate research in the behavioral and social sciences arena and integrate a biobehavioral perspective across the research areas of NIH; and promotes studies to evaluate the contributions of behavioral, social and lifestyle determinants in the development, course, treatment, and prevention of illness and related public health problems.

The Committee is concerned that, outside of its traditional home at NIMH and a number of other Institutes, there is insufficient NIH support for behavioral and social science investigators. Behavioral science is often treated only as a core mental health, alcohol, or substance abuse field rather than as a core NIH research discipline. Yet, many of the Nation's leading health concerns addressed throughout NIH are behavioral in origin or in their manifestation, including heart disease, lung disease, many forms of cancer, diabetes, developmental disabilities, brain injury, and AIDS. The Committee is pleased that several Institutes such as NCI and NIAMS have begun to expand their behavioral and social science programs. However, NIH should continue to integrate and expand behavioral and social perspectives through its research portfolio. The Committee requests NIH to report back with a plan for a coordinated system of increased training in basic and applied behavioral and social research, a plan for increasing basic and applied behavioral research support in non-traditional institutes, and other measures intended to ensure that NIH scientific priorities and policies appropriately reflect the central role of behavior in health.

The Committee encourages OBSSR to enhance the mind-body initiative to assist the various healthcare fields to understand the existing research on health and spirituality and its clinical implications through all available mechanisms, as appropriate, including the establishment of a coordinating body.

Office of Rare Disease Research.—The Office of Rare Disease Research (ORDR) was established in recognition of the need to provide a focal point of attention and coordination at NIH for research

on rare diseases. ORDR works with Federal and non-Federal national and international organizations concerned with rare disease research and orphan products development; develops a centralized database on rare diseases research; and stimulates rare diseases research by supporting scientific workshops and symposia to identify research opportunities.

Alpha–1 Antitrypsin.—Alpha–1 Antitrypsin is a devastating, potentially lethal hereditary disorder which can cause lung and liver disease. It is the leading genetic killer of adults in the United States and a leading cause of liver transplants in children. The Committee encourages NIH to enhance its research portfolio through all available mechanisms, as appropriate, including clinical trials. NIH is also encouraged to expand efforts to raise public awareness and to provide information about Alpha–1 to the public and health professionals.

Autism.—The Committee is pleased with the expansion that has occurred in autism research and with the activities of the NIH Autism Coordinating Committee. The Committee continues to be aware of concerns about reports of a possible association between the measles component of the MMR vaccine and a subset of autism termed autistic entercolitis. The Committee continues its interest in this issue and urges the NIH Coordinating Committee to continue to give serious attention to these reports. The Committee also urges NIH to continue to pursue appropriate research that will permit scientific analysis and evaluation of the concerns that have been raised through all available mechanisms, as appropriate, including an attempt to replicate the molecular evidence of persistent measles virus infection in children with autistic entercolitis. The research should be pursued in a way that does not cause undue harm to the Nation's efforts to protect children against vaccine-preventable diseases.

The Committee encourages NIH to pursue the recommended research initiatives outlined in the Institute of Medicine's (IOM) Immunization Review Committee report issued April 23, 2001. These activities should be coordinated with CDC where appropriate. The Committee also notes that the IOM Review Committee will be issuing a report on mercury exposures in childhood vaccines. The Committee urges NIH and CDC to pursue research recommendations the IOM panel may issue in regard to this research.

Bayh-Dole Act.—The Committee continues to support the principles of the Bayh-Dole Act with respect to the utilization, commercialization and public availability of government funded inventions. As such, the Committee believes that patent protection may be necessary for the development of a research tool as a potential product for sale and distribution to the research community. However, the Committee is also concerned that products that are a result of Federal funding, especially those discoveries that should be the subject of widespread research, should not be restricted in their use, but should be available to the research community and the public. Therefore, recipients of NIH grants should not be discouraged from seeking patent protection, where appropriate, to bring a product to practical application, but should also license the intellectual property in a manner that maximizes the potential for broad distribution of the research tool. Intellectual property restrictions can stifle the dissemination of new discoveries and limit future avenues of

research and product development. At the same time, reasonable restrictions on the dissemination of research tools are sometimes necessary to protect legitimate proprietary interests and to preserve incentives for commercial development. Accordingly, NIH should continue to offer guidance to both funding recipients and their commercial sponsors to find the appropriate balance between these potentially competing interests.

Breast Implants.—The Committee is aware of a recent Food and Drug Administration (FDA) study revealing alarmingly high rupture rates in silicone breast implants and that researchers concluded that the relationship of free silicone to development or progression of disease is unknown. The Committee is also aware of the FDA's recent decision to approve saline breast implants. The Committee encourages NIH to support research to expand the understanding of the health implications of both silicone and saline breast implants through all available mechanisms, as appropriate. Such research should, if determined to be scientifically appropriate, include a multidisciplinary, clinical, case-controlled study of women with breast implants for at least eight years whether it be one prosthesis or multiple, and differentiate between women receiving implants for mastectomy, reconstructive or cosmetic purposes.

Clinical Research Loan Repayment.—The Committee is concerned about the declining number of physician-scientists pursuing careers in clinical research. The Committee believes that the Clinical Research Enhancement program authorized by Congress last year is important and that tuition loan repayment should be made available to health professionals who are pursuing structured training experience in clinical research; actively engaged in clinical research career development activities with the guidance of a mentor; or conducting clinical research with independent support from NIH. The Committee has provided funds for the loan repayment program authorized in section 487A of the PHS Act concurrent with the budget request. In order to assess the funding needs for fiscal year 2003, the Committee requests data on the number of applications as of May 1, 2002 as well as the number and size of awards made as of September 1, 2002.

Collaborations with the U.S. Geological Survey.—The Committee is pleased to learn of the promising scientific collaboration ongoing among various Institutes and Centers at NIH and the U.S. Geological Survey, a scientific agency housed within the Department of the Interior. This work has the potential to shed light on possible associations between environmental factors and a variety of human health concerns.

Digital Human Concept.—Advances in information technology make it possible to build powerful software-based simulations that integrate the explosion of information emanating from medical and biological science in ways that greatly enhance research, education and training, and medical practice, which can be useful in understanding biological processes that operate at all physical levels. The Committee urges the Director to facilitate the development and use of these new tools by leading a national effort to ensure that software components for simulation developed by NIH contractors and by other Federal agencies can interoperate and can easily be improved and reused. The Committee understands that NLM and NIBIB have missions that relate to the digital human integration

effort. The Committee also urges the Director to continue to communicate with other Federal agencies, including the National Science Foundation, the Department of Defense and DARPA, and NASA about NIH's activities.

Hyperbaric Oxygen.—Based on anecdotal evidence collected by clinicians in the field of hyperbaric medicine, hyperbaric oxygen therapy is currently in widespread use for a wide range of acute and chronic medical conditions such as stroke and brain injuries. The Committee understands that NIH is funding basic research on hyperbaric oxygen therapy, including studies at NINDS on its use in reperfusion injury and traumatic brain injury. The Committee encourages NIH to support meritorious studies in this area through all available mechanisms, as appropriate including controlled clinical trials to test the safety and efficacy of this treatment for a variety of conditions. The Director of NIH is encouraged to coordinate activities across all appropriate Institutes and Centers.

Human Stem Cell Research.—The Committee received testimony from NIH institute and center directors, representatives of scientific and medical societies, and members of voluntary health organizations about the potential of both adult and embryonic stem cells for improving the lives of those who suffer with a host of disorders, including diabetes, Alzheimer's, Parkinson's, and cardiovascular disease. The Committee understands that a great deal of basic research is required to determine whether this potential can be realized.

It is the Committee's intent, that the NIH move ahead expeditiously to implement the President's policy concerning support of scientifically meritorious research involving both adult and human embryonic stem cells. The Committee commends the NIH for moving quickly to negotiate material transfer agreements with holders of existing embryonoc cell lines. The Director is requested to keep the Committee apprised of program initiatives as well as research progress concerning both adult and embryonic stem cells.

Lyme Disease.—The Committee encourages NIH to improve its communication across Institutes to better coordinate Lyme disease research and outreach to public and private scientists about Lyme disease with the goal of stimulating research interest and encouraging investigators to bring their research interests to bear in this field. The Committee also encourages NIH to identify appropriate NIH advisory committees for Lyme disease representation and appoint qualified persons thereon and to include a broad range of scientific viewpoints in the research planning process, including those from community-based clinicians, voluntary agencies, and patient advocates. NIH is encouraged to enhance research in Lyme disease and other tick borne disorders through all available mechanisms, as appropriate, including establishment of a pathology lab.

Microbicide Research.—The Committee urges the Director to enhance microbicide research and product development through OAR, NIAID, NICHD, NIMH, NIDA, and ORWH. NIH is urged to begin implementation of the annual strategic plan for microbicide research, product development and evaluation being completed under NIH leadership and in coordination with other Federal agencies through all available mechanisms, as appropriate. The Committee requests that the Director provide a report to the Committee by

March 31, 2002 on the status of this initiative, including research efforts, funding levels and implementation of the strategic plan.

Micronutrient and Trace Mineral Deficiencies.—In addition to the Chromium research initiative being conducted, NIH is encouraged to work with the Department of Agriculture to examine micronutrient and mineral deficiency diseases throughout life. Factors that influence the development and progression of these diseases should also be examined, such as bioavailability, altered physiology, and age-specific absorption rates. This initiative could include investigations of the basic science that underlies the various disease processes, evaluation of the available veterinary, farm, and other animal models for consideration of their relevance to the analogous human diseases, and assessment of potential utility of dietary regimens and/or dietary supplements for improving clinical outcomes. Extensive animal experimentation has been conducted on nutrient supplementation in birth defects, improving resistance to infectious disease and infertility. Each of these areas has potential for reducing health care costs and increasing the effectiveness of medical treatments for disease. NCCAM and ODS should coordinate these activities across all appropriate NIH disease-related Institutes and Centers.

Minority Health Research.—The Committee commends NIH'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 recently established National Center for Minority Health and Health Disparities. Due to the number of new competitive mechanisms at NIH for these research institutions, the Director is encouraged to work with the Director of NCMHD to establish a program of coordination among these various mechanisms to partner minority health professions schools to address their infrastructure needs.

Parasitic Diseases.—The Committee encourages NIH to enhance research on parasitic diseases, including schistosomiasis, leishmaniasis, African Sleeping Sickness and Chagas disease through all available mechanisms, as appropriate.

Parkinson's Disease.—NIH has developed a five-year Parkinson's Disease Research Agenda. To carry out the plan, the professional judgment budget estimates call for increases over existing Parkinson's research of $143,400,000 in year two (fiscal year 2002). The Committee strongly urges the Director to work toward the implementation of the research agenda through all available mechanisms, as appropriate, including hosting a consortium in collaboration with the Parkinson's research-related Institutes and the extramural research community to identify the full extent of available scientific opportunity and the research and funding needed to implement the Research Agenda. The Committee requests that the Director be prepared to provide a status report on the research agenda at the fiscal year 2003 appropriations hearing.

The Committee commends NIH for encouraging and supporting workshops and other collaborations between sectors of the Parkinson's research community, including the NIEHS-supported consortia and the NINDS-supported workshop on gene therapy and encourages similar collaborative models.

Pediatric Research.—The Committee has previously urged NIH to continue to strengthen and expand its portfolio of pediatric research across all Institutes and establish priorities based on the severity and impact of pediatric diseases and on the potential for scientific breakthroughs. The Committee understands that the Acting Director has asked the NICHD Director to co-chair a committee developing recommendations to operate the Pediatric Research Initiative authorized as part of the Children's Health Act of 2000. The flexibility afforded to NIH in the implementation of the Initiative will facilitate the development of the most effective means to achieve the program's objectives. Within the total provided to NIH, the Committee believes adequate funds are available to continue implementing this activity. The Committee requests that the Director be prepared to provide a status of this initiative at the fiscal year 2003 appropriations hearing.

Research to Improve Efficiency and Reduce Costs of Health Care.—The cost of health care delivery continues to rise with many health care experts predicting nine percent increases for the foreseeable future. While recent research demonstrates that development and application of new health care technology is generally worthwhile or cost-effective in terms of improved survival and productivity in the workplace and reduced disability over the life span, there is some concern that some research discoveries that provide new remedies for health problems and the over use and misuse of available technology may also contribute to higher health care costs. The Committee recognizes that the development of new health care innovations and the appropriate application of available technology are necessary to assure access to affordable health care for all Americans. The Committee urges NIH to work with the Agency for Healthcare Research and Quality to find the methods of evaluation and treatment that will reduce health care costs without sacrificing quality.

Sjogren's Syndrome.—Sjogren's syndrome is one of the most prevalent autoimmune diseases. The Committee encourages the NIH Autoimmune Diseases Coordination Committee to include Sjogren's syndrome in its strategic plan.

Usher Syndrome.—Usher Syndrome (US) is the leading cause of deaf-blindness in the United States. It is an inherited disorder that is characterized by moderate to profound hearing impairment and progressive vision loss due to retinitis pigmentosa and affects an estimated 30,000 Americans. Researchers have mapped the chromosomal locations of nine different genes that account for the various forms of US, of which four have been isolated and cloned. The Committee encourages NIH to enhance research aimed at finding a treatment or cure for US through all available mechanisms, as appropriate, including a better understanding of the etiology of the disorder.

Veterans Administration Cooperation.—The Veterans Administration (VA) has over 900 hospitals and clinics that provide medical care to 4.1 million veterans. The VA system is an ideal setting for large multi-center studies and clinical trials and is a resource to facilitate and accelerate research. The Committee urges NIH to explore ways to increase cooperative research efforts with the VA. The Committee requests that the Director be prepared to provide

a progress report on this initiative at the fiscal year 2003 appropriations hearing.

BUILDINGS AND FACILITIES

The Committee provides $311,600,000 for buildings and facilities, which is $157,839,000 above the fiscal year 2001 comparable level and $5,000,000 above the budget program request. The Committee includes language to allow the Director of NIH to transfer up to $75,000,000 to International Assistance Programs, "Global Fund to Fight HIV/AIDS, Malaria, and Tuberculosis."

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

Within the total provided, funds are included for the Animal Vivarium, Phases I and II of the John Edward Porter Neuroscience Research Center and renovation of Building 10.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES

The Committee provides a program level of $3,131,558,000 for the Substance Abuse and Mental Health Services Administration (SAMHSA), which is $168,134,000 above the fiscal year 2001 comparable level and $102,102,000 above the budget request.

SAMHSA is responsible for supporting mental health, alcoholism, and other drug abuse prevention and treatment services nationwide through discretionary knowledge development and applied research grants and formula block grants to the States. The agency consists of three principal centers: the Center for Mental Health Services, the Center for Substance Abuse Treatment, and the Center for Substance Abuse Prevention. The Office of the Administrator is responsible for overall agency management.

Center for Mental Health Services

The Committee provides a total of $834,048,000 for the Center for Mental Health Services (CMHS), which is $52,158,000 above the fiscal year 2001 comparable level and $67,900,000 above the budget request.

Programs of regional and national significance

The Committee provides $223,499,000 for mental health programs of regional and national significance, which is $20,109,000 above the fiscal year 2001 comparable level and $35,900,000 above the budget request. The program includes multi-state studies and other knowledge development activities that identify the most effective service delivery practices, knowledge synthesis activities that translate program findings into useful products for the field, and knowledge application projects that support adoption of exemplary service approaches throughout the country. The Committee

does not provide funding for projects that were earmarked in the fiscal year 2001 appropriations bill.

Within the total provided, $10,000,000 above the budget request is for continuation and expansion of youth violence prevention programs.

Within the total provided, $5,000,000 above the budget request is to provide evidence based mental health outreach and treatment to the elderly. By the year 2010, there will be approximately 40 million people in the U.S. over the age of 65 and more than 20 percent of them will experience mental disorders. Only a small percentage of Older Americans who require assistance currently receive specialty mental health services for reasons which include stigma, denial of problems, access barriers, lack of coordination between mental health and aging networks. The funding provided is intended to begin to address this problem.

Within the total provided, $5,000,000 above the budget request is for grants to develop and implement programs to divert individuals with a mental illness from the criminal justice system to community-based services and for related training and technical assistance, as authorized by section 520G of the Public Health Service Act.

Mental illness among the Nation's homeless population remains a serious problem. Existing mental health services are not adequately reaching the homeless population and are not adequately addressing their unique needs and life circumstances. Within the funds provided to support grants to entities that develop or expand mental health services specifically for homeless people, the Committee expects SAMHSA to distribute the funds to local public or non-profit organizations through a competitive process, but SAMHSA should encourage applicants to demonstrate integration with primary care and addiction services and linkages with housing, employment and social services as a condition of the award.

The Committee recognizes the role that the Minority Fellowship program plays in training mental health professionals to provide services to individuals who would otherwise go untreated and urges SAMHSA to enhance its efforts in this program through its three Centers.

Fewer than one-third of Americans with a diagnosable mental disorder seek out services. The Surgeon General recently reported that stigma is a barrier discouraging people from obtaining treatment while promoting discrimination against the mentally ill. The Committee urges SAMHSA to increase efforts to combat stigma. The agency should collaborate with other Federal agencies as well as public and private organizations.

The Committee encourages SAMHSA to add questions about treatment and prevention services for gambling disorders to its biennial survey of mental health organizations conducted as part of the National Reporting Program for Mental Health Statistics. Although millions of Americans suffer from gambling problems, there are few treatment or prevention services available for problem gamblers and their families. Since this survey is administered to mental health providers nationally, it should yield information about the availability of professional treatment services for problem and pathological gamblers, heighten the awareness among

treatment professionals of the disorder of pathological gambling and encourage screening of clients for gambling problems.

Within the total provided $7,000,000 is for the Minority HIV/AIDS Initiative. These funds are targeted to address the growing HIV/AIDS epidemic and its disparate impact on communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders. HHS statistics show that racial and ethnic minorities represent the highest number of new AIDS cases. While African-Americans and Hispanics are only 12 percent and 13 percent of the U.S. population respectively, they account for at least 55 percent and 20 percent of all new AIDS cases. In addition, more than 60 percent of people living with AIDS are racial minorities. Congress began funding the Minority HIV/AIDS Initiative in fiscal year 1999. It was designed to focus special attention on solving a growing public health problem and to develop and improve the capacity of minority community based organizations to more effectively serve their communities. This approach was tailored to yield innovative and successful strategies specifically targeted to the highest risk and hardest to serve populations, which for the past two decades have eluded more traditional HIV/AIDS prevention, treatment, and education efforts. In distributing these funds, the Committee expects SAMHSA to tailor the CMHS programs that are funded under the Minority HIV/AIDS Initiative as tightly as possible in order to address the growing health problem and maximize the participation of minority community based organizations. In evaluating organizations' capacities, SAMHSA should take into consideration that the board, management and key staff are representative of the minority communities served, be situated closest to the targeted population, have a history of providing services to these communities, and have documented linkages to the targeted populations, so that they can help close the gap in access to service for the highly impacted communities of color in the interest of public health. These funds are for activities that are designed to address the trends of the HIV/AIDS epidemic in communities of color based on the most recent estimated living AIDS cases, HIV infections and AIDS mortality among ethnic and racial minorities as reported by the Centers for Disease Control and Prevention.

More specifically, the funds are for the treatment of mental health disorders related to HIV disease, including dementia, clinical depression and chronic, progressive neurological disabilities that often accompany HIV disease. the Committee strongly urges CMHS to use the Minority Aids funding to support competitive, direct service, and capacity building grants targeted to providers that operate in traditional and non-traditional settings and who have a history of providing services to communities of color. Funds are provided to improve State and local mental health screening and referrals programs located in non-mental health specific settings and to support ongoing jail diversion programs for non-violent mentally ill offenders living with HIV disease.

Mental health performance partnerships

The Committee provides $440,000,000 for mental health performance partnership grants, which is $20,000,000 above both the fiscal year 2001 comparable level and the budget request. The perform-

ance partnerships provide funds to States to support mental health prevention, treatment, and rehabilitation services. Funds are allocated according to statutory formula among the States that have submitted approved annual plans. The Committee notes that the mental health performance partnerships grant funding represents less than 2% of total State mental health funding and less than 5% of State community-based mental health services.

Children's mental health

The Committee provides $97,694,000 for the grant program for comprehensive community mental health services for children with serious emotional disturbance, which is $6,049,000 above the fiscal year 2001 comparable level and $6,000,000 above the budget request. Funding for this program supports grants and technical assistance for community-based services for children and adolescents up to age 22 with serious emotional, behavioral, or mental disorders. The program assists States and local jurisdictions in developing integrated systems of community care. Each individual served receives an individual service plan developed with the participation of the family and the child. Grantees are required to provide increasing levels of matching funds over the five-year grant period.

Grants to states for the homeless (PATH)

The Committee provides $39,855,000 for the grants to States for the homeless (PATH) program, which is $3,000,000 above both the fiscal year 2001 comparable level and the budget request. PATH grants to States provide assistance to individuals suffering from severe mental illness and/or substance abuse disorders and who are homeless or at imminent risk of becoming homeless. Grants may be used for outreach, screening and diagnostic treatment services, rehabilitation services, community mental health services, alcohol or drug treatment services, training, case management services, supportive and supervisory services in residential settings, and a limited set of housing services.

Protection and advocacy

The Committee provides $33,000,000 for the protection and advocacy program, which is $3,000,000 above both the fiscal year 2001 comparable level and the budget request. This funding is distributed to States according to a formula based on population and income to assist State-designated independent advocates to provide legal assistance to mentally ill individuals during their residence in State-operated facilities and for 90 days following their discharge.

Center for Substance Abuse Treatment

The Committee provides a total of $2,030,122,000 for the Center for Substance Abuse Treatment (CSAT), which is $109,137,000 above the fiscal year 2001 comparable level and $9,000,000 above the budget request.

Programs of regional and national significance

The Committee provides $305,122,000 for substance abuse treatment programs of regional and national significance, which is $49,137,000 above the fiscal year 2001 comparable level and

$9,000,000 above the budget request. The program supports activities of developing and field testing new treatment models in order to facilitate the provision of quality treatment services and service delivery. These activities are undertaken in actual service settings rather than laboratories and results are disseminated to State agencies and community treatment providers. The goal is to promote continuous, positive treatment service delivery change for those people who use and abuse alcohol and drugs. The Committee does not provide funding for projects that were earmarked in the fiscal year 2001 appropriations bill.

Within the total provided, $6,000,000 above the budget request is for grants to develop and expand mental health and substance abuse treatment services for homeless individuals as authorized by section 506 of the Public Health Service Act. The Committee intends these grants be available to projects focusing on mental health services and projects focusing on substance abuse treatment services, as well as projects providing services in both fields.

Within the total provided, $3,000,000 above the budget request is for the Addiction and Technology Transfer Center program. This program has been successful in communicating to providers at all levels about research-based, effective approaches to substance abuse treatment and recovery. The Committee provides funds to enhance support of these Centers to enable them to maintain services while expanding their geographic coverage to all States. In addition, in areas of high drug trafficking or exceptional treatment need, these funds will support new centers responsible for a more limited geographic area.

The Committee concurs with the budget request providing an increase of $40,000,000 for programs of regional and national significance. Within this funding, the Committee expects SAMSHA to fund treatment programs to fight the abuse of methamphetamine.

Substance abuse among the Nation's homeless population remains a serious problem. Existing addiction services are not adequately reaching the homeless population and are not adequately addressing their unique needs and life circumstances. Within the funds provided to support grants to entities that develop or expand substance abuse services specifically for homeless people, the Committee expects SAMHSA to distribute the funds to local public or non-profit organizations through a competitive process, but SAMHSA should encourage applicants to demonstrate integration with primary care and mental health services and linkages with housing, employment and social services as a condition of the award.

The Committee is concerned that effective substance abuse treatment programs may not be available to persons who currently receive or previously received TANF funding. SAMHSA is encouraged to coordinate with the Administration for Children and Families and inform them of programs that have a 50 percent or higher effectiveness rate and help facilitate the availability of these programs to the TANF population.

Within the total provided $57,000,000 is for the Minority HIV/AIDS Initiative. These funds are to enhance the quality of services and expand the service capacity of substance abuse treatment programs with a history of providing services to high risk communities of color that are severely impacted by substance abuse and HIV/

AIDS. The correlation between addiction and HIV/AIDS is well documented. Injection and other drug use accounted for at least 30 percent of new reported HIV cases in the U.S. in 2000. These funds are to be allocated based on program priorities identified in the previous fiscal year and new priorities as funding permits. Funds are also included to enhance State, county and local efforts to plan and develop integrated substance abuse and HIV/AIDS treatment and prevention services within communities of color. In administering this program, CSAT should follow the same Committee direction provided under the Center for Mental Health Services for the Minority HIV/AIDS Initiative to maximize the participation of minority community based organizations.

Substance abuse performance partnerships

The Committee provides $1,725,000,000 for the substance abuse performance partnership grants, which is $60,000,000 above the fiscal year 2001 comparable level and the same as the budget request. The substance abuse performance partnerships provide funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated among the States according to a statutory formula. State applications including comprehensive state plans must be approved annually by SAMHSA as a condition of receiving funds.

Center for Substance Abuse Prevention

The Committee provides a total of $187,215,000 for the Center for Substance Abuse Prevention, which is $12,296,000 above the fiscal year 2001 comparable level and $12,202,000 above the budget request.

Programs of regional and national significance

The Committee provides $187,215,000 for the substance abuse prevention programs of regional and national significance, which is $12,296,000 above the fiscal year 2001 comparable level and $12,202,000 above the budget request. The program identifies effective approaches in preventing substance abuse and implements its primary mission in bridging the gap between research and practice. The Committee does not provide funding for projects that were earmarked in the fiscal year 2001 appropriations bill.

With the total provided, $5,000,000 above the budget request is to enhance efforts to fight the abuse of methamphetamine, which is among the fastest growing drug problems throughout the Nation.

Within the total provided $40,100,000 is for the Minority HIV/AIDS Initiative. These funds provide grants for planning and services to organizations with a history of providing services to high risk communities of color to enhance the quality of services and expand substance abuse prevention service capacity in communities of color disproportionately impacted by the HIV/AIDS epidemic. In administering this program. CSAP should follow the same Committee direction provided under the Center for Mental Health Services for the Minority HIV/AIDS Initiative to maximize the participation of minority community based organizations.

Program management

The Committee provides $80,173,000 for program management activities, which is $5,457,000 below the fiscal year 2001 comparable level and $13,000,000 above the budget request. Within the funds provided, the Committee assumes a 4.6 percent pay increase. The appropriation provides funding to coordinate, direct, and manage the agency's programs. Funds are used for salaries, benefits, space, supplies, equipment, travel and overhead. The Committee does not provide funding for projects that were earmarked in the fiscal year 2001 appropriations bill.

Within the total provided, $12,000,000 above the budget request is available for data collection activities which is the same as the fiscal year 2001 comparable level. In addition, the Administration proposed to increase the Public Health Service evaluation set-aside from one percent to two percent. The Committee did not approve this request; therefore, an additional $7,000,000 could be available for these activities.

Within the total provided, $1,000,000 above the budget request is to develop a cost-effective strategy for reducing and preventing underage drinking. According to the National Household Survey on Drug Abuse, there are more than 10 million underage drinkers in the United States. Studies have shown that young people who begin drinking before the age of 15 are four times more likely to develop alcohol dependence than those who begin after age 21. In developing this strategy, SAMHSA should thoroughly review all programs and methods that would be the most effective in achieving the goal of reducing and preventing underage drinking. The Committee also believes that in order to be effective this strategy must be a public/private partnership; therefore the agency should consult with the Surgeon General, the National Institute of Alcoholism and Alcohol Abuse, and all private sector organizations with an interest in reducing and preventing underage drinking.

The Committee is concerned that Federal resources may not be reaching hard-to-serve populations, such as the homeless, in the areas of mental health services or alcohol and substance abuse services. The Committee encourages SAMHSA to examine how funds are delivered to localities and accountability standards that exist to ensure that funds are being targeted to such hard-to-serve populations.

The Committee has provided funding within the Administration for Children and Families (ACF) to implement several new activities that have mental health and substance abuse components. SAMHSA is encouraged to share expertise and collaborate with ACF in implementing these efforts.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

The Committee provides a total of $306,245,000 for the Agency for Healthcare Research and Quality (AHRQ), which is $36,510,000 above the fiscal year 2001 comparable level and the same as the budget program request. Included in this amount is $168,435,000 in general funds and $137,810,000 in one percent evaluation funding. The Administration proposed to increase the Public Health Service evaluation set-aside from one percent to two percent and

fund the agency's full request from evaluation funding. The Committee did not approve this request.

The mission of the Agency is to generate and disseminate information that improves the delivery of health care. Its research goals are to determine what works best in clinical practice; improve the cost-effective use of health care resources; help consumers make more informed choices; and measure and improve the quality of care. The Committee is supportive of high quality, peer-reviewed research and supports appropriate funding for investigator-initiated research within the funding levels provided.

For Research on Health Costs, Quality, and Outcomes, the Committee provides $255,145,000, which is $28,760,000 above the fiscal year 2001 comparable level and the same as the budget request. The Research on Health Costs, Quality, and Outcomes program identifies the most effective and efficient approaches to organize, deliver, finance, and reimburse health care services; determines how the structure of the delivery system, financial incentives, market forces, and better information affects the use, quality, and cost of health services; and facilitates the translation of research findings for providers, patients/consumers, plans, purchasers, and policymakers. It also funds research that determines what works best in medical care by increasing the cost effectiveness and appropriateness of clinical practice; supports the development of tools to measure and evaluate health outcomes, quality of care, and consumer satisfaction with health care system performance; and facilitates the translation of information into practical uses through the development and dissemination of research databases.

For Medical Expenditures Panel Surveys, the Committee provides $48,500,000, which is $7,650,000 above the fiscal year 2001 comparable level and the same as the budget request. The entire amount provided is derived through the one percent evaluation set-aside. The Medical Expenditures Panel Surveys provide data for timely national estimates of health care use and expenditures, private and public health insurance coverage, and the availability, costs, and scope of private health insurance benefits. This activity also provides data for analysis of changes in behavior as a result of market forces or policy changes on health care use, expenditures, and insurance coverage; develops cost/savings estimates of proposed changes in policy; and identifies the impact of changes in policy for subgroups of the population.

For program support, the Committee provides $2,600,000, which is $100,000 above the fiscal year 2001 level and the same as the budget request. This activity supports the overall direction and management of the agency. Within the funds provided, the Committee assumes a 4.6 percent pay increase.

The Committee urges AHRQ to develop long-term care quality initiatives in care delivery and workforce development across care settings, including nursing homes, assisted living and home care. Best practices, once identified, could be broadly disseminated to replicate effective care and treatment models.

The cost of health care delivery continues to rise with many health care experts predicting nine percent increases for the foreseeable future. There is some concern that new biomedical research discoveries that provide new remedies for health problems may also contribute to higher health care costs when they are used inappro-

priately. The Committee recognizes the need to ensure that increased investment in biomedical research does not price quality health care out of reach of most Americans. Providers, patients and health care payers need objective, scientific information to understand which new interventions are more effective than existing practices, which groups of patients are most likely to benefit, the degree of improvement compared to the cost, and the relative risks for the patient of alternative interventions. The Committee urges AHRQ to expand its efforts to support research and clinical effectiveness trials that will develop scientific evidence regarding the relative effectiveness, outcomes, risks and costs of promising new interventions in comparison with existing practices, especially those that have the potential to reduce health care costs without reducing quality. The agency is also urged to support an initiative to identify and make easily accessible the findings of existing, scientifically sound, cost-effectiveness studies of new clinical interventions and technologies.

The Committee is aware of the proposed consensus conference involving AHRQ, CDC, NINDS, NICHD and the Spina Bifida Association of America to assess and evaluate secondary prevention strategies to reduce the complications associated with spina bifida, including an evaluation of *in utero* surgical techniques. The Committee encourages the Agency to participate in the implementation of this initiative.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

The bill provides $106,821,882,000 for the Federal share of current law State Medicaid costs, which is $7,208,752,000 above the fiscal year 2001 comparable level and the same as the budget request. This amount does not include $36,207,551,000, which was advance funded in the fiscal year 2001 appropriation. In addition, the bill provides an advance appropriation of $46,601,937,000 for program costs in the first quarter of fiscal year 2003. The bill also includes indefinite budget authority for unanticipated costs in fiscal year 2001.

Federal Medicaid grants reimburse States for 50 to 83 percent (depending on per capita income) of their expenditures in providing health care for individuals whose income and resources fall below specified levels. Subject to certain minimum requirements, States have broad authority within the law to set eligibility, coverage, and payment levels. It is estimated that 34.3 million low-income individuals will receive health care services in 2000 under the Medicaid program. State costs of administering the program are matched at rates that generally range from 50 to 90 percent, depending upon the type of cost. Total funding for Medicaid includes $795,533,000 for the entitlement Vaccines for Children program. These funds, which are transferred to the Centers for Disease Control and Prevention for administration, support the costs of immunization for children who are on Medicaid, uninsured or underinsured and receiving immunizations at Federally qualified health centers or rural health clinics. Indefinite authority is provided by statute for the Vaccines for Children program in the event that the current estimate is inadequate.

Payments to health care trust funds

The bill includes $81,924,200,000 for the Payments to the Health Care Trust Funds account, which is $11,542,600,000 above the fiscal year 2001 comparable level and the same as the budget request.

This entitlement account includes the general fund subsidy to the Medicare Part B trust fund as well as other reimbursements to the Part A trust fund for benefits and related administrative costs which have not been financed by payroll taxes or premium contributions. The amount provided includes $150,200,000 for program management administrative expenditures, which is the fiscal year 2002 estimate of the general fund share of CMS program management expenses. This general fund share will be transferred to the Federal Hospital Insurance Trust Fund to reimburse for the funds drawn down in fiscal year 2001 from the trust fund to finance program management.

Program management

The bill makes available $2,361,158,000 in trust funds for Federal administration of the Medicare and Medicaid programs, which is $119,560,000 above the fiscal year 2001 comparable level and $10,000,000 above the budget request.

Research, demonstration, and evaluation

The bill provides $55,311,000 for research, demonstration and evaluation, which is $83,000,000 below the fiscal year 2001 comparable level and the same as the budget request. These funds support a variety of studies and demonstrations in such areas as monitoring and evaluating health system performance; improving health care financing and delivery mechanisms; modernization of the Medicare program; the needs of vulnerable populations in the areas of health care access, delivery systems, and financing; and information to improve consumer choice and health status. The reduction below last year's level is due to the funding of one-time projects.

The Committee in the past has encouraged CMS to conduct a demonstration project to evaluate the use of managed health care principles in the delivery of traditional and alternative long-term care services. The Committee continues to support such a demonstration and encourages CMS to begin discussions with interested States and providers.

The Committee understands that NIH-supported research involving transplantation of insulin-producing cells has shown great promise in treating diabetes and is being expanded into worldwide clinical trials. The Committee urges CMS to collaborate with NIH, FDA and non-profit voluntary health organizations to consider strategies that could hasten the speed for providing this therapy to more patients. The Committee requests that the Administrator be prepared to testify at the fiscal year 2003 appropriations hearing on the status of this initiative.

The Committee is aware of the potential for web-enabled technology to improve the coordination and delivery of care among persons with disabilities and severe chronic conditions such as spinal cord injury, diabetes and arthritis, while also reducing transaction costs associated with traditional care delivery mechanisms. The Committee encourages CMS to demonstrate the effectiveness of an e-health tool for managed care nurse case managers in an inte-

grated application with online claims adjudication capabilities which applies a prescription benefits manager to medical equipment, supplies and related products as currently utilized for pharmaceuticals.

Medicare contractors

The bill includes $1,522,000,000 to support Medicare claims processing contracts, which is $165,564,000 above the fiscal year 2001 comparable level and the same as the budget request.

Medicare contractors are responsible for paying Medicare providers promptly and accurately. In addition to processing claims, contractors also identify and recover Medicare overpayments, as well as review claims for questionable utilization patterns and medical necessity. Contractors also provide information and technical support both to providers and beneficiaries regarding the administration of the Medicare program. In 2002, contractors are expected to process 950 million claims.

State survey and certification

The bill includes $252,147,000 for State inspection of facilities serving Medicare and Medicaid beneficiaries, which is $10,000,000 above both the fiscal year 2001 comparable level and the budget request.

Survey and certification activities ensure that institutions and agencies providing care to Medicare and Medicaid beneficiaries meet Federal health, safety and program standards. On-site surveys are conducted by State survey agencies, with a pool of Federal surveyors performing random monitoring surveys. Over 25,000 facilities are expected to be reviewed in 2002.

Current law allows States to provide incentives and public recognition of high quality skilled nursing facilities. Such programs can be both an important factor in improving the quality of care in many nursing facilities as well as helping consumers to find the best nursing care for family members. The Committee urges CMS to encourage such State efforts.

Under current law, States conduct educational programs for providers concerning the requirements of State and Federal law. The Committee believes that additional efforts should be made to provide educational programs and materials on innovative care practices to skilled nursing facilities, particularly those in rural areas and those serving low-income populations. The Committee urges CMS to consider conducting periodic educational programs for surveyors and facility staff or to encourage States to do so.

Federal administration

The bill includes $531,700,000 to support Federal administrative activities related to the Medicare and Medicaid programs, which is $26,996,000 above the fiscal year 2001 comparable level and the same as the budget request. Within the funds provided, the Committee assumes a 4.6 percent pay increase.

The Medicare, Medicaid, and Children's Health Insurance programs ensure the health care security of over 70 million beneficiaries. The Federal Administration costs budget provides funds for the staff and operations of CMS to administer these programs.

The Committee is concerned by reports of widespread non-compliance with requirements of blood lead screening of children served by Medicaid, and is distressed that little progress has apparently been made since GAO's 1999 report on the subject. The Committee expects CMS to increase its support for outreach and education and to report steps taken and progress made to the Committee by September 1, 2002. The Committee also urges CMS to permit Medicaid reimbursement for laboratory analysis of environmental samples needed to identify the source of lead exposure for children with lead poisoning.

A provision was included in the Health Insurance Portability and Accountability Act to redesign the specialty code system to alphanumeric; however, implementation of this new system is not final. In the interim, to ensure that pregnant women receive risk-appropriate care, the Committee urges CMS to work to create an interim two-digit specialty code recognizing maternal-fetal medicine.

The Committee recognizes that hospitals, along with others in the health care sector, have concerns about compliance with the administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Committee acknowledges that compliance with these provisions, including electronic transaction standards and medical privacy and security requirements, will require health care organizations and providers to make substantial investments in information technology. These concerns are enhanced by the short two-year compliance deadline set in statute. Accordingly, the Committee directs the Secretary to evaluate the effects of these expenditures on the ability of the health care sector to provide health care services and to identify and report to the Committee any sources of Federal funding that would be available to help defray the costs of complying with HIPAA administrative simplification requirements. The Committee also instructs the Secretary to evaluate the appropriateness of the current statutory compliance deadline and report the findings to the Committee. Such findings shall be reported to the Committee no later than February 1, 2002.

Medicare beneficiaries who are blind or visually impaired are eligible for physician-prescribed rehabilitation services from approved health care professionals on the same basis as beneficiaries with other medical conditions that result in reduced physical functioning. The Committee urges CMS to direct its carriers to inform physicians and other providers about the availability of medically necessary rehabilitation services for these beneficiaries.

Medicaid and SCHIP are a major source of dental care provided to the nation's poor children. However, according to the U.S. Surgeon General's report, Oral Health in America, fewer than one in five Medicaid-covered children received a single preventive dental visit in a year. Left untreated, dental disease is inevitable and will not abate. Therefore, the Committee believes it is important that CMS maintain a distinct focus on oral health and urges CMS to retain a position of Chief Dental Officer reporting directly to the Director of the Center for Medicaid and State Operations.

The Committee notes with interest the number of applications received by the Centers for Medicare and Medicaid Services for 1115 waivers requesting permission to expand eligibility for Medicaid coverage to non-disabled individuals living with HIV disease.

Such expansions would improve access to critically needed life-prolonging treatments. In considering the budget neutrality aspects of these waiver applications, the Committee anticipates that CMS will work with the Office of Management and Budget and other interested parties to develop methodologies to take into account savings that might be achieved in non-Medicaid entitlement programs, such as Medicare, Social Security Disability Insurance, Supplemental Security Income, due to earlier access to treatment for HIV disease. Consideration should also be given to the impact on discretionary programs such as the Ryan White CARE Act.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

The Committee recommends $2,447,800,000 for the Child Support Enforcement program, the same as the request. The bill also provides $1,100,000,000 in advance funding for the first quarter of fiscal year 2003 to ensure timely payments for the child support enforcement program, the same as the request. The bill continues to provide estimated funding of $23,000,000 for Payments to Territories, the same as the comparable amount for fiscal year 2001 and the budget estimate. The bill provides $1,000,000 for the repatriation program, the same as the request and the comparable amount provided for fiscal year 2000.

LOW-INCOME HOME ENERGY ASSISTANCE

The Committee recommends an appropriation of $1,700,000,000 for the fiscal year 2002 for the low-income home energy assistance program (LIHEAP), $300,000,000 more than the budget request and the regular appropriation for fiscal year 2001. The bill also provides an additional $300,000,000 in emergency funding for unanticipated home energy assistance needs of States. The agreement includes up to $27,500,000 for the leveraging incentive fund within these totals.

The LIHEAP program provides assistance to low-income households to help pay the costs of home energy. Funds are provided through grants to States, Indian Tribes and territories, and are used for summer cooling and winter heating/crisis assistance programs.

REFUGEE AND ENTRANT ASSISTANCE

The bill provides $460,224,000 for refugee assistance programs, an increase of $27,186,000 above the fiscal year 2001 level and $15,000,000 above the budget request.

Transitional and medical services

The bill provides $237,291,000 for transitional and medical services, the same as the request and $12,186,000 above the fiscal year 2001 level. The bill continues the policy of providing eight months of assistance to new arrivals. The transitional and medical services program provides funding for the State-administered cash and medical assistance program that assists refugees who are not categorically eligible for TANF or Medicaid, the unaccompanied minors program that reimburses States for the cost of foster care, and

the voluntary agency grant program in which participating national refugee resettlement agencies provide resettlement assistance with a combination of Federal and matched funds.

Social services

The bill provides $158,621,000 for social services, $15,000,000 more than the fiscal year 2001 appropriation and the budget request. Funds are distributed by formula as well as through the discretionary grant making process for special projects. The bill includes $15,000,000 to increase educational support to schools with a significant proportion of refugee children, consistent with previous support to schools heavily impacted by large concentrations of refugees.

The Committee agrees that $19,000,000 is available for assistance to serve communities affected by the Cuban and Haitian entrants and refugees whose arrivals in recent years have increased. The Committee has set aside $26,000,000 for increased support to communities with large concentrations of refugees whose cultural differences make assimilation especially difficult justifying a more intense level and longer duration of Federal assistance. Finally, the Committee has set aside $14,000,000 to address the needs of refugees and communities impacted by recent changes in Federal assistance programs relating to welfare reform. The Committee urges ORR to assist refugees at risk of losing, or who have lost, benefits including SSI, TANF and Medicaid, in obtaining citizenship.

Preventive health

The bill includes $4,835,000 for preventive health services, the same as the fiscal year 2001 appropriation and the request. These funds are awarded to the States to ensure adequate health assessment activities for refugees.

Targeted assistance

The bill provides $49,477,000 for the targeted assistance program, the same as the fiscal year 2001 amount and the request. These grants provide assistance to areas with high concentrations of refugees.

Victims of torture

The bill includes $10,000,000 to provide a comprehensive program of support for domestic centers and programs for victims of torture. This is the same as the budget request and last year's level. The Committee encourages the Office of Refugee Resettlement to support one or more well-established treatment centers, such as the Center for Victims of Torture, in order to strengthen the field. The larger programs have developed the knowledge base that has fostered growth of treatment facilities around the country. For this growth to continue, these leading centers will need to expand their staffs to create more trainers and to improve evaluation and research needed to guide and develop new programs. This can only happen if they are able to significantly increase their own client bases. Through this investment ORR would be advancing the field of treatment services and helping establish new treatment centers.

CHILD CARE AND DEVELOPMENT BLOCK GRANT

The bill includes $2,199,987,000 for the Child Care and Development Block Grant program, $200,119,000 above the fiscal year 2001 level and the same as the budget request. The Committee notes that the Administration has requested that $400,000,000 of this total be set aside for an after-school voucher program. The Committee believes that a change of this nature properly belongs within the jurisdiction of the House Committee on Education and the Workforce and has therefore deferred action on the after-school voucher program subject to that Committee's action.

The Child Care and Development Block Grant program was originally enacted in the Omnibus Budget Reconciliation Act of 1990 to increase the availability, affordability and quality of child care by providing funds to States, Territories and Indian Tribes for child care services for low-income families. In the 1996 Welfare Reform Act, the block grant was reauthorized through 2003. In addition, that Act contains additional mandatory appropriations for child care in the amount of $2,717,000,000 for fiscal year 2002.

SOCIAL SERVICES BLOCK GRANT

The bill provides $1,700,000,000 for the social services block grant (SSBG), $25,000,000 below the fiscal year 2001 appropriation and the same as the budget request.

SSBGs are designed to encourage States to furnish a variety of social services to needy individuals to prevent and reduce dependency, help individuals achieve and maintain self-sufficiency, prevent or reduce inappropriate institutional care, secure admission or referral for institutional care when other forms of care are not appropriate, and prevent neglect, abuse and exploitation of children and adults.

Funds are distributed to the territories in the same ratio such funds were allocated in fiscal year 1981. The remainder of the appropriation is distributed to the States and the District of Columbia according to population.

The bill includes a provision that maintains the percentage of funds that a State may transfer between the Social Services Block Grant and the Temporary Assistance to Needy Families Programs at 10 percent.

CHILDREN AND FAMILIES SERVICES PROGRAMS

The bill includes $8,275,442,000, an increase of $309,957,000 over the fiscal year 2001 amount and $84,044,000 over the budget request. This account finances a number of programs aimed at enhancing the well-being of the Nation's children and families, particularly those who are disadvantaged or troubled.

Head Start

The bill includes $6,475,812,000 for the Head Start program for fiscal year 2002, an increase of $276,000,000 over the fiscal year 2001 amount and $151,000,000 above the budget request. Of this total, the Committee continues the policy of advancing $1,400,000,000 of this account into fiscal year 2003. The President's budget did not propose advance funding this account.

Head Start provides comprehensive development services for children and their families. Intended for preschoolers from low-income families, the program seeks to foster the development of children and enable them to deal more effectively with both their present environment and later responsibilities in school and community life. Head Start programs emphasize cognitive and language development, emotional development, physical and mental health, and parent involvement to enable each child to develop and function at his or her highest potential. At least ten percent of enrollment opportunities in each State are made available to handicapped children.

Grants to carry out Head Start programs are awarded to public and private non-profit agencies. Grantees must contribute 20 percent of the total cost of the program; this is usually an in-kind contribution. The Head Start Act does not include a formula for the allotment of funds to local grantees; however, it does require that 87 percent of the appropriation be distributed among States based on a statutory formula. In addition, grants, cooperative agreements and contracts are awarded for Indians and migrants and in the areas of research, demonstration, technical assistance and evaluation from the remaining 13 percent.

Runaway and homeless youth

The bill includes $71,133,000 for runaway and homeless youth activities, an increase of $2,010,000 above fiscal year 2001 and $2,000,000 above the budget request.

The Runaway and Homeless Youth Program provides grants to local public and private organizations to establish and operate local runaway and homeless youth centers to address the crisis needs of runaway and homeless youth and their families. Grants are used to develop or strengthen community-based centers, which are outside the law enforcement, juvenile justice, child welfare, and mental health systems. Additionally, home-based, street-based, and drug education and prevention activities are all allowable uses of funds under the basic center grants. The Runaway and Homeless Youth Act requires that 90% of the program funds be used to establish and operate basic centers and transitional living programs which meet the immediate needs of runaway and homeless youth. Basic center grants are allotted among the States based on each State's youth population under 18 years of age. Applications for basic center grants are selected for funding through a competitive review process based on each State's allocation of funds under the formula.

The Transitional Living Program is awarded by the Secretary on a national competitive basis.

Maternity group homes

The bill does not include funding for the maternity group homes program, a new program for which the Administration requested $33,000,000. This program is not specifically authorized for fiscal year 2002. The Committee believes that the design of this new program properly belongs within the jurisdiction of the House Committee on Education and the Workforce and has therefore deferred action on the program until after the passage of authorizing legislation.

Child abuse

For child abuse prevention and treatment, the Committee recommends $42,978,000. The total amount recommended includes $23,000,000 for State grants, an increase of $1,974,000 above both last year and the budget request; and $19,978,000 for discretionary projects, which is $2,000,000 above the budget request and $13,226,000 below last year's level. The Committee notes that the reduction in the discretionary projects account is the result of the removal of one-year projects that were included in the fiscal year 2001 conference agreement. Within the funds provided, the Committee has included sufficient funding to establish a national hotline to prevent child abuse.

The child abuse programs attempt to improve and increase activities at all levels of government which identify, prevent, and treat child abuse and neglect through State grants, technical assistance, research, demonstration, and service improvement.

Abandoned infants assistance

The Committee recommends $12,205,000 for the Abandoned Infants Assistance Act, $23,000 above the fiscal year 2001 appropriation and the same as the budget request. The purpose of this program is to provide financial support to public and non-profit private entities to develop, implement, and operate demonstration projects that will prevent the abandonment of infants and young children; identify and address their needs, especially those infected with HIV; assist such children to reside with their natural families or in foster care, as appropriate; provide respite care for families and caregivers; and recruit and train caregivers. Grantees must establish a care plan and case review system for each child.

Child welfare services

The bill includes $291,986,000 for child welfare services, the same as the fiscal year 2001 amount and the budget request. This program authorized by title IV–B of the Social Security Act provides grants to States to assist public welfare agencies establish, extend, and strengthen child welfare services in order to enable children to remain in their homes under the care of their parents, or, where that is not possible, to provide alternative permanent homes for them.

The bill also includes $6,998,000 for child welfare training, the same as the fiscal year 2001 amount and the budget request. The Committee recognizes the need for trained, skilled and qualified child welfare protection personnel. This program provides teaching and traineeship grants to schools of social work to train social workers in the specialty of child welfare.

Adoption opportunities

The Committee recommends $27,405,000 for adoption opportunities, the same as the budget request and $26,000 above the fiscal year 2001 amount. The Adoption Opportunities Program provides funding specifically targeted to improving the adoption of children with special needs and minority children and for providing for innovative services that support families involved in adoption.

Adoption incentives

The bill includes $43,000,000 for the adoption incentives program, the same as the budget request and $6,000 above the 2001 level. This program was authorized in the Adoption and Safe Families Act of 1997. These funds are used to pay bonuses to States that increase their number of adoptions; the goal is to double the number of children adopted or permanently placed out of public child welfare systems by 2003. This should make adoption a higher priority at the State level.

Adoption Awareness

The bill includes $9,906,000 for the adoption awareness program, the same as the budget request and an increase of $6,000 above the fiscal year 2001 level. This program was authorized in the Child Health Act of 2000. The adoption awareness program provides training to designated staff of eligible health centers in providing adoption information and referrals to pregnant woman on an equal basis with all other courses of action included in non-directive counseling to pregnant women.

Compassion capital fund

The bill includes $30,000,000 for the compassion capital fund, a new program for which the Administration requested $89,000,000. This program will support the creation of grants to public/private partnerships to support charitable organizations in expanding or emulating model social services agencies.

Promoting responsible fatherhood

The bill does not include funding for the promoting responsible fatherhood program, a new program for which the Administration requested $64,000,000. This program is not authorized for fiscal year 2002. The Committee will consider funding for this program after the passage of authorizing legislation.

Social services and income maintenance research

The bill includes $27,000,000 for social services and income maintenance research, $11,096,000 below the fiscal year 2001 amount and $20,574,000 above the budget request. These funds support research, demonstration, evaluation and dissemination activities. Areas covered include welfare reform, child care, and child welfare.

Three years ago, the Administration for Children and Families (ACF) launched a concerted effort to assist states in meeting the complex information and systems reporting requirements of the Temporary Assistance to Needy Families (TANF) program. ACF utilized the state information technology consortium, out of which emerged a knowledge base that is enabling each State to tailor the best practices developed by others to meet their own unique needs. The Committee supports the current effort to apply web-based technology to help each state integrate their stand-alone systems under a single IT network.

Community-based resource centers

The bill includes $34,000,000 for community-based resource centers, $1,166,000 above both the fiscal year 2001 amount and the

budget request. The purpose of the program is to assist each State in developing and operating a network of community-based, prevention-focused family resource and support programs that coordinate resources among a broad range of human service organizations.

Developmental disabilities

For programs authorized by the Developmental Disabilities Assistance Act, the Committee recommends $136,334,000, an increase of $2,819,000 above the amount available for fiscal year 2001 and $3,000,000 above the budget request. The account total includes $69,800,000 for allotments to the States to fund State Councils, $2,000,000 above the budget request and fiscal year 2001. These Councils engage in such activities as planning, policy analysis, demonstrations, training, outreach, interagency coordination, and public education. They do not provide direct services to the developmentally-disabled population.

In addition, $34,000,000 will be available to the States to be used for operating an advocacy program to protect the rights of the developmentally disabled. This is $1,000,000 above both the fiscal year 2001 level and the budget request.

The bill includes $10,734,000 for special discretionary projects for training, technical assistance and demonstration. This is $181,000 below the fiscal year 2001 funding level and the budget request. The Committee notes that the decrease is the result of the deletion of a one-time, one-year special project included in the fiscal year 2001 conference report.

The Committee approves a total of $21,800,000 for grants to university affiliated facilities and satellite centers to support the cost of administering and operating demonstration facilities and interdisciplinary training programs. This is the same as the fiscal year 2001 level and the budget request. These are discretionary grants to public and private non-profit agencies affiliated with a university. These grants provide basic operational and administrative core support for these agencies. In addition, these funds support interdisciplinary training, community services, technical assistance to State agencies and information dissemination.

Native American programs

The bill includes $44,396,000, $1,593,000 below the fiscal year 2001 level and the same as the budget request. The Administration for Native Americans assists Indian Tribes and Native American organizations in planning and implementing their own long-term strategies for social and economic development. In promoting social and economic self-sufficiency, this organization provides financial assistance through direct grants for individual projects, training and technical assistance, and research and demonstration programs.

Community Services

The bill includes $703,345,000 for Community Services activities, $20,794,000 above the fiscal year 2001 level and $48,330,000 over the budget request.

State block grant

For the State Block Grant, the bill includes $620,000,000, which is $20,009,000 above the budget request and the fiscal year 2001 level. This program provides grants to States for services to meet employment, housing, nutrition, energy, emergency services, and health needs of low-income people. By law, 90 percent of these funds are passed directly through to local community action agencies which have previously received block grant funds. The Committee believes that this program provides the kind of flexibility at the local level necessary to assist people who are in temporary need of government assistance to get back on their feet.

Community economic development

The bill includes $30,034,000 for community economic development grants, which is the same as the fiscal year 2001 level and the budget request. These activities provide assistance to private, locally-initiated community development corporations which sponsor enterprises providing employment, training and business development opportunities for low-income residents in poor communities. In certain instances, projects which have been awarded funding may not be able to go forward because of changed circumstances. The Secretary may approve the use of the funds for another project sponsored by the same community development corporation if the project meets the requirements of the law and the goals and objectives of the original project for which the grant was made.

Individual development account

The bill includes $24,990,000 for individual development accounts, $99,000 above the fiscal year 2001 level and the same as the budget request. Individual development accounts are dedicated savings accounts that can be used by families with limited means for purchasing a first home, paying for postsecondary education or capitalizing a business. The intent of the program is to encourage participants to develop and reinforce strong habits for saving money. 501(c)(3) organizations are eligible to apply for the funds and applicants must match federal funds with non-federal funds.

Rural community facilities

The bill includes $5,321,000 for the rural community facilities program, the same as the fiscal year 2001 amount. The Administration did not request funding for this program. This program assists rural communities with their drinking water, wastewater and solid waste problems, especially those with Native American, farm worker and other minority or underserved populations.

National youth sports program

The bill includes $17,000,000 for the National Youth Sports Program, which is $1,000,000 above the fiscal year 2001 level. The President proposed no funding for this program. These funds are made available to a private, non-profit organization to provide recreational activities for low-income youth, primarily in the summer months. College and university athletic facilities are employed in the program.

Community food and nutrition

The bill includes $6,000,000 for the Community Food and Nutrition program. The President did not propose funding for this program. In fiscal year 2001, this program was funded at $6,314,000. This program provides grants to public and private agencies to coordinate existing food assistance programs, to identify sponsors of child nutrition programs and attempt to initiate new programs and to do advocacy work at the State and local levels.

Family violence prevention programs

The bill includes $14,999,000 for the runaway youth prevention program, which is designed to reduce the sexual abuse of runaway youth. The fiscal year 2001 amount and the budget request were the same. The Committee recommends $126,918,000 for family violence prevention and services and battered women's shelters, which is $10,019,000 above the fiscal year 2001 level and $10,000,000 over the budget request. This program is designed to assist States in efforts to prevent family violence and to provide immediate shelter and related assistance for victims of family violence and their dependents, and to provide for technical assistance and training relating to family violence programs to State and local public agencies (including law enforcement agencies), nonprofit private organizations, and persons seeking such assistance.

The bill also includes $2,157,000 to continue funding the National Domestic Violence Hotline. This is the same as the fiscal year 2001 level and the budget request.

Early Learning Fund

The bill does not include funding for the Early Learning Fund, which received $19,995,000 in fiscal year 2001. The President's budget did not request funding for it. This program was begun in fiscal year 2001 to help facilitate the development of learning readiness in young children. The Committee notes that $75,000,000 is made available within the Department of Education for the establishment of an Early Reading program which will fund similar activities.

Faith-based center

The bill includes $3,000,000 for the faith-based center, the same as the budget request. This activity was not funded in fiscal year 2001. The center will support implementation of faith-based and community initiatives in accordance with the President's executive order.

Program direction

The Committee has approved $171,870,000 for program direction expenses of the Administration for Children and Families, $8,024,000 above the fiscal year 2001 level and the same as the budget request.

The Committee is concerned that effective substance abuse treatment programs may not be available to persons who are currently receiving or have previously received TANF funding. With the large reductions in the welfare rolls, a much higher percentage of current TANF recipients have substance abuse problems. The Agency is encouraged to coordinate with SAMSHA and make funds

available from TANF incentive funds whenever possible for appropriate and effective substance abuse treatment programs. The Agency should be prepared to answer questions on this issue at the fiscal year 2003 appropriations hearing.

PROMOTING SAFE AND STABLE FAMILIES

The bill includes $375,000,000 for the promoting safe and stable families account (formerly family preservation and support), $70,000,000 above the fiscal year 2001 level and $130,000,000 below the budget request. The Administration proposed modifying the program's authority to substantially increase the program to $505,000,000. The bill includes additional funding to address the continuing urgent need to protect children and to strengthen families.

Mentoring children of prisoners

The bill does not include funding for the mentoring children of prisoners program, a new program for which the Administration requested $67,000,000. This program is not authorized for fiscal year 2002. The Committee has therefore deferred action on the increased level until after the passage of authorizing legislation.

PAYMENTS TO STATES FOR FOSTER CARE AND ASSISTANCE

The bill provides $4,885,600,000 for payments to States for foster care and adoption assistance, that in combination with the $1,735,900,000 in advance fiscal year 2002 appropriations provided in the fiscal year 2001 Appropriations Act, makes available $6,681,500,000 for foster care and adoption activities, the same as the budget request and $220,400,000 above last year's level. The bill also includes an advance appropriation of $1,754,000,000 for the first quarter of fiscal year 2003 to ensure timely completion of first quarter grant awards.

Of the total appropriation, including the advance appropriation from the prior year, the bill provides $5,055,500,000 for the foster care program to provide maintenance payments to States on behalf of children who must live outside their homes, the same as the request and $8,000,000 below the fiscal year 2001 amount.

Within the total appropriation, including the advance appropriation from the prior year, the bill provides $1,426,000,000 for adoption assistance, the same as the budget request and an increase of $228,400,000 above the fiscal year 2001 appropriation. This program provides training for parents and State administrative staff as well as payments on behalf of categorically eligible children considered difficult to adopt. This annually appropriated entitlement is designed to provide alternatives to long, inappropriate stays in foster care by developing permanent placements with families.

Within the total appropriation for this account, the bill provides $140,000,000 for the independent living program, the same as the fiscal year 2001 level and the budget request. The program is designed to assist foster children age 16 or older to make successful transitions to independence. Funds assist children to earn high school diplomas, receive vocational training, and obtain training in daily living skills. Funds are awarded to States on the basis of the number of children on behalf of whom Federal foster care payments are received. The bill does not include $60,000,000 as requested for

a new voucher program for educational or vocational training assistance to youth who age out of foster care. This program is not specifically authorized for fiscal year 2002. The Committee has deferred action on the program until after the passage of authorizing legislation.

ADMINISTRATION ON AGING

AGING SERVICES PROGRAMS

For programs administered by the Administration on Aging, the Committee recommends a total of $1,144,832,000, which is an increase of $41,890,000 above the fiscal year 2001 level and $47,114,000 above the budget request. This account finances all programs under the Older Americans Act in this bill, with the exception of the Community Services Employment Program under title V, which is administered by the Department of Labor.

Supportive services and centers

The Committee has included $327,075,000 for supportive services and centers. The amount provided is $2,048,000 over the fiscal year 2001 level and the same as the budget request. This includes funding for in-home services for frail elderly persons who are at risk of losing their self-sufficiency due to physical or mental impairments.

Funds for supportive services and centers are awarded to each State with an approved State plan. The formula under title III of the Older Americans Act mandates that no State be allotted less than the total amount allotted to it in fiscal year 2000. The funds contained in the bill will support coordinated, comprehensive service delivery systems at the local level.

The States have the ability under the basic law to transfer up to 20% of funds appropriated between the senior centers program and the nutrition programs; this allows the State to concentrate its resources in the program it deems most critical. Many States do transfer funds into this program from the congregate meals program.

Ombudsman/elder abuse

The bill includes $14,181,000 for the State long-term care ombudsman activities, the elder abuse prevention program, State elder rights and outreach and counseling authorized by title VII of the Older Americans Act. The amount provided is the same as the fiscal year 2001 level and the budget request. This program provides the assistance needed by vulnerable older Americans to protect themselves from abuse and exploitation, to exercise control over their environment, and to locate the resources they need for care and daily living.

Preventive health

The bill includes $21,123,000 for preventive health services authorized under part F of title III of the Act. This is the same as the budget request and $3,000 above the fiscal year 2001 funding level. These funds are awarded to States by formula to allow States and communities the flexibility to meet the health promotion and disease prevention needs of older people.

National Family Caregiver Support Program

The bill includes $137,000,000 for the family caregivers program, $12,019,000 above the fiscal year 2001 level and $10,000,000 above the budget request.

The family caregiver program provides formula grants, competitive grants, research and national activities to provide a support system in each state for family caregivers. All states are expected to put in place five basic system components, including individualized information on available resources; assistance to families in locating services from private and voluntary agencies; caregiver counseling, training and peer support; respite care; and limited supplemental services.

Nutrition programs

For congregate nutrition services, the Committee includes $396,000,000, $17,644,000 above the fiscal year 2001 level and $17,588,000 above the budget request. For home-delivered nutrition services, the Committee provides $176,000,000, $24,022,000 above the fiscal year 2001 level and $18,000,000 above the budget request. These programs are intended to address some of the difficulties confronting older individuals, namely nutrition deficiencies due to inadequate income, lack of adequate facilities to prepare food, and social isolation. The States have the ability under the basic law to transfer up to 20% of funds appropriated between the senior centers program and the nutrition programs; this allows the State to concentrate its resources in the program it deems most critical.

The nutrition programs also collect substantial sums each year in voluntary contributions from participants; private sector funds are also contributed. Volunteers also make a significant contribution to these programs.

Grants to Indian tribes

The bill provides $25,457,000 for grants to Indian tribes. This is $2,000,000 above the fiscal year 2001 amount and the same as the budget request. Funds under this program are awarded to tribal organizations to be used to promote opportunities for older Indians, to secure and maintain independence and self-sufficiency, and to provide transportation, nutrition, health screening and other services to help meet the needs of this population.

Research, training and special projects

The bill provides $19,100,000 for research, training and special projects under title IV of the Older Americans Act, $16,752,000 below the fiscal year 2001 funding level and $1,526,000 above the President's request. Funds under this program are used to support education and training activities for personnel working in the field of aging and to finance research, development, and demonstration projects.

The Committee understands that osteoporosis is a major public health problem that exacts an enormous human and economic tool. In recognizing the prevalence of osteoporosis among post menopausal women, the Committee urges the Administration on Aging to implement an osteoporosis prevention education program aimed

at post-menopausal women and has included sufficient funding within this account for such an effort.

The Committee urges continued funding for research into Alzheimer's disease care options, best practices and other Alzheimer's research priorities as described in House report 106–370.

Alzheimer's demonstration grants

The Committee provides $8,962,000 for Alzheimer's demonstration grants, which is the same as the fiscal year 2001 level and the budget request. The program provides grants to States to help them plan and establish programs to provide health care services to individuals with Alzheimer's disease. Funds are used for respite care and supportive services, clearinghouses, training, and administrative costs for State offices. By law, States are required to match the Federal funding at 45 percent of the cost of the program by the third year of the grant.

Program administration

The bill includes $18,122,000 for program administration expenses of the Administration on Aging. This is the same as the budget request and $906,000 above the fiscal year 2001 amount. This activity provides administrative and management support for all Older Americans Act programs administered by the Department.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

The bill includes $338,887,000 for general departmental management, which is $39,252,000 above the fiscal year 2001 comparable level and $13,612,000 below the adjusted budget request. Included in this amount is authority to spend $5,851,000 from the Medicare trust funds. Within the total provided, the Committee assumes a 4.6 percent pay increase.

This appropriation supports those activities that are associated with the Secretary's roles as policy officer and general manager of the Department. The Office of the Secretary also implements Administration and Congressional directives, and provides assistance, direction and coordination to the headquarters, regions and field organizations of the Department. This account also supports several small health promotion and disease prevention activities that are centrally administered.

Funds have been included above the budget request for the Department's Information Collection Review and Analysis System. The Committee understands that when implemented this system will fully automate the Department's process for certifying that the collection of information complies with the Paperwork Reduction Act of 1995.

The Committee understands that there is no entity in the Department responsible for the coordination and oversight of activities across the Agency concerning men's health. The Committee is aware of reports that men are 25 percent less likely than women to receive regular health screenings, and that one of the top problems facing men's health is that men are not likely to visit a doctor when they notice a problem. The Committee encourages the Sec-

retary to expand Departmental disease prevention and health promotion activities among men and to give consideration to establishing an office for men, similar to the Office of Women's Health.

The Committee is pleased that the Department has announced that it will establish a chronic fatigue syndrome advisory committee to build upon progress made by the Chronic Fatigue Syndrome Coordinating Committee within the limits of its charter. It is this Committee's expectation that this transition to an 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 DHHS and the public health service agencies to address the scientific questions about CFS and the socioeconomic needs of persons with CFS.

The Committee understands that the Department has not undertaken a campaign to inform health care professionals and the general public about CFS. The Committee again encourages the Secretary develop and implement an education campaign concerning CFS.

The Committee is aware of the Report of the Evaluation Group on the national 5 A Day for Better Health Program. Given the report's favorable evaluation of the program, the Committee urges the Department of Health and Human Services (HHS) to strengthen and expand the 5 A Day program and develop a comprehensive plan to promote better health through increased consumption of fruits and vegetables. The Committee recognizes the importance of the public/private partnerships that have made the 5 A Day program so successful and expects that future efforts by CDC and NCI to expand the 5 A Day program will continue to involve these partners.

The Committee urges the Secretary consider moving the Lyme disease coordinating council, led by National Institute for Allergy and Infectious Diseases (NIAID), to the Office of the Secretary and restructuring the council to include all tick-borne disorders. This tick-borne disorder advisory committee would assure coordination and communication regarding all tick-borne diseases across the Department and with other governmental agencies, the biomedical community, community-based clinicians, voluntary organizations and patients. The Committee would provide advice to the Secretary on matters of program oversight, performance, budget allocations, and priorities for all agencies. The Committee requests that the Secretary be prepared to report on the Department's plans concerning the establishment of a tick-borne disorder advisory committee at the fiscal year 2003 budget hearings for the Department.

The Committee commends the Department for increasing its attention to homelessness in recent years. The Committee requests the Secretary to prepare and submit to this Committee, and the authorization committees with jurisdiction over the Department's programs, a report that describes current policy and practice barriers concerning homeless persons' access to, and utilization of, health and human service programs of the Department. The report should also include recommendations for removing such impediments and strengthening such programs.

Osteoporosis is a major health threat for more than 28 million Americans, 80% of whom are women. In 2001, 10 million individuals have already developed the disease. Osteoporosis is responsible for 1.5 million fractures annually and is the second leading cause of nursing home admissions in the U.S. The Committee urges the Surgeon General to consider issuing a Report to the Nation on the status of research and education on osteoporosis and related bone disease and setting forth an action plan to comprehensively addresses the urgent need to reverse the increasing toll of this disease.

The flow of information between Federal and State agencies and the court systems is a critical factor in the success of the Child Support Enforcement program. While some States have succeeded in implementing cost-effective processes for efficient information-sharing among relevant agencies and the courts, others have not. The Committee understands that ACF, through an information technology state consortium, improved the information and systems reporting under the TANF program. The Committee understands the Child Support Enforcement program at ACF intends to utilize this consortium to identify and disseminate methods for improving the flow of information within State child support enforcement agencies. The Committee supports this initiative.

The Committee is aware of concerns about the Department's "policy guidance" issued August 30, 2000 pursuant to Executive Order 13166, published on August 16, 2000, regarding Limited English Proficiency. For example, some argue the "policy guidance" may require providers who receive federal financial assistance from HHS, including hospitals, HMOs, other health care providers, and human service agencies, to provide oral translations plus written translations of almost all notices, letters, pamphlets and brochures, posters, and other printed materials into scores of languages, leading to costs which could overwhelm State agencies, small businesses and even Federal agencies. The Committee recommends that the Department carefully review the guidance and revisit its implications, impacts and consequences both practically and fiscally.

Trauma remains the leading cause of death for young Americans ages 1 to 40. The Committee recognizes the importance of coordination among Federal agencies and private organizations involved in injury prevention and treatment. The Committee encourages the Secretary to consider sponsoring, in partnership with the appropriate professional societies, a conference on developing strategies to improve trauma systems and outcomes and the enhancing cross-agency collaboration.

The Committee understands that the Panel on the Future of the Health Care Labor Force in a Graying Society recently recommended convening a national panel to examine the education and training requirements for nursing occupations. The Committee encourages the Secretary to consider acting upon the Panel's proposal.

On December 1, 2000, the Department's Office of Research Integrity (ORI) announced a Policy for Responsible Conduct of Research, requiring that all research staff at extramural research institutions in the country "shall complete a basic program of instruction in the responsible conduct of research." The Committee understands that

ORI announced this policy on its website without undergoing a formal rulemaking process or publishing its directives in the Federal Register. The Committee further understands that as a result of concerns voiced from many in the research community and a subsequent congressional inquiry, ORI suspended the new policy pending further review.

The Committee remains supportive of efforts to assure the integrity and accuracy of the research carried out in our nation's research institutions. The Committee is concerned, however, that ORI has not developed a "working partnership with extramural programs," and, as a result, the goal of preventing misconduct and promoting research integrity principally through oversight, education, and review of institutional findings will not be realized. The Committee urges the Secretary to carefully review the activities, policies, and procedures of the ORI during fiscal year 2002 with the goal of forging a strong partnership between the ORI and the extramural research community in both the development and implementation of ORI's policies and procedures. The Committee expects the Secretary to be prepared to discuss this review and any subsequent actions during the hearings on the fiscal year 2003 budget.

There is concern about the increase in lawsuits against nursing homes nationwide, the high costs of insurance, and the increases in bankruptcies and operating costs associated with these lawsuits. The Committee encourages the Secretary to study the effects of nursing home lawsuits on the costs to Medicare and Medicaid, its effects on the access to care by beneficiaries, and its effects on the facility and its ability to hire qualified and dedicated worker professionals. The Committee notes that the Center for Medicare and Medicaid Services is seeking this data through its regulatory call to determine data sources. The Secretary should be prepared to provide a status report on what extent these costs are significant and what extent Medicare and Medicaid reimbursement is disproportionately paying for insurance at the fiscal year 2003 appropriations hearing.

Long-term care settings nationwide are facing a shortage of frontline caregivers, including registered and licensed practical nurses, certified nurse aids, and other direct care workers. The General Accounting Office estimates that the US health care system will need an additional 800,000 nurse aides by the year 2008 and the Department has found that nursing homes need approximately 47 percent more nurses aides to keep pace with the growing demand for long term care. The Committee urges the Secretary to develop data that will define the shortage of certified nurse aides in long term care settings and be prepared to provide a progress report on the steps taken to address this shortage at the fiscal year 2003 appropriations hearing.

The Commissioned Corps of the U.S. Public Health Service and its Reserve Component provide unique competencies to respond to a bioterrorist attack. The ability of the Corps to respond to an incident, however, may be impeded by the Surgeon General's lack of direct authority over all Public Health Service officers. In addition, the lack of a formalized inactive Reserve program may further impact the Corps' ability to respond in times of national emergency. The Committee requests that the Secretary report on the Department's actions and plans for strengthening and revitalizing the

Commissioned Corps and its Reserve Component no later than March 1, 2002. The report should comment on any structural and/or legislative changes necessary to ensure that the Corps can readily be mobilized for response in times of emergency.

Minority health

The bill includes $43,084,000 for the Office of Minority Health, which is $5,935,000 below the fiscal year 2001 comparable amount and the same as the budget request. The Office of Minority Health works with Public Health Service agencies and other agencies of the Department in a leadership and policy development role to establish goals and coordinate other activities in the Department regarding disease prevention, health promotion, service delivery and research relating to disadvantaged and minority individuals; concludes interagency agreements to stimulate and undertake innovative projects; supports research, demonstration, and evaluation projects; and coordinates efforts to promote minority health programs and policies in the voluntary and corporate sectors.

The Committee is pleased with the activities of the OMH related to collaborating with minority health professions institutions and urges continued support for ongoing activities. Additionally, the Committee believes that the OMH can play a significant role in partnering with these institutions to meet the challenges of academic opportunity for disadvantaged students and improve the health status of underserved communities.

The bill includes the full amount requested for program initiatives. The Committee notes, however, that many of the initiatives fall in areas where other agencies of the Department have ongoing program activities. The Committee understands that the Office of Minority Health has an important role to play in initiating activities that fill gaps in addressing the health status of minority communities. The Committee believes, however, that once initiated, these activities should be supported through the operating agencies whenever possible. The Committee requests that the Secretary include in the fiscal year 2002 Operating Plan details of which agencies and programs of the Department will support the out-year costs of fiscal year 2002 initiatives.

Within the total provided for the Office of Minority Health, $9,700,000 is to promote an effective culturally competent and linguistically appropriate public health response to the HIV/AIDS epidemic. Funds are to be allocated based on HIV/AIDS program priorities identified in the previous fiscal year as well as new priorities as funding permits. The Committee supports the on-going efforts of the Office to improve access to services in rural and historically underserved urban areas. These funds are designed to help reduce the HIV/AIDS and related health disparities in an effort to improve the health outcomes for HIV infected African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders with special emphasis in these communities on high-risk sub-populations. These funds are for activities that are designed to address the trends of the HIV/AIDS epidemic in communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders based on the most recent estimated living AIDS cases, HIV

infections and AIDS mortality among ethnic and racial minorities as reported by the Centers for Disease Control and Prevention.

Office on Women's Health

The bill includes $26,769,000 for the Office on Women's Health, which is $9,499,000 above the fiscal year 2001 comparable level and $627,000 below the budget request. The Committee notes that each of the Public Health Service agencies under its jurisdiction supports an office or program which focuses on women's health. The Office on Women's Health advises the Secretary and provides Department-wide coordination of programs focusing specifically on women's health.

The bill includes the full amount requested for program initiatives. The Committee notes, however, that many of the initiatives fall in areas where other agencies of the Department have ongoing program activities. The Committee understands that the Office of Women's Health has an important role to play in initiating activities that fill gaps in agency programs to address the quality, availability, and comprehensiveness of care available to women. The Committee believes, however, that once initiated, these activities should be supported through the operating agencies whenever possible. The Committee requests that the Secretary include in the fiscal year 2002 Operating Plan details of which agencies and programs of the Department will support the out-year costs of fiscal year 2002 initiatives.

HIV/AIDS in minority communities

The bill includes $50,000,000 to be available to the Secretary to transfer to the Department's operating agencies for specific program activities to address the high-priority HIV prevention and treatment needs of minority communities. This is the same as the fiscal year 2001 comparable level and the budget request.

These funds are to address the growing HIV/AIDS epidemic and its disparate impact on communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders. Department statistics show that racial and ethnic minorities represent the highest number of new AIDS cases. While African-Americans and Hispanics are only 12 percent and 13 percent of the U.S. population respectively, they account for at least 55 percent and 20 percent of all new AIDS cases. In addition, more than 60 percent of people living with AIDS are racial minorities. Congress began funding the Minority HIV/AIDS Initiative in fiscal year 1999. It was designed to focus special attention on solving a growing public health problem and to develop and improve the capacity of minority community based organizations to more effectively serve their communities. This approach was tailored to yield innovative and successful strategies specifically targeted to the highest risk and hardest to serve populations, which for the past two decades have eluded more traditional HIV/AIDS prevention, treatment, and education efforts. In distributing these funds, the Committee expects the Department to tailor the programs that are funded under the Minority HIV/AIDS Initiative as tightly as possible in order to address the growing health problem and maximize the participation of minority community based organizations in delivering HIV services. In evaluating organizations'

capacities, the Secretary should take into consideration that the board, management and key staff are representative of the minority communities served, be situated closest to the targeted population, have a history of providing services to these communities, and have documented linkages to the targeted populations, so that they can help close the gap in access to service for the highly impacted communities of color in the interest of public health. To effectively address this continuing HIV/AIDS epidemic, the Department's aggregate HIV/AIDS resources and efforts along with the minority AIDS initiative should follow the trends of the epidemic. These funds are for activities that are designed to address the trends of the HIV/AIDS epidemic in communities of color based on the most recent estimated living AIDS cases, HIV infections and AIDS mortality among ethnic and racial minorities as reported by the Centers for Disease Control and Prevention.

In fiscal year 1999, the Department established a Steering Committee on Implementation and Evaluation. The Committee develops and coordinates initiatives for the utilization of these funds. Priority areas were identified for targeted investments that complement other specific Agency activities in HIV prevention and treatment. The Department reports that these target investments have been successful in identifying and addressing barriers to effectively preventing and treating HIV/AIDS in minority populations.

OFFICE OF THE INSPECTOR GENERAL

The bill includes $35,786,000 for the Office of the Inspector General, which is $2,200,000 above the fiscal year 2001 comparable level and the same as the budget request. A large permanent appropriation for this office is contained in the Health Insurance Portability and Accountability Act of 1996. Total funds provided between this bill and the permanent appropriation would be $165,786,000 in FY 2002.

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

The Committee renews its request that the Inspector General of the Department of Health and Human Services to provide the Committee with semi-annual reports on the actual deficit reduction impact of the Health Insurance Portability and Accountability Act of 1996.

OFFICE FOR CIVIL RIGHTS

The bill includes $32,005,000, which is $4,022,000 over the fiscal year 2001 comparable level and the same as the budget request. This includes authority to transfer $3,314,000 from the Medicare trust funds.

The Office for Civil Rights is responsible for enforcing civil rights statutes that prohibit discrimination in health and human services programs. OCR implements the civil rights laws through a compli-

ance program designed to generate voluntary compliance among all HHS recipients.

POLICY RESEARCH

The bill includes $2,500,000, which is $14,048,000 below the amount appropriated in fiscal year 2001 and the same as the budget request. The Committee notes that the budget request provides for an estimated $18,000,000 for policy research through section 241 Evaluation funding authority. This will bring the program level to $20,500,000 in fiscal year 2002, $3,785,000 above fiscal year 2001.

The Policy Research account, authorized by section 1110 of the Social Security Act, is the Department's principal source of policy-relevant data and research on the income sources of low-income populations; the impact, effectiveness, and distribution of benefits under existing and proposed programs; and other issues that cut across agency lines.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

The Committee provides $300,619,000 for the public health and social services emergency fund for bioterrorism activities, which is $59,670,000 above the fiscal year 2001 comparable level and $50,000,000 above the budget request. In addition to these funds, NIH will spend $92,700,000 on bioterrorism-related research, bringing the total amount in the bill for these activities to $393,319,000.

Within the total provided, $231,919,000 is for the Centers for Disease Control and Prevention, of which $2,000,000 is to continue to discover, develop, and transition anti-infective agents to combat emerging diseases. The remaining $68,700,000 is for the Office of Emergency Preparedness within the Office of the Secretary.

The $50,000,000 above the request are included in part to accelerate and expand purchases of pharmaceuticals and vaccines for the National Pharmaceutical Stockpile. This includes pharmaceuticals that would protect from a wide range of potential biological agents, supplies to improve the usability and effectiveness of the existing smallpox vaccine stockpile, and to further accelerate the availability of next-generation vaccines. The funding is in addition to the amounts that were requested for the Stockpile and vaccine development. Additional funds also are provided to expand State and local capacity to detect and respond to bioterrorism. This includes funds for enhanced laboratory and epidemiological capacity, and electronic communications.

The Committee commends CDC for its efforts to develop new rapid diagnostic tests to detect bioterrorist agents and urges CDC to enhance these efforts, including the development of rapid oral fluid tests.

GENERAL PROVISIONS

Sec. 201. The Committee continues a provision to limit the amount available for official reception and representation expenses.

Sec. 202. The Committee continues a provision to limit the number of Public Health Service employees assigned to assist in child survival activities and to work in AIDS programs through and with

funds provided by the Agency for International Development, the United Nations International Children's Emergency Fund or the World Health Organization.

Sec. 203. The Committee continues a provision to prohibit the use of funds to implement section 399L(b) of the Public Health Service Act or section 1503 of the NIH Revitalization Act of 1993.

Sec. 204. The Committee modifies a provision included in last year's bill to limit the salary of an individual through an NIH or SAMHSA grant or other extramural mechanism to not more than Executive Level II.

Sec. 205. The Committee continues a provision to prohibit the Secretary from using evaluation set-aside funds until the Committee receives a report detailing the planned use of such funds.

Sec. 206. The Committee modifies a provision included in last year's bill to provide the Secretary with one percent transfer authority of discretionary funds, but changes the amount an appropriation can be increased to 10 percent.

Sec. 207. The Committee continues a provision to provide the Director of NIH, jointly with the Director of the Office of AIDS Research, the authority to transfer up to three percent of human immunodeficiency virus funds.

Sec. 208. The Committee continues a provision to make NIH funds available for human immunodeficiency virus research available to the Office of AIDS Research.

Sec. 209. The Committee continues a provision to prohibit the use of Title X funds unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

Sec. 210. The Committee continues a provision related to the Medicare+Choice program.

Sec. 211. The Committee continues a provision stating that no provider of services under title X shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

Sec. 212. The Committee continues a provision to exempt States from Synar provisions if certain funding criteria are met.

Sec. 213. The Committee continues a provision to allow CDC international HIV/AIDS and other infectious disease, chronic and environmental disease, and other health activities abroad to be spent under the State Department Basic Authorities Act of 1956.

Sec. 214. The Committee continues a provision to permit the Division of Federal Occupational Health to use personal services contracting to employ professional management/administrative and occupational health professionals.

Sec. 215. The Committee includes a new provision to delay NIH obligations of $3,875,000,000 until September 30, 2002.

TITLE III—DEPARTMENT OF EDUCATION

The Committee notes that the House Committee on Education and the Workforce and the Senate Committee on Health, Education, Labor and Pensions are nearing completion of a reauthorization of the Elementary and Secondary Education Act. The President submitted his budget reflecting his proposals for the reauthor-

ization. The Committee has provided funding for programs included in the Elementary and Secondary Education Act reauthorization under the structure outlined in H.R. 1 as passed by the House.

The Committee continues to emphasize the importance of developing clear, measurable outcomes for programs within the Department of Education as outlined in the Government Performance and Results Act. It is vital that the Committee be provided with information on the actual results achieved by the programs, not simply the number of students affected by the program or the quantity of materials distributed. Program outcomes should, to the extent possible, focus on the achievement improvements that result to students and teachers in the classroom as a result of the Federal investment. Programs that are able to demonstrate these results over time will be considered higher funding priorities than programs that are unable to clearly demonstrate their value to the American public.

EDUCATION FOR THE DISADVANTAGED

The bill includes $12,547,900,000 for the disadvantaged programs. This amount is $1,537,279,000 more than the budget request and $2,854,279,000 above the fiscal year 2001 appropriation. This appropriation account includes compensatory education programs authorized under title I of the Elementary and Secondary Education Act of 1965.

Grants to local educational agencies

Of the amounts provided for Title I programs, $8,037,000,000 is available for basic grants to local education agencies and State administration. This is $639,029,000 above the amount for the 2001–2002 school year and $799,279,000 above the request. Funding for concentration grants, which targets funds to Local Education Agencies in counties with high levels of disadvantaged children, is $1,684,000,000, $319,250,000 above last year and $320,000,000 above the request level. An additional $779,000,000 is included for targeted grants, $320,000,000 above the request. Targeted grants were not funded in fiscal year 2001.

Of the total of $10,500,000,000 made available for school year 2002–2003 for grants to LEAs, $3,741,700,000 is appropriated for fiscal year 2002 for obligation after July 1, 2002 and $6,758,300,000 is appropriated for fiscal year 2003 for obligation on, or after, October 1, 2002.

Financial assistance flows to school districts by formula, based in part on the number of school-aged children from low-income families. Within districts, local school officials target funds on school attendance areas with the greatest number or percentage of children from poor families. Local school districts develop and implement their own programs to meet the needs of disadvantaged students.

Funds under this account will also be used to pay the Federal share of State administrative costs for title I programs. The maximum State administration grant is equal to 1 percent of title I local educational agency plus State agency grants to the State, or $400,000, whichever is greater. These funds are included in the grants to local educational agencies account, rather than being a separate line item.

The Committee does not include a "100 percent hold harmless" legislative rider for the Title I program for fiscal year 2001. The Committee notes that the budget request also rejects this provision. The Committee believes that such legislative riders unfairly penalize underprivileged and immigrant children in growing states, including Arizona, Arkansas, California, Connecticut, Florida, Georgia, Hawaii, Montana, Nevada, New Mexico, New York, North Carolina, South Carolina, Texas, Virginia, and the District of Columbia. These states represent over half of the U.S. population of underprivileged schoolchildren.

The Committee recognizes the need for proven, research-based, structured learning systems that incorporate mentoring, both parental and communal, to improve reading levels among elementary school children attending schools eligible for Title I. The Committee recommends that schools eligible for Title I investigate reading programs like the HOSTS (Help One Student To Succeed) program to improve reading levels.

Demonstrations of comprehensive school reform

The bill includes $310,000,000 for demonstrations of comprehensive school reform. This is $50,000,000 above the budget request and $100,000,000 above the fiscal year 2001 level. This program provides schools with funds to develop and implement school reforms based on reliable research that will enable children to meet State academic standards.

Capital expenses for private school students

The Committee recommends no funding for capital expenses grants for private schools. This amount is the same as the Administration's request and $6,000,000 below the fiscal year 2001 amount.

Capital expenses grants were authorized to pay some of the additional costs of providing title I services to children who attend nonpublic schools. A 1985 U.S. Supreme Court decision, Aguilar v. Felton, determined that public school teachers or other employees could not be sent to sectarian nonpublic schools for the purpose of providing title I services. The capital expenses grants were used for rental of classroom space in neutral sites (i.e., locations other than private or public schools), rental of mobile vans used for title I instruction, or transportation of nonpublic pupils to public schools or neutral sites.

The United States Supreme Court recently reconsidered, and reversed, its decision in the Aguilar case and both the budget request and the Committee's recommendation implement a policy of discontinuing this program. The Committee notes that school districts may continue to reserve funds from their annual Title I allocations to cover extra expenses involved in providing services to private-school students.

Even Start

The Committee provides $260,000,000 for Even Start, $10,000,000 above both last year and the request. Even Start provides demonstration grants for model programs of joint education of disadvantaged children, aged 1–7 years, who live in title I target school attendance areas, plus their parents who are eligible to be

served under the Adult Education Act. These parents are not in school, are above the State's compulsory school attendance age limit, and have not earned a high school diploma (or equivalent). At appropriations levels above $50,000,000, Even Start funds are allocated to the States, generally in proportion to title I basic grants.

The Committee encourages the Secretary to use funds available for program improvement and technical assistance to provide training and technical assistance to local Even Start programs identified by States as in need of such support. Technical assistance activities should include assistance to personnel to help them meet the qualifications for instructional personnel set forth in the Even Start statute and training and materials to ensure instructional programs in reading include the essential components of reading instruction as specified in Title I(B) of the Elementary and Secondary Education Act, as reauthorized, and are based on scientifically-based reading research. The Committee urges technical assistance providers to consult with the National Institute of Child Health and Human Development for guidance in identifying literacy and reading instructional approaches and practices that are based on such scientific research.

The Committee notes the work of the National Even Start Association, the National Center for Family Literacy, the National Institute for Literacy and the William F. Goodling Institute for Research in Family Literacy in this area and encourages the Secretary to consider the expertise of such organizations when making technical assistance and training awards.

Reading First State Grants

The bill provides $900,000,000 for Reading First State grants, the same as the budget request. This is a new program to provide assistance to states and school districts in establishing scientific research-based reading programs for all children in kindergarten through grade three. The program also provides for professional development and other supports to ensure that teachers can identify children at-risk for reading failure and provide the most effective early instruction to overcome specific barriers to reading proficiency.

The Committee is impressed with a recent project conducted in the District of Columbia Public Schools which provided instructional programs that focus on the research-based components critical to success in learning to read and spell—phonemic awareness, alphabetic and orthographic knowledge, vocabulary and text comprehension instruction—within a literature-rich environment. The Committee urges the Secretary to seek ways to build on the momentum created by this project to improve reading achievement for all students in the District of Columbia Public Schools.

Early Reading First

The bill provides $75,000,000 for Early Reading First, the same as the budget request. This is a new competitive grant program targeted towards children ages three through five, and would support the development of verbal skills, phonemic awareness, prereading development, and assistance for professional development for teachers in evidence-based strategies of instruction.

The Committee is aware of the work of the Reach Out and Read Program, which trains pediatricians and nurse practitioners to make early literacy a standard part of pediatric care. The Committee encourages the Secretary to continue to support innovative approaches such as this to improving the literacy and reading readiness of our Nation's youth.

State agency programs: migrant

The bill includes $410,000,000 for the migrant education program, $30,000,000 above the budget request and the fiscal year 2001 appropriation. This program supports formula grants to State agencies for the support of special educational and related services to children of migratory agricultural workers and fishermen. The purpose of this program is to provide supplementary academic education, remedial or compensatory instruction, English for limited English proficient students, testing, plus guidance and counseling.

State agency programs: neglected and delinquent

For the State agency program for neglected and delinquent children, the bill includes $46,000,000; this level is the same as the budget request and the same as the fiscal year 2001 appropriation. This formula grant program provides services to participants in institutions for juvenile delinquents, adult correctional institutions, or institutions for the neglected.

Evaluation

The Committee provides $8,900,000 for evaluation, the same as the 2001 appropriation and the budget request. Title I evaluation supports large scale national evaluations that examine how title I is contributing to improved student performance at the State, local education agency, and school levels. It also supports short-term studies that document promising models and other activities to help States and local education agencies implement requirements in the title I statute.

Migrant education, high school equivalency program

The bill includes $23,000,000 for the high school equivalency program. This amount is $3,000,000 above the budget request and the fiscal year 2001 level. The high school equivalency program recruits migrant students aged 16 and over and provides academic and support services to help those students obtain a high school equivalency certificate and subsequently to gain employment or admission to a postsecondary institution or training program.

College assistance migrant programs

The bill includes $15,000,000 for the college assistance migrant programs. This amount is $5,000,000 above the budget request and the fiscal year 2001 level. The college assistance migrant program (CAMP) provides tutoring and counseling services to first-year, undergraduate migrant students and assists those students in obtaining student financial aid for their remaining undergraduate years.

IMPACT AID

The bill provides $1,130,500,000 for Federal impact aid programs in fiscal year 2002, an increase of $137,198,000 above the fiscal

year 2001 appropriation and the same as the budget request. This account supports payments to school districts affected by Federal activities. Impact Aid represents a federal responsibility to local schools educating children whose families are connected with the military or who live on Indian land.

Basic support payments

The bill includes $982,500,000 for basic support payments to local educational agencies, an increase of $100,500,000 above the fiscal year 2001 appropriation and the budget request. Basic support payments compensate school districts for lost tax revenue and are made on behalf of Federally-connected children such as children of members of the uniformed services who live on Federal property.

Payments for children with disabilities

The Committee recommends $50,000,000 for payments on behalf of Federally-connected children with disabilities, the same as the budget request and the fiscal year 2001 appropriation. These payments compensate school districts for the increased costs of serving Federally-connected children with disabilities.

Facilities maintenance

The Committee recommends $8,000,000 for facilities maintenance, the same as both the fiscal year 2001 amount and the budget request. These capital payments are authorized for maintenance of certain facilities owned by the Department of Education.

Construction

The Committee recommends $35,000,000 for the construction program, an increase of $22,198,000 above the fiscal year 2001 appropriation and $115,000,000 below the budget request. This program provides grants to eligible locally owned school districts for building and renovating school facilities.

Payments for Federal property

The bill provides $55,000,000 for payments related to Federal property, an increase of $14,500,000 above the fiscal year 2001 appropriation and the budget request. Funds are awarded to school districts to compensate for lost tax revenue as the result of Federal acquisition of real property since 1938.

SCHOOL IMPROVEMENT PROGRAMS

The bill includes $7,673,084,000 for school improvement programs. This amount is $1,833,386,000 more than the comparable fiscal year 2001 appropriation and $1,284,290,000 above the budget request for comparable programs. This appropriation account includes programs authorized under titles II, IV, V, VII and IX of the Elementary and Secondary Education Act as reauthorized by the House; title VIII of the Higher Education Act and title IV–A of the Civil Rights Act.

State Grants for Improving Teacher Quality

The bill includes $3,175,000,000 for state grants for improving teacher quality, which is $575,000,000 above the budget request.

This new program consolidates the Eisenhower professional development program and the class size reduction program. States are authorized to retain 5 percent of funds for state activities, including reforming teacher certification, re-certification or licensure requirements; expanding, establish or improving alternative routes to state certification; carrying out programs that include support during the initial teaching and leadership experience, such as mentoring programs; assisting school districts in effectively recruiting and retaining highly qualified and effective teachers and principals; reforming tenure systems; and developing professional development programs for principals.

States send funding to the local level by formula and by competitive grant. Among other things, local uses of funds include initiatives to assist recruitment of principals and fully qualified teachers; initiatives to promote retention of highly qualified teachers and principals; programs designed to improve the quality of the teacher force; teacher opportunity payments; professional development activities; teacher advancement initiatives and hiring fully qualified teachers in order to reduce class size.

States must also award between 15 and 20 percent of funds on a competitive basis to eligible partnerships for math and science programs.

Transition to Teaching/Troops to Teachers

The bill includes $50,000,000 for transition to teaching/troops to teachers, $20,000,000 above the budget request. This program was not funded as a separate line item in fiscal year 2001; however, $34,000,000 was provided for this purpose through other Departmental programs. This program is designed to assist eligible members of the armed forces to obtain certification or licensure as elementary and secondary school teachers, or vocational or technical teachers. The transition to teachers program is based on the model of the troops to teachers program and would address the need of high-need school districts for highly qualified teachers.

Eisenhower Professional Development: State grants and national programs

The bill does not include funding for the Eisenhower professional development programs. These programs have been consolidated into the state grants for improving teacher quality program by H.R. 1, as described above. The Eisenhower professional development state grant program was funded at $485,000,000 in fiscal year 2001. National programs were funded at $41,000,000 in fiscal year 2001.

Innovative Education Program Strategies State Grants

The Committee recommends $385,000,000 for State grants under Innovative Education Program Strategies, the same as the fiscal year 2001 level. The President did not request funding for this program. This program provides funding to State and local educational agencies for obtaining technology and training in technology related to the implementation of school based reform; acquiring and using educational materials; improving educational services for disadvantaged students; combating illiteracy among children and adults; addressing the educational needs of gifted and talented chil-

dren; and implementing school improvement and parental involvement activities under ESEA Title I.

Class size reduction

The bill does not include funding for the class size reduction program. This program has been consolidated into the state grants for improving teacher quality program by H.R. 1, as described above. The class size reduction program was funded at $1,623,000,000 in fiscal year 2001.

School renovation

The bill does not include funding for the school renovation grants to states. This program was funded at $1,200,000,000 in fiscal year 2001, but has not been reauthorized in the House bill. The budget did not request funding for it.

Education technology

The bill includes $1,000,000,000 for Education Technology. This amount is $182,904,000 above the budget request and $152,404,000 above the comparable fiscal year 2001 appropriations for federal education technology programs that have been consolidated under H.R. 1. Funding for education technology programs was previously provided under the Education Reform account.

A variety of technology programs, including the technology literacy challenge fund, technology innovation challenge grants, regional technology in education consortia, teacher training in technology, community-based technology centers, technology leadership activities, and star schools, were previously funded by the Committee through a separate account. As a result of reauthorization, these federal technology programs are being streamlined into a single performance-based technology grant program to states. Under this program, states would be required to direct ninety-five percent of the funds to school districts for increasing access to technology, especially for high-need schools; improving and expanding teacher professional development in technology; and promoting innovative state and local initiatives using technology to increase academic achievement.

The Secretary is encouraged to examine the rapidly-growing use of hand-held computer technology. Handheld computing is rapidly becoming more affordable, enhancing the cost effectiveness of this approach, especially when coupled with wireless technology.

The Committee continues to support interactive, computer natural learning programs that are already being used to deliver textbook materials and integrate technology into elementary and secondary pre-algebra and algebra classrooms.

Ready to Learn, Ready to Teach

The bill includes $16,000,000 for the Ready to Learn/Ready to Teach program, the same as the 2001 amount for Ready to Learn Television. The President's budget did not request funding for this program. Funding for the Ready to Learn program was previously provided under the Education Reform account.

The Ready to Learn Television program and the Telecommunications Demonstration Project for Mathematics have been combined under a new program called Ready to Learn, Ready to Teach

under H.R. 1 as passed by the House. Program objectives include the development and distribution of educational and instructional video programming for preschool and elementary school children and their parents and developing digital content and a national telecommunications program to improve the teaching of core academic subjects.

21st century community learning centers

The bill provides $1,000,000,000 for 21st century community learning centers, $154,386,000 above the budget request and the fiscal year 2001 level. Funding for this program was previously provided under the Education Reform account.

This program is being reauthorized as a formula grant to states. Ninety-five percent of funds would be distributed on a competitive basis from the state to local school districts, community-based organizations and other public entities and private organizations. Grantees must target students who attend low-performing schools. Funds may be used for before and after school activities that advance student academic achievement including remedial education and academic enrichment activities; math, science, arts, music, entrepreneurial and technology education; tutoring and mentoring; recreational activities; and expanded library service hours. The Committee encourages grantees to include activities which promote student self-esteem, with a goal of reducing the incidence of teen pregnancy, by working with young people to develop stronger perceptions of themselves and to become active participants in their communities.

Small, safe, and successful high schools

The bill provides $200,000,000 for small, safe and successful high schools. This is an increase of $75,000,000 over the fiscal year 2001 level. The Administration did not request funding for this program. Funding for this program was previously provided under the Education Reform account.

These funds shall be used only for activities related to the redesign of large high schools enrolling 1,000 or more students. The Committee directs that fiscal year 2002 funds for Smaller Learning Communities be used for both one-year planning, as well as three-year implementation, grants and allocated giving consideration to the number of applications received for each type of grant, the quality of those applications, and the applicants' demonstrated need for assistance. In addition, the Committee directs the Department to submit prior to December 31, 2001, a plan describing how the Smaller Learning Communities Program will be administered within the Department and the planned allocation of funds for evaluation, technical assistance, outreach, school networks, and peer review. Further, the Committee expects the Department to consult with the Committee on the fiscal year 2002 program guidance for the Smaller Learning Communities Program, and to continue outreach and technical assistance activities during fiscal year 2002 to help ensure that school districts are aware that smaller schools and smaller learning communities are effective, research-based strategies to improve student safety, morale, retention, and academic achievement.

Safe and drug-free schools and communities

The Committee recommends $644,250,000 for the Safe and Drug Free Schools and Communities Act. This funding level is the same as both the budget request and the fiscal year 2001 level.

Safe and drug-free schools and communities: State grants

The Committee bill includes $527,250,000 for the State grants program, $20,362,000 below the budget request and $88,000,000 above the fiscal year 2001 level. The program supports State formula grants for comprehensive, integrated approaches to drug and violence prevention. Local educational agencies must use their funds to implement a drug and violence prevention program for students and employees. The Committee notes that the Department released a list of "promising and exemplary" safe and drug free schools program models, as identified by an expert panel, on January 18, 2001. This list has subsequently caused some confusion within communities. The Committee notes that funding for local programs under the Safe and Drug Free Schools program is not restricted to models appearing on this list. The Committee encourages the Department of clarify this matter with applicants.

Safe and drug-free schools and communities: national programs

For the national programs under the Safe and Drug-Free Schools and Communities Act, the bill provides $117,000,000, $38,000,000 below the fiscal year 2001 amount and $20,362,000 above the budget request. Under this program, the Secretary of Education administers a variety of activities to prevent the illegal use of drugs and violence among, and promote safety and discipline for, students at all educational levels, preschool through postsecondary. Within the amount provided for national programs, the Committee has included $68,150,000 for the Safe Schools/Healthy Students initiative. These funds will enable the Department to make new awards in fiscal year 2002 and to continue its participation, along with the Departments of Health and Human Services and Justice, in this interagency initiative to help communities adopt comprehensive and coordinated strategies to improve school safety.

Safe and drug-free schools and communities: coordinator initiative

The bill does not include funding for the coordinator initiative. This program was funded at $50,000,000 in fiscal year 2001, but has not been reauthorized as a separate line item in H.R. 1 as passed by the House. The budget did not request funding for it.

Choice and Innovation State grants

The bill does not include $471,500,000 for this new program requested by the Administration. This program has not been authorized. Activities proposed to be funded by this program are funded in other programs throughout this bill.

State assessments

The bill includes $400,000,000 for state assessments, $80,000,000 above the budget request. This is a new program which will provide states funding to develop annual assessments and to carry out

activities related to ensuring accountability for results in the state's schools and school districts.

Reform and Innovation Fund

The bill does not include funding for the reform and innovation fund. This is a new program for which the Administration requested $40,000,000. The program would reward states that make significant progress in academic achievement for students. The primary indicators of state academic programs will be the state assessments. However, since states are not required to have their assessments in place until the 2004–2005 school year, no state will qualify for a reward in fiscal year 2002 and funding in this fiscal year is not necessary.

Inexpensive book distribution (reading is fundamental)

The bill provides $23,000,000 for the inexpensive book distribution program, the same as the fiscal year 2001 appropriation. The Administration did not request funding for this program. This program makes an award to Reading is Fundamental, Inc., to buy inexpensive books, offer them through local community programs to children from low-income families, and motivate children to read. Federal funds provide for up to 75 percent of the costs of the books.

Arts in education

The bill provides $30,000,000 for the arts in education program. This is $2,000,000 above fiscal year 2001 and $30,000,000 above the budget request. This program supports arts programs in elementary and secondary education and supports demonstration programs for the involvement of disabled persons in the arts. Within the amount provided in the bill, the Committee intends that the following allocations be made: $7,000,000 for the Very Special Arts, $6,000,000 for the John F. Kennedy Center for the Performing Arts arts education programs; $4,000,000 for activities authorized under subpart 2 of the Arts in Education program; and $2,000,000 for model professional development programs for music educators.

Magnet schools assistance

The bill includes $110,000,000 for the magnet schools assistance program, the same as the budget request and the same as the fiscal year 2001 level. The Committee directs the Secretary, when allocating these funds, to give priority for funding to the highest-quality applications remaining from the previous year's competition before funding applications approved in a new competition. The committee includes no funds for a new competition for magnet schools innovative programs.

The magnet schools assistance program awards competitive grants to local educational agencies for use in establishing or operating magnet schools that are part of a desegregation plan approved by a court or by the Department of Education's Office for Civil Rights. A magnet school is defined by the statute as "a school or education center that offers a special curriculum capable of attracting substantial numbers of students of different racial backgrounds." A funding priority is given to local educational agencies that have not participated during the most recent funding cycle.

Education for homeless children and youth

For the education of homeless children and youth program, the Committee recommends $50,000,000. This level is $15,000,000 above the budget request and the fiscal year 2001 appropriation. Grants are allocated to States in proportion to the total that each State receives under the title I program. For local grants, at least 50 percent must be used for direct services to homeless children and youth, including tutoring or remedial or other educational services.

Women's educational equity

The bill includes $3,000,000 for Women's Educational Equity. This program was funded at $3,000,000 in fiscal year 2001. The Administration did not request funding for it. This program supports projects, technical assistance and dissemination activities to promote educational equity for girls and women including those who suffer multiple discrimination based on gender and race, ethnicity, national origin, disability, or age.

Training and advisory services

The bill includes $7,334,000 for training and advisory services authorized by title IV–A of the Civil Rights Act. This amount is the same as the budget request and the fiscal year 2001 amount. Title IV–A authorizes technical assistance and training services for local educational agencies to address problems associated with desegregation on the basis of race, sex, or national origin. Competitive awards are made to civil rights units within State educational agencies and to regional desegregation assistance centers. The Department awards 3-year grants to regional equity assistance centers (EACs) located in each of the 10 Department of Education regions. The EACs provide services to school districts upon request. Typical activities include disseminating information on successful education practices and legal requirements related to nondiscrimination on the basis of race, sex, and national origin in educational programs; training designed to develop educators' skills in specific areas, such as the identification of race and sex bias in instructional materials; increasing the skills of educational personnel in dealing with race-based confrontations such as hate crimes; and providing technical assistance in the identification and selection of appropriate educational programs to meet the needs of limited English proficient students.

Ellender fellowships/Close-Up

The bill provides $1,500,000 for Ellender fellowships, the same as the fiscal year 2001 level and $1,500,000 above the budget request. The Ellender fellowship program makes an award to the Close-Up Foundation of Washington, D.C. This organization provides fellowships to students from low income families and their teachers to enable them to participate with other students and teachers for a week of seminars on government and meetings with representatives of the three branches of the Federal government.

Education for native Hawaiians

The Committee recommends $28,000,000 for education for Native Hawaiians, the same as the budget request and the fiscal year

2001 amount. A number of programs limited to Native Hawaiians are supported with these funds, including a model curriculum project, family-based education centers, postsecondary education fellowships, gifted and talented education projects, and special education projects for disabled pupils.

Alaska native education equity

The Committee recommends $15,000,000 for the Alaska native education equity program, the same as both the budget request and the fiscal year 2001 amount. These funds are used to develop supplemental educational programs to benefit Alaska natives.

Rural Education

The bill includes $200,000,000 for a new program to provide rural school districts with resources. The budget did not request funding for this program.

A school district would be eligible to receive services if the total number of students in average daily attendance at all the schools in the district is less than 600, and all the schools served by the district are designated by the Secretary of Education to be in a rural area. Funds would be allocated by formula to states and could be used for teacher recruitment and retention; teacher professional development; education technology; parental involvement activities; or programs to improve student academic achievement. The budget did not request funding for this program.

Character Education

The bill includes $25,000,000 for character education programs. The President's budget requested $25,000,000 for these activities under a separate program. Comparable fiscal year 2001 funding for this activity was $7,800,000. Funds would be used for grants to states, school districts or a consortia of such agencies for the design and implementation of character education programs that can be integrated in state academic content standards and carried out in conjunction with other educational reform efforts.

Mentoring programs

The bill includes $30,000,000 for a new mentoring program which would provide competitive grants to school districts to promote mentoring programs for children with the greatest need. The budget did not request funding for this program.

For the last two years the Committee has provided project funding for school-based mentoring, which has resulted in the establishment of 40,000 new one-to-one, school-based mentoring relationships in the United States. The Committee supports this type of effort to serve more at-risk children.

Charter schools

The Committee recommends $200,000,000 for support of charter schools, the same as the budget request and $10,000,000 above the fiscal year 2001 amount. Charter schools are developed and administered by individuals or groups of individuals, which may include teachers, administrators, and parents. These groups enter into charters for operation of their schools, which must be granted exemptions from State and local rules that limit flexibility in school

operation and management. Under this program, grants are made to State educational agencies in States that have charter school laws; the State educational agencies will in turn make sub-grants to authorized public chartering agencies in partnerships with developers of charter schools.

Charter schools homestead fund

The bill does not include $175,000,000 for this new program requested by the Administration. This program has not been authorized.

Comprehensive regional assistance centers

The Committee recommends $28,000,000 for comprehensive regional assistance centers, the same as the fiscal year 2001 amount and the budget request. These funds are intended to continue the existing centers for an additional year. This program supports 15 comprehensive regional technical assistance centers for improving ESEA programs.

Advanced placement test fee program

The Committee recommends $22,000,000 for advanced placement fees. This recommendation is the same as the budget request and the fiscal year 2001 amount. The advanced placement test fee program awards grants to States to enable them to cover part or all of the cost of advanced placement test fees of low-income students who are enrolled in advanced placement classes and plan to take the advanced placement test. This program also supports competitive grants to states for programs that encourage greater participation by low-income students in advanced placement courses.

READING EXCELLENCE ACT

The bill does not include funding for the Reading Excellence Act, which was funded at $286,000,000 in fiscal year 2001. Funding for this Act was not requested by the President. The Committee notes that reading activities are part of the reauthorization of the Elementary and Secondary Education Act, and are included under the Reading First State grants and Early Reading First programs in the Education for the Disadvantaged account.

INDIAN EDUCATION

The bill includes $123,235,000 for Indian education. This amount is $7,735,000 above the fiscal year 2001 appropriation and $7,235,000 above the budget request. This account supports programs authorized by part A of Title IX of the Elementary and Secondary Education Act and section 215 of the Department of Education Organization Act.

Grants to local education agencies

The bill provides $100,000,000 for grants to local education agencies, $7,235,000 above the budget request and the fiscal year 2001 amount. This program provides assistance through formula grants to school districts and schools supported or operated by the Bureau of Indian Affairs. The purpose of this program is to reform elementary and secondary school programs that serve Indian students, including preschool children. Grantees must develop a comprehensive

plan and assure that the programs they carry out will help Indian students reach the same challenging standards that apply to all students. This program supplements the regular school program to help Indian children sharpen their academic skills, bolster their self-confidence, and participate in enrichment activities that would otherwise be unavailable.

Special programs for Indian children

The Committee recommends $20,000,000 for special programs for Indian children, the same as fiscal year 2001 and the budget request. These programs make competitive awards to improve the quality of education for Indian students. This program also funds a new Indian Teacher Corps, which hopes to train over 1,000 Indian teachers over a five-year period to take positions in schools that serve concentrations of Indian children.

National activities

The bill provides $3,235,000 for national activities, $500,000 above fiscal year 2001 and the same as the budget request. Funds under this authority support research, evaluation and data collection to provide information on the status of education for the Indian population and on the effectiveness of Indian education programs.

BILINGUAL AND IMMIGRANT EDUCATION

The bill includes $700,000,000 for bilingual and immigrant education programs. This amount is $240,000,000 above the budget request and the comparable fiscal year 2001 appropriation levels for programs that have been consolidated in this account under H.R. 1 as passed by the House.

Existing bilingual and immigrant education programs have been consolidated into a single state grant program under the House reauthorization bill. This program will distribute funds to states based on the number of limited English proficient children in each states, rather than by competitive award as is currently the case for the bilingual education instructional services, support services and professional development programs. School districts would be able to choose the method of instruction they would use to teach limited English proficient children, and states would be required to monitor the progress in moving children into regular English classes.

SPECIAL EDUCATION

The bill includes $8,860,076,000 for programs for children with disabilities authorized under the Individuals with Disabilities Education Act (IDEA). This funding level is $434,481,000 above the budget request and $1,420,128,000 above the fiscal year 2001 appropriation.

State Grants: Grants to States for special education

The bill provides $7,714,685,000 for grants to States, which is $375,000,000 above the budget request and $1,375,000,000 above the fiscal year 2001 level. Out of the total made available for school year 2002–2003, $2,642,685,000 is appropriated for fiscal year 2002

for obligation after July 1, 2002 and $5,072,000,000 is appropriated for fiscal year 2003 for obligation on, or after, October 1, 2002.

This program provides formula grants to assist the States in meeting the excess costs of providing special education and related services to children with disabilities. In order to be eligible for funds, States must make free appropriate public education available to all children with disabilities. Starting in fiscal year 2000, funds are being distributed based on the amount that each state received from the fiscal year 1999 appropriation, and the numbers of children in the general population and who live in poverty in the age range for which each states mandates free appropriate public education for children with disabilities.

State grants: Preschool grants

The bill provides $390,000,000 for preschool grants, the same as the fiscal year 2001 level and the budget request. This program provides grants to States on the basis of their proportionate share of the total number of children in the 3 through 5 age range and the number of these children living in poverty. These funds are provided in order to assist States to make a free appropriate education available to all children with disabilities in the 3 through 5 age range.

State Grants: Grants for infants and families

The bill provides $430,000,000 for grants for infants and families, $46,433,000 above both the fiscal year 2001 level and the budget request. This formula grant program assists States in developing and implementing statewide systems of coordinated, comprehensive, multidisciplinary, interagency programs to make available early intervention services to all children with disabilities, aged birth through 2, and their families.

IDEA National Program: State improvement

The bill includes $54,200,000 for State improvement, $5,000,000 above both the budget request and the fiscal year 2001 appropriation. This program supports competitive grants to State educational agencies to assist them, in partnership with parents, teachers, institutions of higher education, interest groups, and others, to improve results for children with disabilities by reforming and improving their educational, early intervention, and transitional service systems. Among these systems are those for professional development, technical assistance, and dissemination of knowledge about best practices. Awards are based on State improvement plans developed by the States.

The House Committee on Government Reform held a hearing recently looking at the challenges of special education and the implementation of IDEA. It was learned that the dramatic rise of autism rates across the country is exacerbating the shortage of qualified special education teachers, school nurses, occupational and speech therapists as well as placing a significant financial burden on state and local special education budgets. The Department is encouraged to examine how special education teacher development funds are being spent, and to examine innovative mechanisms to recruit qualified professionals to fill the special education needs across the nation.

IDEA National Program: Research and innovation

The bill includes $70,000,000 for research and innovation, $7,353,000 below the fiscal year 2001 level and the same as the budget request. This program supports competitive awards to produce and advance the use of knowledge to improve services and results for children with disabilities. The program focuses on producing new knowledge, integrating research and practice and improving the use of knowledge.

IDEA National Program: Technical assistance and dissemination

The bill includes $53,481,000 for technical assistance and dissemination, the same as the budget request and the fiscal year 2001 appropriation. This program provides technical assistance and information through competitive awards that support institutes, regional resource centers, clearinghouses, and efforts to build State and local capacity to make systemic changes and improve results for children with disabilities.

IDEA National Program: Personnel preparation

The bill includes $90,000,000 for personnel preparation, which is $8,048,000 above the budget request and the fiscal year 2001 appropriation. This program supports competitive awards to help address State-identified needs for qualified personnel to work with children with disabilities, and to ensure that those personnel have the skills and knowledge they need to serve those children. Awards focus on addressing the need for personnel to serve low incidence populations and high incidence populations, leadership personnel, and projects of national significance.

IDEA National Program: Parent information centers

The bill includes $26,000,000 for parent information centers, the same as the fiscal year 2001 level and the budget request. This program makes awards to parent organizations to support parent training and information centers, including community parent resource centers. These centers provide training and information to meet the needs of parents of children with disabilities living in the areas served by the centers, particularly underserved parents and parents of children who may be inappropriately identified. Technical assistance is also provided under this program for developing, assisting and coordinating centers receiving assistance under this program.

IDEA National Program: Technology and media services

The bill includes $31,710,000 for technology and media services, which is $5,500,000 below the fiscal year 2001 appropriation and the same as the budget request. This program makes competitive awards to support the development, demonstration, and use of technology and educational media activities of educational value to children with disabilities.

The bill includes $9,500,000 for Recording for the Blind and Dyslexic, the same as the amount appropriated for 2001. These funds support continued production and circulation of recorded textbooks, increased outreach activities to print-disabled students and their teachers, and an accelerated use of digital technology.

The Committee continues to recognize the importance of very small businesses in increasing the quality and cost-effectiveness of the television captioning program. As this program transitions into a mandatory program under the Telecommunications Act, the Committee urges the Department to give full and fair consideration to the applications of very small businesses.

REHABILITATION SERVICES AND DISABILITY RESEARCH

The bill includes $2,942,117,000 for rehabilitation services and disability research. This amount is $12,000,000 above the budget request and $136,778,000 above the fiscal year 2001 appropriation. The programs in this account are authorized by the Rehabilitation Act of 1973, the Helen Keller National Center Act, and the Assistive Technology Act of 1998.

Vocational rehabilitation grants to States

For vocational rehabilitation State grants, the bill includes $2,481,383,000, $81,593,000 above fiscal year 2001 and the same as the budget request. This program supports basic vocational rehabilitation services through formula grants to the States. These grants support a wide range of services designed to help persons with physical and mental disabilities prepare for and engage in gainful employment to the extent of their capabilities. Emphasis is placed on providing vocational rehabilitation services to persons with the most significant disabilities.

The Committee intends that, in reallocating any fiscal year 2002 funds that become available for reallocation to states under the reallotment process authorized under section 110(b) of the Rehabilitation Act, the Department accord priority to states that received a formula allocation providing less than the cost-of-living adjustment in fiscal year 2002 and to the early implementation states under the Ticket to Work and Self Sufficiency Program that have experienced an increase in the number of eligible applicants as a result of the implementation of this program.

Client assistance

The bill includes $11,647,000 for the client assistance program, the same as the budget request and the fiscal year 2001 amount. A client assistance program is required in each State as a condition of receipt of a basic State grant. State formula grants are used to help persons with disabilities overcome problems with the service delivery system and improve their understanding of services available to them under the Rehabilitation Act.

Training

For training personnel to provide rehabilitation services to persons with disabilities, the bill includes $39,629,000, the same as the budget request and the same as the fiscal year 2001 amount. The program supports long-term and short-term training, in-service personnel training, and training of interpreters for deaf persons. Projects in a broad array of disciplines are funded to ensure that skilled personnel are available to serve the vocational needs of persons with disabilities.

Demonstration and training programs

The bill includes $16,492,000 for demonstration and training programs, $4,600,000 below the fiscal year 2001 level and the same as the budget request. These programs authorize discretionary awards on a competitive basis to public and private organizations to support demonstrations, direct services, and related activities for persons with disabilities.

Migrant and Seasonal Farmworkers

For programs serving migrant and seasonal farmworkers, the bill provides $2,350,000, which is the same as the fiscal year 2001 amount and the budget request. This program provides discretionary grants to make comprehensive vocational rehabilitation services available to migrant and seasonal farmworkers with vocational disabilities. Projects emphasize outreach activities, specialized bilingual rehabilitation counseling, and coordination of vocational rehabilitation services with services from other sources.

Recreational programs

For recreational programs, the bill provides $2,596,000, the same as the fiscal year 2001 amount and the same as the budget request. This program provides individuals with recreation and related activities to aid in their employment, mobility, independence, socialization, and community integration. Discretionary grants are made on a competitive basis to States, public agencies, and nonprofit private organizations, including institutions of higher education.

Protection and advocacy of individual rights

For protection and advocacy for persons with severe disabilities, the bill provides $16,000,000, $2,000,000 above the budget request and the fiscal year 2001 level. Grants are awarded to entities that have the authority to pursue legal, administrative, and other appropriate remedies needed to protect and advocate the rights of persons with severe disabilities.

Projects with industry

For projects with industry, the bill provides $22,071,000, the same as both the fiscal year 2001 amount and the budget request. This program is the primary Federal vehicle for promoting greater participation of business and industry in the rehabilitation process. The program provides training and experience in realistic work settings to persons with disabilities to prepare them for employment in the competitive labor market. Awards are made to a variety of agencies and organizations, including business and industrial corporations, rehabilitation facilities, labor organizations, trade associations, and foundations.

Supported employment State grants

For supported employment State grants, the bill includes $38,152,000, which is the same as the fiscal year 2001 amount and the budget request. These formula grants assist States in developing collaborative programs with public agencies and nonprofit agencies for training and post-employment services leading to supported employment. In supported employment programs, persons

with severe disabilities are given special supervision and assistance to enable them to perform a job.

Independent living: State grants

For State grants for independent living, the bill includes $22,296,000. This amount is the same as both the fiscal year 2001 amount and the budget request. This program supports formula grants to the States to provide services designed to meet the current and future needs of persons whose disabilities are so severe that they do not presently have the potential for employment, but who may benefit from services to enable them to live and function independently.

Independent living: centers

For centers for independent living, the bill provides $63,000,000, which is $5,000,000 above the budget request and the fiscal year 2001 level. Discretionary grants support a network of consumer-controlled, nonresidential, community-based private nonprofit centers that provide a wide range of services to help persons with severe disabilities live more independently in family and community settings. Centers provide information and referral services, independent living skills training, peer counseling, and individual and systems advocacy.

Independent living: services for older blind persons

For independent living services for older blind individuals, the bill provides $25,000,000. This amount is $5,000,000 above both the fiscal year 2001 amount and the budget request. Formula grants support services for persons 55 years old or over whose severe visual impairment makes gainful employment extremely difficult to obtain, but for whom independent living goals are feasible.

Program improvement

For program improvement activities, the bill provides $900,000, which is $1,000,000 below the fiscal year 2001 level and the same as the budget request. The program: (1) Provides technical assistance and consultative services to public and non-profit private agencies and organizations; (2) provides short-term training and technical instruction; (3) conducts special demonstrations; (4) collects, prepares, publishes and disseminates educational or informational materials, and; (5) carries out monitoring and conducts evaluations.

Evaluation

The bill includes $1,000,000 for program evaluation, $587,000 below the fiscal year 2001 amount and the same as the budget request. These funds are used to evaluate the impact and effectiveness of individual programs authorized under the Rehabilitation Act. Contracts are awarded on an annual basis for studies to be conducted by persons not immediately involved in the administration of the programs authorized by the Act.

Helen Keller National Center

For the Helen Keller National Center for Deaf-Blind Youth and Adults, the bill includes $8,717,000, which is the same as the fiscal

year 2001 amount and the budget request. These funds are used for the operation of the national center for intensive services for deaf-blind individuals and their families at Sands Point, New York and a network of 10 regional offices for referral and counseling. In addition to support for the national and regional staff, the Helen Keller Center provides seed money to State and private nonprofit affiliate agencies to assist them in initiating programs for deaf-blind persons.

National Institute on Disability and Rehabilitation Research

The bill includes $110,000,000 for the National Institute on Disability and Rehabilitation Research, the same as the budget request and $9,600,000 above the fiscal year 2001 level. The Institute supports research, demonstration and training activities that are designed to maximize the employment and integration into society of individuals with disabilities of all ages.

The Committee is pleased that the National Institute on Disability and Rehabilitation Research has recognized chronic fatigue syndrome (CFS) as an unmet area of research and is funding a CFS research study. The Committee encourages NIDRR to continue to pursue CFS-related research proposals and to inform educators about CFS and the special educational needs required by students with CFS.

Assistive technology

For assistive technology activities, the bill provides $60,884,000, the same as the budget request and $19,772,000 above the fiscal year 2001 amount. Technology assistance activities are authorized under the Assistive Technology Act of 1998. This Act authorizes the following activities: discretionary grants to the States to assist them in developing statewide programs to facilitate the provision of devices for, and services to, persons with disabilities; protection and advocacy services related to assistive technology; discretionary grants to the states for alternative financing programs; and technical assistance activities.

Access to telework fund

The bill includes $20,000,000 for the access to telework fund, the same as the budget request and $20,000,000 above the fiscal year 2001 level. This program will provide grants to states to provide loans for individuals with disabilities to purchase computers and other equipment so they can telework from home.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

AMERICAN PRINTING HOUSE FOR THE BLIND

The bill provides $13,000,000 for the American Printing House for the Blind, an increase of $1,000,000 above the comparable fiscal year 2001 appropriation and the budget request. This appropriation subsidizes the production of educational materials for legally blind persons enrolled in pre-college programs. The Printing House, which is chartered by the State of Kentucky, manufactures and maintains an inventory of special materials that is distributed free of charge to schools and States based on the number of blind students in each State. The Printing House also conducts research and

field activities to inform educators about the availability of materials and how to use them.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

The bill provides $55,376,000 for the National Technical Institute for the Deaf (NTID), an increase of $2,000,000 above the comparable fiscal year 2001 amount and $2,806,000 above the request. The bill allows the NTID to transfer a portion of its appropriation to the endowment at its discretion. The Committee directs the Department to report to it within 15 days of executing such a transfer.

The bill includes $5,376,000 to remain available until expended for construction on dormitory renovations, $806,000 more than the budget request. The Committee notes that this will result in total federal funding of $14,970,000 for this project, which was originally projected to cost $12,400,000. In fiscal year 2001, the Committee directed the Department to waive a 15 percent matching requirement proposed for this construction project.

The NTID was established by Congress in 1965 to provide a residential facility for postsecondary technical training and education for deaf persons with the purpose of promoting the employment of deaf individuals. The Institute also conducts applied research and provides training in various aspects of deafness. The Secretary of Education administers these activities through a contract with the Rochester Institute of Technology in Rochester, New York.

GALLAUDET UNIVERSITY

The bill provides $95,600,000 for Gallaudet University, an increase of $6,200,000 above the comparable fiscal year 2001 appropriation and the budget request. The bill includes a provision that allows Gallaudet to transfer a portion of its appropriation to the endowment at its discretion. The Committee directs the Department to report to it within 15 days of executing such a transfer. The Committee has provided additional funding above the request to assist Gallaudet in making campus-wide security upgrades, including the installation of additional outdoor lighting and emergency Blue Lights.

Gallaudet is a private, non-profit educational institution Federally-chartered in 1864 providing elementary, secondary, undergraduate, and continuing education for deaf persons. In addition, the University offers graduate programs in fields related to deafness for deaf and hearing students, conducts various deafness research, and provides public service programs for deaf persons.

VOCATIONAL AND ADULT EDUCATION

The bill includes $2,006,060,000 for vocational and adult education programs. This amount is $180,460,000 above the fiscal year 2001 appropriation and $204,400,000 above the budget request. This appropriation account includes vocational education programs authorized by the Carl D. Perkins Vocational and Applied Technology Education Act. The account also includes adult education programs originally authorized by the Adult Education Act and reauthorized under the Workforce Investment Act of 1998.

Vocational education basic grants

This bill includes $1,250,000,000 for basic grants to States under the Carl D. Perkins Vocational and Applied Technology Education Act, which is $150,000,000 above the fiscal year 2001 amount and the budget request. Out of the total of $1,250,000,000 made available for school year 2002–2003, $441,250,000 is appropriated for fiscal year 2002 for obligation after July 1, 2002 and $808,750,000 is appropriated for fiscal year 2003 for obligation on, or after, October 1, 2002.

State grants support a variety of vocational education programs developed in accordance with the State plan. The Act concentrates federal resources on institutions with high concentrations of low-income students. The populations assisted by Basic Grants range from secondary students in pre-vocational courses to adults who need retraining to adapt to changing technological and labor markets.

The Committee is aware that the distribution of vocational education basic grant funding varies from state to state with regard to the proportion of funding distributed to secondary schools versus technical training institutes. The Committee believes that technical institutes play an important role in developing a highly-skilled workforce, and that these institutes should have equal access to vocational and technical education funding. Accordingly, the Committee directs the Secretary to submit a report within six months of the date of enactment of this appropriations Act, describing how much vocational education funding is distributed to secondary schools and how much is distributed to technical training institutes for each state receiving funding under this program.

Tech-prep

The bill includes $110,000,000 for tech-prep, $4,000,000 above fiscal year 2001 and the budget request. This appropriation includes activities under title III, part E of the Carl D. Perkins Vocational and Applied Technology Education Act. The tech-prep education program provides planning and demonstration grants to consortia of local educational agencies and postsecondary institutions to develop and operate model technical education programs. These programs begin in high school and provide students with the mathematical, science, communications and technological skills needed to enter a 2–year associate degree or 2–year certificate program in a given occupational field, and to make a successful transition into further postsecondary education or begin their careers. The purpose of tech-prep is to develop structural links between secondary and postsecondary institutions that integrate academic and vocational education and better prepares students to make the transition from school to careers.

Tribally controlled postsecondary vocational institutions

The bill includes $6,000,000 for grants for tribally controlled postsecondary vocational institutions, $400,000 above the budget request and the fiscal year 2001 amount. This program provides grants for the operation and improvement of training programs to ensure continuation and expansion of vocational training opportunities for Indian youth.

National programs

For national programs, the Committee provides $12,000,000, which is $5,500,000 below the fiscal year 2001 amount and the same as the budget request. This authority supports the conduct and dissemination of research in vocational education, and includes support for the National Center for Research in Vocational Education, six regional curriculum coordination centers, and other discretionary research.

Tech-Prep Education Demonstration

The bill does not include funding for the Tech-Prep Education Demonstration. The President's budget did not request funding for it. Last year this program was funded at $5,000,000. The program makes competitive grants to consortia to establish Tech-prep programs in secondary schools located on the sites of community colleges.

Occupational and Employment Information Program

The bill does not include funding for the Occupational and Employment Information Program. The President's budget did not request funding for it. Last year this program was funded at $9,000,000. The program provides career information and guidance services to students and adults through a network of state agencies.

State programs for adult education

For state grants, the Committee recommends $595,000,000, which is $55,000,000 above the fiscal year 2001 amount and the budget request. State formula grants support programs to enable all adults to acquire basic literacy skills, to enable those who so desire to complete a secondary education, and to make available to adults the means to become more employable, productive, and responsible citizens.

Grants are provided on a formula basis to States under the new Adult Education and Family Literacy Act. The formula provides an initial allotment of $25,000 for each state and $100,000 to each outlying area, with additional allotments distributed on the basis of population aged 16 through 60 who are without a high school diploma or equivalent who are not enrolled in secondary school.

States may use 12.5% of their allotments for state leadership activities and may use an additional 5% or $65,000 for state administration. States and localities must give priority to adult education and literacy activities that are built on a strong foundation of research on effective practices and that effectively employ technology. Funds are provided on a forward-funded basis.

The Committee notes that over 40 percent of new adult education entrants are seeking English as-a-second language (ESL) services and that ESL accounts for 51 percent of all adults receiving adult education services and 76 percent of the hours of instruction received. The Committee expects that the funds provided in this program will be used by states with large concentrations of students who seek English language proficiency training to meet the needs of those individuals. The Committee bill retains language similar to that contained in last year's bill that guarantees a portion of the

funds will be used to provide civics education services to new immigrants.

National Programs—National Leadership Activities

The Committee provides $9,500,000 for national leadership activities. This amount is $4,500,000 below the fiscal year 2001 level and the same as the budget request.

Through applied research, development, dissemination, evaluation, and program improvement activities, this program assists State efforts to improve the quality of adult education. The funds support such projects as evaluations on the status and effectiveness of adult education programs, national and international adult literacy surveys, and technical assistance on using technology to improve instruction and administration that show promise of contributing to the improvement and expansion of adult education.

National Institute for Literacy

For the National Institute for Literacy, the bill provides $6,560,000, which is $60,000 above the fiscal year 2001 amount and the same as the budget request. The Institute supports research and development projects, tracks progress made toward national literacy goals, supports research fellowships, disseminates information through a national clearinghouse, and coordinates literacy information data from national and State sources.

The Committee continues to support the work of the National Reading Panel (NRP), and encourages continuing efforts to disseminate the NRP findings and similar evidence-based reading research findings relating to children, adolescents, and adults. The Committee supports continuation of the NRP work through a national panel to be established by the National Institute for Literacy (NIFL) that will apply the criteria developed by the NRP to research that has been published since the release of the NRP report. This effort should identify additional evidence-based reading research that would be disseminated in support of the Reading Excellence Act and the Reading First Initiative and should include coordination within the Partnership for Reading, which includes the NIFL, the National Institute of Child Health and Human Development (NICHD), and the U.S. Department of Education.

The National Institute for Literacy also disseminates information on evidence-based reading research under the Reading Excellence Act and its successor program, Reading First. The Committee intends that the Institute use no more than five percent of the funds provided through the Reading Excellence Act and the Reading First legislation to pay for administrative costs associated with implementing such legislation.

State grants for incarcerated youth offenders

The bill includes $17,000,000 for state grants for incarcerated youth offenders, $5,000,000 below the fiscal year 2001 level and the budget request. This program makes grants to state correctional agencies to assist and encourage incarcerated youths to acquire functional literacy skills and life and job skills.

STUDENT FINANCIAL ASSISTANCE

The bill provides $12,410,100,000 for student financial assistance programs, an increase of $1,736,100,000 over the comparable fiscal year 2001 appropriation and $736,100,000 above the budget request.

Pell grants

The bill increases the maximum Pell Grant to $4,000, $150 above the President's request and $250 above the comparable fiscal year 2001 amount, providing the highest maximum grant ever awarded.

The bill provides $10,458,100,000 in new budget authority for the Pell Grant program, $702,100,000 above the request and $1,702,100,000 above the comparable fiscal year 2001 amount. Because of changing economic conditions, estimates for funds needed in the Pell grant program are subject to change. The Committee considers this program to be among the highest priorities under its jurisdiction. Pell Grants are provided to postsecondary students who may use them at any of over 6,000 eligible schools.

The Committee is aware that many postsecondary institutions are struggling to make the most efficient use possible of their facilities as they prepare for enrollments that will grow by more than two million students over the next decade. Under the Department of Education's current practice, however, the Committee understands that students may receive only one Pell grant in a calendar year, limiting low-income students' ability to enroll year-round. The Committee requests the Department to submit a report, not later than March 1, 2002, to the House and Senate Committees on Appropriations, the House Committee on Education and the Workforce, and the Senate Committee on Health, Education, Labor, and Pensions, on the feasibility of conducting a demonstration program under Section 487A(b) of the Higher Education Act to provide two Pell grants in one calendar year to students at selected institutions of higher education. The report shall address how this pilot program could be implemented and its budgetary implications.

Federal Supplemental Educational Opportunity Grants

The bill provides $725,000,000 for federal supplemental educational opportunity grants, $34,000,000 above the request and the fiscal year 2001 level. The SEOG program provides grants through postsecondary institutions to qualified students who demonstrate exceptional financial need. Institutions have broad flexibility within the eligibility criteria for awarding these grants with the exception that priority must be given to Pell Grant recipients.

Work-study

The bill provides $1,011,000,000 for the work-study program, the same as the comparable fiscal year 2001 appropriation and the budget request. Funding for this program is provided through institutions to students who work part-time to meet the cost of education. Institutions receive funding according to a statutory formula and may allocate it for job location and job development centers.

Perkins loans capital contributions

The Committee bill provides $100,000,000 in funding for new capital contributions to federal Perkins revolving loan funds, the same as the budget request and the comparable fiscal year 2001 appropriation.

Perkins loans cancellations

The bill provides $60,000,000 for federal Perkins loans cancellations, the same as the budget request and the fiscal year 2001 amount. The Federal Government reimburses institutional Perkins revolving loan funds for loan cancellations permitted under Federal law. Loans may be canceled when the borrower pursues a career in one of 12 statutorily-designated professions including corrections, medical technical work, and peace corps or VISTA service.

Leveraging educational assistance partnership

The bill includes $55,000,000 for the leveraging educational assistance partnership (LEAP) program, the same as the fiscal year 2001 level and the budget request. LEAP provides dollar-for-dollar matching funds to States as an incentive for providing need-based grant and work study assistance to eligible postsecondary students. Federally supported grants and job earnings are limited to $5,000 per award year for full-time students. By law, each State's allocation is based on its relative share of the total national population of students eligible to participate in the programs, except that no state is to receive less than it received in 1979, when the appropriation was $76,750,000. If LEAP amounts are below this level, each State is allocated an amount proportional to the amount of funds it received in 1979. If a state does not use all of its allocation, the excess funds are distributed to other States in the same proportion as the original distribution. States must, at a minimum, match LEAP grants dollar for dollar with state funds provided through direct state appropriations for this purpose.

Loan Forgiveness for Child Care

The bill includes $1,000,000 for loan forgiveness for child care, the same as the fiscal year 2001 amount and the budget request. This program was designed to retain and encourage more highly trained individuals to enter into the early childcare profession. Under this program, borrowers who have earned a degree in early childhood education and who work for two full years as a child care provider in a low-income community may have a portion of their loan obligation forgiven. Additional forgiveness is awarded for each additional consecutive year of service, up to a total of 100 percent of the borrower's outstanding balance after five full years.

FEDERAL FAMILY EDUCATION LOAN PROGRAM

The bill provides $49,636,000 for administration of the federal family education loan (FFEL) program, $1,636,000 above the fiscal year 2001 level and the same as the budget request. This discretionary administrative funding is provided in the FFEL appropriation account rather than under the Department's Salaries and Expenses account pursuant to a requirement of the Federal Credit Reform Act of 1990. These funds support Federal administrative

activities including processing payments and claims, reducing loan default costs, and program monitoring. FFEL loans are financed with private capital and reinsured by the Federal Government against borrower default, death, disability and bankruptcy. Federal costs include payments for such insurance claims as well as support for borrower interest benefits. FFEL loans have supported over $150,000,000,000 in loans to student and parent borrowers since their inception. This account includes discretionary Federal administrative costs only. Additional amounts for new FFEL subsidies and mandatory administrative expenses for fiscal year 2001 are provided under permanent legislative authority.

HIGHER EDUCATION

The bill provides $1,906,401,000 for higher education programs, a decrease of $5,309,000 below the fiscal year 2001 appropriation and $183,178,000 above the budget request.

Strengthening institutions

The bill provides $73,000,000 for the regular strengthening institutions program, the same as the budget request and the fiscal year 2001 level. This program provides general operating subsidies to institutions with low average educational and general expenditures per student and significant percentages of low-income students. Awards may be used for faculty and academic program development, management, joint use of libraries and laboratories, acquisition of equipment, and student services.

Hispanic serving institutions

The bill provides $81,500,000 for the Hispanic serving institutions (HSI) program, $9,000,000 above the budget request and $13,000,000 above the fiscal year 2001 level. The HSI program provides operating subsidies to schools that serve at least 25 percent Hispanic students of whom at least half are low-income students.

Strengthening historically black colleges and universities

The bill provides $215,000,000 for strengthening historically black colleges and universities (HBCUs), $30,000,000 above the fiscal year 2001 appropriation and $18,000,000 above the budget request.

This program provides operating subsidies to accredited, legally authorized HBCUs established prior to 1964 whose principal mission is the education of Black Americans. Funds may be used to support both programs and management and are distributed through a formula grant based on the enrollment of Pell Grant recipients, number of graduates, and the number of graduates entering graduate or professional schools in which blacks are underrepresented. The minimum grant is $500,000.

Strengthening historically black graduate institutions

The bill provides $50,000,000 for the strengthening historically black graduate institutions program, $5,000,000 above the fiscal year 2001 appropriation and $2,000,000 above the budget request.

The program provides 5-year grants to the following 18 post-secondary institutions that are specified in section 326(e)(1) of the Higher Education Act: Morehouse School of Medicine, Meharry

Medical School, Charles R. Drew Postgraduate Medical School, Clark-Atlanta University, Tuskegee University School of Veterinary Medicine, Xavier University School of Pharmacy, Southern University School of Law, Texas Southern University Schools of Law and Pharmacy, Florida A&M University School of Pharmaceutical Sciences, North Carolina Central University School of Law, Morgan State University qualified graduate program, Hampton University qualified graduate program, Alabama A&M qualified graduate program, University of Maryland Eastern Shore qualified graduate program, Jackson State qualified graduate program, Norfolk State University and Tennessee State University. Of the amount appropriated, the first $21,600,000 is used to make grants to the first 16 institutions listed above. Any amount appropriated in excess of $21,600,000 but less than $28,600,000 is used to make grants to Norfolk State University and Tennessee State University and any remaining appropriation is made available to each of the 18 institutions based on a formula. Awards may be used for building endowments as well as the same purposes for which the strengthening HBCU grants may be used.

Strengthening Alaska Native and Native Hawaiian-serving institutions

The Committee recommends $6,000,000 for strengthening Alaska Native and Native Hawaiian-serving institutions, the same as both the fiscal year 2001 level and the budget request.

Strengthening tribally controlled colleges and universities

The Committee recommends $17,000,000 for the strengthening tribally controlled colleges and universities program, $2,000,000 above the budget request and the fiscal year 2001 level.

Fund for the improvement of postsecondary education

The Committee recommends $52,400,000 for the fund for the improvement of postsecondary education (FIPSE), $1,200,000 above the budget request and $94,287,000 below the fiscal year 2001 amount. FIPSE awards grants and contracts to a variety of postsecondary institutions and other organizations to improve the quality and delivery of postsecondary education.

The Committee is aware of the University of South Florida's work in educational research and development as a member of the Globalization Research Centers Consortium. The Center has developed special expertise in projects involving the Caribbean basin and Central and South America. The Committee is also aware of and encourages efforts by the State of Florida, working in conjunction with the University of South Florida's Globalization Center, to conduct a preliminary site analysis in connection with the proposal to locate the Permanent Secretariat of the Free Trade Area of the Americas in Miami, Florida.

The Committee is aware that the Department has awarded $865,080 over three years from this account to create new opportunities for low-income students at urban high schools and community colleges to earn bachelor's degrees at participating historically black colleges and universities, Hispanic-serving institutions, and tribal colleges. Because low-income and minority students are more likely than other students to initially enroll at community colleges,

the Committee believes that creating and promoting opportunities to transfer to four-year colleges is vital to closing gaps in educational attainment. Therefore, the Committee urges the Department to consider providing additional funding for this project as it becomes available.

Minority science improvement

The bill provides $8,500,000 for the minority science improvement program (MSIP), the same as the fiscal year 2001 appropriation and the budget request.

The MSIP program awards grants to improve mathematics, science, and engineering programs at institutions serving primarily minority students and to increase the number of minority students who pursue advanced degrees and careers in those fields. The Committee encourages the Department to develop specific numerical goals and baseline data for this program.

International education and foreign languages studies

Domestic Programs

The bill provides $80,000,000 for the domestic activities of the international education and foreign languages studies programs, $13,000,000 above both the fiscal year 2001 appropriation and the budget request. The program assists graduate and undergraduate foreign language and area studies programs and students at institutions of postsecondary education. Programs include national resource centers, foreign language and area studies fellowships, undergraduate international studies and foreign language programs, international research and studies projects, business and international education projects, international business education centers, language resource centers, and American overseas research centers and technological innovation and cooperation for foreign information access. In general, the Secretary has discretion to allocate funding among these various activities.

The Committee is aware of the urgent need to strengthen instruction in foreign languages and related area studies that are less commonly taught. The Committee believes that foreign language skills and international expertise are essential factors in national security readiness. Ensuring U.S. security, foreign policy leadership, economic competitiveness, an our ability to solve global problems that affect the nation's well being depend on Americans who have an understanding of and ability of function effectively in other cultural, business and value systems, as well as foreign language proficiency. The Committee intends that the increase of $13,000,000 for the Title VI domestic programs be used first to strengthen foreign language training and related area studies in areas that are vital to our national security, including Central and South Asia, the Middle East, Russia, and the Independent States of the former Soviet Union. Further, the Committee urges the Department to place greater priority on requesting adequate funding for the international education and foreign language programs and on setting program goals and objectives that address national needs. In addition, the Committee urges the Department to review the organizational structures within the Department to (1) strengthen the staff and support systems as international edu-

cation programs and responsibilities grow; (2) increase outreach activities and information about funding opportunities; (3) provide greater national accessibility by government agencies, businesses, the media, and education institutions to the expertise and knowledge these programs produce; and (4) increase coordination among all international education activities and programs within the Department.

Overseas programs

The bill provides $11,500,000 for the overseas programs in international education and foreign language studies authorized under the Mutual Educational and Cultural Exchange Act of 1961, popularly known as the Fulbright-Hays Act. The appropriation is $1,500,000 above the budget request and the fiscal year 2001 appropriation. Funding for these programs supports group projects abroad, faculty research abroad, special bilateral projects, and doctoral dissertation research abroad.

The Committee intends that the increase of $1,500,000 for the Fulbright overseas programs be used first to strengthen foreign language training and related areas studies in areas that are vital to our national security, including Central and South Asia, the Middle East, Russia, and the Independent States of the former Soviet Union.

Institute for International Public Policy

The bill provides $1,500,000 for the Institute for International Public Policy, $478,000 above the budget request and the fiscal year 2001 appropriation. This program provides a grant to the United Negro College Fund to operate the Institute through subgrantees chosen among minority serving institutions.

Interest subsidy grants

The bill provides $5,000,000 for interest subsidy grants authorized under section 702 of the Higher Education Act, the same amount requested in the budget and $5,000,000 below the fiscal year 2001 appropriation. This program provides loan subsidies to higher education institutions for facilities acquisition, construction and renovation loans taken prior to 1974. All loans will terminate by the fiscal year 2013. The authority to initiate new loan subsidy commitments was repealed in the 1992 amendments to the Higher Education Act. Interest subsidies provide institutions the difference between the interest they pay on commercially-obtained loans and 3 percent of the loan balance. The bill provides funding sufficient to meet the Federal Government's commitments on the 124 loans expected to be in repayment status in fiscal year 2002.

TRIO

The bill provides $800,000,000 for the six TRIO programs, an increase of $20,000,000 above the budget request and $70,000,000 above the fiscal year 2001 appropriation. The TRIO programs provide a variety of outreach and support services to encourage low-income, potential first-generation college students to enter and complete college. Discretionary grants of up to four or five years are awarded competitively to institutions of higher education and

other agencies. At least two-thirds of the eligible participants in TRIO must be low-income, first-generation college students.

The Committee believes that technical institutes play an important role in developing a highly-skilled workforce, and that minority and disadvantaged students participating in the TRIO programs should be counseled regarding the availability and benefits of technical training programs. Accordingly, the Committee directs the Secretary to submit a report within six months after the date of enactment of this appropriations Act, describing how the Department will ensure that TRIO students are informed of these options.

GEAR UP

The bill includes $285,000,000 for the GEAR UP program, $58,000,000 above the budget request and $10,000,000 below the fiscal year 2001 level.

The Committee is aware that the Department, in administering the fiscal year 2001 funding for the GEAR UP program, decided to fund new GEAR UP projects by providing all five years of funding in the first year of the award, rather than the traditional practice of providing funding one year at a time over a five-year period subject to the availability of appropriations. This decision resulted in a funding a small number of new grantees. The Committee is concerned that it was not consulted in advance of this decision, given that the Department's actions represent a departure from the proposed allocation of fiscal year 2001 funds indicated in the Department's budget justifications. It is the Committee's intent that, in administering GEAR UP funding in fiscal year 2002, the Department provide continuation grants to the fiscal year 1999 and 2000 grantees at the levels contemplated in their initial grant awards. Further, the Committee strongly urges the Secretary to provide funding to new grantees for the first year of five-year grant periods, with subsequent year funding to be provided subject to the availability of appropriations.

GEAR UP provides grants to states and partnerships of low-income middle and high schools, institutions of higher education and community organizations to target entire grades of students and give them the skills and encouragement to successfully pursue postsecondary education.

Byrd scholarships

The bill includes $41,001,000 for the Byrd scholarships program, the same as the budget request and the fiscal year 2001 appropriation. The Byrd scholarship program provides formula grants to States to award four-year, $1,500 scholarships to students who demonstrate academic excellence in high school.

Javits fellowships

The Committee recommends $10,000,000 for the Javits fellowship program, the same as the budget request and the fiscal year 2001 appropriation. Under the Javits program, institutions receive Federal support to make fellowship awards of up to $15,000 to students pursuing doctoral study in the arts, humanities, and social sciences.

Graduate assistance in areas of national need program

The Committee recommends $31,000,000 for the graduate assistance in areas of national need (GAANN) program, the same as both the budget request and the fiscal year 2001 appropriation. The GAANN program awards grants to institutions of higher education to provide fellowships of up to five years and $15,000 to economically disadvantaged students who have demonstrated academic excellence and who are pursuing graduate education in designated areas of national need.

Learning anytime anywhere

The Committee recommends no funding for learning anytime anywhere partnerships. The President's budget did not request funding for this program. The program was funded at $30,000,000 in fiscal year 2001.

This program supports grants of up to 5 years for regional or national partnerships aimed at widening the availability of new forms of distance education, as well as improving instructional and program quality.

Teacher quality enhancement grants

The Committee recommends $100,000,000 for teacher quality enhancement grants, $46,000,000 above the budget request and $2,000,000 above the fiscal year 2001 appropriation. Teacher quality enhancement grants have three components: state grants, partnership grants and recruitment grants. By statute, state and partnership grants each receive 45 percent of the appropriation, and recruitment grants receive 10 percent.

Under the state grant component, states apply to receive up to three years of funding to improve the quality of their teaching force through promoting reform activities such as teacher licensing and certification, accountability for high quality teacher preparation and professional development and recruiting teachers for high-need schools. States must match 50 percent of the federal award.

Under the partnership component, partnerships apply to receive a five-year grant to strengthen the capacity of K–12 educators in designing and implementing effective teacher education programs, and by increasing collaboration among these practitioners and departments of arts and sciences and schools of education at institutions of higher education. Partnerships must match 25 percent of the federal grant in the first year, 35 percent in the second year, and 50 percent for the remaining years.

The recruitment component supports the efforts to reduce shortages of qualified teachers in high-need school districts. States or partnerships may apply to receive these grants.

Child care access means parents in school

The Committee recommends $25,000,000 for child care access means parents in school program, the same as the budget request and the fiscal year 2001 appropriation. Under this program, institutions may receive discretionary grants of up to four years to support or establish a campus-based childcare program primarily serving the needs of low-income students enrolled at the institution. Priority is given to childcare programs that leverage significant local or institutional resources and utilize a sliding fee scale.

Grants can only be used to supplement childcare services or start new programs.

Demonstration projects to ensure quality higher education for students with disabilities

The Committee includes $6,000,000 for demonstration projects to ensure quality higher education for students with disabilities. The President's budget did not request funding for this program. The program was funded at $6,000,000 in fiscal year 2001.

This program provides discretionary grants for three years to support model demonstration projects that provide technical assistance and professional development activities for faculty and administrators in institutions of higher education in order to provide students with disabilities a high-quality postsecondary education. The Committee notes that fiscal year 2001 marks the completion of the first cycle of grantees in this program.

Underground railroad program

The Committee includes $1,750,000 for the underground railroad program, the same as the fiscal year 2001 appropriation. The budget did not request funding for this program. The underground railroad program provides grants to non-profit institutions to research, display, interpret and collect artifacts relating to the history of the underground railroad.

Web-Based education commission

The bill does not include funding for the web-based education commission. This commission received $250,000 in fiscal year 2001 to complete its work and issue its recommendations. The budget request did not include funding for it.

GPRA data/HEA program evaluation

The Committee recommends $1,000,000 for program evaluation and development of data required under the Government Performance and Results Act for Higher Education programs administered by the Department. This is the same as the budget request and $2,000,000 below the fiscal year 2001 appropriation.

The Committee understands that for many higher education programs, baseline and performance indicator data is sparse, nonexistent or difficult to collect. Funding under this activity will support the Department in developing high-quality data as required under the Government Performance and Results Act and the teacher quality evaluation.

Thurgood Marshall scholarships

The bill includes $5,000,000 for Thurgood Marshall scholarships. The President's budget did not request funding for this program. The program was funded at $4,000,000 in fiscal year 2001. This program provides a single award to the Council on Legal Education Opportunity (CLEO) 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.

Olympic scholarships

The bill includes $1,000,000 for Olympic scholarships, the same as the fiscal year 2001 level and $1,000,000 above the budget request. This program provides financial assistance to athletes who are training at the U.S. Olympic Education Center or one of the U.S. Olympic Training Centers and who are pursuing a postsecondary education at an institution of higher education.

HOWARD UNIVERSITY

The bill provides $242,474,000 for Howard University, $10,000,000 above the budget request and the fiscal year 2001 appropriation. The budget request earmarks a minimum of $3,600,000 for the endowment, which is the same as the current level. The Committee bill concurs with this recommendation. The Committee is aware of Howard University's planned construction of an Interdisciplinary Science and Engineering Center, including a Middle School of Math and Science. The Committee is also aware of Howard University's public television station, WHUT, and its required conversion from analog to digital broadcasting. The Committee notes that funding in this account is available to support such activities at the University's discretion.

Howard University is a "Research I" university located in the District of Columbia. Direct appropriations for Howard University are authorized by 20 U.S.C. 123, originally enacted in 1867. Howard University provides undergraduate liberal arts, graduate and professional instruction to approximately 11,000 students from all 50 States. Masters degrees are offered in over 55 fields and Doctor of Philosophy degrees in 26 fields.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

The bill provides $762,000 for the Federal administration of the college housing and academic facilities loan (CHAFL) program, the Higher Educational Facilities Loans program and the College Housing Loans program, the same as the budget request and the same as the fiscal year 2001 appropriation.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL AND FINANCING PROGRAM

Federal administration

The bill provides $208,000 for the administration of the historically black college and university capital financing program authorized under part D of title III of the Higher Education Act, the same as the fiscal year 2001 appropriation and the budget request. The program is intended to make capital available for repair and renovation of facilities at historically black colleges and universities. In exceptional circumstances, capital provided under the program can be used for construction or acquisition of facilities.

Bond subsidies

Under the HBCU capital program, a private, for-profit "designated bonding authority" issues construction bonds to raise capital for loans to historically black colleges and universities for construction projects. The Department provides insurance for these bonds, guaranteeing full payment of principal and interest to bond

holders. Federally insured bonds and unpaid interest are limited by statute to $375,000,000. The letter of credit limitation establishes the total amount of bonds which can be issued by the designated bonding authority. The credit limitation must be explicitly stated in an appropriation Act according to the authorizing legislation.

EDUCATION RESEARCH, STATISTICS, AND IMPROVEMENT

The bill includes $445,620,000 for education research, statistics, and improvement programs. This amount is $63,500,000 above the budget request, and $276,528,000 below the fiscal year 2001 level. This account supports education research authorized under the Educational Research, Development, Dissemination, and Improvement Act of 1994; the National Center for Education Statistics; title II–B and C, title IV A and title VII–A of the Elementary and Secondary Education Act as reauthorized by the House; and the National Assessment of Educational Progress authorized by the National Education Statistics Act of 1994, and title VI of P.L. 103–382.

Research

This bill includes $147,567,000 for educational research, $24,500,000 above the budget request and $27,000,000 above the fiscal year 2001 level. The Office of Educational Research and Improvement conducts research and development activities, which are authorized under the Educational Research, Development, Dissemination, and Improvement Act of 1994. The 1994 Act established a National Educational Research Policy and Priorities Board within the Office of Educational Research and Improvement, and authorizes five new national research institutes for the following subject areas: (1) student achievement, curriculum, and assessment; (2) education of at-risk students; (3) educational governance, finance, policymaking, and management; (4) early childhood development and education; and (5) postsecondary education, libraries, and lifelong learning. The Assistant Secretary is authorized to support activities to increase the participation of minority researchers and institutions as well as research and development centers, in order to support the objectives of the national research institutes. Within the amount included in the bill for research and development activities, the Committee has included funding to continue all existing grants and contracts for comprehensive school reform research and development, capacity, and dissemination activities including the national clearinghouse for comprehensive school reform. Within the amount the Committee has also included $10,000,000 for the National Board for Professional Teaching Standards.

Regional educational laboratories

The Committee has included $70,000,000 for the regional educational laboratories. This amount is $5,000,000 above the fiscal year 2001 level and the budget request. The Committee reiterates its intent, expressed in the Conference Report on the fiscal year 1996 bill (Report No. 104–537) that all work of the Regional Education Laboratories be based on the priorities established by their regional governing boards. The Committee commends the work of the regional educational laboratories in developing new products, conducting research, evaluating programs, and providing technical

assistance and training to states, districts and schools in support of the Comprehensive School Reform Demonstration Program. The bill includes an increase of $5,000,000 over fiscal year 2001 to enable the laboratories to address the increased demand for technical assistance from states, districts and schools interested in implementing comprehensive school reforms.

Statistics

This bill includes $85,000,000 for the activities of the National Center for Education Statistics, exclusive of the National Assessment of Educational Progress. This amount is the same as the budget request and $5,000,000 above the fiscal year 2001 level.

Statistics activities are authorized under the National Education Statistics Act of 1994, title VI of P.L. 103–382. The Center collects, analyzes, and reports statistics on all levels of education in the United States. Activities are carried out directly and through grants and contracts. Major publications include "The Condition of Education" and "Digest of Education Statistics." Other products include projections of enrollments, teacher supply and demand, and educational expenditures. Technical assistance to state and local education agencies and postsecondary institutions is provided. International comparisons are authorized.

Assessment

This bill includes $111,553,000 for the National Assessment of Educational Progress, $2,500,000 above the budget request, and $71,553,000 above the fiscal year 2001 level. The Assessment is authorized under section 411 of the National Education Statistics Act of 1994, and is the only nationally representative survey of educational ability and achievement of American students. The primary goal of the Assessment is to determine and report the status and trends of the knowledge and skills of students, subject by subject. Subject areas assessed in the past have included reading, writing, mathematics, science, and social studies, as well as citizenship, literature, art, and music. The Assessment is operated by contractors through competitive awards made by the National Center for Education Statistics; a National Assessment Governing Board formulates the policy guidelines for the program. Within the amounts provided, $4,053,000 is for the National Assessment Governing Board.

Within the funds provided for the National Assessment of Educational Progress, the Committee has included $2,500,000 to conduct a study in up to five voluntarily participating large urban school districts of the feasibility for a Trial Urban Assessment as a component of the National Assessment of Educational Progress. In carrying out this initiative, results shall not be used to meet the requirements of any Federal law, including requirements under Title I of the Elementary and Secondary Education Act of 1965, as amended, and no personally identifiable data shall be maintained.

Fund for the improvement of education

The bill does not include funding for the fund for the improvement of education, which was $338,781,000 in fiscal year 2001. Funding for this program was not requested by the President. The fund for the improvement of education has a broad portfolio of ac-

tivities related to the national education goals and systemic education reform. Under the fund, the Secretary of Education supports activities that identify and disseminate innovative educational approaches. The Committee notes that activities currently carried out under this program can be done in other programs funded in this bill.

International education exchange

The bill does not include funding for the international education exchange program, which was $10,000,000 in fiscal year 2001. Funding for this program was not requested by the President. The International Education Exchange program provides support for education exchange activities in civics and government education and economic education between the United States and eligible countries in Central and Eastern Europe, the Commonwealth of Independent States, and any country that was formerly a republic of the Soviet Union. The Committee will continue to review the need for continued funding for this program in fiscal year 2002 throughout the appropriations process.

Civic education

The bill includes $12,000,000 for the civic education program, the same as the fiscal year 2001 level. Funding for this program was not requested by the President. The Civic Education program funds the Center for Civic Education to educate students about the history and principles of the Constitution of the United States and foster civic competence and responsibility. This purpose is accomplished primarily through the Center's program "We the People . . . The Citizen and the Constitution."

Eisenhower professional development national activities

The bill does not include funding for Eisenhower professional development national activities, which were $23,300,000 in fiscal year 2001. Funding for this program was not requested by the President. The Committee notes that activities currently carried out under this program can be funded in other programs in this bill.

Eisenhower regional mathematics and science education consortia

The bill does not include funding for Eisenhower regional mathematics and science education consortia, which was $15,000,000 in fiscal year 2001. Funding for this program was not requested by the President. The Committee notes that activities currently carried out under this program can be done in other programs funded in this bill.

Javits gifted and talented education

The bill includes $7,500,000 for Javits gifted and talented education, the same as in fiscal year 2001. Funding for this program was not requested by the President. The purpose of this program is to build nationwide capability to meet the special educational needs of gifted and talented students. The program functions through support for research, demonstration projects, teacher training, and other activities.

National writing project

The bill provides $12,000,000 for the National Writing Project, $2,000,000 above the fiscal year 2001 level. The President's budget did not request funding for this program. Funds are provided to the National Writing Project, a nonprofit educational organization that supports teacher training programs in the effective teaching of writing, and supports classroom-level research on teaching writing that documents effectiveness in terms of student performance. To provide these services, the National Writing Project contracts with numerous institutions of higher education and nonprofit education providers to operate small teacher training programs. Federal funds support 50 percent of the costs of these programs, and recipients must contribute an equal amount.

DEPARTMENTAL MANAGEMENT

The bill includes $545,866,000 for departmental management (salaries and expenses) at the Department of Education. This amount is $21,437,000 above the fiscal year 2001 appropriation and $3,000,000 more than the budget request. Within the funds provided, the Committee assumes a 4.6 percent pay increase. These activities are authorized by the Department of Education Organization Act, P.L. 96–88, and include costs associated with the management and operations of the Department as well as separate costs associated with the Office for Civil Rights and the Office of the Inspector General.

The Committee is very concerned that the Department has "front loaded" new grants in several programs (provided all years of proposed funding in the first year of the award, rather than the traditional practice of providing funding one year at a time over a multiyear period) without prior consultation with or notification of Congress. The Committee believes that this practice should be limited and utilized only when strongly justified by programmatic considerations. The Committee therefore directs the Secretary to provide notification and justification to the Committee at least 60 days in advance of any grant awards if such decisions are contemplated in the future for any grant program. This notification and justification may be provided in the Department's operating plan or in the Congressional justifications.

The Committee continues to be pleased with the emphasis the Department's senior management team has placed on complying with the Government Performance and Results Act. The Committee expects the Department to continue to develop and refine GPRA measures for all programs, focusing particularly on student achievement outcomes.

The Committee requests the Secretary to prepare a report describing current policy and practice barriers to access and utilization of targeted and mainstream Federal education programs by homeless people and recommendations for removing such impediments and strengthening such programs. The report should include recommendations from all appropriate offices within the Department, including the Office of Elementary and Secondary Education, the Office of Special Education and Rehabilitative Services, and the Office of Vocational and Adult Education and should reflect consultations with homeless people, advocates for the homeless, and

other appropriate educational and governmental representatives. The Secretary should submit this report to the Committees on Appropriations of both the House and Senate, and to the House Committee on Education and the Workforce and the Senate Committee on Health, Education, Labor and Pensions no later than September 30, 2002.

The Committee encourages the Secretary to work with States and school districts to provide information to the public that explains their distribution of educational resources, including per pupil expenditures, accessibility of technology, and range and quality of curriculum, among local educational agencies and schools. The Committee believes that such information could prove useful in educating parents and taxpayers on the nature of the State's educational investments, in addition to student academic performance data that is already reported.

Program administration

The bill includes $427,212,000 for program administration. This amount is $15,016,000 above the fiscal year 2001 appropriation and $3,000,000 above the budget request. These funds support the staff and other costs of administering programs and activities at the Department. Items include personnel compensation and health, retirement and other benefits as well as travel, rent, telephones, utilities, postage fees, data processing, printing, equipment, supplies, technology training, consultants and other contractual services.

Office for Civil Rights

The bill includes $79,934,000 for the salaries and expenses of the Office for Civil Rights. This amount is $4,112,000 above the fiscal year 2001 appropriation and the same as the budget request. This Office is responsible for enforcing laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, and age in all programs and institutions that receive funds from the Department. These laws extend to 50 State educational agencies, 16,000 local educational agencies, 3,500 institutions of higher education, as well as to proprietary schools, State rehabilitation agencies, libraries, and other institutions receiving Federal funds.

Office of the Inspector General

The bill includes $38,720,000 for the Office of the Inspector General. This amount is $2,309,000 above the fiscal year 2001 appropriation and the same as the budget request. This Office has authority to inquire into all program and administrative activities of the Departments as well as into related activities of grant and contract recipients. It conducts audits and investigations to determine compliance with applicable laws and regulations, to check alleged fraud and abuse, efficiency of operations, and effectiveness of results.

The Committee expects the Inspector General to continue reporting to the Committee on actual collections, offsets and funds put to better use as a result of the Office's actions and investigations as required by the fiscal year 2001 House report (105–635) and as agreed upon by the Committee and the Office of the Inspector General. The Committee encourages the Secretary and the Inspector General to continue efforts to root out such waste, fraud, and

abuse. The Secretary should be prepared to report in his fiscal year 2003 testimony on the steps taken to increase financial record keeping in the Department. Specifically, the Secretary should be prepared to testify on the number of active investigations; the amount of waste, fraud and abuse identified; the savings to taxpayers from these investigations; the number of referrals for prosecution by the Department; and suggestions for laws that will improve anti-waste, fraud and abuse efforts.

GENERAL PROVISIONS

Sec. 301. The Committee continues a provision which prohibits funds under this Act from being used for the transportation of students or teachers in order to overcome racial imbalances or to carry out a plan of racial desegregation.

Sec. 302. The Committee continues a provision which prohibits funds under this Act from being used to require the transportation of any student to a school other than the school which is nearest the student's home in order to comply with title VI of the Civil Rights Act of 1964.

Sec. 303. The Committee continues a provision which prohibits funds under this Act from being used to prevent the implementation of programs of voluntary prayer and meditation in public schools.

Sec. 304. The Committee continues a provision which allows up to 1 percent of any discretionary funds appropriated for the Department of Education to be transferred between appropriations accounts, provided that no appropriation is increased by more than 3 percent by any such transfer. This provision requires the Secretary to notify the Appropriations Committees of both Houses of Congress at least 15 days in advance of a transfer.

TITLE IV—RELATED AGENCIES

ARMED FORCES RETIREMENT HOME

The bill provides authority to expend $71,440,000 from the Armed Forces Retirement Home Trust Fund for operations and capital activities at the United States Soldiers' and Airmen's Home and the United States Naval Home, an increase of $1,608,000 above the comparable fiscal year 2001 authority and the same as the budget request.

Operations

The bill provides authority to expend $61,628,000 from the Armed Forces Retirement Home Trust Fund for operations of the United States Soldiers' and Airmen's Home and the United States Naval Home, an increase of $1,628,000 above the comparable fiscal year 2001 authority and the same as the budget request.

Capital outlay

The bill provides authority to expend $9,812,000 from the Armed Forces Retirement Home Trust Fund for capital activities at the Soldiers' and Airmen's Home and the United States Naval Home, a decrease of $20,000 below the comparable fiscal year 2001 authority and the same as the budget request.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

DOMESTIC VOLUNTEER SERVICE PROGRAMS

The bill provides $324,450,000 for the Domestic Volunteer Service Programs that are administered by the Corporation for National and Community Service. The recommended amount is $20,600,000 above the comparable fiscal year 2001 appropriation and $7,600,000 above the budget request. Appropriations for these programs are not authorized in law for fiscal year 2002. Funding for the Americorps program that is also administered by the Corporation for National and Community Service is provided in the VA/HUD and Independent Agencies appropriations bill.

The Committee directs the Corporation not to reduce funding for traditional VISTA and senior volunteer programs below the amounts allocated for fiscal year 2001. In addition, the Committee directs the Corporation not to reduce the number of traditional VISTAs or senior volunteers below fiscal year 2001 levels.

VISTA

The bill provides $83,074,000 for the Volunteers in Service to America (VISTA) program, the same as fiscal year 2001 and $1,000,000 above the budget request. The VISTA program supports individuals who recruit volunteers and organize community volunteer activities but who do not provide direct volunteer services.

National Senior Volunteer Corps

The bill provides a total of $209,147,000 for the National Senior Volunteer Corps, $20,600,000 above fiscal year 2001 and $6,600,000 above the budget request.

The bill provides $109,468,000 for the Foster Grandparents program, $10,600,000 above fiscal year 2001 levels and $6,600,000 above the budget request. This program provides volunteer service opportunities for low-income people aged 60 and over. The Committee intends that this increase be used to increase the stipend for Foster Grandparent volunteers by $0.10 per hour.

The bill provides $44,395,000 for the Senior Companion program, $4,000,000 above the fiscal year 2001 appropriation and the same as the budget request. The program provides project grants to private, non-profit organizations and State and local public agencies to offer volunteer service opportunities to low-income individuals aged 60 and over. These volunteers assist older adults with physical, mental or emotional impairments that put them at risk for institutionalization.

The bill provides $54,884,000 for the Retired Senior Volunteer Program (RSVP), $6,000,000 above the fiscal year 2001 appropriation and the same as the budget request. This program provides part-time volunteer service opportunities for low-income individuals aged 55 and over to recruit volunteers and organize volunteer activities relating to a variety of social needs.

The bill includes $400,000 for senior demonstration programs, the same as the fiscal year 2001 level and the budget request. The Committee intends this funding to be used to carry out evaluations and to provide recruitment, training and technical assistance to local projects particularly in the area of outcome-based programming.

Program administration

The bill provides $32,229,000 for program administration, the same as the fiscal year 2001 appropriation and the budget request.

CORPORATION FOR PUBLIC BROADCASTING

The bill provides $365,000,000 in advance funding for fiscal year 2004 for the Corporation for Public Broadcasting (CPB), the same as the comparable appropriation for fiscal year 2003. The Committee is concerned that the basic support to the Independent Television Service has not risen comparable to the overall increases for CPB funding. The committee encourages the CPB to increase baseline funding to ITVS.

The bill includes language providing an additional $25,000,000 for digitalization, if specifically authorized by subsequent legislation.

FEDERAL MEDIATION AND CONCILIATION SERVICE

The bill provides $39,482,000 for the Federal Mediation and Conciliation Service (FMCS), an increase of $1,282,000 above the comparable fiscal year 2001 authority and the same as the budget request.

The FMCS attempts to prevent and minimize labor-management disputes having a significant impact on interstate commerce or national defense, except in the railroad and airline industries. The agency convenes boards of inquiry appointed by the President in emergency disputes and conducts dispute mediation, preventive mediation, and arbitration. In addition, the Service offers alternative dispute resolution services and training to other Federal agencies to reduce litigation costs and speed Federal administrative proceedings.

The bill also includes provisions first enacted in the fiscal year 1996 Appropriations Act granting the agency the authority to accept gifts and to charge fees for certain services.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

The bill provides $6,939,000 for the Federal Mine Safety and Health Review Commission, $619,000 above the fiscal year 2001 level and the same as the budget request. The Commission is responsible for reviewing the enforcement activities of the Secretary of Labor under the Federal Mine Safety and Health Act. The Commission's administrative law judges hear and decide cases initiated by the Secretary of Labor, mine operators, or miners. The five-member Commission hears appeals from administrative law judge decisions, rules on petitions for discretionary review, and may direct, of its own initiative, review of cases that present unusual questions of law.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

The Committee recommends $168,078,000 for the Institute of Museum and Library Services, the same as the budget request. The Institute makes state formula grants for library services and discretionary national grants for joint library and museum projects.

MEDICARE PAYMENT ADVISORY COMMISSION

The Committee recommends $8,000,000 for the Medicare Payment Advisory Commission, the same as the comparable fiscal year 2001 level and the budget request. The Commission advises Congress on matters of physician and hospital reimbursement under the Medicare and Medicaid programs.

NATIONAL COMMISSION ON LIBRARIES AND INFORMATION SCIENCE

The Committee provides $1,000,000 for the National Commission on Libraries and Information Science, $495,000 below the comparable fiscal year 2001. The budget request did not include funding for the Commission. The Committee encourages the Commission to utilize this year's funding to complete ongoing projects.

NATIONAL COUNCIL ON DISABILITY

The bill provides $2,830,000 for the National Council on Disability (NCD), $215,000 above the fiscal year 2001 level and the same as the budget request. The Council monitors implementation of the Americans with Disabilities Act and makes recommendations to the President, the Congress, the Rehabilitation Services Administration, and the National Institute on Disability and Rehabilitation Research on public policy issues of concern to individuals with disabilities.

NATIONAL EDUCATION GOALS PANEL

The Committee does not recommend funding for the National Education Goals Panel. The Panel was funded at $1,500,000 in fiscal year 2001 and the budget requested $2,000,000 for it in fiscal year 2002. the Panel was established in 1990 following the National Education Summit held in September 1989. The Committee notes that the Goals Panel has been repealed in H.R. 1, the No Child Left Behind Act of 2001.

NATIONAL LABOR RELATIONS BOARD

The bill provides $221,438,000 for the National Labor Relations Board, $5,000,000 more than the fiscal year 2001 level and the same as the budget request. The NLRB receives, investigates, and prosecutes unfair labor practice charges filed by businesses, labor unions, and individuals. It also schedules and conducts representation elections. The five-member Board considers cases in which administrative law judge decisions are appealed.

NATIONAL MEDIATION BOARD

The bill provides $10,635,000 for the National Mediation Board (NMB), $235,000 above the comparable fiscal year 2001 authority and the same as the budget request. The NMB mediates labor disputes between employees and railroad and airline carriers subject to the Railway Labor Act. The Board also resolves representation disputes involving labor organizations seeking to represent railroad or airline employees.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

The bill provides $8,964,000 for the Occupational Safety and Health Review Commission (OSHRC), $244,000 above the fiscal year 2001 level and the same as the budget request. The Commission adjudicates contested citations issued by the Occupational Safety and Health Administration (OSHA) against employers for violations of safety and health standards. The Commission's administrative law judges settle and decide cases at the initial level of review. The agency's three appointed Commissioners also review cases, issue rulings on complicated issues, and may direct review of any decision by an administrative law judge.

RAILROAD RETIREMENT BOARD

DUAL BENEFITS ACCOUNT

The bill provides $146,000,000 for dual benefits, the same as the request and a reduction of $14,000,000 below the comparable fiscal year 2001 appropriation. These funds are used to pay dual benefits to those retirees receiving both railroad retirement and social security benefits. The bill includes a provision permitting a portion of these funds to be derived from income tax receipts on dual benefits as authorized by law. The Railroad Retirement Board estimates that approximately $9,000,000 may be derived in this manner.

FEDERAL PAYMENT TO THE RAILROAD RETIREMENT ACCOUNT

The bill provides $150,000 for the interest earned on unnegotiated checks, the same as the budget request and the comparable amount provided for fiscal year 2001.

LIMITATION ON ADMINISTRATION

The bill provides a consolidated limitation of $97,700,000 on the expenditure of railroad retirement and railroad unemployment trust funds for administrative expenses of the Railroad Retirement Board, $2,700,000 above the comparable fiscal year 2001 authority and the same as the budget request. The bill includes a provision from the fiscal year 1999 Appropriations Act prohibiting the transfer of resources formerly identified in a Memorandum of Understanding from the RRB to the Inspector General.

The Railroad Retirement Board (RRB) administers comprehensive retirement-survivor and unemployment-sickness insurance benefit programs for railroad workers and their families. This account limits the amount of funds in the railroad retirement and railroad unemployment insurance trust funds that may be used by the RRB for administrative expenses.

The Committee is pleased with the management of the Board and reiterates its interest in quickly and comprehensively implementing the Government Performance and Results Act.

LIMITATION ON THE OFFICE OF INSPECTOR GENERAL

The bill provides authority to expend $6,042,000 from the railroad retirement and railroad unemployment insurance trust funds for the Office of Inspector General. This amount is $342,000 above the comparable fiscal year 2001 limitation. This account provides

funding for the Inspector General to conduct and supervise audits and investigations of programs and operations of the Board.

The Committee complements the work of the Office of the Inspector General of the Railroad Retirement Board for their work in obtaining information on actual collections, offsets, and funds put to better use as required in House Report 105–635. This information is of great use to the Committee and the Committee understands the difficulty encountered by the OIG in obtaining it. The Committee expects that the Office of Inspector General will continue to report the information to it.

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

The bill provides $434,400,000 for mandatory payments necessary to compensate the Old Age and Survivors Insurance (OASI) and Disability Insurance (DI) Trust Funds for special payments to certain uninsured persons (for which no payroll tax is received), costs incurred for administration of pension reform activities and interest lost on the value of benefit checks issued but not negotiated. This appropriation restores the trust funds to the position they would have been in had they not borne these costs properly charged to the general funds.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

The bill provides $332,840,000 for special benefits for disabled coal miners, the same as the budget request. This amount does not include $114,000,000 in funding advanced in the prior year. The appropriation provides cash benefits to miners who are disabled because of black lung disease and to widows and children of such miners. The Social Security Administration was responsible for taking, processing, and paying claims for miners' benefits filed from December 30, 1969 through June 30, 1973. Since that time, SSA has continued to take claims but forwards most to the Department of Labor for adjudication and payment. The SSA will continue to be responsible for paying benefits and maintaining the beneficiary roll for the lifetime of all persons who filed during its jurisdiction.

SUPPLEMENTAL SECURITY INCOME PROGRAM

The bill provides $21,570,412,000 for the Supplemental Security Income (SSI) program, not including $10,470,000,000 in fiscal year 2002 funding provided in the fiscal year 2001 Appropriations Act. The bill provides $10,790,000,000 in advance funding for the first quarter of fiscal year 2003. In addition to Federal benefits, SSA administers a program of supplementary State benefits for those States that choose to participate. The funds are also used to reimburse the trust funds for the administrative costs of the program. The SSI appropriation includes $37,412,000 for beneficiary services, the same as the budget request. This funding reimburses State vocational rehabilitation services agencies for successful rehabilitation of SSI recipients.

Within the appropriation for SSI, the Committee provides $30,000,000 for research and demonstration activities conducted under section 1110 of the Social Security Act, the same as the request.

The bill provides an additional $200,000,000 to process continuing disability reviews (CDRs) related to the SSI caseload as authorized by P.L. 104–121, the same as the budget request.

LIMITATION ON ADMINISTRATIVE EXPENSES

The bill provides a limitation on administrative expenses for the Social Security Administration (SSA) of $7,035,000,000 to be funded from the Social Security and Medicare trust funds. The bill provides that not less than $1,800,000 within the limitation on administration shall be available for the Social Security Advisory Board, the same as the budget request and the comparable fiscal year 2001 amount.

The Committee is pleased that SSA officials have continued to educate adjudicators at all levels of the SSA process about the April 1999 CFS 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 obstacles to benefits for persons with CFS, to assess 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.

The Committee requests the Commissioner to prepare and submit to this committee and the authorization committees with jurisdiction over SSA programs by September 30, 2002 a report that describes current policy and practice barriers to access and utilization of Supplemental Security Income and Social Security Disability Insurance programs by homeless people and recommendations for removing such impediments and strengthening such programs.

User fees

In addition to other amounts provided in the bill, the Committee recommends an additional limitation of $100,000,000 for administrative activities funded from user fees. This is the same as the request.

Continuing disability reviews

The bill provides $433,000,000 for continuing disability reviews (CDRs). This activity is funded both by the regular Limitation on Administrative Expenses account and by provisions of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104–193).

OFFICE OF INSPECTOR GENERAL

The bill provides $19,000,000 for the Office of the Inspector General, $2,056,000 more than the comparable fiscal year 2001 appropriation and the same as the budget request. The bill also provides authority to expend $56,000,000 from the Social Security trust funds for activities conducted by the Inspector General, the same as the budget request.

UNITED STATES INSTITUTE OF PEACE

The bill provides $15,000,000 for the United States Institute of Peace, the same as the fiscal year 2001 level and $207,000 below

the budget request. The Institute was created in 1984 to provide education and training, basic and applied research, and information services to promote conflict resolution.

TITLE V—GENERAL PROVISIONS

Sec. 501. The Committee continues a provision to allow the Secretaries of Labor, Health and Human Services, and Education to transfer unexpended balances of prior appropriations to accounts corresponding to current appropriations to be used for the same purpose and for the same periods of time for which they were originally appropriated.

Sec. 502. The Committee continues a provision to prohibit the obligation of funds beyond the current fiscal year unless expressly so provided.

Sec. 503. The Committee continues a provision to prohibit appropriated funds to be used to support or defeat legislation pending before the Congress or any State legislature, except in presentation to the Congress or any State legislature itself.

Sec. 504. The Committee continues a provision to limit the amount available for official reception and representation expenses for the Secretaries of Labor and Education, the Director of the Federal Mediation and Conciliation Service, and the Chairman of the National Mediation Board.

Sec. 505. The Committee continues a provision to prohibit funds to be used to carry out a needle distribution program.

Sec. 506. The Committee continues a Sense of the Congress provision related to buy American-made products.

Sec. 507. The Committee continues a provision to require grantees receiving Federal funds to clearly state the percentage of the total cost of the program or project which will be financed with Federal money.

Sec. 508. The Committee continues a provision to prohibit appropriated funds to be used for any abortion.

Sec. 509. The Committee continues a provision to provide exceptions for Sec. 508.

Sec. 510. The Committee continues a provision to prohibit the use of funds in the Act concerning research involving human embryos. However, this language should not be construed to limit federal support for research involving human embryonic stem cells listed on an NIH registry and carried out in accordance with policy outlined by the President.

Sec. 511. The Committee continues a provision to prohibit the use of funds for any activity that promotes the legalization of any drug or substance included in schedule I of the schedules of controlled substances.

Sec. 512. The Committee continues a provision related to annual reports to the Secretary of Labor.

Sec. 513. The Committee continues a provision to prohibit the use of funds to promulgate or adopt any final standard providing for a unique health identifier until legislation is enacted specifically approving the standard.

TITLE VI—EXTENSION OF MARK-TO-MARKET PROGRAM

The bill includes the Mark-to-Market Extension Act of 2001. This bill provides for a three-year extension of the Mark-to-Market program.

CONSTITUTIONAL AUTHORITY

Clause 3(d)(1) of rule XIII of the Rules of the House of Representatives states that:

> Each report of a committee on a public bill or public joint resolution shall contain the following: (1) A statement citing the specific powers granted to Congress in the Constitution to enact the law proposed by the bill or joint resolution.

The Committee on Appropriations bases its authority to report this legislation on Clause 7 of Section 9 of Article I of the Constitution of the United States of America which states:

> No money shall be drawn from the Treasury but in consequence of Appropriations made by law * * *.

Appropriations contained in this Act are made pursuant to this specific power granted by the Constitution.

COMPARISON WITH BUDGET RESOLUTION

Clause 3(c)(2) of rule XIII of the Rules of the House of Representatives requires an explanation of compliance with section 308(a)(1)(A) of the Congressional Budget Act of 1974 (Public Law 93–344), as amended, which requires that the report accompanying a bill providing new budget authority contain a statement detailing how the authority compares with the report submitted under section 302 of the Act for the most recently agreed to concurrent resolution on the budget for the fiscal year. This information follows:

[In millions of dollars]

	Sec. 302(b)		This bill	
	Budget authority	Outlays	Budget authority	Outlays
Discretionary	119,725	106,224	123,371	106,828
Mandatory	272,347	272,702	272,347	272,702

Note.—Pursuant to 314 of the Congressional Budget Act of 1974, as amended, increases to the Committee's §302(a) allocation are mandated for funding in the reported bill for continuing disability reviews under the heading ''Limitation on Administrative Expenses'' for the Social Security Administration, for adoption incentive payments under the heading ''Children and Families Services Programs'' in the Administration for Children and Families, and for amounts provided and designated as emergency requirements under the heading ''Low Income Home Energy Assistance.'' After the bill is reported to the House, the Committee will receive an increased §302(a) allocation consistent with the funding provided in the bill, and the Committee will increase the suballocation accordingly.

In accordance with the Congressional Budget Act of 1974 (Public Law 93–344), as amended, the following information was provided to the Committee by the Congressional Budget Office:

FIVE-YEAR PROJECTIONS

In compliance with section 308(a)(1)(B) of the Congressional Budget Act of 1974 (Public Law 93–344), as amended, the following table contains five-year projections associated with the budget authority provided in the accompanying bill:

[In millions of dollars]

Budget authority in the bill	327,513

Outlays:	
2002	257,118
2002	87,817
2003	18,200
2004	3,508
2005	999

FINANCIAL ASSISTANCE TO STATE AND LOCAL GOVERNMENTS

In accordance with section 308(a)(1)(C) of the Congressional Budget Act of 1974 (Public Law 93–344), as amended, the financial assistance to State and local governments is as follows:

[In millions of dollars]

Budget authority	164,853
Fiscal year 2002 outlays resulting therefrom	132,223

TRANSFER OF FUNDS

Pursuant to clause 3(f)(2), rule XIII of the Rules of the House of Representatives, the following table is submitted describing the transfers of funds provided in the accompanying bill.

The table shows, by Department and agency, the appropriations affected by such transfers.

APPROPRIATION TRANSFERS RECOMMENDED IN THE BILL

Account to which transfer is to be made	Amount	Account from which transfer is to be made	Amount
Department of Labor:		Department of Labor:	
Special Benefits	(1)	Postal Service	(1)
Employment Standards Administration—Salaries and Expenses.	$31,443,000	Black Lung Disability Trust Fund	$31,443,000
Departmental Management:			
Salaries and Expenses	22,590,000	Black Lung Disability Trust Fund	22,590,000
Office of Inspector General	328,000	Black Lung Disability Trust Fund	328,000
Department of Health and Human Services:			
National Institutes of Health:		International Assistance Programs:	
National Institute of Allergy and Infectious Diseases.	up to $25,000,000	Global Fund to Fight HIV/AIDS, Malaria, and Tuberculosis	up to $100,000,000
Buildings and Facilities	up to $75,000,000		
Related Agencies:			
Social Security Administration: Office of Inspector General.	56,000,000	Social Security Administration: Limitation on Administrative Expenses.	56,000,000

[1] Such sums.

RESCISSIONS

Pursuant to clause 3(f)(2), rule XIII of the Rules of the House of Representatives, the following table is submitted describing the rescissions recommended in the accompanying bill.

RESCISSIONS RECOMMENDED IN THE BILL

Department of Health and Human Services: Children and Families Services Programs	$21,000,000

COMPLIANCE WITH RULE XIII, CL. 3(e) (RAMSEYER RULE)

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

MULTIFAMILY ASSISTED HOUSING REFORM AND AFFORDABILITY ACT OF 1997

TITLE V—HUD MULTIFAMILY HOUSING REFORM

* * * * * * *

SEC. 510. SHORT TITLE.

This title may be cited as the "Multifamily Assisted Housing Reform and Affordability Act of 1997".

Subtitle A—FHA-Insured Multifamily Housing Mortgage and Housing Assistance Restructuring

SEC. 511. FINDINGS AND PURPOSES.

(a) FINDINGS.—Congress finds that—

(1) * * *

* * * * * * *

(12) the authority and duties of the Secretary, not including the control by the Secretary of applicable accounts in the Treasury of the United States, may be delegated to State, local or other entities at the discretion of the Secretary, to the extent the Secretary determines, and for the purpose of carrying out this [Act] *title*, so that the Secretary has the discretion to be relieved of processing and approving any document or action required by these reforms.

* * * * * * *

SEC. 512. DEFINITIONS.

In this subtitle:

(1) * * *

(2) ELIGIBLE MULTIFAMILY HOUSING PROJECT.—The term "eligible multifamily housing project" means a property consisting of more than 4 dwelling units—

(A) * * *

* * * * * * *

Such term does not include any project with an expiring contract described in paragraph (1) or (2) of section 524(e)*, but does include a project described in section 524(e)(3). Notwithstanding any other provision of this title, the Secretary may treat a project as an eligible multifamily housing project for purposes of this title if (I) the project is assisted pursuant to a contract for project-based assistance under section 8 of the United States Housing Act of 1937 renewed under section 524 of this Act, (II) the owner consents to such treatment, and (III) the project met the requirements of the first sentence of this paragraph for eligibility as an eligible multifamily housing project before the initial renewal of the contract under section 524.*

* * * * * * *

(19) OFFICE.—The term "Office" means the Office of Multifamily Housing Assistance Restructuring established under section 571.

SEC. 513. AUTHORITY OF PARTICIPATING ADMINISTRATIVE ENTITIES.

(a) PARTICIPATING ADMINISTRATIVE ENTITIES.—

(1) * * *

(2) PORTFOLIO RESTRUCTURING AGREEMENTS.—Each portfolio restructuring agreement entered into under this subsection shall—

(A) * * *

* * * * * * *

(I) include, where appropriate, incentive agreements with the participating administrative entity to reward superior performance in meeting the purposes of this [Act] *title*.

* * * * * * *

(b) SELECTION OF PARTICIPATING ADMINISTRATIVE ENTITY.—

(1) * * *

* * * * * * *

(3) PARTNERSHIPS.—For the purposes of any participating administrative entity applying under this subsection, participating administrative entities are encouraged to develop partnerships with each other and with nonprofit organizations, if such partnerships will further the participating administrative entity's ability to meet the purposes of this [Act] *title*.

* * * * * * *

SEC. 514. MORTGAGE RESTRUCTURING AND RENTAL ASSISTANCE SUFFICIENCY PLAN.

(a) * * *

* * * * * * *

(f) TENANT AND OTHER PARTICIPATION AND CAPACITY BUILDING.—

(1) * * *

* * * * * * *

(3) FUNDING.—

(A) IN GENERAL.—The [Secretary may provide not more than $10,000,000 annually in funding] *Secretary shall make available not more than $10,000,000 annually in funding, which amount shall be in addition to any amounts made available under this subparagraph and carried over from previous years,* from which the Secretary may make obligations to tenant groups, nonprofit organizations, and public entities for building the capacity of tenant organizations, for technical assistance in furthering any of the purposes of this subtitle (including transfer of developments to new owners), for technical assistance for preservation of low-income housing for which project-based rental assistance is provided at below market rent levels and may not be renewed (including transfer of developments to tenant groups, nonprofit organizations, and public [entities), and for tenant services,] *entities), for tenant services, and for tenant groups, nonprofit organizations, and public entities described in section 517(a)(5),* from those amounts made available under appropriations Acts for implementing this subtitle or previously made avail-

able for technical assistance in connection with the preservation of affordable rental housing for low-income persons.

(B) MANNER OF PROVIDING.—Notwithstanding any other provision of law restricting the use of preservation technical assistance funds, the Secretary may provide any funds made available under subparagraph (A) through existing technical assistance programs pursuant to any other Federal law, including the Low-Income Housing Preservation and Resident Homeownership Act of 1990 and the Multifamily *Housing* Property Disposition Reform Act of 1994, or through any other means that the Secretary considers consistent with the purposes of this subtitle, without regard to any set-aside requirement otherwise applicable to those funds.

(g) RENT LEVELS.—

(1) * * *

(2) EXCEPTIONS.—

(A) IN GENERAL.—A contract under this section may include rent levels that exceed the rent level described in paragraph (1) at rent levels that do not exceed 120 percent of the fair market rent for the market area (except that the Secretary may waive this limit for not more than five percent of all units subject to ⟦restructured mortgages in any fiscal year⟧ *portfolio restructuring agreements*, based on a finding of special need), if the participating administrative entity—

(i) * * *

* * * * * * *

(h) EXEMPTIONS FROM RESTRUCTURING.—The following categories of projects shall not be covered by a mortgage restructuring and rental assistance sufficiency plan if—

(1) the primary financing or mortgage insurance for the multifamily housing project that is covered by that expiring contract was provided by a unit of State government or a unit of general local government (or an agency or instrumentality of a unit of a State government or unit of general local government) *and the financing involves mortgage insurance under the National Housing Act, such that the implementation of a mortgage restructuring and rental assistance sufficiency plan under this subtitle is in conflict with applicable law or agreements governing such financing*;

(2) the project is a project financed under section 202 of the Housing Act of 1959 or section 515 of the Housing Act of 1949*, or refinanced pursuant to section 811 of the American Homeownership and Economic Opportunity Act of 2000 (12 U.S.C. 1701q note)*; or

* * * * * * *

SEC. 515. SECTION 8 RENEWALS AND LONG-TERM AFFORDABILITY COMMITMENT BY OWNER OF PROJECT.

(a) * * *

* * * * * * *

(c) DETERMINATION OF WHETHER TO RENEW WITH PROJECT-BASED OR TENANT-BASED ASSISTANCE.—

(1) MANDATORY RENEWAL OF PROJECT-BASED ASSISTANCE.—Section 8 assistance shall be renewed with project-based assistance, if—

(A) * * *

(B) a predominant number of the units in the project are occupied by elderly families, disabled families, or elderly and disabled families; *or*

* * * * * * *

SEC. 516. PROHIBITION ON RESTRUCTURING.

(a) * * *

* * * * * * *

(d) DISPLACED TENANTS.—[Subject to]

(1) NOTICE TO CERTAIN RESIDENTS.—The Office shall notify any tenant that is residing in a project or receiving assistance under section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f) at the time of rejection under this section, of such rejection, except that the Office may delegate the responsibility to provide notice under this paragraph to the participating administrative entity.

(2) ASSISTANCE AND MOVING EXPENSES.—Subject to the availability of amounts provided in advance in appropriations Acts, for any low-income tenant that is residing in a project or receiving assistance under section 8 of the United States Housing Act of 1937 at the time of rejection under this section, that tenant shall be provided with tenant-based assistance and reasonable moving expenses, as determined by the Secretary.

SEC. 517. RESTRUCTURING TOOLS.

(a) MORTGAGE RESTRUCTURING.—

(1) In this subtitle, an approved mortgage restructuring and rental assistance sufficiency plan shall include restructuring mortgages in accordance with this subsection to provide—

(A) a restructured or new first mortgage that is sustainable at rents at levels that are established in section 514(g); and

(B) a second mortgage that is in an amount equal to [no more than the] *not more than the greater of—*

(i) the full or partial payment of claim made under this subtitle; or

(ii) the difference between the restructured or new first mortgage and the indebtedness under the existing insured mortgage immediately before it is restructured or refinanced, provided that the amount of the second mortgage shall be in an amount that the Secretary or participating administrative entity determines can reasonably be expected to be repaid.

* * * * * * *

(5) The Secretary may modify the terms *of the second mortgage, assign the second mortgage to the acquiring organization or agency,* or forgive all or part of the second mortgage if the Secretary holds the second mortgage and if the project is acquired by a tenant organization or tenant-endorsed commu-

nity-based nonprofit or public agency, pursuant to guidelines established by the Secretary.

* * * * * * *

(b) RESTRUCTURING TOOLS.—In addition to the requirements of subsection (a) and to the extent these actions are consistent with this section and with the control of the Secretary of applicable accounts in the Treasury of the United States, an approved mortgage restructuring and rental assistance sufficiency plan under this subtitle may include one or more of the following actions:

(1) FULL OR PARTIAL PAYMENT OF CLAIM.—**[**making**]** *Making* a full payment of claim or partial payment of claim under section 541(b) of the National Housing Act, as amended by section 523(b) of this Act. Any payment under this paragraph shall not require the approval of a mortgagee**[**;**]**.

(2) REFINANCING OF DEBT.—**[**refinancing**]** *Refinancing* of all or part of the debt on a project. If the refinancing involves a mortgage that will continue to be insured under the National Housing Act, the refinancing shall be documented through amendment of the existing insurance contract and not through a new insurance contract**[**;**]**.

(3) MORTGAGE INSURANCE.—**[**providing**]** *Providing* FHA multifamily mortgage insurance, reinsurance or other credit enhancement alternatives, including multifamily risk-sharing mortgage programs, as provided under section 542 of the Housing and Community Development Act of 1992. The Secretary shall use risk-shared financing under section 542(c) of the Housing and Community Development Act of 1992 for any mortgage restructuring, rehabilitation financing, or debt refinancing included as part of a mortgage restructuring and rental assistance sufficiency plan if the terms and conditions are considered to be the best available financing in terms of financial savings to the FHA insurance funds and will result in reduced risk of loss to the Federal Government. Any limitations on the number of units available for mortgage insurance under section 542 shall not apply to eligible multifamily housing projects. Any credit subsidy costs of providing mortgage insurance shall be paid from the Liquidating Accounts of the General Insurance Fund or the Special Risk Insurance Fund and shall not be subject to any limitation on appropriations**[**;**]**.

(4) CREDIT ENHANCEMENT.—**[**providing**]** *Providing* any additional State or local mortgage credit enhancements and risk-sharing arrangements that may be established with State or local housing finance agencies, the Federal Housing Finance Board, the Federal National Mortgage Association, and the Federal Home Loan Mortgage Corporation, to a modified or refinanced first mortgage**[**;**]**.

(5) COMPENSATION OF THIRD PARTIES.—**[**consistent**]** *Consistent* with the portfolio restructuring agreement, entering into agreements, incurring costs, or making payments, including incentive agreements designed to reward superior performance in meeting the purposes of this Act, as may be reasonably necessary, to compensate the participation of participating administrative entities and other parties in undertaking actions authorized by this subtitle. Upon request to the Secretary, participating administrative entities that are qualified under the

United States Housing Act of 1937 to serve as contract administrators shall be the contract administrators under section 8 of the United States Housing Act of 1937 for purposes of any contracts entered into as part of an approved mortgage restructuring and rental assistance sufficiency plan. Subject to the availability of amounts provided in advance in appropriations Acts for administrative fees under section 8 of the United States Housing Act of 1937, such amounts may be used to compensate participating administrative entities for compliance monitoring costs incurred under section 519**[**;**]**.

(6) USE OF PROJECT ACCOUNTS.—**[**applying**]** *Applying* any residual receipts, replacement reserves, and any other project accounts not required for project operations, to maintain the long-term affordability and physical condition of the property or of other eligible multifamily housing projects. The participating administrative entity may expedite the acquisition of residual receipts, replacement reserves, or other such accounts, by entering into agreements with owners of housing covered by an expiring contract to provide an owner with a share of the receipts, not to exceed 10 percent, in accordance with guidelines established by the Secretary**[**; and**]**.

(c) REHABILITATION NEEDS AND ADDITION OF SIGNIFICANT FEATURES.—

[(7)**]** *(1)* REHABILITATION NEEDS.—

(A) IN GENERAL.—Rehabilitation may be paid from the residual receipts, replacement reserves, or any other project accounts not required for project operations, or, as provided in appropriations Acts and subject to the control of the Secretary of applicable accounts in the Treasury of the United States, from budget authority provided for increases in the budget authority for assistance contracts under section 8 of the United States Housing Act of 1937, the rehabilitation grant program established under section 236 of the National Housing Act, as amended by section 531 of subtitle B of this Act, or through the debt restructuring transaction. Rehabilitation under this paragraph shall only be for the purpose of restoring the project to a non-luxury standard adequate for the rental market intended at the original approval of the project-based assistance.

(B) CONTRIBUTION.—Each owner or purchaser of a project to be rehabilitated under an approved mortgage restructuring and rental assistance sufficiency plan shall contribute, from non-project resources, not less than 25 percent of the amount of rehabilitation assistance received, except that the participating administrative entity may provide an exception from the requirement of this subparagraph for housing cooperatives.

(2) ADDITION OF SIGNIFICANT FEATURES.—

(A) AUTHORITY.—An approved mortgage restructuring and rental assistance sufficiency plan may require the improvement of the project by the addition of significant features that are not necessary for rehabilitation to the standard provided under paragraph (1), such as air conditioning, an elevator, and additional community space. The

Secretary shall establish guidelines regarding the inclusion of requirements regarding such additional significant features under such plans.

(B) FUNDING.—Significant features added pursuant to an approved mortgage restructuring and rental assistance sufficiency plan may be paid from the funding sources specified in the first sentence of paragraph (1)(A).

(C) LIMITATION ON OWNER CONTRIBUTION.—An owner of a project may not be required to contribute from non-project resources, toward the cost of any additional significant features required pursuant to this paragraph, more than 25 percent of the amount of any assistance received for the inclusion of such features.

(D) APPLICABILITY.—This paragraph shall apply to all eligible multifamily housing projects, except projects for which the Secretary and the project owner executed a mortgage restructuring and rental assistance sufficiency plan on or before the date of the enactment of the Mark-to-Market Extension Act of 2001.

[(c) ROLE OF FNMA AND FHLMC.—Section 1335 of the Federal Housing Enterprises Financial Safety and Soundness Act of 1992 (12 U.S.C. 4565) is amended—

[(1) in paragraph (3), by striking "and" at the end;

[(2) paragraph (4), by striking the period at the end and inserting "; and";

[(3) by striking "To meet" and inserting the following:

["(a) IN GENERAL.—To meet"; and

[(4) by adding at the end the following:

["(5) assist in maintaining the affordability of assisted units in eligible multifamily housing projects with expiring contracts, as defined under the Multifamily Assisted Housing Reform and Affordability Act of 1997.

["(b) AFFORDABLE HOUSING GOALS.—Actions taken under subsection (a)(5) shall constitute part of the contribution of each entity in meeting its affordable housing goals under sections 1332, 1333, and 1334 for any fiscal year, as determined by the Secretary.".]

* * * * * * *

SEC. 520. REPORTS TO CONGRESS.

(a) * * *

(b) SEMIANNUAL REVIEW.—Not less than semiannually during the 2-year period beginning on the date of the enactment of this Act and not less than annually thereafter, the Secretary shall submit reports to the Committee on [Banking and] Financial Services of the House of Representatives and the Committee on Banking, Housing, and Urban Affairs of the Senate stating, for such periods, the total number of projects identified by participating administrative entities under each of clauses (i) and (ii) of section 515(c)(2)(C).

* * * * * * *

SEC. 524. RENEWAL OF EXPIRING PROJECT-BASED SECTION 8 CONTRACTS.

(a) IN GENERAL.—

(1) * * *

* * * * * * *

(4) RENEWAL RENTS.—Except as provided in subsection (b), the contract for assistance shall provide assistance at the following rent levels:

(A) * * *

* * * * * * *

(C) RENTS NOT EXCEEDING MARKET RENTS.—In the case of a project that is not subject to subparagraph (A) or (B), at rent levels that—

(i) * * *

* * * * * * *

In determining the rent level for a contract under this subparagraph, the Secretary shall approve rents sufficient to cover budget-based cost increases and shall give greater consideration to providing rent at a level up to comparable market rents for the market area based on the number of the criteria under clauses (i) through (iii) of subparagraph (D) that the project meets. *Notwithstanding any other provision of law, the Secretary shall include in such budget-based cost increases costs relating to the project as a whole (including costs incurred with respect to units not covered by the contract for assistance), but only (I) if inclusion of such costs is requested by the owner or purchaser of the project, (II) if inclusion of such costs will permit capital repairs to the project or acquisition of the project by a nonprofit organization, and (III) to the extent that inclusion of such costs (or a portion thereof) complies with the requirement under clause (ii).*

* * * * * * *

(e) CONTRACTUAL COMMITMENTS UNDER PRESERVATION LAWS.—Except as provided in subsection (a)(2) and notwithstanding any other provision of this subtitle, the following shall apply:

(1) * * *

* * * * * * *

(3) MORTGAGE RESTRUCTURING AND RENTAL ASSISTANCE SUFFICIENCY PLANS.—Notwithstanding paragraph (1), the owner of the project may request, and the Secretary may consider, mortgage restructuring and rental assistance sufficiency plans to facilitate sales or transfers of properties under this subtitle, subject to an approved plan of action under the Emergency Low Income Housing Preservation Act of 1987 (12 U.S.C. 1715l note) or the Low-Income Housing Preservation and Resident Homeownership Act of 1990 (12 U.S.C. 4101 et seq.), which plans shall result in a sale or transfer of those properties.

* * * * * * *

SEC. 525. CONSISTENCY OF RENT LEVELS UNDER ENHANCED VOUCHER ASSISTANCE AND RENT RESTRUCTURINGS.

(a) IN GENERAL.—The Secretary shall examine the standards and procedures for determining and establishing the rent standards described under subsection (b). Pursuant to such examination, the Secretary shall establish procedures and guidelines that are designed to ensure that the amounts determined by the various rent standards for the same dwelling units are reasonably consistent and re-

flect rents for comparable unassisted units in the same area as such dwelling units.

(b) RENT STANDARDS.—The rent standards described in this subsection are as follows:

(1) ENHANCED VOUCHERS.—The payment standard for enhanced voucher assistance under section 8(t) of the United States Housing Act of 1937 (42 U.S.C. 1437f(t)).

(2) MARK-TO-MARKET.—The rents derived from comparable properties, for purposes of section 514(g) of this Act.

(3) CONTRACT RENEWAL.—The comparable market rents for the market area, for purposes of section 524(a)(4) of this Act.

* * * * * * *

Subtitle D—Office of Multifamily Housing Assistance Restructuring

* * * * * * *

SEC. 572. DIRECTOR.

[(a) APPOINTMENT.—The Office shall be under the management of a Director, who shall be appointed by the President by and with the advice and consent of the Senate, from among individuals who are citizens of the United States and have a demonstrated understanding of financing and mortgage restructuring for affordable multifamily housing. Not later than 60 days after the date of the enactment of this Act, the President shall submit to the Senate a nomination for initial appointment to the position of Director.

[(b) VACANCY.—A vacancy in the position of Director shall be filled in the manner in which the original appointment was made under subsection (a).]

(a) APPOINTMENT.—The Office shall be under the management of a Director, who shall be appointed by the President from among individuals who are citizens of the United States and have a demonstrated understanding of financing and mortgage restructuring for affordable multifamily housing.

(b) VACANCY.—A vacancy in the position of Director shall be filled by appointment in the manner provided under subsection (a). The President shall make such an appointment not later than 60 days after such position first becomes vacant.

* * * * * * *

SEC. 573. DUTY AND AUTHORITY OF DIRECTOR.

(a) * * *

(b) AUTHORITY.—The Director is authorized to make such determinations, take such actions, issue such regulations, and perform such functions assigned to the Director under law as the Director determines necessary to carry out such functions, subject to the review and approval of the Secretary. The Director shall semiannually submit a report to the [Secretary] *Assistant Secretary of the Department of Housing and Urban Development who is the Federal Housing Commissioner* regarding the activities, determinations, and actions of the Director.

* * * * * * *

(d) INDEPENDENCE IN PROVIDING INFORMATION TO CONGRESS.—

(1) * * *

(2) REQUIREMENT.—If the Director determines at any time that the Secretary is taking or has taken any action that interferes with the ability of the Director to carry out the duties of the Director under this Act or that affects the administration of the program under subtitle A of this Act in a manner that is inconsistent with the purposes of this Act, including any proposed action by the Director, in the discretion of the Director, that is overruled by the Secretary, the Director shall immediately report directly to the Committee on [Banking and] Financial Services of the House of Representatives and the Committee on Banking, Housing, and Urban Affairs of the Senate regarding such action. Notwithstanding subsection (a) or (b), any determination or report under this paragraph by the Director shall not be subject to prior review or approval of the Secretary.

* * * * * * *

SEC. 576. LIMITATION ON SUBSEQUENT EMPLOYMENT.

Neither the Director nor any former officer or employee of the Office who, while employed by the Office, was compensated at a rate in excess of the lowest rate for a position classified higher than GS–15 of the General Schedule under section 5107 of title 5, United States Code, may, during the [2-year] *1-year* period beginning on the date of separation from employment by the Office, accept compensation from any party (other than a Federal agency) having any financial interest in any mortgage restructuring and rental assistance sufficiency plan under subtitle A or comparable matter in which the Director or such officer or employee had direct participation or supervision.

* * * * * * *

[SEC. 578. SUSPENSION OF PROGRAM BECAUSE OF FAILURE TO APPOINT DIRECTOR.

[(a) IN GENERAL.—If, upon the expiration of the 12-month period beginning on the date of the enactment of this Act, the initial appointment to the office of Director has not been made, the operation of the program under subtitle A shall immediately be suspended and such provisions shall not have any force or effect during the period that ends upon the making of such appointment.

[(b) INTERIM APPLICABILITY OF DEMONSTRATION PROGRAM.—Notwithstanding any other provision of law, during the period referred to in subsection (a), the Secretary shall carry out sections 211 and 212 of the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act, 1997. For purposes of applying such sections pursuant to the authority under this section, the term "expiring contract" shall have the meaning given in such sections, except that such term shall also include any contract for project-based assistance under section 8 of the United States Housing Act of 1937 that expires during the period that the program is suspended under subsection (a).]

SEC. 578. OVERSIGHT BY FEDERAL HOUSING COMMISSIONER.

All authority and responsibilities assigned under this subtitle to the Secretary shall be carried out through the Assistant Secretary

of the Department of Housing and Urban Development who is the Federal Housing Commissioner.

SEC. 579. TERMINATION.

[(a) REPEAL.—Subtitle A (except for section 524) and subtitle D (except for this section) are repealed effective October 1, 2001.]

(a) REPEALS.—

(1) MARK-TO-MARKET PROGRAM.—Subtitle A (except for section 524) is repealed effective October 1, 2006.

(2) OMHAR.—Subtitle D (except for this section) is repealed effective October 1, 2004.

(b) EXCEPTION.—Notwithstanding the repeal under subsection (a), the provisions of subtitle A (as in effect immediately before such repeal) shall apply with respect to projects and programs for which binding commitments have been entered into under this Act before October 1, [2001] *2006.*

(c) TERMINATION OF DIRECTOR AND OFFICE.—The Office of Multifamily Housing Assistance Restructuring and the position of Director of such Office shall terminate [upon September 30, 2001] *at the end of September 30, 2004.*

[(d) TRANSFER OF AUTHORITY.—Effective upon the termination under subsection (c), any authority and responsibilities assigned to the Director that remain applicable after such date pursuant to subsection (b) are transferred to the Secretary.]

(d) TRANSFER OF AUTHORITY.—Effective upon the repeal of subtitle D under subsection (a)(2) of this section, all authority and responsibilities to administer the program under subtitle A are transferred to the Secretary.

SECTION 223 OF THE NATIONAL HOUSING ACT

MISCELLANEOUS HOUSING INSURANCE

SEC. 223. (a) Notwithstanding any of the provisions of this Act and without regard to limitations upon eligibility contained in any section or title of this Act, other than the limitation in section 203(g), the Secretary is authorized upon application by the mortgagee, to insure or make commitments to insure under any section or title of this Act any mortgage—

(1) * * *

* * * * * * *

(7) given to refinance an existing mortgage insured [under this Act: *Provided,* That the principal] *under this Act, or an existing mortgage held by the Secretary that is subject to a mortgage restructuring and rental assistance sufficiency plan pursuant to the Multifamily Assisted Housing Reform and Affordability Act of 1997 (42 U.S.C. 1437f note), provided that—*

(A) the principal amount of any such refinancing mortgage shall not exceed the original principal amount or the unexpired term of such existing mortgage and shall bear interest at such rate as may be agreed upon by the mortgagor and the mortgagee, except that [(A)] *(i)* the principal amount of any such refinancing mortgage may equal the outstanding balance of an existing mortgage insured pursuant to section 245, if the amount of the monthly pay-

ment due under the refinancing mortgage is less than that due under the existing mortgage for the month in which the refinancing mortgage is executed; [(B)] *(ii)* a mortgagee may not require a minimum principal amount to be outstanding on the loan secured by the existing mortgage; [(C)] *(iii)* in any case involving the refinancing of a loan in which the Secretary determines that the insurance of a mortgage for an additional term will inure to the benefits of the applicable insurance fund, taking into consideration the outstanding insurance liability under the existing insured mortgage, such refinancing mortgage may have a term not more than twelve years in excess of the unexpired term of such existing insured mortgage; and [(D)] *(iv)* any multifamily mortgage that is refinanced under this paragraph shall be documented through amendments to the existing insurance contract and shall not be structured through the provisions of a new insurance contract[: *Provided further,* That a mortgage]*; and*

(B) a mortgage of the character described in paragraphs (1) through (6) of this subsection shall have a maturity and a principal obligation not in excess of the maximums prescribed under the applicable section or title of this Act, except that in no case may the principal obligation of a mortgage referred to in paragraph (5) of this subsection exceed 90 per centum of the appraised value of the mortgage property, and shall bear interest at such rate as may be agreed upon by the mortgagor and the mortgagee; [or]

(C) a mortgage that is subject to a mortgage restructuring and rental assistance sufficiency plan pursuant to the Multifamily Assisted Housing Reform and Affordability Act of 1997 (42 U.S.C. 1437f note) and is refinanced under this paragraph may have a term of not more than 30 years; or

* * * * * * *

SECTION 105 OF THE HOUSING AND COMMMUNITY DEVELOPMENT ACT OF 1974

ELIGIBLE ACTIVITIES

SEC. 105. (a) Activities assisted under this title may include only—

(1) * * *

* * * * * * *

(8) provision of public services, including but not limited to those concerned with employment, crime prevention, child care, health, drug abuse, education, energy conservation, welfare or recreation needs, if such services have not been provided by the unit of general local government (through funds raised by such unit, or received by such unit from the State in which it is located) during any part of the twelve-month period immediately preceding the date of submission of the statement with respect to which funds are to be made available under this title, and which are to be used for such services, unless

the Secretary finds that the discontinuation of such services was the result of events not within the control of the unit of general local government, except that not more that 15 per centum of the amount of any assistance to a unit of general local government (or in the case of nonentitled communities not more than 15 per centum statewide) under this title including program income may be used for activities under this paragraph unless such unit of general local government used more than 15 percent of the assistance received under this title for fiscal year 1982 or fiscal year 1983 for such activities (excluding any assistance received pursuant to Public Law 98–8), in which case such unit of general local government may use not more than the percentage or amount of such assistance used for such activities for such fiscal year, whichever method of calculation yields the higher amount, except that of any amount of assistance under this title (including program income) in each of fiscal years 1993 through [2001] *2003* to the City of Los Angeles and County of Los Angeles, each such unit of general government may use not more than 25 percent in each such fiscal year for activities under this paragraph, and except that of any amount of assistance under this title (including program income) in each of fiscal years 1999, 2000, and 2001, to the City of Miami, such city may use not more than 25 percent in each fiscal year for activities under this paragraph;

* * * * * * *

SECTION 8 OF THE UNITED STATES HOUSING ACT OF 1937

LOWER INCOME HOUSING ASSISTANCE

SEC. 8. (a) * * *

* * * * * * *

(t) ENHANCED VOUCHERS.—

(1) * * *

(2) ELIGIBILITY EVENT.—For purposes of this subsection, the term "eligibility event" means, with respect to a multifamily housing project, the prepayment of the mortgage on such housing project, the voluntary termination of the insurance contract for the mortgage for such housing project *(including any such mortgage prepayment during fiscal year 1996 or a fiscal year thereafter or any insurance contract voluntary termination during fiscal year 1996 or a fiscal year thereafter)*, the termination or expiration of the contract for rental assistance under section 8 of the United States Housing Act of 1937 for such housing project (including any such termination or expiration during fiscal years after fiscal year 1994 prior to the effective date of the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act, 2001), or the transaction under which the project is preserved as affordable housing, that, under paragraphs (3) and (4) of section 515(c), section 524(d) of the Multifamily Assisted Housing Reform and Affordability Act of 1997 (42 U.S.C. 1437f note), section 223(f) of the Low-Income Housing Preservation

and Resident Homeownership Act of 1990 (12 U.S.C. 4113(f)), or section 201(p) of the Housing and Community Development Amendments of 1978 (12 U.S.C. 1715z–1a(p)), results in tenants in such housing project being eligible for enhanced voucher assistance under this subsection.

* * * * * * *

SECTION 811 OF THE AMERICAN HOMEOWNERSHIP AND ECONOMIC OPPORTUNITY ACT OF 2000

SEC. 811. PREPAYMENT AND REFINANCING.

(a) * * *

* * * * * * *

[(e) BUDGET ACT COMPLIANCE.—This section shall be effective only to extent or in such amounts that are provided in advance in appropriation Acts.**]**

SECTION 101 OF THE McKINNEY-VENTO HOMELESS ASSISTANCE ACT

(Public Law 100–77)

SECTION 101. SHORT TITLE AND TABLE OF CONTENTS.

[(a) SHORT TITLE.—This Act may be cited as the "Stewart B. McKinney Homeless Assistance Act".**]**

(a) SHORT TITLE.—This Act may be cited as the "McKinney-Vento Homeless Assistance Act".

* * * * * * *

CHANGES IN APPLICATION OF EXISTING LAW

Pursuant to clause 3, rule XIII of the Rules of the House of Representatives, the following statements are submitted describing the effect of provisions in the accompanying bill which may directly or indirectly change the application of existing law.

In some instances the bill includes appropriations for certain ongoing programs which are not yet authorized for fiscal year 2002.

The bill provides that appropriations shall remain available for more than one year for some programs for which the basic authorizing legislation does not presently authorize such extended availability.

In various places in the bill, the Committee has earmarked funds within appropriation accounts in order to fund specific sections of a law. Whether these actions constitute a change in the application of existing law is subject to individual interpretation, but the Committee felt that this fact should be mentioned.

In several instances, the bill provides advance appropriations for fiscal year 2003 for programs for which such advances are not authorized by law.

TITLE I—DEPARTMENT OF LABOR

TRAINING AND EMPLOYMENT SERVICES

Language prohibiting the use of funds from any other appropriation to provide meal services at or for Job Corps centers.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Language allowing the use of funds for amortization payments to States which had independent retirement plans in their State employment service agencies prior to 1980.

Language allowing the Labor Department to withhold from State allotments funds available for penalty mail under the Wagner-Peyser Act.

Language providing that funds in this Act for one-stop career centers and unemployment insurance national activities may be used for contracts, grants or agreements with non-State entities.

Language providing that funds in this Act may be used by the States for integrated Employment Service and Unemployment Insurance automation efforts.

EMPLOYMENT STANDARDS ADMINISTRATION

SALARIES AND EXPENSES

Language authorizing the Secretary of Labor to accept and spend all sums of money ordered to be paid to the Secretary, in accordance with the terms of a Consent Judgment in U.S. District Court for the Northern Mariana Islands.

Language authorizing the Secretary of Labor to collect user fees for processing certain applications and issuing certain certificates and registrations under the Fair Labor Standards Act and the Migrant and Seasonal Agricultural Worker Protection Act.

SPECIAL BENEFITS

Language providing funds may be used under the Federal Employees' Compensation Act in which the Secretary of Labor may reimburse an employer, who is not the employer at the time of injury, for portions of the salary of a reemployed, disabled beneficiary.

Language allowing the Secretary of Labor to transfer certain administrative funds from the Postal Service fund and certain other government corporations and agencies related to the administration of the Federal Employees' Compensation Act.

Language allowing the Secretary of Labor to require any person filing a claim for benefits under the Federal Employees' Compensation Act or the Longshore and Harbor Workers' Compensation Act to provide such identifying information as the Secretary may require, including a Social Security number.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Language establishing a maximum amount available for grants to States under the Occupational Safety and Health Act, which

grants shall be no less than 50 percent of the costs of State programs required to be incurred under plans approved by the Secretary under section 18 of the Act.

Language authorizing the Occupational Safety and Health Administration to retain and spend up to $750,000 of training institute course tuition fees for training and education grants.

Language allowing the Secretary of Labor to collect and retain fees for services provided to Nationally Recognized Testing Laboratories.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Language allowing the Mine Safety and Health Administration to collect up to $750,000 at the National Mine Health and Safety Academy for room, board, tuition, and the sale of training materials, otherwise authorized by law to be collected, to be available for mine safety and health education and training activities, notwithstanding 31 U.S.C. 3302.

Language allowing the Mine Safety and Health Administration to purchase and bestow certificates and trophies in connection with mine rescue and first-aid work; to accept land, buildings, equipment, and other contributions from public and private sources; to prosecute projects in cooperation with other agencies, Federal, State, or private; and to promote health and safety education and training in the mining community through cooperative programs with States, industry, and safety associations.

Language allowing the Secretary of Labor to use any funds available to the Department to provide for the costs of mine rescue and survival operations in the event of major disasters.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Language providing that no funds made available by this Act may be used by the Solicitor of Labor to participate in a review in any United States court of appeals of any decision made by the Benefits Review Board under section 21 of the Longshore and Harbor Workers' Compensation Act where such participation is precluded by the decision of the Supreme Court in Director, Office of Workers' Compensation Programs v. Newport News Shipbuilding, 115 S. Ct.1278 (1995), notwithstanding any provisions to the contrary contained in Rule 15 of the Federal Rules of Appellate Procedure.

Language providing that any decision under the Longshore Act pending before the Benefits Review Board for more than one year shall be considered affirmed by the Board and shall be considered the final order of the Board.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HEALTH RESOURCES AND SERVICES

Language providing that $35,000,000 from general revenues, notwithstanding § 1820(j) of the Social Security Act, shall be available for carrying out the Medicare rural hospital flexibility grants program under section 1820 of such Act.

Language providing that in addition to fees authorized by § 427(b) of the Health Care Quality Improvement Act of 1986, fees shall be collected for the full disclosure of information under the Act sufficient to recover the full costs of operating the National Practitioner Data Bank, and shall remain available until expended to carry out that Act.

Language providing that all pregnancy counseling under the family planning program shall be nondirective.

Language identifying a specific amount for maternal and child health SPRANS activities, notwithstanding current law.

CENTERS FOR DISEASE CONTROL AND PREVENTION

Language permitting the Centers for Disease Control and Prevention to insure official motor vehicles in foreign countries.

Language providing that collections from user fees may be credited to the Centers for Disease Control and Prevention appropriation.

Language making amounts under § 241 of the Public Health Service Act available to carry out the National Center for Health Statistics surveys.

Language allowing the Director of the Centers for Disease Control and Prevention to redirect certain funds appropriated under Public Law 101–502.

NATIONAL INSTITUTES OF HEALTH

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Language allowing the Director of NIH to transfer up to $25,000,000 to International Assistance Programs, "Global Fund to Fight HIV/AIDS, Malaria, and Tuberculosis," to remain available until expended.

NATIONAL LIBRARY OF MEDICINE

Language providing that the National Library of Medicine may enter into certain personal services contracts.

OFFICE OF THE DIRECTOR

Language providing that the National Institutes of Health is authorized to collect third party payments for the cost of the clinical services that are incurred in NIH research facilities and that such payments shall be credited to the NIH Management Fund and shall remain available for one fiscal year after they are deposited.

Language providing the Director of NIH authority to transfer funds between appropriation accounts in this or any other Act.

BUILDINGS AND FACILITIES

Language allowing the Director of NIH to transfer up to $75,000,000 to International Assistance Programs, "Global Fund to Fight HIV/AIDS, Malaria, and Tuberculosis," to remain available until expended.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Language is included to permit the Agency for Healthcare Research and Quality to retain and expend amounts received from Freedom of Information Act fees, reimbursable and interagency agreements and the sale of data tapes.

Language making amounts under section 241 of the Public Health Service Act available to carry out agency activities.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

A provision that in the administration of title XIX of the Social Security Act, payments to a state for any quarter may be made with respect to a State plan or plan amendment in effect during any such quarter, if submitted in, or prior to, such quarter and approved in that or any such subsequent quarter.

PROGRAM MANAGEMENT

A provision that all funds collected in accordance with section 353 of the Public Health Service Act, together with such sums as may be collected from authorized user fees, administrative fees collected relative to Medicare overpayment recovery activities, and the sale of data, shall be available for expenditure by the Health Care Financing Administration.

Language allowing fees charged in accordance with 31 U.S.C. 9701 to be credited to the Health Care Financing Administration administrative account.

Language limiting the amount of funds available from the Health Care Fraud and Abuse Control Account of the Federal Hospital Insurance Trust Fund.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

Language providing that the sum of the amounts available to a State with respect to expenditures under title IV–A of the Social Security Act in fiscal year 1997 under this appropriation and under such title IV–A as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 shall not exceed the limitations under § 116(b) of such Act.

SOCIAL SERVICES BLOCK GRANT

Language providing that States may transfer up to 10 percent of Temporary Assistance for Needy Family funds to the Social Services Block Grant.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Language providing that unexpended Community Services Block Grant funds may be carried over to the next fiscal year by local grantees.

Language reducing the funds appropriated from mandatory accounts for research activities under the Social Security Act.

OFFICE OF THE SECRETARY

OFFICE OF THE INSPECTOR GENERAL

Language limiting the amount of funds available from the Health Care Fraud and Abuse Control Account of the Federal Hospital Insurance Trust Fund.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

Language allowing the funds available for the National Pharmaceutical Stockpile to remain available until expended.

TITLE III—DEPARTMENT OF EDUCATION

REHABILITATION SERVICES AND DISABILITY RESEARCH

Language allocating funds under title I of the Assistive Technology (AT) Act of 1998 notwithstanding section 105(b)(1) of the AT Act.

Language providing $50,000 to each state for activities under section 102 of the AT Act.

Language providing that funds shall be used for grants under title III of the AT Act, and specifying Federal shares of such grants.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

GALLAUDET UNIVERSITY

The bill includes language providing that the National Technical Institute for the Deaf and Gallaudet University may use funds for their endowment programs at their discretion.

VOCATIONAL AND ADULT EDUCATION

Language stating that a portion of the amount provided for Adult Education State Grants shall be for integrated English literacy and civics education services to immigrants and other limited English proficient populations, and specifying the distribution of such funds.

STUDENT FINANCIAL ASSISTANCE

The bill includes language providing that the maximum Pell grant a student may receive in the 2002–2003 academic year shall be $4,000.

The bill includes language providing that notwithstanding section 401(g) of the Higher Education Act of 1965, if the Secretary determines, prior to publication of the payment schedule for award year 2001–2002, that the funds included within this appropriation for Pell Grant awards for award year 2001–2002, and any funds available from the FY 2000 appropriation for Pell Grant awards,

are insufficient to satisfy fully all such awards for which students are eligible, as calculated under section 401(b) of the Act, the amount paid for each such award shall be reduced by either a fixed or variable percentage, or by a fixed dollar amount, as determined in accordance with a schedule of reductions established by the Secretary for this purpose.

HIGHER EDUCATION

The bill includes language providing that funds are available to fund fellowships for academic year 2003–2004 under part A, subpart 1 of title VII of the Higher Education Act of 1965, under the terms and conditions of part A, subpart 1.

HOWARD UNIVERSITY

The bill includes language providing that Howard University shall use not less than $3,600,000 for the endowment program pursuant to the Howard University Endowment Act.

EDUCATION RESEARCH, STATISTICS, AND IMPROVEMENT

Language providing that $77,500,000 of the funds provided for the national education research institutes shall be allocated notwithstanding § 912(m)(1)(B–F) and subparagraphs (B) and (C) of § 931(c)(2) of Public Law 103–227.

TITLE IV—RELATED AGENCIES

ARMED FORCES RETIREMENT HOME

Language providing that notwithstanding any other provision of law, a single contract or related contracts for development and construction, to include construction of a long-term care facility at the United States Naval Home, may be employed which collectively include the full scope of the project and providing that the solicitation and contract shall contain the clause "availability of funds" found at 48 CFR 52.232–18 and 252.232–7007, Limitation of Government Obligations.

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

The bill includes language specifying that notwithstanding 31 U.S.C. 3302, fees charged by the Federal Mediation and Conciliation Service, up to full-cost recovery, for special training activities and for arbitration services shall be credited to and merged with its administrative account, and shall remain available until expended; that fees for arbitration services shall be available only for education, training, and professional development of the agency workforce; and that the Director of the Service is authorized to accept on behalf of the United States gifts of services and real, personal, or other property in the aid of any projects or functions within the Director's jurisdiction.

NATIONAL LABOR RELATIONS BOARD

SALARIES AND EXPENSES

The bill includes a provision requiring that appropriations to the NLRB shall not be available to organize or assist in organizing agricultural laborers or used in connection with investigations, hearings, directives, or orders concerning bargaining units composed of agricultural laborers as referred to in § 2(3) of the Act of July 5, 1935 (29 U.S.C. 152), and as amended by the Labor-Management Relations Act, 1947, as amended, and as defined in § 3(f) of the Act of June 25, 1938 (29 U.S.C. 203), and including in said definition employees engaged in the maintenance and operation of ditches, canals, reservoirs, and waterways, when maintained or operated on a mutual non-profit basis and at least 95 per centum of the water stored or supplied thereby is used for farming purposes.

RAILROAD RETIREMENT BOARD

DUAL BENEFITS PAYMENTS ACCOUNT

The bill includes language providing that the total amount provided for railroad retirement dual benefits shall be credited to the Dual Benefits Payments Account in 12 approximately equal amounts on the first day of each month in the fiscal year.

LIMITATION ON ADMINISTRATION

The bill includes language providing that the Railroad Retirement Board shall determine the allocation of its administrative budget between the railroad retirement accounts and the railroad unemployment insurance administration fund.

SOCIAL SECURITY ADMINISTRATION

LIMITATION ON ADMINISTRATIVE EXPENSES

Language providing that unobligated balances at the end of fiscal year 2002 shall remain available until expended for the agency's information technology and telecommunications hardware and software infrastructure, including related equipment and non-payroll administrative expenses associated solely with this information technology and telecommunications infrastructure; language authorizing the use of up to $35,000 for official reception and representation expenses; and language providing that reimbursement to the trust funds under this heading for expenditures for official time for employees of the Social Security Administration pursuant to §7131 of title 5, United States Code, and for facilities or support services for labor organizations pursuant to policies, regulations, or procedures referred to in 7135(b) of such title shall be made by the Secretary of the Treasury, with interest, from amounts in the general fund not otherwise appropriated, as soon as possible after such expenditures are made.

Language providing that funds may be derived from administration fees collected pursuant to 1616(d) of the Social Security Act or 212(b)(3) of Public Law 93–66 and that, to the extent that the amounts collected pursuant to such sections in fiscal year 2002 exceed $100,000,000, the amounts shall be available in fiscal year 2003 only to the extent provided in advance in appropriations Acts.

Language providing that unobligated funds at the end of fiscal year 2001 previously appropriated to continue Federal-State partnerships to evaluate a means to promote Medicare buy-in programs shall remain available.

OFFICE OF INSPECTOR GENERAL

Language permitting the transfer of a certain amount of funds into this account from the SSA administrative account provided that the Appropriations Committees are promptly notified.

POLICY RESEARCH

Language making amounts under section 241 of the Public Health Service Act available to carry out agency activities.

GENERAL PROVISIONS

Sections 102, 201, 202, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 301, 302, 303, 304, 501, 504, 507, 508, 509, 510, 511, 512 and 513 of the bill are general provisions, most of which have been carried in previous appropriations acts, which place limitations on the use of funds in the bill or authorize or require certain activities, and which might, under some circumstances, be construed as changing the application of existing law.

DEFINITION OF PROGRAM, PROJECT, AND ACTIVITY

During fiscal year 2002 for purposes of the Balanced Budget and Emergency Deficit Control Act of 1985 (Public Law 99–177), as amended, the following information provides the definition of the term "program, project, and activity" for departments and agencies under the jurisdiction of the Labor, Health and Human Services, and Education and Related Agencies Subcommittee. The term "program, project, and activity" shall include the most specific level of budget items identified in the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2002, the accompanying House and Senate Committee reports, the conference report and accompanying joint explanatory statement of the managers of the committee of conference.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the following is a statement of general performance goals and objectives for which this measure authorizes funding:

The Committee on Appropriations considers program performance, including a program's success in developing and attaining outcome-related goals and objectives, in developing funding recommendations.

APPROPRIATIONS NOT AUTHORIZED BY LAW

Pursuant to clause 3 of rule XIII of the Rules of the House of Representatives, the following table lists the appropriations in the accompanying bill which are not authorized by law:

DEPARTMENT OF LABOR

Employment and Training Administration
- Training and Employment Services
  - Skills Standards
- Community Service Employment for Older Americans

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration
- Health Resources and Services
  - Community Health Centers
  - National Health Service Corps:
    - Field placements
    - Recruitment
  - Other HRSA Programs:
    - Organ Transplantation
    - Rural Outreach
    - Telemedicine
    - Rural Health Research
    - Nursing loan repayment for shortage area service
  - Family Planning

Centers for Disease Control
- Preventive Health and Health Services Block Grant
  - Salaries and Expenses
- Sexually Transmitted Diseases
- Program
  - Salaries and Expenses
- Injury Control
  - Program
  - Salaries and Expenses

National Institutes of Health
- National Cancer Institute
- National Heart, Lung, and Blood Institute
- National Institute of Dental Research
- National Institute Of Diabetes & Digestive & Kidney Diseases
- National Institute of Neurological Disorders and Stroke
- National Institute of Allergy and Infectious Diseases
- National Institute of General Medical Sciences
- National Institute of Child Health and Human Development
- National Eye Institute
- National Institute of Environmental Health Sciences
- National Institute on Aging
- National Institute on Arthritis & Musculoskeletal & Skin Diseases
- National Institute on Deafness & Other Comm. Disorders
- National Institute of Nursing Research
- National Institute on Alcohol Abuse & Alcoholism
- National Institute on Drug Abuse
- National Institute of Mental Health
- National Human Genome Research Institute
- National Center for Research Resources
- National Library of Medicine

Administration for Children and Families
- Developmental Disabilities Program
- Domestic Violence Hotline

Battered Women's Shelters
Promoting Safe and Stable Families
Administration on Aging: Aging Services Programs
Office of the Secretary
General Departmental Management
Adolescent family life (Title XX)

DEPARTMENT OF EDUCATION

School Improvement Programs
Educational Technology
21st Century Community Learning Centers
Innovative Education (Education Block Grant)
Safe and Drug Free Schools:
Inexpensive Book Distribution (RIF)
State Grants for Improving Teacher Quality
Transition to Teaching/Troops to Teachers
Small, Safe and Successful High Schools
State Assessments
Arts in Education
Magnet Schools Assistance
Education for Homeless Children & Youth
Women's Educational Equity
Ellender Fellowships/Close Up
Education for Native Hawaiians
Alaska Native Education Equity
Comprehensive Regional Assistance Centers
Rural Education
Character Education
Mentoring Programs
Elementary School Counseling
Charter Schools
Education for the Disadvantaged
Grants to Local Educational Agencies (LEAs)
Reading First
Capital Expenses for Private School Children
Even Start
State Agency Programs
Evaluation
Comprehensive School Reform Demonstration
Impact Aid
Indian Education
Bilingual and Immigrant Education
Education Research, Statistics, and Improvement
Research and Statistics
Civic Education
Javits Gifted and Talented Education
National Writing Project

RELATED AGENCIES

Corporation for National and Community Service:
Domestic Volunteer Service Programs, Operating Expenses
Cooperation for Public Broadcasting:
FY 2004 Regular Appropriation

Full Committee Votes

There were no Full Committee rollcall votes.

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
TITLE I - DEPARTMENT OF LABOR						
EMPLOYMENT AND TRAINING ADMINISTRATION						
TRAINING AND EMPLOYMENT SERVICES						
Grants to States:						
Adult Training, current year	238,000	900,000	238,000	---	-662,000	D FF
Advance from prior year	(712,000)	(712,000)	(712,000)	---	---	NA
FY03	712,000	---	712,000	---	+712,000	D
Adult Training, program level	950,000	900,000	950,000	---	+50,000	
Youth Training	1,127,965	1,000,965	1,353,065	+225,100	+352,100	D FF
Dislocated Worker Assistance, current year	377,540	1,383,040	840,040	+462,500	-543,000	D FF
Advance from prior year	(1,060,000)	(1,060,000)	(1,060,000)	---	---	NA
FY03	1,060,000	---	695,000	-365,000	+695,000	D
Dislocated Worker Assistance, program level	1,437,540	1,383,040	1,535,040	+97,500	+152,000	
Federally administered programs:						
Native Americans	55,000	55,000	55,000	---	---	D FF
Migrant and Seasonal Farmworkers	76,770	76,770	77,270	+500	+500	D FF
Job Corps:						
Operations	687,773	1,278,773	762,799	+75,026	-515,974	D FF
Advance from prior year	(591,000)	(591,000)	(591,000)	---	---	NA
FY03	591,000	---	591,000	---	+591,000	D
Construction and Renovation	20,375	120,375	20,375	---	-100,000	D FF
Advance from prior year	(100,000)	(100,000)	(100,000)	---	---	NA
FY03	100,000	---	100,000	---	+100,000	D
Subtotal, Job Corps, program level	1,399,148	1,399,148	1,474,174	+75,026	+75,026	

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION AND RELATED AGENCIES ($000)

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
National activities:						
Pilots, Demonstrations and Research.....	97,432	35,000	55,000	-42,432	+20,000	D FF
Responsible Reintegration of Youthful Offender	55,000	---	55,000	---	+55,000	D FF
Evaluation.....	9,098	9,098	9,098	---	---	D FF
Incumbent Workers.....	---	---	---	---	---	D
Safe Schools/Healthy Students.....	---	---	---	---	---	D
Youth Opportunity Grants.....	250,000	250,000	---	-250,000	-250,000	D FF
Other.....	15,000	15,000	15,000	---	---	D FF
Subtotal, National activities.....	426,530	309,098	134,098	-292,432	-175,000	
Subtotal, Federal activities.....	1,957,448	1,840,016	1,740,542	-216,906	-99,474	
Total, Workforce Investment Act.....	5,472,953	5,124,021	5,578,647	+105,694	+454,626	
Women in Apprenticeship.....	1,000	1,000	1,000	---	---	D
Skill Standards.....	3,500	3,500	3,500	---	---	D FF
Subtotal, National activities, TES.....	431,030	313,598	138,598	-292,432	-175,000	
Total, Training and Employment Services.....	5,477,453	5,128,521	5,583,147	+105,694	+454,626	
Current Year.....	(3,014,453)	(5,128,521)	(3,485,147)	(+470,694)	(-1,643,374)	
FY03.....	(2,463,000)	---	(2,098,000)	(-365,000)	(+2,098,000)	
COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS.....	440,200	440,200	440,200	---	---	D FF

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES						
Trade Adjustment	342,400	---	---	-342,400	---	M
NAFTA Activities	64,150	11,000	11,000	-53,150	---	M
Legislative Proposal (NAFTA/TAA)	---	404,650	404,650	+404,650	---	M
Total	406,550	415,650	415,650	+9,100	---	
STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS						
Unemployment Compensation:						
State Operations	2,357,295	2,403,923	2,403,923	+46,628	---	TF
National Activities	10,000	10,000	10,000	---	---	TF
Subtotal, Unemployment Comp (trust funds)	2,367,295	2,413,923	2,413,923	+46,628	---	
Employment Service:						
Allotments to States:						
Federal Funds	23,452	23,452	23,452	---	---	D
Trust Funds	773,283	773,283	773,283	---	---	TF
Subtotal	796,735	796,735	796,735	---	---	
ES National Activities	49,680	49,680	49,680	---	---	TF
Subtotal, Employment Service	846,415	846,415	846,415	---	---	
Federal Funds	23,452	23,452	23,452	---	---	
Trust Funds	822,963	822,963	822,963	---	---	
One Stop Career Centers/Labor Market Information	150,000	134,000	120,000	-30,000	-14,000	D
Work Incentives Grants	20,000	20,000	20,000	---	---	D FF
Total, State Unemployment	3,383,710	3,414,338	3,400,338	+16,628	-14,000	
Federal Funds	193,452	177,452	163,452	-30,000	-14,000	
Trust Funds	3,190,258	3,236,886	3,236,886	+46,628	---	

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
ADVANCES TO THE UI AND OTHER TRUST FUNDS (1).....	435,000	464,000	464,000	+29,000	---	M
PROGRAM ADMINISTRATION						
Adult Employment and Training.....	32,911	34,010	34,184	+1,273	+174	D
Trust Funds.....	2,797	2,887	2,887	+90	---	TF
Youth Employment and Training.....	37,011	37,557	37,743	+732	+186	D
Employment Security.....	4,974	5,789	6,030	+1,056	+241	D
Trust Funds.....	44,351	44,216	44,216	-135	---	TF
Apprenticeship Services.....	21,069	21,367	21,474	+405	+107	D
Executive Direction.....	7,960	7,945	7,991	+31	+46	D
Trust Funds.....	1,359	1,404	1,404	+45	---	TF
Welfare to Work.....	6,431	5,903	5,934	-497	+31	D
Total, Program Administration.....	158,863	161,078	161,863	+3,000	+785	
Federal Funds.....	110,356	112,571	113,356	+3,000	+785	
Trust Funds.....	48,507	48,507	48,507	---	---	
Total, Employment & Training Administration.....	10,301,776	10,023,787	10,465,198	+163,422	+441,411	
Federal Funds.....	7,063,011	6,738,394	7,179,805	+116,794	+441,411	
Current Year.....	(4,600,011)	(6,738,394)	(5,081,805)	(+481,794)	(-1,656,589)	
FY03.....	(2,463,000)	---	(2,098,000)	(-365,000)	(+2,098,000)	
Trust Funds.....	3,238,765	3,285,393	3,285,393	+46,628	---	

(1) Two year availability.

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
PENSION AND WELFARE BENEFITS ADMINISTRATION						
SALARIES AND EXPENSES						
Enforcement and Compliance	83,453	84,640	85,525	+2,072	+885	D
Policy, Regulation and Public Service	20,205	19,234	20,205	---	+971	D
Program Oversight	3,975	4,114	4,136	+161	+22	D
Total, PWBA	107,633	107,988	109,866	+2,233	+1,878	
PENSION BENEFIT GUARANTY CORPORATION						
Program Administration subject to limitation (TF)	11,652	11,652	11,690	+38	+38	TF
Termination services not subject to limitation (NA)	(178,924)	(178,924)	(178,924)	---	---	NA
Total, PBGC (Program level)	(190,576)	(190,576)	(190,614)	(+38)	(+38)	
EMPLOYMENT STANDARDS ADMINISTRATION						
SALARIES AND EXPENSES						
Enforcement of Wage and Hour Standards	152,369	152,569	153,862	+1,493	+1,293	D
Office of Labor-Management Standards	30,492	30,632	32,769	+2,277	+2,137	D
Federal Contractor EEO Standards Enforcement	76,148	76,308	76,979	+831	+671	D
Federal Programs for Workers' Compensation	88,687	90,098	90,846	+2,159	+748	D
FECA Fees	---	-80,281	---	---	+80,281	D
Trust Funds	1,981	1,981	1,981	---	---	TF
Program Direction and Support	13,039	13,127	13,194	+155	+67	D
Total, ESA salaries and expenses	362,716	284,434	369,631	+6,915	+85,197	
Federal Funds	360,735	282,453	367,650	+6,915	+85,197	
Trust Funds	1,981	1,981	1,981	---	---	

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
SPECIAL BENEFITS						
Federal employees compensation benefits.....	53,000	118,000	118,000	+65,000	---	M
Longshore and harbor workers' benefits.....	3,000	3,000	3,000	---	---	M
Total, Special Benefits.....	56,000	121,000	121,000	+65,000	---	
ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND						
Program Benefits.....	(358,000)	(597,000)	(597,000)	(+239,000)	---	NA
Administrative Expenses (1).....	60,328	136,000	136,000	+75,672	---	M
BLACK LUNG DISABILITY TRUST FUND						
Benefit payments and interest on advances.....	975,343	981,283	981,283	+5,940	---	M
Employment Standards Adm. S&E.....	30,293	31,443	31,558	+1,265	+115	M
Departmental Management S&E.....	21,590	22,590	22,590	+1,000	---	M
Departmental Management, Inspector General.....	318	328	328	+10	---	M
Subtotal, Black Lung Disablty.....	1,027,544	1,035,644	1,035,759	+8,215	+115	
Treasury Administrative Costs.....	356	356	356	---	---	M
Total, Black Lung Disability Trust Fund.....	1,027,900	1,036,000	1,036,115	+8,215	+115	
Total, Employment Standards Administration.....	1,506,944	1,577,434	1,662,746	+155,802	+85,312	
Federal Funds.....	1,504,963	1,575,453	1,660,765	+155,802	+85,312	
Trust Funds.....	1,981	1,981	1,981	---	---	

(1) $10,000,000 transferred from ESA to CDC, OSHA.

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION						
SALARIES AND EXPENSES						
Safety and Health Standards	15,069	13,875	13,931	-1,138	+56	D
Federal Enforcement	151,836	154,816	157,788	+5,952	+2,972	D
State Programs	88,369	88,119	88,694	+325	+575	D
Technical Support	20,189	19,562	20,251	+62	+689	D
Compliance Assistance:						
Federal Assistance	56,255	57,180	57,393	+1,138	+213	D
State Consultation Grants	48,834	48,834	50,199	+1,365	+1,365	D
Training Grants	11,175	8,175	11,175	---	+3,000	D
Subtotal	116,264	114,189	118,767	+2,503	+4,578	
Safety and Health Statistics	25,597	26,257	26,595	+998	+338	D
Executive Direction and Administration	8,562	9,017	9,281	+719	+264	D
Total, OSHA	425,886	425,835	435,307	+9,421	+9,472	
MINE SAFETY AND HEALTH ADMINISTRATION						
SALARIES AND EXPENSES						
Coal Enforcement	114,505	110,915	113,449	-1,056	+2,534	D
Metal/Non-Metal Enforcement	55,117	60,424	61,773	+6,656	+1,349	D
Standards Development	1,760	2,304	2,357	+597	+53	D
Assessments	4,265	4,701	4,807	+542	+106	D
Educational Policy and Development	31,455	27,984	28,585	-2,870	+601	D
Technical Support	27,053	27,427	28,025	+972	+598	D
Program Administration	12,151	12,551	12,729	+578	+178	D
Total, Mine Safety and Health Administration	246,306	246,306	251,725	+5,419	+5,419	

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
BUREAU OF LABOR STATISTICS						
SALARIES AND EXPENSES						
Employment and Unemployment Statistics	142,313	146,796	147,038	+4,725	+242	D
Labor Market Information (Trust Funds)	67,257	69,132	69,132	+1,875	---	TF
Prices and Cost of Living	135,136	149,264	149,801	+14,665	+537	D
Compensation and Working Conditions	71,076	74,126	74,390	+3,314	+264	D
Productivity and Technology	9,164	9,599	9,621	+457	+22	D
Economic Growth and Employment Projections	---	---	---	---	---	D
Executive Direction and Staff Services	25,941	27,083	27,126	+1,185	+43	D
Total, Bureau of Labor Statistics	450,887	476,000	477,108	+26,221	+1,108	
Federal Funds	383,630	406,868	407,976	+24,346	+1,108	
Trust Funds	67,257	69,132	69,132	+1,875	---	
DEPARTMENTAL MANAGEMENT						
SALARIES AND EXPENSES						
Executive Direction	26,303	26,502	26,672	+369	+170	D
Departmental IT Crosscut	37,000	80,000	51,708	+14,708	-28,292	D
Legal Services	74,384	74,657	79,914	+5,530	+5,257	D
Trust Funds	310	310	310	---	---	TF
International Labor Affairs	147,982	71,588	147,982	---	+76,394	D
Administration and Management	24,732	29,732	29,833	+5,101	+101	D
Adjudication	24,688	24,688	25,009	+321	+321	D
Women's Bureau	10,186	10,186	10,251	+65	+65	D

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
Civil Rights Activities	5,839	5,839	5,887	+48	+48	D
Chief Financial Officer	5,963	6,263	6,312	+349	+49	D
Disability Policy	---	---	---	---	---	D
Total, Salaries and expenses	357,387	329,765	383,878	+26,491	+54,113	
Federal Funds	357,077	329,455	383,568	+26,491	+54,113	
Trust Funds	310	310	310	---	---	
OFFICE OF DISABILTIY EMPLOYMENT POLICY						
Office of Disability Employment Policy	20,413	40,623	30,413	+10,000	-10,210	D
Task Force on Employment of Adults with Disabilities	2,556	2,640	2,640	+84	---	D
Total, Office of Disability Employment Policy	22,969	43,263	33,053	+10,084	-10,210	
VETERANS EMPLOYMENT AND TRAINING						
State Administration:						
Disabled Veterans Outreach Program	81,615	81,615	81,615	---	---	TF
Local Veterans Employment Program	77,253	77,253	77,253	---	---	TF
Subtotal, State Administration	158,868	158,868	158,868	---	---	
Federal Administration	27,988	28,035	28,035	+47	---	TF
Homeless Veterans Program	17,500	17,500	17,500	---	---	D
Veterans Workforce Investment Programs	7,300	7,300	7,300	---	---	D FF
Total, Veterans Employment and Training	211,656	211,703	211,703	+47	---	
Federal Funds	24,800	24,800	24,800	---	---	
Trust Funds	186,856	186,903	186,903	+47	---	

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
OFFICE OF THE INSPECTOR GENERAL						
Program Activities	43,111	45,114	45,114	+2,003	---	D
Trust Funds	4,770	4,951	4,951	+181	---	TF
Executive Direction and Management	6,802	7,068	7,068	+266	---	D
Total, Office of the Inspector General	54,683	57,133	57,133	+2,450	---	
Federal funds	49,913	52,182	52,182	+2,269	---	
Trust funds	4,770	4,951	4,951	+181	---	
Total, Departmental Management	646,695	641,864	685,767	+39,072	+43,903	
Federal Funds	454,759	449,700	493,603	+38,844	+43,903	
Trust Funds	191,936	192,164	192,164	+228	---	
Total, Labor Department	13,697,779	13,510,866	14,099,407	+401,628	+588,541	
Federal Funds	10,186,188	9,950,544	10,539,047	+352,859	+588,503	
Current Year	(7,723,188)	(9,950,544)	(8,441,047)	(+717,859)	(-1,509,497)	
FY03	(2,463,000)	---	(2,098,000)	(-365,000)	(+2,098,000)	
Trust Funds	3,511,591	3,560,322	3,560,360	+48,769	+38	

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
TITLE II - DEPARTMENT OF HEALTH AND HUMAN SERVICES						
HEALTH RESOURCES AND SERVICES ADMINISTRATION						
HEALTH RESOURCES AND SERVICES						
Community health centers	1,168,559	1,292,723	1,318,559	+150,000	+25,836	D
National Health Service Corps:						
Field placements	41,462	42,511	42,511	+1,049	---	D
Recruitment	87,912	87,916	100,000	+12,088	+12,084	D
Subtotal	129,374	130,427	142,511	+13,137	+12,084	
Health Professions						
Training for Diversity:						
Centers of excellence	30,637	12,847	33,637	+3,000	+20,790	D
Health careers opportunity program	32,795	13,752	35,795	+3,000	+22,043	D
Faculty loan repayment	1,330	557	1,330	---	+773	D
Scholarships for disadvantaged students	44,473	18,651	46,473	+2,000	+27,822	D
Subtotal	109,235	45,807	117,235	+8,000	+71,428	
Training in Primary Care Medicine and Dentistry	91,048	---	95,048	+4,000	+95,048	D
Interdisciplinary Community-Based Linkages:						
Area health education centers	33,362	7,556	33,362	---	+25,806	D
Health education and training centers	4,403	---	4,403	---	+4,403	D
Allied health and other disciplines	8,422	1,907	9,501	+1,079	+7,594	D
Geriatric programs	12,410	---	22,410	+10,000	+22,410	D
Quentin N. Burdick pgm for rural training	5,988	---	5,988	---	+5,988	D
Subtotal	64,585	9,463	75,664	+11,079	+66,201	
Health Professions Workforce Info & Analysis	824	824	824	---	---	D

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
Public Health Workforce Development:						
Public health, preventive med. & dental pgms.....	9,478	2,147	11,478	+2,000	+9,331	D
Health administration programs.....	1,231	---	1,231	---	+1,231	D
Subtotal.....	10,709	2,147	12,709	+2,000	+10,562	
Children's Hospitals Graduate Medical Educ.....	234,980	200,094	285,000	+50,020	+84,906	D
Advanced Education Nursing.....	59,045	59,048	61,048	+2,003	+2,000	D
Basic nurse education and practice.....	12,790	16,291	16,291	+3,501	---	D
Nursing workforce diversity.....	4,673	6,173	6,173	+1,500	---	D
Subtotal, Health professions.....	587,889	339,847	669,992	+82,103	+330,145	
Other HRSA Programs:						
Hansen's Disease Services.....	17,890	18,391	17,491	-399	-900	D
Maternal & Child Health Block Grant.....	714,151	709,087	740,000	+25,849	+30,913	D
Abstinence Education						
Advance from prior year.....	(20,000)	(30,000)	(30,000)	(+10,000)	---	NA
FY03.....	30,000	---	---	-30,000	---	D
Current Year.....	---	15	10,000	+10,000	+9,985	D
Healthy Start.....	89,996	89,996	102,000	+12,004	+12,004	D
Universal Newborn Hearing.....	7,999	6,581	10,000	+2,001	+3,419	D
Organ Transplantation.....	14,992	19,992	19,992	+5,000	---	D
Bone Marrow Program.....	21,958	22,000	22,000	+42	---	D
Rural outreach grants.....	58,211	37,863	51,863	-6,348	+14,000	D
Rural Health Research.....	13,436	6,099	12,099	-1,337	+6,000	D
Telehealth.....	35,976	5,609	27,609	-8,367	+22,000	D
Denali Commission.....	10,000	---	---	-10,000	---	D

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
Critical care programs:						
Emergency medical services for children.....	18,985	15,574	19,000	+15	+3,426	D
Poison control.....	19,995	16,421	16,421	-3,574	---	D
Subtotal, Critical care programs.....	38,980	31,995	35,421	-3,559	+3,426	
Black lung clinics.....	6,000	6,000	6,000	---	---	D
Trauma Care.....	3,000	2,467	3,000	---	+533	D
Nursing loan repayment for shortage area service..	7,279	2,279	2,279	-5,000	---	D
Payment to Hawaii, treatment of Hansen's.....	2,045	2,045	2,045	---	---	D
Subtotal, Other HRSA programs:						
Current year.....	1,041,913	960,419	1,061,799	+19,886	+101,380	
FY03.....	30,000	---	---	-30,000	---	
Ryan White AIDS Programs:						
Emergency Assistance.....	604,169	604,169	619,169	+15,000	+15,000	D
Comprehensive Care Programs.....	910,969	910,969	985,969	+75,000	+75,000	D
AIDS Drug Assistance Program (ADAP) (NA).....	(589,000)	(589,000)	(649,000)	(+60,000)	(+60,000)	NA
Early Intervention Program.....	185,879	186,034	192,878	+6,999	+6,844	D
Pediatric HIV/AIDS.....	64,995	64,995	69,995	+5,000	+5,000	D
AIDS Dental Services.....	9,999	9,999	15,000	+5,001	+5,001	D
Education and Training Centers.....	31,598	31,598	36,598	+5,000	+5,000	D
Subtotal, Ryan White AIDS programs.....	1,807,609	1,807,764	1,919,609	+112,000	+111,845	
Family Planning.....	253,897	254,170	264,170	+10,273	+10,000	D
Health Care and Other Facilities.....	251,546	---	---	-251,546	---	D
Buildings and Facilities.....	250	250	250	---	---	D
Rural Hospital Flexibility Grants.....	24,996	24,997	35,000	+10,004	+10,003	D
Rural Access to Emergency Devices.....	---	---	12,500	+12,500	+12,500	D

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
National Practitioner Data Bank	17,200	17,200	17,200	---	---	D
User Fees	-17,200	-17,200	-17,200	---	---	D
Health Care Integrity and Protection Data Bank	4,317	8,000	8,000	+3,683	---	D
User Fees	-4,317	-8,000	-8,000	-3,683	---	D
Community Access Program	139,984	15,041	120,041	-19,943	+105,000	D
Program Management	138,972	147,049	147,049	+8,077	---	D
Total, Health resources and services	5,574,989	4,972,687	5,691,480	+116,491	+718,793	
Current year	(5,544,989)	(4,972,687)	(5,691,480)	(+146,491)	(+718,793)	
FY03	(30,000)	---	---	(-30,000)	---	
HEALTH EDUCATION ASSISTANCE LOANS PROGRAM:						
Liquidating account	(10,000)	(10,000)	(10,000)	---	---	NA
Program account	(9,000)	---	---	(-9,000)	---	NA
Program management	3,672	3,792	3,792	+120	---	D
VACCINE INJURY COMPENSATION PROGRAM TRUST FUND:						
Post-FY88 claims	114,355	114,855	114,855	+500	---	M
HRSA administration	2,992	2,992	2,992	---	---	D
Total, Vaccine injury	117,347	117,847	117,847	+500	---	
Total, Health Resources & Services Admin.	5,696,008	5,094,326	5,813,119	+117,111	+718,793	
Current year	(5,666,008)	(5,094,326)	(5,813,119)	(+147,111)	(+718,793)	
FY03	(30,000)	---	---	(-30,000)	---	
Evaluation Tap	(38,800)	(68,600)	(35,927)	(-2,873)	(-32,673)	NA

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
CENTERS FOR DISEASE CONTROL						
DISEASE CONTROL, RESEARCH AND TRAINING						
Birth Defects/Developmental Disabitities/Disability and Health	70,726	76,280	80,280	+9,554	+4,000	D
Chronic Disease Prevention and Health Promotion	749,708	574,560	722,495	-27,213	+147,935	D
Environmental Health	137,255	136,683	146,683	+9,428	+10,000	D
Epidemic Services and Response	77,761	80,303	80,303	+2,542	---	D
Health Statistics	50,260	---	33,014	-17,246	+33,014	D
Evaluation Tap funding (NA)	(71,690)	(126,978)	(93,964)	(+22,274)	(-33,014)	NA
HIV/AIDS, STD and TB Prevention	1,044,070	1,068,452	1,148,452	+104,382	+80,000	D
Immunization	552,572	574,645	599,645	+47,073	+25,000	D
Infectious Disease Control	317,582	331,518	343,018	+25,436	+11,500	D
Injury Prevention and Control	142,832	143,655	143,655	+823	---	D
Occupational Safety and Health (1)	260,032	266,135	270,135	+10,103	+4,000	D
Preventive Health and Health Services Block Grant	135,029	135,030	135,030	+1	---	D
Public Health Improvement	110,876	109,910	149,910	+39,034	+40,000	D
Buildings and Facilities	175,000	150,000	175,000	---	+25,000	D
Office of the Director	39,070	49,440	49,440	+10,370	---	D
Bioterrorism (2)	(180,919)	(181,919)	(231,919)	(+51,000)	(+50,000)	NA
ATSDR (3)	(74,835)	(78,235)	---	(-74,835)	(-78,235)	NA
Total, Disease Control	3,862,773	3,696,611	4,077,060	+214,287	+380,449	
Evaluation Tap funding (NA)	(71,690)	(126,978)	(93,964)	(+22,274)	(-33,014)	NA

(1) Includes Mine Safety and Health.

(2) Funds are provided in the Public Health and Social Service Emergency Fund.

(3) Funded in VA/HUD Bill.

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
NATIONAL INSTITUTES OF HEALTH						
National Cancer Institute	3,737,217	4,177,203	4,146,291	+409,074	-30,912	D
Evaluation Tap	(36,712)	(68,807)	(37,895)	(+1,183)	(-30,912)	NA
Program Level	(3,700,505)	(4,108,396)	(4,108,396)	(+407,891)	---	
National Heart, Lung, and Blood Institute	2,298,664	2,567,429	2,547,675	+249,011	-19,754	D
Evaluation Tap	(22,497)	(43,972)	(24,218)	(+1,721)	(-19,754)	NA
Program Level	(2,276,167)	(2,523,457)	(2,523,457)	(+247,290)	---	
National Institute of Dental & Craniofacial Research	306,153	341,898	339,268	+33,115	-2,630	D
Evaluation Tap	(3,003)	(5,856)	(3,226)	(+223)	(-2,630)	NA
Program Level	(303,150)	(336,042)	(336,042)	(+32,892)	---	
National Institute of Diabetes and Digestive and Kidney Diseases	1,303,570	1,457,915	1,446,705	+143,135	-11,210	D
Evaluation Tap	(12,751)	(24,952)	(13,742)	(+991)	(-11,210)	NA
Program Level	(1,290,819)	(1,432,963)	(1,432,963)	(+142,144)	---	
National Institute of Neurological Disorders & Stroke	1,176,797	1,316,448	1,306,321	+129,524	-10,127	D
Evaluation Tap	(11,511)	(22,541)	(12,414)	(+903)	(-10,127)	NA
Program Level	(1,165,286)	(1,293,907)	(1,293,907)	(+128,621)	---	
National Institute of Allergy and Infectious Diseases	2,062,621	2,330,325	2,312,204	+249,583	-18,121	D
Global HIV/AIDS Fund Transfer	---	25,000	25,000	+25,000	---	D
Subtotal	2,062,621	2,355,325	2,337,204	+274,583	-18,121	
Evaluation Tap	(19,979)	(40,336)	(22,215)	(+2,236)	(-18,121)	NA
Program Level	(2,042,642)	(2,314,989)	(2,314,989)	(+272,347)	---	

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
National Institute of General Medical Sciences.....	1,539,903	1,720,206	1,706,968	+167,065	-13,238	D
Evaluation Tap.....	(15,018)	(29,467)	(16,229)	(+1,211)	(-13,238)	NA
Program Level.....	(1,524,885)	(1,690,739)	(1,690,739)	(+165,854)	---	
National Institute of Child Health & Human Development	978,721	1,096,650	1,088,208	+109,487	-8,442	D
Evaluation Tap.....	(9,554)	(18,790)	(10,348)	(+794)	(-8,442)	NA
Program Level.....	(969,167)	(1,077,860)	(1,077,860)	(+108,693)	---	
National Eye Institute.....	510,525	571,126	566,725	+56,200	-4,401	D
Evaluation Tap.....	(5,001)	(9,797)	(5,396)	(+395)	(-4,401)	NA
Program Level.....	(505,524)	(561,329)	(561,329)	(+55,805)	---	
National Institute of Environmental Health Sciences...	502,987	561,750	557,435	+54,448	-4,315	D
Evaluation Tap.....	(4,902)	(9,606)	(5,291)	(+389)	(-4,315)	NA
Program Level.....	(498,085)	(552,144)	(552,144)	(+54,059)	---	
NIEHS/Superfund (NA) (1).....	(62,861)	(70,228)	---	(-62,861)	(-70,228)	
National Institute on Aging.....	786,303	879,961	873,186	+86,883	-6,775	D
Evaluation Tap.....	(7,693)	(15,079)	(8,304)	(+611)	(-6,775)	NA
Program Level.....	(778,610)	(864,882)	(864,882)	(+86,272)	---	
National Institute of Arthritis and Musculoskeletal and Skin Diseases.....	396,528	443,565	440,144	+43,616	-3,421	D
Evaluation Tap.....	(3,875)	(7,616)	(4,195)	(+320)	(-3,421)	NA
Program Level.....	(392,653)	(435,949)	(435,949)	(+43,296)	---	

(1) Superfund $ are appropriated in the VA/HUD Bill.

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
National Institute on Deafness and Other Communication Disorders	301,069	336,757	334,161	+33,092	-2,596	D
Evaluation Tap	(2,945)	(5,778)	(3,182)	(+237)	(-2,596)	NA
Program Level	(298,124)	(330,979)	(330,979)	(+32,855)	---	
National Institute of Nursing Research	105,158	117,686	116,773	+11,615	-913	D
Evaluation Tap	(1,026)	(2,029)	(1,116)	(+90)	(-913)	NA
Program Level	(104,132)	(115,657)	(115,657)	(+11,525)	---	
National Institute on Alcohol Abuse and Alcoholism	340,537	381,966	379,026	+38,489	-2,940	D
Evaluation Tap	(3,333)	(6,544)	(3,604)	(+271)	(-2,940)	NA
Program Level	(337,204)	(375,422)	(375,422)	(+38,218)	---	
National Institute on Drug Abuse	780,827	907,369	900,389	+119,562	-6,980	D
Evaluation Tap	(7,637)	(15,538)	(8,558)	(+921)	(-6,980)	NA
Program Level	(773,190)	(891,831)	(891,831)	(+118,641)	---	
National Institute of Mental Health	1,106,519	1,238,305	1,228,780	+122,261	-9,525	D
Evaluation Tap	(10,832)	(21,202)	(11,677)	(+845)	(-9,525)	NA
Program Level	(1,095,687)	(1,217,103)	(1,217,103)	(+121,416)	---	
National Human Genome Research Institute	382,040	426,739	423,454	+41,414	-3,285	D
Evaluation Tap	(3,740)	(7,311)	(4,026)	(+286)	(-3,285)	NA
Program Level	(378,300)	(419,428)	(419,428)	(+41,128)	---	

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
National Institute of Biomedical Imaging and Bioengineering	1,975	40,206	39,896	+37,921	-310	D
Evaluation Tap	---	(689)	(379)	(+379)	(-310)	NA
Program Level	(1,975)	(39,517)	(39,517)	(+37,542)	---	
National Center for Research Resources	817,098	974,038	966,541	+149,443	-7,497	D
Evaluation Tap	(8,003)	(16,686)	(9,189)	(+1,186)	(-7,497)	NA
Program Level	(809,095)	(957,352)	(957,352)	(+148,257)	---	
National Center for Complementary and Alternative Medicine	89,121	100,063	99,288	+10,167	-775	D
Evaluation Tap	(873)	(1,723)	(948)	(+75)	(-775)	NA
Program Level	(88,248)	(98,340)	(98,340)	(+10,092)	---	
National Center on Minority Health and Health Disparities	132,044	158,425	157,204	+25,160	-1,221	D
Evaluation Tap	---	(2,718)	(1,497)	(+1,497)	(-1,221)	NA
Program Level	(132,044)	(155,707)	(155,707)	(+23,663)	---	
John E. Fogarty International Center	50,472	56,449	56,021	+5,549	-428	D
Evaluation Tap	(485)	(956)	(528)	(+43)	(-428)	NA
Program Level	(49,987)	(55,493)	(55,493)	(+5,506)	---	
National Library of Medicine	246,304	275,725	273,610	+27,306	-2,115	D
Evaluation Tap	(2,404)	(4,707)	(2,592)	(+188)	(-2,115)	NA
Program Level	(243,900)	(271,018)	(271,018)	(+27,118)	---	

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
Office of the Director	188,346	232,098	232,098	+43,752	---	D
Buildings and Facilities	153,761	236,600	236,600	+82,839	---	D
Global HIV/AIDS Fund Transfer	---	70,000	75,000	+75,000	+5,000	D
Subtotal	153,761	306,600	311,600	+157,839	+5,000	
Total, N.I.H. appropriations	20,295,260	23,041,902	22,874,971	+2,579,711	-166,931	
Evaluation Tap	(193,774)	(382,700)	(210,769)	(+16,995)	(-171,931)	
Global HIV/AIDS Fund Transfer	---	(95,000)	(100,000)	(+100,000)	(+5,000)	
Program Level	(20,101,486)	(22,564,202)	(22,564,202)	(+2,462,716)	---	

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION						
Mental Health:						
Programs of Regional and National Significance....	203,390	187,599	223,499	+20,109	+35,900	D
Mental Health Performance Partnership.....	420,000	420,000	440,000	+20,000	+20,000	D
Children's Mental Health.....	91,645	91,694	97,694	+6,049	+6,000	D
Grants to States for the Homeless (PATH).....	36,855	36,855	39,855	+3,000	+3,000	D
Protection and Advocacy.....	30,000	30,000	33,000	+3,000	+3,000	D
Subtotal, Mental Health.....	781,890	766,148	834,048	+52,158	+67,900	
Substance Abuse Treatment:						
Programs of Regional and National Significance....	255,985	296,122	305,122	+49,137	+9,000	D
Substance Abuse Performance Partnership.....	1,665,000	1,725,000	1,725,000	+60,000	---	D
Subtotal, Substance Abuse Treatment.....	1,920,985	2,021,122	2,030,122	+109,137	+9,000	
Substance Abuse Prevention:						
Programs of Regional and National Significance....	174,919	175,013	187,215	+12,296	+12,202	D
Program Management and Buildings and Facilities.....	85,630	67,173	80,173	-5,457	+13,000	D
Evaluation Tap funding (NA).....	---	(29,000)	---	---	(-29,000)	NA
Total, Substance Abuse and Mental Health.....	2,963,424	3,029,456	3,131,558	+168,134	+102,102	
Evaluation Tap funding.....	(7,700)	(14,900)	(7,873)	(+173)	(-7,027)	NA

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY						
Research on Health Costs, Quality, and Outcomes:						
Federal Funds	102,255	---	165,835	+63,580	+165,835	D
Evaluation Tap funding (NA)	(124,130)	(255,145)	(89,310)	(-34,820)	(-165,835)	NA
Portion for reducing medical errors (non-add)	(50,000)	(50,000)	(50,000)	---	---	NA
Subtotal	(226,385)	(255,145)	(255,145)	(+28,760)	---	
Health insurance and expenditure surveys:						
Evaluation Tap funding (NA)	(40,850)	(48,500)	(48,500)	(+7,650)	---	NA
Program Support	2,500	---	2,600	+100	+2,600	D
Evaluation Tap funding (NA)	---	(2,600)	---	---	(-2,600)	
Total, AHRQ	(269,735)	(303,645)	(306,245)	(+36,510)	(+2,600)	
Federal Funds	104,755	---	168,435	+63,680	+168,435	
Evaluation Tap funding (NA)	(164,980)	(303,645)	(137,810)	(-27,170)	(-165,835)	
Total, Public Health Service	32,922,220	34,862,295	36,065,143	+3,142,923	+1,202,848	

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
CENTER FOR MEDICARE AND MEDICAID SERVICES						
GRANTS TO STATES FOR MEDICAID						
Medicaid current law benefits	122,488,800	134,308,100	134,308,100	+11,819,300	---	M
State and local administration	6,998,100	7,995,800	7,995,800	+997,700	---	M
Vaccines for Children	775,233	795,533	795,533	+20,300	---	M
Subtotal, Medicaid program level, current year	130,262,133	143,099,433	143,099,433	+12,837,300	---	
Less Medicare Transfer (P.L. 105-33)	-60,000	-70,000	-70,000	-10,000	---	M
Less funds advanced in prior year	-30,589,003	-36,207,551	-36,207,551	-5,618,548	---	M
Total, request, current year	99,613,130	106,821,882	106,821,882	+7,208,752	---	
New advance 1st quarter	36,207,551	46,601,937	46,601,937	+10,394,386	---	M
PAYMENTS TO HEALTH CARE TRUST FUNDS						
Supplemental medical insurance	69,777,000	81,332,000	81,332,000	+11,555,000	---	M
Hospital insurance for the uninsured	321,000	292,000	292,000	-29,000	---	M
Federal uninsured payment	132,000	150,000	150,000	+18,000	---	M
Program management	151,600	150,200	150,200	-1,400	---	M
Total, Payments to Trust Funds, current law	70,381,600	81,924,200	81,924,200	+11,542,600	---	
PROGRAM MANAGEMENT						
Research, demonstration, and evaluation: Regular Program	138,311	55,311	55,311	-83,000	---	TF
Medicare Contractors	1,304,436	1,470,000	1,470,000	+165,564	---	TF
User fee legislative proposal	---	(115,000)	---	---	(-115,000)	NA
H.R. 3103 funding (NA)	(682,552)	(700,000)	(680,000)	(-2,552)	(-20,000)	NA
Medicare Plus Choice	52,000	52,000	52,000	---	---	TF
Subtotal, Contractors program level	(2,038,988)	(2,337,000)	(2,202,000)	(+163,012)	(-135,000)	

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
State Survey and Certification	242,147	242,147	252,147	+10,000	+10,000	TF
Federal Administration						
Federal Administration	506,778	533,818	533,818	+27,040	---	TF
User Fees	-2,074	-2,118	-2,118	-44	---	TF
Subtotal, Federal Administration	504,704	531,700	531,700	+26,996	---	
Total, Program management	2,241,598	2,351,158	2,361,158	+119,560	+10,000	
Total, Program management, program level	(2,924,150)	(3,051,158)	(3,041,158)	(+117,008)	(-10,000)	
Total, Center for Medicare & Medicaid Services	208,443,879	237,699,177	237,709,177	+29,265,298	+10,000	
Federal funds	206,202,281	235,348,019	235,348,019	+29,145,738	---	
Current year	(169,994,730)	(188,746,082)	(188,746,082)	(+18,751,352)	---	
New advance, 1st quarter, FY03	(36,207,551)	(46,601,937)	(46,601,937)	(+10,394,386)	---	
Trust Funds	2,241,598	2,351,158	2,361,158	+119,560	+10,000	

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
ADMINISTRATION FOR CHILDREN AND FAMILIES						
FAMILY SUPPORT PAYMENTS TO STATES						
AFDC/JOBS Child Care (State Claims).....	2,000	---	---	-2,000	---	M
Payments to territories.....	23,000	23,000	23,000	---	---	M
Emergency assistance.....	37,000	---	---	-37,000	---	M
State & Local Administrative Training.....	1,000	---	---	-1,000	---	M
Repatriation.....	1,000	1,000	1,000	---	---	M
Subtotal, Welfare payments.....	64,000	24,000	24,000	-40,000	---	
Child Support Enforcement:						
State and local administration.....	3,247,800	3,413,800	3,413,800	+166,000	---	M
Federal incentive payments.....	416,000	450,000	450,000	+34,000	---	M
Hold Harmless payments.....	10,000	10,000	10,000	---	---	M
Access and visitation.....	10,000	10,000	10,000	---	---	M
Subtotal, Child Support Enforcement.....	3,683,800	3,883,800	3,883,800	+200,000	---	
Total, Payments, current year program level.....	3,747,800	3,907,800	3,907,800	+160,000	---	
Less funds advanced in previous years.....	-650,000	-1,000,000	-1,000,000	-350,000	---	M
Total, payments, current request.....	3,097,800	2,907,800	2,907,800	-190,000	---	
New advance, 1st quarter, FY03.....	1,000,000	1,100,000	1,100,000	+100,000	---	M

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM						
Advance from prior year (NA)	(1,100,000)	---	---	(-1,100,000)	---	NA
Current Year	300,000	1,400,000	1,700,000	+1,400,000	+300,000	D
Current year program level	1,400,000	1,400,000	1,700,000	+300,000	+300,000	
Emergency Allocation:						
Non-emergency funding	300,000	300,000	---	-300,000	-300,000	D
Contingent emergency funding	300,000	---	300,000	---	+300,000	D EMG
Subtotal	600,000	300,000	300,000	-300,000	---	
REFUGEE AND ENTRANT ASSISTANCE						
Transitional and Medical Services	225,105	237,291	237,291	+12,186	---	D
Social Services	143,621	143,621	158,621	-15,000	+15,000	D
Preventive Health	4,835	4,835	4,835	---	---	D
Targeted Assistance	49,477	49,477	49,477	---	---	D
Victims of Torture	10,000	10,000	10,000	---	---	D
Total, Refugee and entrant assistance	433,038	445,224	460,224	+27,186	+15,000	
CHILD CARE AND DEVELOPMENT GRANT						
Advance funding from prior year (NA)	(1,182,672)	---	---	(-1,182,672)	---	NA
Current year request	817,196	1,799,987	2,199,987	+1,382,791	+400,000	D
After school voucher program	---	400,000	DEFER	---	-400,000	D
Current year program level	1,999,868	2,199,987	2,199,987	+200,119	---	
SOCIAL SERVICES BLOCK GRANT (TITLE XX)	1,725,000	1,700,000	1,700,000	-25,000	---	M

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
CHILDREN AND FAMILIES SERVICES PROGRAMS						
Programs for Children, Youth, and Families:						
Head Start, current funded	4,799,812	6,324,812	5,075,812	+276,000	-1,249,000	D
Advance from prior year	(1,400,000)	(1,400,000)	(1,400,000)	---	---	NA
FY03	1,400,000	---	1,400,000	---	+1,400,000	D
Subtotal, Head Start program level	6,199,812	6,324,812	6,475,812	+276,000	+151,000	
Consolidated Runaway, Homeless Youth Prog	69,123	69,133	71,133	+2,010	+2,000	D
Maternity Group Homes	---	33,000	DEFER	---	-33,000	D
Child Abuse State Grants	21,026	21,026	23,000	+1,974	+1,974	D
Child Abuse Discretionary Activities	33,204	17,978	19,978	-13,226	+2,000	D
Abandoned Infants Assistance	12,182	12,205	12,205	+23	---	D
Child Welfare Services	291,986	291,986	291,986	---	---	D
Child Welfare Training	6,998	6,998	6,998	---	---	D
Adoption Opportunities	27,379	27,405	27,405	+26	---	D
Adoption Incentive	20,000	20,000	20,000	---	---	D
Adoption Incentive (no cap adjustment)	22,994	23,000	23,000	+6	---	D
Adoption Awareness	9,900	9,906	9,906	+6	---	D
Compassion Capital Fund	---	89,000	30,000	+30,000	-59,000	D
Promoting Responsible Fatherhood	---	64,000	DEFER	---	-64,000	D
Social Services and Income Maintenance Research	38,096	6,426	27,000	-11,096	+20,574	D
Community Based Resource Centers	32,834	32,834	34,000	+1,166	+1,166	D

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
Developmental disabilities program:						
State Councils	67,800	67,800	69,800	+2,000	+2,000	D
Protection and Advocacy	33,000	33,000	34,000	+1,000	+1,000	D
Developmental Disabilities Special Projects	10,915	10,734	10,734	-181	---	D
Developmental Disabilities University Affiliated	21,800	21,800	21,800	---	---	D
Subtotal, Developmental disabilities	133,515	133,334	136,334	+2,819	+3,000	
Native American Programs	45,989	44,396	44,396	-1,593	---	D
Community services:						
Grants to States for Community Services	599,991	599,991	620,000	+20,009	+20,009	D
Community initiative program:						
Economic Development	30,034	30,034	30,034	---	---	D
Individual Development Account Initiative	24,891	24,990	24,990	+99	---	D
Rural Community Facilities	5,321	---	5,321	---	+5,321	D
Subtotal, discretionary funds	60,246	55,024	60,345	+99	+5,321	
National Youth Sports	16,000	---	17,000	+1,000	+17,000	D
Community Food and Nutrition	6,314	---	6,000	-314	+6,000	D
Subtotal, Community services	682,551	655,015	703,345	+20,794	+48,330	
Runaway Youth Prevention	14,999	14,999	14,999	---	---	D
Domestic Violence Hotline	2,157	2,157	2,157	---	---	D
Battered Women's Shelters	116,899	116,918	126,918	+10,019	+10,000	D
Early Learning Fund	19,995	---	---	-19,995	---	D

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
Faith-Based Center	---	3,000	3,000	+3,000	---	D
Program Direction	163,846	171,870	171,870	+8,024	---	D
Total, Children and Families Services Programs	7,965,485	8,191,398	8,275,442	+309,957	+84,044	
Current Year	(6,565,485)	(8,191,398)	(6,875,442)	(+309,957)	(-1,315,956)	
FY03	(1,400,000)	---	(1,400,000)	---	(+1,400,000)	
Rescission of permanent appropriations	-21,000	---	-21,000	---	-21,000	D
PROMOTING SAFE AND STABLE FAMILIES	305,000	305,000	305,000	---	---	M
Legislative Proposal(1)	---	200,000	70,000	+70,000	-130,000	D
MENTORING CHILDREN OF PRISONERS	---	67,000	DEFER	---	-67,000	D
PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION						
Foster Care	5,063,500	5,055,500	5,055,500	-8,000	---	M
Adoption Assistance	1,197,600	1,426,000	1,426,000	+228,400	---	M
Independent living	140,000	140,000	140,000	---	---	M
Independent living proposal	---	60,000	DEFER	---	-60,000	M
Total, Payments, current year program level	6,401,100	6,681,500	6,621,500	+220,400	-60,000	
Less Advances from Prior Year	-1,538,000	-1,735,900	-1,735,900	-197,900	---	M
Total, payments, current request	4,863,100	4,945,600	4,885,600	+22,500	-60,000	
New Advance, 1st quarter	1,735,900	1,754,000	1,754,000	+18,100	---	M
Total, Administration for Children & Families	22,821,519	25,516,009	25,637,053	+2,815,534	+121,044	
Current year	(18,685,619)	(22,662,009)	(21,383,053)	(+2,697,434)	(-1,278,956)	
FY03	(4,135,900)	(2,854,000)	(4,254,000)	(+118,100)	(+1,400,000)	

(1) Funds for this program were reclassified in the mid-session review as discretionary.

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
ADMINISTRATION ON AGING						
Grants to States:						
Supportive Services and Centers	325,027	327,075	327,075	+2,048	---	D
Preventive Health	21,120	21,123	21,123	+3	---	D
Title VII	14,181	14,181	14,181	---	---	D
Family Caregivers	124,981	127,000	137,000	+12,019	+10,000	D
Nutrition:						
Congregate Meals	378,356	378,412	396,000	+17,644	+17,588	D
Home Delivered Meals	151,978	158,000	176,000	+24,022	+18,000	D
Grants to Indians	23,457	25,457	25,457	+2,000	---	D
Aging Research, Training and Special Projects	35,852	17,574	19,100	-16,752	+1,526	D
Aging Network Support Activities	1,812	1,812	1,812	---	---	D
Alzheimer's Initiative	8,962	8,962	8,962	---	---	D
Program Administration	17,216	18,122	18,122	+906	---	D
Total, Administration on Aging	1,102,942	1,097,718	1,144,832	+41,890	+47,114	
OFFICE OF THE SECRETARY						
GENERAL DEPARTMENTAL MANAGEMENT:						
Federal Funds	133,709	140,532	137,547	+3,838	-2,985	D
NAS study	500	---	---	-500	---	D
Global HIV/AIDS Fund Transfer	---	5,000	---	---	-5,000	D
Trust Funds	5,851	5,851	5,851	---	---	TF
1% Evaluation funds (ASPE) (NA)	(21,552)	(21,552)	(21,552)	---	---	NA
Subtotal	(161,612)	(172,935)	(164,950)	(+3,338)	(-7,985)	

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
Adolescent Family Life (Title XX)	24,327	27,862	27,862	+3,535	---	D
Physical Fitness and Sports	1,091	1,139	1,139	+48	---	D
Minority health	49,019	43,084	43,084	-5,935	---	D
Office of women's health	17,270	27,396	26,769	+9,499	-627	D
U.S. Surgeon General violence initiative	400	400	400	---	---	D
Office of Emergency Preparedness	11,668	14,200	14,200	+2,532	---	D
Office of Human Research Protection	5,800	7,035	7,035	+1,235	---	D
Bioterrorism (PHSSEF) (1)	(60,030)	(68,700)	(68,700)	(+8,670)	---	NA
Minority HIV/AIDS	50,000	50,000	50,000	---	---	D
IT Security and Innovation Fund	---	30,000	25,000	+25,000	-5,000	D
Total, General Departmental Management	299,635	352,499	338,887	+39,252	-13,612	
Federal Funds	293,784	346,648	333,036	+39,252	-13,612	
Trust Funds	5,851	5,851	5,851	---	---	
OFFICE OF THE INSPECTOR GENERAL:						
Federal Funds	33,586	35,786	35,786	+2,200	---	D
HIPAA funding (NA)	(130,000)	(150,000)	(130,000)	---	(-20,000)	NA
Total, Inspector General program level	(163,586)	(185,786)	(165,786)	(+2,200)	(-20,000)	
OFFICE FOR CIVIL RIGHTS:						
Federal Funds	24,669	28,691	28,691	+4,022	---	D
Trust Funds	3,314	3,314	3,314	---	---	TF
Total, Office for Civil Rights	27,983	32,005	32,005	+4,022	---	
POLICY RESEARCH	16,548	2,500	2,500	-14,048	---	D

(1) Funds are provided in the Public Health and Social Service Emergency Fund.

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS:						
Retirement payments	175,405	196,261	196,261	+20,856	---	M
Survivors benefits	12,204	12,856	12,856	+652	---	M
Dependents' medical care	30,811	32,167	32,167	+1,356	---	M
Military services credits	1,352	1,293	1,293	-59	---	M
Total, Retirement pay and medical benefits	219,772	242,577	242,577	+22,805	---	
PUBLIC HEALTH AND SOCIAL SERVICE EMERGENCY FUND	126,150	---	---	-126,150	---	D EMG
Public Health/Social Service Fund (1)	240,949	250,619	300,619	+59,670	+50,000	D
Total, Office of the Secretary	964,623	915,986	952,374	-12,249	+36,388	
Federal Funds	955,458	906,821	943,209	-12,249	+36,388	
Trust Funds	9,165	9,165	9,165	---	---	
Total, Department of Health and Human Services	266,255,183	300,091,185	301,508,579	+35,253,396	+1,417,394	
Federal Funds	264,004,420	297,730,862	299,138,256	+35,133,836	+1,407,394	
Current year	(223,630,969)	(248,274,925)	(248,282,319)	(+24,651,350)	(+7,394)	
FY03	(40,373,451)	(49,455,937)	(50,855,937)	(+10,482,486)	(+1,400,000)	
Trust Funds	2,250,763	2,360,323	2,370,323	+119,560	+10,000	

(1) The funding for this program was transferred from the Office of the Secretary and CDC to the PHSSEF.

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
TITLE III - DEPARTMENT OF EDUCATION						
EDUCATION REFORM						
Goals 2000: Educate America Act:						
State Grants forward funded	---	---	---	---	---	D FF
Parental Assistance	38,000	---	---	-38,000	---	D
Recognition and Reward	---	---	---	---	---	D
Subtotal, Goals 2000	38,000	---	---	-38,000	---	
Educational Technology: (1)						
Technology Literacy Challenge Fund	450,000	---	---	-450,000	---	D
Technology Innovation Challenge Fund	136,328	---	---	-136,328	---	D
Regional Technology in Education Consortia	10,000	---	---	-10,000	---	D
Subtotal	596,328	---	---	-596,328	---	
National Activities						
Technology Leadership Activities	2,000	---	---	-2,000	---	D
Teacher Training in Technology	125,000	---	---	-125,000	---	D
Community-Based Technology Centers	64,950	---	---	-64,950	---	D
Subtotal	191,950	---	---	-191,950	---	

(1) The budget request for $817,096,000 in education technology funding is displayed in the school improvement account.

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
Star Schools	59,318	---	---	-59,318	---	D
Ready to Learn Television	16,000	---	---	-16,000	---	D
Telcom Demo Project for Mathematics	8,500	---	---	-8,500	---	D
Subtotal, Educational technology	872,096	---	---	-872,096	---	
Total, Education Reform	910,096	---	---	-910,096	---	

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
EDUCATION FOR THE DISADVANTAGED						
Grants to Local Education Agencies (LEAs):						
Basic Grants						
Advance from prior year	(5,046,366)	(5,394,300)	(5,394,300)	(+347,934)	---	NA
Forward funded	2,000,171	7,237,721	2,642,700	+642,529	-4,595,021	D FF
Current funded	3,500	---	---	-3,500	---	D
Subtotal, Basic grants current year funding	2,003,671	7,237,721	2,642,700	+639,029	-4,595,021	
Basic Grants FY03 Advance	5,394,300	---	5,394,300	---	+5,394,300	D
Subtotal, Basic grants, program level	7,397,971	7,237,721	8,037,000	+639,029	+799,279	
Concentration Grants						
Advance from prior year	(1,158,397)	(1,364,000)	(1,364,000)	(+205,603)	---	NA
Forward funded	750	1,364,000	320,000	+319,250	-1,044,000	D FF
FY03	1,364,000	---	1,364,000	---	+1,364,000	D
Targeted Grants	---	459,000	779,000	+779,000	+320,000	D FF
Subtotal, Grants to LEAs	8,762,721	9,060,721	10,500,000	+1,737,279	+1,439,279	
Capital Expenses for Private School Children	6,000	---	---	-6,000	---	D FF
Even Start	250,000	250,000	260,000	+10,000	+10,000	D FF
Reading First:						
State Grants	---	900,000	900,000	+900,000	---	D FF
Early Reading First	---	75,000	75,000	+75,000	---	D
Subtotal, reading first	---	975,000	975,000	+975,000	---	
State agency programs:						
Migrant	380,000	380,000	410,000	+30,000	+30,000	D FF
Neglected and Delinquent/High Risk Youth	46,000	46,000	46,000	---	---	D FF
Evaluation	8,900	8,900	8,900	---	---	D
Comprehensive School Reform Demonstration	210,000	260,000	310,000	+100,000	+50,000	D FF
Total, ESEA	9,663,621	10,980,621	12,509,900	+2,846,279	+1,529,279	

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
Migrant education:						
High School Equivalency Program	20,000	20,000	23,000	+3,000	+3,000	D
College Assistance Migrant Program	10,000	10,000	15,000	+5,000	+5,000	D
Subtotal, migrant education	30,000	30,000	38,000	+8,000	+8,000	
Total, Education for the disadvantaged	9,693,621	11,010,621	12,547,900	+2,854,279	+1,537,279	
Current Year	(2,935,321)	(11,010,621)	(5,789,600)	(+2,854,279)	(-5,221,021)	
FY03	(6,758,300)	---	(6,758,300)	---	(+6,758,300)	
Subtotal, forward funded	(2,892,921)	(10,896,721)	(5,667,700)	(+2,774,779)	(-5,229,021)	
IMPACT AID						
Basic Support Payments	882,000	882,000	982,500	+100,500	+100,500	D
Payments for Children with Disabilities	50,000	50,000	50,000	---	---	D
Facilities Maintenance (Sec. 8008)	8,000	8,000	8,000	---	---	D
Construction (Sec. 8007)	12,802	150,000	35,000	+22,198	-115,000	D
Payments for Federal Property (Sec. 8002)	40,500	40,500	55,000	+14,500	+14,500	D
Total, Impact aid	993,302	1,130,500	1,130,500	+137,198	---	

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
SCHOOL IMPROVEMENT PROGRAMS						
State Grants for Improving Teacher Quality.....	---	2,600,000	1,830,000	+1,830,000	-770,000	D FF
FY03.....	---	---	1,345,000	+1,345,000	+1,345,000	D
Improving Teacher Quality, program level.....	---	2,600,000	3,175,000	+3,175,000	+575,000	
Transition to Teaching/Troops to Teachers.....	---	30,000	50,000	+50,000	+20,000	D
Eisenhower Professional Development.....	485,000	---	---	-485,000	---	D FF
National Programs.....	41,000	---	---	-41,000	---	D
Innovative Education (Education Block Grant).....	100,000	---	100,000	---	+100,000	D FF
Advance from prior year.....	(285,000)	(285,000)	(285,000)	---	---	NA
FY03.....	285,000	---	285,000	---	+285,000	D
Education Block Grant, program level.....	385,000	---	385,000	---	+385,000	
Class Size Reduction, current.....	473,000	---	---	-473,000	---	D FF
Advance from prior year.....	(900,000)	(1,150,000)	(1,150,000)	(+250,000)	---	NA
FY03.....	1,150,000	---	---	-1,150,000	---	D
Class Size Reduction, program level.....	1,623,000	---	---	-1,623,000	---	
School Renovation Grants.....	1,200,000	---	---	-1,200,000	---	D FF
Educational Technology State Grants (1).....	---	817,096	1,000,000	+1,000,000	+182,904	D
Ready to Learn/Ready to Teach (1).....	---	---	16,000	+16,000	+16,000	D
21st Century Community Learning Centers (1).....	845,614	845,614	1,000,000	+154,386	+154,386	D
Small, Safe, and Successful High Schools (1).....	125,000	---	200,000	+75,000	+200,000	D

(1) Funding for these activities was provided under the education reform acccount in FY 2001.

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
Safe and Drug Free Schools:						
State Grants, current funded	109,250	547,612	197,250	+88,000	-350,362	D FF
Advance from prior year	(330,000)	(330,000)	(330,000)	---	---	NA
FY03	330,000	---	330,000	---	+330,000	D
State Grants, program level	439,250	547,612	527,250	+88,000	-20,362	
National Programs	155,000	96,638	117,000	-38,000	+20,362	D
Coordinator Initiative	50,000	---	---	-50,000	---	D
Subtotal, Safe and drug free schools	644,250	644,250	644,250	---	---	
Choice and Innovation State Grants	---	471,500	---	---	-471,500	D
Improvement of Education Achievement:						
State Assessments	---	320,000	400,000	+400,000	+80,000	D
Reform and Innovation Fund	---	40,000	---	---	-40,000	D
Subtotal, Improvement of Education Achievement	---	360,000	400,000	+400,000	+40,000	
Inexpensive Book Distribution (RIF)	23,000	---	23,000	---	+23,000	D
Arts in Education	28,000	---	30,000	+2,000	+30,000	D

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
Other school improvement programs:						
Magnet Schools Assistance	110,000	110,000	110,000	---	---	D
Education for Homeless Children & Youth	35,000	35,000	50,000	+15,000	+15,000	D FF
Women's Educational Equity	3,000	---	3,000	---	+3,000	D
Training and Advisory Services (Civil Rights)	7,334	7,334	7,334	---	---	D
Ellender Fellowships/Close Up	1,500	---	1,500	---	+1,500	D FF
Education for Native Hawaiians	28,000	28,000	28,000	---	---	D
Alaska Native Education Equity	15,000	15,000	15,000	---	---	D
Rural Education	---	---	200,000	+200,000	+200,000	D
Character Education (1)	---	---	25,000	+25,000	+25,000	D
Mentoring Programs	---	---	30,000	+30,000	+30,000	D
Elementary School Counseling (2)	---	---	30,000	+30,000	+30,000	D
Charter Schools Homestead Fund	---	175,000	---	---	-175,000	D
Charter Schools	190,000	200,000	200,000	-10,000	---	D
Subtotal, other school improvement programs	389,834	570,334	699,834	+310,000	+129,500	
Comprehensive Regional Assistance Centers	28,000	28,000	28,000	---	---	D
Advanced Placement Fees	22,000	22,000	22,000	---	---	D
Total, School improvement programs	5,839,698	6,388,794	7,673,084	+1,833,386	+1,284,290	
Current Year	(4,074,698)	(6,388,794)	(5,713,084)	(+1,638,386)	(-675,710)	
FY03	(1,765,000)	---	(1,960,000)	(+195,000)	(+1,960,000)	
Subtotal, forward funded	(2,403,750)	(3,182,612)	(2,178,750)	(-225,000)	(-1,003,862)	

(1) The budget request included $25 million for Character Education under the Reform and Innovation Fund.

(2) $30 million was provided in the Fund for the Improvement of Education account in FY2001 for this activity.

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
READING EXCELLENCE						
Reading Excellence Act	91,000	---	---	-91,000	---	D
Advance from prior year	(195,000)	(195,000)	(195,000)	---	---	NA
FY03	195,000	---	---	-195,000	---	D
Reading Excellence, program level	286,000	---	---	-286,000	---	
INDIAN EDUCATION						
Grants to Local Educational Agencies	92,765	92,765	100,000	+7,235	+7,235	D
Federal Programs						
Special Programs for Indian Children	20,000	20,000	20,000	---	---	D
National Activities	2,735	3,235	3,235	+500	---	D
Subtotal	22,735	23,235	23,235	+500	---	
Total, Indian Education	115,500	116,000	123,235	+7,735	+7,235	
BILINGUAL AND IMMIGRANT EDUCATION						
Bilingual and Immigrant Education State Grants	---	460,000	700,000	+700,000	+240,000	D
Bilingual education:						
Instructional Services	180,000	---	---	-180,000	---	D
Support Services	16,000	---	---	-16,000	---	D
Professional Development	100,000	---	---	-100,000	---	D
Immigrant Education	150,000	---	---	-150,000	---	D
Foreign Language Assistance	14,000	---	---	-14,000	---	D
Total, Bilingual and Immigrant Education	460,000	460,000	700,000	+240,000	+240,000	

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
SPECIAL EDUCATION						
State grants:						
Grants to States Part B advance funded	5,072,000	---	5,072,000	---	+5,072,000	D
Part B advance from prior year	(3,742,000)	(5,072,000)	(5,072,000)	(+1,330,000)	---	NA
Grants to States Part B current year	1,267,685	7,339,685	2,642,685	+1,375,000	-4,697,000	D FF
Grants to States, program level	6,339,685	7,339,685	7,714,685	+1,375,000	+375,000	
Preschool Grants	390,000	390,000	390,000	---	---	D FF
Grants for Infants and Families	383,567	383,567	430,000	+46,433	+46,433	D FF
Subtotal, State grants program level	7,113,252	8,113,252	8,534,685	+1,421,433	+421,433	
IDEA National Acitivities (current funded):						
State Program Improvement Grants	49,200	49,200	54,200	+5,000	+5,000	D FF
Research and Innovation	77,353	70,000	70,000	-7,353	---	D
Technical Assistance and Dissemination	53,481	53,481	53,481	---	---	D
Personnel Preparation	81,952	81,952	90,000	+8,048	+8,048	D
Parent Information Centers	26,000	26,000	26,000	---	---	D
Technology and Media Services	37,210	31,710	31,710	-5,500	---	D
Public Telecom Info/Training Dissemination	1,500	---	---	-1,500	---	D
Subtotal, IDEA special programs	326,696	312,343	325,391	-1,305	+13,048	
Total, Special education	7,439,948	8,425,595	8,860,076	+1,420,128	+434,481	
Current Year	(2,367,948)	(8,425,595)	(3,788,076)	(+1,420,128)	(-4,637,519)	
FY03	(5,072,000)	---	(5,072,000)	---	(+5,072,000)	
Subtotal, Forward funded	(2,090,452)	(8,162,452)	(3,516,885)	(+1,426,433)	(-4,645,567)	

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
REHABILITATION SERVICES AND DISABILITY RESEARCH						
Vocational Rehabilitation State Grants	2,399,790	2,481,383	2,481,383	+81,593	---	M
Client Assistance State grants	11,647	11,647	11,647	---	---	D
Training	39,629	39,629	39,629	---	---	D
Demonstration and training programs	21,092	16,492	16,492	-4,600	---	D
Migrant and seasonal farmworkers	2,350	2,350	2,350	---	---	D
Recreational programs	2,596	2,596	2,596	---	---	D
Protection and advocacy of individual rights (PAIR)	14,000	14,000	16,000	+2,000	+2,000	D
Projects with industry	22,071	22,071	22,071	---	---	D
Supported employment State grants	38,152	38,152	38,152	---	---	D
Independent living:						
State grants	22,296	22,296	22,296	---	---	D
Centers	58,000	58,000	63,000	+5,000	+5,000	D
Services for older blind individuals	20,000	20,000	25,000	+5,000	+5,000	D
Subtotal, Independent living	100,296	100,296	110,296	+10,000	+10,000	
Program Improvement	1,900	900	900	-1,000	---	D
Evaluation	1,587	1,000	1,000	-587	---	D
Helen Keller National Center for Deaf/Blind	8,717	8,717	8,717	---	---	D
National Institute for Disability and Rehabilitation Research (NIDRR)	100,400	110,000	110,000	+9,600	---	D
Assistive Technology	41,112	60,884	60,884	+19,772	---	D
Access to Telework Fund	---	20,000	20,000	+20,000	---	D
Subtotal, discretionary programs	405,549	448,734	460,734	+55,185	+12,000	
Total, Rehabilitation services	2,805,339	2,930,117	2,942,117	+136,778	+12,000	

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES						
AMERICAN PRINTING HOUSE FOR THE BLIND	12,000	12,000	13,000	+1,000	+1,000	D
NATIONAL TECHNICAL INSTITUTE FOR THE DEAF						
Operations	48,000	48,000	50,000	+2,000	+2,000	D
Construction	5,376	4,570	5,376	---	+806	D
Total	53,376	52,570	55,376	+2,000	+2,806	
GALLAUDET UNIVERSITY						
Operations	89,400	89,400	95,600	+6,200	+6,200	D
Total, Special institutions	154,776	153,970	163,976	+9,200	+10,006	
VOCATIONAL AND ADULT EDUCATION						
Vocational education:						
Basic State Grants, current funded	309,000	1,100,000	441,250	+132,250	-658,750	D FF
Advance from prior year	(791,000)	(791,000)	(791,000)	---	---	NA
FY03	791,000	---	808,750	+17,750	+808,750	D
Basic State Grants, program level	1,100,000	1,100,000	1,250,000	+150,000	+150,000	
Tech-Prep Education	106,000	106,000	110,000	+4,000	+4,000	D FF
Tribally Controlled Postsecondary Vocational Institutions	5,600	5,600	6,000	+400	+400	D
National Programs	17,500	12,000	12,000	-5,500	---	D FF
Tech-Prep Education Demonstration	5,000	---	---	-5,000	---	D FF
Occupational and Employment Information Program	9,000	---	---	-9,000	---	D FF
Subtotal, Vocational education	1,243,100	1,223,600	1,378,000	+134,900	+154,400	

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION AND RELATED AGENCIES ($000)

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
Adult education:						
State Grants, current funded	540,000	540,000	595,000	+55,000	+55,000	D FF
National programs:						
National Leadership Activities	14,000	9,500	9,500	-4,500	---	D FF
National Institute for Literacy	6,500	6,560	6,560	+60	---	D FF
Subtotal, National programs	20,500	16,060	16,060	-4,440	---	
Subtotal, Adult education	560,500	556,060	611,060	+50,560	+55,000	
State Grants for Incarcerated Youth Offenders	22,000	22,000	17,000	-5,000	-5,000	D FF
Total, Vocational and adult education	1,825,600	1,801,660	2,006,060	+180,460	+204,400	
Current Year	(1,034,600)	(1,801,660)	(1,197,310)	(+162,710)	(-604,350)	
FY03	(791,000)	---	(808,750)	(-17,750)	(+808,750)	
Subtotal, forward funded	(1,029,000)	(1,796,060)	(1,191,310)	(+162,310)	(-604,750)	

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION AND RELATED AGENCIES ($000)

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
STUDENT FINANCIAL ASSISTANCE						
Pell Grants -- maximum grant (NA)	(3,750)	(3,850)	(4,000)	(+250)	(+150)	NA
Pell Grants -- Regular Program	8,756,000	9,756,000	10,458,100	+1,702,100	+702,100	D
Federal Supplemental Educational Opportunity Grants	691,000	691,000	725,000	+34,000	+34,000	D
Federal Work Study	1,011,000	1,011,000	1,011,000	---	---	D
Federal Perkins loans:						
Capital Contributions	100,000	100,000	100,000	---	---	D
Loan Cancellations	60,000	60,000	60,000	---	---	D
Subtotal, Federal Perkins loans	160,000	160,000	160,000	---	---	
LEAP program	55,000	55,000	55,000	---	---	D
Loan Forgiveness for Child Care	1,000	1,000	1,000	---	---	D
Total, Student financial assistance	10,674,000	11,674,000	12,410,100	+1,736,100	+736,100	
FEDERAL FAMILY EDUCATION LOAN PROGRAM						
Federal Administration	48,000	49,636	49,636	+1,636	---	D

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
HIGHER EDUCATION						
Aid for institutional development:						
Strengthening Institutions	73,000	73,000	73,000	---	---	D
Hispanic Serving Institutions	68,500	72,500	81,500	+13,000	+9,000	D
Strengthening Historically Black Colleges (HBCUs)	185,000	197,000	215,000	+30,000	+18,000	D
Strengthening historically black graduate insts	45,000	48,000	50,000	+5,000	+2,000	D
Strengthening Alaska / Native Hawaiian Instit	6,000	6,000	6,000	---	---	D
Strengthening Tribal Colleges	15,000	15,000	17,000	+2,000	+2,000	D
Subtotal, Institutional development	392,500	411,500	442,500	+50,000	+31,000	
Program development:						
Fund for the Improvement of Postsec. Ed. (FIPSE)	146,687	51,200	52,400	-94,287	+1,200	D
Minority Science and Engineering Improvement	8,500	8,500	8,500	---	---	D
International education and foreign language:						
Domestic Programs	67,000	67,000	80,000	+13,000	+13,000	D
Overseas Programs	10,000	10,000	11,500	+1,500	+1,500	D
Institute for International Public Policy	1,022	1,022	1,500	+478	+478	D
Subtotal, International education	78,022	78,022	93,000	+14,978	+14,978	
Interest Subsidy Grants	10,000	5,000	5,000	-5,000	---	D
Federal TRIO Programs	730,000	780,000	800,000	+70,000	+20,000	D
GEAR UP	295,000	227,000	285,000	-10,000	+58,000	D
Byrd Honors Scholarships	41,001	41,001	41,001	---	---	D
Javits Fellowships	10,000	10,000	10,000	---	---	D
Graduate Assistance in Areas of National Need	31,000	31,000	31,000	---	---	D
Learning Anytime Anywhere Partnerships	30,000	---	---	-30,000	---	D
Teacher Quality Enhancement Grants	98,000	54,000	100,000	+2,000	+46,000	D
Child Care Access Means Parents in School	25,000	25,000	25,000	---	---	D
Demonstration in Disabilities / Higher Education	6,000	---	6,000	---	+6,000	D
Underground Railroad Program	1,750	---	1,750	---	+1,750	D

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
WEB Based Education Commission	250	---	---	-250	---	D
GPRA data/HEA program evaluation	3,000	1,000	1,000	-2,000	---	D
Thurgood Marshall Scholarships	4,000	---	5,000	+1,000	+5,000	D
Olympic Scholarships	1,000	---	1,000	---	+1,000	D
Total, Higher education	1,911,710	1,723,223	1,908,151	-3,559	+184,928	
HOWARD UNIVERSITY						
Academic Program	198,500	198,500	208,500	+10,000	+10,000	D
Endowment Program	3,600	3,600	3,600	---	---	D
Howard University Hospital	30,374	30,374	30,374	---	---	D
Total, Howard University	232,474	232,474	242,474	+10,000	+10,000	
COLLEGE HOUSING & ACADEMIC FACILITIES LOANS PROGRAM: Federal Administration	762	762	762	---	---	D
HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING, PROGRAM ACCOUNT						
Federal Administration	208	208	208	---	---	D

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION AND RELATED AGENCIES ($000)

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
EDUCATION RESEARCH, STATISTICS, AND IMPROVEMENT						
Research and statistics:						
Research	120,567	123,067	147,567	+27,000	+24,500	D
Regional Educational Laboratories	65,000	65,000	70,000	+5,000	+5,000	D
Statistics	80,000	85,000	85,000	+5,000	---	D
Assessment:						
National Assessment	36,000	105,000	107,500	+71,500	+2,500	D
National Assessment Governing Board	4,000	4,053	4,053	+53	---	D
Subtotal, Assessment	40,000	109,053	111,553	+71,553	+2,500	
Subtotal, Research and statistics	305,567	382,120	414,120	+108,553	+32,000	
Fund for the Improvement of Education	338,781	---	---	-338,781	---	D
International Education Exchange	10,000	---	---	-10,000	---	D
Civic Education	12,000	---	12,000	---	+12,000	D
Eisenhower Professional Dvp. Federal Activities	23,300	---	---	-23,300	---	D
Eisenhower Regional Math & Science Ed. Consortia	15,000	---	---	-15,000	---	D
Javits Gifted and Talented Education	7,500	---	7,500	---	+7,500	D
National Writing Project	10,000	---	12,000	+2,000	+12,000	D
Total, ERSI	722,148	382,120	445,620	-276,528	+63,500	

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
DEPARTMENTAL MANAGEMENT						
PROGRAM ADMINISTRATION	412,196	424,212	427,212	+15,016	+3,000	D
OFFICE FOR CIVIL RIGHTS	75,822	79,934	79,934	+4,112	---	D
OFFICE OF THE INSPECTOR GENERAL	36,411	38,720	38,720	+2,309	---	D
Total, Departmental management	524,429	542,866	545,866	+21,437	+3,000	
Total, Department of Education	44,637,611	47,022,546	51,749,765	+7,112,154	+4,727,219	
Current Year	(30,056,311)	(47,022,546)	(37,150,715)	(+7,094,404)	(-9,871,831)	
FY03	(14,581,300)	---	(14,599,050)	(+17,750)	(+14,599,050)	

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
TITLE IV - RELATED AGENCIES						
ARMED FORCES RETIREMENT HOME						
Operations and Maintenance	60,000	61,628	61,628	+1,628	---	D
Capital Program	9,832	9,812	9,812	-20	---	D
Total, AFRH	69,832	71,440	71,440	+1,608	---	
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (1)						
Domestic Volunteer Service Programs:						
Volunteers in Service to America (VISTA)	83,074	82,074	83,074	---	+1,000	D
National Senior Volunteer Corps:						
Foster Grandparents Program	98,868	102,868	109,468	+10,600	+6,600	D
Senior Companion Program	40,395	44,395	44,395	+4,000	---	D
Retired Senior Volunteer Program	48,884	54,884	54,884	+6,000	---	D
Senior Demonstration Program	400	400	400	---	---	D
Subtotal, Senior Volunteers	188,547	202,547	209,147	+20,600	+6,600	
Program Administration	32,229	32,229	32,229	---	---	D
Total, Domestic Volunteer Service Programs	303,850	316,850	324,450	+20,600	+7,600	

(1) Appropriations for Americorps are provided in the VA-HUD bill.

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION AND RELATED AGENCIES ($000)

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
CORPORATION FOR PUBLIC BROADCASTING:						
FY04 (current request) with FY03 comparable.....	365,000	---	365,000	---	+365,000	D
FY03 advance with FY02 comparable (NA).....	(350,000)	(365,000)	(365,000)	(+15,000)	---	NA
FY02 advance with FY01 comparable (NA).....	(340,000)	(350,000)	(350,000)	(+10,000)	---	NA
Digitalization program (1).....	20,000	20,000	25,000	+5,000	+5,000	D
Subtotal, FY02 appropriation.....	(360,000)	(370,000)	(375,000)	(+15,000)	(+5,000)	
FEDERAL MEDIATION AND CONCILIATION SERVICE.....	38,200	39,482	39,482	+1,282	---	D
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION.....	6,320	6,939	6,939	+619	---	D
INSTITUTE OF MUSEUM AND LIBRARY SERVICES.....	207,469	168,078	168,078	-39,391	---	D
MEDICARE PAYMENT ADVISORY COMMISSION.....	8,000	8,000	8,000	---	---	TF
NATIONAL COMMISSION ON LIBRARIES AND INFO SCIENCE.....	1,495	---	1,000	-495	+1,000	D
NATIONAL COUNCIL ON DISABILITY.....	2,615	2,830	2,830	+215	---	D
NATIONAL EDUCATION GOALS PANEL.....	1,500	2,000	---	-1,500	-2,000	D
NATIONAL LABOR RELATIONS BOARD.....	216,438	221,438	221,438	+5,000	---	D
NATIONAL MEDIATION BOARD.....	10,400	10,635	10,635	+235	---	D
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION.....	8,720	8,964	8,964	+244	---	D

(1) Current funded.

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
RAILROAD RETIREMENT BOARD						
Dual Benefits Payments Account	160,000	146,000	146,000	-14,000	---	D
Less Income Tax Receipts on Dual Benefits	-10,000	-9,000	-9,000	+1,000	---	D
Subtotal, Dual Benefits	150,000	137,000	137,000	-13,000	---	
Federal Payment to the RR Retirement Account	150	150	150	---	---	M
Limitation on administration	95,000	97,700	97,700	+2,700	---	TF
Inspector General	5,700	6,480	6,042	+342	-438	TF
SOCIAL SECURITY ADMINISTRATION						
Payments to Social Security Trust Funds	20,400	434,400	434,400	+414,000	---	M
SPECIAL BENEFITS FOR DISABLED COAL MINERS						
Benefit payments	484,078	440,931	440,931	-43,147	---	M
Administration	5,670	5,909	5,909	+239	---	M
Subtotal, Black Lung, current year program level	489,748	446,840	446,840	-42,908	---	
Less funds advanced in prior year	-124,000	-114,000	-114,000	+10,000	---	M
Total, Black Lung, current request	365,748	332,840	332,840	-32,908	---	
New advances, 1st quarter FY03	114,000	108,000	108,000	-6,000	---	M

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
SUPPLEMENTAL SECURITY INCOME						
Federal benefit payments	30,483,000	29,046,000	29,046,000	-1,437,000	---	M
Beneficiary services	71,000	37,412	37,412	-33,588	---	M
Research and demonstration	30,000	30,000	30,000	---	---	M
Administration	2,349,000	2,627,000	2,627,000	+278,000	---	D
Subtotal, SSI current year program level	32,933,000	31,740,412	31,740,412	-1,192,588	---	
Less funds advanced in prior year	-9,890,000	-10,470,000	-10,470,000	-580,000	---	M
Subtotal, regular SSI current year (2001/2002)	23,043,000	21,270,412	21,270,412	-1,772,588	---	
Additional CDR funding (1)	210,000	200,000	200,000	-10,000	---	D
User Fee Activities	91,000	100,000	100,000	+9,000	---	D
Total, SSI, current request	23,344,000	21,570,412	21,570,412	-1,773,588	---	
New advance, 1st quarter, FY03	10,470,000	10,790,000	10,790,000	+320,000	---	M

(1) Two year availability.

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION AND RELATED AGENCIES ($000)

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
LIMITATION ON ADMINISTRATIVE EXPENSES						
OASDI Trust Funds	3,138,200	3,212,200	3,212,200	+74,000	---	TF
HI/SMI Trust Funds	1,094,000	1,194,000	1,194,000	+100,000	---	TF
Social Security Advisory Board	1,800	1,800	1,800	---	---	TF
SSI	2,349,000	2,627,000	2,627,000	+278,000	---	TF
Subtotal, regular LAE	6,583,000	7,035,000	7,035,000	+452,000	---	
User Fee Activities (SSI)	91,000	100,000	100,000	+9,000	---	TF
TOTAL, REGULAR LAE	6,674,000	7,135,000	7,135,000	+461,000	---	
Additional CDR funding (1)						
OASDI	240,000	233,000	233,000	-7,000	---	TF
SSI	210,000	200,000	200,000	-10,000	---	TF
Subtotal, CDR funding	450,000	433,000	433,000	-17,000	---	
TOTAL, LAE	7,124,000	7,568,000	7,568,000	+444,000	---	

(1) Two year availability.

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION AND RELATED AGENCIES ($000)

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request	
OFFICE OF INSPECTOR GENERAL						
Federal Funds	16,944	19,000	19,000	+2,056	---	D
Trust Funds	52,500	56,000	56,000	+3,500	---	TF
Total, Office of the Inspector General	69,444	75,000	75,000	+5,556	---	
Adjustment: Trust fund transfers from general revenues	-2,650,000	-2,927,000	-2,927,000	-277,000	---	TF
Total, Social Security Administration	38,857,592	37,951,652	37,951,652	-905,940	---	
Federal funds	34,331,092	33,254,652	33,254,652	-1,076,440	---	
Current year	(23,747,092)	(22,356,652)	(22,356,652)	(-1,390,440)	---	
New advances, 1st quarter	(10,584,000)	(10,898,000)	(10,898,000)	(+314,000)	---	
Trust funds	4,526,500	4,697,000	4,697,000	+170,500	---	
UNITED STATES INSTITUTE OF PEACE	15,000	15,207	15,000	---	-207	D
Total, Title IV, Related Agencies	40,383,281	39,084,845	39,460,800	-922,481	+375,955	
Federal Funds	35,748,081	34,275,665	34,652,058	-1,096,023	+376,393	
Current Year	(24,799,081)	(23,377,665)	(23,389,058)	(-1,410,023)	(+11,393)	
FY03	(10,584,000)	(10,898,000)	(10,898,000)	(+314,000)	---	
FY04	(365,000)	---	(365,000)	---	(+365,000)	
Trust Funds	4,635,200	4,809,180	4,808,742	+173,542	-438	

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION AND RELATED AGENCIES ($000)

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request
SUMMARY					
Grand bill total	364,973,854	399,709,442	406,818,551	+41,844,697	+7,109,109
Federal Funds	354,576,300	388,979,617	396,079,126	+41,502,826	+7,099,509
Current year	(286,635,699)	(328,625,680)	(317,563,139)	(+30,927,440)	(-11,062,541)
Advance Year, FY03	(68,001,751)	(60,353,937)	(78,450,987)	(+10,449,236)	(+18,097,050)
Advance Year, FY04	(365,000)	---	(365,000)	---	(+365,000)
Trust Funds	10,397,554	10,729,825	10,739,425	+341,871	+9,600
BUDGET ENFORCEMENT ACT RECAP					
Mandatory, total in bill	255,313,074	283,380,686	283,320,801	+28,007,727	-59,885
Less advances for subsequent years	-49,527,451	-60,353,937	-60,353,937	-10,826,486	---
Plus advances provided in prior years	42,791,003	49,527,451	49,527,451	+6,736,448	---
Subtotal, mandatory	248,576,626	272,554,200	272,494,315	+23,917,689	-59,885

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION AND RELATED AGENCIES ($000)

	FY 2001 Comparable	FY 2002 Request	Recommended in bill	Bill compared with FY 2001 Comparable	Bill compared with FY 2002 Request
Discretionary, total in bill	109,660,780	116,328,756	123,497,750	+13,836,970	+7,168,994
Less advances for subsequent years	-18,839,300	---	-18,462,050	+377,250	-18,462,050
Plus advances provided in prior years	18,953,435	18,824,300	18,824,300	-129,135	---
Scorekeeping adjustments:					
Adjustment to balance with 2001 bill	-2,061	---	---	+2,061	---
Adjustment for leg cap on Title XX SSBGs	---	---	---	---	---
SSA User Fee Collection	-91,000	-100,000	-100,000	-9,000	---
Sec. 515 - SSA User Fee Collection	-10,000	---	---	+10,000	---
Title XX	25,000	---	---	-25,000	---
TANF Transfer	---	---	---	---	---
SSA State Reimbursement	-295,000	---	---	+295,000	---
Welfare to work and child support	-50,000	---	---	+50,000	---
Health care fraud and abuse limitation	---	---	-35,000	-35,000	-35,000
Title VI - Mark-to-Market	---	---	-354,000	-354,000	-354,000
Total, discretionary, current year	109,351,854	135,053,056	123,371,000	+14,019,146	-11,682,056
Grand total, current year	357,928,480	407,607,256	395,865,315	+37,936,835	-11,741,941