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**Calendar No. 193**

107TH CONGRESS, *1st Session* | SENATE | REPORT 107–84

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

OCTOBER 11, 2001.—Ordered to be printed

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

## REPORT

[To accompany S. 1536]

The Committee on Appropriations reports the bill (S. 1536) making appropriations for Departments of Labor, Health and Human Services, and Education and related agencies for the fiscal year ending September 30, 2002, and for other purposes, reports favorably thereon and recommends that the bill do pass.

*Amount of budget authority*

| | |
|---|---|
| Total bill as reported to Senate | $407,267,401,000 |
| Amount of adjusted appropriations, 2001 | 364,816,166,000 |
| Budget estimates, 2002 | 399,626,042,000 |
| The bill as reported to the Senate: | |
| Over the adjusted appropriations for 2001 | 42,451,235,000 |
| Over the budget estimates for 2002 | 7,641,359,000 |

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## SUMMARY OF BUDGET ESTIMATES AND COMMITTEE RECOMMENDATIONS

For fiscal year 2002, the Committee recommends total budget authority of $407,267,401,000 for the Departments of Labor, Health and Human Services, and Education, and Related Agencies. Of this amount, $123,071,000,000 is current year discretionary funding.

### ALLOCATION CEILING

Consistent with Congressional Budget Office scorekeeping, the recommendations result in full use of the $123,071,000,000 in discretionary budget authority pursuant to section 302(b) of the Congressional Budget Act of 1974, as amended.

## OVERVIEW AND BILL HIGHLIGHTS

The Labor, HHS and Education and Related Agencies bill constitutes the largest of the 13 federal appropriations bills being considered by Congress this year. It is the product of extensive deliberations, driven by the realization that no task before Congress is more important than safeguarding and improving the health and well-being of all Americans. This bill is made up of over 300 programs, spanning three federal Departments and numerous related agencies. But the bill is more than its component parts. Virtually every element of this bill reflects the traditional ideal of democracy: That every citizen deserves protection from illness and want; the right to a basic education and job skills training; and an equal opportunity to reach one's highest potential.

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

## HIGHLIGHTS OF THE BILL

*Youth violence prevention initiative*.—Building on last year's efforts, the Committee bill includes $1,542,800,000 for currently authorized programs within the Departments of Labor, HHS and Education. The initiative will focus resources on activities that identify, prevent and help cope with violence among youth.

*Job Training*.—The Committee recommendation includes $5,533,281,000 for job training programs, an increase of $404,760,000 over the budget request.

*Worker protection*.—The Committee bill includes $1,422,356,000 to ensure the health and safety of workers, including $450,262,000 for the Occupational Safety and Health Administration and

$256,093,000 for the Mine Safety and Health Administration. The recommendation is an increase of $63,877,000 over the 2001 level.

*Persons With Disabilities*.—In addition to programs highlighted individually and to promote independent living in home and community based settings, the Committee has included $1,275,976,000 for services to persons with disabilities. This includes $60,884,000 for programs authorized under the Assistive Technology Act, an increase of $19,772,000 over 2001. In addition, the recommendation includes $43,263,000 for the Office of Disability Policy at the Department of Labor, and $70,000,000 for Real Choice Systems Change Grants and Nursing Home Transition Grants through the Center for Medicaid and Medicare Services.

*National Institutes of Health*.—A total of $23,695,260,000 is recommended to fund biomedical research at the 25 Institutes and centers that comprise the NIH. This represents an increase of $3,400,000,000 over the fiscal year 2001 level.

*Embryo Adoption*.—The Committee has included $1,000,000 for a public awareness Campaign to educate Americans about the existence of spare embryos and adoption options.

*AIDS*.—The Committee bill includes $5,165,565,000 for AIDS research, prevention, and services. This includes $1,883,000,000 for Ryan White programs, an increase of $75,391,000 and $781,213,000 for AIDS prevention programs at the Centers for Disease Control and Prevention.

*Bioterrorism initiative*.—The Committee bill includes $338,000,000 to fund efforts to address bioterrorism threats.

*Medical Error Reduction.*—The Committee recommendation includes $60,000,000 for activities of the Agency for Healthcare Research and Quality to reduce medical errors, an increase of $10,000,000 over the administration's request.

*Health Centers*.—The recommendation includes $1,343,723,000 for health centers, an increase of $51,000,000 over the budget request, and $175,111,000 over the fiscal 2001 enacted level.

*Centers for Disease Control*.—The Committee bill provides $331,518,000 within the Centers for Disease Control and Prevention to combat the growing threat of infectious disease. The amount recommended is an increase of $13,844,000 over the fiscal year 2001 amount.

*Community services block grant*.—The Committee bill includes $675,000,000, an increase of $75,009,000 over the 2001 enacted level. This program provides a wide range of services and activities to alleviate causes of poverty in communities and to assist low-income individuals in becoming self-sufficient.

*Head Start*.—The Committee recommendation includes $6,600,000,000 for the Head Start Program. This represents an increase of $400,188,000 over the 2001 enacted level.

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

*Education for the Disadvantaged*.—The Committee has provided $11,879,900,000 in grants to enhance educational opportunities for disadvantaged children. This includes an increase of

$1,437,279,000 over the fiscal year 2001 amount for grants to local education agencies, bringing the total to $10,200,000,000.

*Teacher Quality*.—The Committee recommends $3,039,834,000 for grants to improve teacher quality. This is an increase of $931,834,000 above the appropriation for fiscal year 2001 and $439,834,000 over the budget request.

*Educational Technology*.—The Committee recommends $1,000,000,000 for educational technology, an increase of $182,904,000 over the budget request.

*After-School Programs*.—The Committee recommends $1,000,000,000 for 21st Century Community Learning Centers, an increase of $154,385,000 over the fiscal year 2001 appropriation and the budget request.

*Student financial aid*.—The Committee recommends $12,284,100,000 for student financial assistance, an increase of $1,610,100,000 over last year. This recommendation includes $713,100,000 for the Federal Supplemental Educational Opportunity Grant Program, a $22,100,000 increase over last year. The amount provided for the Pell Grant Program will allow the maximum grant to be raised to $4,000, an increase of $250 over the 2001 amount.

*Higher education initiatives*.—The Committee bill provides $1,764,223,000 for initiatives to provide greater opportunities for higher education, including $805,000,000 for Federal TRIO programs.

*Education for individuals with disabilities*.—The Committee bill provides $7,339,685,000 to ensure that all children have access to a free and appropriate education, and that all infants and toddlers with disabilities have access to early intervention services. This represents an increase of $1,000,000,000 over the 2001 level. Included in this appropriation is an increase of $8,048,000 over last year's level for Personnel Preparation Services under Part D of IDEA.

*Rehabilitation services*.—The bill recommends $2,481,383,000 for rehabilitation services, an increase of $81,593,000 above the amount provided in 2001. These funds are essential for families with disabilities seeking employment.

*Services for older Americans*.—For programs serving older Americans, the Committee recommendation totals $2,786,477,000 including $202,547,000 for senior volunteer programs, $450,000,000 for community service employment for older Americans, $366,500,000 for supportive services and centers, and $561,000,000 for senior nutrition programs. For the medical research activities of the National Institute on Aging, the Committee recommends $909,174,000. The Committee recommendation includes $15,000,000 for the Medicare insurance counseling program.

*Public broadcasting*.—The Committee bill provides $375,000,000 to support public radio and television, an increase of $15,000,000 over the previous year's appropriation.

BIOTERRORISM INITIATIVE

The terrorist attacks of September 11, 2001 proved the willingness of America's enemies to use new types of weapons of mass destruction to murder large numbers of civilians. Among these new

weapons, the use of biological agents in acts of terrorism is considered a potential threat with extraordinarily grave consequences. An act of bioterrorism could be perpetrated directly against the health of Americans, or indirectly via an attack on the Nation's food supply. The Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies recognized the seriousness of this threat and held a series of hearings, beginning in 1998 and culminating on October 3, 2001, to assess the needs of the civilian agencies responsible for responding to acts of bioterrorism. In these hearings, the subcommittee heard testimony from Federal, State, and local officials that identified potential deficiencies in their response to an act of bioterrorism.

This year's appropriation to the Department of Health and Human Services for responding to bioterrorism totals over $338,000,000, an increase of over $48,000,000 over last year which represents almost a doubling of that budget since 1999. The Committee recognizes that the urgency of the threat requires more funding, and will work with the administration to develop a supplemental appropriation bill that addresses the needs of Federal, State, and local agencies and health departments to coordinate a response, stockpile appropriate pharmaceuticals, and build our public health infrastructure so that it may more quickly detect and more effectively respond to an act of bioterrorism or any other event that threatens the health of our citizens.

RURAL HEALTH INITIATIVE

There are more than 54 million Americans living in rural areas, roughly 20 percent of the country's population. Rural areas, however, face unique and longstanding problems in accessing and maintaining adequate health care services. According to HHS' Agency for Healthcare Research and Quality, almost one-third of the adults living in rural America is in poor to fair health—in fact, it is estimated that over 20 million rural Americans have inadequate access to health care services.

While there is great variability across rural areas, there are some common threads. Typically, rural communities have small populations spread out over large geographic areas. This causes many rural residents to have to travel great distances to receive care and in many communities the challenges are made even more difficult by bad weather, poor roads and/or mountainous terrain.

Rural communities often face an aging infrastructure of older hospitals and clinics, problems accessing capital improvement funding and a limited and often depressed economic base.

The serious lack of mental health and substance abuse professionals, community-based services, and infrastructure means that, in rural areas, individuals with a mental or substance abuse disorder go untreated at disproportionately greater rates than Americans with similar health problems living in urban communities.

Rural Americans also are more likely to be poor, old, and experiencing poor health and disabilities than their urban counterparts. They are less likely than their urban counterparts to have access to an automobile or public transportation or to have a telephone.

Thus, while there are significant barriers to primary health care for Americans living in all parts of the country, access to basic, yet

essential, health care services is most problematic in rural communities.

*Lack of health care clinicians*

Although 20 percent of the population lives in rural areas, only 9 percent of physicians practice there. In 2000, rural areas contained 67 percent of the country's primary care health professional shortage areas.

While primary care providers are scarce in rural areas, specialized care is even more difficult to access. Internists, general surgeons, obstetrician-gynecologists and pediatricians and other medical specialists tend to be concentrated in bigger towns and cities.

Studies show that physicians trained in rural areas are more likely to practice in those areas. Unfortunately, few rural training opportunities exist. There are currently only 21 rural training tracks in which the residents spend the majority of their time training in rural areas under the 1+2 model (1 year in a teaching hospital with 2 years in a rural practice site).

Historically, the National Health Service Corps has been a key provider of rural health professionals. In fiscal year 2000, 61.5 percent of the NHSC placements were in rural areas. Unfortunately, due to limited funding, only 12.5 percent of the communities eligible for a primary care provider placement receive assistance.

*Limited local health care services*

Rural hospitals are the lifeblood of the rural health care delivery system. The bulk of the 2,187 rural hospitals are primary care hospitals. Specialized hospital care, however, is limited.

—Of the 245 long-term care hospitals in the country, only 12 of them are in rural areas.

—Of the 601 psychiatric hospitals in the country, only 81 of them are in rural areas.

—Of the 208 rehabilitation hospitals in the country, only 21 of them are in rural areas.

—All of the country's 73 children's hospitals are in urban areas.

*Aging health care infrastructure*

Rural areas are reliant on an aging infrastructure. Twelve percent of rural hospitals located in counties adjacent to urban areas are using buildings and fixed equipment that is more than 20 years old, compared to just 7 percent for hospitals in urban areas. For those rural counties that are not adjacent to urban areas, the figure is even higher—15 percent are using aging building and equipment.

There are few sources of capital for rural hospitals. The existing capital programs available through the U.S. Department of Housing and Urban Development are geared toward large urban facilities with substantial administrative requirements that are beyond the reach of most small rural providers. The USDA's Capital Facilities Loan program offers another opportunity for loans and grants but it has limited resources and is open to all rural providers and not targeted specifically to health care facilities.

*Access*

Access problems for rural residents are most severe in the more isolated areas, due primarily to lack of providers and greater distances needed to travel to receive care.

Forty-three percent of rural residents go without coverage of prescription drugs for the entire year compared to 27 percent of urban residents. Fifty-two percent of rural elderly residents 85 and over have no prescription drug coverage compared to 33 percent of their urban counterparts.

*Limited economic base*

Rural areas are often adversely affected by poor economic conditions. Many of these communities may have a weak economic base, which creates limited capacity to support modern health care delivery. The limited economic base also makes common capital improvements, such as air conditioning repairs, major obstacles or sometimes completely unaffordable.

*Reliance on Medicare*

Medicare financing plays a critical role in supporting the rural health care delivery system and continues to be the dominant source of health care reimbursement in rural areas. Medicare patient expenses in 1998 accounted for 47 percent of total patient care expenses for rural hospitals, compared to 36 percent of urban hospitals. That makes rural hospitals particularly vulnerable to Medicare payment policy changes.

Also, rural Medicare beneficiaries are typically treated in a fee-for-service format and their provider base is heavily weighted toward primary care. Fifty-seven percent of the physicians in these areas are generalists compared to 27 percent in urban areas. Therefore, rural populations are significantly less likely to receive specialized care, including timely EKGs for congestive heart failure and transient ischemic attack, follow-up care after hospitalizations for diabetes and gastrointestinal bleeding, timely gallbladder removal for symptomatic gallstones and screening mammography.

To address these inequities and barriers to access in rural communities, the Committee has provided increased funding for programs for this rural health initiative.

*Access to Providers*

*National Health Service Corps.*—To help train and retain primary care providers in rural areas, the Committee has provided $154,400,000, an increase of over $25,000,000 over fiscal year 2001 for both recruitment and placement under the National Health Service Corps. The Committee expects that a significant portion of the additional funding will be used to minimize the disparity in the supply of health care providers between rural and urban communities.

*Quentin N. Burdick Program for Rural Interdisciplinary Training.*—The Committee has increased funding for the Quentin N. Burdick Program to ensure an appropriate increase in the distribution of health care professionals to rural areas by recruiting, training, and retaining teams of interdisciplinary professionals to work in rural underserved areas.

*Access to health care facilities*

*Community Health Centers*.—The Committee has provided the largest single increase—over $175,000,000, for Community Health Centers. These centers play an integral role in providing critical health care services to underserved and uninsured people throughout America. The Committee expects that a portion of the additional funding provided in this bill will be used to expand access to health care services to rural communities.

*Support for rural hospitals*

*Rural Hospital Flexibility Grants*.—The Committee has provided full funding for this program to assist States to stabilize and improve access to health care services in rural communities.

*Regulatory Relief for Rural Hospitals*.—The Committee has provided $15,000,000 for the Rural Hospital Improvement Program to provide grants to small rural hospitals (those with fewer than 50 beds) and rural hospital networks to assist struggling rural facilities with the administrative burdens created by the Balanced Budget Restoration Act and the Health Insurance Portability and Accountability Act. While the Committee believes these regulatory changes will ultimately improve the health care system by improving quality and reducing medical errors, it believes rural facilities, because of their unique economic barriers, face unique hurdles and deserve some relief.

*Reducing health disparities*

*Rural Health Research*.—The Committee has provided an increase for Rural Health Policy Development to improve and expand the capacity of Rural Health Research Centers to develop and identity appropriate recommendations for improving the delivery of health care services in rural communities.

*State Offices of Rural Health*.—The Committee has doubled funding for the State Offices of Rural Health from $4,000,000 to $8,000,000. The additional funding will enable States to improve rural health outreach and coordination and to better meet the specific rural health needs in each State. A portion of the new funding will be used to fund rural health quality improvement grants throughout America.

*Improving Medicare Reimbursement Levels for Rural Providers*.—The per-beneficiary reimbursement rate for providers is typically much lower in rural States than in more heavily populated States. The Committee has directed the Secretary to develop a proposal that would increase the payment rates to Medicare providers who are currently reimbursed at a rate below 95 percent of the national average.

*Rural Health Outreach*.—The Committee has provided $5,000,000 to improve access to automatic external defibrillators in rural communities.

*Medical errors initiative*

Last year, the Committee provided funds to begin to address the problem of injuries and deaths resulting from preventable medical errors. The Institute of Medicine (IOM) estimates that medical errors are the fifth leading cause of death in the United States. With

the $50,000,000 the Committee provided in fiscal year 2001, the Agency for Healthcare Research and Quality (AHRQ) was able to fund grants for 16 States to allow those States to begin collecting comparable data on medical errors so that national trends can be determined and analyzed. Also, AHRQ used a portion of the funds appropriated to support a number of projects to determine innovative ways of reducing medical errors.

This year, the Committee is providing a total of $60,000,000 to continue and expand efforts to reduce medical errors. The Committee expects that AHRQ will use these funds to ensure that lessons learned and best practices will be shared among hospitals and healthcare providers. The Committee directs AHRQ to work with the Center for Medicare and Medicaid Services (CMS) to provide such information to participating hospitals and healthcare facilities so that they can begin implementing successful strategies. In an effort to reduce medical errors, the Committee also directs CMS to prepare a comprehensive report on how current State requirements are enforced. This report should include information detailing how well the State licensing boards are meeting their target patient safety goals.

The Committee further directs AHRQ to provide a report detailing the results of its efforts to reduce medical errors. Among other things, the report should include how hospitals and other healthcare facilities are reducing medical errors; how these strategies are being shared among healthcare professionals; how many hospitals and other healthcare facilities record and track medical errors; how medical error information is used to improve patient safety; what types of incentives and/or disincentives have helped healthcare professionals to reduce medical errors; a list of the most common root causes of medical errors. The report should also provide data showing the effectiveness of State requirements in reducing medical errors. The report should also describe how AHRQ is responding to some of the findings in the IOM's report "To Err is Human: Building a Safer Health System."

The Committee reiterates its position that there should be zero tolerance for preventable medical mistakes and that the Congress, the Administration, State licensing boards, and private healthcare institutions and providers should work together to prevent further unnecessary deaths and injuries.

AGING INITIATIVE

The decennial Census provides us with a snapshot of what our society looks like today, reminds us how we have changed over the years and offers a preview of the future composition of the United States population. Last year, almost 46,000,000 Americans, or one of every six, were 60 years of age or older. While the total population for the United States increased by 13 percent since 1990, those in the age category 75–84 increased by twice that rate. Our Nation's most senior group—the population 85 years and older—increased by three times the rate of the overall population, making it the second fastest growing age group. The largest increase occurred in the number of individuals age 45–54—members of the baby boom generation—whose ranks increased by 50 percent since 1990. With improvements in health care supporting increasing life

expectancy, it is this group that will add significant shades of grey to the picture of the population of the United States.

These facts illustrate the trend of more people, living longer, but that alone does not tell the entire story. Many Americans know first hand that increases in age are accompanied often by the onset of a disabling condition. Census data show that more than half of the population 65 years of age and older report at least one disabling condition. Almost 25 percent of the Nation's elders will experience multiple, chronic, disabling conditions that make it necessary for them to rely on others for their care and help with meeting basic needs. And for those age 80 and older, approximately 3 out of 4 are likely to experience at least one disabling condition, and more than one in three will require some assistance with activities of daily living.

In recognition of these facts and the many, significant contributions that our Nation's elderly have made and continue to make in our society, the Committee has developed an aging initiative designed to increase the capacity of home- and community-based services to support a high quality life for older Americans. The initiative is comprised of two components: guidance for the departments funded through the Labor, Health and Human Services, and Education and Related Agencies appropriations bill to follow in order to improve the administration of programs that serve seniors, and additional resources to increase the capacity of programs to meet their goals and objectives.

The Committee recognizes that the national aging network, comprised of State units on aging, area agencies on aging, and service providers, is the foundation of supports and services for frail older people, their families and caregivers. Programs and services administered by the aging network make it possible for frail older people to live in their homes and receive care in the home or a community-based setting.

The Committee notes that many of the aging services programs are administered at the Federal level by many different departments or agencies, which creates a number of barriers that make State and local administration more cumbersome. Removing some of these barriers and allowing more State and local flexibility will improve the ability of the aging network to be responsive to the needs of older people and their families and caregivers. The Committee believes that interagency cooperation and coordination across different programs will help leverage the resources available at the Federal level and establish a coordinated infrastructure of home- and community-based services for older adults, thereby improving the availability and accessibility of these services at the local level.

Therefore, The Committee directs the Secretary of the Department of Health and Human Services to set up an Interagency Task Force on Aging Programs, comprised of the Departments of Health and Human Services, Housing and Urban Development, Agriculture, Labor and Transportation. The Task Force's efforts should focus on coordinating activities to maximize the impact of existing services, reducing and eliminating duplication in both service provision and the process for accessing such services, and minimizing regulatory burdens and costs at the local level. The Committee also

strongly urges that HHS increase the visibility and prominence of elder issues within the Department and encourages the Department to provide the Administration on Aging with a more visible and stronger leadership role within HHS. The Committee expects to be briefed on a quarterly basis about the activities and accomplishments of the Task Force.

*Strengthening the Aging Network*

The Older Americans Act is the only piece of Federal legislation that promotes comprehensive, coordinated systems of community care, but it falls short of its promise due to the challenges of limited resources. The Committee recognizes that insufficient resources available to the aging network makes it difficult to serve effectively the millions of Americans eligible for services. Therefore, the Committee has increased funding for Older Americans Act programs by 10 percent over the fiscal year 2001 level. These additional resources will provide critical investments in nutrition, caregiver support, transportation and other supportive services. The Committee believes that these investments in the aging network are essential to maintaining a high quality of life for our Nation's elderly—in their homes and communities—and a key to preparing for the needs associated with the aging of the baby boom generation.

*Supportive Services and Senior Centers*

The Committee has provided $366,500,000 for the supportive services and senior centers program, an increase of $41,425,000 over last year and the most significant investment in more than two decades. The Committee recognizes the critical role that this program plays in providing services to seniors that enable them to continue living independently at home or in their community. For example, transportation assistance provided to older Americans residing in rural areas allows them to make their doctor's appointment, get vital prescriptions filled or shop for groceries. The Committee also is aware that funding for elderly case management is essential to provide relief to community service providers and partners in the process who have historically provided support on a voluntary basis, but who now feel they are jeopardizing their ability to provide services to all clients by stretching their resources and organizations to the breaking point. Without adequate transportation assistance, adult day care, case management and in-home services that this program provides millions of older Americans could face avoidable hospital stays and unnecessary institutionalization.

*Protection of Vulnerable Older Americans*

The Committee recommendation includes $18,181,000 to defend the basic rights of vulnerable older Americans and to help them protect themselves from abuse, neglect and exploitation, an increase of $4,000,000 over last year. The Committee is aware of the findings from the 1998 National Elder Abuse Incidence Study that almost 450,000 individuals 60 years of age and older in domestic settings experienced abuse, neglect, exploitation and/or self-neglect during 1996. Less than 1 in 5 individuals actually reported these

incidents to the appropriate agencies. In addition, approximately 3 million elderly and disabled individuals receiving care in nursing homes, assistive living facilities and similar arrangements throughout the United States filed more than 200,000 complaints about their care. The Committee notes that the Institute of Medicine report on Improving the Quality of Long-Term Care identified the long-term care ombudsman program as "probably the best-known advocacy effort in long-term care" and stated that ombudsmen and long-term care professionals argue that "routine on-site presence of ombudsmen establishes resident confidence, allows resident problems to be detected before they become serious and promotes positive working relationships with facility administration and staff." The additional resources recommended by the Committee will support the hiring of additional ombudsmen and the publication and dissemination of educational materials.

*Family Caregiver Support Program*

The Committee continues its investment in the critical long-term care assistance delivered by the family and informal caregiving support network by providing a $20,000,000 increase in the National Family Caregiver Support Program and an increase of $1,000,000 for the Native American Caregiver Support Program. The Committee recommends a total of $146,000,000 for caregiver support programs. As the population of the United States continues to age and average life spans continue to lengthen, more and more Americans face the challenges of providing care to those who need help because of chronic illness or disability. More than 12 million adults have a disability that may require assistance from others to carry out activities of daily living, such as bathing and feeding. The Committee notes that if the work of the more than 7 million unpaid caregivers had to be replaced by paid home care staff, the estimated cost would be $94,000,000,000 per year. The significant increase the Committee recommends is not based on cost savings to the Nation's health care system alone, but instead reflective of the important assistance and relief that caregiver support programs offer for those providing unpaid services to loved ones, friends and neighbors—our Nation's elderly—to help them continue to live independently in their community.

The Committee strongly urges the Assistant Secretary of the Administration on Aging and the Chief Executive Officer of the Corporation for National Service to coordinate activities under the National Family Caregiver Support program of the Older Americans Act in a way that maximizes the ability of local communities to meet the burgeoning need for home- and community-based care for seniors and respite care for caregivers. The Committee notes that the Senior Companion Program authorized under the Domestic Volunteer Service Act has been providing in-home services to homebound seniors, respite services to their families, and more for three decades. Volunteers under the Retired and Senior Volunteer Program provide hundreds of thousands of hours annually to homebound seniors and their families. The Committee understands that coordination between area agencies on aging and these grantees, particularly those sponsored by groups other than senior organizations, can serve to strengthen the infrastructure of support avail-

able in communities throughout the country and in doing so, provide seniors and their families greater access to much-needed services.

*Nutrition Programs*

The Committee has provided $561,000,000 for elderly nutrition programs, an increase of $30,588,000 over last year. This increase includes an additional $25,000,000 for the home delivered meals program. The Committee notes that nutrition programs are a critical component of the overall package of home- and community-based services for elderly people. For seniors, nutrition can be especially important, because of their vulnerability to health problems and physical and cognitive impairments. The last evaluation of the elderly nutrition programs indicated program participants are twice as likely to live alone and have physical impairments, but because of the services provided by the nutrition programs, experience higher daily intakes of key nutrients and more social contacts per month than similar nonparticipants. Expenditures under the nutrition program are highly leveraged by State, tribal, local, and other Federal monies and services and are also augmented by donations from participants—making the nutrition programs a great investment of Federal resources. Unfortunately, the evaluation noted that 41 percent of service providers have waiting lists for home-delivered meals. The increase provided by the Committee will help address the critical need for additional nutrition services.

*Alzheimer's Disease Demonstrations*

The Committee recommendation includes $13,000,000 for this demonstration grant program, an increase of $4,038,000 over last year. The Committee notes that an estimated 70 percent of individuals with Alzheimer's disease live at home, where families provide the preponderance of care. For these families, care giving comes at enormous physical, emotional and financial sacrifice. The Alzheimer's disease demonstration grant program currently provides matching grants to 24 States to stimulate and better coordinate services for families coping with Alzheimer's. With a relatively small amount of Federal support to provide the stimulus, States have found innovative ways to adapt existing health, long-term care, and community services to reach previously underserved populations, particularly minorities and those living in rural communities. Given the programs proven record of success, the Committee has provided a significant investment in order to expand the program to additional States.

*Enhancing Employment and Training Services for Mature and Older Workers*

Recent Census data show that among individuals age 65 years and older, 14 percent were in the civilian labor force. The Committee is aware that, prior to enactment of the Workforce Investment Act (WIA), the Federal job-training program targeted funds specifically to older workers. Currently, WIA funds are not targeted for training older workers, at a time when the number of older workers is increasing significantly. To remain competitive in the labor market, older workers must acquire or update their job skills.

While WIA is designed to meet the needs of all workers, the Committee is concerned that the One-Stop Career Centers, funded under WIA, may not be adequately meeting the training and educational needs of older workers. The Committee therefore requests that the Department of Labor (DOL) report within 180 days the measures it can undertake to ensure training and related services, appropriated under WIA, are available to older workers.

The Committee is pleased that both Senior Community Service Employment Program (SCSEP) grantees and the DOL are interested in increasing unsubsidized placements of low-income older workers participating in the SCSEP program. However, given the decline in the national economy, the Committee is concerned that any significant increase in the SCSEP unsubsidized placement goal, absent the availability of national or local WIA occupational skills training resources for SCSEP participants, will not be achievable. The Committee, therefore, could support a modest increase in the SCSEP minimum unsubsidized placement goal only if it is implemented after the DOL has assured the Committee that the necessary WIA occupational skills training resources are available to all SCSEP participants.

*Health Care Support Structure*

The Committee has provided $15,000,000 within the Centers for Medicare and Medicaid budget to support grants for State Health Insurance Counseling and Assistance programs (SHIPs), an increase of $5,000,000 over last year. SHIPs provide information, counseling and decision support to people with Medicare. The 53 State and territorial programs are administered either by the State unit on aging or the State department of insurance. The Committee is aware that these programs provide a valuable service to people with Medicare and require a stable source of funding. The CMS shall use these resources to provide grants to States for SHIPs to enable them to increase their capacity to serve Medicare beneficiaries, to operate a resource center and to administer special projects that will help SHIPs continuously improve the quality of service they provide. The Committee expects CMS to include, within its fiscal year 2003 congressional justification, a specific dollar request for SHIPs, or to indicate that no resources are being requested for this activity.

The Committee is aware that many elderly individuals may be eligible for payment of the cost of medicare cost-sharing under the Medicaid program. The Committee notes that studies have estimated that 35 to 40 percent of the noninstitutionalized population eligible for the Qualified Medicare Beneficiary program and Specified Low-Income Medicare programs are not receiving the financial assistance available from these programs. Research has shown that individuals likely to be eligible for this assistance tend to be relatively old, have lower income and resources than other Medicare beneficiaries and are more likely to be in poor health and have functional limitations. In order to increase awareness of and participation in these programs, the Committee has provided $7,000,000 to the Social Security Administration (SSA) to enable SSA to conduct outreach efforts to identify individuals who may be

eligible for payment of the cost of medicare cost-sharing under the medicaid program.

*Supporting Networks of Home and Community Based Care*

The Committee strongly supports efforts to reduce barriers to community living for all Americans. The Committee believes the Department of Health and Human Services (HHS) should continue to develop initiatives designed to reduce barriers to community living and ensure that the elderly disabled population is considered in all initiatives designed to address barriers to community living. The Committee notes that materials released by HHS since the Olmstead decision and in response to the New Freedom initiative have said little or nothing about the needs of the elderly disabled. The Committee believes that greater attention needs to be paid to the needs of older persons, to the role played by State Units on Aging (SUAs) both as administrators of Medicaid waiver and other home and community based services for the elderly and the unique issues involved in the delivery of HCBS to older people. The Committee also encourages the Centers for Medicare and Medicaid Services to focus increased attention on the issue of institutionalization, including the unique needs of the elderly.

The Committee has included $50,000,000 within the Centers for Medicare and Medicaid Services budget for Real Choice Systems Change Grants to States to fund initiatives that establish specific actions steps and timetables to achieve enduring system improvements and to provide long-term services and supports, including community-based attendant care, to eligible individuals in the most integrated setting appropriate. Grant applications should be developed jointly by the State and Consumer Task Force. The Task Force should be composed of individuals with disabilities, including the elderly, consumers of long-term care services and supports, and those who advocate on behalf of such individuals. Grant funded activities should focus on areas of need as determined by the States and the Task Force such as needs assessment and data gathering, strategies to modify policies that unnecessarily bias the provision of long-term care to institutional settings or health care professionals, strategies to ensure the availability of a sufficient number of qualified personal attendants and training and technical assistance.

The Committee notes that the purpose of the Assistive Technology Act is to enhance access to assistive technology to empower individuals with disabilities to have greater control over their lives and more fully participate in their home, school, and work environments, and their communities. The Committee recognizes the high priority of supporting individuals in their home or community-based settings. To that end, the Committee encourages the Secretary of Education to give priority in providing technical assistance and planning for assistive technology to support community living; provide States greater flexibility to set priorities under the assistive technology program; and facilitate States' ability to work directly with lending institutions to make available to consumers low cost loans to be used to purchase assistive technology that supports independent living. The Committee also has included bill language and sufficient resources within the Department of Edu-

cation's Assistive technology program to continue all State projects funded under title I of the Assistive Technology Act and maintain the current program structure of the Alternative Loan Financing program authorized under title III of the Act.

*Investments in Biomedical Research*

The Committee recommends a record $3,400,000,000 increase for the National Institutes of Health over the fiscal year 2001 appropriation, for a total budget of $23,695,260,000. This investment in medical research can foster improved health, longer life expectancy, a better quality of life and lower health care costs. While the Committee does not earmark specific funding levels for individual diseases and conditions, a significant portion of this record increase will go toward research on aging-related matters. For example, funding for the National Institute of Aging will rise 15.7 percent, from $786,056,000 in fiscal year 2001 to $909,174,000 in fiscal year 2002. Funding for the National Institute of Arthritis and Musculoskeletal and Skin Diseases will rise 16.5 percent, from $394,968,000 to $460,202,000, and funding for the National Institute of Neurological Disorders and Stroke will rise 15.4 percent, from $1,172,132,000 to $1,352,055,000.

STEM CELL RESEARCH

In November 1998, the world first learned that scientists had successfully cultured human embryonic stem cells. Those researchers found that these cells, in their earliest stages, have the ability to transform into any type of cell in the human body. In theory, a stem cell implanted into a diseased heart, for example, would become a healthy heart cell; the same procedure could restore new life to a damaged spinal cord, an insulin-deficient pancreas, or a liver riddled by hepatitis. That theory gained more credence when another team of researchers saw promising signs of movement after injecting human embryonic stem cells into the spinal cords of monkeys stricken with Lou Gehrig's disease.

Since 1998, the Subcommittee on Labor, Health and Human Services, and Education has held nine hearings on stem cell research. The subcommittee has heard more than 20 hours of testimony from preeminent scientists who have described the potential of stem cells to cure the most common diseases afflicting Americans today. It has heard from ethicists who have discussed the moral and social implications of pursuing this line of research. It has listened to company executives recount their hopes for delivering therapies to patients and patent attorneys discuss intellectual property rights. But the most striking and most compelling testimony has come from patients who suffer from diseases and disabilities that could one day be treated or cured with the help of embryonic stem cells.

The Committee urges the NIH to move quickly to support all types of stem cell research, including embryonic, adult, and cord blood, and to keep the Committee informed of the research progress.

The Committee understands that it may take several years to translate research on these cells into therapies. Therefore, it directs the National Institutes of Health [NIH] to award grants for

human embryonic stem cell research as quickly as possible, in strict compliance with ethical guidelines.

YOUTH VIOLENCE PREVENTION INITIATIVE

An estimated 3 million crimes a year are committed in or near the Nation's 85,000 public schools. Homicide is now the third leading cause of death for children age 10 to 14. For more than a decade it has been the leading cause of death among minority youth between the ages of 15 and 24. The trauma and anxiety that violence begets in our children most certainly interferes with their ability to learn and their teachers' ability to teach: an increasing number of school-aged children say they often fear for their own safety in and around their classroom.

The Gun-Free Schools Act of 1994 requires states to pass laws mandating school districts to expel any student who brings a firearm to school. A recent study indicates that the number of students carrying weapons to school dropped from 26.1 percent in 1991 to 18.3 percent in 1997. While this trend is encouraging, the prevalence of youth violence is still unacceptably high.

Fault does not rest with one single factor. In another time, society might have turned to government for the answer. However, there is no easy solution, and total reliance on government would be a mistake. Youth violence has become a public health problem that requires a national effort.

The Committee is aware of the controversy regarding the media's role in influencing youth violence. Despite disagreement over the media's role, the Committee is encouraged by historic efforts of various sectors of the entertainment industry to monitor and discipline themselves and to regulate content. The industry's self-imposed, voluntary ratings system is a step in the right direction.

The Committee continues its commitment to provide adequate resources to address youth violence. Since fiscal year 1999, the Committee has devoted $2,900,000,000 for this prevention initiative. This year, the Committee recommends $1,542,800,000 for this purpose. By reallocating funds from existing programs and coordinating efforts throughout the Departments of Health and Human Services, Labor, Education and the Department of Justice, the agencies have been able to target resources and address youth violence in a comprehensive fashion. This coordinated approach will improve research, prevention efforts, education and treatment strategies.

REPROGRAMMING AND INITIATION OF NEW PROGRAMS

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

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

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

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

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

TRANSFER AUTHORITY

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

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

# TITLE I—DEPARTMENT OF LABOR

## EMPLOYMENT AND TRAINING ADMINISTRATION

### TRAINING AND EMPLOYMENT SERVICES

| | |
|---|---|
| Appropriations, 2001 | $5,452,453,000 |
| Budget estimate, 2002 | 5,128,521,000 |
| Committee recommendation | 5,533,281,000 |

The Committee recommends $5,533,281,000 for this account in 2002 which provides funding authorized primarily by the Workforce Investment Act [WIA]. This is $80,828,000 more than the 2001 level. This is $404,706,000 above the Administration request.

Training and employment services is comprised of programs designed to enhance the employment and earnings of economically disadvantaged and dislocated workers, operated through a decentralized system of skill training and related services. This appropriation is generally forward-funded on a July-to-June cycle. Funds provided for fiscal year 2002 will support the program from July 1, 2002, through June 30, 2003.

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

Fiscal year 2000 was the first full year of operations under the new Workforce Investment Act, beginning July 1, 2000 through June 30, 2001. The new legislation is significantly enhancing employment and training services, consolidating, coordinating, and improving programs utilizing a local level one-stop delivery system. However, transition to the new legislative requirements has resulted in higher levels of unexpended funds than historical averages, allowing for continued expansion of job training services in the budget year while maintaining formula grant funding at least at current levels. The Committee recommendation rejects the cutbacks proposed in the President's budget, recognizing the vital role of the workforce system at a time of economic slowdown.

*Adult employment and training activities*.—For Adult Employment and Training Activities, the Committee recommends $950,000,000. This is the same as the 2001 comparable level and $50,000,000 more than the budget request. This program is authorized by the Workforce Investment Act and is formula-funded to States and further distributed to local workforce investment boards. Services for adults will be provided through the One-Stop system and most customers receiving training will use their individual training accounts to determine which programs and providers fit their needs. The Act authorizes core services, which will be available to all adults with no eligibility requirements, and in-

tensive services, for unemployed individuals who are not able to find jobs through core services alone.

*Dislocated worker employment and training activities*.—For Dislocated Worker Employment and Training Activities, the Committee recommends $1,549,000,000. This is an increase of $136,460,000 over the 2001 comparable level. Of this amount, $1,272,000,000 is designated for State formula grants, an increase of $109,968,000 over the 2001 enacted level. This program, authorized by WIA, is a State-operated effort which provides core services, intensive services, training, and supportive services to help permanently separated workers return to productive, unsubsidized employment. In addition, States use these funds for rapid response assistance to help workers affected by mass layoffs and plant closures. The recommendation includes $277,000,000 available to the Secretary for activities specified in WIA, primarily to respond to mass layoffs, plant and/or military base closings, and natural disasters across the country, which cannot be otherwise anticipated, as well as technical assistance and training and demonstration projects.

The Committee commends the administration for moving expeditiously to release emergency dislocated worker funding in response to the recent terrorist attacks.

The Committee bill continues language authorizing the use of funds under the dislocated workers program for projects that provide assistance to new entrants in the workforce and incumbent workers. It also continues language modified to waive a 10 percent limitation in the Workforce Investment Act with respect to the use of discretionary funds to carry out demonstration and pilot projects, multi-service projects and multi-State projects with regard to dislocated workers, and to waive certain other provisions in that Act.

The Committee recommends continuation of the following fiscal year 2001 projects and activities in the fiscal year 2001 conference agreement under the dislocated worker program:

—Hawaii Department of Labor/Kauai Cooperative Extension
—Maui Women in High Tech Training
—JobLinks Program
—Pennyslvania Training Consortium
—Clayton College & State University GA-Virtual Ed & Training Project
—Bethel Native Corp.—Alaska

These continuation grants are subject to project performance, demand for activities and services, and utilization of prior year funding.

The Committee is aware of the following projects that it encourages the Department to consider supporting:

—Good Faith Fund of the Arkansas Enterprise Group in Arkadelphia, Arkansas
—Opportunities Industrialization Centers, International, services to those who had transitioned from welfare to work but are now out of work
—Cheiron Foundation, dislocated worker activities in rural, underserved areas
—Bloomington, Indiana job training program for dislocated workers, using resources of Indiana University

—Worker retraining for former tobacco workers, Idealliance group in Winston-Salem, North Carolina
—River Valley Growth Council, worker retraining for metal products industry
—Chicago Youth and Adult Training Center, careers in the automobile industry
—United Mineworkers of America career centers for retraining of dislocated miners
—Dexter Training Center to train and provide career counseling to rural, dislocated workers
—Training of dislocated and incumbent workers in plastics and metals industries—Buncombe County Mountain Area Workforce Development Board
—Workforce and related service requirements of migrant and seasonal agricultural workers facing employment dislocation—La Cooperativa Compesina de California
—Training services to both incumbent and dislocated workers—the Labor Institute of Training in Indianapolis, Indiana, and the Indiana Department of Workforce Development
—Workforce Training and Retraining for dislocated and incumbent workers in real manufacturing environment—University of Albany, New York
—Workforce Development project to retrain older incumbent workers for Montana workforce—Montana State University, Billings
—Multi-State (Alabama, California, Connecticut, New Hampshire, Michigan, Ohio, and Vermont) Pilot of National Institute for Metal Working Skills to retrain and certify dislocated workers and low wage workers as metalworkers
—State of New Mexico—telecommunications job training for dislocated workers
—Clemson University, retraining of tobacco farmers
—Oregon technology training program for incumbent and underemployed workers
—Central Oregon Community College, manufacturing and applied technology center
—South Central Wisconsin Workforce Development Board
—Recruiting for the Information Technology Age (RITA), to increase the capacity of Women Work!
—Opportunity Medical, Highland Park, Illinois, job training for disabled persons

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

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

The Committee has been advised that in some remote areas of the country local personnel have received inadequate firefighting training and in some cases lack even basic skills such as operation of fire trucks and firefighting equipment. The Committee urges the agency to work with local communities to develop basic firefighting job training programs utilizing existing training facilities.

The Committee is aware of the substantial worker dislocation brought on by the closure of all but two sugarcane plantations in Hawaii and the rapidly increasing demand for food safety training at all levels of food production. To meet these needs, the Committee urges funding for the Hawaii Department of Labor and Industrial Relations and the Hawaii Farm Bureau Federation to provide on-farm and off-farm food safety training for dislocated sugarcane workers employed in the agricultural and food sector.

The Committee is aware of a collaborative effort between Kenosha County, Wisconsin, and Daimler Chrysler to retrain employees and create a regional technology center through the dislocated worker skills shortage demonstration program.

The Committee is aware of the severe worker dislocation brought on by the closure of open-pit mines and the trend toward underground mining. Three decades of decline in underground operations have caused the industry to lose much of the work force and skills of underground mining. Few, if any, underground mechanics are available that have adequate training in the technologies required by the industry. The Committee encourages the Department to support funding proposals in this area.

*Youth activities*.—For Youth Activities, the Committee recommends $1,127,965,000, the same as the 2001 comparable level and $127,000,000 more than the budget request. Youth Activities, authorized by WIA, consolidates the Summer Youth Employment and Training Program under JTPA Title IIB, and Youth Training Grants under JTPA Title IIC. In addition to consolidating programs, WIA also requires Youth Activities to be connected to the One-Stop system as one way to link youth to all available community resources. The purpose of Youth Activities is to provide eligible youth with assistance in achieving academic and employment success through improving educational and skill competencies and providing connections to employers. Other activities include providing mentoring opportunities, opportunities for training, supportive services, summer employment opportunities that are directly linked to academic and occupational learning, incentives for recognition and achievement, and activities related to leadership development, citizenship, and community service.

*Youth opportunity grants*.—For Youth Opportunity Grants, the Committee recommends $250,000,000, the same as the 2001 comparable level and the budget request. Youth Opportunity Grants are authorized in the Workforce Investment Act. These grants are aimed at increasing the long-term employment of youth who live in empowerment zones, enterprise communities, and other high-poverty areas. Surveys conducted by the Department of Labor have found employment rates for out-of-school youth as low as 24 percent in selected high-poverty neighborhoods. Youth Opportunity Grants will attempt to dramatically increase these employment rates, and thus improve all aspects of life for persons living in these communities.

*Job Corps*.—For Job Corps, the Committee recommends $1,399,148,000. This is the same as the budget request and the 2001 comparable level. The Committee applauds Job Corps for establishing partnerships with national employers, and encourages Job Corps to continue to work with both large employers and small

businesses to ensure that student training meets current labor market needs. Job Corps should continue its efforts to upgrade its vocational offerings and curricula to reflect industry standards and skill shortages. Job Corps, authorized by WIA, is a nationwide network of residential facilities chartered by Federal law to provide a comprehensive and intensive array of training, job placement and support services to at-risk young adults. The mission of Job Corps is to attract eligible young adults, teach them the skills they need to become employable and independent, and place them in meaningful jobs or further education. Participation in the program is voluntary and is open to economically disadvantaged young people in the 16–24 age range who are unemployed and out of school. Most Job Corps students come from disruptive or debilitating environments, and it is important that they be relocated to residential facilities where they can benefit from the highly structured and carefully integrated services provided by the Job Corps program. A limited number of opportunities are also available for non-residential participation.

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

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

*Responsible Reintegration for Young Offenders*.—The Committee recommends $55,000,000 for Responsible Reintegration for Young Offenders, the same as the fiscal year 2001 level, to address youth offender issues. This large scale WIA Pilot and Demonstration initiative will link offenders under age 35 with essential services that can help make the difference in their choices in the future, such as education, training, job placement, drug counseling, drug demand reduction activities, and mentoring, in order to reintegrate them into the mainstream economy. Through local competitive grants, this program would establish partnerships between the criminal justice system and local workforce investment systems, complementing a similar program in the Department of Justice (DOJ). To maximize the impact of these initiatives, the DOL and

DOJ funds will be targeted to the same communities and populations. An estimated 13,750 youth will be served, and it is expected that 65 percent of program graduates will get jobs, re-enroll in high school, or be enrolled in post-secondary education or training.

The Committee recognizes the Home Builders Institute's Project CRAFT (Community Restitution and Apprenticeship Focused Training) program as a model 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 of Labor to work with the Justice Department to replicate such a project in order to offer at-risk and juvenile offenders pre-apprenticeship training and job placement in the building industry.

*Native Americans*.—For Native Americans, the Committee recommends $57,800,000. This is $2,800,000 more than 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 recommendation includes $1,711,000 for use under section 166(j)(1) of the Act, relating to assistance to American Samoans. 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 $80,770,000. This is $4,000,000 more than the 2001 comparable level. This program, authorized by WIA, is designed to serve members of economically disadvantaged families whose principal livelihood is derived from migratory and other forms of seasonal farmwork, or fishing, or logging activities. Enrollees and their families are provided with employment training and related services intended to prepare them for stable, year-round employment within and outside of the agriculture industry.

The Committee recommendation includes bill language providing $74,751,000 for State service area formula grants, $5,000,000 for migrant and seasonal farmworker housing grants, and $1,019,000 for other discretionary purposes.

In its fiscal year 2001 appropriations report the Committee provided an additional $4,253,000 to the Department because of the change in the formula used to allocate migrant and seasonal farmworker funds to grantees. These funds were used to restore grantees serving States with reduced allocations due to the formula change to the 1998 funding level for those States. For fiscal year 2002, in addition to the $73,643,000 recommended for State service area formula grants, the Committee is adding $1,108,000 to the $4,253,000 provided in fiscal year 2001 to fund grantees in those States impacted by the formula change at their comparable 1998 level.

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

For migrant and seasonal farmworker housing, the Committee recommendation of $5,000,000 represents an increase of $1,000,000 over the fiscal year 2001 level. The Committee expects that these funds will be made available to housing grantees receiving grants in fiscal year 2000 to develop housing and related facilities.

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

*Technical Assistance/Incentive Grants*.—The Committee recommends $15,000,000 for the provision of technical assistance, staff development, and replication of programs of demonstrated effectiveness; as well as incentive grants to each State that exceeds State adjusted levels of performance for WIA State programs.

*Pilots, Demonstrations, and Research*.—The Committee recommends $35,000,000 for grants or contracts to conduct research, pilots or demonstrations that improve techniques or demonstrate the effectiveness of programs.

The Committee acknowledges changes under the Workforce Investment Act to develop and implement techniques and approaches, and demonstrate the effectiveness of specialized methods, of addressing the employment and training needs of individuals. The Committee encourages the Department to ensure that these projects are coordinated with local boards. Appropriate time limits are established for projects. Grant applications for over $500,000 are subject to peer review. The Committee encourages the Department of Labor to ensure that project performance is adequately documented and evaluated.

The Committee recommends continuation of the following fiscal year 2001 projects and activities under the pilot and demonstration program:

—Job Corps Fellowship Training Program at Minot State University
—Training and Education Opportunities-University of Hawaii at Maui
—Remote Rural Hawaii Job Training project for low-income youth and adults
—Hawaii American Samoan Job Training
—Training and Education Opportunities—University of Hawaii at Maui
—Ilasagvik College-Barrow, Alaska
—Kawerak, Inc. Vocational Training for Alaska Natives—Nome, Alaska

—Alaska Federation of Natives Foundation
—Alaska Works, Construction Job Training—Fairbanks, Alaska
—Alaska Native Heritage Center, and Bishop Museum in Hawaii
—Peabody-Essex Museum in Salem, Massachusetts
—University of Missouri-St. Louis Regional Center for Ed and Work
—Vermont Tech College-Tech Training Initiative
—Des Moines Community College-SMART Partners, Iowa
—American Indian Science & Eng. Society-Rural Computer Utilization Training
—Maui Economic Development Board-Rural Computer Training
—South Dakota Intertribal Skill Training Cooperative
—University of Colorado Health Sciences Center-Telehealth Distance Learning

These continuation grants are subject to project performance, demand for activities and services, and utilization of prior year funding.

The Committee is aware of the following projects that it encourages the Department to consider supporting:

—Expansion of Focus Hope Information Technology Center, Detroit
—Las Vegas Culinary Training Center
—Intertribal Bison Cooperative expansion
—Nevada Works demonstration projects
—Alexandria/Arlington Workforce Investment Board
—United Technologies Center—photonics curriculum for the purpose of training students
—Kennebec Valley Technical College—Precision Machining Technology Program
—New Hampshire Motor Transit Association Driver Training School—public-private effort to recruit, train and retain truck drivers
—City of Indianapolis—trades training initiative
—American Printing House for the Blind & Rehabilitation and Research Training Center on Blindness at Mississippi State University—national needs assessment of the Workforce Investment Act's One-Stop Career Centers
—Honest Day Labor, Nashville, Tennessee—provides homeless and poor individuals with the transportation and tools
—Total Action Against Poverty—Center for Employment Training skill training program model
—New Iowans Career Entry—address workforce needs
—Salt Lake City—Youth City Empowerment program
—Indiana Department of Workforce Development—Technology Enhancement Certification for Hoosiers
—Ivy Tech State College of Indiana—Machine Tool Technology Training Initiative
—Northeast Alabama Adult Education Program—adult education program
—Chemeketa Community College—educational and support services to Woodburn
—Koahnic Broadcasting
—Yukon Kuskokwim Health Corporation

—Northwest Regional Miner-Training and Research Facility vocational training for miners, laborers, and mechanics, research facilities for underground mining and related safety and environmental problems
—Altoona Blair County Development Corporation—highly training workforce
—Manufacturers Research Center & 3 Lehigh Valley community colleges—workforce development system to train dislocated disadvantaged, incumbent and emerging workers
—Ogontz Avenue Revitalization Corporation—community-targeted workforce development
—Jobs for America's Graduates—school-to-work projects for at-risk young people
—National Court Reporters Association—recruit and train individuals to perform real-time captioning services
—Court Reporting Institute of Dallas and Alvin Community College—train reporters and captioners
—AIB College of Business—train reporters and captioners
—Chattanooga State Community College—develop curriculum, distance learning programs, job placements for training closed captioners
—Real Time Captioning at the University of Mississippi School of Court Reporting
—Lakeshore Technical College and Madison Area Technical College, Wisconsin—train reporters and captioners
—Green River Community College—train reporters and captioners
—Community College of Allegheny County—train reporters and captioners
—Cuyahoga Community College—train reporters and captioners
—Clark State Community College—train reporters and captioners
—Alfred State College—train reporters and captioners
—St. Louis Community College—train reporters and captioners
—Southern Illinois University at Carbondale—train reporters and captioners
—Midstate College—train reporters and captioners
—Sarasota County Technical Institute—train reporters and captioners
—Gadsen State Community College—train reporters and captioners
—Orleans Technical Institute in Pennsylvania—train reporters and captioners
—Chicago Area Workers' Rights Task Force, Center for Import Research
—Region of Manufacturing Excellence (ROME)—a project to address the manufacturing workforce needs of northeast Ohio
—Northern Great Plains, Community eBusiness Service Center
—State of Alaska Rural Veterans Job Search and Job Preparation program
—State of Alaska rural summer youth employment and academic enrichment program
—International Longevity Center, New York
—Center for Employment Training in San Jose, California

—Hood River Integrated Community/Community College Technology Training and Education program
—Vermont Telecommunications Application Center
—Cyber Skills Vermont Workforce Development Initiative
—Bay Area Workforce Development Board, Wisconsin
—Great Cities' Universities Skills Enhancement Partnership, Wisconsin
—Wisconsin Indianhead Technical College
—Douglas County Senior Center, Wisconsin
—Northern Wisconsin Concentrated Employment Program, Inc.
—Community Learning Center at Union County College, Elizabeth, New Jersey
—Nurse retention demonstration project, Washington Health Foundation
—Model data plan for Washington State health workforce analysis and planning
—San Diego State University, high-tech training program
—Good Faith Fund, Arkansas Enterprise Group
—University of Arkansas Medical Sciences BioVentures
—University of Arkansas GENESIS Technology Incubator
—Working Partners, demonstration programs to help reduce substance abuse in the workplace
—Tanana Chiefs Conference and the Alaska Laborers Union, on-the-job skills training and employment opportunities for Alaska Natives
—Alaska Department of Labor and Workforce Development to develop a training program for firefighters in remote villages in Alaska
—Permian Basin Energy Education Project—petroleum technology training
—Lehigh University—developing innovative educational methods
—Collegiate Consortium—workforce training
—Cox Family Enterprise Center—helping individuals meet dramatic challenges of owning, operating, developing family businesses
—Good Shepherd Home in Lehigh County, the Re Place
—Compton Youth Succeed Initiative, Los Angeles County
—Federation of Southern Cooperatives
—Ready, Willing and Able
—Southern Arizona Institute of Advanced Technology, high-tech training
—Mayville State University/Traill County Technology Center, North Dakota
—Bishop Museum
—Pacific Basin Immigrant Job Training
—Maui Women Future Employment Opportunities
—School of the Building Arts to train students in the proper restoration of historic sites, Charleston, SC
—Retail Employee Link to Education, New Mexico Retailers Association
—Odyssey Maritime, school to work initiative in Washington State

—Training for at-risk young people in occupations related to the use of biometric technology in the security industry at Mississippi Valley State University
—Alcorn Biotechnology Center, distance learning and business training activities
—Mississippi State University Nursery Assistance
—University of Mississippi Engineering Coalition
—Mississippi Delta Community College Business Services Center
—Harrisburg One-Stop project in Tupelo, Mississippi
—Creation of Southern NJ Regional Hospitality Workforce Development Consortium to coordinate training and develop career ladder structure in hospitality and gaming industry
—Gloucester County College, New Jersey
—Dream Center to provide job and training skills for new labor market entrants or re-entrants—Los Angeles, California
—North Country Career Center model education and training program—Newport, Vermont
—Vermont Department of Employment and Training employer-led education and training partnerships initiative
—Vermont Information Technology Center model information technology training initiative—Champlain College, Burlington, Vermont
—Institute for Health Care Workforce Development, South Carolina
—Lehigh University Job Training for hard to serve disadvantaged youth in manufacturing sector—Pennsylvania
—Workplace Acclimation Program for Ex-Offenders to provide pre-employment training and job placement assistance to former offenders—Safer Foundation, Chicago, Ill
—Remote 21st Century Rural Hawaii Job Training Project
—Remote Rural Alaska Job Training Project
—Model Community Jobs Initiative to train homeless persons, San Francisco, CA
—Collegiate Consortium for Workforce & Economic Development, Philadelphia Naval Business Center
—Kirkwood Community College and ACT, Inc. for workforce skills development in Iowa
—Community Self-Empowerment & Employment Program (CSEEP) (PA)—comprehensive employment readiness, job development, job place, and case management for area low-income residents
—Western Alaska workforce training initiative
—Nevada Works
—UNLV Center for Workforce Development and Occupational Research
—University of South Carolina College of Social Work, computer training for low-income unemployed workers
—South Sumter Resource Center, South Carolina—comprehensive system of academic and skill training, leadership development, support services, case management, on-the-job training, and cultural enrichment for at-risk youth
—Green Thumb, Inc.—conduct program for rural, low-income elders to develop entrepreneurial skills that utilize e-commerce and IT

—California State Polytechnic University, technology workforce training
—San Diego State University, high-tech workforce development
—Tlingit-Haida project—job training to unemployed natives in southeast Alaska
—Mott Community College Workforce Development Institute for Manufacturing Simulation
—Jefferson State Community College, Information Technology workforce development
—Greater Columbus Ohio Chamber of Commerce Career Academies program—project to design and test programs in partnership with workforce development system
—Public/Private Ventures workplace mentoring program
—Urban League of Hudson County, New Jersey, Workforce Development Center
—Allegheny County, Pennsylvania, training of information technology workers
—Waukesha, Wisconsin, workforce training for economically disadvantaged youth and adults at La Casa de Esperanza
—Skill training for low-income and disadvantaged workers at the Center for Employment Training in San Jose
—Covington Work Initiative Network, St Tammany Parish, Louisiana
—Job Challenge Pilot Program, Louisiana
—Southeastern Louisiana Economic and Workforce Development Initiative
—Oregon Institute of Technology
—Minority-Owned Business Development and Training Initiative of the Minority Business Roundtable
—Three Rivers Workforce Investment Board to train individuals in information technology occupations to take them from entry-level to mid-level skill positions in Allegheny County
—University Technology Park/Westchester University for the establishment of a Computer and Internet Training Center
—Opportunities Industrialization Center of Philadelphia, Inc. for the OIC Hospitality Training Institute of Philadelphia to replicate the Philadelphia Opportunities Inn: Hospitality Training Institute in five cities
—Southeastern Pennsylvania Chapter of the American Red Cross to provide job counseling, training, and services for disaster victims receiving extended care at the SEPA Chapter Red Cross House
—National Student Partnerships for the opening of National Student Partnerships at Temple University, establishing staffed offices at the University of Pennsylvania and the University of Pittsburgh, and the continuation of NSP's 18 current sites
—Nueva Esperanza for the administration of the Nueva Esperanza Telework Center in Philadelphia, to provide technological jobs in a low-income area, provide technical job training and aid in further career development
—Olde Kensington Redevelopment Corporation for the establishment of the North Philadelphia Senior Development Project by the Olde Kensington Redevelopment Corporation

—Community Loan Fund Southwestern Pennsylvanian to expand CLF's "Family-Wage Job Initiative," which will provide resources and create family wage jobs in nine Southwestern Pennsylvania Counties

—The University of Louisville Center for Supply Chain Workforce Development

The Committee is aware that even the best employment and training programs cannot serve those who lack the basic skills to enter such programs. The Committee understands that programs that help unskilled workers achieve the level of literacy necessary to participate in Employment and Training Programs improves their chances of successfully transitioning into full-time employment. The Committee encourages the Department to fund demonstration grants under Workforce Investment Act Title I National Programs to increase the capacity of national networks of volunteer adult literacy programs, library literacy programs and urban literacy coalitions to prepare the hardest-to-reach/hardest-to-teach adults and out of school youth for the workforce.

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

*Women in Apprenticeship.*—The Committee recommends $1,000,000 to continue the current level of the Women in Apprenticeship and Nontraditional Occupations program. This activity provides technical assistance to employers and unions to assist them in training, placing, and retraining women in nontraditional jobs and occupations.

*National Skills Standards Advisory Board.*—The Committee recommends the budget request of $3,500,000 for the Board, the same amount provided in fiscal year 2001.

The Committee understands that the Board helped the Manufacturing Skill Standards Council (MSSC) develop the comprehensive national manufacturing skill standards which were unveiled earlier this year and believes that it should now help the MSSC develop assessments and certifications to accompany these standards.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

| | |
|---|---|
| Appropriations, 2001 | $440,200,000 |
| Budget estimate, 2002 | 440,200,000 |
| Committee recommendation | 450,000,000 |

The Committee recommends $450,000,000, an increase of $9,800,000 over the budget request and the fiscal year 2001 appropriation for community service employment for older Americans. This program, authorized by title V of the Older Americans Act, provides part-time employment in community service activities for unemployed, low-income persons aged 55 and over. It is forward-funded from July to June, and the 2002 appropriation will support the program from July 1, 2002, through June 30, 2003. The Committee believes that within the title V community service employment for older Americans, special attention should be paid to providing community service jobs for older Americans with poor employment prospects, including individuals with a long-term detach-

ment from the labor force, older displaced homemakers, aged minorities, limited English-speaking persons, and legal immigrants.

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

The Committee is pleased that both senior Community Service Employment Program grantees and the Department are interested in increasing unsubsidized placements of low-income older workers participating in the SCSEP program. However, given the decline in the national economy, the Committee is concerned that any significant increase in the SCSEP unsubsidized placement goal, absent the availability of national or local WIA occupational skills training resources for SCSEP participants, will not be achievable. The Committee, therefore, could support a modest increase in the SCSEP minimum unsubsidized placement goal only if it is implemented after the Department has assured the Committee that the necessary WIA occupational skills training resources are available to SCEP participants.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

| | |
|---|---|
| Appropriations, 2001 | $406,550,000 |
| Budget estimate, 2002 | 415,650,000 |
| Committee recommendation | 415,650,000 |

The Committee recommends $415,650,000, the same as the budget request and an increase of $9,100,000 above the 2001 enacted level for Federal unemployment benefits and allowances. These are entitlement funds.

The trade adjustment line item has two activities totaling $349,500,000 in fiscal year 2002.

The first activity, trade adjustment assistance benefits, provides for special unemployment benefit payments to workers as authorized by the Trade Act of 1974, as amended. For this activity the Committee recommends $255,000,000. This is the same as the budget request and an increase of $7,000,000 above the 2001 comparable level. These funds will permit payment of benefits, averaging $239 per week, to 33,400 workers for 2002.

The second activity, trade adjustment assistance training, provides training, job search, and job relocation allowances to workers adversely affected by imports. The funding for this activity is also authorized under the Trade Act of 1974, as amended. The Committee recommends $94,500,000 for this activity, the same as the budget request and an increase of $100,000 above the 2001 comparable level. These funds will provide services for an estimated 22,400 workers.

For NAFTA activities, $66,150,000 is provided in two components.

The first component, NAFTA transitional adjustment assistance benefits, provides for weekly benefit payments to workers affected by imports from Mexico and Canada. These payments are also authorized by the Trade Act of 1974, as amended as a result of the signing of the North American Free Trade Agreement [NAFTA]. The Committee recommends $29,000,000 for this activity. This is the same as the budget request and an increase of $2,000,000 over the 2001 comparable level and represents the current services funding level.

The second component, NAFTA transitional adjustment assistance training, provides funds for training, job search and job relocation to workers affected by imports from Mexico and Canada. The fiscal year 2002 current services recommendation is $37,150,000, the same as the fiscal year 2001 enacted level and the budget request.

Resources related to the Administration's legislative proposals will be considered upon enactment of the requested legislation.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

| | |
|---|---|
| Appropriations, 2001 | $3,380,210,000 |
| Budget estimate, 2002 | 3,414,338,000 |
| Committee recommendation | 3,430,338,000 |

The Committee recommends $3,430,338,000 for this account. This is $16,000,000 above the budget request and $50,128,000 above the 2001 comparable level. Included in the total availability is $3,238,886,000 authorized to be drawn from the "Employment Security Administration" account of the unemployment trust fund, and $191,452,000 to be provided from the general fund of the Treasury.

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

For unemployment insurance (UI) services, the bill provides $2,413,923,000. This includes $2,403,923,000 for State Operations, which is the same as the President's request and $50,128,000 above the fiscal year 2001 level. The Committee expects the Department to manage these resources to ensure equitable funding to States to handle total workload, which is estimated to be 2,622,000 average weekly insured unemployment (AWIU) claims. The Committee recommendation includes $10,000,000 for UI national activities, the same as the fiscal year 2001 level and the President's request, which is directed to activities that benefit the State/Federal unemployment insurance program. The bill continues to provide for a contingency reserve amount should the unemployment workload exceed an average weekly insured claims volume of 2,622,000. This contingency amount would fund the administrative costs of unemployment insurance workload over the level of 2,622,000 insured unemployed per week at a rate of $28,600,000 per 100,000 insured unemployed, with a pro rata amount granted for amounts of less than 100,000 insured unemployed.

The Committee recommendation includes bill language which addresses the settlement of litigation relating to the acquisition of an automated system for benefit payments under the unemployment compensation program.

For the employment service, the Committee recommends $848,415,000 which includes $23,452,000 in general funds together with an authorization to spend $824,963,000 from the "Employment security administration" account of the unemployment trust fund.

Included in the recommendation for the employment service [ES] is $796,735,000 for Grants to States, available for the program year of July 1, 2002, through June 30, 2003. This is the same as the budget request and the 2001 comparable level. The recommendation includes $51,680,000 for national activities, an increase of $2,000,000 over the budget request.

The recommendation also includes $148,000,000 for one-stop career centers. This Committee recommendation includes funding for America's Labor Market Information System, including core employment statistics, universal access for customers, improving efficiency in labor market transactions, and measuring and displaying WIA performance information.

The recommendation includes $20,000,000 for the Work Incentives Grants program, the same as last year's level and the President's request, to help persons with disabilities find and retain jobs through the One-Stop Career Center system mandated by the Workforce Investment Act. Funding will support systems building grants intended to ensure that one-stop systems integrate and coordinate mainstream employment and training programs with essential employment-related services for persons with disabilities.

The Committee agrees that the work opportunity tax credit [WOTC], and the welfare-to-work tax credit provide important resources to create new jobs, particularly for those Americans who would otherwise be dependent on welfare. Therefore, the Committee recommendation includes $22,000,000 for the administration of these initiatives, an increase of $2,000,000 over the 2001 level.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

| | |
|---|---|
| Appropriations, 2001 | $435,000,000 |
| Budget estimate, 2002 | 464,000,000 |
| Committee recommendation | 464,000,000 |

The Committee recommends $464,000,000, an increase of $29,000,000 above the 2001 comparable level, for this account. The appropriation is available to provide advances to several accounts for purposes authorized under various Federal and State unemployment compensation laws and the black lung disability trust fund, whenever balances in such accounts prove insufficient. The bill anticipates that fiscal year 2002 advances will be made to the black lung disability trust fund. The requested amount is required to provide for loan interest payments on Black Lung Trust Fund borrowed amounts.

The separate appropriations provided by the Committee for all other accounts eligible to borrow from this account in fiscal year 2002 are expected to be sufficient. Should the need arise, due to unanticipated changes in the economic situation, laws, or for other

legitimate reasons, advances will be made to the needy accounts to the extent funds are available. Funds advanced to the black lung disability trust fund are now repayable with interest to the general fund of the Treasury.

PROGRAM ADMINISTRATION

| | |
|---|---|
| Appropriations, 2001 | $158,863,000 |
| Budget estimate, 2002 | 161,078,000 |
| Committee recommendation | 161,078,000 |

The Committee recommendation includes $112,571,000 in general funds for this account, as well as authority to expend $48,507,000 from the "Employment Security Administration" account of the unemployment trust fund, for a total of $161,078,000. This is $2,215,000 greater than the 2001 comparable level.

The Committee recommendation includes $1,300,000 for the management and oversight of the various pilot and demonstration projects funded as part of this year's appropriation and to support those projects that continue to be implemented from previous year's appropriations. These funds will be used exclusively for financial, technical, program and general administration provided by staff responsible for grant management, oversight, monitoring, guidance/operation and reporting and evaluation for the earmark activities.

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

The Committee is aware that citizens of Alaska suffer from high unemployment rates due to a lack of available career and vocational job training, and that Alaska employers are often forced to import labor, while leaving many untrained Alaskans unemployed. The Committee encourages the Department to work with Alaska Department of Labor and Workforce Development on a project to conduct a comprehensive analysis of the State's labor requirements and the training facilities which would be required to meet those needs, and to provide technical assistance, professional development and capacity building for existing vocational and technical training, and to establish a statewide database of such programs.

The Committee continues to be concerned over the economic plight of western Alaska, one of the poorest, most desolate areas in the United States with unemployment rates ranging upwards of 80 percent in many villages, due in large part to the collapse of the fishing industry there. The Committee urges the Department to continue its contribution to the University of Alaska and the State of Alaska's major economic development initiative in western Alaska, including establishment of talent banks for employers, needs assessments for employers, and training of unemployed workers for available jobs.

The Committee supports the Vermont Department of Education's current efforts to assess the State's vocational/technical education infrastructure.

## PENSION AND WELFARE BENEFITS ADMINISTRATION

### SALARIES AND EXPENSES

| | |
|---|---|
| Appropriations, 2001 | $107,633,000 |
| Budget estimate, 2002 | 107,988,000 |
| Committee recommendation | 112,418,000 |

The Committee recommendation provides $112,418,000 for this account, which is $4,785,000 above the 2001 comparable level.

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

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

## PENSION BENEFIT GUARANTY CORPORATION

The Corporation's estimate for fiscal year 2002 includes benefit payments of $1,079,000,000, multiemployer financial assistance of $6,270,000, administrative expenses limitation of $11,690,000, and services related to terminations expenses of $178,924,000.

The Pension Benefit Guaranty Corporation is a wholly owned Government corporation established by the Employee Retirement Income Security Act of 1974. The law places it within the Department of Labor and makes the Secretary of Labor the Chair of its Board of Directors. The Corporation receives its income primarily from insurance premiums collected from covered pension plans, collections of employer liabilities imposed by the act, and investment earnings. It is also authorized to borrow up to $100,000,000 from the Treasury. The primary purpose of the Corporation is to guarantee the payment of pension plan benefits to participants if covered plans fail or go out of existence.

## EMPLOYMENT STANDARDS ADMINISTRATION

### SALARIES AND EXPENSES

| | |
|---|---|
| Appropriations, 2001 | $362,716,000 |
| Budget estimate, 2002 | 284,434,000 |
| Committee recommendation | 377,145,000 |

The Committee recommendation includes $377,145,000 for this account. This is $14,429,000 above the 2001 comparable level and $92,711,000 above the ubdget request. The bill contains authority to expend $1,981,000 from the special fund established by the Longshore and Harbor Workers' Compensation Act; the remainder are general funds. In addition, an amount of $31,443,000 is available by transfer from the black lung disability trust fund. This is

the same as the request and $1,150,000 above the 2001 comparable level.

This recommendation provides sufficient funding to offset the impact of inflation, preventing the reduction in full-time equivalent staffing assumed in the budget request. It rejects the administration's proposed legislation that would have established a surcharge on the amount billed to Federal agencies for workers' compensation benefits to finance Labor Department administrative expenses of $80,281,000.

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

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

SPECIAL BENEFITS

| | |
|---|---|
| Appropriations, 2001 | $56,000,000 |
| Budget estimate, 2002 | 121,000,000 |
| Committee recommendation | 121,000,000 |

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

The recommendation includes $121,000,000, the same as the budget request and an increase of $65,000,000 above the 2001 comparable level. This appropriation primarily provides benefits under the Federal Employees' Compensation Act [FECA]. The payments are prescribed by law.

The total amount to be available in fiscal year 2002 is $3,267,514,000, an increase of $25,044,000 above the 2001 comparable level.

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

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

The Committee recommends continuation of appropriation language to provide authority to deposit into the special benefits account of the employees' compensation fund those funds that the

Postal Service, the Tennessee Valley Authority, and other entities are required to pay to cover their fair share of the costs of administering the claims filed by their employees under FECA. The Committee concurs with requested bill language to allow use fair share collections to fund capital investment projects and specific initiatives to strengthen compensation fund control and oversight.

ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM

| | |
|---|---|
| Appropriations, 2001 | $60,328,000 |
| Budget estimate, 2002 | 136,000,000 |
| Committee recommendation | 136,000,000 |

The Committee recommends $136,000,000 for this account in 2002. This is the same as the President's request and $75,672,000 above 2001.

The mission of the Energy Employees Occupational Illness Compensation Program is to deliver benefits to eligible employees and former employees of the Department of Energy, its contractors and subcontractors or to certain survivors of such individuals, as provided in the Energy Employees Occupational Illness Compensation Program Act. The mission also includes delivering benefits to certain beneficiaries of the Radiation Exposure Compensation Act.

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

The Committee is concerned that the Secretary's planned implementation of the Energy Employees Occupational Illness Compensation Program will not result in sufficient services being provided to residents of West Texas who may qualify for benefits under the law. As the number of potential beneficiaries residing near the Pantex facility in Amarillo exceeds 12,000, a full-time resource center in that area is necessary to fully meet their needs. The Committee therefore expects the Secretary to establish a full-time resource center in West Texas and to provide the Committee with a report within 90 days of enactment of the Act on the Department's progress in this regard.

BLACK LUNG DISABILITY TRUST FUND

| | |
|---|---|
| Appropriations, 2001 (Definite) | $1,027,900,000 |
| Budget Estimate, 2002 (Definite) | 54,717,000 |
| Budget Estimate, 2002 (Indefinite) | 981,283,000 |
| Committee recommendation (Definite) | 54,717,000 |
| Committee recommendation (Indefinite) | 981,283,000 |

The Committee recommends $1,036,115,000 for this account in 2002, of which $54,832,000 is definite budget authority and $981,283,000 is indefinite budget authority. In total, this is an increase of $8,215,000 over the 2001 comparable level and $115,000 more than the administration request. This represents a change in the appropriation language beginning in fiscal year 2002 for the

Black Lung Disability Trust Fund. This change will eliminate the need for drawdowns from the subsequent year appropriation in order to meet current year compensation, interest, and other benefit payments. The appropriation language will continue to provide definite budget authority for the payment of administrative expenses for the operation and administration of the Trust Fund.

The total amount available for fiscal year 2002 will provide $388,283 000 for benefit payments, and $54,832,000 for administrative expenses for the Department of Labor. Also included is $407,343,000 for interest payments on advances. In fiscal year 2001, comparable obligations for benefit payments are estimated to be $407,393,000 while administrative expenses for the Departments of Labor and Treasury, respectively, are $52,201,000 and $356,000. In fiscal year 2001, the interest payments on advances is estimated to be $568,000,000.

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

It is estimated that 53,250 people will be receiving black lung benefits financed from the trust fund by the end of the fiscal year 2002. This compares with an estimated 57,000 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. The advances to the fund assure availability of necessary funds when liabilities may exceed other income. The Omnibus Budget Reconciliation Act of 1987 continues the current tax structure until 2014.

## OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

### SALARIES AND EXPENSES

| | |
|---|---|
| Appropriations, 2001 | $425,886,000 |
| Budget estimate, 2002 | 425,835,000 |
| Committee recommendation | 450,262,000 |

The Committee recommendation includes $450,262,000 for this account. This is an increase of $24,427,000 over the budget request and an increase of $24,376,000 above the 2001 comparable level. This agency is responsible for enforcing the Occupational Safety and Health Act of 1970 in the Nation's workplaces.

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

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

The Committee retains language carried in last year's bill effectively exempting farms employing 10 or fewer people from the pro-

visions of the act except those farms having a temporary labor camp. The Committee also retains language exempting small firms in industry classifications having a lost workday injury rate less than the national average from general schedule safety inspections. These provisions have been in the bill for many years.

The Committee believes that OSHA's worker safety and health training and education programs, including the grant program that supports such training, are a critical part of a comprehensive approach to worker protection. The Committee is concerned that OSHA cut funding to help establish ongoing worker safety and health training programs and has indicated that due to funding cutbacks, such programs would be eliminated in fiscal year 2002. The committee has provided $3,000,000 in additional funds to restore the institutional competency building training grants.

The Committee is concerned about the significant increase in workplace fatalities among Hispanic and immigrant workers that were reported in the 2000 BLS Census of Fatal Occupational Injuries. OSHA is urged to conduct an in-depth review of, and within 6 months, report to the Committee on the nature and causes of workplace fatalities and injuries among Hispanic and immigrant workers, the adequacy of existing standards, enforcement, compliance assistance, outreach and training programs that are directed towards these high risk workers, and specific initiatives OSHA plans to undertake to provide enhanced protection to these workers.

The Committee has provided funding to maintain the State consultation grant program and expects that this program will continue to be targeted to provide compliance assistance to small businesses. The Committee understands that OSHA has conducted a study on the effectiveness of the State consultation program—the first such evaluation of the program since it was initiated in 1977—and that a draft report has been prepared. The agency is urged to finalize this report within the next 60 days and to provide a copy to the Committee upon its completion.

The Committee is very pleased with OSHA's efforts in placing high priority on the voluntary protection programs (VPP) and other voluntary cooperative programs. The agency's work in expanding participation in the programs, and promoting prompt review and processing of applications is particularly noteworthy. In fiscal year 2002 the Committee expects OSHA to continue to place high priority on the VPP. Cooperative voluntary programs, especially the VPP, are an important part of OSHA's ability to assure worker safety and health and should be administered in conjunction with an effective strong enforcement program.

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

## MINE SAFETY AND HEALTH ADMINISTRATION

### SALARIES AND EXPENSES

| | |
|---|---|
| Appropriations, 2001 | $246,306,000 |
| Budget estimate, 2002 | 246,306,000 |
| Committee recommendation | 256,093,000 |

The Committee recommendation includes $256,093,000 for this account. This is $9,787,000 more than the 2001 comparable level.

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

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

The Committee is concerned that miners working in vermiculite, talc, and taconite mines throughout the country are not being adequately protected from deposits of asbestos. The Committee is informed that in March of this year, the Inspector General of the Department of Labor issued an Evaluation of MSHA's Handling of Inspections at The W.R. Grace & Company Mine in Libby, Montana. The Committee urges MSHA to consider initiating rulemaking to implement recommendations contained within the Inspector General's evaluation as quickly as possible, and to provide an update on this progress to the Committee within 6 months.

## BUREAU OF LABOR STATISTICS

### SALARIES AND EXPENSES

| | |
|---|---|
| Appropriations, 2001 | $450,887,000 |
| Budget estimate, 2002 | 476,000,000 |
| Committee recommendation | 476,000,000 |

The Committee includes $476,000,000 for this account, the same as the budget request and $25,113,000 more than the 2001 comparable level. This includes $69,132,000 from the "Employment Security Administration" account of the unemployment trust fund, and $406,868,000 in Federal funds. This funding level will cover the agency's built in increases.

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

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

## DEPARTMENTAL MANAGEMENT

### SALARIES AND EXPENSES

| | |
|---|---|
| Appropriations, 2001 | $357,387,000 |
| Budget estimate, 2002 | 329,765,000 |
| Committee recommendation | 361,834,000 |

The Committee recommendation includes $361,834,000 for this account, which is $32,069,000 more than the budget request and $4,447,000 above the 2001 comparable level. In addition, an

amount of $22,590,000 is available by transfer from the black lung disability trust fund, which is the same as the budget request.

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

The Committee recommendation reflects major Committee priorities, including international labor affairs.

The Committee recommendation includes $25,177,000 for Executive Direction, a 5 percent reduction from the request.

The Committee recommends $10,186,000 for the Women's Bureau, the same as the budget request and fiscal year 2001 level. The Committee urges the Women's Bureau to provide increased support for effective programs such as "Women Work!", to provide technical assistance and training on programming for women in transition.

The Committee recommends $147,982,000 for the Bureau of International Labor Affairs, the same level of funding as provided in fiscal year 2001.

Of this amount, the Committee's recommendation includes $82,000,000 in recognition of the U.S. commitment, pursuant to adoption and ratification of ILO Convention #182, to provide additional resources on a sustained basis to assist developing countries in removing the worst forms of child labor. Of that sub-total, $45,000,000 constitutes the U.S. contribution to sustain and replicate the successful efforts of the ILO's International Program for the Elimination of Child Labor (IPEC). The remaining $37,000,000 is for assistance to expand the program initiated in fiscal year 2001 to afford access to basic education for children removed from the worst forms of child labor in impoverished nations where abusive and exploitative child labor is most acute. While the Committee is concerned by the slowness of the Department in obligating all of the funds previously appropriated for this purpose, affording access to basic education is the single most effective means to curb the worst forms of child labor. Therefore, the Committee reaffirms its support for this complementary work to international efforts and expects the Department to collaborate more effectively with our country's labor attaches and labor reporting officers abroad, as well as USAID and IPEC officials, in order to program these funds more promptly where they can do the most good.

The Committee further recommends $20,000,000 for multilateral technical assistance and $17,000,000 for bilateral technical assistance. These funds help developing countries implement core labor standards, strengthen the capacities of Ministries of Labor to enforce national labor laws and protect internationally-recognized worker rights. The Committee expects ILAB to use these bilateral funds to further develop, improve, and expand its internal capacity and to post staff in the field to provide top quality, professional expertise on a continuing basis. The Committee further expects ILAB

to provide a report to the Committee to explain the nature and scope of the technical assistance already provided with the increased funding appropriated to the Department in recent years. In this regard, the report should include efforts to improve the depth, quality, and regularity of reporting, as part of a strategic plan for ILAB activities, to be submitted to the Committee no later than September 1, 2002.

The Committee recommendation includes $10,000,000 for global workplace-based HIV–AIDS education and prevention programs. The Committee expects the Department to work through the ILO to most effectively program the appropriated funds.

The Committee recommendations further include $5,000,000 for ILAB to build its own permanent capacity to monitor and report regularly and in-depth to the Congress on the extent to which foreign countries with trade and investment agreements with the United States respect internationally-recognized worker rights as currently required under various U.S. laws and effectively promote core labor standards as embodied in the ILO Declaration on Fundamental Principles and Rights at Work. In this regard, the Committee recognizes that it may be necessary, from time to time, for the Department to tap private sector expertise from knowledgeable employer, trade union, and non-governmental organizations with their own presence or in-country partners on the ground in foreign countries.

For other ILAB programs, including 125 FTE for Federal Administration, the Committee recommends $13,982,000.

Finally, the Committee requests that ILAB undertake and complete a study by October 1, 2002 to firmly establish, if feasible, amounts spent on military expenditures each year from 1990–2001 compared to expenditures on basic education in each of the foreign countries with serious child labor problems as identified in the prior seven ILAB studies on child labor. This study should also determine the underlying trends and specific amounts that the World Bank and other international financial institutions have committed to specifically combat abusive child labor and to improve access to basic education in these problem countries every year since 1989.

The Committee requested a study by the Department in fiscal year 1998 on the development of a methodology for the regular reporting of working conditions in the production of apparel imported into the United States. The Committee expects this report to be provided by December 31, 2001 along with corresponding recommendations for overcoming whatever deficiencies were identified.

Acknowledging the need to upgrade the information technology capability in the Department of Labor, the Committee provides $37,000,000 for the information technology fund. The total provided includes support for cross-cutting investments such as common office automation suite implementation, and architecture requirements and web services.

The Committee is aware of the important work the U.S. Department of Labor's Office of Policy is doing to encourage small businesses to develop alcohol-and drug-free workplace programs. The Labor Department established the Working Partners Program, an educational outreach initiative that has worked with numerous

businesses in creating prevention programs to promote a safe, healthy and productive workforce. The Committee encourages the Department to continue the Working Partners Program.

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

## OFFICE OF DISABILITY POLICY

| | |
|---|---|
| Appropriations, 2001 | $22,969,000 |
| Budget estimate, 2002 | 43,263,000 |
| Committee recommendation | 43,263,000 |

The Committee recommends $43,263,000 for this account in 2002. This is the same as the President's request and $20,294,000 above 2001.

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

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

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

The Committee recommendation includes $1,000,000 to fund a minimum of three pilot programs to promote the employment of individuals with significant disabilities in Federal employment positions that can be performed from home-based work stations. Telecommunications technology makes it possible for properly equipped individuals employed in customer service/call contact centers, claims, loan or financial transaction processing operations to work from home-based work stations. Each pilot program should identify appropriate positions in a Federal agency, equip and train qualified individuals with significant disabilities for such positions and, at the end of 1 year, report to the Office of Disability Policy on the results of the telecommuting project, including number of individuals with disabilities employed in telecommuting jobs, attrition rates and performance of such individuals in comparison to the general workforce, and the feasibility of employing more individuals with disabilities in other agency positions.

## VETERANS EMPLOYMENT AND TRAINING

| | |
|---|---|
| Appropriations, 2001 | $211,656,000 |
| Budget estimate, 2002 | 211,703,000 |
| Committee recommendation | 213,703,000 |

The Committee recommendation includes $213,703,000 for this account, including $26,800,000 in general revenue funding and $186,903,000 to be expended from the "Employment Security Administration" account of the unemployment trust fund. This is $2,000,000 more than the budget request and $2,047,000 above the 2001 comparable level.

For State grants the bill provides $81,615,000 for the Disabled Veterans Outreach Program and $77,253,000 for the Local Veterans Employment Representative Program. These amounts are the same as the budget request and the fiscal year 2001 enacted level.

For Federal administration, the Committee recommends $28,035,000, an increase of $47,000 over the fiscal year 2001 level. The Committee supports the concept of the Transition Assistance Program administered jointly with the Department of Defense which assists soon-to-be-discharged service members in transitioning into the civilian work force and includes funding to maintain an effective program. The Committee notes the budget request includes $2,000,000, the same as the fiscal 2001 level, for the National Veterans Training Institute [NVTI]. This Institute provides training to the Federal and State staff involved in the direct delivery of employment and training related services to veterans. The Committee urges funding for the Institute be maintained, to the extent possible, at the 2001 level.

The Committee recommendation includes $19,000,000 for the Homeless veterans program, an increase of $1,500,000 over the budget request and fiscal year 2001 level. Also included is $7,800,000 for the Veterans Workforce Investment Program, an increase of $500,000 above the budget request and fiscal year 2001 level.

The recommendation also authorizes the Department of Labor to permit the Veterans' Employment and Training Service [VETS] to also fund activities in support of the VETS' Federal Contractor Program [FTP] from funds currently made available to States for veterans' employment activities.

OFFICE OF THE INSPECTOR GENERAL

| | |
|---|---|
| Appropriations, 2001 | $54,683,000 |
| Budget estimate, 2002 | 57,133,000 |
| Committee recommendation | 57,133,000 |

The bill includes $57,133,000 for this account, the same as the budget request and $2,450,000 above the 2001 comparable level. This funding will cover the agency's built in increases. The bill includes $52,182,000 in general funds and authority to transfer $4,951,000 from the "Employment Security Administration" account of the unemployment trust fund. In addition, an amount of $328,000 is available by transfer from the black lung disability trust fund.

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

fraud, waste, abuse, and mismanagement, and to promote economy, efficiency, and effectiveness.

## GENERAL PROVISIONS

General provision bill language is included to:

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

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

# TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

## HEALTH RESOURCES AND SERVICES ADMINISTRATION

### HEALTH RESOURCES AND SERVICES

| | |
|---|---|
| Appropriations, 2001 | $5,570,177,000 |
| Budget estimate, 2002 | 4,972,687,000 |
| Committee recommendation | 5,518,843,000 |

The Committee recommends an appropriation of $5,518,843,000 for health resources and services. This is $546,156,000 more than the administration request and $51,334,000 less than fiscal year 2001.

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

### HEALTH CENTERS

The Committee provides $1,343,723,000 for the health centers, which is $175,111,000 above the fiscal year 2001 level and $51,000,000 above the administration request for this group of programs, which include community health centers, migrant health centers, health care for the homeless, and public housing health service grants.

Community, migrant, public housing and homeless health centers will provide primary health care services to nearly 12 million people this year. While the number of uninsured Americans decreased last year for the first time in a decade, the number of uninsured seeking care at health centers has increased dramatically. In addition, millions of people who have health insurance coverage encounter serious difficulties in getting access to health care. For many of these Americans, health centers are the only source of primary and preventive health care. Located in over 3,000 rural and urban medically-underserved communities in all 50 States, health centers have proven to be a cost-effective and efficient source of care for the underserved. By providing access to basic health services, health centers annually save the health care system billions of dollars in reduced use of costly emergency room, specialty, and hospital inpatient care.

The Committee does not set aside any additional appropriations for loan guarantee authority under Section 330(d) of the Public Health Services Act. The Committee intends that unused loan guarantee authority made available in fiscal year 1997 and fiscal

year 1998 continue to be available for guarantees of both loan principal and interest.

As in previous years, the Committee limits the amount available for payment of claims under the Federal Tort Claims Act to $5,000,000.

*Community health centers*

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

The Committee supports the administration request to eventually expand the program to double its service capacity. In addition, the Committee notes that HRSA should distribute additional resources provided in this bill to increase the number of new and expanded sites by 1,200 over the next 5 years.

As part of its rural health initiative the Committee expects HRSA to give priority consideration to creating new health centers in underserved communities, especially rural communities. In addition, the Committee supports providing assistance to struggling health centers to ensure their stability and quality of care and to existing health centers to expand the scope of medical services available to the community.

The Committee remains concerned about the affordability of prescription drugs for all Americans. To help address this concern, the Committee encourages community health centers to utilize innovative approaches under their statutory Federal drug discount authority to reduce costs for those in greatest need, particularly the elderly and lower income Americans.

The Committee continues to be concerned about how the Department distributes health center funds to States with large uninsured and underserved populations. The Committee requests the Secretary to review the program to ensure that funds are distributed in an equitable and appropriate manner, and provide a report to the Committee by June 30, 2002. The Department should explain how it intends to rectify any inequities in funds distribution or if there is some rationale for these inequities.

Within the consolidated health center line, sufficient funds have been provided to support the activities intended to reduce health disparities among ethnic/racial groups with high rates of adverse health outcomes.

The Committee applauds the agency for its initiative in Alaska, the "Alaska Frontier Health Plan," and encourages the agency to continue and expand its efforts with this program.

*School-based health centers*

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

The Committee is pleased with the achievements of the healthy schools, healthy communities initiative which has been particularly effective in providing comprehensive school-based, school-linked, family centered, community based primary care to approximately 24,000 children.

*Migrant health program*

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

*Health care for the homeless*

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

Recognizing the adverse impact of residential instability and poverty on access to health care, the Committee urges the Department to consider designating homeless persons, migrant and seasonal farm workers, as medically underserved populations. The Committee further urges the Department to take steps to make health services provided by the Department as fully accessible as possible to persons experiencing homelessness.

*Public housing health service grants*

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

*Native Hawaiian health care*

The Committee again includes the legal citation in the bill for the Native Hawaiian Health Care Program. The Committee has included sufficient funding so that health care activities funded under the Native Hawaiian Health Care Program can be supported under the broader community health centers line. The Committee expects that not less than $7,000,000 be provided for these activities in fiscal year 2002.

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

*Other Native Hawaiian and Pacific Islander health issues*

The Committee believes the Agency could establish a demonstration project in Hawaii to develop an integrated health and social services model, to include traditional healing, prevention, and disease management, that addresses the disparities in health status

and barriers to accessing health and social services among native Hawaiians and other minority populations at the Waimanalo Health Center. The Committee requests inclusion of the Samoan and other Pacific Island populations to partake in the traditional healing, prevention and disease management opportunities in the Waimanalo Health Center.

The Committee continues to support the concept of malama. This innovative, culturally sensitive community partnership program addresses the prenatal needs of minorities in rural Hawaii. The Committee encourages the HRSA to support the replication of this project to include teen pregnancies. The ever increasing epidemic of teen pregnancy makes the maximum utilization of effective strategies a necessity.

The Committee encourages the development of a Center of Excellence for Indigenous Health and Healing at the University of Hawaii and in other schools serving a large population of native peoples including American Indians, Alaska Natives, native Hawaiians and Pacific Islanders to incorporate traditional medicine and healing practices into their training for medical, nursing, social work, psychology, and public health students and pharmacy. The Committee encourages HRSA, CDC, and SAMSHA to support this effort in their grants by including traditional practitioners as providers of care where there are native and indigenous people residing in the service area of the grantee. The Committee also supports the creation of a Native Hawaiian Center of Nursing Excellence at the University of Hawaii at Hilo.

The Committee understands that the Agency has funded the Hui and encourages continued and increased support to address the unique health care needs of Hawaii's underserved population. Native Hawaiian indigenous populations continue to experience significant health problems, including asthma and diabetes. The Committee urges HRSA to implement a program under which the systematic utilization of native Hawaiian health expertise may effectively impact the health status in these populations. The Committee recommends that community health centers serve as a safety net for this program, utilizing nurse practitioners and psychologists as care providers for these underserved populations.

The Committee is also concerned that regulations and application procedures currently governing distribution of community health center funds are preventing remote rural areas in States like Alaska and Hawaii from applying for and receiving funding for health centers despite severe shortages of health professionals and great need. The Committee urges the agency to give appropriate priority to locating new health centers in such remote communities and to developing a flexible approach to working with Native health providers and other similar groups to help meet the health needs of low income persons living in extremely remote locations.

Currently the State of Hawaii and Pacific Basin Region are experiencing an acute shortage of Doctorally prepared Pharmacists and there is no school of pharmacy in the State. Unique to Hawaii is the fact much its population comes from the pacific basin region and use health interventions that are unique to this part of the world. Therefore the Committee urges HRSA to develop a pharmacy program at the University of Hawaii/ Hilo that includes as

part of the curriculum, strong clinical focus on pacific basin region culture and traditional interventions. The University of Hawaii/Hilo has a relationship with the National Tropical Botanical Gardens that would allow students in the school of pharmacy a rich study in ethnobiology helping them to provide a broader background and cultural understanding of the Hawaiian population.

The Committee recognizes that providing health care in rural areas is difficult, and the difficulties increase exponentially when the location is a small island in the Pacific. However, Molokai General Hospital has been providing health care on this rural island and has found that its environment provides opportunities to research outcomes of new interventions, evaluate culturally-relevant health education, train health providers on care of ethnic populations, and facilitate the integration of non-Western health treatments. Molokai's rural setting also encourages the collaboration among diverse health professionals and necessitates the use of technology advances, including telehealth, telemedicine, electronic communication, and video consultation. Given Molokai's General Hospital's ability to thrive in its isolated location, the Committee believes that the Hospital could be designated a Center of Excellence that will focus on the provisions of health care in rural areas.

*National Health Service Corps: Field placements*

The Committee provides $49,511,000 for field placement activities, which is $8,047,000 above the fiscal year 2001 level and $7,000,000 more than the administration request. The funds provided for this program are used to support the activities of National Health Service Corps obligors and volunteers in the field, including travel and transportation costs of assignees, training and education, recruitment of volunteers, and retention activities. Salary costs of most new assignees are paid by the employing entity.

*National Health Service Corps: Recruitment*

The Committee provides $104,916,000 for recruitment activities, which is $17,000,000 more than the fiscal year 2001 level and the administration request. This program provides major benefits to students (full-cost scholarships or sizable loan repayment) in exchange for an agreement to serve as a primary care provider in a high priority federally designated health professional shortage area. The Committee reiterates its intention that funds support multi-year, rather than single-year, commitments.

As part of its rural health initiative, the Committee is increasing funding for field placements and recruitment to address growing concerns about primary care provider shortages in rural and underserved areas. The Committee strongly supports these programs because of their success in recruiting, training, and retaining well trained providers in these areas. The Committee is aware that providers who train in rural and underserved areas are more likely to elect to practice in those areas.

The Committee is concerned by the declining percentage of placements of NHSC assignees at Community, Migrant, Homeless, and Public Housing Health Centers. The program is intended to supplement efforts of other Federal programs, such as health centers, that are targeted to underserved communities and vulnerable pop-

ulations, and the Committee remains supportive of efforts to place practitioners in close coordination with this program.

The Committee applauds the efforts of the National Health Service Corps (NHSC) to place psychologists and other mental and behavioral health professionals in designated underserved areas including community and migrant health centers. Nevertheless, the Committee believes greater emphasis should be placed on this priority to increase the number of these providers placed in Mental (and Behavioral) Health Professional Shortage Areas. In addition, the Committee is concerned that no psychologists are participating in the Scholarship Program. The Committee, therefore, directs the NHSC to take all necessary steps to increase the number of positions assigned to Mental Health Professional Shortage Areas (including for psychologists) and to begin including psychologists in the Scholarship Program.

The Committee intends that $8,000,000 of the funds appropriated for this activity be used for State offices of rural health. As part of its rural health initiative, the Committee is significantly increasing funding for the offices of rural health to allow States to better coordinate care and improve support and outreach in rural areas.

HEALTH PROFESSIONS

For all HRSA health professions programs, the bill includes $352,927,000, which is the same as fiscal year 2001 and $213,174,000 more than the administration request for these programs.

The health professions and nursing education programs under Title VII and VIII of the Public Health Service Act provide support to students, programs, departments, and institutions to improve the accessibility, quality, and racial and ethnic diversity of the health care workforce. In addition to providing unique and essential training and education opportunities, these programs help meet the health care delivery needs of the over 2,800 Health Professions Shortage Areas in this country, at times serving as the only source of health care in many rural and disadvantaged communities. Providers who were trained under Title VII and VIII-funded programs are 3–5 times more likely to provide health care in rural and underserved areas. The organizations representing schools, programs, and institutions that benefit from this funding have determined that these programs needs strong funding to educate and train a health care workforce that meets the public's health care needs.

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

*A. Workforce information and analysis*

*Health professions data and analysis*

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

*Research on certain health professions issues*

This program supports research on the extent to which debt has a detrimental effect on students entering primary care specialties; the effects of federally funded education programs for minorities attending and completing health professions schools; and the effectiveness of State investigations in protecting the health of the public. The Committee reiterates its support for the three centers for health professions research that are current grantees.

*B. Training for diversity*

*Centers of excellence*

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

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

The Committee urges the agency to consider establishing at least one center for excellence focused on training Alaska Natives as community health aides to serve as sole community health providers in remote Alaska Native villages across Alaska.

The Committee continues to be supportive of the work of the American Foundation for Negro Affairs in providing early intervention training.

*Health careers opportunity program*

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

The Committee has been supportive of this program's critical role in improving the health status of minority and disadvantaged citizens by increasing available opportunities for those individuals seeking a health professions career. The Committee understands that minority providers are more likely to serve in underserved areas. The program has recognized the contribution of historically minority health professions schools, and have supported those in-

stitutions which have made the greatest contribution to increasing the number of minorities in health professions careers.

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

*Faculty loan repayment*

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

*Scholarships for disadvantaged students*

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

The Committee continues to intend that all health professions disciplines made eligible by statute be able to participate in the scholarship program.

The Committee continues to recognize the importance of training greater numbers of psychologists and other health professionals from disadvantaged backgrounds to participate on interdisciplinary primary care teams addressing a range of behavioral and mental health needs.

*C. Training in primary care medicine and dentistry*

The Committee recognizes that these programs play a critical role in meeting the oral health care needs of Americans; especially those who require specialized or complex care and represent vulnerable populations in underserved areas. Additionally, the Committee realizes that several States have fewer than 10 pediatric dentists. The Committee notes that there is clearly a shortage of dentists needed to address the oral health requirements of America's children.

*Family medicine training*

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

*General internal medicine and pediatrics training*

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

*Physician assistants*

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

*General dentistry and pediatric dental residencies*

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

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

*D. Public health workforce development*

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

*Public health, preventive medicine and dental public health*

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

The Committee encourages the increase of residency training opportunities in dental public health so that Federal, State, and community-based programs have the leadership capabilities to prevent dental disease, promote oral health, and improve treatment outcomes.

*Health administration traineeships and special projects*

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

*E. Interdisciplinary, community-based linkages*

The Committee recognizes the nationwide shortage of psychologists and other mental and behavioral health professionals, particularly among minorities and in underserved areas. Therefore, the Committee urges the Bureau of Health Professions to increase its efforts to meet the behavioral and mental health needs of underserved populations.

*Area health education centers*

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

It has been brought to the attention of the Committee that the program has been emphasizing physical health needs, while more could be done in addressing behavioral and mental health needs. The Committee encourages the Bureau to train more behavioral and mental health professionals in the AHEC program.

*Health education and training centers*

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

*Allied health and other disciplines*

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

The Committee expects this program to continue to support schools or programs with projects designed to plan, develop, or expand postbaccalaureate programs for the advanced training of allied health professionals; and provide traineeships or fellowships to postbaccalaureate students who are participating in the program and who commit to teaching in the allied health profession involved. This program also provides funds to expand existing training programs or develop new ones, recruit individuals into allied professions with the most severe shortages or whose services are most needed by the elderly, and increase faculty recruitment and education, and research.

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 critical laboratory personnel and encourages HRSA to redouble efforts to address these shortages.

*Geriatric education centers and training*

The Committee expects this program to continue to support grants to health professions schools to establish geriatric education centers and to support geriatric training projects. These centers and geriatric training programs play a vital role in enhancing the skill-base of health care professionals to care for our Nation's grow-

ing elderly population. The Committee is concerned about the shortage of trained geriatricians and urges the agency to give priority to building the work force necessary to care for the Nation's elderly.

The Committee recognizes the Des Moines University Osteopathic Medical Center for its development of a model program for training and education in the field of geriatrics.

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

This program addresses shortages of health professionals in rural areas through interdisciplinary training projects that prepare students from various disciplines to practice together, and offers clinical training experiences in rural health and mental health care settings to expose students to rural practice. As part of its rural health initiative, the Committee expects to significantly increase funding for this program to help increase the number of health care providers in rural areas. The Committee continues to be concerned about the lack of providers in rural areas and expects the increased funding for this program will help alleviate this problem.

The Committee expects that this program will continue its current levels of support for addressing the issue of how the delivery of chiropractic health care can be enhanced in rural areas, and how more women and minorities can be recruited as chiropractic health care practitioners in rural areas.

The Committee also expects the Bureau to expand its support for telecommunications and telehealth initiatives for providing distance education and training for nurses and allied health professionals serving rural areas.

*Podiatric primary care training*

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

*Chiropractic demonstration grants*

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

*F. Nursing workforce development*

The Committee recognizes the current nursing shortage is creating a health care crisis in hospitals and skilled nursing facilities.

The lack of young people in nursing has resulted in a steady and dramatic increase in the average age of U.S. nurses. Today, the average age of a working RN is 43 years old. According to recent surveys, one in five nurses plans to retire by 2006, exacerbating the shortage. Another factor contributing to the nursing shortage is the availability of nursing faculty. They, like nurses in healthcare delivery, are aging. Thus, for some schools, even if they could recruit more students, they may not have faculty to teach them. The Committee believes that this is an area that requires critical attention.

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

To address the well documented nursing shortage, the Committee expects funding for advanced education nursing, basic nurse education and practice, and nursing workforce diversity to be increased over the fiscal year 2001 funding level.

The Committee directs the Secretaries of the Departments of Health and Human Services and Labor, in collaboration with the American Nurses Association and American Colleges of Nursing, to convene a national panel by March 1, 2002, to examine education and training requirements for all nursing occupations. The panel is encouraged to provide specific recommendations on education, training, continuing education, retention, and professional development for all levels of nursing care providers. The Committee directs the Department to fund this initiative and provide a report to the Committee with specific recommendations within 1 year of the panel's creation.

*Advanced education nursing*

This program funds nursing schools to prepare nurses at the master's degree or higher level for teaching, administration, or service in other professional nursing specialties.

*Nurse practitioner/nurse midwife education*

This program supports programs preparing nurse practitioners and nurse midwives to effectively provide primary health care in settings such as the home, ambulatory, and long-term care facilities, and other health institutions. These professionals are in especially short supply in rural and underserved urban areas.

*Professional nurse traineeships*

Traineeships fund registered nurses in programs of advanced nursing education, including preparation for teaching, administration, supervision, clinical specialization, research, and nurse practitioner and nurse midwife training.

*Nurse anesthetist traineeships*

Grants are awarded to eligible institutions to provide traineeships for licensed registered nurses to become certified registered nurse anesthetists [CRNA]. The program also supports fellowships to enable CRNA faculty members to obtain advanced education.

*Basic nurse education and practice*

Authorized by Public Law 105–392, the goal of this program is to improve the quality of nursing practice. Activities under this program will initiate new projects that will change the educational mix of the basic nursing workforce and empower the workforce to meet the demands of the current health care system.

The Committee is aware of a recent meeting of the Council on Graduate Medical Education (COGME) and the National Advisory Council on Nursing Education Program (NACNEP) where they determined to work together to develop educational programs to address concerns raised in the Institute of Medicine Report, "To Err is Human." Specifically, they have agreed to focus jointly on a new initiative, "Training Physicians and Nurses Together to Improve Patient Safety." This promises to be a constructive and productive effort and the Committee encourages HRSA to fund this initiative.

The Committee is aware of the University of Alaska Anchorage's program to recruit and retain Alaska Natives for basic and advanced training as nurses to serve in Native communities in Alaska, and notes that only 2 percent of the RN workforce in Alaska is composed of Alaska Natives. There is also a severe shortage of trained nursing professionals in rural Alaska. The Committee encourages the agency to consider continuing and expanding the University's current program, including supportive services, stipends for needy students, and distance delivery of educational components.

The Committee is aware of a need for more public health nurses, public health aides and child health consultants in remote areas of rural Alaska and encourages the agency to work with the Alaska Department of Health and Social Services to help meet these needs, particularly in early childhood education programs.

*Nursing workforce diversity*

The goal of this program is to improve the diversity of the nursing workforce through increased educational opportunities for individuals from disadvantaged backgrounds. The Committee urges the Division of Nursing to develop and increase cultural competence in nursing and to increase the number of underrepresented racial and ethnic minorities in all areas of nursing education and practice to enhance nursing's ability to provide quality health care services to the increasingly diverse community it serves.

*Children's hospital graduate medical education program*

The Committee recommends $243,442,000 for the Children's Hospital Graduate Medical Education (GME) program. This is $8,450,000 above the fiscal year 2001 level and $43,348,000 more than the administration request.

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

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

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

OTHER HRSA PROGRAMS

*Hansen's disease services*

The Committee has included $18,391,000 for the Hansen's Disease Program which is $501,000 more than fiscal year 2001 and the same as the administration request. This program offers Hansen's Disease treatment in Baton Rouge at the Center, at other contract supported locations in Baton Rouge, and in grant supported outpatient regional clinics. These programs provide treatment to about 3,000 of the 6,000 Hansen's disease sufferers in the United States.

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

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

The program also conducts research focusing on the global elimination of Hansen's Disease in laboratory facilities at Louisiana

State University in Baton Rouge. Research activities are directed toward the development of new anti-leprosy drugs and short-term more effective regimens; manufacture and distribution of lepromin skin tests reagents through the World Health Organization; identification of host resistant mechanisms for potential use in vaccines development; and application of state-of-the-art biotechnology to develop simple lab techniques for case detection and diagnosis of preclinical disease.

*Maternal and child health block grant*

The Committee recommends $719,087,000 for the maternal and child health [MCH] block grant. This is $9,900,000 more than fiscal year 2001 and $15,000,000 more than the administration request.

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

The Committee is aware that each State MCH program has just completed a needs assessment that is conducted once every 5 years. The assessment identified the need to expand programs in a variety of areas with the aim to assure access to quality health care; prevent disease, disability and death; provide family-centered, community-based services for women, children, adolescents and their families; and other priorities. The Committee has provided an increase in the MCH Block Grant to allow States to move forward to address the unmet needs that they have identified.

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

The Committee has expressed concerns in the past about MCH plans to eliminate SPRANS funding for three thalassemia centers that provide comprehensive services to patients and families. These centers, located in Boston, New York and Oakland and serving a broad geographical area, are the only source of support for many patients. For this reason, the Committee is pleased to learn that the Bureau has now agreed to continue funding all three centers well into 2003. The Committee urges MCH to continue to work closely with these centers and the Cooley's Anemia Foundation to assure that future changes in SPRANS funding will not have a negative impact on the centers' operations.

The Committee commends HRSA's Maternal and Child Health Bureau for its support of the Sudden Infant Death Syndrome Pro-

gram Support Center, and encourages the Maternal and Child Health Bureau to continue its efforts in this important area of service, and 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.

Partners in Program Planning for Adolescent Health (PIPPAH) is a public-private initiative that promotes an adolescent health care agenda among professional disciplines through funding from the Office of Adolescent Health within the MCHB. The program aims to improve access to health services for adolescents, including access to mental health services. The Committee encourages the bureau to continue using SPRANS funds for the PIPPAH program. With sufficient funding, this programs could be expanded to involve additional disciplines, including health care organizations such as the American College of Obstetricians and Gynecologists.

The Committee recognizes that access to care through the hemophilia treatment center network is critical to the prevention and treatment of the complications of hemophilia and other bleeding disorders. The Committee believes that HRSA could strengthen support for these centers and requests a report by March 31, 2002 on the steps it has taken to improve its services to persons with hemophilia and other blood disorders, especially in underserved areas.

*Healthy start initiative*

The Committee recommends $89,996,000 for the healthy start infant mortality initiative. This amount is the same as fiscal year 2001 and the administration request.

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

Since 1990, the Maternal and Child Health Bureau has worked in collaboration with the American College of Obstetricians and Gynecologists (ACOG) to run the National Fetal and Infant Mortality Program. NFIMR is a national activity where professionals review community fetal and infant mortality rates and work to address identified problems leading to mortality and establish systems of support for women and children. The public-private initiative also works to address problems with health disparities in minority health, as related to fetal and infant mortality rates. The Committee believes NFIMR should continue to be supported through MCH and notes that additional funds would allow more communities to be served. Adequate funding has been provided for NFIMR through the Healthy Start initiative. The Committee is aware that in order to meet the demand of serving an expanded number of communities, NFIMR must be able to continue its activities at an adequate funding level.

The Committee is aware of the excellent services provided by the Northern Plains Healthy Start program to provide pre-natal care

to Native American women throughout South Dakota, Iowa, North Dakota, and Nebraska.

The Committee is also aware of the high quality services provided to mothers and infants by Pee Dee Healthy Start in the Pee Dee region of South Carolina.

*Universal newborn hearing screening and early intervention*

The Committee provides $10,000,000 for universal newborn hearing screening and early intervention activities, which is $2,001,000 above the fiscal year 2001 level and $3,419,000 more than the administration request. The Committee understands that screening technology has enabled health providers to conduct accurate, cost-efficient newborn hearing screening prior to hospital discharge. By detecting newborn hearing deficiencies, health providers can implement necessary treatment to the infant and advice to affected family members. This new program was begun last year and the response from States has been substantial. The Committee is aware that HRSA received many more high quality applications for this program than it was able to fund. Numerous studies have demonstrated that newborn hearing screening followed by early intervention services can greatly improve health and educational outcomes for children.

Funds provided will support grants to states to: develop and expand statewide screening programs; link screening programs with community-based intervention efforts; monitor the impact of early detection and intervention activities; and provide technical assistance.

*Organ procurement and transplantation*

The Committee provides $19,992,000 for organ transplant activities. This is the same as the administration request and $5,000,000 more than the fiscal year 2001 appropriation.

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

To increase the rate of organ donation, the Committee urges increased behavioral research to better target and increase the effectiveness of public awareness campaigns.

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

The Committee notes that in the last year while there were approximately 4,700 liver transplants performed, there were over 17,000 individuals on the list waiting for liver transplantations and about 1,700 people died due to the lack of a donor liver. In view of this continuing shortage of organ donors, the Committee is en-

couraged by the growing number of transplants using living donors who contribute a portion of their liver to a recipient. In order to increase the living donor liver transplantation, additional research is needed to study the outcome of both donors and recipients, define the optimal surgical procedure and identify eligibility criteria.

*National bone marrow donor program*

The Committee has included $22,000,000 for the national bone marrow donor program. This is the same as the administration request and $42,000 more than the fiscal year 2001 level. The National Bone Marrow Donor Registry is a network, operated under contract, that helps patients suffering from leukemia or other blood diseases find matching volunteer unrelated bone marrow donors for transplants. The program also conducts research on the effectiveness of unrelated marrow transplants and related treatments.

*Rural health outreach grants*

The Committee recommends $57,921,000 for health outreach grants. This amount is $293,000 less than the fiscal year 2001 level and $20,058,000 more than the administration request. This program supports projects that demonstrate new and innovative models of outreach in rural areas such as integration and coordination of health services. The Health Care Consolidation Act of 1996 authorized a new rural network development program intended to develop integrated organizational capabilities among three or more rural health provider entities.

The Committee is aware of the importance of having trained staff who have access to Automated External Defibrillators (AEDs), and that the survival rate for someone experiencing sudden cardiac arrest drops 7 percent to 10 percent as each minute passes. The Committee therefore includes $5,000,000 to implement the Rural AED Act of 2000 to provide grants to community partnerships to purchase equipment and provide training.

The Committee is aware of the difficulties small rural hospitals have in complying with the new implementation requirements created by the Balanced Budget Act Refinement Act, the Health Insurance Portability and Accountability Act, and the Medicare, Medicaid, and S–CHIP Benefits Improvement and Protection Act. Therefore, as part of the its rural health initiative, the Committee includes $15,000,000 to assist rural hospitals through the Rural Hospital Performance Improvement Program. Under this program, grants would be provided to small rural hospitals (those with 50 beds or less), and networks of small rural hospitals (e.g., through State Hospital Associations), that are essential access points for Medicare and Medicaid beneficiaries. The program would target those key service areas in greatest need. The grants would be used to address the following critical areas of need:

—Improved Financial Performance: Many small rural hospitals face financial struggles in an increasingly complex billing environment. These grants would assist these providers in upgrading and improving their billing practices, including technological upgrades (hardware and software, as well as staff training), reducing their accounts receivable, and ensuring a more consistent financial foundation.

—Reduced Medical Errors/Quality Improvement: Improving health quality and reducing medical errors in a rural environment requires an approach that recognizes the special circumstances faced by small rural hospitals that deal with low patient volumes within a clinical focus that is dominated by primary care. Rural communities are often heavily dependent on retaining local health care dollars in order to remain financially viable. A loss of confidence in locally delivered care can quickly escalate into a self-fulfilling prophecy of reduced quality, as patients are lost to distant urban providers. These grants would allow small rural hospitals to develop locally based and individualized quality improvement projects that help retain local health care dollars in the community.

—Increased Organizational Capacity: The health care system is undergoing rapid change and small rural hospitals are not immune to these changes. These grants would assist small rural hospitals in their efforts to improve their local health care delivery system by improving clinical practices, re-organizing their clinical pathways to better meet community needs and modernizing their health technology infrastructure.

The Committee continues to be concerned about the enormous chronic disease and public health burden faced by the Mississippi Delta region and expects that HRSA continue to provide support to the Delta Regional Authority (DRA) and that HRSA and DRA jointly administer this program. The Committee expects these resources to be used to provide targeted, innovative health education, access and research grants to existing Delta health-related educational institutions that have created comprehensive programs to improve health outcomes in the Delta.

The Committee is aware of a number of rural health outreach programs that, if funded by the Department, would improve access to needed health care services in underserved rural areas. They include:

—The Community Health Aide program, which is the only provider of critical first-line health care in more than 200 remote rural Alaska Native villages;

—The Center for Sustainable Health Outreach in developing model health access programs, health-related jobs and the sustainability of community-based providers of health services in rural and urban communities;

—The Maui Community College and Hana Community Health Center to facilitate the training of nurses for adequate staffing at the Hana Community Health Center, which is is one of the most remote areas in the State of Hawaii;

—The Rural Family Diabetes and Mental Health Outreach program in New Mexico;

—Hispanic Community and Family Health programs in New Mexico;

—The University of South Alabama initiative to establish a model diabetes foot treatment center;

—LSU Health Science Center's Minority and Rural Health Research and Outreach for the planning and development of improved rural health outreach;

—The Clakamas County, Oregon initiative to provide primary health care to its chronically underserved population of rural residents;
—The Oregon Health Sciences University Institute for Excellence in Nursing to enhance nurse training and staff development for practicing nurses throughout Oregon;
—The Northwest Health Center in Pascoag, Rhode Island to support health care services for 3,500 low income individuals in rural Rhode Island;
—The Oregon Community Health Information Network program to allow health centers throughout Oregon to better determine patient eligibility for Medicaid and other health care programs;
—The diabetes lower extremity amputation preventive program at the University of South Alabama, the Louisiana State University Medical School, the Roosevelt Institute for Rehabilitation, and the Jackson Medical Mall;
—The Littleton Regional Hospital in New Hampshire program to allow the hospital to continue the paramedic services program that is vital to that region's residents;
—The Charles Cole Memorial Hospital proposal for Porter-Tioga Mckear Pain Clinic to be a model pain management clinic for rural areas;
—The Louisiana Public Health Institute Center for Community Capacity Enhancement to promote community partnerships to address health improvement priorities;
—A demonstration project in the rural Mississippi Delta area applying the Mississippi Medicaid disease State management program to reduce the high prevalence and improve management of chronic diseases such as diabetes, asthma, hyperlipidemia, and cardiovascular disease in rural areas;
—The Children's Health Fund in Mississippi to provide mobile comprehensive medical care to uninsured and medically underserved children in the Mississippi Delta, particularly in Mississippi and Arkansas, along with the inner-city areas of New York City;
—The comprehensive health initiative in the Mississippi Delta and an initiative to promote basic and clinical research on the prevention of the toxic effects of agricultural chemicals and the prevention of agricultural related injuries. The collaboration between Delta State University, the University of Mississippi Medical Center, and the Mississippi State Department of Health could promote coordinated consolidation of health and human services that will positively impact the education, health, and economics of this region;
—The North Idaho Rural Health Consortium, to extend and improve services to high-priority participants and rural areas;
—The Commun-I-Care program in South Carolina to provide medications to the low-income, uninsured patients;
—The University of Montana Drug Information Service to provide health care professionals with access to specialized health information in rural areas of Montana;
—The Bi-State Primary Care Association initiative to improve the delivery of rural health care in Vermont;

—The University of Maine program to build a statewide database and access system that will allow more efficient tracking and referral for intervention for infants and children at risk in rural Maine settings;

—The Hunstman Cancer Institute in South Dakota pilot project to develop a medical outreach program utilizing mobile clinics equipped with Positron Emission Tomography (PET scan) to educate Native Americans in rural areas on cancer risk, early detection, prevention and treatment.

*Rural health research*

The Committee recommends $15,000,000 for the Office of Rural Health Policy. This is $1,563,000 above the fiscal year 2001 level and $8,901,000 more than the administration request. The funds provide support for the Office as the focal point for the Department's efforts to improve the delivery of health services to rural communities and populations. Funds are used for rural health research centers, the National Advisory Committee on Rural Health, and a reference and information service. As part of its rural health initiative, the Committee is increasing funding for this program to improve the delivery of health care services to rural communities.

The Committee is supportive of efforts to expand and integrate the services of behavioral and mental health professionals, including psychologists, in underserved rural areas, particularly in areas affected by the current farm crisis.

The Committee is supportive of continuing funds to the Children's Health Fund to implement a rural health initiative that would expand availability and accessibility of pediatric care to underserved rural communities.

The Committee is supportive of efforts by the Iowa Department of Public Health to demonstrate the use of portable technology to improve the delivery of health care in rural areas by public health nurses.

The Committee is aware of rural health research programs that, if supported by the Department, could have a positive impact on the delivery of health care services to rural communities. They include:

—The Educational Mall in Beckley, West Virginia, to serve as a coordinating and research location for rural initiative, especially in preventative medicine;

—The Center for Rural Health and Medicine at the University of North Dakota to study nation's the unique health care needs of the rural elderly and special needs populations;

—The Secure Rural Imaging Network at Avera McKennan Hospital in Sioux Falls, South Dakota;

—The Center for Health Delivery at the University of Alaska program to evaluate health care delivery and training needs for health care workers to use this information to improve the health status of Alaskans.

—The Rural Primary Care and Health Service Research Center at the University of South Dakota School of Medicine to help define the status of health and health care delivery in South Dakota;

—The University of Texas Health Science Center at San Antonio's Regional Academic Health Center program to research and improve the diets of U.S. Hispanics, particularly those living along the United States/Mexico Border.

*Telehealth*

The Committee recommends $5,609,000 for telehealth activities. This amount is $30,369,000 less than fiscal year 2001 and the same as the administration request.

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

The Committee believes that HRSA could establish a number of regional centers for the advancement of telehealth. Such centers could advance the cost-effective deployment of telehealth technologies and provide technical assistance to health care providers. The centers could conduct research, evaluations, and assessments to determine the appropriate application of telehealth technologies that span healthcare disciplines, applications, and settings.

The Committee is supportive of HRSA's efforts to include EMS issues in its Telemedicine/Telehealth initiative and encourages the Office of Rural Health Policy, the Office for the Advancement of Telehealth and EMSC program to collaborate on projects to improve emergency medical service for children.

The Committee strongly supports HRSA's numerous 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.

The Committee is aware of HRSA's increased commitment to telehealth demonstration projects to serve as models for the efficient delivery of health care services to rural, underserved, and hard to reach populations. For example, the Committee continues to be concerned about the extraordinary adverse health status and the limited access to health services of Alaska Natives and others living in Southwestern Alaska, the region of Alaska with the highest poverty and unemployment rates, and encourages the agency to continue and expand a project to develop infrastructure to support a comprehensive health care delivery system in that region. The Committee supports this purpose, but also urges an increased focus on demonstration grants for providing behavioral and mental health services and advanced training for providers in prisons and other public institutions.

The Committee is aware of a number of Telehealth programs that, with the support of the Department, could have positive health impacts on people living throughout America. They include:

—The Mountaineer Doctor Television Program at West Virginia University to allow health care providers at West Virginia University to provide medical care through telemedicine to rural West Virginia communities;
—The Clarion University and the Primary Care Council of Pennsylvania's State System of Higher Education telecommunications network to help improve the health status of Pennsylvanians through increased community access and comprehensive care;
—The Alaska Federal Health Care Access Network, which is bringing telehealth services to remote villages and communities throughout Alaska, providing linkages between remote and inaccessible locations with tertiary care facilities in Anchorage and Fairbanks. Continued funding will allow expanded installation of telehealth stations and will support bringing non-Federal partners into the project and will fund operations of the Alaska Telemedicine Advisory Council;
—The University of Pittsburgh Medical Center is developing and deploying its state-of-the-art health care information technology system;
—The Magee Womens Hospital in Pittsburgh is developing a model to support coordinated and integrated care for women with breast cancers by using new technologies for mammography imaging, ultrasound imaging, and pathology slides;
—The Pennsylvania School of Optometry in Philadelphia is establishing a network of urban community-based satellite centers which give inner-city, underserved persons access to eye care;
—The Telehealth Education and Learning Center in Montana;
—The Four County Library System program to provide programming development and delivery to communities in need of primary health care and reference resources;
—The Pennsylvania Association of Home Health Agencies plan to conduct a multi-facility examination of telehomecare as a solution to the nursing shortage;
—The Midwest Center for Rural Health telehealth project in Indiana;
—The Union Hospital in Terre Haute, Indiana, telehealth demonstration project to improve accessibility to quality health care for rural areas;
—The South Alabama Telemedicine Project to allow this project to continue to serve the health needs of rural, poor, and medically underserved communities;
—Continued support to implement Phase II of the Telehealth Research Deployment Testbed (TRDT) program to increase healthcare accessibility and quality in underserved areas;
—The Geisinger Stroke Care Partnership in rural Pennsylvania to serve as an educational link for rural patients and their providers by establishing informational resources and outreach efforts;
—The West Tennessee/North Mississippi Telemedicine Project to bridge the gap between the resource-rich metropolitan center of Shelby County, Tennessee, with the medically underserved counties in Tennessee and Mississippi;

—The Telehealth Project at the University of Tennessee to build upon its infrastructure, expand the scope of clinical services provided, and incorporate the upper region;
—The New Mexico/Hawaii telehealth out reach for Unified Community Health (TOUCH), which provided much needed health services to rural patients;
—Valley Children's Hospital E-Health and telehealth program in California;
—The Regional Telehealth Consortium's Network in Lake Charles, Louisiana;
—North Dakota State University, College of Pharmacy Telepharmacy project;
—The Healthy Mothers and Babies Technology Demonstration in Minnesota to connect rural patients and their communities to the specialty care available in Minneapolis/St. Paul;
—The Samuel Merritt College nurse anesthesia education improvements through telehealth in California;
—The University of Nevada Las Vegas "e-Health" initiative to improve access to specialized and high quality health care in rural Nevada;
—Saint Vincent Hospital in Billings to establish a regional video telecommunications network for healthcare providers;
—The Deaconess Billings Clinic (DBC) Northwest Area Center for Studies on Aging in Billings, Montana to address healthcare problems associated with rural aging, and expand access to specialty healthcare via telemedicine and video conferencing technology to a region where specialty healthcare services are not currently available;
—The Central Michigan University Telehealth Project to improve health care access and quality to migrant and underserved rural populations;
—The La Crosse Medical Health Science Consortium to support the development of a telecommunications-based, integrated network of Virtual Population Health Centers in western Wisconsin;
—Continued support for Phase II of a telemedicine system to link the research capabilities of the American Health Foundation with patients served by the Beaufort-Jasper-Hampton Comprehensive Health Services;
—The Vermont Telemedicine Network to reduce disparities in the clinical care and medical education of trauma in Vermont;
—The Susquehanna Health System plan to develop an electronic medical information and physician access system for rural areas;
—Expansion of the Children's Hospital in Seattle, Washington and University of Washington telemedicine program to improve access to health care services;
—Technology enhancements for federally Qualified Health Centers in the state of Oregon;
—Expansion of the Mississippi telemedicine network, which includes Mississippi Blood Services, Mississippi community colleges and universities, and local, State, and Federal agencies in rural areas to eliminate health care disparities in access for the underserved in rural areas including the Mississippi Delta;

—The Alcorn State University initiative to provide needed medical care and health education to residents of the lower Mississippi Delta;
—The Idaho Telehealth Integrated Care Center at Idaho State University;
—The Rocky Mountain Technology Foundation (RMTF) in Billings, Montana, telehealth program, which has developed an approach to solving problems of rural and frontier health providers; fragmentation of the health care delivery system; slow diffusion of knowledge to rural providers of standardized advancements in diagnostic and therapeutic medical protocols; and lack of strategic alliances and linkages between rural and urban providers.

*Native and rural Alaskan health care*

The Committee has provided $20,000,000 for the Denali Commission, which is $10,000,000 more than the fiscal year 2001 level and $20,000,000 more than the administration request, to fund construction and renovation of health clinics, hospitals and social service facilities in rural Alaska as authorized by Public Law 106–113. Provision of this funding will help remote communities in Alaska develop critically needed health and social service infrastructure for which no other funding sources are available so that health and social services may be provided to Alaskans in remote rural communities as they are in other communities throughout the country.

*Critical care programs*

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

The Committee provides $18,986,000 for emergency medical services for children. This is the same as the 2001 level and $3,412,000 more than the administration request. The program supports demonstration grants for the delivery of emergency medical services to acutely ill and seriously injured children.

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

The Committee commends the Emergency Medical Services for Children Program for the delivery of emergency medical services to acutely ill and seriously injured children. The Committee also commends the Partnership for Children initiative which has provided useful training and information to pediatric emergency care personnel.

The Committee supports the effective collaboration between NHTSA and HRSA in the administration of the EMSC program. The Committee urges the EMSC program to develop practice guide-

lines and other quality of care assessment and enhancement initiatives. The Committee encourages the EMSC program to continue a research focus and to develop a means of collecting data to ensure accountability and to better track accomplishments and needs.

The Committee is supportive of HRSA's efforts to include EMS issues in its Telemedicine/Telehealth initiative and encourages the Office of Rural Health Policy, the Office for the Advancement of Telehealth and EMSC program to collaborate on projects to improve emergency medical service for children.

The Committee provides $10,000,000 for the traumatic brain injury program, which is $5,000,000 more than the fiscal year 2001 level and the administration request. The program supports implementation and planning grants to States for coordination and improvement of services to individuals and families with traumatic brain injuries as well as protection and advocacy. Such services can include: pre-hospital care, emergency department care, hospital care, rehabilitation, transitional services, education, employment, and long-term support. The Committee includes $3,000,000 for protection and advocacy services, as authorized under section 1305 of Public Law 106–310.

The Committee is extremely interested in the risk of head injury in youth soccer participants associated with their lack of protective head gear use. Therefore the Committee directs a study to determine the benefits of the use of protective head gear in decreasing the incidence of head injury among youth soccer participants. The Committee expects to receive the results of this survey by June 2002.

The Committee is aware that Mississippi leads the Nation in both mortality and rates of incidences of traumatic brain injury. The Committee encourages HRSA to implement programs to reduce the mortality and rate of incidences of traumatic brain injury in Mississippi.

The Committee provides $4,000,000 for trauma/emergency medical services. This is $1,000,000 more than fiscal year 2001 and $1,533,000 more than the administration request. This program is intended to improve the Nation's overall emergency medical system, including the joint efforts between HRSA and the National Highway Traffic Safety Administration to assess state systems and recommend improvements to the current system.

The Committee provides $24,000,000 for poison control center activities, which is $4,004,000 more than fiscal year 2001 and $7,579,000 above the administration request. The funds provided will support the development and assessment of uniform patient management guidelines and will support HRSA's participation with CDC and the joint CDC/HRSA advisory committee on planning efforts.

*Black lung clinics*

The Committee includes $7,000,000 for black lung clinics. This is $1,000,000 above both the fiscal year 2001 amount and the administration request. This program funds clinics which treat respiratory and pulmonary diseases of active and retired coal miners. These clinics reduce the incidence of high-cost inpatient treatment for these conditions.

*Nurse loan repayment for shortage area service*

The Committee includes $15,000,000 for nurse loan payment for shortage area services. This is $12,721,000 more than fiscal year 2001 and the administration request.

This program offers student loan repayment to nurses in exchange for an agreement to serve not less than 2 years in an Indian health service health center, native Hawaiian health center, public hospital, community or migrant health center, or rural health clinic. The Committee views this program as a critical component of the rural health initiative outlined in this report, and intends that the majority of the increased funding be provided to increase the supply of qualified health care professionals in rural areas.

*Payment to Hawaii, Hansen's disease treatment*

The Committee includes $2,045,000 for Hansen's disease services. This is the same as fiscal year 2001 and the administration request.

Within the amount provided for Hansen's disease services, the Committee urges funding for the fiscal year 2002 payment to the State of Hawaii for the medical care and treatment in its hospital and clinic facilities of persons with Hansen's disease at a per diem rate not greater than the comparable per diem operating cost per patient at Gillis W. Long National Hansen's Disease Center. This amount is the same as the administration request and the 2001 level.

The Committee appreciates the Institute of Medicine study of the Pacific Basin health care delivery system, conducted in 1998. It is the Committee's understanding that the IOM cited findings for all health indicators for the people residing in the freely associated states, as being significantly worse than those for mainland Americans. The Committee, therefore, expects the Department to review the IOM findings and initiate implementation of its recommendations which include: jurisdictional coordination by the Pacific Islanders Health Officers Association; use of Tripler Army Medical Center and Guam Naval Hospital for care coordination, with emphasis on telehealth assessment and management; development of and participation in a regional health information system for information tracking and storage; continuing education for all health providers; and increased involvement in health care, particularly womens' health issues.

ACQUIRED IMMUNE DEFICIENCY SYNDROME

RYAN WHITE AIDS PROGRAMS

The Committee provides $1,883,000,000 for Ryan White AIDS programs. This is $75,391,000 more than fiscal year 2001 and $75,236,000 more than the administration request.

Recent advances in diagnosis, treatment, and medical management of HIV disease has resulted in dramatic improvements in individual health, lower death rates and transmission of HIV from mother to infant. The Committee recognizes, however, that not all HIV infected persons have benefitted from these medical advances and expects that the Ryan White CARE Act programs provide so-

cial and other support services with the specific intent of obtaining and maintaining HIV-infected individuals in comprehensive clinical care.

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

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

The Committee encourages HRSA to assume a leadership role in ensuring that the prevention, treatment, and management of HIV/AIDS in correctional facilities is a high priority and that the care rendered meets current medical standards for AIDS care. The Committee encourages HRSA to collaborate with the Federal Bureau of Prisons, CDC, the White House Office on AIDS Policy, and other entities of jurisdiction.

*Emergency assistance—title I*

The Committee recommends $620,000,000 for emergency assistance grants to eligible metropolitan areas disproportionately affected by the HIV/AIDS epidemic. This amount is $15,831,000 above the fiscal year 2001 and the administration request. These funds are provided to metropolitan areas meeting certain criteria. One-half of the funds are awarded by formula and one-half are awarded through supplemental competitive grants.

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

*Comprehensive care programs—title II*

The Committee has provided $950,000,000 for HIV health care and support services. This amount is $39,031,000 above the administration request and the 2001 level. These funds are awarded to States to support HIV service delivery consortia, the provision of home and community-based care services for individuals with HIV disease, continuation of health insurance coverage for low-income persons with HIV disease and support for State AIDS drug assistance programs [ADAP].

The Committee continues to be encouraged by the progress of anti-retroviral therapy in reducing the mortality rates associated with HIV infection and in enhancing the quality of life of patients on medication. The Committee has approved bill language for $610,000,000 for AIDS medications, compared to $589,000,000 provided for this purpose in fiscal year 2001. The Committee further urges HRSA to encourage States to utilize Federal ADAP funding in the most cost-effective manner to maximize access to HIV drug therapies and to eliminate cost-shifting from Medicaid to the State ADAP programs. States with ADAP funding should be allowed the

flexibility to purchase and maintain insurance policies for eligible clients including covering any costs associated with these policies, or continue to pay premiums on existing insurance policies that provide a full range of HIV treatments and access to comprehensive primary care services, as determined by a State. Funds should not be committed to purchase insurance deemed inadequate by a State in its provision of primary care or in its ability to secure adequate access to HIV treatments.

It has been brought to the Committee's attention that many State HIV/AIDS programs seek increased flexibility to use some ADAP resources to fund medical care, laboratory tests, and services to enhance patient adherence to pharmaceuticals. The agency should consider allowing States to redirect a reasonable portion of ADAP funds, as determined in collaboration with the States, to such services that enhance the ability of eligible people with HIV/AIDS to gain access to, adhere to, and monitor their progress in taking HIV-related medications. The agency should submit a report to the Committee with details on the implications of such a change prior to implementation.

The Committee is concerned about restrictions being placed on the type and scope of targeted outreach, as authorized under the Ryan White CARE Act, to identify underserved populations and provide them needed medical care. The Committee urges the Secretary to provide States flexibility, where appropriate, in conducting comprehensive, targeted outreach to underserved and minority populations to improve access to CARE Act programs for underserved communities.

The Committee is concerned about the increasing prevalence of hepatitis C–HIV co-infection. Co-infection of the hepatitis C virus (HCV) in HIV infected patients has become the leading cause of AIDS mortality in some parts of the country. The death rate is higher and life expectancy shorter for co-infection patients than for patients who have only HIV.

To address this growing problem, the Committee urges HRSA to encourage State ADAPs to offer co-infected patients access to approved hepatitis C treatments as their resources allow, to ensure that the Ryan White critical care funded programs (including Title III & IV clinics) provide opportunities for training care givers and clinicians to treat co-infected patients, and to ensure that AETCs address the need for physician education on HCV/HIV co-infection.

The Committee is concerned that American Indians and Alaska Natives are not participating in ADAP to the extent that these services are needed. The burden of covering costs for AIDS-related drugs is often falling on local Indian Health Service, tribal or urban program providers, or on the families of American Indians or Alaska Natives with AIDS. The Committee requests that HRSA and IHS work together to ensure American Indians and Alaska Natives are participating proportionately in each State, and there are not barriers to American Indians accessing the ADAP drugs due solely to their status as American Indians.

*Early intervention program—title III–B*

The Committee recommends $195,000,000 for early intervention grants. This is $9,121,000 above the 2001 level and the administra-

tion request. These funds are awarded competitively to primary health care providers to enhance health care services available to people at risk of HIV and AIDS. Funds are used for comprehensive primary care, including counseling, testing, diagnostic, and therapeutic services.

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

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

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

The Committee recommends $72,000,000 for title IV pediatric AIDS, which is $7,005,000 above the administration request and the 2001 amount. Funds are awarded to community health centers, family planning agencies, comprehensive hemophilia diagnostic and treatment centers, federally qualified health centers under section 1905(1)(2)(B) of the Social Security Act, county and municipal health departments and other nonprofit community-based programs that provide comprehensive primary health care services to populations with or at risk for HIV disease.

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

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

*AIDS dental services*

The Committee provides $12,000,000 for AIDS dental services, which is $2,001,000 above the administration request and the 2001 level. This program provides grants to dental schools, dental hygiene schools, and postdoctoral dental education programs to assist with the cost of providing unreimbursed oral health care to patients with HIV disease.

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

The Committee recognizes the effectiveness of this program in training dentists and in assisting with the cost of providing unreimbursed oral healthcare to HIV patients. The Committee noted last year the importance of providing adequate time and technical assistance for grantees to comply with the new uniform reporting requirements to better access outcomes and performance measures. With that in mind, the Committee recommends that HRSA provide a 1-year extension to its current deadline so that grantees can put into place reporting mechanisms that meet the new requirements in a manner consistent with State and institutional confidentiality protections.

*AIDS education and training centers*

The Committee recommends $34,000,000 for the AIDS education and training centers [AETC's]. This amount is $2,402,000 more than the 2001 level and the administration request. AIDS education and training centers train health care practitioners, faculty, and students who care for AIDS patients outside of the traditional health professions education venues, and support curriculum development on diagnosis and treatment of HIV infection for health professions schools and training organizations. The targeted education efforts by AETC's are needed to ensure the cost-effective use of the significant expenditures in Ryan White programs and the AIDS drugs assistance program. The agency is urged to fully utilize the AETC's to ensure the quality of medical care and to ensure, as much as possible, that no individual with HIV receives suboptimal therapy due to the lack of health care provider information.

Emphasis should be placed on building clinical treatment capacity by reaching health professionals providing care to persons within medically underserved areas, minorities, the economically underprivileged, and rural populations. The goal is to provide clinical education and consultation to increase knowledge and skills of the targeted clinician group providing care to low or medium volume of HIV patients thereby improving the early and ongoing access to quality HIV treatment by clinicians within urban and rural medically underserved areas and secondary cities outside of major metropolitan areas.

*Family planning*

The Committee recommends $266,000,000 for the title X family planning program. This is $12,090,000 above the fiscal year 2001 level and $11,830,000 more than the administration request. Title X grants support primary health care services at more than 4,000 clinics nationwide. About 85 percent of family planning clients are women at or below 150 percent of poverty level.

Title X of the Public Health Service Act, which established the family planning program, authorizes the provision of a broad range of acceptable and effective family planning methods and preventative health services. This includes FDA-approved methods of contraception.

The Committee has increased funding for clinics receiving Title X funds to address increasing financial pressures in their effort to provide high-quality, subsidized family planning services to 4,400,000 each year, many of whom are uninsured. These pressures include rising costs of newer and longer lasting contraceptive methods, pharmaceuticals, and screening and diagnostic technologies, as well as a rising uninsured population.

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

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

*Health care facilities*

The Committee provides $10,000,000 for health care facilities, which is $241,561,000 below the 2001 level and $10,000,000 above the administration request. Funds are made available to public and private entities for construction and renovation of health care and other facilities.

The Committee includes funding, as authorized in section 3 of Public Law 107–21, for the Paul D. Coverdell Building at the Institute of the Biomedical and Health Sciences at the University of Georgia.

*National Hansen's Disease Program buildings and facilities*

The Committee recommends $250,000 for buildings and facilities, which is the same as fiscal year 2001 level and the administration request.

*Rural hospital flexibility grants*

The Committee includes $25,000,000 for rural hospital flexibility grants, which is $3,000 more than the administration request and last year's appropriation.

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

*National practitioner data bank*

The Committee recommends $17,200,000 for the national practitioner data bank, which is the same as last year and the administration request. The Committee and the administration assume that full funding will be provided entirely through the collection of user fees and will cover the full cost of operating the data bank. Traditional bill language is included to ensure that user fees are collected to cover all costs of processing requests and providing such information to data bank users.

*Health care integrity and protection data bank*

The Committee recommends $8,000,000 for the health care integrity and protection data bank, which is $3,683,000 more than last year and the same as the administration request. The Committee and the administration assume that full funding will be provided entirely through the collection of user fees and will cover the full cost of operating the data bank. The data bank is intended to collect, maintain, and report on certain actions taken against health care providers, suppliers, and practitioners.

*Healthcare access for the uninsured*

The Committee provides $15,041,000 for this activity, which is $124,950,000 less than fiscal year 2001 and the same as the administration's request. This program is designed to increase the capacity and effectiveness of community health care institutions and providers who serve patients, regardless of their ability to pay. These funds will enable public, private, and non-profit health entities to assist safety-net providers in developing and expanding integrated systems of care and address service gaps within such integrated systems.

*Program management*

The Committee recommends $135,991,000 for program management activities for fiscal year 2002. This is $3,000,000 less than fiscal year 2001 and $11,058,000 less than the administration request.

The Committee continues to recognize the important work of the American Foundation for Negro Affairs of Philadelphia.

The Committee strongly urges, given its unique needs, filling of the Public Health Services Senior Programmatic position in Hawaii.

MEDICAL FACILITIES GUARANTEE AND LOAN FUND

The Committee has not included funding for the Medical Facilities and Guarantee and Loan Fund. This fund was established in

1972 under the Medical Facilities Construction Program in order to make funds available for construction of medical facilities. The fund is established in the Treasury without fiscal year limitation to pay interest subsidies, make payments of principal and interest in the event of default on a guaranteed loan, and repurchase, if necessary loans sold and guaranteed. There are sufficient carryover funds from prior years' appropriations to pay defaults and interest subsidy payments; therefore, no appropriation is required to cover these payments.

### HEALTH EDUCATION ASSISTANCE LOANS

The Committee recommends no additional guarantee authority for new HEAL loans in fiscal year 2002, which is the same as the President's request.

The Committee recommends $10,000,000 to liquidate 1999 obligations from loans guaranteed before 1992, which is the same as the administration request and the 2001 appropriation.

For administration of the HEAL Program including the Office of Default Reduction, the Committee recommends $3,792,000, which is $120,000 above the 2001 appropriation and the same as the administration request.

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

### VACCINE INJURY COMPENSATION TRUST FUND

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|---|---|
| Appropriations, 2001 | $117,347,000 |
| Budget estimate, 2002 | 117,847,000 |
| Committee recommendation | 117,847,000 |

The Committee recommends that $117,847,000 be released from the vaccine injury compensation trust fund in fiscal year 2002, of which $2,992,000 is for administrative costs. The total amount is $500,000 more than fiscal year 2001 and the same as the administration request budget request.

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

## CENTERS FOR DISEASE CONTROL AND PREVENTION

### DISEASE CONTROL, RESEARCH, AND TRAINING

| | |
|---|---|
| Appropriations, 2001 | $4,118,319,000 |
| Budget estimate, 2002 | 4,005,508,000 |
| Committee recommendation | 4,418,910,000 |

For the Centers for Disease Control and Prevention [CDC], the Committee provides $4,418,910,000 which is $300,591,000 above the fiscal year 2001 level and $413,402,000 above the budget request.

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

The Committee commends CDC for the agency's immediate response to the recent New York City and Washington, DC, tragedies. CDC sent a total of 71 staff, including 49 epidemiologists, occupational health specialists, and other public health professionals to supplement local efforts and provide expertise and assistance to New York City hospitals as directed by State and local health officials. CDC's Health Alert Network distributed information to health officials in New York City and around the country regarding incident response and technical issues.

It is also the Committee's understanding that CDC used the National Pharmaceutical Stockpile by deploying a "push package" of emergency materials that arrived in New York City within 7 hours of being requested. These materials included pharmaceuticals, intravenous supplies, airway supplies, emergency medication, bandages and dressings, which included 84,000 bags of intravenous fluid and other intravenous supplies, as well as 350 portable ventilators and 250 stationary ventilators and other materials to cover a spectrum of medical needs.

*Birth Defects, Developmental Disabilities, Disability and Health*

The Committee recommends $88,748,000 for birth defects, developmental disabilities, disability and health which is $18,015,000 above the fiscal year 2001 level and $12,468,000 above the administration request.

Birth defects are the leading cause of infant death in the United States. More than 150,000 infants are born with birth defects each year in the United States. The Child Health Act of 2000 created CDC's National Center on Birth Defects and Developmental Disabilities. This new center will expand existing surveillance, epidemiological research, prevention programs, and require support for a broad range of functions.

The Committee recognizes CDC as the Nation's leader in assisting States in monitoring for birth defects and developmental disabilities and improving the health and wellness of people living with a disability. The birth defects and developmental disabilities monitoring programs collect, analyze, and make available data on the incidence and causes of birth defects and developmental disabilities.

The Committee has included funding for further epidemiological research into Duchenne and Becker muscular dystrophy in the United States. More extensive data on this disease will inform re-

search decisions, standards of care formation, prenatal and infant screening and medical education.

The Committee is aware of the University of Louisville Health Science Center's work to improve the diagnosis, treatment, and prevention of birth defects. The Committee believes CDC could consider this center to be designated as a CDC National Center on Birth Defects Research.

The Committee continues to be supportive of funding for the Alabama Birth Defects Monitoring and Prevention Center to be located at the University of South Alabama to implement the objectives outlined by the United States Birth Defects Act of 1998.

*Attention Deficit/Hyperactivity Disorder.*—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, and substance abuse. The Committee supports the recommendations by CDC to establish a resource center for accurate and valid information about AD/HD for the public and professionals, including resource dissemination on evidence-based interventions for the disorder and has included sufficient funding to establish such a center.

*Autism.*—The Committee is concerned about the lack of information available on the prevalence, cause or effective treatment of autism. Basic data collection and verification is integral to better understanding the incidence of autism, the factors that may be associated with a higher rate of incidence, and effective treatment. The Committee commends CDC's initial efforts to conduct epidemiological research on autism in select States and has included sufficient funds to expand those activities.

*Disabilities Prevention Programs.*—The Committee continues to strongly support the CDC disabilities prevention program which provides support to States and academic centers to reduce the incidence and severity of disabilities, especially developmental and secondary disabilities.

The Committee commends CDC for its work with the Christopher Reeve Paralysis Foundation to establish an information and support center and to reduce secondary disabilities among people with paralysis. Sufficient funds are provided to continue this important project which will do much to prevent secondary complications associated with paralysis, resulting in improved outcomes and quality of life for people living with paralysis.

*Fetal Alcohol Syndrome.*—Fetal Alcohol Syndrome (FAS), the country's leading known cause of mental retardation and birth defects, devastates the lives of as many as 12,000 newborn children and their families each year. The Committee has included sufficient funds for CDC to: (1) develop guidelines for the diagnosis of FAS and other negative birth outcomes resulting from prenatal exposure to alcohol; (2) incorporate these guidelines into curricula for medical and allied health students and practitioners, and seek to have them fully recognized by professional organizations and accrediting boards; and (3) disseminate curricula to and provide training for medical and allied health students and practitioners regarding these guidelines. The Committee recommends that CDC coordinate its efforts with the National Task Force on Fetal Alcohol

Syndrome, existing federally-funded FAS prevention programs, and appropriate non-governmental organizations.

The Committee continues to encourage the agency to work with the State of Alaska to develop a comprehensive statewide strategy to prevent, detect and treat fetal alcohol syndrome and notes that Alaska has the highest rate of fetal alcohol syndrome in the Nation.

*Newborn Screening.*—Recent advances in genetic screening for newborns allow identification at birth of underlying conditions which can cause or contribute to disease, disabilities, and death. The Committee supports further research and demonstration projects to facilitate the translation of new scientific knowledge into applied newborn public health screening programs, particularly in the areas of Fragile X Syndrome and Cystic Fibrosis. The Committee urges CDC to coordinate with HRSA in translating the results of these efforts into guidance for public health programs, including State newborn screening programs.

*Special Olympics Healthy Athletes Initiative.*—The Committee is concerned regarding the unmet health needs among persons with mental retardation. On March 5, 2001, a field hearing was held in Anchorage Alaska, during the World Winter Special Olympics Games. At that hearing, numerous witnesses, including persons with mental retardation, expressed their frustration in securing needed health services and the severe consequences of not being able to obtain such services in a timely and appropriate way. Persons with mental retardation have more health challenges and poorer access to health care than the rest of the population. As a result, their lives are unnecessarily shortened and the quality of their lives is severely compromised.

To address the unmet health needs among its athletes, Special Olympics has created the Healthy Athletes Program, which provides Special Olympics athletes access to an array of health assessment, education, preventive health services and supplies, and referral for follow-up care where needed. These services are provided to athletes without cost in conjunction with Games competitions at local, State, national, and international levels.

The Committee strongly urges the CDC to establish a Special Olympics Healthy Athletes Initiative. The Committee further urges the CDC to have lead responsibility for this initiative, in collaboration with the Health Resources and Services Administration, National Institutes of Health, Agency for Healthcare Research and Quality, Center for Medicare and Medicaid Services. The agencies could examine existing programs and resources to determine appropriate actions that they may take, including studies and demonstration projects, to address the health challenges to persons with mental retardation. The initiative should help train health professionals and sensitize health care systems and institutions, as to the health needs of persons with mental retardation; establish clinical and program standards of care that meet the needs of individuals with mental retardation; expand systems to make them accessible to persons with mental retardation; help identify the nature and scope of health challenges and health access barriers to persons with mental retardation; and create and test models for athlete health promotion at the local level.

*Chronic Disease Prevention and Health Promotion*

The Committee recommends $701,654,000 for chronic disease prevention and health promotion, which is $48,119,000 below the fiscal year 2001 level and $127,094,000 above the administration's request.

The leading causes of death and disability (e.g., heart disease and stroke, cancer, diabetes, and arthritis) are among the most prevalent, costly, and preventable of all health problems. Seven of every 10 Americans who die each year, or more than 1.7 million people, die of these chronic diseases. Heart disease and stroke and cancer account for two-thirds of all deaths. The prolonged course of illness and disability from such chronic diseases as diabetes and arthritis results in extended pain and suffering as well as in decreased quality of life for millions of Americans. A relative few modifiable risk factors bring suffering and early death to millions of Americans. Three such factors—tobacco use, poor nutrition, and lack of physical activity are major contributors to our Nation's leading causes of death.

The Committee recognizes that a greater effort is needed to control the leading causes of death and disability through the prevention of risk factors. Further, this Committee which consistently strives to insure that adequate resources are available for biomedical research is committed to insuring that applied research is adequately funded.

*Anemia.*—The Committee notes that iron deficiency in children can result in delayed or stunted intellectual and physical development, and is disturbed to learn that Alaska Native children in rural areas have a high prevalence of iron deficiency anemia. Recent evidence suggests that treatment of H.pylori infection with antibiotics might lead to resolution of the anemia in some children. The Committee encourages the agency to give consideration to a proposal by the State of Alaska to reduce unacceptably high anemia rates among the Alaska Native children of southwestern Alaska, which includes a clinical trial to evaluate the ability of triple therapy with antibiotics to treat iron deficiency anemia among children 2 to 5 years of age in western Alaska.

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

provide a minimum level of funding to each participating State has produced a shortfall of funds.

*Cancer Prevention and Control.*—Cancer is the second leading cause of death in the United States. Since 1990, 13 million new cancer cases have been diagnosed—including over 1.2 million new cases in 2000 alone. Cancer costs the Nation $107,000,000,000 annually in direct and indirect costs. Screening tests for breast, cervical and colorectal cancer reduce the number of deaths from these diseases, and screening tests for cervical and colorectal cancer can actually prevent the development of cancer through the early detection and treatment of pre-cancerous conditions.

The Committee commends CDC for its efforts to begin to build a coordinated focus for cancer efforts at the State level, CDC funds five States and an Indian health board to develop comprehensive cancer control programs. These States are building the foundation for a nationwide, comprehensive cancer control program. Comprehensive cancer programs integrate the full range of cancer prevention activities including research, evaluation, health education and communication, program development, public policy development, surveillance, and clinical services.

The Committee has included increased funding for comprehensive cancer control programs. Particular attention should be paid to raising public awareness and enhancing professional education on cancers not currently addressed by a CDC program. For example, CDC is encouraged to develop an awareness campaign to educate patients and practitioners about the symptoms associated with lymphoma and the challenges of correctly diagnosing this complicated cancer.

The Committee also urges CDC to plan and implement awareness programs for orphan cancers for patients and community oncologists. Patients diagnosed with these cancers, such as esophageal, kidney, liver, multiple myeloma, pancreatic, and stomach, currently have the lowest life expectancy rates of all diagnosed cancers, yet community oncologists generally lack specific knowledge about these malignancies. The Committee also encourages CDC to establish, with the States, high-risk registries for the digestive cancers and other cancers with significantly low survival rates following diagnosis.

The Committee is aware of a CDC project at Swope Parkway Health Center in Kansas City that is successfully targeting African American women who are at high risk for breast and cervical cancer. The project is a collaborative effort between the Health Center and community groups in reaching out to this at-risk population through the dissemination, access to free testing, and the implementation of a screening follow-up program. The Committee urges the CDC to continue its support for this program.

*Chronic Fatigue Syndrome (CFS).*—The Committee is pleased that CDC has restored funding for CFS research, and that these funds are being used in substantive areas of research and education. In particular, the Committee would like to commend CDC on its collaborations with prominent CFS clinicians, Emory University researchers, and CFS advocates. The Committee 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.

The Committee strongly encourages CDC to provide the funds and the infrastructure to support other aspects of its "reinvigorated" CFS research plan, which includes surveillance projects on children, adolescents, and minorities with CFS; a national CFS patient registry; studies of etiologic agents, diagnostic markers, natural history, and risk factors using specialized molecular epidemiology techniques and advanced surveillance methodologies; and CFS public education programs with special emphasis on general public service announcements and expanded efforts to educate primary care providers about the detection, diagnosis, and treatment of CFS.

The Committee recognizes CDC's support of the DHHS CFS Coordinating Committee (CFSCC) and expect that CDC will continue its support as the CFSCC transitions from a coordinating committee to an advisory committee.

*Community Health Centers.*—The Committee strongly urges the utilization of Community Health Centers as an integral part for the provision of primary care in medically underserved populations. The Committee urges CDC to contract directly with the Hawaiian Community Health Centers to provide primary health care for its underserved populations, this includes an approval for expansion of the Community Health Centers to Kaui.

*Cooley's Anemia.*—Patients with Cooley's anemia, or thalassemia, are the most frequently transfused of all patients receiving blood, often every 2 weeks. This makes them an effective "early warning system" for problems in the blood supply. The Committee is aware that CDC has created a program outline for establishing a blood safety surveillance program, modeled on the universal data collection program used in hemophilia. The Committee encourages CDC to provide sufficient funds to establish this program, which will make a major contribution to the safety of the blood supply for all Americans.

*Diabetes.*—The Committee remains acutely concerned about the high incidence of diabetes within the Native American, Native Alaskan and Native Hawaiian populations. The Committee urges the CDC to continue to develop a targeted prevention and treatment program for these culturally unique yet similar groups. The Committee encourages the CDC to continue to work with Native Americans and Native Hawaiians to incorporate traditional healing and develop partnerships with community centers as a safety net during program development. The Committee is pleased with CDC's efforts to work with the leadership of Native Hawaiian and Pacific Basin Islander communities in these efforts.

The Committee is also aware of a proposal from the Standing Rock Sioux Tribe and Cheyenne River Sioux Tribe to establish the Dakota Plains Diabetes Center.

The Committee acknowledges that the The Texas Tech Institute for Diabetes Prevention and Control has been very successful in addressing high incidence of diabetes in the Southwest, and supports its continued activities.

The Committee continues to be supportive of the National Diabetes Prevention Center in Gallup, New Mexico.

*Dental decay.*—The Committee urges CDC to further enhance its oral health activities to reduce the disparity in treatment 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 urges the CDC to work with eligible entities to implement the oral health prevention programs of the children's Health Act of 2000. The Committee has included sufficient funding to allow States to assist communities that are initiating water fluoridation projects to apply for appropriate assistance.

*Epilepsy.*—Although the CDC has developed public health strategies to address epilepsy, additional investment is required to effectively implement these initiatives. The Committee has provided increased funding for CDC to enhance its epilepsy efforts, with a focus on expanding disease surveillance; increasing public awareness activities; public and provider education; prevention research; and, importantly, to more aggressively address the stigma often associated with the disorder. Further, the Committee recognizes the recent commitment by CDC to partner with a national voluntary health organization dedicated to improving the lives of persons with epilepsy and expects CDC to work with this organization and other consumer groups in implementing this public health initiative.

*Glaucoma.*—The Committee has included funds for CDC to develop a model project to test the efficacy of glaucoma screening using mobile units. The Committee further suggests the program establish protocols to conduct outreach, identify staffing needs, implement glaucoma screenings, as well as address other eye conditions, provide patient education regarding the management of glaucoma, and make appropriate referrals to eye care professionals. The program should also include a rigorous evaluation of the strategy to conduct glaucoma screening using mobile units including measuring the number of screenings conducted and outcome measures of the projects effectiveness. Alternate strategies to achieve similar goals should be explored to determine the most effective methods to deliver glaucoma screenings in various communities. Moreover, the evaluation component should address the effectiveness of mobile units as a method to address populations most in need of glaucoma screenings.

*Health Promotion.*—The Committee has included sufficient funds to continue the pilot program, begun in fiscal year 2000, for an interdisciplinary approach to mind-body medicine and to assess the preventive health impact.

*Heart Disease and Stroke.*—Heart disease and stroke are the leading causes of death in the United States among men and women and of all racial and ethnic groups. Challenges to combating these diseases include persistent geographic, racial and ethnic disparities; the increasing prevalence of sedentary lifestyles and obesity among all sectors of the American population, the growing number of people with these diseases as the population ages, and the under use of established effective treatments for those already afflicted by heart disease and stroke.

The Committee commends CDC for publishing and distributing "Women and Heart Disease: An Atlas of Racial and Ethnic Dispari-

ties in Mortality", the first publication to show heart disease death rates among women aged 35 years or older, county-by-county, throughout the United States.

The Committee has increased funding for the WISEWOMAN program to allow the program to expand to up to 20 States. The WISEWOMAN program builds on the CDC's National Breast and Cervical Cancer Early Detection Program to also screen women for heart disease, stroke and cardiovascular disease risk factors such as high blood pressure, elevated cholesterol, 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. Currently in nine States, the program has screened more than 10,000 low-income and uninsured women ages 40–64 for heart disease and stroke risk factors. From 50 percent to 75 percent of these women were found to have either high blood pressure or elevated cholesterol.

Stroke remains America's No. 3 killer, a major cause of permanent disability and a key contributor to late-life dementia. This year, nearly 600,000 Americans will suffer a stroke, costing Americans an estimated $45,000,000,000 in medical expenses and lost productivity. Nearly 4.5 million Americans live with the consequences of stroke; many are permanently disabled. Currently, the drug tPA, is the only approved emergency treatment for clot-based stroke, yet less than 5 percent of those eligible for tPA receive it.

As a result, the Committee has included funding for the Paul Coverdell National Acute Stroke Registry, established by Congress last year and designed to track and improve the delivery of care to patients with acute stroke. The Committee encourages CDC to continue to work with the National Institute of Neurological Disorders and Stroke, and the National Heart, Lung, and Blood Institute at the National Institutes of Health, the Brain Attack Coalition, and other professional organizations, including hospitals, universities, State and local health departments, and other appropriate partners experienced in the treatment of stroke to further implement this registry.

The Committee is impressed with the continued success of the Michael E. DeBakey Institute for the Integrated Study of Cardiovascular Disease and Biomedical Devices. This Institute has supported the development of life-saving heart pumps and other devices and combines the world-class expertise of Baylor College of Medicine with the engineering and veterinary medicine expertise of Texas A&M University.

*Hemophilia.*—The Committee is appreciative of CDC's efforts last year to restore funding to meet the disease management, prevention, and outreach needs of persons with hemophilia and bleeding disorders, and in particular, women with bleeding disorders. The Committee expects CDC to continue working with the national hemophilia foundation to strengthen these programs and its blood safety surveillance. The Committee also understands that geno-typing of the hemophilia population is needed to speed identification of inhibitors and facilitate the rapid translation of gene therapy technologies into treatment and prevention efforts.

*Immunodeficiency Diseases.*—The Committee has included sufficient funds to continue and expand the CDC's national education awareness campaign with regard to primary immunodeficiency diseases, in collaboration with NICHD, NIAID, NCI, and private entities, to serve as a model for other genetic diseases. At a minimum, the campaign should include development and distribution of educational materials to health care professionals and others likely to inter-act with undiagnosed patients, development and distribution of culturally competent materials for patients and their families, as well as physician and public education efforts. The Director of CDC should submit a report to the Committee prior to next year's appropriation hearings outlining the progress that has been made to date. The Committee is pleased that CDC is working to establish a competitively awarded primary immune deficiency diseases national surveillance program.

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

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

*Multiple Sclerosis.*—The Committee commends the University of Texas-Southwestern Medical Center for its preeminent Comprehensive Multiple Sclerosis Center of Excellence and its new National Multiple Sclerosis Training Center. This center is providing neurologists across the United States with intensive training on the management of MS.

*Nutrition, Physical Activity and Obesity.*—Physical inactivity and unhealthy diet patterns account for at least 300,000 preventable deaths each year among Americans and increase the risk for many chronic diseases. Most Americans do not engage in recommended behaviors for healthy eating and physical activity. More than 60 percent of adults do not engage in levels of physical activity necessary to provide health benefits, and daily participation in high school physical education has dropped from 42 percent to 27 percent in the last 6 years. Obesity has reached epidemic proportions. In the past 15 years, the prevalence of obesity has increased by over 50 percent among adults and 100 percent in children and adolescents. The cost of diseases associated with obesity is almost $100,000,000,000 per year.

The Committee is concerned about the alarming increase in childhood obesity and has provided $950,000 to CDC to fund a study by the Institute of Medicine to assess the nature of childhood

obesity in the United States and develop an action plan to decrease its prevalence that focuses on prevention. The study should assess the primary factors responsible for the increasing prevalence of childhood obesity and identify the most promising methods for prevention.

The Committee is aware of the report of the Evaluation Group on the national 5-A-Day for Better Health Program and the findings that eating fruits and vegetables reduces the risk of cancer, cardiovascular, and other diseases. Given these findings, the Committee urges the Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI) to jointly develop a comprehensive plan to strengthen and expand the 5-A-Day program. The plan should address the policy, environmental changes, communications, State and community programs, research and evaluation, and surveillance and program channels such as mass media, restaurants, supermarkets, schools, and faith organizations. The plan should also address how best to use already-developed technologies to promote healthy eating.

The Committee is aware that Alaska ranks in the top five in the Nation in its proportion of people who are obese. The agency is encouraged to give consideration to a pilot program proposed by the State of Alaska to prevent and control obesity through the promotion of increased physical activity and improved nutrition.

The Committee is aware of the Children's Health Life Skills Initiative at the University of North Carolina at Greensboro, which is a multi-university effort to address obesity and chronic disease among children.

*Pancreatic Cancer.*—The Committee encourages the CDC to work with the National Cancer Institute to determine possible areas of collaboration in epidemiology, translational research, and awareness and registry programs for pancreatic cancer. A report to the Committee on initiatives in these areas should be submitted prior to next year's appropriations hearing.

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

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

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

For example, the West Virginia University Prevention Research Center (PRC) worked with the American Lung Association, schools, and communities in West Virginia and across the United States to develop and evaluate a smoking cessation program for teenagers. Controlled studies showed that 20 to 30 percent of participants were smoke-free by the end of the year and young people who did not completely quit significantly reduced their cigarette smoking. This program is currently being used in many States, and the U.S. Army plans to use the program in military high schools across Europe.

Compared to the Nation, Mississippi Delta residents disproportionately suffer from heart disease, cancer, diabetes, and other chronic illnesses. The Committee is aware that the University of Mississippi Medical Center and Delta State University have formed a partnership concentrating on improving the health, education, and economic opportunities of Mississippi Delta residents.

*Prostate Cancer*.—The Committee is aware that prostate cancer is the second leading cause of cancer death among men in the United States, and that the CDC's prostate cancer awareness campaign plays a key role in screening, outreach, education, and treatment of men with this disease, especially those at high risk. The Committee is pleased with these efforts and encourages CDC to expand this program to include the broader at-risk male population.

The Committee recognizes that early detection of prostate cancer by the prostate specific antigen (PSA) test is likely to reduce disease mortality and therefore believes it is important to accelerate programs that can benefit Americans at special risk of this disease. In particular, the Committee encourages CDC to improve outreach for early detection to populations at special risk. The Committee requests that CDC prepare a report describing how it plans to accelerate opportunities for early detection of prostate cancer as well as linkages to appropriate and accessible treatment for the medically underserved. It is further expected that CDC will consult closely with the research community, public health community, clinicians, patient advocacy groups, and the Congress in preparation of this report.

*Pulmonary Hypertension*.—The Committee continues to be interested in pulmonary hypertension, a rare, progressive and fatal disease that predominantly affects women, regardless of age or race. Pulmonary hypertension causes deadly deterioration of the heart and lungs and is a secondary condition in many other serious disorders such as scleroderma and lupus. The Committee provided funding for public and professional awareness of pulmonary hypertension in the fiscal year 2001 Conference Agreement, and expects CDC to report on the progress made to initiate this program by December 31, 2001.

*Safe Motherhood*.—The Committee urges the National Center for Chronic Disease Prevention and Health Promotion and the National Center for Health Statistics to work together to review the Pregnancy Risk Assessment Monitoring Survey with the intent of expanding this survey, and to explore the possibility of a mandatory reporting requirement to track the medical care and interventions that women receive during pregnancy and delivery.

*School Health.*—The Committee supports CDC's efforts to expand coordinated school health programs that reduce chronic disease risk factors including poor eating habits, physical inactivity, and tobacco use. The Committee recognizes that children are our most valuable resource and schools represent an opportunity to provide our children with valuable health skills. The Committee further recognizes that significant research has demonstrated that tobacco prevention programs in schools can lower smoking rates among teenagers.

*Sudden Infant Death Syndrome*.—The Committee notes the work of CDC, the National Institute of Child Health and Human Development and HRSA in developing model guidelines for death scene protocol for Sudden Infant Death Syndrome. The Committee encourages CDC to implement projects to demonstrate the effectiveness of the death scene protocol in a variety of locales (urban, suburban, and rural) throughout the Nation. The Committee expects CDC to be prepared to report on progress on this initiative during the fiscal year 2003 budget hearings.

*Tobacco Use.*—Tobacco use is the single most preventable cause of death and disease in the United States; it is responsible for more than 430,000 deaths each year at an annual cost of nearly $100,000,000,000. Every day 3,000 young people become regular smokers, and it is anticipated that of today's children, 5 million will die prematurely if current smoking trends continue. In addition, the Committee recognizes the consequences of tobacco use have become an issue of global concern far beyond the confines of national boundaries. The global tobacco epidemic will become the leading cause of preventable and premature death worldwide.

It has been brought to the Committee's attention that Alaska Native teens use tobacco at rates much higher than the national average and begin using tobacco as early as age 5. The Committee encourages the agency to consider the "Challenge to Quit" program operated by the Alaska Native Health Board which offers incentives for Alaska Native teenagers to quit using tobacco. The Committee is also disturbed to learn that tobacco use in the Yukon-Kuskokwim delta region of Alaska is among the highest in the Nation, including more than 40 percent of pregnant women, and also encourages the agency to work with the Alaska Native Health Board in partnership with the Yukon-Kuskokwim Health Corporation, on a tobacco cessation program in the Yukon-Kuskokwim delta region of Alaska.

*Tourette Syndrome.*—The Committee recognizes that Tourette Syndrome is a commonly misdiagnosed disease, and has learned of the Tourette Syndrome Association's efforts to educate health care professionals about this condition. The Committee supports these efforts, and urges CDC to support these activities with a focus on medically under served communities.

*Youth Media Campaign.*—The Committee has not included any funding for the youth media campaign. The Committee is aware that CDC is implementing the first year of a youth media campaign that 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. CDC

is working with marketing and media experts to design and implement a media campaign for cable or broadcast television programs as well as on an interactive Web site.

*Environmental Health*

The Committee recommends $171,683,000 for environmental health activities which is $34,584,000 above the fiscal year 2001 level and $35,180,000 above the administration request.

Many of the public health successes that were achieved in the 20th century can be traced to innovations in environmental health practices. However, emerging pathogens and environmental toxins continue to pose risks to our health and significant challenges to public health. *Pfiesteria piscicida*, an organism implicated in major fish kills at sites in the eastern United States, may cause a variety of health problems as well as impact local economies. Outbreaks of water-borne diseases such as *cryptosporidium* show the vulnerability of our water purification systems. The task of protecting people's health from hazards in their environment requires a broad set of tools. First among these tools are surveillance and data collection to determine which substances in the environment are getting into people and to what degree. It also must be determined whether or not these substances are harmful to humans, and at what level of exposure. Many scientists estimate that about two-thirds of all cancers result from environmental exposure, but much better data are needed to improve this estimate and determine which exposures cause cancer and other diseases.

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

The Committee is pleased with the work that the CDC has done to address the increasing prevalence of asthma. However, the increase in asthma among children, particularly inner city minorities, remains alarming. The Committee urges CDC to expand its outreach aimed at increasing public awareness of asthma control and prevention strategies, particularly among at risk minorities populations in under served communities. The Committee also encourages CDC to work with other Public Health Service agencies at NIH, HRSA, and the Office of the Surgeon General to develop a PHS-wide plan to control asthma. The Committee has provided sufficient funds to allow CDC to increase the numbers of States covered by this program and to fund additional community-based interventions that apply effective approaches demonstrated in research projects within the public health community.

As with the rest of the United States, there is an increase in the prevalence, incidence, and severity of asthma throughout Hawaii, especially in its medically underserved population. Because of this the Committee urges the CDC to contract with Hawaiian Community Health Centers in order to provide proper health care in the treatment of asthma throughout Hawaii.

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

The Committee is aware of the portable, easy to use lead screening device developed with the support and participation of the CDC. The Committee continues to believe that this device holds great promise for increasing childhood screening rates in under served communities and encourages CDC to support its further development for widespread application in community public health settings.

The Committee notes the success that CLEARCorps/USA has had in helping communities and families protect their children from lead poisoning.

*Childhood Leukemia.*—The Committee is aware of the integral role that CDC and ATSDR have played in helping the Nevada State Health Division's efforts to understand and address the outbreak of childhood acute lymphocytic leukemia (ALL) in Fallon, Nevada. CDC officials assisted the Health Division to develop a tool to survey the families of Fallon children with ALL for any information suggestive of features, experiences, or exposures in common among them. Officials from the centers also served on the Health Division's Expert Panel, a body that has provided the State with guidance on advancing the investigation into the ALL outbreak. More recently, CDC and ATSDR have been developing protocols for the study of contaminants in human tissue, soil, air, and dust in the Fallon community. It is anticipated that the study will be implemented later this summer. Given the limited resources available to Nevada State health officials to continue the investigation into the cause(s) of the Fallon childhood ALL outbreak, the Committee strongly urges the CDC and ATSDR to continue to support Nevada State health officials in their investigation.

*Environmental Health Activities.*—CDC's environmental epidemiology activities include conducting national and international epidemiological studies on the association between health effects and groundwater contamination; collecting and analyzing data on the off-site migration of chemical contamination and resistant microbes from concentrated animal feeding operations; providing consultation on pesticide use in vector-control programs; conducting human pesticide exposure studies; developing sensitive biomarkers of pesticide exposure; and collaborating with EPA, academia, and State and local health departments in several pesticide-related activities.

The genetics and disease prevention program is creating centers for genomics and public health within schools of public health to evaluate and disseminate information on gene-disease associations, gene-environment interaction, and genetic tests and to provide technical assistance and training for State and local public health programs. CDC will incorporate genetic discoveries about human disease into effective public health actions that identify ways to use

this new knowledge in chronic and environmental disease prevention.

The Committee recognizes the need for scientific investigation of the link between environmental contaminants and diseases in both humans and ecosystems. The Committee is aware the University of Mississippi Medical Center, in collaboration with University of Mississippi at Oxford, has a program focusing on the association between chemicals in the environment and the onset of disease among residents living in the Mississippi River basin.

The Committee is supportive of the efforts of the University of Montana, Missoula's Center for Environmental Health Sciences. The University is studying the impact of environmental factors causing or exacerbating human health conditions in an effort to (1) discover new or better treatments, (2) better assess the actual risks caused by environmental agents, and (3) improve methods to reduce the adverse health impacts of these environmental agents.

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

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

The Committee supports the CDC biomonitoring program and study of environmental toxins and their relationship to chronic diseases, such as asthma, many birth defects, and cancer to increase our understanding of the cause of many chronic diseases and conditions and to facilitate the development of effective prevention strategies. CDC should continue to pursue the development of a coordinated system among all the States to identify and track disease and conditions caused by exposure to environmental toxins.

*Health Tracking Network.*—In fiscal year 2001, the Committee requested that the Centers for Disease Control and Prevention (CDC) develop a plan for a coordinated Nationwide Health Tracking Network among all States to identify and track chronic diseases and their related environmental factors. Across the Nation there is a serious lack of trained personnel and modern technology dedicated to responding to the very real health emergencies that face our communities. State and local health departments need epidemiologists, environmental health specialists, chronic disease investigators, technical resources and regional laboratories to track chronic disease and evaluate community exposures.

The Committee has included funding to develop pilot programs in States as a first step in the development of a Nationwide Health

Tracking Network. The pilot projects would include support for State health departments to develop and operate a comprehensive and coordinated State health tracking network, increased capacity at regional environmental laboratories and State environmental health investigators to lead rapid response teams when a disease cluster or other health emergency is detected. Finally, these funds would allow CDC, working in close coordination with State and local public health officers, environmental specialists and other relevant parties, to begin to develop national standards and protocols for tracking priority chronic disease as part of the Nationwide Health Tracking Network.

*Rural Health.*—The Committee is greatly concerned about the health status of the residents of rural communities. The Committee encourages CDC to conduct an assessment of rural health problems, in particular, those that may be related to concentrated animal feeding operations. Potential health indicators should be identified and collected for selected areas that reflect the general health status or well-being of the community. Analyses of the data should be undertaken to identify potential causes of illnesses that may require further investigation. The Committee encourages the agency to conduct the assessment in Iowa where rural communities reflect many of the health problems suffered by rural residents nationwide.

*World Trade Center and Pentagon Emergency Workers.*—The Committee has included funding for monitoring the health of workers directly involved in rescue and response efforts associated with the terrorist attacks of September 11, 2001, at the World Trade Center in New York City and the Pentagon, in Arlington, Virginia. CDC should coordinate its efforts with the Federal Emergency Management Agency, the Environmental Protection Agency, the Department of Labor, the State of New York, the City of New York, Arlington County and affected labor organizations. Such efforts shall include baseline and long-term health monitoring of individuals directly involved in rescue and response efforts. The purpose of this demonstration is to study the long-term health impacts associated with rescue and response efforts at the World Trade Center and the Pentagon.

*Thyroid Cancer.*—The Committee has included sufficient funds to continue the next phase of a study on radioactive Iodine-131 and thyroid cancer. This study will look at individuals exposed to fallout from the Nevada Nuclear Weapons Test Site.

*Epidemic Services and Response*

The Committee recommends $85,303,000 for epidemic services and response which is $7,506,000 above the fiscal year 2001 level and $5,000,000 over the administration's request.

CDC's epidemic services and response program provides resources and scientific expertise for operating and evaluating surveillance systems; developing and refining research methods and strategies to the benefit of public health practice; training public health professionals who are prepared to respond to public health emergencies, outbreaks and other assistance requests; and communicating with multi-faceted audiences accurate public health information and effective messages. The scientific basis of this program

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

*Health Statistics*

The Committee recommends $126,978,000 which is $5,012,000 above fiscal year 2001 and the same as the administration request.

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

The Committee urges CDC to continue to prioritize current health information which is needed in all sectors of society as a prerequisite for planning, action, and evaluation, and can lead to improvements in health and quality of life. In this time of rapid change in health and welfare policy, medical practice, and biomedical knowledge, it is important to make the investments necessary to monitor trends so that we can assess the impact of these changes and guide policy.

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

*HIV, STD, and TB Prevention*

The Committee recommends $1,121,612,000 which is $77,463,000 above the fiscal year 2001 level and $53,160,000 above the administration request.

Recognizing the intersection among these diseases, and the need for a focal point for leadership and accountability, CDC combines HIV, STD, and TB activities to provide leadership in preventing and controlling human immunodeficiency virus infection, other sexually transmitted diseases (STDs), and tuberculosis. CDC works in

collaboration with partners at community, State, national, and international levels, applying well-integrated, multi-disciplinary programs of research, surveillance, technical assistance and evaluation. These diseases are not vaccine preventable and must be controlled and prevented through identifying, diagnosing, and treating infected persons; through provision of confidential, culturally competent counseling to identify and reach those who have been exposed to infection and who may not know it; and through individual and population level health promotion to reduce high risk behaviors.

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

The Committee urges that racial minorities be more fully targeted and included in HIV prevention efforts. The Committee urges CDC to consider allocating increased resources to address the HIV-related health disparities in ethnic and racial minority populations. In particular, CDC should continue to target support for minority community-based organizations and minority regional and national organizations including education, technical assistance, infrastructure, capacity building, community development, and public health initiatives.

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

The Committee is concerned regarding the level funding received by the HIV school health program during the last decade compared to the increased funding for HIV activities. Significant increases in the HIV epidemic in the United States during the same period disproportionately affect adolescents and young adults who can benefit from school and university based HIV prevention programs. Of the increase provided for HIV/AIDS programs, the Committee di-

rects CDC to increase school health HIV funding to a level that is consistent with the increased cost of living since 1991.

Oral fluid testing is one of the newest and most revolutionary advances in diagnostic testing. Recent technological advances have resulted in a rapid oral fluid test, currently in FDA clinical trials, that will indicate HIV/AIDS status within 20 minutes. The Committee is aware that, with some level of attention by the Centers of Disease Control, this test could be adapted to a variety of infectious diseases, including those resulting from biological warfare or bioterrorism.

The Committee is aware of the growing incidence of HIV/AIDS along the United States-Mexico border and the greater difficulty health providers have in identifying and treating individuals in this region. The Committee understands that University of Texas Health Sciences Center-Houston could establish a Center for HIV Research and Education to better understand and respond to the unique demographic characteristics and needs of this population to help prevent the further spread of AIDS

*Global HIV/AIDS.*—CDC's international work is conducted in collaboration with USAID and other Federal agencies. In fiscal year 2000 CDC began to implement prevention activities and programs in 15 countries, including India and 14 countries in Africa. In fiscal year 2002, CDC will expand activities to Latin America and other countries in Africa and Asia. The Committee has included bill language that will allow CDC to carry out international health activities, including HIV/AIDS.

HIV/AIDS and other diseases such as hepatitis are spread in sub-Saharan Africa by blood transfusion. Testing sub-Saharan African blood using FDA approved blood transfusion testing technologies is important. Since testing will deteriorate the available blood supply in sub-Saharan Africa, funding for the development of donor and transfusion facilities with trained staff would ensure an adequate safe blood supply and safe transfusion practices. Funding initiatives vis-á-vis blood testing must include the comprehensive training of African nationals to staff testing laboratories and donor facilities.

The Committee urges CDC to fund microbicide research and development within funds provided for global AIDS. These funds could support clinical trials of microbicides as set forth in CDC's HIV Prevention Strategic Plan and its topical microbicides 5-year research agenda.

*Sexually transmitted diseases.*—CDC's strategy for STD prevention is to provide national and international leadership through research, surveillance, policy development, and assistance to States, territories and local health departments in the delivery of services to prevent and control the transmission of STDs and their complications. The Committee recognizes that this year, more than 15 million Americans will contract a STD. This epidemic will disproportionately affect adolescents, women, and people of color. The epidemic will tally $8,400,000,000 in direct costs, along with immeasurable human costs in pain and suffering. National surveillance of syphilis, chlamydia, and gonorrhea is supported, and sentinel surveillance strategies are being developed for new viral STDs, specifically, human papillomavirus. Prevention research is

conducted to improve methods and delivery of prevention services and to develop and refine interventions.

The Committee commends CDC in its work in this area and recognizes that STD prevention programs are highly effective. Two major foci of national STD prevention efforts are syphilis elimination and prevention of STD-related infertility. CDC has undertaken an initiative to eliminate syphilis in the United States by 2005 which builds upon existing STD programs and takes advantage of the opportunity afforded by historic lows in syphilis rates.

Given the continuing high prevalence of chlamydia in the United States and the need to expand screening and treatment efforts, the Committee has included increased funding for this program and directs that this increase be used to provide services to all regions of the country, with each region receiving the same percentage increase.

The Committee is concerned regarding the lack of adequate surveillance of HIV–STD among American Indian, Alaska Native, and native Hawaiian populations, and encourages CDC to work in consultation with tribes, urban programs, and the Indian Health Service to develop a more effective surveillance strategy.

*Tuberculosis Elimination.*—CDC works with local, State, national, and international partners towards the goal of eliminating TB. In addition to promoting the more effective use of existing tools for combating TB, CDC is working with NIH and FDA to develop new diagnostic and treatment tools as well as better vaccines.

The Committee commends CDC for its continued efforts to control tuberculosis (TB) in the United States, as demonstrated by the eighth year of declining TB trends reported for 2000. However, with the recent release of the Institute of Medicine's report "Ending Neglect: the Elimination of Tuberculosis in the United States," the Committee remains concerned about the threat of TB and multidrug resistant tuberculosis. 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 directly impact the United States. Therefore, the Committee encourages CDC to continue to work with domestic partners to maintain strong prevention and control programs. In addition, the Committee encourages CDC to work with international partners to assure the success of international control programs, and to encourage and support, when possible, the development of new TB treatments and the development of a new effective TB vaccine.

The Committee is pleased with CDC's program to control TB along the United States-Mexico border. CDC is collaborating with the Mexican National Public Health Laboratory Program and the Association of State and Territorial Public Health Laboratory Directors to coordinate laboratory training between United States and Mexican laboratorians. CDC also provides funding to State and local health departments which supports several border health activities. The Texas-Mexico bi-national border projects are designed to reduce TB by co-managing TB cases and their contacts.

The Committee is aware of the County of San Diego's program that provides treatment to multi-drug resistant TB patients along the northern Mexico border with California and encourages CDC to give full and fair consideration to this program.

*Immunization*

The Committee recommends $637,145,000 for the program authorized under section 317 of the Public Health Service Act which is $84,540,000 above the fiscal year 2001 level and $62,500,000 above the administration request.

The Omnibus Reconciliation Act [OBRA] of 1993 established a new vaccine purchase and distribution system that provides, free of charge, all pediatric vaccines recommended for routine use by the Advisory Committee on Immunization Practices to all Medicaid-eligible children, uninsured children, underinsured, and native Americans through program-registered providers. Included in the Medicaid estimate for fiscal year 2002 is $796,193,000 for the purchase and distribution of vaccines, which when combined with the section 317 discretionary funding totals $1,370,838,000.

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

The Committee encourages CDC to increase section 317 grant support for infrastructure development and purchase of vaccines for the State of Alaska's universal immunization program. It has been brought to the Committee's attention that infrastructure costs of delivering vaccines to children in Alaska are substantially higher than in other areas of the country because of the many small, remote communities which must be served, primarily by air. The Committee encourages the agency to give careful consideration to Alaska's request for sufficient funding for the purchase of vaccines needed for 90 percent of Alaskan children and to provide infrastructure support needed to deliver these vaccines at the community level, including development of a statewide immunization registry to ensure that all children in Alaska are immunized.

The Committee notes that the Maine Immunization Registry Demonstration Project proposes a comprehensive, secure and detailed technological infrastructure to maintain databases that enroll children at birth and store information on each immunization; consolidate scattered immunization records; and transfer immunization records confidentially to patients' new providers to prevent the costly and clinically inappropriate duplication of vaccine administration.

*Global Immunization Activities*.—Included in the amount for immunization are funds to continue CDC's global immunization activities, which include additional funds for polio vaccine and sur-

veillance to augment support for the highly successful, yet unfinished polio eradication efforts; support for the purchase of measles vaccine for measles mortality reduction and regional measles elimination initiatives and to expand epidemiologic, laboratory, and programmatic/operational support to WHO and its member countries; and establishing CDC's program activities as a partner in the Global Alliance for Vaccines and Immunization (GAVI). Measles and GAVIactivities should build on the global disease control and surveillance infrastructure developed for polio eradication.

*Infectious Disease Control*

The Committee recommends $331,518,000 for infectious disease control which is $13,844,000 above the fiscal year 2001 level and the same as the administration request.

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

Infectious diseases are a leading cause of death worldwide, accounting for 1/4 to 1/3 of the estimated 54 million deaths in 1998. Disease outbreaks endanger U.S. citizens at home and abroad, threaten U.S. Armed Forces overseas, and exacerbate social and political instability. Outbreaks can interfere with the global marketplace, affecting tourism, trade, and foreign investment. CDC's strategies to combat infectious diseases invest in and build upon both the public health system that was established over a century ago to increase the preparedness to address the emergence of dangerous new threats.

The Committee is aware that in 1995, in partnership with Federal, State, and local agencies, universities, private industry, foreign governments, the World Health Organization (WHO), and many non-governmental organizations, CDC launched the first phase of a nationwide program to revitalize national capacity to protect the public from infectious disease threats. The second phase of CDC's effort, "Preventing Emerging Infectious Diseases: A Strategy for the 21st Century", published in 1998, continues these partnerships to build domestic and global capacity for recognizing and responding to infectious diseases.

Approximately 11 million people live along the 2,000-mile Southwest border between the United States and Mexico in the States of New Mexico, Texas, Arizona, and California. With rapid population growth, cross-border interchange, and low socio-economic status in many border areas, public health and safety is an ongoing concern. The Committee encourages CDC to expand its investment in the Border Infectious Diseases Surveillance (BIDS) program to provide increased personnel, equipment, training, and technical support to better monitor public health conditions and safety along the Southwest border.

The Committee recognizes the excellent work being done at the University of Texas Medical Branch-Galveston and at the University of Texas Health Center-Tyler in the treatment and control of

infectious disease, particularly along the United States/Mexico border.

The Committee is aware of the Center for Emerging Infectious Diseases at the University of New Mexico and its work in biological detection and intervention against emerging infectious diseases.

*Antimicrobial Resistance Initiative.*—The Committee is concerned about the development of resistance in microbes to current antimicrobial therapies. Bacterial resistance to common antimicrobial agents has become one of the most serious emerging infectious disease threats facing communities and the health care system in the United States. To combat this national health threat, the Committee recognizes the need to discover and develop new pharmaceutical products to combat these drug resistant microbes. The Committee notes that the University of Mississippi, a leader in antimicrobial research and new compound discovery, has been working with CDC on this issue and urges CDC to give consideration to continuing this partnership.

The Committee also recognizes the excellent work of Southern Methodist University in modifying antibiotics to make them more effective at combating human bacterial infection without causing antibiotic resistance.

*Bacterial Infections.*—According to CDC, 65 percent of the bacterial infections treated by physicians in the developed world are caused by biofilms. The Committee understands that the Center for Biofilm Engineering at Montana State University is prepared to undertake research in the etiology and control of middle ear infections and encourages CDC to give full and fair consideration to this proposal.

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

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

tions on Alaskan wild food consumption by subsistence users and others.

*Global Malaria Initiative.*—The Committee continues to recognize the tremendous impact of malaria in the developing world, and notes malaria's increasing resistance to antimalarial drugs designed to counter its pervasive effects. New drugs must be developed, and the Committee urges the CDC to continue its efforts to lead in new compound discovery. The Committee notes that the University of Mississippi has been working collaboratively with the CDC to address research in the area of malaria, along with TB and HIV/AIDS. The Committee encourages CDC to give full consideration of these projects and to continue its important research in this area.

*Hawaiian Patients with End Stage Renal Disease.*—The Committee is aware that many Native Hawaiian in rural Hawaii afflicted with End Stage Renal Disease (ESRD) and on dialysis have a history of repeated infections that put them at greater risk for frequent hospitalization. The Committee encourages CDC to consider a demonstration project in Hawaii to reduce the incidence of infection in this patient population.

*Hepatitis C.*—The Committee encourages funding for the National Hepatitis C Prevention Strategy, a public health initiative to control and reduce the incidence of Hepatitis C. This funding will begin to develop State-based programs by funding public health Hepatitis C coordinators in all 50 States, plus 15 large metropolitan areas and demonstrations in 15 States to learn the most feasible approach to integrating Hepatitis C and B screening, counseling and referral programs into the existing HIV–STD State programs. The Committee is pleased that the demonstrations include funding for screening, counseling, and referral services, but is concerned that no such services are funded in the remaining States and that even the demonstrations only provide the more comprehensive services in selected areas of the 15 demonstration States. The Committee therefore requests that the CDC submit by January 15, 2002 an implementation plan for a full response to the need for Hepatitis C prevention.

The Committee continues to be highly interested in supporting the Secretary's "lookback" initiatives regarding screening and counseling for people who may have been infected with Hepatitis C through blood transfusions before 1992. The Committee is aware that CDC is supporting an evaluation of the adequacy of ongoing efforts to screen and counsel these individuals and believes it is critical that such an assessment be made at least quarterly and made public. The Committee again calls on CDC to assure that those potentially infected receive appropriate counseling and screening and encourages CDC to develop a centralized national screening program supported by a toll-free telephone number-based operation, involving risk assessment, convenient screening and counseling. Under this program, persons receiving lookback notification letters would be advised of the hotline service that provides education and telephone counseling and coordinates convenient testing.

*Lyme Disease.*—The Committee is deeply concerned about the safety of the Lyme disease vaccine (LymeRix). Over 1,000 adverse

event reports were filed with the Food and Drug Administration from December 1998 to October 2000. The Committee encourages CDC to work closely with the FDA to ensure that all adverse event reports are thoroughly and expeditiously investigated to ensure public safety as the vaccine is being distributed. Investigators should pay particular attention to patients' reports of arthritis when evaluating these reports.

The Committee recognizes that the current state of laboratory testing for Lyme disease is very poor. The situation has led many people to be misdiagnosed and delayed proper treatment. The vaccine clinical trial has documented that more that one third (36 percent) of the people with Lyme disease did not test positive on the most sophisticated tests available. The ramifications of this deficit in terms of unnecessary pain, suffering and cost is staggering. The Committee directs CDC to work closely with the Food and Drug Administration to develop an unequivocal test for Lyme disease.

The Committee is distressed in hearing of the widespread misuse of the current Lyme disease surveillance case definition. While the CDC does state that "this surveillance case definition was developed for national reporting of Lyme disease: it is NOT appropriate for clinical diagnosis," the definition is reportedly misused as a standard of care for healthcare reimbursement, product (test) development, medical licensing hearings, and other legal cases. The CDC is encouraged to aggressively pursue and correct the misuse of this definition. This includes issuing an alert to the public and physicians, as well as actively issuing letters to places misusing this definition.

The Committee recommends that the CDC strongly support the re-examination and broadening of the Lyme disease surveillance case definition by the Council of State and Territorial Epidemiologists. Voluntary and patient groups should have input into this process. Currently there is just one definition ("confirmed case") of seven possible categories. By developing other categories while leaving the current category intact, the true number of cases being diagnosed and treated will be more accurately counted, lending to improved public health planning for finding solutions to the infection.

The CDC is encouraged to include a broad range of scientific viewpoints in the process of planning and executing their efforts. This means including community-based clinicians with extensive experience in treating these patients, voluntary agencies who have advocacy in their mission, and patient advocates in planning committees, meetings, and outreach efforts.

*Mosquito surveillance and research.*—The Committee urges the CDC and related State and local mosquito control agencies participating in CDC research into mosquito borne illnesses to utilize emerging technologies, including counterflow technology, in the collection, trapping or surveillance of mosquitos used in connection with such research. Emerging technologies developed for trapping mosquitos offer environmentally sound alternatives that have the potential to increase the productivity of personnel and enhance the quality of specimens collected for this research.

*Prevention Epicenter Program.*—The Committee applauds CDC's support for the Prevention Epicenter Program and encourages CDC

to continue and expand this program to address patient safety issues.

*Research and Development of Improved Vaccine Delivery Mechanisms.*—Particularly in light of the recent terrorist attack, there is a pressing need to improve the availability of vaccines. The Committee is aware of exciting new work by the Oral Vaccine Institute to develop delivery mechanisms that allow vaccines currently only administered by injection to be given orally. These and other potential improvements would significantly reduce costs, and improve transportability and ease of storage. The Committee expects CDC to expand its efforts in this area.

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

*Injury Prevention and Control*

The Committee recommends $146,655,000 for injury prevention and control which is $3,805,000 above the 2001 level and $3,000,000 above the administration request.

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

The Committee is aware that accidental injury is the leading cause of death for Alaska children and teens. The injury fatality rate for Alaskan children exceeds the national average by 60 percent. The Committee encourages the agency to give careful consideration to a proposal by the State of Alaska to collect and analyze data on injury occurrence, scientifically examine childhood death, and, working with the Alaska Injury Prevention Center, provide targeted community-based interventions to reduce the incidence of childhood injury and death.

*Injuries Among the Elderly.*—By 2020, one in six Americans will be age 65 or older and every day, more than 100 older persons die from an injury. The three leading causes of injury deaths among older adults are falls (9,000 per year), motor vehicle collisions (7,000 per year), and suicide (6,000 per year). In addition, hundreds of thousands of older adults suffer non-fatal injuries every year (350,000 from falls; 170,000 from motor vehicle crashes). Many if not most of these are preventable. The Committee is pleased that CDC and its public and private partners are making tremendous progress in injury prevention and control. CDC's strategy includes

implementing successful safety programs into more States, communities, and businesses; communicating what works to safety organizations, health care providers, and the public; and conducting research to find out why people get injured, what works to prevent injuries, and how to get people to use interventions that are successful.

*Injury Control Research Centers.*—The Committee recognizes the need for an additional Injury Control Research Center in Federal Region 7, and has included sufficient funds for an additional injury control center in Iowa. Preference should be given to applicants with proven injury center experience. The Committee is aware that injury ranks as one of the Nation's most pressing health problems accounting for 150,000 deaths and 38 million emergency room visits per year. The Committee believes that rural populations have special and underserved needs in injury control. These funds would address the pressing needs to control morbidity, disability, death, and costs associated with injury in rural populations.

*National Violent Death Reporting System.*—In fiscal year 2001, Congress called for CDC to develop a system for more timely, complete, objective and accurate information about violent deaths and injuries to inform and evaluate policy and program efforts. The Committee is pleased that, during the past year, CDC has worked with the Department of Justice and a variety of interested groups to develop a model plan to implement a national violent death reporting system (NVDRS) that will enable State governments to understand more about the violence problem in their States. The Committee urges CDC to begin initial implementation of the Plan and has provided funds for that purpose.

The Committee is aware of the progress made by the University of Pennsylvania, which sponsors injury reporting in Iowa and Ohio, and efforts being made by the University of Maryland in establishing reporting systems. The Medical College of Wisconsin and the Harvard School of Public Health are also developing injury reporting systems. The Committee urges the CDC to work with private health and education agencies as well as State agencies, when developing an injury reporting system.

The Committee is pleased with the progress of the University of Northern Iowa (UNI) in implementing the action steps described in the National Action Plan for the Prevention of Playground Injuries and encourages continued support of this project.

*Residential Fire Deaths and Injuries.*—Every 10 seconds in the United States, a residential fire occurs, and every 23 minutes a residential fire injures a human being. In addition, 445,000 burn victims miss more than half a day of work or school and residential fires cause $5,000,000,000 in direct property damage each year. Yet, deaths from fires are preventable and CDC's research indicates that installing smoke alarms and educating residents about fire safety can reduce deaths by as much as 50–80 percent. The Committee urges CDC to continue its efforts to increase the use of smoke alarms especially among under served and minority populations.

*Trauma Care.*—The Trauma Information and Exchange Program (TIEP) stands to serve as the first-ever national clearinghouse on trauma statistics, enabling trauma physicians, emergency care co-

ordinators and public health officials to determine and respond to trauma trends such as geographical variations among injuries, age-related injuries, and variations among rural versus urban/suburban environments. A fully operational TIEP will enhance prevention, amelioration, and treatment of injury and the reduction of injury-related disability and death across the Nation. The Committee continues to be supportive of the work of the American Trauma Society.

The Committee recognizes that the scope of the "National Study on Costs and Outcomes of Trauma Care" has expanded since it was initially designed, and encourages CDC to expand and complete this effort. The expanded study would include greater analysis of trauma care, critical examination of patient care outcomes, and a broader range of patients analyzed, paying particular attention to elderly populations.

The Committee is aware of the importance of the ongoing National Study on Costs and Outcomes of Trauma Care currently being conducted by Harborview Medical Center in Seattle, Washington and John Hopkins University.

*Youth Violence.*—The Committee is acutely concerned about school shootings and similar violent acts among our youth. The Committee is also aware of the progress made by the agencies in coordinating youth violence efforts and requests that the CDC coordinate their efforts with the Domestic Policy Council and continue to work with the National Institute of Child Health and Human Development and the Substance Abuse and Mental Health Services Administration to develop a collaborative program in this regard. The Committee is pleased that the CDC focused a portion of their research efforts to discover approaches to intervene and prevent the complex behavior problems in children and youth which utilize molecular neuroscience, brain mapping, and behavioral analysis.

*Occupational Safety and Health*

The Committee recommends $276,135,000 for occupational safety and health programs which is $16,001,000 above the 2001 level and $10,000,000 above the administration budget.

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

The Committee encourages NIOSH to give full consideration to establishing a center on environmental toxins at the University of Hawaii at Hilo.

*National Occupational Research Agenda.*—The continuing need for occupational safety and health research, both public and private, led NIOSH to work with the occupational safety and health community to create the National Occupational Research Agenda

(NORA) in 1996. Now in its 5th year, NORA has become the largest stakeholder-based research agenda in the United States, targeting 21 research priorities considered by the Nation's occupational safety and health community as most essential for improving the safety and health of the U.S. work force. Approximately 500 organizations and individuals outside of NIOSH provided input into the development of the agenda. These efforts have led to the evolution of more efficient and effective ways to conduct research within NIOSH, the growth of NIOSH's extramural programs, and the expansion of occupational safety and health research in other government agencies.

The Committee is pleased that research conducted by NIOSH scientists is producing information of practical importance to millions of workers and their employers. For example, recent laboratory findings have confirmed the ability of common solvents to cause hearing damage, revealed the mechanisms by which inhaled metal dusts may be causing lung cancer, and determined the physical characteristics of inhaled fibers that cause occupational lung diseases. Engineering research identified effective technology for protecting workers from chemical emissions in automobile repair, lifting injuries in nursing homes and beverage delivery, and hazardous dusts in construction and mining.

*Aviation Safety.*—The Committee continues to be pleased that the National Transportation Safety Board has taken an aggressive approach to address the recent rash of injuries and deaths from aircraft accidents in Alaska. It supports continuation of the joint interagency initiative which involves the Federal Aviation Administration, the NTSB, and the National Institute of Occupational Safety and Health. The Committee encourages NIOSH to continue to implement the Board's recommendations to improve aviation safety in Alaska.

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

The Committee is aware that the Construction Safety Alliance (CSA), a consortium of universities that include the University of Texas at Austin, the University of Florida at Gainesville, the University of Cincinnati in Ohio, and Purdue University in Indiana is conducting research to develop and implement a national program in construction safety and health. The Alliance will develop epidemiologic methods of studying injuries and illnesses and evaluating methods of prevention.

*Education and Research Centers.*—The Committee commends the work of the 15 university-based Education and Research Centers (ERC's) and the smaller single discipline Training Project Grants

(TPG's). These regional centers are integral to the Nation's efforts to improve the health and safety of working men and women, and important to the future efforts of NIOSH to implement the National Occupational Research Agenda (NORA). The Committee has provided sufficient funding for the ERCs to expand research activities in support of implementation of the National Occupational Research Agenda (NORA).

*Emergency Workers.*—The Committee believes that significant work must continue to protect emergency responders from biological and chemical terrorism exposures. Fire fighters, emergency medical personnel, and other on-site workers need reliable personal protective equipment, principally respirators, but also protective clothing and detection devices to be able to effectively help victims in case of exposure to biological and chemical terrorist agents. The Committee urges the NIOSH to carry out research and related activities aimed at protecting workers, who respond to public health needs in the event of a terrorist incident. The Committee further urges NIOSH to move forward quickly with a chemical and biological respirator certification standard. The Committee requests CDC to report to the Committee on its progress before next year's budget hearings.

*Farm Health and Safety.*—The Committee has included funding to continue the farm health and safety initiative. This important initiative, begun in fiscal year 1990, has a primary focus of reducing the incidence of fatal and nonfatal injuries and occupational diseases among the millions of agricultural workers and their families in the United States. The Committee is particularly pleased with the research being undertaken by the Agricultural Research Centers.

*Maine Fishing Industry.*—The Committee is aware of the loss of life in Maine's fishing industry in the last 18 months and urges NIOSH to work with the State of Maine to address occupational safety and health in the commercial fishing industry.

*Mine Safety Research.*—The fatality rate for the mining industry continues to be excessive and is more than five times greater than the national average for all industry segments. The primary causes of mining fatalities are associated with ground falls, equipment operation and powered-haulage systems. The Committee recognizes that the mine safety and health research programs address these and other issues in the mining industry and continue as a high priority for NIOSH. The Committee is pleased with CDC's recent accomplishment to develop a load rate warning system for mobile roof supports. Retreat mining in underground coal mines is one of the more hazardous operations and the adoption of this mining strategy has increased significantly following the development of mobile roof supports. These supports replaced wooden timbers for roof support and have dramatically increased the productivity of the mining operation. The mobile roof supports may become overloaded depending upon the specific mining conditions and failure of the systems is often dramatic and catastrophic. The development of a warning system has been adopted by the industry and is now commercially available by the major manufacturer of the systems.

*Sleep Disorders.*—The Committee is aware that sleepiness, as a result of either untreated sleep disorders or simple sleep depriva-

tion, 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 police officers and medical residents.

The Committee encourages CDC to develop and begin implementation of a 5-year sleep awareness action plan designed to develop public health programs regarding sleepiness and sleep disorders nationwide.

*Workplace Violence.*—The Committee recognizes that workplace violence is a major national occupational priority and that it is the second leading cause of workplace deaths among women workers. The Committee further recognizes that several hundred workers die each year as victims of workplace violence, that at least 2 million workers suffer from injuries that result from workplace violence, and that the health care costs, lost productivity and countermeasure costs run into the billions of dollars. The Committee has included increased funding for NIOSH to develop an intramural and extramural prevention research program that will target all aspects of workplace violence and to coordinate its efforts with the Departments of Justice and Labor.

*Preventive Health and Health Services Block Grant*

The Committee recommends $135,030,000 for the preventive health and health services block grant which is the same as the 2001 level and the administration's request.

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

*Public Health Improvement*

The Committee recommends $114,910,000 for public health improvement which is $4,021,000 above the fiscal year 2001 level and $5,000,000 above the administration request.

Our national public health system is the first line of defense against preventable disease and disability. Virtually every health problem in our communities—infectious disease outbreaks, chemical hazards, chronic diseases, and injuries—is first recognized by local public health professionals, who must work in concert with State and national officials to control these threats, prevent spread, and save lives. Despite steady increases and shifts in the U.S. population there has been a decline in the number of public health workers per capita in the past decade. Schools of Public Health and Preventive Medicine report that the majority of graduates do not seek employment in public health agencies. Only an estimated 44

percent of the Nation's current 448,000 public health practitioners have had formal training in public health. One-half of all public health nurses—the largest profession in public health—lack a baccalaureate nursing degree. The majority of public and private laboratory scientists lack access to continuing education and training essential to using the cascade of new, high-technology laboratory tests accurately and safely.

*Minority Health Disparities.*—This program is intended to help racial and ethnic minority communities mobilize and organize their resources to support effective and sustainable programs that will contribute to the elimination of health disparities in the following six target health areas: infant mortality, breast and cervical cancer screening and management, cardiovascular disease, diabetes, HIV infection and AIDS, and child and adult immunizations. REACH 2010 is a 2-phased, 5-year demonstration project. Phase I is a 12-month planning phase to support planning and development of demonstration programs. Phase II is a 4-year implementation and evaluation phase. The Committee is pleased with CDC's commitment to the REACH 2010 Program. The planning (Phase I) communities currently are establishing infrastructure to support community-level data collection, establishing collaborative partnerships, establishing linkages with other state and local agencies, and working with Federal agencies and other partners to identify promising prevention strategies that have the greatest potential for reducing the health disparities in the target populations.

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

*Phytomedicines.*—Millions of U.S. citizens consume dietary supplements regularly. But there is no formal mechanism for reporting adverse events that may be associated with the use of such products, including events that may be linked to inappropriate use or interactions with drugs or foods. The Committee recognizes that development, implementation, and oversight of such a system must necessarily involve expertise in pharmaceutical care, disease management, monitoring and surveillance, and the chemistry and biology of natural products.

*Prevention Research.*—The CDC Office of Extramural Prevention Research sponsors peer-reviewed research conducted by academic researchers who are linked with State and local health agencies to develop improved interventions and services. Extramural investigators are located in leading schools of public health, medical schools, State health departments, and other academic and practice-based organizations. Translation of research findings into information, guidelines, and tools for front-line public health practitioners are an integral part of the program and will be facilitated through ex-

isting and new partnerships between CDC's Public Health Practice Program Office and public health practice organizations. In addition to supporting high-priority prevention research projects, the Office of Extramural Prevention Research is a focal point for CDC's extramural research partners, aids development of practice-oriented CDC prevention research agendas, promotes use of rigorous peer-review processes for extramural research, and facilitates dissemination of research findings and translation of findings into action.

The Committee supports CDC's efforts to expand prevention research. There are many areas of research that can pay dividends in both improved health and reduced health care costs. The Committee expects more of these funds to be used to support research on ways to prevent disease and disability in rural areas and to better utilize nurses and allied health professionals in prevention and health promotion efforts.

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

The Committee has also included funds to research the antioxidant and anti-adhesion effects of Vaccinium proanthocyanidins from native North American fruit for possible prevention or treatment of cardiovascular disease and diseases or conditions caused by microbial pathogens such as ulcers, urinary tract infections and various diseases of the ear, nose and throat.

Recognizing the importance of pediatric sleep disorders, last year the Committee included language encouraging CDC to allocate increased funding for research on these problems. The Committee is aware of Kosair Children's Hospital's Sleep Medicine Center and the University of Louisville's Multi-Disciplinary Early Childhood Research Center's research to improve the prevention, diagnosis, and treatment of sleep disorders in children.

The Committee is aware of the social, economic, and health disparities in Mississippi and that health-related interventions and programs should reflect the findings of individualized community assessments, and that measurements of resulting outcomes must evolve from a research design framed around the problem, the intervention, and the appropriate evaluation methodologies. The Committee recognizes that it is through research-based outcomes that health care planners and policy makers can best respond to the real needs of citizens. The Committee is aware of the development of the Research Center of Excellence located in Mississippi and recommends the utilization of the Mississippi Research Center of Excellence to offer its assessment and evaluation expertise to identify community health care needs and wants.

The Committee is aware of the Tulane and Xavier Universities request for funding for research on environmental signals and work

on biosensors and biomarkers which will identify hazards in the environment that may cause damage to humans.

The Committee is aware of the Vermont Oxford Network, located in Burlington, Vermont, and it efforts to improve the quality of health care available to children born prematurely through the reduction of medical errors.

The Committee urges CDC to give full and fair consideration to these proposals.

*Buildings and Facilities*

The Committee recommendation includes $250,000,000 for the planning, design, and construction of new facilities as well as the repair and renovation of existing CDC facilities. This is $75,000,000 above the fiscal year 2001 level and $100,000,000 above the administration request.

While making progress on addressing the many problems caused by its buildings and facilities, CDC continues to carry out its mission with clearly inadequate laboratories, support facilities, and security infrastructure. As the Committee noted last year, CDC's buildings and facilities create serious problems regarding employee safety and interfere with the ability of the agency to carry out its mission in an efficient and effective manner. Some facilities are more than 40 years past their original life expectancy and should be replaced, while others are in great need of complete renovation.

The Committee directs CDC to continue full implementation of the agency's 10 year buildings and facilities Master Plan. As provided by the Committee last year, CDC should use the enhanced contracting language provided in the bill to accelerate the start of new projects. This authority has acquired greater urgency in light of recent events impacting the security of Federal facilities. It is also the same authority that has allowed the National Institutes of Health to move forward quickly on the Clinical Center. The Committee is particularly interested in ensuring that the agency improves communications and distance training of local public health professionals in State and local health departments throughout the country. These institutions are the first line of defense in the event of bioterrorism and naturally occurring adverse health events, whether caused by infectious disease agents, chemical exposures, or changes in the population. CDC should focus efforts on constructing a Communications Center as soon as possible during fiscal year 2002 to address these challenges.

Additionally, the Committee directs CDC to either start or continue the planning, design or construction of the following projects in the Master Plan: the Emerging Infectious Disease Laboratory and its required Central Utility Plant/infrastructure; the Environmental Toxicology Laboratory and its required Central Utility Plant/infrastructure; the Scientific Communications Center; Phase I infrastructure, design, and construction of the East Campus Consolidated Laboratory Project; the Worker Safety and Injury Prevention facility at the Roybal Campus; the Environmental Health facility at the Chamblee Campus; the Transshipment facility and related infrastructure at the Roybal Campus; and repairs and improvements of CDC's nationwide inventory of facilities.

*Office of the Director*

The Committee recommends $49,440,000 for the Office of the Director which is $7,919,000 above the fiscal year 2001 level and the same as the administration request.

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

The Committee is pleased to learn that CDC has embarked on an aggressive Financial Management Excellence Initiative to improve fiscal management practices in four key areas that include: simplifying and streamlining the current fiscal structure, identifying new systems to share fiscal information throughout the agency, appointing senior level finance and accounting staff to provide leadership, and investing in education and training for financial management staff. The Committee recognizes that CDC's commitment to improving their financial management practices is consistent with the findings and recommendations of independent auditors who collaborated closely with the GAO in conducting a management review. The Committee recognizes that continuing improvement in CDC's financial management practices requires replacement of the agency's financial system with an enterprise-wide business solution. It is expected the new financial system will increase productivity and improve performance of the CDC's financial management practices. The Committee also recognizes and commends CDC for simplifying its budget structure at the recommendation of both an outside financial auditor and the Appropriations Subcommittee. The simplification includes changes in the presentation of the All Purpose Table and associated sub-budget activities. The change also adds transparency to CDC's very complex operating structure.

The Committee notes that the Mississippi's Delta is a community with residents who disproportionately experience disease risk factors and have children who are significantly behind national averages for mental and physical development. The best hope for breaking the cycle of poor health in the Mississippi Delta is through a community health education program directed at individuals, families, and communities. The Committee believes that collaboration between Delta State University, the University of Mississippi Medical Center, University of Mississippi School of Nursing, and the Mississippi State Department of Health with CDC will promote coordinated consolidation of health and human services that will positively impact the education, health, and economics of this region.

The Committee encourages the CDC to support the Environmental and Public Health Alliance to perform necessary public health service during the 2002 Winter Olympics.

*Bioterrorism*

The Committee recommends $181,919,000 for preparation, infrastructure and public health response to the threat of bioterrorism which is $1,000,000 above the fiscal year 2001 level and the same as the administration request.

The events of September 11, 2001 have made it clear that we must begin to look at our public health system as part of our national defense system against biological attacks. The Committee plans to work with the administration to craft a supplemental appropriation bill that will address the needs of our State and local health departments as our first line of defense against bioterrorism and to provide CDC with the needed resources to coordinate a national plan. The Committee has included the President's request for bioterrorism but realizes that more funds are necessary and will address those needs in the supplemental appropriation.

As scientific and technological advances increase the ease with which individuals are able to access and weaponize biological and chemical agents, the potential for bioterrorism continues to threaten the health of the U.S. public. Furthermore, factors such as genetic engineering, ambiguous relationships among certain foreign states, and decreasing biologic resistance to smallpox in the U.S. population contribute to this national concern. A strong public health infrastructure will result in a rapid, effective response, thereby, minimizing morbidity and mortality associated with such a bioterrorism event. An attack could result in a huge volume of patients and a corresponding need for large quantities of medical supplies and therapeutics, diagnostic tests, and hospital beds that could overwhelm public health capacity. Emergency responders, health care workers, and public health officials could be at special risk, and public fear of contagion could be high. U.S. capacity to respond quickly and effectively to biological or chemical terrorist threats depends on strong local capacity for public health surveillance, rapid laboratory diagnosis, and outbreak response.

The Committee is aware of a proposal by the University of Louisville to develop a plan for the comprehensive integration of all essential activities in preparation for an attack that could serve as a template for medium-sized cities throughout the Nation. The Committee is encouraged that the surveillance and control capabilities generated under this proposal and other proposals would also produce helpful applications in the detection of other emerging pathogens, such as West Nile Virus, or the response to an outbreak of pandemic influenza.

The Committee is pleased with the progress of the CDC and other public health agencies to prepare for the potential for a domestic biochemical terrorist attack, but remains concerned about the ability of many public health entities to accurately identify biochemical agents in human victims. The Committee is aware of a training and first responder training program utilizing human patient simulators being conducted by the National Emergency Response and Rescue Training Center.

The Committee continues to support the work of the University of Texas, Medical Branch—Galveston National Rapid Response Bioterrorism Defense Center, which has been at the forefront of de-

veloping drugs to counter hazardous viruses that could be used by terrorists.

*National Pharmaceutical Stockpile*.—The National Pharmaceutical Stockpile has been established to assure rapid availability of pharmaceuticals, supplies and medical equipment in the event of a bioterrorism or chemical incident. The Committee was pleased by the rapid deployment of materials from the stockpile to New York following the September 11, 2001 terrorist attacks, and strongly supports the continued maintenance and expansion of the stockpile so that it will continue to be available and effective when requested.

## NATIONAL INSTITUTES OF HEALTH

The fruits of medical research have proved to be among this Nation's greatest achievements. Countless saved lives, new cures and treatments, and a thriving biomedical research industry are all the result of a long-standing Federal investment in improving people's health. Americans today are living longer than ever. Life expectancy at birth was less than 50 years in 1900; it is 77 years today. Life expectancy at age 65 was about 11 years in the first half of the 20th century; today, it is 17. Medical research has also improved the quality of those added years of life, as reflected by the steady decline of disabilities and other impairments among the elderly population. By another measure, basic research has stimulated immeasurable economic dividends in the form of new products, skilled jobs, and increased productivity. In sum, the Nation's investments in this area have directly benefited the lives of millions of Americans while reaffirming the central tenet of our democratic society: to protect the value and the sanctity of every individual.

The unparalleled scientific advances of the past, however, are not self-sustaining—nor is the promise of future breakthroughs self-fulfilling. Despite remarkable progress, there are new and growing challenges to confront. Infectious diseases are now the second-leading cause of death worldwide. At least 20 well-known diseases—including tuberculosis, malaria, and cholera—have reemerged as major threats to health, while 30 previously unknown disease agents have been identified. On another front, while society's overall health status has improved, troubling disparities persist among African Americans, Hispanics, Native Americans, Alaskan natives, Asians, and Pacific Islanders. The graying of America is another area of concern. Ten years from now, 75 million baby boomers will begin to turn 65. By 2050, the number of Americans over 65 will more than double, and the number of individuals over 85 will grow five-fold. With that demographic explosion comes greater risk of disease and disability, as well as enormous strain on Medicare, Medicaid, and the Nation's health care infrastructure.

But there is also good cause to hope for the future. The Human Genome Project has revolutionized our understanding of the fundamental mechanisms of life. As scientists learn more about how to decipher our DNA code, 95 percent of which has now been sequenced, we can look forward to a day when genetic tests will routinely predict a person's susceptibility to disease; diagnoses will

be far more precise; treatments will attack diseases at the molecular level; and drugs will be matched to a patient's likely response.

The Committee has a long tradition of support for the NIH, the single largest source for medical research funding. In 1998, the Committee played a lead role in launching an effort to double funding for the NIH by fiscal year 2003. That decision was rooted in the firm belief that sustained and sufficient funding is essential to accelerate the pace of research advances, ensure the timely application of new discoveries into clinical practice, and maintain the Nation's research infrastructure. At the same time, the Committee notes that an investment of this magnitude demands accountability. The NIH must preserve a rigorous system for determining research priorities and for selecting those most qualified to pursue those priorities. And it must monitor research conducted with taxpayer dollars to ensure it is carried out ethically, responsibly and consistent with the research funding award.

The Committee recommends $23,695,260,000 for the NIH, an increase of $3,400,000,000 over the fiscal year 2001 appropriation and $748,358,000 more than the budget request. This amount maintains the goal of doubling funding for the NIH by fiscal year 2003.

NATIONAL CANCER INSTITUTE

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| Appropriations, 2001 | $3,716,064,000 |
| Budget estimate, 2002 | 4,153,398,000 |
| Committee recommendation | 4,258,516,000 |

The Committee recommends an appropriation of $4,258,516,000 for the National Cancer Institute [NCI]. This is $105,118,000 more than the budget request and $542,452,000 more than the fiscal year 2001 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

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

*Behavioral science research.*—The Committee commends NCI for expanding its infrastructure to fund behavioral and population research in cancer prevention, treatment, and control. NCI is encouraged to expand its investigation of the effective provision of mental health services to improve the course of cancer treatment and to aid in the adjustment to cancer survivorship. NCI is also encouraged to build upon its collaborations with the National Institute on Drug Abuse to more thoroughly investigate issues of youth tobacco use. In particular, the Committee is interested in expanding health

promotion research focused on children and youth, and interdisciplinary research on tobacco addiction and cessation. The Committee also encourages NCI to expand its research on adherence to treatment regimens and to health-promoting behaviors such as physical activity and healthy diet.

*Blood cancers*.—The Committee is interested in NCI's upcoming Progress Review Group report on leukemia, lymphoma, and multiple myeloma, and it is eager to know what research strategies NCI is pursuing to improve treatments for these blood cancers. In particular, the Committee urges NCI to expand its research on myelodysplasia, a serious blood disorder affecting primarily older adults and individuals who have previously undergone radiation or chemotherapy treatment for cancer.

The Committee has listened to testimony about the devastating effects that multiple myeloma has on its victims and recognizes that, despite recent advances, median survival for patients responding to treatment is only 3 to 5 years. The Committee urges continued research and effort to seek new and better treatment for this disease. The Committee also requests that the NCI and NIEHS develop a joint report by April 1, 2002, on the progress of lymphoma and hematological cancer research. The report should address how the PRG has determined funds will be expended to expand the current base of lymphoma and hematological cancer research.

*Bone metastasis*.—The Committee encourages NCI to conduct research to develop a better understanding of the unique role the bone microenvironment plays in metastatis of cancer to bone, in particular, breast cancer, prostate cancer and myeloma. The Committee also encourages NCI to support research on the development of animal models of bone metastasis and the identification of novel therapeutic targets and modalities to prevent and treat bone metastases.

*Brain tumors.*—The Committee is concerned that insufficient attention is being given by NCI and the National Institute for Neurological Diseases and Stroke (NINDS) to brain tumor research. The recently issued report of the NCI/NINDS-sponsored Brain Tumor Progress Review Group has called for substantially greater effort into this little-understood area of tumor research and treatment. The Committee encourages NCI to fund at least three Specialized Program of Research Excellence in Brain Tumors (SPORE) grants in the upcoming fiscal year, with particular emphasis on those proposals which include both basic research and clinical treatment applications.

*Breast cancer*.—The Committee continues to be concerned over the disparity in breast cancer mortality and morbidity among African-American women. The Committee therefore encourages the NCI to report to Congress by April 1, 2002, about existing efforts, as well as planned future efforts, to better understand and respond to this disturbing phenomenon.

The Committee is aware of the importance of restoring sensitivity of tumor cells to standard chemotherapy drugs by reversing the effects of low oxygen stress on the cells. Cancer researchers have developed methods of achieving this important scientific tool,

and the Committee encourages the NCI to consider this important research.

*Breast implants*.—The Committee encourages the NCI to continue to collect and analyze data from the women in its three recent studies of the health risks of breast implants, to determine whether there is a link between breast implants and breast cancer, other cancers, or mortality from all causes.

*Cancer and minorities*.—The Committee remains concerned over recent statistics citing higher incidences of cancer among the native Hawaiian population. In comparison to other ethnic and racial groups, native Hawaiians have the highest incidence of the most common forms of cancer such as breast, colon, and lung cancer. The Committee encourages continued research in the areas of prevention and detection, utilizing nurse practitioners in community-based centers for screening and education for the underserved populations.

*Cancer centers*.—The Committee recognizes the high quality of care provided by NCI-designated Cancer Centers, but notes that many cancer patients must travel great distances to receive care from these centers. In addition, many other smaller institutions provide excellent patient care, perform high-caliber basic research, address unique cancer prevention and treatment issues, and lend great expertise to cancer treatment and control. The Committee encourages the NCI to further expand their Cancer Centers Program and give full consideration to applicants that care for a large number of underserved patients from rural and economically distressed areas.

*Cancer gene therapy*.—With the sequencing of the human genome nearly complete, the challenge is no longer to identify genes but to understand the functions of these genes in order to find cures and treatments for cancer—especially prostate, breast and pancreatic cancer. As a result, the Committee and the NCI have previously supported cancer genomics projects that investigate the role of oncogenes in the CaSm, Ets 2 and ESF genes. The Committee expects the NCI to continue these projects with the goal of identifying potential cancer therapies.

*Chronic lymphocytic leukemia (CLL)*.—The Committee, during its fiscal year 2002 hearings, heard compelling testimony from patients regarding the devastating effects of chronic lymphocytic leukemia (CLL). This disease has evaded a satisfying cure, as only 50 percent of patients with CLL survive 6 years and only 25 percent survive 10 years. The Committee urges the NCI to increase research on CLL, its underlying cause, and improved therapies. The Committee is pleased to learn that the NCI awarded a program project grant last year to establish and lead a multidisciplinary national research consortium to study CLL at both the cellular and clinical levels. The Committee strongly encourages the NCI to give full and fair consideration to expanding the scope of research activities funded through the CLL Research Consortium and the participating partners involved.

*Complementary and alternative cancer therapies*.—The Committee expects NCI to expand its work and its collaborative efforts with the National Center for Complementary and Alternative Medicine to support research on promising complementary and alter-

native cancer therapies as well as on their integration with traditional therapies. Thousands of Americans are turning to these therapies, and consumers will benefit from a rigorous scientific review of them.

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

*Gynecologic cancer*.—Ovarian cancer remains one of the deadliest cancers for women, in part due to the lack of effective early screening methods. The Committee strongly urges NCI to expedite current research on screening methods to detect, diagnose, and identify staging of ovarian cancer. The Committee is pleased that NCI has fully funded four ovarian cancer SPOREs, and it encourages the Institute to consider issuing a new request for applications for additional ovarian cancer SPOREs. The Committee also believes that identification of a cost-effective screening strategy could result in earlier diagnosis for women and higher cure rates. NCI is strongly urged to accelerate research in this area.

*Healthy eating*.—The Committee commends the NCI's national 5-A-Day program. The Committee recognizes that a diet including a minimum of five servings of fruits and vegetables is a critical factor in reducing cancer risk. The Committee encourages NCI to fund behavioral research on how best to promote healthy eating, especially fruit and vegetable consumption. New research projects could include, but not be limited to (a) children and adolescents, the general adult population, policymakers, and low-income and disparate groups, especially African Americans and Latinos; (b) program channels such as the mass media, restaurants, supermarkets, schools, and faith organizations; and (c) transfer of already-developed technologies to other units and levels of government and to non-profit, civic, and other organizations.

*Hepatocellular carcinoma*.—The Committee is aware that the incidence of hepatocellular carcinoma in the United States has increased by more than 70 percent in the last two decades. Given the limited treatment options available, most cases are fatal. Viral hepatitis is the leading predisposing factor contributing to this affliction. With 4 million Americans infected with hepatitis C virus, it is predicted that the incidence of hepatocellular carcinoma will continue to increase. The Committee is aware that too little is known about the mechanisms and natural history of this disease. The Committee, therefore, strongly encourages the NCI to work closely with the NIDDK to develop a comprehensive liver cancer research initiative to investigate prevention, diagnosis, and therapy.

*Imaging systems technologies*.—The Committee is encouraged by progress made by NCI following its August 1999 conference on biomedical imaging, and it urges NCI to continue to take a leadership role with the Health Care Financing Administration and the Food

and Drug Administration to avoid duplicative reviews of new imaging technologies that may prevent their benefits from reaching patients on a timely basis. The Committee is aware of the great potential for improved patient care and disease management represented by molecular imaging technologies, especially positron emission tomography (PET). The Committee continues to support NCI's increased emphasis on examining the molecular basis of disease through imaging technologies such as PET and MicroPET. The Committee continues to encourage the large-scale testing of women for breast cancer and of men for prostate cancer to demonstrate and quantify the increased diagnostic and staging capabilities of PET relative to conventional diagnostic and staging technologies, including mammography.

*Melanoma*.—The Committee is aware of numerous epidemiologic accounts and personal stories of melanoma. The Committee believes that public knowledge of overexposure to sunlight and its connection with melanoma may be lacking. The Committee urges the NCI to continue seeking new therapies for melanoma as well as educate the public through campaigns that encourage appropriate protection from sunlight.

*National cancer registries*.—The Committee encourages the Registries program to establish, with the States, high-risk registries for the digestive cancers (liver, pancreatic) and other cancers with significantly low survival rates following diagnosis.

*Neurofibromatosis (NF)*.—Neurofibromatosis research has significant potential for cancer patients since NF genes have been implicated in the signaling process that determines cell growth and cell differentiation. The Committee encourages NCI to strengthen its NF research portfolio in such areas as further development of animal models, natural history studies, therapeutic experimentation and clinical trials.

*Neurological cancer*.—The Committee is pleased to learn of innovative research on the uniformly fatal brain cancer glioblastoma multiorme. Investigators have developed a transgenic mouse model in which tumor growth can be reduced by replacing a new gene that helps transport the brain chemical glutamate. The Committee is also aware of the importance of this research in the study of epilepsy. The Committee encourages the NCI to take note of these exciting developments.

*Pancreatic cancer*.—The Committee commends NCI for its report on the Pancreatic Cancer Progress Review Group. The Committee urges the NCI to develop a professional judgment budget in line with the Progress Review Group for the period from fiscal year 2003 to fiscal year 2008. This budget should be presented to the Committee by April 1, 2002. In addition, the Committee encourages NCI to develop an initiative to raise the awareness of pancreatic cancer in the general public and the research community.

*Population health*.—The Committee congratulates the NCI for building and nurturing an infrastructure to support rigorous community-based research. Community-based research makes it possible for interventions developed at taxpayer expense to reach the greatest number of people. The National Research Council has called attention to the need for additional research at multiple levels of analysis (individual, family, community) that integrates pop-

ulation health dynamics with behavioral, psychosocial, and environmental factors. One challenge is the development of methodologies that can enable such multilevel analyses. The Committee encourages NCI to continue its leadership in this area.

*Primary immunodeficiencies (PI).*—The Committee notes that NCI held a symposium in March 2000 concerning the relationship between primary immunodeficiencies and cancer. The symposium showed, among other things, that PI patients have a 200 times greater risk of developing cancer (including lymphomas) than someone without PI. The Committee strongly encourages the Institute to develop a comprehensive research portfolio on the basis of the data generated at that conference and to supply the Committee with a report concerning its research plans not later than April 1, 2002. In addition, NCI is urged to greatly expand its role in the national education and awareness campaign sponsored by the Jeffrey Modell Foundation.

*Prostate cancer.*—The Committee believes that prostate cancer research has not kept pace with the scientific opportunities and the proportion of the male population who are afflicted with the disease. This has resulted in significant gaps in scientific and clinical knowledge that contribute to the ongoing impact of prostate cancer on patients and their families. NIH has begun to address this shortcoming in the 5-year prostate cancer research strategy presented to Congress in June 1999. The Committee strongly urges the NIH to renew its commitment to prostate cancer research with special emphasis on accelerating new avenues for basic research, drug development and clinical research. The Committee further requests that NIH submit a prostate research plan for fiscal year 2003 to fiscal year 2008 by April 1, 2002. In developing this plan, the Committee urges the NIH to consult and work closely with the research community, clinicians, patient advocacy groups and the Congress.

The Committee is aware of a novel DNA-based tumor vaccine that has proven effective in pre-clinical, phase I and phase II studies for the treatment of advanced prostate cancer. The Committee is also aware of complementary research in prostate cancer treatment using Cox-2 inhibitors. The Committee encourages NCI to explore the use of these important research initiatives.

*Transdisciplinary tobacco use research centers.*—The Committee commends the Institute for its collaboration with the National Institute on Drug Abuse and private foundations in establishing seven new Transdisciplinary Tobacco Use Research Centers. These Centers establish critical links across diverse scientific disciplines in order to evaluate new models of nicotine addiction; heredity factors in vulnerability, treatment success, and deleterious consequences of tobacco use; cultural determinants of successful prevention efforts; treatment-resistant populations; and determinants of relapse.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

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| Appropriations, 2001 | $2,287,015,000 |
| Budget estimate, 2002 | 2,554,319,000 |
| Committee recommendation | 2,618,966,000 |

The Committee recommendation includes $2,618,966,000 for the National Heart, Lung, and Blood Institute [NHLBI]. This is $64,647,000 more than the budget request and $331,951,000 more than the fiscal year 2001 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

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

*Alpha-1*.—The Committee is aware that Alpha-1 Antitrypsin Deficiency is a genetic disorder that can result in devastating and fatal lung and or liver disease that is often misdiagnosed as asthma or Chronic Obstructive Pulmonary Disease (COPD). Alpha-1 is a major cause of lung transplantation in adults. The Committee encourages the NHLBI to expand its resources dedicated to researching and raising awareness of this devastating disorder.

*Bone formation and cardiovascular disease*.—The Committee is aware that calcium is an early marker of atherosclerosis involving the arterial wall. Evidence suggests an association between bone formation, repair and breakdown (e.g. osteoporosis) and development of heart disease and other cardiovascular diseases. The Committee encourages the NHLBI to explore basic research in this area that may result in strategies to prevent osteoporosis and cardiovascular diseases.

*Cardiovascular diseases*.—The Committee continues to regard research into the causes, cure, prevention and treatment of heart disease, stroke and other cardiovascular diseases as one of the Nation's top priorities. The Committee is alarmed that an expert panel, convened in 1999 at the request of this Committee, reports that progress in reducing the death rate from cardiovascular diseases has slowed and that there are striking differences in these death rates by race/ethnicity, socioeconomic status and geography, suggesting that new strategies are needed to control these diseases. The Committee continues to believe that an intensive research program on heart disease, stroke and other cardiovascular diseases should be a priority of the NHLBI and of the NIH.

*Children's heart defects*.—Congenital heart defects are the most prevalent birth defect in the United States today. More than 32,000 babies—1 out of every 115 births—are born each year with congenital heart defects. The Committee encourages the NHLBI to research the issue of newborn screening for such defects in order to

develop improved and cost-effective methodologies for heart screening and for the proper training of physicians.

*Cholesterol.*—It has been brought to the Committee's attention that immunizing rabbits and mice against their own LDL ("bad") cholesterol can significantly reduce arterial plaque build-up despite very high cholesterol levels in the blood. Further work is needed to bring this concept to human testing and application, and identify which part of the LDL-cholesterol molecule provokes a protective immune response will be necessary. The Committee urges the Institute to facilitate research in this area.

*Cooley's anemia.*—The Committee continues to be pleased with the outstanding progress being made by the Thalassemia Clinical Research Network, which is comprised of the leading research centers in North America on thalassemia, the medical term for Cooley's anemia, as well as with the leadership of NHLBI. The Committee understands that the Network is currently prioritizing the wide variety of potential research areas that are ripe for investigation. NHLBI and NIDDK should submit a joint report to the Committee on the work of the Network and, in general, the work they are doing that is of direct benefit to thalassemia patients by April 1, 2002.

*Cord blood.*—The Committee recognizes the advances that are being made in the use of life-saving hematopoietic stem cells and the growing use of umbilical cord blood and placental blood as rich sources of these cells. The Committee is aware of the success of cord blood stem cell transplants in treating diseases such as leukemia, lymphoma, severe aplastic anemia and sickle cell disease. The Committee urges the NHLBI to support research on umbilical cord blood and cord blood stem cells to determine the nature of their capabilities, to identify their similarities and differences to stem cells from other sources, and to understand the mechanisms of differentiation.

*Heart disease, stroke and other cardiovascular diseases in women.*—Cardiovascular diseases remain a major cause of disability and the leading cause of death of American females. The clinical course of cardiovascular disease is different in women than in men, and current diagnostic capabilities are less accurate in women than in men. Despite the seriousness of these diseases in women, they are largely unrecognized both by women and their doctors. The Committee urges the NHLBI to expand cardiovascular disease research in women, including studies to develop safe, efficient and cost-effective diagnostic approaches for women, and to create more informational and educational programs for women patients and health care providers on heart disease and stroke risk factors.

*Hemophilia.*—The Committee commends NHLBI for the significant support it has provided for hemophilia gene therapy research, and it 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. The Com-

mittee urges NHLBI to work with the National Hemophilia Foundation to pursue strategies for addressing this critical issue.

*Juvenile 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 launch major initiatives in diabetic-specific vascular complications, with emphasis on the accelerate pathways seen in juvenile diabetes, in order to develop effective treatments and prevention. NHLBI should consider newer therapeutic modalities, including gene therapy, and build upon the growing understanding of angiogenesis. The Institute should also consider collaborating with NIDDK to assess the genetics of complications of juvenile diabetes, understand gene function in individuals with diabetes who have serious and life-threatening complications, and help develop more effective therapeutic interventions.

*National Asthma Education and Prevention Program (NAEPP)*.—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 asthma management. The Children's Health Act of 2000 authorized NAEPP to develop, in conjunction with other Federal agencies and voluntary and professional health organizations, a Federal plan to respond to asthma. The Committee urges NHLBI to move forward as expeditiously as possible.

*Pediatric Asthma Network*.—The Committee recognizes that little is known about the optimal treatment for asthma in infants and young children. For example, it is still unknown what the most effective dose and type of medicine would be for different types of asthma and whether early therapy can prevent asthma. The Committee urges the NHLBI to consider the research amassed through the Pediatric Asthma Clinical Research Network to provide clearer choices for childhood asthma therapy, to encourage the development of new therapies, and to identify optimum asthma-management strategies for children.

*Primary pulmonary hypertension*.—Primary pulmonary hypertension (PPH) is a rare, progressive, and fatal disease that predominantly affects women. PPH causes deadly deterioration of the heart and lungs and is a secondary condition in many other serious disorders, such as scleroderma and lupus. The Committee supports continued, high-quality research in this area and urges the Institute to increase funding for basic research, gene therapy, and clinical trials or promising pharmaceuticals.

*Sickle cell anemia*.—Sickle cell anemia is an inherited condition that is particularly prevalent among African Americans. While there is no cure for sickle cell anemia, several promising developments have occurred to improve the quality of life of sickle cell patients, and the Committee encourages the Institute to carry out further research.

*Transfusion medicine*.—The Committee supports the establishment of a clinical research network in transfusion medicine and hemostasis, which would attract and train much-needed clinicians to hematology, while at the same time enabling patients with non-ma-

lignant blood disorders to participate in high-quality clinical protocols.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

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|---|---|
| Appropriations, 2001 | $304,606,000 |
| Budget estimate, 2002 | 340,158,000 |
| Committee recommendation | 348,767,000 |

The Committee recommendation includes $348,767,000 for the National Institute of Dental and Craniofacial Research [NIDCR]. This is $8,609,000 more than the budget request and $44,161,000 more than the fiscal year 2001 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

*Dental caries*.—The Committee is concerned about the exceptionally high rate of severe dental caries suffered by American Indian children. Within the funds provided, the Committee encourages the NIDCR to support long-term research of the etiology and pathogenesis of dental caries in these populations. The Committee also encourages NIDCR to conduct clinical research trials on effective ways to control severe caries in American Indian children.

*Fibrous dysplasia*.—The Committee is aware that the NIDCR is playing a critical role in studies of fibrous dysplasia. In particular, the Committee is aware of NIDCR support for studies on drugs and surgical procedures to treat fibrous dysplasia. The Committee understands that one of the key problems faced by people with fibrous dysplasia is the lack of medical professionals who know and understand the disease. Therefore, the Committee encourages the NIDCR to work with other institutes to highlight and expand these activities in fibrous dysplasia and other bone research.

*Head and neck cancer*.—Head and neck cancer has serious and debilitating effects on quality of life. Surgical treatment often leaves patients with impaired speech, eating difficulties, and severe disfigurement. The Institute is encouraged to support basic, clinical, and translational research to advance techniques for replacing bony structures of the head and face, and restoring sensory and motor functions of the reconstructed structures.

*Osteoporosis*.—Given that osteoporosis and related bone diseases affect millions of Americans, the Committee encourages NIDCR 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 and orthodontic manipulation in individuals with osteogenesis imperfecta.

*Temporomandibular joint disorders (TMJ)*.—The Committee is aware that the research portfolio on temporomandibular diseases

and disorders includes extensive studies on the psychological and behavioral factors in the etiology or chronicity of TMJ diseases and disorders. The Committee urges the Institute to broaden its scientific base for TMJ research by putting greater emphasis on basic and clinical research on normal and abnormal structural and functional features of the joint and related structures, using the tools of cell and molecular biology as well as advanced imaging techniques. The Committee expects NIDCR to collaborate on this research with the National Institute of Arthritis and Musculoskeletal and Skin Diseases, the National Institute of Allergy and Infectious Diseases, and the National Institute of Biomedical Imaging and Bioengineering.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

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| Appropriations, 2001 | $1,302,798,000 |
| Budget estimate, 2002 | 1,456,996,000 |
| Committee recommendation | 1,501,476,000 |

The Committee recommends an appropriation of $1,501,476,000 for the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK]. This is $44,480,000 more than the administration's request and $198,678,000 more than the fiscal year 2001 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

*Adult stem cell research*.—The Committee is aware of the rapidly developing field of research in adult stem cell plasticity, and it encourages NIDDK to work with the American Society of Hematology in determining the next steps for realizing the full potential of adult stem cell biology in curing disease.

The Committee encourages the National Institutes of Health to continue working with the Office of Naval Research to support research to develop curative therapies for patients with breast cancer, leukemia, lymphoma, and sickle cell disease, and for victims of radiation, chemical, and biological exposure.

*Benign prostatic hypertrophy*.—The Committee is aware that benign prostatic hypertrophy affects more than 12 million men over age 50. Although new treatments have become available, there is still a poor understanding of the factors that affect prostate growth. The Committee encourages NIDDK to stimulate additional work and to capitalize on developments in other fields of science through additional funding. The Committee further encourages NIDDK to focus more attention on the bladder and urethral changes in response to the enlarged prostate.

*Bladder disease*.—More than 1 of every 10 Americans suffers from bladder disease, 1 in 9 women will require bladder-related surgery, and patients continue to be added as the population ages. The Committee believes that these needs must be met with a strong commitment to fund research concerning bladder disease. The Committee is also pleased by NIDDK's issuance of an RFA related to urinary incontinence. While these steps are important, the Committee remains concerned about the funding level for research in bladder disease. The Committee urges the Institute to finalize a long-term research strategy based upon the recommendations of the Bladder Research Progress Review Group convened in 2001. The Committee supports increased bladder disease research by any available means, and encourages the Institute to consider initiating and maintaining a National Cell/Tissue Archive for Bladder Disease.

*Crohn's disease*.—The Committee is concerned about the increasing frequency of regional enteritis (Crohn's disease) in the United States. The Committee is aware of the complicated etiology of this disease, which involves immunologic, infectious, and dietary factors. The Committee supports further research into Crohn's disease that may lead to better treatment of this chronic illness.

*Complementary and alternative medicine treatments*.—Complementary and alternative medicine treatments for liver diseases are becoming more common despite limited evidence of safety and efficacy. The Committee is aware that the NIDDK, working with the NCCAM, has begun funding studies of some of these treatments. The Committee urges the NIDDK to continue supporting this research and ensure that the public is aware of the results.

*Congenital urological disorders*.—The Committee is aware that urology problems that are present at birth result in significant physical and psychological stress for both the parents and the child. The Committee urges NIDDK to collaborate with other interested institutes in developing a strategic research plan to address congenital urological disorders in the pediatric age group, and to initiate new, innovative research projects in areas such as ureteral reflux, fetal hydronephrosis, and bladder dysfunction of spina bifida.

*Cooley's anemia*.—The Committee continues to support strongly the work being done in NIDDK to advance treatments for Cooley's anemia in the fields of iron measurement, fetal hemoglobin, iron chelation, and more. The April 2001 iron measurement workshop helped to set a direction for future research. In addition, the development of HBED, a more efficient iron chelator, under an NIDDK contract holds great promise to improve treatment and compliance. NIDDK and NHLBI should submit a joint report on the work they are conducting that is of direct benefit to thalassemia patients by April 1, 2002. In addition, the Committee would like NIDDK to encourage greater investigator-initiated research in this area.

*Diabetes in native Hawaiians*.—The Committee recognizes the Institute's interest in studying the incidence of diabetes in native American, Hawaiian, and Alaskan populations, and encourages NIDDK to include native Hawaiian and Alaskan populations, the Mississippi Band of the Choctaw Indians, and the Eastern Band of the Cherokee Indians in diabetes studies.

*Diabetic macular edema*.—The Committee urges the Director of NIDDK to consider the National Eye Institute's new multicenter clinical trial initiative on diabetic macular edema, a major cause of visual loss in patients with diabetes, when allocating the special funds targeted for diabetes made available to the Department.

*Digestive cancers*.—The Committee is pleased with the NCI Progress Review Group on Pancreatic Cancer and urges the NIDDK to collaborate with NCI on mutual research areas and awareness programs for the scientific and lay communities. The Committee urges NIDDK to establish translational research activities to understand the inter-relationships of pancreatitis, diabetes, and pancreatac cancer.

*Digestive diseases*.—Diseases of the digestive system, such as colorectal cancer, inflammatory bowel disease, irritable bowel syndrome, and hepatitis, continue to affect more than one-half of all Americans at some time in their lives. 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 recognizes the success of NIDDK's Digestive Disease Centers program in addressing a wide range of disorders that result in tremendous human suffering and economic cost. The Committee continues to encourage NIDDK to expand this important program with an increased emphasis on inflammatory bowel disease.

*Drug-induced liver disease*.—The Committee is aware of the findings of a recent NIDDK-sponsored workshop that discussed the most appropriate response to the growing problem of drug-induced liver injury. Liver injury due to over-the-counter and prescription drugs is an increasingly frequent cause of acute and chronic liver disease and is the single most common cause of acute liver failure in the United States. The Committee urges the NIDDK, in cooperation with other appropriate Institutes and the pharmaceutical industry, to establish a national surveillance system to further document hepatotoxicity of medications and to fund research to prevent and treat this serious cause of liver injury.

*Glomerular injury research*.—The Committee urges NIDDK to expand its research efforts on glomerular injury, a group of diseases which affect the filtering mechanisms of the kidney. The Committee is pleased that in addition to basic research being conducted, NIDDK is working to initiate several clinical trials related to glomerular injury. Further, the Committee encourages NIDDK to consider initiating a consensus development conference on glomerular injury research, and to explore support for gathering prevalence data on glomerular injury.

*Hepatitis C*.—The Committee is encouraged that the HALT-Hepatitis C Clinical Trial should yield important information about the relatively low response rates to current hepatitis C treatments. The Committee is concerned, however, with the slower than expected progress to enroll patients in the clinical trial. The Committee has also learned that 10 promising ancillary research projects have been developed, which is more than anticipated. The Committee therefore requests a report by April 1, 2002, on the timetable, new

findings and additional resources that may be necessary to complete the HALT-Hepatitis C clinical trial.

The Committee is also aware that the prevalence of hepatitis C in African Americans is more than two times greater than in Caucasians and that African Americans have a poor response rate to treatments. The Committee encourages the Institute to establish the appropriate number of clinical trial centers and a data-coordinating center to study the impact of the hepatitis C virus infection and the variable response to treatment in different human hosts. The Committee also urges the Institute to collaborate with the National Center on Minority Health and Health Disparities on this issue.

*Hereditary hemochromatosis*.—Hereditary hemochromatosis, the most common genetic disease in human beings, is associated with identified genetic mutations in 70 to 90 percent of cases. The Committee urges the Institute, working with NHLBI, to expand research funding on this common disease with particular emphasis on screening, early diagnosis, and the still-unknown genetic mutations that cause 10 to 30 percent of cases.

*Inflammatory bowel disease*.—The Committee has been encouraged in recent years by discoveries related to Crohn's disease and ulcerative colitis, collectively known as inflammatory bowel disease (IBD). The Committee commends NIDDK for its leadership in this area and encourages the Institute to give priority consideration to the following areas of IBD research; (1) investigation into the cellular, molecular and genetic structure of IBD, (2) identification of the genes that determine susceptibility or resistance to IBD in various patient subgroups, and (3) coordination and integration of basic investigations designed to clarify mechanisms of action and disease pathogenesis into clinical trials, as described in the research agenda developed by the scientific community titled "Challenges in Inflammatory Bowel Disease." The Committee believes that NIDDK should review the current intestinal transplantation procedures and make future recommendations on how they could be improved. It also encourages the Institute to implement a long-range research agenda to adequately fund research into the cause of and a cure for IBD and short bowel syndrome.

*Interstitial cystitis*.—The Committee is aware that there is unprecedented momentum in interstitial cystitis research, particularly in the area of urinary markers. The Committee urges the NIDDK to aggressively support research that will enhance these recent advances. The Committee is pleased that the 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. The Committee urges that the strategic plan's recommendations regarding IC be implemented and fully funded as soon as possible. The Committee is pleased with the progress of the IC Clinical Trials group and it urges the NIDDK to re-compete the trials at the end of the current grant period. Since patients with IC frequently get multiple disorders, the Committee also encourages the NIDDK to support collaborative research on IC that includes urologists, neurologists, geneticists, and specialists in visceral pain, vulvodynia, irritable bowel syndrome, and irritable bowel disease

*Irritable bowel syndrome*.—The Committee remains concerned about the increasing frequency of irritable bowel syndrome (IBS), a chronic complex of disorders that malign the digestive system. The Committee encourages NIDDK to provide adequate funding for irritable bowel syndrome/functional bowel disorders research and to give priority consideration to funding IBS education/scientific symposiums. Moreover, the Committee urges NIDDK to work with CDC and the private sector to initiate an IBS public awareness campaign.

*Juvenile diabetes*.—The Committee wishes to commend NIDDK for its leadership in implementing the juvenile diabetes research funding approved by Congress last year. The Committee hopes that NIDDK's juvenile diabetes research portfolio will include such areas as vaccine development, the creation of genomics/bioinformatic capability, initiatives to enhance research training for juvenile diabetes, and the vigorous pursuit of the most promising scientific opportunities to develop alternative sources of insulin-producing beta cells for therapeutic replacement.

*Kidney disease clinical research*.—It has been brought to the Committee's attention that the lack of a permanent infrastructure for clinical trials to study kidney disease is hampering the translation of basic research discoveries to the bedside. In order to provide an organizational framework, the Committee urges the NIDDK to make resources available to plan the development of a Cooperative Clinical Trials Group Program for Kidney Disease Research.

*Liver transplantation*.—The Committee is aware of the significant and continuing shortage of livers available for transplantation, and therefore urges additional research that would facilitate the success of liver transplantation and the number of livers available for transplantation. Many believe that the use of living liver donors may be one of the most important surgical and scientific breakthroughs that can assist people in the need of liver transplants.

*Mucopolysaccharidosis (MPS)*.—The Committee encourages the NIDDK to expand research efforts in the development of effective treatments for MPS disorders. The Committee encourages the Institute to pursue research addressing genotype-phenotype studies, the blood brain barrier, cell biology, pathophysiology of brain damage and substrate deprivation as they relate to MPS disorders. The Committee urges the NIDDK, NINDS, and NICHD to engage in collaborative research efforts and enhance grant support for current studies as well as new efforts to develop effective therapies for these deadly disorders.

*Neurological disorder-associated bladder dysfunction*.—The Committee encourages NIDDK to increase funding into the effective treatment of bladder dysfunction associated with spinal cord injury and neurological diseases. The Committee urges NIDDK to investigate the most effective methods of treatment and new and innovative approaches to treatment.

*Non-alcoholic steatohepatitis*.—Non-alcoholic steatohepatitis liver disease (NASH) is the second-most common cause of liver disease after hepatitis C. The disease is often unrecognized and undiagnosed, and it leads to cirrhosis and liver failure. The Committee urges the Institute to initiate a long-term epidemiological

study including research focused on treatment options and outcomes for NASH.

*Obesity*.—Obesity is a major health threat in the United States, with more than 49 million American adults considered clinically obese. The Committee urges the NIDDK to expand research in this area, particularly into the effects of obesity on gene expression, as well as excessive risk of gastrointestinal cancers, including colon cancer and liver disease. The Committee also encourages NIDDK to support research in the role of GI hormones, motility, and mucosal absorption in the complex balances of satiety, nutrient uptake and calorie and energy balance. Finally, the Committee urges NIDDK to support research into the effect of diet and nutrient intake on metabolism and gene function to provide further insight into how nutrients conversely affect gut function.

*Osteoporosis and related bone disorders*.—The Committee urges NIDDK to enhance research on osteoporosis, primary hyperparathyroidism and other disorders of calcium metabolism, including renal osteodystrophy, a disorder affecting individuals suffering from chronic kidney disease. NIDDK is also encouraged to enhance its efforts in the areas of nutritional and hormonal influences on calcium and skeletal status and functional genomics in bone. The Committee urges NIDDK to work with NCI to focus on cancer that spreads to bone.

*Parity for kidney research*.—The Committee is concerned that the resources available to conduct kidney research are not keeping pace with inflation. The Committee urges the NIDDK to review the current funding policy and provide increased funding for kidney disease research.

*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. In calling for greater research emphasis on this vulnerable segment of our population, the Committee notes that 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. The Committee urges NIDDK to sharpen its research focus on both congenital and acquired chronic renal failure, 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. Additionally, NIDDK is encouraged to launch new training initiatives to help ease the workforce shortage in this field.

*Pediatric liver disease*.—The Committee is aware of the "Pediatric Liver Research Agenda 2000: A Blueprint for the Future" developed by the Children's Liver Council of the American Liver Foundation, which defines research priorities for biliary atresia. Although rare, biliary atresia is the most common cause of liver transplantation in children. Since too few patients are seen annually at individual centers, a collaborative network of centers is needed to gather sufficient data and study specific hypotheses of the cause and treatment of biliary atresia. The Committee encour-

ages the Institute to establish clinical centers and a data-coordinating center to address the scourge of biliary atresia.

*Phytotherapy*.—The Committee is aware of the increasing use of patient self-administered phytotherapy (saw palmetto) to treat benign prostatic hypertrophy. However, there is little information available to clinicians or patients regarding the relative safety and effectiveness of this therapy. The Committee encourages NIDDK to move forward on clinical trials aimed at aiding the public and urologists better understanding whether or not there is a role for phytotherapy in treating benign prostatic hypertrophy.

*Polycystic kidney disease (PKD)*.—The Committee is encouraged that the number and significance of research discoveries leading to a treatment and cure for PKD are growing at a rapid pace and that notable breakthroughs are coming from the four P–50 PKD research centers established last year by NIDDK. The Committee is also pleased that the NIDDK is planning an International Scientific Workshop focusing on clinical aspects of PKD and an RFA for a PKD Interventional Trials Network, both in early fiscal year 2002. The Committee recommends that the NIDDK fund and execute the PKD Strategic Plan without delay.

*Training programs for physicians*.—The Committee is aware of the need to encourage physicians who wish to pursue careers in the epidemiology of urologic disease and in the development and conduct of urological clinical trials. The Committee encourages NIDDK to initiate a training program to meet these needs.

*Urinary incontinence*.—The Committee urges the NIDDK to significantly enhance its support of urinary incontinence research following the recommendations from the Bladder Progress Review Group. The Committee encourages the NIDDK to elevate its focus on urinary incontinence research by expanding its support to the Urinary Incontinence Treatment Network Initiative by increasing the number of clinical sites.

*Urinary tract obstruction*.—The Committee is encouraged that the NIDDK will hold a workshop on obstructive uropathy and reflux in infancy and early childhood. Urinary tract obstruction, if left untreated, can result in progressive, irreversible loss of kidney function and end-stage renal disease.

*Urologic disorders and diabetes*.—The Committee is aware of urological complications such as impotence and urinary retention associated with diabetes. The Committee encourages NIDDK to examine these aspects of diabetes and asks that NIDDK provide the Committee with its plan to address this problem.

*Urological disorders affecting women*.—The Committee is aware that urological disorders affect millions of women of all ages. Urinary incontinence is a major cause of nursing home admissions for women. The Committee encourages NIDDK to support research targeted to these problems that may substantially prolong the ability of many elderly women to remain in their homes.

*Urology research*.—The Committee is concerned that the urology research effort is not addressing the large public health impact of urological diseases and conditions. The Committee encourages NIDDK to increase funding for existing programs in urology research at a growth rate similar to that for the overall agency budget. The Committee is also aware of the significant progress made

at the George M. O'Brien Kidney and Urology Research Centers of the NIDDK. The Committee urges continued and increased funding for their activities. In addition, the Committee encourages the creation of two new urologic centers, both of which should have a clinical component and a research training component.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

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| Appropriations, 2001 | $1,172,132,000 |
| Budget estimate, 2002 | 1,311,179,000 |
| Committee recommendation | 1,352,055,000 |

The Committee recommends an appropriation of $1,352,055,000 for the National Institute of Neurological Disorders and Stroke [NINDS]. This is $40,876,000 more than the budget request and $179,923,000 more than the fiscal year 2001 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

*Alzheimer's disease*.—NINDS continues to play an integral role in advancing science's understanding of Alzheimer's, a progressive brain disorder that results in memory loss, behavior and personality changes, and a decline in thinking abilities. 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, confirming this as the major basis for cognitive decline in Alzheimer's patients. The Committee encourages NINDS to treat Alzheimer's research as a high priority, and to continue to work closely with NIA and other research Institutes.

The Committee is aware that positron emission tomography (PET) has been shown to identify Alzheimer's disease at a significantly earlier stage than other diagnostic methods. Earlier diagnosis of Alzheimer's allows for added treatment options which may delay the onset of the more debilitating aspects of this disease. The Committee urges NINDS, in collaboration with the National Institute on Aging and the National Institute of Mental Health, to expand its research into early diagnosis of Alzheimer's using PET imaging of the brain.

*Amyotropic Lateral Sclerosis (ALS)*.—Also known as Lou Gehrig's Disease, ALS is a progressive, fatal, neurological disease that attacks specialized nerve cells that control the movement of voluntary muscles. Findings with respect to ALS can lead to methods for prevention and treatment of many other neurodegenerative disorders, including Parkinson's, Alzheimer's, Huntington's, and multiple sclerosis. The Committee encourages the Institute to continue to expand and intensify its research efforts into ALS.

*Batten disease.*—The Committee is disappointed with the pace of research in Batten disease. The Committee believes that the Institute should actively solicit grant applications for Batten disease and also take aggressive steps to assure that a vigorous research program is established. In recent years, funding for this disease has decreased. The Committee strongly urges that increased funding be provided to combat this devastating disease.

*Brachial plexus injuries.*—The Committee understands that injury to the nerves of the brachial plexus, which control the muscles of the shoulder, arm, elbow, wrist, hand, and fingers, can result in full to partial paralysis. While these injuries most often occur during the birthing process at a rate of 2–3 of every 1,000 births, traumatic injury is another cause. Although many affected individuals recover without intervention, and others can be helped with surgery, some experience permanent nerve damage. The Committee encourages NINDS to continue an aggressive program of nerve regeneration research, which should have benefits that can be applied to these injuries as well as to other forms of damage to the peripheral and central nervous systems.

*Brain tumors.*—The Committee is concerned that not enough attention is being given by NINDS to identifying causes of and treatments for brain tumors, and it encourages NINDS to continue working with NCI to carry out the recommendations of the recently issued Report of the Brain Tumor Progress Review Group.

*Congenital muscular dystrophy (CMD).*—The Committee urges the Institute to collaborate with the NIAMS to intensify research into CMD. The Committee is extremely concerned that, unlike nearly all other forms of muscular dystrophy, no specific gene defect or protein deficiency has even been identified to date for several types of CMD. The Committee requests that the NIH report to the Committee by April 1, 2002, on steps it will take to create a comprehensive research portfolio in CMD.

*Duchenne muscular dystrophy.*—The Committee is aware that NIH has been directed to intensify and enhance muscle disease research, and it urges NINDS to aggressively support translational research where possible. To accomplish this, the Committee strongly urges NINDS to establish no fewer than three centers of excellence for basic and applied research in the muscular dystrophies and encourages the Institute to provide sufficient funds for this purpose. The Committee expects NINDS to coordinate with NIAMS and the Centers for Disease Control and Prevention on the planning and activities for the centers of excellence.

*Dystonia.*—The Committee is concerned that NIH has traditionally underfunded research to develop treatments for the neurological movement disorder dystonia. In light of the fact that it ranks as the third most common movement disorder behind Parkinson's and tremor, the Committee encourages NIH to afford substantial increased funding for additional research on both focal and genetic dystonia as its sets its priorities for fiscal year 2002. The Committee also continues to be interested in the expansion of NINDS's extramural research portfolio with respect to dystonia, and it encourages NINDS to continue to expand the study of the DYT1 gene. In addition, the Committee encourages the Institute to increase its collaboration with the dystonia research community in

supporting epidemiological studies on dystonia and in increasing public and professional awareness of this disorder.

*Epilepsy*.—The Committee believes that NIH should make finding a cure and effective treatments for epilepsy a priority. The Committee is encouraged by the establishment of 13 epilepsy research benchmarks resulting from the NINDS March 2000 conference "Curing Epilepsy: Focus on the Future." The Committee encourages NIH to develop a plan to implement the research benchmarks, as the Director deems appropriate, including the funding projections needed to carry out the plan. The Committee directs that the plan be submitted to Congress by April 1, 2002. Further, the Committee encourages the establishment of an Interagency Epilepsy Coordinating Committee comprised of agency scientists, industry, and patient representatives.

*Multiple sclerosis (MS)*.—Multiple sclerosis is a chronic, progressive disease of the central nervous system which is estimated to affect between 250,000 and 350,000 persons in the United States. While there is no known cure for MS, a number of therapies have been found helpful in slowing the disabling progression of the disease. The cause of MS remains equally elusive, although investigators are examining such factors as the role of viruses, genetics, and the environment. The Committee is aware that several scientific studies have not supported the role of trauma in causing MS or in triggering MS exacerbations. Nevertheless, the Committee is concerned over increasing reports of MS incidence caused by environmental triggers, be they allergic reactions, or more commonly, traumas such as automobile accidents. The Committee urges the Institute to devote additional resources toward study of the role of such traumas in causing multiple sclerosis.

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

*Prion disease*.—Britain and several other countries in Europe have documented transmissible forms of spongiform encephalopathies (TSEs) and variant Creutzfeldt-Jakob Disease (vCJD), a type of TSE, caused by small infectious proteins called prions. It appears that the prions causing vCJD come from eating infected beef cattle. To date, NIH funding of prion-mediated diseases has been mainly for Creutzfeldt-Jakob disease (CJD—a separate but related disease to vCJD) but also has included funding for bovine (cow) spongiform encephalopathy, scrapie (sheep spongiform encephalopathy) and chronic wasting (human). The Committee urges NINDS to specifically fund research into prion disease and to work with other agencies to develop a diagnostic test to detect the presence of the disease.

*Stroke*.—The Committee continues to regard research into the causes, cure, prevention, treatment and rehabilitation of stroke as a top priority of the NINDS and of the NIH. Stroke remains the third-leading cause of death in the United States, a leading cause of permanent disability and a major contributor to late-life demen-

tia. The Committee commends the NINDS for its efforts in beginning to develop a 5-year strategic stroke research plan. Expected to be released in fall 2001, this plan will strongly stimulate novel ideas in stroke research. The Committee also encourages NINDS to expand its research efforts into the utility of PET scans of the brains of stroke victims to determine whether brain tissue damage from stroke may be reversible.

*Stroke in women*.—Stroke in women is a major health problem, with women representing 61 percent of all deaths from stroke. Stroke kills twice as many women as breast cancer and AIDS combined. The Committee is concerned that very little research has been directed toward understanding gender differences in stroke and cerebrovascular disease. Since the physiology of women's bodies is different from men's, stroke prevention and treatments may affect women in dissimilar ways. The Committee is pleased to learn that NINDS is funding a trial looking at whether postmenopausal hormone replacement therapy alters stroke risk. The Committee urges the Institute to increase research specifically in the area of stroke-related care, risk factors, preventive strategies, acute stroke management, aspects of post-stroke recovery and long-term outcomes among women. The Committee further urges the Institute to take steps to increase research into new therapies for stroke in women as well as ways of enhancing the vascular health of all Americans.

*Stroke research*.—The Committee supports continued research and development efforts in the area of Polynitroxylated Albumin (PNA) as a neuroprotectant for ischemic stroke, hemorrhagic stroke and transient ischemic attack.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

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| Appropriations, 2001 | $2,062,089,000 |
| Budget estimate, 2002 | 2,329,643,000 |
| Committee recommendation | 2,375,836,000 |

The Committee recommends an appropriation of $2,375,836,000 for the National Institute of Allergy and Infectious Diseases [NIAID]. This is $46,193,000 more than the budget request and $313,747,000 more than the fiscal year 2001 appropriation. Included in these funds is $25,000,000 to be transferred to the Global Fund to fight HIV/AIDS, Malaria, and Tuberculosis. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission*.—The NIAID supports and conducts basic and clinical research and research training programs in infectious diseases, including AIDS, and diseases caused by, or associated with, disorders of the immune system. The NIAID is the lead NIH Institute charged with developing new and improved vaccines and supporting research on acquired immunodeficiency syndrome, tuberculosis, sexually transmitted diseases, and tropical diseases. The NIAID's research goal is to improve the health and quality of life of people by improving diagnosis, treatment, and prevention of diseases.

*Asthma research and management*.—The Committee is pleased with NIAID's leadership regarding asthma research and management. The Committee recognizes the role that NIAID has played

with the Inner City Asthma Study and the importance of this effort concerning morbidity and mortality among underserved populations, particularly children. The Committee urges NIAID to continue to improve its focus and efforts on asthma management, particularly as it relates to children.

*Chronic fatigue syndrome (CFS)*.—The Committee supports the development of a multidisciplinary, multidimensional Chronic Fatigue Syndrome Assessment and Treatment Center where people can be assessed and treated.

*Crohn's disease*.—The Committee notes with interest and concern NIAID's report titled "Crohn's Disease—Is There a Microbial Etiology?" The report findings show that Crohn's disease may have an infectious etiology. The Committee shares NIAID's concern that if it is proven that Mycobacterium avium, subspecies paratuberculosis is the cause of Crohn's disease, the impact upon the public health could be enormous because of the prevalence of this mycobacteria on farms and in standing water. The Committee urges the NIH to consider designating Crohn's as an "emerging infectious disease" and encourages the NIAID to establish a formal Crohn's disease program specifically for research into an infectious cause of Crohn's disease.

*Hemophilia*.—The Committee encourages NIAID to continue its efforts with the National Hemophilia Foundation leadership to ensure that persons with hemophilia have access to and opportunities to participate in research for improving treatment of HIV and complications of hemophilia, including hepatitis C.

*Gender-based research*.—The Committee understands that the NIAID has partnered with the National 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.

*Hepatitis C vaccine development*.—The Committee encourages increased priority on research that will accelerate the development of a hepatitis C vaccine. The development of an effective vaccine would be greatly assisted by research that studies the mechanisms that lead to recovery from initial infection, the mechanism that leads to the transition from asymptomatic infection to chronic infection and recovery in response to therapy. The Committee is aware that the NIAID has conceptually approved research in this field encompassed by a project titled Hepatitis C: Recovery Research Network. The Committee urges that adequate funding be made available to initiate this project. As part of that effort, the Committee urges the Institute to evaluate early treatment or treatment within the first year of infection.

*Inflammatory bowel disease (IBD)*.—The Committee is aware of NIAID's research partnerships with the IBD community, and it encourages the Institute to expand its support of research focused on the immunology of IBD as well as the interaction of genetics and environmental factors in the development of the disease.

*Pediatric kidney disease*.—Studies have shown that improvements seen in transplant survival among adults with kidney disease have not been completely realized in children, who have not fully benefited from improvements in immunosuppressive medica-

tions tested largely in the adult population. NIAID is encouraged to step up its efforts to maintain transplants over a longer period, thereby improving kidney transplant outcomes in children and adolescents.

*Population mixing*.—The Committee urges the NIAID, in cooperation with the Department of Defense, to develop a plan for studying population mixing, which is an unusual mixing of people in relatively isolated rural areas. In such situations, a variety of infectious viruses and bacteria may trigger an unusual and rare reaction that affects children in susceptible populations. The Committee hopes that this study will contribute to a greater understanding of this important possible cause of childhood cancers. This will benefit communities around the Nation such as Fallon, Nevada, which has experienced an outbreak of childhood acute lymphocytic leukemia (ALL).

*Primary immunodeficiencies (PI)*.—The Committee continues to be pleased with NIAID's strong commitment to addressing the medical and other problems caused by primary immunodeficiencies. In particular, the Committee looks forward to learning the results of the NIAID-sponsored research concerning the impact of PI among urban minority populations and seeing the research replicated on a larger scale throughout the country. Building on past collaborations with nonprofit groups, the Committee encourages NIAID to move aggressively in all research areas, including cutting-edge research related to gene therapy, bone marrow transplantation, and cord blood transplantation. The Committee also continues to be pleased with NIAID's PI clinical registries program, and urges the NIAID to continue to support this important initiative. The Committee also encourages the Institute to work with the PI community and the Centers for Disease Control and Prevention on a national surveillance program. Finally, the Committee urges NIAID to continue to remain actively and meaningfully involved in the national education and awareness campaign for PI sponsored by the Jeffrey Modell Foundation and to expand its role in fiscal year 2002.

*Prostatitis research*.—The Committee strongly urges the formation of prostatitis research centers under the direction of infectious disease specialists as separate and distinct entities from the urological centers.

*Rhinosinusitis*.—Chronic rhinosinusitis affects approximately 33,000,000 Americans, yet its cause remains unclear. Recent studies have suggested that the trigger is fungus or fungi that circulate in the environment. Many healthy, normal people may be exposed to the same fungi, yet do not develop rhinosinusitis or sinus polyps. The Institute is urged to support studies to determine the factors that sensitize an individual to fungus or which generate a fungus-specific immune response.

*Temporomandibular joint disorders (TMJ)*.—The Committee urges NIAID to put a greater focus in its research portfolio on TMJ patients and autoimmune and inflammatory processes. The collection of tissue samples from TMJ patients and people without TMJ disease has been suggested (as part of a patient registry) to determine whether inflammatory mediators, growth factors, cytokines

and other cell and molecular factors affecting immunity may differ between people with and without TMJ disease.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

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| Appropriations, 2001 | $1,530,988,000 |
| Budget estimate, 2002 | 1,710,182,000 |
| Committee recommendation | 1,753,465,000 |

The Committee recommendation includes $1,753,465,000 for the National Institute of General Medical Sciences [NIGMS]. This is $43,283,000 more than the budget request and $222,477,000 more than the fiscal year 2001 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

*Behavioral science research and training*.—The Committee is concerned that NIGMS does not support behavioral science research training. As the only Institute mandated to support research not targeted to specific diseases or disorders, there is a range of basic behavioral research and training that NIGMS could be supporting. The Committee urges NIGMS, in consultation with the Office of Behavioral and Social Sciences, to develop a plan for pursuing the most promising research topics in this area.

*Promoting adherence to medical and behavioral therapies*.—The Committee notes that failure to follow medical recommendations causes tens of thousands of deaths a year, increased hospitalizations and delayed recovery. The Committee encourages the Institute to expand research on innovative theories about behavioral, cultural, social, psychological and environmental methods to increase adherence to lifestyle and medical regimen. The Committee further encourages the Institute to take steps to inform medical personnel of effective indicators to measure the standard of delivery of care of health systems and to change physician behavior and practices.

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

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

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| Appropriations, 2001 | $978,136,000 |
| Budget estimate, 2002 | 1,095,954,000 |
| Committee recommendation | 1,123,692,000 |

The Committee recommends an appropriation of $1,123,692,000 for the National Institute of Child Health and Human Development [NICHD]. This is $27,738,000 more than the budget request and $145,556,000 more than the fiscal year 2001 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

*Adolescent health and disparities*.—The Committee strongly encourages the collaboration of NICHD, the National Cancer Institute, the NIH Office of Behavioral and Social Science Research, and the Centers for Disease Control and Prevention (CDC) in efforts to support CDC's Healthy Passages Program, which studies the developmental paths of health risk behaviors and adverse health outcomes in white, African-American, and Hispanic youth. The Committee commends the involvement of NIH Institutes in supporting this CDC study on adolescent health and health disparities.

*Autism*.—The Committee is aware that NIH, under the auspices of its Autism Coordinating Committee, has established a plan to implement the autism provisions of recent legislation dealing with children's health. The Committee notes that current plans include an expedited implementation of the full-scale program of Centers for Research in Autism. Despite the expedited nature of this plan for centers, the Committee expects that peer review will be a primary factor in funding decisions regarding these grants. The Committee also commends NIH efforts in a program under which samples of tissues and genetic materials are donated, collected, preserved, and made available for autism research.

The Committee also urges the NICHD to continue its support of the Collaborative Programs of Excellence in Autism (CPEA), a program that has encouraged collaboration in research efforts among leading institutions in the field of autism research.

*Behavioral and social sciences research*.—The Committee is pleased to learn that NICHD is undertaking a strategic planning process strongly emphasizing a collaborative process between the biomedical and behavioral sciences to successfully accomplish the goals of the Institute.

*Bone disease in adolescents*.—Given the high incidence of teen pregnancies, more research is needed to understand the relation-

ship between pregnancy, lactation, and bone mass in adolescents. In particular, NICHD is urged to support research on 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. Furthermore, the Committee encourages NICHD to expand research on osteogenesis imperfecta, with special emphasis on further research into genetic therapies, animal models, drug treatment and rehabilitation techniques.

*Child development and behavioral research*.—The Committee is pleased that NICHD is undertaking a number of initiatives to increase understanding of the behavioral and cognitive aspects of child development. The Committee encourages these efforts.

*Child development and literacy*.—The Committee recognizes NICHD's leading role in identifying factors affecting how children learn generally, both with and without formal instruction, and for normal children as well as children for whom learning is a challenge. NICHD research on early child development, reading development and disorders has contributed to converging evidence about how children must be taught in order to read and how children who are likely to have difficulty learning may be identified early in their education. The Committee strongly supports NICHD's efforts to translate this research to improve literacy and academic performance.

*Chromosome 18*.—The Committee is aware of efforts to encourage new scientific work into the molecular genetic, clinical and therapeutic aspects for chromosome abnormalities. NIH has supported little research into the abnormalities of Chromosome 18, despite repeated urging by this Committee. The Committee believes that the NIH must ensure that this research be performed. It requests that a strategic plan and report addressing initiatives to fund Chromosome 18 research be provided to the Committee by no later than April 1, 2002.

*Demographic research*.—The Committee strongly endorses demographic and behavioral research supported by NICHD, which includes studies of poor families and neighborhoods, adolescent health, fertility patterns and their relationship to education and labor, risky sexual behavior and HIV, infant mortality, and particularly health disparities. The Committee is pleased that NICHD plans to expand its examination of health disparities through research on the social and behavioral factors leading to pre-term births and low birth weight, as well as research to develop more effective means of preventing and treating HIV among minority youth. The Committee strongly supports planned research linking social and cultural understandings of gender dynamics to account for how these factors may influence HIV risk among different racial, ethnic and socioeconomic groups. The Committee also supports research identifying the barriers to school readiness and academic success for minority and low-income children.

*Duchenne muscular dystrophy*.—The Committee is aware that NICHD has done little in the field of muscular dystrophy research,

even though Duchenne muscular dystrophy is the single most common lethal genetic disorder of children in America. The Committee urges NICHD to develop collaborative partnerships with NINDS and NIAMS to advance basic, clinical, and translational research into treatment for Duchenne muscular dystrophy.

*Environmental effects on child health and development*.—The Committee applauds NICHD for its efforts to work with the Environmental Protection Agency and the Centers for Disease Control and Prevention on developing a major national longitudinal study quantifying the effects of environmental exposures and biological and social factors on child health and development. The Committee places a high priority on investigating the relationship between behavior and exposure to harmful environmental influences, such as the extent to which behavior drives exposure to low-level contaminants during key developmental phases of a child's life.

*Fatherhood and family stability*.—The Committee applauds NICHD's demographic, behavioral and social science-based surveys on fatherhood, marriage and other issues affecting the stability of families. NICHD's leading efforts to understand the impact of fatherhood and other factors affecting the integrity of families will provide critical information to enhance our understanding of family formation, family structure and parent roles, and the impact of these factors on the development and well-being of children.

*Fragile X*.—Fragile X, the most common inherited cause of mental retardation, results from the failure of a single gene to produce a specific protein. Researchers at the NICHD have made great strides in understanding the mechanism by which this genetic defect causes mental retardation, seizures, aggressive outbursts and severe anxiety. Fragile X has the potential to be a powerful research model for other forms of X-linked mental retardation, as well as neuropsychiatric disorders, including autism, schizophrenia, mood disorders, and pervasive developmental disorder. The Committee is gratified that the NICHD has enhanced its research efforts on fragile X both internally and by partnering with the FRAXA Research Foundation in the issuance and funding of a Request for Applications to research scientists.

The Committee notes that Title II of the Children's Health Act of 2000 calls for the establishment of at least three fragile X research centers. The Committee strongly urges the NICHD to allocate sufficient funds for that purpose, to expedite that objective, and to ensure the discrete accountability of the Centers.

*Health behaviors of youth*.—The Committee is increasingly concerned about youth and health behaviors and their impact on society as a whole. The Committee is pleased that the NICHD will be collaborating with the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, and the Health Resources and Services Administration, and it requests that the agencies involved focus a portion of their efforts on discovering approaches to intervene and prevent complex behavior problems in children and youth which utilize molecular neuroscience, brain mapping, and behavioral analysis.

*Infertility and contraceptive research*.—The Committee continues to place a high priority on research to combat infertility and speed the development of improved contraceptives. NICHD is urged to

continue aggressive activities in this area, including individual research grants and those of the infertility and contraceptive research centers.

*Juvenile diabetes*.—The Committee is concerned about reports of a severe shortage of pediatric endocrinologists, and it urges NICHD to develop a strategy to ameliorate this problem. The Committee also wishes to reiterate its interest in NICHD collaborating with NIAID and NIDDK in leading a project that will develop a vaccine for juvenile diabetes. The Committee understands that CDC is funding a pediatric diabetes registry project and urges NICHD to collaborate in this project.

*Maternal-fetal medicine*.—The Committee urges the NICHD to sponsor a planning workshop for the purpose of defining research questions regarding the causes of pre-term delivery, building on previous research surrounding the role of infection and the immune response, and the role of genetics. The outcome should provide the basis for the development of appropriate funding mechanisms and increased collaboration with academic centers not currently participating in cooperative agreements with the NICHD. The Director is urged to report to the Committee on activities in this area by June 30, 2002.

*Medical rehabilitation*.—The Committee is pleased with the Center's progress in addressing rehabilitation and disability research issues. The Committee encourages the Center to focus on a number of priority areas including: advanced orthotics and prosthetics; increased research into engineered biomaterials and tissue re-engineering as strategies for rehabilitation with a focus on incorporating nanotechnology and robotics into orthotics and prosthetics; and additional research in traumatic brain injury through the clinical trials network. The Committee is also pleased with the progress on clinical trials in the areas of hip fracture and stroke, and it requests progress reports on the results of these trials.

*National longitudinal cohort study*.—The Committee understands that the NICHD is leading a consortium of representatives from appropriate Federal agencies, including other NIH Institutes, CDC and EPA, in planning and developing a national longitudinal cohort study of environmental influences on children's health. The Committee is pleased that an interagency workgroup has begun preliminary work in developing an innovative structure for the study and initiating necessary pilot studies. The Committee urges the Institute to provide sufficient funds to support increased planning and piloting activities over the next 2 fiscal years, so that the full study is underway by the end of 2003.

*Pediatric emergency medicine*.—The Committee encourages NICHD to develop a research initiative on pediatric emergency medicine, including both prehospital and emergency care. To date, only minimal attention has been paid to addressing this costly and important aspect of children's health care. We also encourage NICHD to work closely with HRSA in the development of national educational programs and conferences to encourage and support research in emergency medical services for children.

*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 strengthen support

for 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 is encouraged by the NICHD's accomplishments to date on establishing a research portfolio into pelvic floor disorders. The Committee urges NICHD make resources available to fund additional grant applications for epidemiological research and for the newly created clinical trials network. The Committee also encourages NICHD to foster research interest by sponsoring a grantsmanship's technical assistance workshop for gynecologic and obstetrics researchers.

*Policy-relevant demographic research*.—The Committee urges the NICHD to continue its strong support for objective, policy-relevant demographic research on vital issues such as marriage, family structure, teen childbearing, fatherhood, immigration, child and adolescent health, and the impact of changing age structures on children and adults. It endorses the expansion of interdisciplinary research which bridges biomedical, demographic, social and spatial sciences. The Committee continues to strongly support NICHD's partnerships with Federal statistical agencies that help to produce the data so critical to demographic research.

*Primary immunodeficiencies (PI)*.—The Committee continues to be impressed by the comprehensive commitment that NICHD has shown in addressing PI, particularly with regard to the national education and awareness campaign sponsored by the Jeffrey Modell Foundation in partnership with the Institute, as well as NIAID, NCI, CDC, and other private entities. The Committee encourages NICHD to expand its commitment in fiscal year 2002 through such steps as additional Clinical Center Grand Rounds, 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.

*Reproductive health*.—The Committee commends NICHD on its strategic plan to translate research on reproductive health to reduce the incidence of unwanted pregnancy and to identify usable strategies to increase knowledge about healthy adult sexuality and improved reproductive health. The Committee is pleased that such translation will draw from the research advances of the last 10 years including improved identification of behavioral factors affecting both fertility and infertility. The Committee supports NICHD's perspective that research relating to reproductive health should integrate economic, political, sociocultural and psychological factors while considering other factors that affect reproductive function. The Committee additionally encourages efforts to understand and better address the barriers to appropriate contraceptive services in minority communities.

*Small grants*.—The Committee is pleased to learn that NICHD recently began promoting small grants as a way to attract new investigators to child development research. The Committee encourages the Institute to examine whether B/START small grant

awards as used by other Institutes would encourage interest among your investigators.

*Sudden Infant Death Syndrome (SIDS)*.—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 5-year research plan. This third 5-year plan will continue the efforts of the past two 5-year plans, which have been responsible for many of the research breakthroughs in the effort to reduce SIDS cases in the Nation. The Committee is particularly pleased that NICHD is collaborating with HRSA's Maternal and Child Health Bureau and the NIH Director's Office to improve public awareness about SIDS to the African-American community.

*Uterine fibroids*.—Uterine fibroids (leiomyomata) are one of the most prevalent diseases impacting women today, with over 70 percent of all women having fibroids present in/on their uterus. African-American women have the highest prevalence rates and are two to three times more likely to acquire symptoms related to uterine fibroids. The majority of all women with symptomatic uterine fibroids undergo a hysterectomy. The Committee urges NICHD to aggressively increase efforts that will lead to an understanding of the physiological endocrine mechanisms that allow uterine fibroids to grow and become symptomatic. The Conferees also encourage research leading to new treatments, new preventives, and new interventions (beyond the hysterectomy) in the care and treatment of women with uterine fibroids.

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

NATIONAL EYE INSTITUTE

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| Appropriations, 2001 | $507,842,000 |
| Budget estimate, 2002 | 568,103,000 |
| Committee recommendation | 614,000,000 |

The Committee recommends an appropriation of $614,000,000 for the National Eye Institute [NEI]. This is $45,897,000 more than the budget request and $106,158,000 more than the fiscal year 2001 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission*.—The NEI is the Nation's Federal resource for the conduct and support of laboratory and clinical research, research training, and other programs with respect to blinding eye diseases, visual disorders, mechanisms of visual function, preservation of sight, and the special health problems and needs of individuals

who are visually impaired or blind. In addition, the NEI is responsible for the dissemination of information, specifically public and professional education programs aimed at the prevention of blindness.

The Committee is pleased that vision impairment is a priority area in the national Healthy People 2010 initiative. The Institute is urged to develop the data on the extent of the problem of eye disease, especially among the aging population, and the economic consequences of eye disease so progress in these areas can be measured.

*Diabetic retinopathy*.—Diabetic retinopathy is the leading cause of new cases of blindness in working-age adults. The Committee recognizes the collaborative efforts of the NEI with other Institutes and Centers to study ways to control the proliferation of abnormal vessels that give rise to diabetic complications within the eye and in other organs and systems of the body. The Committee encourages the NEI to continue this important 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 outstanding success of the NEI's Functional Genomics Workshop and the implementation of its recommendations to create a national eye genome resource. Not only has the NEI significantly increased its support of research to identify and sequence genes that are expressed in the visual system, work is now underway to make this information publicly available through a NEI-supported Web site. This will assist researchers in gaining a better understanding of genetic diseases that affect the eye and visual system and will speed development and testing of new gene-based therapies. The Committee encourages the Institute to emphasize the development of these gene-based therapies especially for retinal degenerative diseases.

*Glaucoma*.—Glaucoma is a significant cause of blindness in older Americans and is the number one cause of blindness in African Americans, who are disproportionally at greater risk for developing the disease and being blinded by it. NEI-supported clinical trials have demonstrated the effectiveness of a variety of treatments, as well as the importance of early detection and appropriate treatment in preventing or delaying vision loss. The Committee looks forward to the results of the Ocular Hypertension Treatment Study, which will determine the benefit of treating people with ocular hypertension with pressure-lowering drugs to prevent or delay sight-threatening eye damage. The Committee also encourages the NEI to continue its research on the genetics of the development of glaucoma and on the discovery of ways to protect against nerve damage from glaucoma.

*Health education*.—The Committee is pleased with the NEI's efforts to communicate the results of its research efforts into meaningful health education messages to the public and to professionals through its National Eye Health Education Program. The Committee is particularly pleased with the NEI's efforts to increase awareness of low vision and its impact on quality of life. Through a mobile exhibit that travels to shopping malls and centers around the country, information on low-vision services and resources are made directly available to those with low vision and their families.

The Institute should continue its emphasis on this important outreach program.

*Macular degeneration*.—The Committee commends the NEI for the prioritization of its research on macular degenerative diseases, which account for nearly 30 percent of the bilateral blindness in this country and are particularly devastating to the independence and quality of life of our older citizens. NEI-supported research has demonstrated that two potentially modifiable risk factors, smoking and hypertension, are associated with the most severe form of the disease. The Committee eagerly awaits the results of a clinical trial that will determine whether low-intensity laser treatment can prevent the development of advanced complications in the age-related form of the disease.

*Retinitis pigmentosa*.—Retinitis pigmentosa is a chronic, progressive, degenerative disease that causes the deterioration of the photoreceptor cells in adolescence and leads to substantial visual loss in adulthood. Retinitis pigmentosa, Usher's Syndrome, and other related degenerative disorders can have a dramatic effect on the quality of life of those affected and their families. The Committee recognizes the technical difficulties associated with rescue and regeneration of deteriorating neurons but is encouraged by the Institute's exploration of the use of growth factors, transplantation, and gene-based techniques to combat this destructive disease.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

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| Appropriations, 2001 | $502,987,000 |
| Budget estimate, 2002 | 561,729,000 |
| Committee recommendation | 585,946,000 |

The Committee recommends an appropriation of $585,946,000 for the National Institute of Environmental Health Sciences [NIEHS]. This is $24,217,000 more than the budget request and $82,959,000 more than the fiscal year 2001 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission*.—The mission of the NIEHS is to define how environmental exposures affect health; how individuals differ in their susceptibility to these effects; and how these susceptibilities change with time. This knowledge, coupled with prevention and communication programs, can lead to a reduction in environmentally associated diseases and dysfunctions.

*Agent Orange*.—The Committee urges the NIEHS to continue its work with scientists in the United States and Southeast Asia on the health and environmental effects of the use of Agent Orange and dioxin. Scientists representing the United States and Vietnamese Governments have recently negotiated a landmark commitment to proceed with this program, and this Committee recognizes the importance of demonstrating sustained, timely interest and engagement on the part of the U.S. Government. NIEHS is encouraged to continue these efforts and expand them when feasible into a broader-based effort, including a grants program that funds both independent and collaborative research. NIEHS should provide a report on these activities to the Congress by April 1, 2002.

*Animal manure management*.—The Committee urges NIEHS to study the issue of animal manure management and storage by ag-

ricultural producers, and to explore the public health implications of this issue.

*Breast cancer*.—The Committee recognizes the serious lack of research on the relationship between the environment and breast cancer, and believes that it is essential for the Institute to support such research. The Committee understands that the Institute will establish a Breast Cancer and Environmental Research Advisory Board to make recommendations to the Director with regard to the development of Breast Cancer and Environmental Research Centers. The Committee is aware of the tremendous success of the DOD Breast Cancer Research Program and its grant process. The Committee expects the Advisory Board to integrate a peer review and planning process along the lines of the DOD integration panel. The Committee is pleased that the Advisory Board will include representatives from the breast cancer community who have had breast cancer. The Committee further strongly urges the NIEHS to establish centers to conduct multi-disciplinary and multi-institution research on environmental factors that may be related to breast cancer.

*Environmental factors and liver disease*.—The impact of environmental factors on liver disease is an important area that needs additional attention. The Committee urges the Institute to collaborate with NIDDK in an effort to better understand environmental factors that may contribute to the development of liver disease.

*Environmental health sciences centers*.—The Committee continues to strongly support the Environmental Health Sciences Centers program and believes that a fully funded Centers program is critical to carrying out the mission of NIEHS. The Committee expects these Centers to be funded at peer-reviewed levels.

*Lymphoma*.—The Committee encourages NIEHS to expand its 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 with NCI and CDC to conduct research that will lead to a better understanding on how environmental factors contribute to the development of lymphoid malignancies. The Committee requests that NIEHS and NCI submit a joint report to the Committee by April 1, 2002, on their current research portfolios on lymphoma and the direction of future research.

*Test methods*.—The Committee supports the assessment of scientific validation of new, revised and alternative toxicological test methods by ICCVAM. The Committee encourages NIEHS to use the expertise and credibility of ICCVAM for these assessments to streamline their individual consideration of new, revised and alternative toxicological test methods.

*Waste treatment management*.—The Committee urges NIEHS to study the issue of waste treatment management by indigenous native Hawaiians, and to explore the public health implications of this issue and the "living machines" approach to waste management.

NATIONAL INSTITUTE ON AGING

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| Appropriations, 2001 | $786,056,000 |
| Budget estimate, 2002 | 879,651,000 |
| Committee recommendation | 909,174,000 |

The Committee recommendation includes $909,174,000 for the National Institute on Aging [NIA]. This is $29,523,000 more than the budget request and $123,118,000 more than the fiscal year 2001 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission*.—The NIA conducts biomedical, behavioral, and social research related to the aging process to prevent disease and other problems of the aged, and to maintain the health and independence of older Americans. Research in aging over the last two decades demonstrates that aging should not be equated with inevitable decline and disease.

*Advanced imaging technology for Alzheimer's*.—The Committee continues to urge NIA to focus on early detection of Alzheimer's disease so clinical interventions to slow or stop the progression of the disease may be undertaken. The Committee notes that positron emission tomography (PET) has now been shown to identify Alzheimer's disease definitively and at a much earlier stage than other diagnostic methods, and it encourages NIA, in collaboration with NINDS and NIMH, to expand its research efforts into early diagnosis of Alzheimer's using PET imaging of the brain.

*Alzheimer's disease*.—Few diseases affect more Americans, require more prolonged treatment, cause more suffering for the families of the afflicted, and waste more precious human and financial resources than Alzheimer's disease. An estimated 4 million persons suffer from Alzheimer's, or about one in 10 Americans over age 65 and nearly half of those over age 85. As the baby boom generation shoulders its way into old age, few diseases represent a greater threat to the health and financial well being of society as a whole. Within the next few decades, 14 million individuals will be stricken with Alzheimer's, raising the annual cost of caring for its victims to $375,000,000. Because of its critical size and tragic impact, Alzheimer's disease represents one of the nation's most critical health problems. 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 opened the doors to exciting new opportunities, including clinical trials of a vaccine that may prevent amyloid deposits in the brain, a hallmark of Alzheimer's; evidence that cholesterol-lowering drugs may delay or prevent the onset of the disease; and FDA approval of a fourth drug for the treatment of the disease's cognitive symptoms. But if society hopes to avert widespread suffering and enormous strain on its health care system, science must act now because researchers believe that Azheimer's actually begins 10 to 20 years before its first symptoms appear. While investigator-initiated research continues, concurrent large-scale clinical trials offer the best hope for finding ways to treat, delay or prevent Alzheimer's disease. The Committee urges NIA to expand its investment in Alzheimer's disease research, particularly

for clinical trials, and has provided additional funds for that purpose. It is the Committee's goal to increase the NIH commitment to Alzheimer's research to $1,000,000,000 as soon as possible, a goal made even more compelling by the growing number of Americans who will soon be at greatest risk.

*Alzheimer's research*.—NIA is commended for its innovative research on effective management of Alzheimer's disease patients (special care units) and the needs of Alzheimer's caregivers. The Committee commends NIA for its efforts to plan and map promising topics in cognitive research. The Committee also commends NIA for its excellent public information materials on encouraging older adults to exercise and stay physically active. NIA is encouraged to expand its research on health promotion interventions in aging populations.

*Behavioral and Social Research*.—The Committee commends NIA's Behavioral and Social Research (BSR) program for its demographic and economic research portfolio on health dynamics in older populations and the early life determinants of the late life health disparities. The Health and Retirement Study and the National Long Term Care Survey, the Office of Demography and the 11 demographic research centers are important national resources for advancing research on the Medicare and Social Security systems. The Committee is very pleased with the BSR's efforts to link demography and biology, and to develop a more integrated social and behavioral science.

*Bone disease and aging*.—The Committee encourages NIA to coordinate its research on osteoporosis and Paget's disease with NIAMS. NIA is also encouraged to study the effects of aging on individuals with osteogenesis imperfecta. The Committee urges the Institute to renew its commitment to funding studies related to the aging skeleton.

*Cardiovascular aging research*.—Heart attack, congestive heart failure, stroke, and other cardiovascular diseases remain America's leading cause of death of older men and women and a main cause of disability. The Committee encourages the Institute to make cardiovascular research a priority, and urges it to expand into innovative extramural and intramural cardiovascular research programs.

*Claude D. Pepper Older Americans Independence Centers*.—The Committee continues to strongly support these successful centers, which focus on developing innovative and cost-effective ways to enhance the independence of older Americans. The centers also play a critical role in developing top-level experts in geriatrics. The Committee again urges NIA to expand these centers to include a school of nursing.

*Cognitive changes during aging*.—The Committee understands that research on cognitive changes during aging is an important focus of the Institute, and that maintaining mental acuity is an important concern of aging adults. It is generally recognized that research on higher-order mental processing is underdeveloped in the field of aging. NIA is working to expand is portfolio in this area, and the Committee encourages those efforts. The Committee is pleased to learn that a study now underway at the Institute of Medicine is examining the current knowledge base in the area of cognition and aging. The Committee urges NIA to use the IOM rec-

ommendations as a guide for expanding its portfolio in this critical area of research.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

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| Appropriations, 2001 | $394,968,000 |
| Budget estimate, 2002 | 441,803,000 |
| Committee recommendation | 460,202,000 |

The Committee recommends an appropriation of $460,202,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS]. This is $18,399,000 more than the budget request and $65,234,000 more than the fiscal year 2001 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*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; orthopedic disorders, such as back pain and sports injuries; and numerous skin diseases. The research agenda of the NIAMS addresses many devastating and debilitating diseases that afflict millions of Americans. These diseases of the joints, muscles, bones, connective tissues, and skin, in the aggregate, will affect nearly every American at some point in their lives, causing tremendous human suffering and costing the Nation billions of dollars in both health care and lost productivity. The research activities of this Institute serve the concerns of many different special populations, including women, minorities, children, and the elderly.

*Behavioral and social science research*.—The Committee notes that the portion of the NIAMS research portfolio devoted to behavioral and social sciences research is significantly lower than the NIH average. Therefore, the Committee urges the NIAMS to fund promising behavioral social sciences research. Additionally, the Committee urges favorable consideration of research in the area of behavioral and social science factors relating to the adherence to medical recovery regimes, exercise and weight-reduction programs.

*Drug research*.—The Committee supports research in the area of TOPS-ester therapeutics, a type of drug being developed that is compartmentalized inside skin cells and expresses antioxidant actions that limit oxidant mediated pathologies including psoriasis, sunburn, skin aging and cancer.

*Duchenne muscular dystrophy*.—The Committee is aware of past collaboration between NIAMS and NINDS to intensify and enhance muscle disease research. The Committee urges NIAMS to continue working closely with NINDS to identify collaborative opportunities to advance basic, clinical, and translational research into treatment for Duchenne muscular dystrophy. The Committee has urged NINDS to establish centers of excellence for basic and applied research in the muscular dystrophies. The Committee urges NIAMS to coordinate with NINDS and the Centers for Disease Control and Prevention on the planning and activities for these centers.

*Economic burden of skin diseases*.—The Committee is aware of the lack of information regarding the overall economic burden of skin diseases for the nation, as well as the lack of reliable data on

how many individuals in the United States are affected by these diseases. The Committee, therefore, encourages the NIAMS, in conjunction with other PHS components, including NCHA, CDC, AHRQ, and HRSA, to sponsor a workshop to identify existing information sources on the costs and scope of skin diseases, and to recommend strategies for developing new information sources. The Institute is encouraged to work with skin diseases researchers and voluntary health organizations to plan the workshop.

*Ehlers-Danlos syndrome*.—Ehlers-Danlos syndrome (EDS) is a family of genetic disorders whose manifestations include, but are not limited to, the skin, joints and other components of the connective tissue. EDS is potentially a model for a number of more common medical and biological problems stemming from genetic acquired connective tissue defect. The Institute is encouraged to provide greater funding for continued research of this disease.

*Fibrous dysplasia*.—Fibrous dysplasia is a chronic disorder of the skeleton that predominantly afflicts young children and adolescents, resulting in uneven growth, severe pain, and deformed extremities. Given the long-term implications of this disorder on both children and adults, the Committee sees the need for a targeted research effort to evaluate promising drug therapies. NIAMS is encouraged to support such research at an institution with a large population of both pediatric and adolescent fibrous dysplasia patients, as well as a staff of orthopedic and endocrinology specialists qualified to conduct this research.

*Osteogenesis imperfecta*.—Osteogenesis imperfecta (OI) is a genetic disorder characterized by frequent fractures from little or no trauma. The Committee commends the effort NIAMS has made to encourage and fund osteogenesis imperfecta research and recommends that osteogenesis imperfecta continue to be an area of special emphasis in the Institute. NIAMS and NHLBI are urged to investigate respiratory and cardiovascular problems associated with OI. The Committee also encourages NIAMS to continue its strong support of research into gene therapies and drug treatment for OI, and to continue its active follow-up of new research opportunities arising out of the 2001 NIH workshop on OI.

*Osteoporosis and related bone diseases*.—The Committee recognizes that osteoporosis and related bone diseases are a major public health problem that exacts an enormous human and economic toll. The Committee commends the National Resource Center for its role in providing patients, health professionals and the public with access to resources, and encourages the Center to increase prevention and treatment efforts. The Committee encourages NIAMS to devote additional resources to studying osteoporosis in non-white women, as well as understanding the genetic predisposition of osteoporosis in certain populations. Moreover, given the large number of individuals affected by this disease, NIAMS is urged to focus on therapies to improve quality of life and to reduce the subsequent risk of fractures. The Committee encourages NIAMS to continue to work with NHLBI to investigate the basic and clinical relationship between cardiovascular diseases and osteoporosis.

*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 it encourages NIAMS to enhance efforts in this area as well as research to develop animal models for Paget's disease.

*Pediatric rheumatoid arthritis*.—The Committee commends the NIAMS for its growing support of research and training activities to better understand childhood rheumatic diseases, including pediatric rheumatoid arthritis. The Committee is especially pleased with the continued operation of the Pediatric Rheumatology Clinic, which opened on the NIH campus in the fall of 2000. The Committee is also pleased to learn that, through research at an NIAMS-supported Multipurpose Arthritis and Musculoskeletal Diseases Center, the drug Etanercept has recently been shown to be a safe and effective drug in the treatment of children and teenagers with pediatric rheumatoid arthritis. The Committee appreciates the Institute's emphasis on pediatric rheumatic diseases in recent research solicitations. The Committee understands that the Institute's pediatric rheumatoid arthritis registry has been expanded to include a major emphasis on a genome-wide search for susceptibility genes and strongly urges the Institute to continue its research into the genetic factors as well as infectious triggers of the disease.

*Psoriasis*.—Psoriasis is a genetically acquired immune-mediated disease of the skin and joints that affects over 7 million Americans. The Committee encourages NIAMS to conduct a scientific workshop to assess basic and clinical research in psoriasis, especially prospects for innovative therapeutic approaches for moderate to severe forms of the disease. The Committee urges the Institute to collaborate with patient organizations, medical specialty societies, and other interested parties in the development of this workshop. NIAMS is further urged to work with these partners through all available mechanisms to support a public awareness and education program on the best available treatments for moderate and severe psoriasis.

*Sjogren's syndrome*.—The Committee is pleased that the NIAMS has published a booklet on Sjogren's syndrome, providing an important means of educating people about this common autoimmune disease. The Committee encourages the Institute to do more for this disease, including holding scientific workshops, providing grant monies, and including Sjogren's in autoimmune databases.

*Temporomandibular joint disorders (TMJ)*.—The Institute is urged to increase research on unique features of the temporomandibular joint as well as exploring to what extent TM disorders share common pathogenic mechanisms with fibromyalgia and osteoarthritis.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS

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| Appropriations, 2001 | $301,069,000 |
| Budget estimate, 2002 | 336,744,000 |
| Committee recommendation | 349,983,000 |

The Committee recommends an appropriation of $349,983,000 for the National Institute on Deafness and Other Communication Disorders [NIDCD]. This is $13,239,000 more than the budget request and $48,914,000 more than the fiscal year 2001 appropriation. The

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

*Mission*.—The NIDCD funds and conducts research and research training in the normal and disordered processes of human communication, specifically in the areas of hearing, balance, smell, taste, voice, speech, and language. The Institute addresses the special biomedical and behavioral problems of people who have communication impairments or disorders; contributes to health promotion and disease prevention; and supports efforts to create devices that substitute for lost and impaired sensory and communication functions.

*Dysphonia*.—The Committee continues to be pleased with NIDCD's expanding intramural research program with respect to dysphonia. The Committee encourages NIDCD to explore possibilities for a more active extramural research effort on dysphonia, and for collaboration with other NIH Institutes on this important disorder.

*Health survey*.—The Committee encourages the Institute to create and administer a national deaf and hard of hearing health survey, conducted annually, to assess the health status of this population and monitor changes as a result of intervention efforts.

*Noise-induced hearing loss*.—The Committee continues to be concerned by the number of Americans who suffer from noise-induced hearing loss. Thirty million Americans are exposed to dangerous levels of noise that can permanently impair their hearing. Ten million Americans have suffered irreversible noise-induced hearing loss. The Committee has been pleased by the Institute's efforts to tackle this preventable health problem. The Wise Ears campaign has the potential to make significant inroads towards educating Americans of all ages. The Committee urges the Institute to provide sufficient funds to expand this promising new initiative.

NATIONAL INSTITUTE OF NURSING RESEARCH

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| Appropriations, 2001 | $105,158,000 |
| Budget estimate, 2002 | 117,681,000 |
| Committee recommendation | 125,659,000 |

The Committee recommends an appropriation of $125,659,000 for the National Institute of Nursing Research [NINR]. This is $7,978,000 more than the budget request and $20,501,000 more than the fiscal year 2001 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission*.—The National Institute of Nursing Research [NINR] supports clinical and basic research on biological and behavioral aspects of critical national health problems. The Institute's programs have established a scientific basis for research that seeks to reduce the burden of acute and chronic illness and disability for individuals of all ages; improve the quality of life by preventing and delaying the onset of disease or slowing its progression; and establishing better approaches to promoting health and preventing disease. The NINR supports programs essential to improving clinical environments by testing interventions which influence patient health outcomes and reduce costs and demands for care.

*Cancer screenings*.—The Committee continues to be concerned about disparities in the incidence and prevalence of cancer among minorities. The Committee believes that the NINR is positioned well to address prevention strategies, particularly screening for minority populations. Therefore, the Committee urges increased promotion of regular cancer screenings and positive behavioral modifications that will help prevent cancers.

*Caregivers*.—Informal caregivers in the home need help as they administer to the needs of patients with chronic illnesses. One in four U.S. families is involved in caregiving. The Committee is troubled that caregivers themselves are at risk for poor physical and emotional health as they devote themselves to tending to others. The NINR is urged to devote greater attention to caregiver needs regarding improved strategies, skills, and support.

*Chronic conditions*.—The NINR is to be commended for its increased focus on chronic illnesses, which affect growing numbers of people in this country as patients live longer with severe but enduring diseases. The Committee urges the Institute to continue its emphasis on pain management and other conditions such as cachexia, which involves muscle wasting and weight loss.

*End-of-life care*.—The Committee is pleased with the NINR's efforts to stimulate research on palliative care. Research supported by the NINR and collaborative organizations is critical to addressing key issues such as how to manage pain and help patients and their families make difficult choices about treatment and care.

*Mentorship program*.—The Committee is greatly encouraged by the progress made by the NINR and the NIMH in implementing a technical assistance workshop on grant writing and navigating a research career trajectory in the area of behavioral change related to psychiatric populations—a program that will build the research capacity of our Nation's psychiatric mental health nurse researchers. The Committee urges the NINR and NIMH to implement a a mentorship program that will enable participants to develop formal grant proposals for ultimate submission to the Institutes.

*New research opportunities*.—The Committee encourages the Institute to take advantage of increased funding by supporting new research opportunities in several areas, including: research on health disparities in diseases such as diabetes and cardiovascular disease, self-management of chronic pain, end-of-life research to address weight loss, muscle wasting, fatigue, and caregiver issues. Most critical to enhancing research within the nursing profession is infrastructure development that increases the pool of nurse investigators, expands programs to develop partnerships between research-intensive environments and small colleges and universities, and promotes career development for minority researchers.

*Nurse researchers*.—The Committee is concerned about the effects of the nursing shortage on evidence-based practice. The NINR has the Committee's strong support for its emphasis on protecting and expanding the infrastructure of nursing research. Recruiting minority researchers and enhancing career development for all nurses interested in research is essential to addressing the Nation's pressing health issues. Expanding technological skills for the nursing discipline, through efforts such as the NINR's training program in genetics, is another laudable goal for the Institute.

*Nursing interventions for psychiatric populations*.—The Committee is concerned over the lack of resources for outcomes research focused on nursing interventions for psychiatric populations. The Committee urges the NINR and the NIMH to jointly sponsor a workshop with the psychiatric nursing community to identify areas of research and specific questions directed at interventions in psychiatric populations that directly correlate to enhanced patient care. This workshop would lead to a joint request for applications by the NINR and the NIMH.

*Volcanic emissions*.—The Committee continues to be very concerned about the public health aspects of volcanic emissions in Hawaii, and it urges the Institute to collaborate with the National Institute of Environmental Health Sciences to develop a multidisciplinary approach to this problem.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

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| Appropriations, 2001 | $340,537,000 |
| Budget estimate, 2002 | 381,951,000 |
| Committee recommendation | 390,761,000 |

The Committee recommends an appropriation of $390,761,000 for the National Institute on Alcohol Abuse and Alcoholism [NIAAA]. This is $8,810,000 more than the budget request and $50,224,000 more than the fiscal year 2001 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission*.—The NIAAA conducts biomedical and behavioral research for improving prevention and treatment and reducing or eliminating the associated health, economic, and social consequences of alcohol abuse and alcoholism. NIAAA provides leadership in the country's effort to combat these problems by developing new knowledge that will decrease the incidence and prevalence of alcohol abuse and alcoholism and associated morbidity and mortality. NIAAA addresses these questions through an integrated program of biomedical, behavioral, and epidemiologic research on alcoholism, alcohol abuse, and related problems. This broad-based program includes various areas of special emphasis such as medications development, fetal alcohol syndrome, genetics, and moderate drinking.

*Alaska native substance abuse*.—The Committee is aware of serious problems with alcohol and substance abuse in Alaska, especially among its Alaska native population, and of the need for translating research into clinical applications for this population. The Committee urges NIAAA to sponsor a Research to Practice Forum with the Substance Abuse and Mental Health Services Administration and the State of Alaska to focus on bridging the gap between researchers and practitioners and translating scientific research into clinical applications, and encourages NIAAA to support the implementation of any recommendations developed at the forum.

*Alcohol consumption and hepatitis C*.—It is well established that alcohol consumption in patients with hepatitis C increases the damage caused by the disease. Less well known is the mechanism by which this happens, as well as why alcohol inhibits the success of standard treatments for the disease. Both of these areas are im-

portant for dealing with this disease, and the Committee strongly encourages the Institute to pursue them both individually and collectively with other interested Institutes.

*Alcoholic liver disease*.—The Committee recognizes that alcoholic liver disease (ALD) is a major cause of morbidity and mortality in the United States today. Developing effective interventions for this disease is of paramount importance. The Committee is pleased that the Institute has begun to focus greater attention on this problem, and it encourages NIAAA to consider sponsoring additional research on treatment.

*Alcohol treatment services*.—Given the rapid growth of managed behavioral health care, the Committee is concerned that more needs to be known about how alcohol treatment services are delivered under managed care arrangements and the specific characteristics of behavioral health components of health insurance plans and managed care organizations. The Committee is supportive of the NIAAA Advisory Council's comprehensive plan for health services, particularly its recommendation to prioritize research to understand the effects of managed care on treatment services. The Committee acknowledges NIAAA's progress in implementing this recommendation and encourages the Institute to consider supporting additional research in this area.

*Behavioral research to identify high-risk youth*.—Studies show that people who begin drinking early in life have a dramatically higher risk of later becoming alcoholic than do those who begin later. Other studies show that personality characteristics that are evident as early as age 3 predict alcoholism in adulthood. Given these data, developing effective methods for identifying high-risk youth, as well as appropriate prevention strategies, is particularly important. The Committee urges NIAAA to expand efforts on this promising line of research.

*College drinking*.—The Committee continues its strong support of the NIAAA Advisory Council's Subcommittee on College Drinking and its efforts to create a unique dialogue among college presidents, administrators and alcohol researchers. The Committee appreciates the progress made by NIAAA in building community partnerships to help expand the research on college drinking and in developing research-based interventions for preventing the harm caused by misuse of alcohol. Further, the Committee understands that NIAAA will soon begin the first national, longitudinal survey to assess alcohol consumption and contributing characteristics of adolescents and college-age youth. The Committee encourages NIAAA to continue and expand these activities.

*Health disparities*.—The Committee encourages the NIAAA to place a priority on studying the disparities in risk of alcoholism and treatment availability and accessibility among various ethnic and racial groups. Additionally, the Committee urges the Institute to consider establishing a mentoring program with the specific objective of providing quality research training for all racial groups.

*Multidisciplinary approaches*.—The examination of alcohol misuse and alcohol use disorders must include the effective integration of multiple disciplines and strong interdisciplinary coordination. Thus, the Committee urges that sufficient funding be directed toward those endeavors which seek to apply multidisciplinary ap-

proaches to relevant questions of etiology, consequences and recovery. Specifically, the Committee urges support for efforts directed toward integrating animal and human data as well as the multiple sources of human data.

*Prevention and treatment of violence*.—The Committee is supportive of NIAAA's efforts to understand the relationships between alcohol use and violence. The Committee encourages NIAAA to consider supporting more research in this area, particularly to understand individual characteristics and environmental conditions, situations, and circumstances under which alcohol use and violent behavior are connected. The Committee also encourages the NIAAA to consider supporting additional research on the prevention and treatment of violence by persons with alcohol problems.

*Risk and resiliency*.—The Committee sees a critical need to identify adequate resources regarding risk and resiliency, including both genetic and psychosocial factors, and age-appropriate education and prevention materials which can be empirically evaluated.

*Technology advances*.—Advances in a range of technologies, such as genetic applications and brain imaging, may benefit the study of alcoholism. The Committee encourages the NIAAA to allocate adequate funding not only for the application of these technologies, but also for providing training to current and new investigators in these technologies.

NATIONAL INSTITUTE ON DRUG ABUSE

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| Appropriations, 2001 | $779,510,000 |
| Budget estimate, 2002 | 905,810,000 |
| Committee recommendation | 902,000,000 |

The Committee recommends an appropriation of $902,000,000 for the National Institute on Drug Abuse [NIDA]. This is $3,810,000 less than the budget request and $122,490,000 more than the fiscal year 2001 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission*.—Created in 1974, NIDA supports about 85 percent of the world's biomedical research in the area of drug abuse and addiction. The Committee commends NIDA for demonstrating through research that drug use is a preventable behavior and that addiction is a treatable disease. NIDA's basic research plays a fundamental role in furthering knowledge about the ways in which drugs act on the brain to produce dependence, and contributes to understanding how the brain works. In addition, NIDA research identifies the most effective pharmacological and behavioral drug abuse treatments. NIDA conducts research on the nature and extent of drug abuse in the United States and monitors drug abuse trends nationwide to provide information for planning both prevention and treatment services. An important component of NIDA's mission is also to study the outcomes, effectiveness, and cost benefits of drug abuse services delivered in a variety of settings.

*Behavioral sciences*.—The Committee understands that behavioral intervention is a critical, and sometimes only, component of drug addiction. The Committee continues to support NIDA's expansion of its behavioral science portfolio and views NIDA as a model

of how to approach its behavioral science and public health responsibilities.

*Children and adolescents*.—Recognizing the devastating impact of drug addiction on children and youth, the Committee commends NIDA's children and adolescent research initiative. The Committee urges NIDA to continue to support its research portfolio in areas of co-occurring mental disorders, developmental consequences, prenatal exposure, genetic vulnerability, and environmental risk factors. The Committee is especially pleased that NIDA is planning to launch a drug abuse prevention model to more systematically test prevention programs in a wide variety of diverse settings and populations.

*Clinical trials network*.—The Committee applauds NIDA's success in launching and expanding the new National Drug Abuse Treatment Clinical Trials Network, a much-needed infrastructure to test science-based drug addiction treatments in real-life community-based treatment settings. The Committee believes this is an extraordinary step forward in improving the quality of drug addiction treatment in this country, especially for minority populations and disadvantaged groups in both rural and urban settings. The Committee commends NIDA's leadership in forging strong partnerships with treatment researchers and community-based treatment providers to ensure that new treatments are tested and incorporated into ongoing drug treatment programs. The Committee encourages NIDA to continue to make this network, and research of new behavioral and pharmacological treatments, a top priority.

*Emerging drug problems*.—The Committee is pleased that NIDA has launched a new Club Drug Research and Dissemination Initiative. Given the emergence of club drugs, such as ecstasy, methamphetamine, GHB, and ketamine, the Committee is encouraged by NIDA's proactive efforts to curtail these emerging drug problems, and it urges NIDA to continue its efforts to develop an even broader array of effective new prevention and treatment approaches to focus on these emerging drug challenges.

*Genes and drug abuse*.—The Committee recognizes that treating drug abuse effectively requires understanding what makes individuals more or less vulnerable to addiction. The Committee urges further research in the Human Genome Project, which will provide the information and technology to identify genes that may play a role in addiction.

*International efforts*.—The Committee commends NIDA for expanding its international efforts to more globally address drug addiction and the health consequences such as HIV/AIDS that it brings in its wake. These international efforts will better equip the United States to effectively prevent and treat addiction and infectious diseases.

*Medications development*.—The Committee encourages NIDA to study the development of anti-addiction medications, clarify the neurological and behavioral benefits of the use of pharmacological agents, and develop an understanding of how best to use these medications.

*Methamphetamine*.—The Committee continues to be concerned about methamphetamine abuse across the nation. The problem is essentially acute in Iowa and other Midwestern states. The Com-

mittee again urges NIDA to expand its research on improved methods of prevention and treatment of methamphetamine abuse.

*National Drug Abuse Clinical Trials Network*.—The Committee commends NIDA's leadership in continuing to recognize the importance of behavioral and social science research, and it is especially pleased that this is reflected in the recent NIDA reorganization, which elevates behavioral research in both the Division of Neuroscience and Behavioral Research and the Division of Treatment Research and Development. The Committee believes NIDA could consider evaluating these promising behavioral treatments in clinical trials through its new National Drug Abuse Clinical Trials Network.

*Neuroscience*.—The Committee recognizes that basic neuroscience and behavioral research provides a foundation for NIDA's research portfolio. The Committee urges NIDA to continue its efforts to develop new areas of neuroscience research, including the role that genetics plays in vulnerability to addiction.

*Nicotine research*.—The Committee recognizes that the consequences of nicotine addiction are substantial to adults, children, and adolescents, and it commends NIDA's support of research yielding effective replacement therapies and behavioral interventions. The Committee encourages NIDA to continue to support research on the prevention and behavioral and pharmacological treatment of nicotine addiction. The Committee supports NIDA's ongoing research in the basic sciences, behavioral and medical treatments, genetic vulnerability, and epidemiology of nicotine use and abuse.

*Prescription drug abuse*.—Certain segments of the population, including adolescents, women, and the elderly, appear to be particularly vulnerable to the problem of prescription drug abuse. The Committee is particularly pleased that NIDA has taken a proactive leadership role in informing the public, health care professionals and others about the misuse and abuse of certain medications, particularly opiates. The Committee recognizes the importance of both behavioral and pharmacological interventions in treating prescription drug abuse and the critical role that primary care providers and mental health specialists play in identifying abuse and addiction.

*Prevention*.—As our Nation continues to look for effective and cost-effective ways to reduce drug abuse, the Committee is pleased to hear that NIDA will launch a new initiative to develop a National Drug Abuse Prevention Trials System. The system will test proven research-based efforts in a wide variety of populations and settings. The Committee recognizes that different racial and ethnic groups have different patterns of drug use and abuse. NIDA is encouraged to expand research aimed at developing effective, culturally specific drug abuse prevention strategies for minority populations who are at increased risk for drug abuse.

The Committee also applauds NIDA's efforts to launch a major new National Prevention Research Initiative. This initiative will establish the Prevention Research System, which is intended to ensure that communities across the country have effective ways to prevent drug abuse, particularly among adolescents.

*Stress*.—NIDA is to be commended for its work on determining the role that stress plays in drug abuse and relapse to addiction and for developing science-based approaches to help individuals cope with stress and drug craving. The recent terrorist attacks and the fact that Post-Traumatic Stress Disorder is a known risk factor for substance abuse and addiction warrants that NIDA expand its research in this important area.

*Transdisciplinary tobacco research centers*.—The use of tobacco products remains one of the Nation's deadliest addictions. The Committee strongly supports NIDA's continuing efforts to address this major public health problem through its comprehensive research portfolio. The Committee is pleased that NIDA has teamed with the National Cancer Institute and an outside foundation to establish the Transdisciplinary Tobacco Use Research Center (TTURC). This multifaceted approach should lead to an increased understanding of how nicotine acts in the brain and body, and to new strategies for treating nicotine addiction and preventing tobacco use, particularly by teens and younger children.

NATIONAL INSTITUTE OF MENTAL HEALTH

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| Appropriations, 2001 | $1,103,062,000 |
| Budget estimate, 2002 | 1,234,389,000 |
| Committee recommendation | 1,279,383,000 |

The Committee recommends an appropriation of $1,279,383,000 for the National Institute of Mental Health [NIMH]. This is $44,994,000 more than the budget request and $176,321,000 more than the fiscal year 2001 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission*.—The research programs of the Institute lead the Federal effort to identify the causes of—and the most effective treatments for—mental illnesses, which, according to a report recently issued by the Surgeon General of the United States, afflict more than one in five American adults. One result of the Federal research investment has been a growing awareness that undiagnosed and untreated mental illness, in all its forms and with all of its consequences, is as damaging as physical illness to the Nation's well-being.

*Aging*.—Studies show that elderly people are at greater risk of mental disorders and their complications than younger people; major life changes, such as the loss of friends and loved ones, and physical illnesses, which often co-occur with depression, are often contributing factors. The Committee is pleased that NIMH has renewed and strengthened its emphasis on mental disorders among the elderly, and it commends the increased resources being directed to this critical area. The Committee also 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.

*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. For example, the Institute is providing extensive support to scientists to investigate aspects of

depression, an important problem that affects both Alzheimer's patients and family caregivers. A clinical study already underway 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 assign a high priority to Alzheimer's research and to continue to collaborate with NIA and other institutes.

*Children's mental health*.—The Committee is aware that NIMH's National Advisory Mental Health Council established a Workgroup on Child and Adolescent Mental Health that is charged with charting a new, more rational course for the future of child and adolescent mental health research. The Committee supports this effort in light of the continuing evidence of high prevalence of mental illnesses in children and adolescents, and the difficulty many children encounter in accessing effective treatments, preventive strategies, and services. The Committee endorses the further direction of targeted research programs specifically for children and adolescents.

*Clinical trials*.—The Committee commends NIMH on its launch of four large clinical trials to investigate real-world effectiveness of mental health research. The Committee recognizes the efforts of NIMH to study treatments in everyday settings by enrolling a representative sample of typical clinic patients who may have co-occurring diseases and come from diverse backgrounds. The Committee urges a balanced approach in this endeavor, integrating clinical approaches to disease and intervention efforts that address social and behavioral determinants of disease.

*Emergency medical services*.—The Committee commends the work supported by NIMH on mental health issues related to emergency medical services for children through the University of Tennessee, and also the collaboration of NIMH with HRSA in funding the National Congress on EMSC in 1998. The Committee encourages NIMH to enhance its support of EMSC–related projects and to continue to work with HRSA in educational programs on EMSC such as national conferences.

*Extramural aging research*.—The Committee is concerned that, despite substantial funding increases for NIMH in recent years, the Institute's sponsorship of extramural research on the mental health of the elderly has not kept pace with its funding of research for other populations. The Committee strongly encourages NIMH to devote additional resources to extramural aging research and urges the Director of NIMH to designate an individual within the Office of the Director to oversee the Institute's aging research agenda and initiatives. The Committee also encourages the Director to ensure that reviewers of research proposals include members with specialized expertise in geriatrics.

*Families and School Together Track program*.—The Committee commends NIMH for building science-based programs, such as the Families and School Together (FAST) Track program, designed to improve school-based mental health delivery systems. The Committee encourages NIMH to continue to support research on multi-year, multi-component interventions at the family, school, and community levels. The Committee also urges NIMH to further develop research on early interventions in children, with a particular em-

phasis on problems of mood, anxiety and conduct, taking into account informational deficits, attitudinal factors, and cultural barriers that inhibit use of these services.

*Fragile X.*—Fragile X is the most common single-gene neuropsychiatric disease known, affecting 1 in 2,000 males and 1 in 4,000 females with cognitive impairment and mental disorders such as obsessive-compulsive disorder and extreme anxiety. The Committee urges NIMH to conduct research on the neurobiological basis of fragile X, including studies on specific neural circuits and molecules. The Committee encourage NIMH to use its unique expertise to characterize the mental health symptoms of fragile X and to investigate effective treatments and promising new psychopharmacologic interventions that target those symptoms. The Committee also urges NIMH to include fragile X in its studies of related neuropsychiatric disorders and to work with other Institutes such as NICHD and NINDS to develop cooperative research support mechanisms in this area.

*Frontier mental health needs.*—The Committee is pleased that NIMH continued its series of conferences on the mental health needs of remote rural and frontier communities with a "Mental Health at the Frontier" conference in Alaska in August 1999 and commends NIMH on its outreach efforts to determine the differences in mental health needs which may exist in remote frontier communities. The Committee encourages NIMH to expand its research efforts into these communities, which are often ignored in research projects, but which continue to suffer from high incidences of mental health problems including depression, suicide and co-occurring disorders with substance abuse.

*Health disparities.*—The Committee commends NIMH's efforts to investigate the causes for the disproportionate impact of mental disorders on racial and ethnic minority groups, as well as methods of addressing and alleviating these health disparities. The Committee is concerned that within and among minority populations of Hawaii, access to health services and treatment is uneven and at times nonexistent, and that prevention of illness, recovery and treatment have often been poorer in minority populations. The Committee strongly supports NIMH's strategic plan to address problems and develop solutions in the area of health disparities, and particularly supports the following strategic goals: to achieve a more ethnic and racially diverse pool of mental health investigators; to ensure inclusion of minority groups in clinical trials funded by NIMH; to obtain an accurate measurement of the extent of mental health disparities; and to use basic behavioral science to determine cultural differences in stress, coping and resilience. The Committee also notes that NIMH has established a Workgroup on Initiatives on Racial/Ethnic Diversity in Training and Health Disparities Research. The Committee endorses such efforts to increase racial/ethnic diversity among research scientists as a means to reduce the severe disparities that exist in the burden that mental illnesses place on minority groups.

*HIV/AIDS prevention for individuals at high risk.*—The Committee commends NIMH for developing research knowledge essential for understanding and preventing HIV transmission, particularly among people at high risk for infection (such as the mentally

ill, women of color, youth, and rural populations) where the epidemic is spreading most rapidly. NIMH should continue to support studies seeking to develop more effective ways to prevent infections and strategies to deliver cost-effective services.

*Joint workshop between NINR and NIMH*.—The Committee is concerned regarding the lack of resources for outcomes research focused on nursing interventions for psychiatric populations. The Committee urges the NINR and the NIMH to jointly sponsor a workshop with the psychiatric nursing community to identify areas of research and specific questions directed at interventions in psychiatric populations that directly correlate to enhanced patient care.

*Learning disabilities in infants and children*.—The Committee commends NIMH for the work conducted to explore the neurological and behavioral aspects of learning disabilities. The Committee encourages the Institute to continue to coordinate with other Institutes to work on related activities.

*Native Hawaiian center of excellence*.—The Committee remains very supportive of NIMH's efforts to develop a cadre of native Hawaiian mental health researchers. Native Hawaiians have historically experienced a disproportionate incidence of various mental health problems, including depression. In order to effectively address these issues in the long run, NIMH should consider establishing a native Hawaiian center of excellence in mental health.

*New neuroscience center*.—The NIMH, the NINDS, and other Institutes have begun to design the John Edward Porter National Neuroscience Research Center (NNRC), which will house outstanding trans-NIH research programs. Intramural neuroscience researchers from nine Institutes will perform cutting-edge projects and form better collaborations due to proximity in the same facility. This is critically important to increasing the effectiveness, efficiency and pace of progress in overall neuroscience being conducted at the NIH. The Committee hopes that by fostering interaction among scientists in different organizational settings, and among diverse disciplines, the NNRC will serve to break down artificial barriers that can keep scientists who are studying complementary areas of science from communicating and collaborating. Additionally, this will hasten the translation of new knowledge into clinical applications.

*Review of mood disorders research*.—NIMH recently conducted a major review of its research portfolio on mood disorders, such as major depression and bipolar disorder. To do this, NIMH brought together almost 100 of the country's leading researchers in this area to evaluate the state of the field of research and to make recommendations for future directions for research. Participants were also asked to offer their views and ideas for shaping the Institute's research agenda, as well as informing educational and communication efforts for improving health care. The Committee looks forward to hearing more from NIMH about how this process is succeeding, and how it has influenced the conduct of research in this area.

*Social work research*.—The Committee commends NIMH for its continued recognition of the importance of social work research in the delivery of disease prevention and treatment services. The

Committee urges NIH to explore ways to further involve social workers in research efforts and to report back to Congress on the involvement of social work in promoting effective prevention and treatment outcomes throughout all NIH Institutes and programs. The Committee continues to support the NIMH's efforts to expand the number of social work research development centers in light of the important work the centers do to inform the delivery of mental health services by social workers and other providers.

*Suicide risk and protective factors*.—The Committee urges that NIMH and the CDC continue their collaboration to develop and implement a consensus agenda of key questions on suicide risk and protective factors. The NIMH should consider supporting additional research on protective factors to better understand phenomena such as why African-American women have among the lowest suicide rates but have mental disorders at rates comparable to those experienced by white women. The Committee requests that the NIMH and the CDC submit an updated consensus agenda on key research questions on suicide to the Committee along with the administration's fiscal year 2003 budget proposal.

*Tourette syndrome*.—The Committee recognizes that public misunderstanding of the neurobiological disorder Tourette syndrome frequently results in ridicule, denied learning accommodations and lost employment opportunities for children and adults who have this disorder. The Committee is concerned that lack of knowledge about and treatment for this disorder may be particularly onerous in traditionally under-served communities. The Committee is pleased that NIH has initiated research into the genetic basis of this little-known disorder. Consistent with the Children's health Act of 2000, the NIMH is urged to develop a public education program that would reach parents, educators, pediatricians, family physicians, and other health care workers.

*Translational behavioral research*.—The Committee strongly supports NIMH's efforts to investigate methods of building on the Institute's portfolio of basic behavioral science in order to address major public health issues including mental health disorders. The Committee strongly supports translational research in the behavioral and social sciences in order to inform the diagnosis, treatment and delivery of services for mental illness, particularly for young people. The Committee commends NIMH for convening conferences bringing together experts in basic behavioral research, clinical research and services research, and others, to share information and identify specific areas of promise for translational research in addressing public health problems. The Committee also promotes the establishment of translational behavioral research as a priority funding area for NIMH.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

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| Appropriations, 2001 | $381,101,000 |
| Budget estimate, 2002 | 425,674,000 |
| Committee recommendation | 440,448,000 |

The Committee recommendation includes $440,448,000 for the National Human Genome Research Institute [NHGRI]. This is $14,774,000 more than the budget request and $59,347,000 more than the fiscal year 2001 appropriation. The comparable amounts

for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission*.—The NHGRI has the responsibility at the National Institutes of Health for providing leadership and support for the Human Genome Project and for conducting a vigorous research program aimed at understanding and treating both simple and complex genetic disorders.

The Human Genome Project (HGP) is an international collaboration to characterize the complete set of genetic instructions encoded in the estimated 3.1 billion base pairs of DNA. Begun in October 1990, the HGP is funded in the United States by the NHGRI and the Department of Energy (DOE). International partners include the United Kingdom, France, Germany, Japan, and China. A major goal of the Human Genome Project is to read each of the 3.1 billion bases, or letters, in the human genetic instruction book. The rapid availability of sequence, deposited every 24 hours into a publicly available database, is providing valuable information to the research community.

Human DNA sequencing is not the only goal of the Project. The new 5-year Human Genome Project Research Plan, published in Science magazine in October 1998, includes another seven ambitious goals. These goals are guiding the development of a new and more diverse set of genomic research tools for researchers in both the public and private sectors in order to advance our understanding and treatment of human disease. These tools include: (1) optimization of current sequencing technologies and development of novel strategies; (2) a catalog of common variations, or single-nucleotide polymorphisms (SNPs), in the human DNA sequence; (3) new technologies and strategies for studying the function of genes and genomes; (4) completion of the DNA mapping and sequence of additional model organisms, including the fruit fly and mouse; (5) new approaches to addressing the ethical, legal, and social implications (ELSI) of research; (6) development of improved databases and analytical tools in bioinformatics and computational biology; and (7) training programs in scientific and ELSI aspects of genomic and genetic sciences.

Using the information and tools produced by the Human Genome Project, scientists in the Institute's intramural research program are developing techniques to study the fundamental mechanisms of genetic disorders and genetic factors involved in disease risks. These cutting-edge approaches are yielding new knowledge about human genetic diseases and their diagnosis, prevention and treatment.

*Clearinghouse for rare and genetic disorders*.—Approximately 6,000 of the 7,000 genetic disorders are rare disorders. Unfortunately, there is no centralized clearinghouse that can provide information to health professionals and the public about such disorders. In previous years, the Committee has encouraged the NHGRI, in collaboration with the Office of Rare Diseases (ORD), to create an information center to disseminate information, knowledge, and understanding of rare and genetic disorders. The Committee is pleased to learn that the NHGRI and the ORD plan to establish such a center this fiscal year.

*Epilepsy*.—The Committee encourages the Institute to intensify its efforts to identify epilepsy genes for the more than 40 different types of epilepsy, and to assist the NINDS in the search for a genetic fingerprint diagnostic test aimed at improving drug therapy for epilepsy. The Committee suggests that the Institute coordinate efforts with the NINDS to create a national consortium to identify new epilepsy susceptibility genes through a large-scale genotype:phenotype screen. The Committee urges the Institute to make research in epilepsy a priority and to coordinate research efforts with other Institutes through the Interagency Epilepsy Coordinating Committee comprised of agency scientists and industry and patient representatives.

*Human Genome Project*.—The Committee commends the international Human Genome Project, led by the NHGRI, for sequencing 95 percent of the 3.1 billion bases of the human genome years ahead of schedule. This was a remarkable achievement that could not have occurred without Federal support. At the same time, the Committee recognizes that substantial effort will be required to produce the final, highly accurate sequence by 2003. The Committee encourages NHGRI 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 the NHGRI has made it a policy to provide the sequence information immediately and freely to the world via the World Wide Web, with no restrictions on its use or redistribution. The information is scanned daily by scientists in academia and industry, as well as by commercial database companies, providing key information services to biotechnologists. Already, tens of thousands of genes have been identified from the genome sequence, including more than 30 in just the last 2 years that play a direct role in human disease. The Committee encourages the NIH to continue this policy of free and unfettered access to genomic data.

The Committee also commends the NHGRI for its leadership in research and policy development related to the ethical, legal and social implications of the Human Genome Project. The early commitment to devote 5 percent of the Institute's research budget to study the ethical, legal, and social implications of genome research has generated important information and recommendations regarding research and public policy. The Committee is particularly pleased with the Institute's attention to protecting the genetic information of individuals from misuse in health insurance and employment and its development of policy recommendations in both areas. The Committee supports and encourages the NHGRI's ongoing efforts to examine the privacy and fair use of genetic information in these settings and the many other important issues related to human genetics research and its consequences, including: the appropriate use of genetic tests; the protection of human subjects who participate in genetic research; the development of policies to guide research into genetic variation; and the attention to complex social issues, such as how genetics informs concepts of race and ethnicity.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

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| Appropriations, 2001 | $68,823,000 |
| Budget estimate, 2002 | 115,425,000 |
| Committee recommendation | 140,000,000 |

The Committee recommends an appropriation of $140,000,000 for the National Institute of Biomedical Imaging and Bioengineering [NIBIB]. This is $24,575,000 more than the budget request and $71,177,000 more than the fiscal year 2001 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission*.—The NIBIB improves health by promoting fundamental discoveries, design and development, and translation and assessment of technological capabilities in biomedical imaging and bioengineering, enabled by relevant areas of information science, physics, chemistry, mathematics, materials science, and computer sciences. The Institute plans, conducts, fosters, and supports an integrated and coordinated program of research and research training that can be applied to a broad spectrum of biological processes, disorders and diseases and across organ systems. The Institute coordinates with the biomedical imaging and bioengineering programs of other agencies and NIH Institutes to support imaging and engineering research with potential medical applications and facilitates the transfer of such technologies to medical applications.

The Committee recognizes the contribution bioengineering brings to medicine. Bioengineering improves the quality of life through its contribution to advances in science and technology related to health. The Committee understands that this newly created Institute must have adequate resources to begin its important task of high-quality research.

*Imaging technologies*.—The Committee encourages this new Institute to devote significant resources to molecular imaging technologies such as positron emission tomography (PET) and microPET to take advantage of the capacities of molecular imaging to detect disease process at the molecular level and to monitor the effectiveness of targeted gene therapies now under development. The Committee also encourages the new Institute to develop its research agenda in close collaboration with other, disease-specific Institutes at NIH, so that new imaging technologies are closely tied to the research projects being undertaken by the various other Institutes of NIH.

*Joint replacement wear*.—Average life expectancy has at least doubled over the past century, presenting new challenges in our efforts to reduce disability. For example, an estimated 500,000 joint replacements are performed in the United States each year, many of which fail and require additional surgery. Because the patients are typically elderly and frail, the failed implant is often difficult to remove. The required surgery is much more complex, dangerous, and expensive than the original procedure, and the failure rate is several times greater. It is widely recognized that the majority of failures of artificial joints are caused by wear of the weight-bearing surfaces. In light of demographic projections of a rapid increase in the elderly population, the Committee expects the Institute to assign a high priority to research identifying the causes of wear in

prosthetic joints as well as to finding solutions to the problem, such as new materials.

*Non-destructive evaluation.*—The Committee is encouraged by the possible use of non-destructive evaluation research for the improvement of diagnostic capabilities in medicine. It also recognizes that the initial parts of many clinical studies will proceed more quickly on living animals. Research on developing quantitative measurement techniques in the areas of radiography, CT, ultrasound and magnetic resonance, and others should be investigated, with experiments on animals being a vehicle for early clinical studies.

*Temporomandibular joint disorders (TMJ).*—The Committee is aware that the research portfolio on temporomandibular diseases and disorders has extensively studied psychological and behavioral factors in the etiology or chronicity of TMJ diseases and disorders. The Committee urges the Institute to broaden its scientific base for TMJ research by putting greater emphasis on basic and clinical research on normal and abnormal structural and functional features of the joint and related structures, using the tools of cell and molecular biology as well as advanced imaging techniques.

NATIONAL CENTER FOR RESEARCH RESOURCES

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| Appropriations, 2001 | $811,237,000 |
| Budget estimate, 2002 | 967,025,000 |
| Committee recommendation | 1,014,044,000 |

The Committee recommends an appropriation of $1,014,044,000 for the National Center for Research Resources [NCRR]. This is $47,019,000 more than the budget request and $202,807,000 more than the fiscal year 2001 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

*Crystallography.*—The Committee is aware of the important role that X-ray diffractometers and crystallography laboratories play in allowing researchers to study the interaction between possible drugs and receptor proteins. The Committee encourages NCRR to consider supporting these systems, which could benefit the development of new cancer treatments.

*Extramural construction.*—The Committee has included bill language identifying $125,000,000 for extramural biomedical facility renovation and construction. This is an increase of $50,000,000 over the fiscal year 2001 appropriation. 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.

*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, the NCRR supports about 80 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 concern regarding the inadequate funding provided to the GCRCs. Last year, the Congress recognized the need to expand the GCRCs by authorizing them in law as part of the Clinical Research Enhancement Act. To achieve this goal and ensure that the GCRCs are equipped to support clinical research aimed at preventing and curing disease, the Committee has provided $275,000,000 for the GCRC program as authorized by Section 481C of the Public Health Act. This increase should be used to address the funding shortfall of recent years; upgrade GCRC facilities with the sophisticated technologies needed to apply information from the mapping of the human genome to the pursuit of cures for diseases with a genetic component; expand staffing as recently mandated by NCRR to ensure patient safety and maximum compliance with new regulatory requirements; and support local GCRC pilot projects as approved by the NCRR Advisory Council in May of last year.

*Human tissue supply*.—The Committee continues to be very interested in matching the increased needs of researchers, particularly NIH grantees, as well as intramural and university-based researchers, who rely upon human tissues and organs to study human diseases and to search for cures. The Committee is aware that the leader in this competitive field, the National Disease Research Interchange [NDRI], is uniquely positioned to serve NIH grantees, as well as the intramural and university-based researchers who are finding it increasingly difficult to obtain this valuable and effective alternative research resource. More than 400 peer-reviewed research advances made by NDRI–dependent researchers have been published during the past 3 years contributing to the research community's fund of knowledge. The Committee is greatly encouraged by NDRI's role in these research advances and applauds the Director's initial efforts to expand support for NDRI by bringing NEI, NIDDK, NIAID, and the Office of Rare Diseases into the multi-institute initiative. While this is promising, more needs to be done to match the expanding and unmet demand for the use of human tissue in research. The Committee, therefore, expects the Director to advise the Director of NCRR to substantially increase its core support for NDRI, and to continue to encourage the Institute Directors NIH-wide to identify and implement program-specific initiatives to expand support for NDRI. The NIH should submit a written progress report to the Committee no later than April 1, 2002, outlining its plan and action steps to accomplish these goals in fiscal year 2002.

*IDeA grants*.—The Committee has provided $200,000,000 for the Institutional Development Award [IDeA] Program authorized by section 402(g) of the Public Health Service Act. This is a $100,000,000 increase over fiscal year 2001.

The Committee urges the NCRR to continue the successful Centers of Biomedical Research Excellence program, as well as the Bio-

medical Research Infrastructure Network program. The focus of IDeA should continue to be on improving the necessary infrastructure and strengthening the biomedical research capacity and capability of research institutions within the IDeA States.

*Imaging technology*.—The Committee continues to urge NCRR to support research resource centers for the development and refinement of positron emission tomography (PET) as a unique imaging technology to diagnose and stage diseases of the brain, including Alzheimer's disease.

*Science Education Partnership Awards*.—The Committee applauds NCRR's demonstrated commitment to the Science Education Partnership Awards (SEPA) program and the full participation of the Nation's science centers and museums in enhancing public awareness of health related research. The Committee expects that a portion of NCRR's overall increase will be used for a new competition of SEPA grants.

NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE [CCAM]

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| Appropriations, 2001 | $89,121,000 |
| Budget estimate, 2002 | 100,059,000 |
| Committee recommendation | 110,000,000 |

The Committee has included $110,000,000 for the National Center for Complementary and Alternative Medicine, an increase of $9,941,000 above the budget request and $20,879,000 over the fiscal year 2001 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

The Committee strongly supports the work of the National Center for Complementary and Alternative Medicine. The Center is charged with ensuring that complementary and alternative therapies be rigorously reviewed to provide consumers with reliable information.

The Committee expects that funding for existing and new Centers supported by NCCAM will be maintained and directs the Center to undertake field investigations and a program for the collection and evaluation of outcome data on promising alternative therapies. The Committee expects NCCAM to expand its support of CDC's field investigations program and of AHRQ literature reviews and data-analysis efforts. The Committee also expects the Center to allocate sufficient funds to develop and disseminate a comprehensive set of fact sheets on CAM therapies to inform the public and health professionals of the state of scientific knowledge about these therapies.

The Committee also expects the Center to transfer sufficient funds to the White House for the operations of the White House Commission on Complementary and Alternative Medicine Policy if funds provided in previous years prove insufficient.

*Plant-based medicinal products*.—The Committee supports the need to accelerate the development and commercialization of plant-based medicinal products, and encourages the NCCAM to consider collaborating with plant scientists and companies in Hawaii to responsibly use that State's unprecedented biodiversity in developing new, health-enhancing products.

*Traditional and indigenous medicine*.—The Committee is aware that knowledge of traditional and folk medicine is rapidly disappearing from areas such as the Appalachian region of the eastern United States, and it encourages NCCAM to fund studies that preserve indigenous knowledge of the uses of medicinal plants and investigate possible scientific bases for their efficacy. The Committee further recognizes that the moderated harvest of wild medicinal plants is important to their availability for future use and recommends that funding preference be afforded to those studies that incorporate a holistic approach of scientific investigation and resource management.

NATIONAL CENTER ON MINORITY HEALTH AND HEALTH DISPARITIES

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| Appropriations, 2001 | $132,044,000 |
| Budget estimate, 2002 | 158,421,000 |
| Committee recommendation | 158,421,000 |

The Committee has included $158,421,000 for the National Center on Minority Health and Health Disparities, the same as the budget request and $26,377,000 over the fiscal year 2001 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission*.—The NCMHD advises the NIH Director and Institute and Center (IC) directors on the development of NIH-wide policy issues related to minority health disparities research, research on other health disparities, and related research training. Among other activities, the NCMHD develops, in consultation with the NIH Director, IC directors, and the advisory council, a comprehensive strategic plan that identifies and establishes objectives, priorities, budgets, and policy statements governing the conduct and support of all NIH minority health disparities research, research on other health disparities, and related research training activities. It also administers funds for the support of minority health disparities research and other health disparities research, by awarding grants and leveraging the programs of the ICs.

*Glomerular injury*.—The Committee understands that glomerular injury, a group of diseases that affect 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 conduct and support research activities related to glomerular injury.

*Osteoporosis*.—The Committee urges the Center to support research that furthers the understanding of the risk factors, causes and consequences of osteoporosis among African-American, Hispanic, Asian-American and Native American women and men. Furthermore, the Center is encouraged to undertake epidemiological studies to establish the prevalence of osteoporosis among these populations and to determine whether FDA-approved drug therapies are as efficacious among these populations as in white postmenopausal women and men.

JOHN E. FOGARTY INTERNATIONAL CENTER FOR ADVANCED STUDY IN THE HEALTH SCIENCES

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| Appropriations, 2001 | $50,472,000 |
| Budget estimate, 2002 | 56,446,000 |
| Committee recommendation | 57,874,000 |

The Committee recommends an appropriation of $57,874,000 for the Fogarty International Center [FIC]. This is $1,428,000 more than the budget request and $7,402,000 more than the fiscal year 2001 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission*.—Adapting research advances in biomedicine to populations at home and abroad requires a continuing commitment to basic science as well as rigorous clinical and applied (epidemiological) studies. Examples are vaccines, anti-infective agents, drugs, and more efficient diagnostic tools, combinations of interventions, and health policies to reduce the risk of disease and its associated human, social and economic consequences. These challenges will benefit from a more coordinated and multi-disciplinary approach to global health needs. It is the mission of the FIC to address these challenges by forging collaborations with a range of domestic and global partners in international research and training to pursue three core objectives: first, to accelerate the pace of discovery and its application by special projects enabling scientists worldwide to share conceptual insights, analytic methods, data sets, patient cohorts, or special environments; second, to engage and assist young as well as more established U.S. investigators to address scientific challenges related to global health; and third, to help develop a cadre of highly capable young foreign investigators positioned to cooperate with U.S. scientists in areas of the world that, due to geography, genetics, or disease burdens, provide unique opportunities to understand disease pathogenesis, anticipate disease trends, or develop interventions of relevance and priority for both the U.S. and the collaborating country.

*Global tuberculosis threat*.—The Committee recognizes the growing importance of international research and surveillance programs with respect to infectious diseases such as tuberculosis (TB). The Committee is pleased by the Center's research collaboration with international organizations and governments on multi-drug-resistant TB, and it encourages the Center to continue these important studies. The Committee is aware that FIC offers TB supplemental training grants to recipients of the AIDS International Training and Research Program (AITRP) or the International Training and Research Program in Emerging Infectious Diseases (ERID). The Committee encourages FIC to develop a specific free-standing TB training program.

NATIONAL LIBRARY OF MEDICINE

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| Appropriations, 2001 | $245,338,000 |
| Budget estimate, 2002 | 274,633,000 |
| Committee recommendation | 281,584,000 |

The Committee recommends an appropriation of $281,584,000 for the National Library of Medicine [NLM]. This is $6,951,000 more

than the budget request and $36,246,000 more than the fiscal year 2001 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission*.—The National Library of Medicine is the Federal institution that for more than 150 years has collected, organized, preserved, and disseminated the world's output of biomedical literature in all forms. As a result of this activity NLM is the world's largest library of the health sciences, its holdings numbering more than 5 million items. The NLM has pioneered innovative methods to disseminate bibliographic information. Basic to the mission of the NLM is a wide-ranging research program to improve how medical information is communicated. This responsibility is aided by a grants program and by specialized services in toxicology, environmental health, and biotechnology.

*Bioethical issues*.—Since 1985, the NLM has undertaken important work in support of information retrieval in bioethics and has established an effective and cooperative relationship with the National Reference Center for Bioethics Literature at the Georgetown University-based Kennedy Institute of Ethics. 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 is particulary aware of the importance of the work begun through this partnership. The Committee encourages the NLM and the Kennedy Institute of Ethics to maintain and build upon this important work.

*Facility expansion*.—The Committee is pleased to actively support the allocation of the needed funds to complete the full design of the NLM facilities expansion. It hopes the design will be completed expeditiously so that the burgeoning programs of the National Center for Biotechnology Information and the growing limits of available space for the world's greatest medical collection can be satisfied through new facility construction.

*Home medical consultations*.—The Committee expects NLM to provide sufficient funds for a demonstration to test the use of state-of-the-art telemedicine technology for home medical consultations. This innovative approach holds great promise for improving the care and lowering health care costs for home-bound individuals who require frequent monitoring.

*Outreach*.—The Committee continues to note the success of NLM's MEDLINE and MEDLINEplus databases. The Committee encourages NLM to continue its outreach activities aimed at educating health care professionals and the general public about the Library's products and services, in coordination with medical librarians and other health information specialists. The Committee continues to be concerned about challenges related to access to health information in the rural and other medically underserved areas, and it particularly supports NLM's efforts to address this through its Internet Connection Grant program.

*PubMed Central*.—The Committee commends NLM for its leadership in developing PubMed Central, an electronic online repository for life sciences articles. PubMed Central holds great promise for increasing access to health care literature by health professionals,

students, educators, researchers and the general public. The Committee encourages NLM to work with the medical library community regarding issues related to copyright, fair use, peer-review and classification of information on PubMed Central.

*Senior citizen outreach*.—The Committee again notes that senior citizens would benefit greatly from expanded access to NLM's databases, and it therefore expects NIH to provide sufficient funds for a demonstration of a different means to that end, such as including Internet access at senior centers and congregate meal sites. The Committee expects to be briefed on NLM's progress in this area.

OFFICE OF THE DIRECTOR

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| Appropriations, 2001 | $188,346,000 |
| Budget estimate, 2002 | 232,929,000 |
| Committee recommendation | 236,408,000 |

The Committee recommends an appropriation of $236,408,000 for the Office of the Director [OD]. This is $3,479,000 more than the budget request and $48,062,000 more than the fiscal year 2001 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

The Committee directs the Director of NIH to make a written request to the chairman of the Committee prior to any reprogramming of $1,000,000 or more, between programs, projects, activities, institutes, divisions and centers. The Committee desires to have the requests for reprogramming actions which involve less than the above-mentioned amounts if such actions would have the effect of changing funding requirements in future years, if programs or projects specifically cited in the Committee's reports are affected, or if the action can be considered to be the initiation of a new program.

*Aphasia*.—It has come to the Committee's attention that the scientific knowledge of this common and devastating acquired speech and language disorder has gone virtually unchanged for decades. The Committee, therefore, urges the appropriate Institutes and Centers to expand and better coordinate their support of research into the cause, incidence, treatment and prevention of aphasia. Furthermore, the Committee urges the Director to initiate a trans-NIH aphasia research planning and coordinating function, charged initially with developing an aggressive Aphasia Research Agenda that involves a comprehensive state-of-the-science review and a delineation of those areas with the most potential for yielding significant advances in near-term treatments and rehabilitation methodology.

*Asian Indians*.—The Committee recognizes that Asian Indians worldwide have one of the highest rates of coronary artery disease (CAD) and diabetes mellitus (DM) of any community around the

world, ranging from 2 to 10 times higher in any given age range. The Committee understands that while there are data in other countries regarding the prevalence of and risk factors for CAD and DM of Asian Indians, there is a lack of such data in the U.S. The Committee recommends that the Director gather and analyze data from Indian-American communities to study the prevalence of DM and CAD within this population, and to create a registry for a longitudinal study to gain insight into effective intervention strategies.

*Asthma and allergic diseases*.—Given the widespread incidence of asthma and allergies and their high economic toll on society, the Committee urges the NIH to consider a cooperative effort by the appropriate Institutes and Centers, including the NHLBI and NIAID, to encourage and promote increased research in these areas.

*Autism*.—The Committee urges the Director, in coordination with NIAID, NIDCD, NIEHS, NIMH, and NINDS, to continue to fund and aggressively encourage researchers to engage in research related to the potential causes, treatments, prevention, and cure of autism spectrum disorders. In particular, the Committee wishes to see the meaningful implementation of the new Centers of Excellence in Autism Research, mandated in the Children's Health Act of 2000. To that end, the Committee urges the Director to allocate sufficient resources to advance the scientific and research agenda related to autism spectrum disorders.

*Autoimmune diseases*.—Autoimmunity is at the root of a family of over 80 genetically and clinically interrelated major diseases affecting some 50 million Americans. The Committee encourages NIH and its Autoimmune Disease Coordinating Committee to expand research aimed at improving awareness, diagnosis and treatment for the entire family of autoimmune diseases. Interrelated disease research will accelerate the application of important findings among the many medical specialties dealing with autoimmune diseases. The Committee encourages NIH to study the overlapping genetics of autoimmune diseases in order to improve diagnostic procedures and effective treatments.

*Behavioral science*.—There is growing public awareness of the behavioral underpinnings of disease. Heart disease, lung cancer, liver disease, AIDS, suicide, developmental disabilities, and many neurological and cognitive disorders in some cases can be attributed directly or indirectly to unhealthy behavior. The Committee urges NIH to incorporate behavioral research as part of its core public health mission. The Committee also urges the NIH to provide a detailed description of its ongoing work in the behavioral sciences, including a breakdown by Institute, and funds within each Institute of research and training activities included in NIH's behavioral and social science portfolio.

*Biotechnology*.—Over the last decade, there has been an enormous growth in development of products from biotechnology. With the nearing completion of the Human Genome Project and the development of many new biological techniques, there are still a large number of untapped areas of research that may produce cures for many debilitating diseases. The Committee encourages the Director to explore new projects that link government, academia and indus-

try, and involve public-private partnerships across traditionally separated disciplines including genetics, nano-technology, material sciences, physics, biology and chemistry.

*Child abuse and neglect*.—The Committee recognizes the significance of child abuse and neglect as a serious public health problem claiming an estimated 826,000 victims in 1999, according to the most recent data reported by the Department of Health and Human Services. In 1996, the Committee called upon NIH to develop a research agenda designed to address the problems and gaps that currently exist in the State of research in child abuse and neglect. The Committee encourages NIH to proceed at a high level of attention with addressing the research agenda with which it began in examining the National Research Council report entitled Understanding Child Abuse and Neglect, and requests that the working group be prepared to report on current NIH research efforts in this area, the accomplishments of that research, and on plans for future coordination efforts at NIH at the fiscal year 2003 hearings.

*Childhood birth defects and developmental disorders*.—The Committee recognizes the importance of helping children suffering from birth defects and developmental disorders. Thousands of children each year suffer from birth defects and developmental disorders including cleft lip, cleft palate, missing limbs and other facial deformities from hemangiomas, hemifacial microsomia, microtia, aural atresia, and craniosynostosis. The Committee, therefore, urges the appropriate Institutes and Centers to expand and better coordinate their support of research into the causes, incidence, treatment and prevention of these and other children's congenital or developmental conditions and to develop a comprehensive action plan targeting these conditions.

*Chronic fatigue syndrome (CFS)*.—Despite the Committee's supportive report language for CFS research and generous funding increases to NIH overall, CFS funding has not increased. The Committee is pleased by NIH's efforts toward elevating the prominence of CFS, such as moving the CFS program to the Office of the Director, revitalizing the internal NIH CFS Working Group, and holding two "State of the Science" conferences on CFS. In fiscal year 2001, the NIH developed a program announcement to solicit applications in the priority areas identified by the 2000 CFS State of the Science meetings, and its next priority task will be to work on building a multifaceted intramural research project.

*Clinical research loan repayment*.—The Committee is concerned about the declining numbers of physician-scientists pursuing careers in clinical research. In 1994, the Institute of Medicine recommended the creation of an NIH extramural loan repayment program. Last year, the Congress authorized the program in the Clinical Research Enhancement Act. The Committee believes that this program is critically important and that tuition loan repayment should be made available to the largest possible number of 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.

*Collaboration with the CDC*.—The Committee urges the Office of Behavioral and Social Sciences Research (OBSSR) to develop a

working group or groups in collaboration with the Centers for Disease Control in order to speed translation of behavioral research to practice. The Committee recognizes that without dedicated resources it is difficult for staff in different agencies to collaborate as closely as may be needed. NIH is urged to use its increased funding to intensify collaboration, as well as facilitate communication and the transfer of information.

*Epilepsy*.—The Committee recognizes that while the NINDS is the primary Institute for addressing epilepsy, several other Institutes are also involved in related research. As 75 percent of epilepsy cases begin in childhood, the NICHD has an important role to play in studying this disease. So, too, does the NHGRI, which is urged to assist the NINDS in the search for a genetic fingerprint diagnostic test aimed at improving drug therapy for epilepsy, and the NIMH, which is urged to explore the link between epilepsy and mood disorders, both of which are often treated with anticonvulsant medications. Finally, the NIA is encouraged to examine epilepsy in patients over age 65. The Committee urges the Director to coordinate research efforts among all these Institutes through an Interagency Epilepsy Coordinating Committee that includes agency scientists and industry and patient representatives.

*Graduate Training in Clinical Investigation Awards*.—The Committee is pleased that the NIH has initiated the Clinical Research Curriculum Awards to improve the quality of training in clinical research. However, it is clear that a shortcoming of this program is the absence of support for tuition and stipends for the individual students. Last year, the Congress addressed this by authorizing the Graduate Training in Clinical Investigation Awards in the Clinical Research Enhancement Act. The Committee believes that these grants are necessary if the Curriculum Awards are to fulfill their enormous potential to replenish the supply of well-trained clinical investigators.

*Information technology*.—Advances in information technology make it possible to build powerful software-based simulations that integrate the information emanating from medical and biological science in ways that greatly enhance research, education and training and medical practice. 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 simulations developed by NIH contractors and by other Federal agencies can interoperate and easily be improved and reused. The Director should also encourage researchers to form an open-source community that would facilitate sharing of software components and ensure thorough peer review and testing of simulations against empirical data. The Committee also urges the Director to coordinate NIH's activities with other Federal agencies including the National Science Foundation, the Department of Defense and DARPA, and NASA.

*Juvenile arthritis*.—The Committee urges the Director, in collaboration with the NIAMS, NICHD, and NIAID, to strengthen its investment in and commit additional resources to basic, clinical, and translational research efforts and related activities specific to juvenile arthritis as authorized by the Children's Health Act.

*Lyme disease*.—The Committee recommends that the NIH improve its communication across Institutes in order to better coordinate Lyme disease research and outreach to public and private scientists with the goal of stimulating research interest in this field. The Committee encourages the Office of the Director to involve NIAID, NHLBI, NINDS, NEI, NIMH, and NCCAM in promising areas of research. The Committee urges NIH officials to identify appropriate NIH advisory committees for Lyme disease representation and ensure the appointment of qualified persons. The NIH is encouraged to include a broad range of scientific viewpoints in the process of planning and executing these efforts, including community-based clinicians with extensive experience in treating these patients, voluntary agencies who have advocacy in their mission, and patient advocates.

*Microbicides research*.—The Committee is supportive of increased funding for microbicide research and product development through the OAR, NIAID, NICHD, NIMH, NIDA, and ORWH. The Committee urges NIH to begin implementation of the 5-year strategic plan for microbicide research, development and evaluation in coordination with other Federal agencies. To accelerate that implementation, the Committee encourages NIH to increase the number of full-time employees dedicated to work encompassed by the plan. The Committee requests a report by March 31, 2002, on the status of its new microbicides program, including research efforts, funding and staffing levels, and implementation of the strategic plan.

*Mississippi Delta*.—The Committee urges the NIH to pursue a comprehensive medical research agenda with academic institutions in the Mississippi Delta that have partnered together to develop initiatives and research projects focusing on the disproportionate disease-risk factors and high rates of morbidity in this health-challenged region. Though this area leads the Nation in several chronic disease categories, the NIH has not conducted any systematic study of the region. The Committee requests that the Director report to the Committee by March 1, 2002, on what comprehensive study should be undertaken, when the research will begin, and with what institutions the NIH will partner.

*Neurofibromatosis*.—The Committee recognizes that neurofibromatosis (NF) research involves many Institutes and Centers, including NCI, NINDS, NHLBI, NEI, NIDCD, and NIAMS. The Committee urges the Director to develop a plan to identify new research opportunities regarding NF that cuts across Institutes and Centers. The Committee encourages the Director to intensify and expand its NF research portfolio, and to work with NF advocacy groups when identifying and pursuing new scientific opportunities that will ultimately allow for the development of effective treatments of NF.

*NIH/DOE Medical Technology Partnership*.—The Committee urges the NIH to continue to collaborate with the Department of Energy (DOE) to evaluate the technologies developed within the nuclear weapons program and other DOE programs in terms of their potential to enhance health sciences, with the goal of achieving clinical applications and improved national health care.

*Office of Dietary Supplements*.—The use of dietary supplements has increased significantly among Americans who want to improve

their health and prevent disease, and there is a great need for additional research to better inform consumers of the benefits of these supplements. The Committee expects the Office to allocate sufficient funds to expand the number of botanical research centers, and it urges that hypericum and echinacea be studied at one of these new centers.

The Committee has included sufficient funds to speed up ongoing collaborative efforts to develop, validate, and disseminate analytical methods, and reference materials for the most commonly used botanicals and other dietary supplements.

The Committee is pleased that the ODS has followed through on its recommendation to begin a major research initiative on the safety and efficacy of products containing ephedra, and it urges the Office to continue and expand this important effort. The results of this expanded research should be evaluated by the FDA to ensure that any final action on the proposed rule on products containing ephedrine alkaloids is based on sound science. The Committee believes the Department should immediately take necessary interim action that addresses scientifically supportable safety activities (such as adopting appropriate warning labels that include contraindications and warn against sales to minors) while this research is being completed.

*Office of Research on Women's Health*.—The Office of Research on Women's Health (ORWH) works in collaboration with the Institutes and Centers (ICs) of the NIH to promote and foster efforts to address gaps in knowledge related to women's health through the enhancement and expansion of funded research and the initiation of new investigative studies. The ORWH is responsible for ensuring the inclusion of women in clinical research funded by the NIH, including the development and implementation of a computerized tracking system and the implementation of guidelines on such inclusion. The Office is also involved in promoting programs to increase the number of women in biomedical science careers, and in developing women's health and sex and gender factors in biology as a focus of medical/scientific research. The Committee urges the Director to use the increased funds provided to ORWH for new research activities in a variety of health issues and new and expanded career development programs for women scientists, such as Building Indisciplinary Research Careers in Women's Health. In addition, the Committee strongly supports the creation of new interdisciplinary research centers to focus on multi-systemic diseases in women, and urges ORWH, in conjunction with the NIH ICs, to move forward with this proposal without delay. The Director is asked to present a progress report to the Committee by April 1, 2002.

*Omega-3 fatty acids*.—The Committee is aware of promising research showing significant positive heart health effects related to the consumption of omega-3 fatty acids through foods or supplements. Given the significant human and financial costs associated with coronary heart disease, the Committee urges the Office to begin preliminary work on a major assessment of the health benefits of omega-3 fatty acid consumption.

*Parkinson's disease*.—In consultation with the extramural research community, the NIH has developed a Parkinson's Disease

Research Agenda that would require an estimated $1,000,000,000 increase in funding over 5 years to carry out. It is the clear intent of the Committee that the NIH seek to implement this research agenda, and that the Office of the Director assume an aggressive leadership role in this effort.

Last year, the Congress strongly urged the NIH to work toward implementing Year 1 of the research agenda, which cited the need for a $71,400,000 increase in Parkinson's research funding. The Committee is concerned that the NIH did not meet that goal. As a consequence, much of the agenda remains to be undertaken, and this highly promising field of research is not moving ahead as speedily as the Congress intended.

An estimated $143,500,000 increase over the baseline year would be needed to implement Year 2 of the research agenda, and the Committee has provided additional funds for that purpose. In order to ensure full implementation and funding, the Committee directs the NIH to host a series of consortia in collaboration with the Parkinson's research-related Institutes and the extramural research community by February 15, 2002. The consortia shall identify, to the full extent of available scientific opportunity, the research needed to implement the Research Agenda and the funding mechanism and dollars necessary for each area. The Committee requests the Director to report by March 15, 2002, that the consortia have been held, and on the specific steps the NIH will take to implement the Research Agenda.

The Committee commends the NIH for encouraging and supporting workshops and other collaboration 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. The Committee also urges the NIH to continue support of the Udall Centers program and to continue expansion thereof.

*Pediatric research initiative*.—The Committee is aware that the Children's Health Act of 2000 authorized the establishment of the Pediatric Research Initiative within the Office of the NIH Director, for the purpose of encouraging an increased emphasis on research addressing children's illnesses and conditions across the various Institutes and Centers. The Committee urges the Office of the NIH Director to carry out the Initiative, including supporting training for pediatric researchers, as authorized by Title X of the Children's Health Act. The Committee requests NIH to provide a report to the Committee by April 1, 2002, on the pediatric research activities supported with these Initiative funds.

*Pediatric Research Loan Repayment*.—The Children's Health Act of 2000 established the Pediatric Research Loan Repayment Program to ensure the future supply of researchers dedicated to the care and research needs of children. The Committee urges NIH to use this program to encourage promising investigators to enter various areas of pediatric research, particularly in the areas of Duchenne muscular dystrophy and fragile X. The Committee requests that the Director prepare a report, by April 1, 2002, detailing the progress of this program.

*Population-based prevention research*.—The Committee urges NIH to significantly expand its support for studies that examine

the biological, behavioral and environmental risks for disease. The Committee is especially interested in the assessment of prevention-focused interventions designed to enhance health status, the exploration of heath disparities across population subgroups, the examination of strategies designed to move the findings of laboratory-based research from individuals to population-wide applications, and the exploration of the potential uses of communication technologies to enhance human health. The Committee urges NIH to submit a report to the Committee by April 1, 2002, that indicates total dollars spent on population-based prevention research by Institute and relevant disease areas where possible.

*Resuscitation research*.—Some 600 Americans die each day from cardiac arrest. The Committee understands that cardiopulmonary and trauma resuscitation techniques have only about a 10 to 15 percent success rate, and the average survival rate has not improved significantly over the last four decades. The Committee is pleased that the NHLBI, the NINDS, the NICHD, the NIGMS, the Department of Defense, and the Food and Drug Administration supported a forum to set a broad research agenda on novel life-saving therapies and to identify promising new directions in CPR and trauma resuscitation research. The Committee encourages these agencies to pursue these new areas of investigation.

*Sjogren's syndrome*.—Sjogren's syndrome is an autoimmune disease with significant impact, and the Committee recommends that the NIH Autoimmune Diseases Coordinating Committee include Sjogren's syndrome as a priority in its strategic plan. Sjogren's crosses many specialties and falls under the auspices of many NIH institutes, including the National Institute of Arthritis and Musculoskeletal and Skin Diseases, the National Institute of Allergy and Infectious Diseases, the National Institute of Dental and Craniofacial Research, and the National Eye Institute. The Committee recognizes the need for NIH to develop an integrated plan to cover Sjogren's syndrome that cuts across the Institutes and meets the diverse needs of Sjogren's patients.

*Summer Student Research Program*.—The Committee is aware of the highly successful "Summer Student Research Program," administered through Children's Research Institute at Children's Hospital in Columbus, Ohio, that addresses the critical shortage of physician-scientists in pediatrics—a shortage that is far more acute in pediatrics than in adult medicine. This program should be made permanent due to its success in placing highly-qualified medical students in summer research experiences in pediatrics and due to its outstanding track record of including under-represented minorities and women. Since 1991 there have been 1,183 applications to the program, and 370 students from more than 80 different medical schools have been successfully placed in nearly 140 laboratories throughout the United States and Canada. One-fourth of awardees have been from under-represented minorities, and women awardees have outnumbered men by more than 1.5 to 1.

*Systems and integrated biology*.—The Committee recommends increased support for research and training in whole-systems pharmacology, physiology, toxicology, and other integrative biological disciplines that help to define the effects of therapy on disease and the overall function of the human body. Over the past two decades,

there has been an emphasis on supporting research and training at the cellular and molecular levels, but diminished support for training and research in systems and integrated biology. The erosion of support in the area of integrated systems threatens to slow the rate at which fundamental discoveries made at the cellular and subcellular levels are translated into useful therapies. The Committee understands that the Center for Scientific Review (CSR) is currently reorganizing its peer review panels. It hopes that the CSR will ensure that scientists with whole-systems expertise will be represented on those panels.

*Tobacco products*.—The Committee urges that the NIH, including NCI, NIDA, NHLBI, and NIMH, increase its commitment to tobacco-related research, especially regarding cigarette design, including ingredients and constituents. There is a growing concensus in the scientific community that cigarettes could be made less toxic and that changes in tobacco products could reduce the risk of the disease and death in people who continue to use them. However, there are major gaps in the science base necessary for guiding such efforts. For example, research is needed to understand the impact of tobacco product variations on the development of cancer, heart disease, brain diseases, fetal growth and nicotine addition itself. A specific request for research applications, along with support for intramural researchers to conduct such research, would accelerate the process of discovery and cultivation of expertise on this critical subject.

*Temporomandibular joint disorders (TMJ)*.—The Committee recognizes that the problems associated with temporomandibular diseases and disorders involve many Institutes and Centers, including the National Institute of Dental and Craniofacial Research, the National Institute of Arthritis and Muscoloskeletal and Skin Diseases, the National Institute of Allergy and Infectious Diseases, and the National Institute of Biomedical Imaging and Bioengineering. The Committee calls on the Office of the Director to coordinate crosscutting research by the various Institutes and Centers and provide a report directly to the Committee by April 1, 2002, on TMJ initiatives begun in fiscal year 2001 or scheduled to begin in fiscal year 2002. In addition, a Special Emphasis Panel should be established to review applications in the multiple disciplines applied to studies of the causes, manifestations and treatments of temporomandibular diseases and disorders.

*Veterans affairs cooperation*.—The VA system of 173 hospitals and 771 clinics provides medical care for the full array of diseases and medical conditions to 4.1 million veterans. The Committee, therefore, believes that the VA system is an ideal setting for large multi-center studies and clinical trials and that NIH should more aggressively utilize this resource to facilitate and accelerate research. The Committee requests that NIH explore with the VA ways to increase cooperative research efforts and develop an interagency Memorandum of Understanding to accomplish this purpose and report to the Committee by April 1, 2002, on the projects initiated under this move.

BUILDINGS AND FACILITIES

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| Appropriations, 2001 | $153,761,000 |
| Budget estimate, 2002 | 236,600,000 |
| Committee recommendation | 306,600,000 |

The Committee recommends an appropriation of $306,600,000 for buildings and facilities [B&F]. The amount recommended is $70,000,000 more than the budget request and $152,839,000 more than the fiscal year 2001 appropriation. Included in these funds is $70,000,000 to be transferred to the Global Fund to fight HIV/AIDS, Malaria, and Tuberculosis.

*Mission.*—The buildings and facilities appropriation provides for the NIH construction programs including design, construction, and repair and improvement of the clinical and laboratory buildings and supporting facilities necessary to the mission of the NIH. This program maintains physical plants at Bethesda, Poolesville, Baltimore, and Frederick, MD; Research Triangle Park, NC; Hamilton, MT; Perrine, FL; New Iberia, LA; and Sabana Seca, PR.

OFFICE OF AIDS RESEARCH

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| Appropriations, 2001 | ..... |
| Budget estimate, 2002 | ..... |
| Committee recommendation | ..... |

The Committee recommendation does not include a direct appropriation for the Office of AIDS Research [OAR]. Instead, funding for AIDS research is included within the appropriation for each Institute, Center, and Division of the NIH. The recommendation also includes a general provision which directs that the funding for AIDS research, as determined by the Director of the National Institutes of Health and the OAR, be allocated directly to the OAR for distribution to the Institutes consistent with the AIDS research plan. The recommendation also includes a general provision permitting the Director of the NIH and the OAR to shift up to 3 percent of AIDS research funding among Institutes and Centers throughout the year if needs change or unanticipated opportunities arise. These modifications to the budget recommendation are consistent with the manner in which funding for AIDS research was provided in fiscal year 2001. The Committee requests that the Director report on the fiscal year 2001 allocation plans for AIDS research within 60 days of enactment and provide notification to the Committee in the event the Directors exercise the 3 percent transfer authority.

The NIH Office of AIDS Research [OAR] coordinates the scientific, budgetary, legislative, and policy elements of the NIH AIDS research program. Congress provided new authorities to the OAR to fulfill these responsibilities in the NIH Revitalization Act Amendments of 1993. The law mandates the OAR to develop an annual comprehensive plan and budget for all NIH AIDS research and to prepare a Presidential bypass budget.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

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| Appropriations, 2001 | $2,963,856,000 |
| Budget estimate, 2002 | 3,029,456,000 |
| Committee recommendation | 3,073,456,000 |

The Committee recommends $3,073,456,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA] for fiscal year 2002, an increase of $109,600,000 over the fiscal year 2001 level and $44,000,000 more than the administration request. SAMHSA is responsible for supporting mental health programs and alcohol and other drug abuse prevention and treatment services throughout the country, primarily through categorical grants and block grants to States.

The Committee remains concerned by the disproportionate presence of substance abuse in rural and native communities, particularly for American Indian, Alaska Native and Native Hawaiian communities. The Committee reiterates its belief that funds for prevention and treatment programs should be targeted to those persons and communities most in need of service. Therefore, the Committee has provided sufficient funds within CSAP and CSAT to continue supporting projects that increase knowledge about effective ways to deliver services to rural and native communities. The Committee believes that Community Health Centers should be utilized in this effort.

The Children's Health Act of 2000 reauthorized programs administered by the SAMHSA and created new program authorities designed to address emerging mental health, alcohol and other drug abuse issues. The Committee has provided funding for programs of regional and national significance under each of the three SAMHSA centers: mental health services, substance abuse treatment and substance abuse prevention. Separate funding is available for the children's mental health services program, projects for assistance in transition from homelessness, the protection and advocacy program, data collection activities undertaken by the Office of Applied Studies and the two block grant programs: the community mental health services block grant and the substance abuse prevention and treatment block grant.

CENTER FOR MENTAL HEALTH SERVICES

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| Appropriations, 2001 | $782,048,000 |
| Budget estimate, 2002 | 766,148,000 |
| Committee recommendation | 787,148,000 |

The Committee recommends $787,148,000 for mental health services, $5,100,000 more than last year's level and $21,000,000 more than the budget request. Included in this amount is funding for programs of regional and national significance, the mental health performance partnership block grant to the States, children's mental health services, projects for assistance in transition from homelessness, and protection and advocacy services for individuals with mental illnesses. The Committee continues to support funding for mental health counselors for school-age children, as part of an effort to reduce the incidence of youth violence. The Committee intends that $90,000,000 be used for counseling services for school-age youth.

*Programs of regional and national significance*

The Committee recommends $203,599,000 for programs of regional and national significance, $5,100,000 more than the fiscal year 2001 amount and $21,000,000 more than the administration's

request. Programs of regional and national significance address priority mental health needs through developing and applying best practices, offering training and technical assistance, providing targeted capacity expansion grants, and changing the delivery system through family, client-oriented and consumer run activities.

The Committee has again included resources to continue and expand mental health services for schoolchildren that are at risk of exhibiting violent behavior. Among other things, the Committee believes that mental health counseling for troubled youth can help prevent violent acts, and therefore is providing additional resources to help schools in that effort. It is again expected that SAMHSA will collaborate with the Departments of Education and Justice to continue a coordinated approach.

The Committee is concerned that the Agency's funding of health services knowledge development for the mental health of the elderly has not kept pace with its funding for other populations. For example, CMHS does not have any projects planned to assess how health care systems impact access to quality mental health for the elderly population. The Committee strongly encourages CMHS to devote additional resources in fiscal year 2002 and subsequent fiscal years to this issue, and urges the Director of CMHS to designate an individual within the Office of the Director to oversee the Center's aging knowledge development agenda and initiatives. Special priority should be given to funding dissemination and implementation of evidence based practices in real world health care settings.

The Committee is aware of the need for additional suicide prevention activities and is impressed with the Surgeon General's report, "A National Strategy for Suicide Prevention: Goals and Objectives for Action", which was released in May 2001. The passage of S. Res. 84 and H. Res. 212 in the 105th Congress recognized suicide as a national problem and declared suicide prevention to be a national priority. Since then, the Committee is encouraged by the progress being made through the collaborative efforts of both the public and private sectors to raise national awareness on suicide prevention, to develop a national suicide prevention strategy, and to involve States in the development of State plans for grassroots implementation to continue reducing the rate of suicide in America. Preliminary data from the National Center for Health Statistics for 1999 suggest that these collective efforts have had a positive impact. The number of suicides in the United States decreased more than 5 percent from 30,575 in 1998 to 29,041 in 1999. Nevertheless, suicide remains a serious public health challenge and more needs to be done.

The Committee commends the joint efforts of the SAMHSA/CMHS, NIH/NIMH, CDC, and HRSA to launch a website resource which provides a wide array of suicide prevention related information and resources for mental and public health professionals, health care providers, community coalitions, policymakers, survivors, and advocates. Significant activity is now ongoing at the State, community, and non-profit levels in developing and implementing plans, programs and services. This follows the guidance outlined in the National Strategy for Suicide Prevention: Goals and Objectives for Action (NSSP). Further, the NSSP recommends the

development of one or more training and technical resource centers to build capacity for States and communities to implement and evaluate suicide prevention programs. The Committee has included $3,000,000 to build upon the work of the Agencies identified above by establishing a National Suicide Prevention Resource Center to provide technical assistance in developing, implementing and evaluating effective suicide prevention programs. The Resource Center will provide training and field support and serve as a clearinghouse for all pertinent best practices information regarding suicide prevention. The Center should promote evaluation of suicide prevention programs to ensure that effective techniques, strategies, and recommended best practices are made available to users.

Hawaii has a large refugee immigrant population that has been found to be suffering from a disproportionately high amount of post-traumatic stress disorder. Because of the multiple diverse cultures that these future citizens come from and the fact many speak no English, it is very difficult to meet their mental health needs. The Committee urges attention be given to effectively resolving the mental health problems of these future citizens.

The Committee recommendation includes funding for the Safe Schools/Healthy Students Program, which supports the Departments of Health and Human Services, Justice, and Education, working together to develop empirically supported programs to prevent youth violence and to intervene with families, schools, and communities where violence has already occurred. The Committee urges the use of community health centers as part of this effort.

The Committee commends CMHS for its efforts to reduce stigma and other barriers that discourage Americans from seeking mental health services. The Committee is aware that fewer than one-third of Americans with a diagnosable mental disorder seek out services and notes the recent Surgeon General finding that stigma is a barrier that both discourages people from obtaining treatment and promotes discrimination against the mentally ill. The Committee understands that the National Mental Health Awareness Campaign has launched a very successful youth initiative designed to reduce the fear and shame associated with childhood mental disorders. The Committee believes that a nationwide public service advertising campaign combating stigma among adults and senior citizens could have a positive effect on public attitudes and behaviors.

The Committee is aware of the significant steps CMHS has taken to improve services to those living with and suffering from HIV/AIDS and has included sufficient funding to continue these efforts. The Committee recognizes the need for more trained health providers, including allied health professionals and social workers, to work with people suffering from HIV/AIDS and commends the collaborative effort of CMHS, HRSA, NIMH, NIAAA and NIDA to address this issue. The Committee also notes the support CMHS has provided to community-based initiatives to deliver direct mental health services for people living with HIV/AIDS. These HIV/AIDS activities should continue to develop and apply new knowledge that improves the quality of services available.

The Committee recommendation includes resources for Targeted Capacity Expansion (TCE) activities to develop and implement em-

pirically based models for prevention and early intervention for children's mental health problems. The Committee recognizes that the increased number of young children diagnosed with mental disorders, the rising teen suicide rate, and the recent incidents of school violence are all indicators that our Nation's children and youth have serious unmet mental health needs.

The Committee appreciates CMHS's commitment to improving the quality, effectiveness and availability of therapeutic services delivered to traumatized children and adolescents; furthering the understanding of the individual, familial, and community impact of child and adolescent traumatic stress and the methods used to prevent its consequences; and reducing the frequency and consequences of traumatic events on children and adolescents. The Committee recommendation includes sufficient funding to expand activities of the Child Traumatic Stress Program.

The Committee notes that the Minority Fellowship Program (MFP) plays a crucial role in reducing the racial and ethnic disparities in mental health status in Native Hawaiian and Samoan communities. The MFP plays a significant role in training minority mental health professionals to provide services, through community health centers and other clinics, to individuals who would otherwise go untreated.

The Committee is pleased that the Center for Mental Health Services funds state-of-the-art, peer-run programs that help people with mental illnesses live successfully in the community. These low-cost services have an impressive record of assisting people with mental disorders to decrease their dependence on expensive social services and avoid hospitalization. The Committee is supportive of CMHS's funding of five national technical assistance centers that provide training and information to help these programs serve their clients.

The Committee is aware of the following projects and programs, and encourages SAMHSA to give each full and fair consideration for awards available in new grant competitions.

Expansion of Phase II of the HIV/AIDS High Risk Behavior Prevention Program will help reduce the behavioral transmission of the virus and support mental health services to those persons already infected with the disease.

The Comprehensive Community Mental Health Services for Children and their Families program will continue the development and evaluation of mental health services for children and youth in States and localities using community health centers.

Life Quest Community Mental Health Center, which serves the second largest population center in Alaska, is seeking to fill the previously unmet need for treatment of co-occurring disorders for severely and persistently mentally ill, severely emotionally disturbed adults and children in the Mat-Su Valley region of Alaska.

Ventura County, California has developed its capacity to effectively transition mentally ill prisoners out of detention facilities and into a community treatment environment.

The Pennington County Detention Center in Rapid City, South Dakota has experienced significant growth in the number of detainees in need of mental health and substance abuse treatment services.

The Weingart Center in Los Angeles, California will develop and expand mental health support and long-term case management within transitional housing and clinical programs to help end poverty and break the cycle of homelessness.

Washoe County, Nevada will develop a suicide prevention program designed to investigate the effect of an Intensive Depression Recognition and Treatment Training Program for primary care physicians and their nurses, psychiatrists, and corporate and student health personnel on the recognition of mood disorder, suicide mortality and morbidity.

The Texas Medication Algorithm Project (T–MAP) has developed a disease management program that synthesizes scientific and practitioner consensus into a practical guideline for physicians, and also has demonstrated improvements in the quality of care for individuals receiving psychotropic medications.

The Mental Health Connection of Tarrant County, Texas, is planning a collaborative initiative to provide families and individuals with a seamless, accessible "wraparound" system of community mental health services.

The Fairbanks Native Association, Tanana Chiefs Conference, and the University of Alaska Fairbanks' "Ch'eghutsen" comprehensive mental health services program for children in interior Alaska is addressing the critical shortage of culturally relevant mental health services for children, especially those who are seriously emotionally disturbed, in the vast area which comprises interior Alaska. Ch'eghutsen is guided by Alaska Native principles which view the child as inseparable from family and community, and is addressing suicide attempts, substance abuse, fetal alcohol syndrome and fetal alcohol effect, sexual abuse, violence, and individual and collective trauma for the more than 600 Alaska Native children who are estimated to suffer from serious emotional disturbances in this region.

The Alaska Psychiatric Institute and the State of Alaska will continue designing programs to treat co-occurring disorders and focus efforts on developing treatments for victims and witnesses of domestic violence and child abuse, a considerable problem in Alaska, which has the highest rates of child abuse and domestic violence in the Nation.

The Alaska Federation of Natives, in consultation with the State of Alaska, continues to develop integrated systems of community care for Alaska Native children who commit suicide at the highest rate in the Nation and suffer disproportionately from behavioral and mental disorders, some caused by fetal alcohol syndrome.

The Alaska Federation of Natives, in consultation with the State of Alaska, will develop a plan for outreach, screening and diagnostic treatment services, rehabilitation, mental health services, alcohol and drug treatment, training, and case management to help reduce the large numbers of individuals, particularly Alaska Natives, suffering from severe mental illness and substance abuse disorders who are also homeless. This problem is especially acute in Anchorage, Alaska.

Family Communications and its pilot project, "What Do You Do with the Mad that You Feel?" has provided encouraging evidence of success in preventing youth violence. Family Communications

proposes to expand this initiative beyond the original pilot States and plans to introduce a follow-up program, "The Challenging Child."

The 2nd Trauma project, an initiative designed to help over 7 million families each year who receive the news of the sudden, unexpected violent death or critical injury of their child, spouse, parent or other loved one, has developed a program to train trauma center and emergency room personnel to develop the skills needed to tell a family member that a loved one has suffered a traumatic injury or death, prepare personnel to provide immediate and sensitive counseling on critical decisions, and engage long-term community support networks when appropriate.

Safe Havens, an award-winning training program for care givers and teachers, aims to help adults counsel children who have witnessed violence and plans to expand its training beyond the pilot States of Pennsylvania, Iowa, Massachusetts, Maryland, and New York.

The Alaska Federation of Natives, in consultation with the State of Alaska, will identify the most effective service delivery practices and develop model programs for implementation in the Alaska Native community that help reduce the rates of suicide, child abuse, and alcohol dependency, especially in Native communities. Alaska has the highest rates of alcohol dependency in the Nation, the highest rate of suicide, and the highest rate of child abuse, especially in Native communities in Alaska.

*Mental health performance partnership block grant*

The Committee recommends $420,000,000 for the mental health performance partnership block grant, the same amount as the fiscal year 2001 appropriation and the budget request. States use these funds to support the development and implementation of innovative community-based services and maintain continuity of community programs. Funds are allocated to States and territories by formula.

*Children's mental health services*

The Committee recommends $91,694,000 for the children's mental health services program, the same amount as the fiscal year 2001 level and the administration's request. This program provides grants and technical assistance to support community-based services for children and adolescents with serious emotional, behavioral or mental disorders. Grantees must provide matching funds, and services must involve the educational, juvenile justice, and health systems.

The Committee has provided sufficient resources to expand the child mental health services program over the past several years. However, staff resources dedicated to administering this program have not grown. The Committee recognizes the benefit of providing sufficient staff support to ensure that local grantees have the technical capacity to operate this program effectively.

*Projects for assistance in transition from homelessness [PATH]*

The Committee recommends $39,855,000 for the PATH Program, an increase of $3,000,000 over the fiscal year 2001 amount and the administration's request.

PATH is a critical program which provides outreach, mental health, and case management services and other assistance to persons who are homeless and have serious mental illnesses. The PATH Program makes a significant difference in the lives of homeless persons with mental illnesses. PATH services eliminate the revolving door of episodic inpatient and outpatient hospital care. Multidisciplinary teams address client needs within a continuum of services, providing needed stabilization so that mental illnesses and co-occurring substance abuse and medical issues can be addressed. Assistance is provided to enhance access to housing, rehabilitation and training, and other needed supports, assisting homeless people in returning to secure and stable lives.

*Protection and advocacy*

The Committee recommends $32,000,000 for the protection and advocacy program, an increase of $2,000,000 over the fiscal year 2001 amount and the administration's request. This program helps ensure that the rights of mentally ill individuals are protected while they are patients in treatment facilities, or while they are living in the community, including their own homes. Funds are allocated to States according to a formula based on population and relative per capita income.

The Committee notes the Children's Health Act of 2000 provided additional authorities to State P&A systems in their efforts to protect the rights of individuals with mental illness and severe emotional impairment. This includes the specific authority to monitor all public and private residential care and treatment facilities and non-medical community-based facilities for children and youth to ensure that they are not at risk for inappropriate use of seclusion and restraint and to investigate all incidents involving serious injuries and deaths related to incidents of seclusion and restraint used by staff at these facilities. State P&A systems also have a significant role in addressing the community integration needs of individuals identified in the Olmstead decision. The Committee recommendation includes $2,000,000 more than last year's appropriation to support State P&A systems in their effort to address these critical issues.

CENTER FOR SUBSTANCE ABUSE TREATMENT

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|---|---|
| Appropriations, 2001 | $1,921,122,000 |
| Budget estimate, 2002 | 2,021,122,000 |
| Committee recommendation | 2,001,122,000 |

The Committee recommends $2,001,122,000 for substance abuse treatment programs, an increase of $80,000,000 over last year's funding and $20,000,000 less than the budget request. This amount funds substance abuse treatment programs of regional and national significance and the substance abuse prevention and treatment block grant to the States.

The Committee is concerned about the treatment gap that continues to exist for those Americans in need of substance abuse treatment services, for whom treatment is not available. The latest estimates indicate that millions of Americans with serious substance abuse treatment go untreated each year, adding billions in monetary costs to our society each year and immeasurable emotional pain and suffering for millions of families. Studies have shown that substance abuse treatment is effective at reducing primary drug use by nearly 50 percent, criminal activity by 80 percent and alcohol- and drug-related medical visits by 50 percent while increasing individual financial self-sufficiency. The Committee commends CSAT for initiating its National Treatment Plan Initiative (NTP), and believes that additional resources need to be devoted to the NTP and to reducing, and eventually eliminating, the treatment gap.

*Programs of regional and national significance*

The Committee recommends $276,122,000 for programs of regional and national significance [PRNS]. This amount is $20,000,000 above the fiscal year 2001 amount and $20,000,000 less than the budget request.

Programs of regional and national significance, as reauthorized by the Children's Health Act of 2000, include three primary activities: knowledge development and application projects are used to develop more information on how best to serve those most in need; training and technical assistance supports dissemination of information through knowledge development; and targeted capacity expansion programs enable the agency to respond to service needs in local communities.

The Committee recommendation includes $10,000,000 to expand CSAT's support of clinically based treatment and related services for adult, juvenile and family drug courts and individuals returning from the community who are on probation, parole, or unsupervised release. The Committee is aware of the rapid increases in the use of drug courts throughout the country as an alternative to the traditional court system. These courts make substance abuse treatment available, when appropriate, as an alternative to incarceration, and are considered a cost-effective approach to helping drug users regain control of their lives. While the fiscal year 2002 appropriation for CSAT includes additional resources for treatment, the Committee notes that support for treatment services has not kept pace with the increase in the use of drug courts, thereby limiting the cost-effectiveness of this approach. The Committee also believes SAMHSA should work with the Department of Justice (DOJ) to ensure that administrative and drug testing costs associated with sanctions-based treatment for individuals under DOJ supervision are distributed fairly.

Programs of regional and national significance include critical support for substance abuse treatment services for the Nation's homeless population. The homeless have unique needs and life circumstances that have received inadequate attention in terms of substance abuse treatment. Therefore, the Committee continues to advocate coordinated and seamless service delivery for the homeless that includes mental health, primary care, and other social

services that will support positive treatment outcomes. The Committee recommendation includes additional resources to continue to make progress in this area.

The Committee understands that methamphetamine abuse continues to be a major problem in many areas of the country, in particular, the South and the Midwest. The State of Iowa is experiencing a particularly high incidence of methamphetamine abuse, as well as other emerging drug issues. The Committee recommendation includes sufficient funding to support prevention and treatment demonstration projects in Iowa and other parts of the Midwest and South. School-based prevention demonstration projects would teach the dangers of methamphetamine abuse and addiction as well as other emerging drug issues, using methods that are effective and evidence-based and include initiatives that give students the responsibility to create their own anti-drug abuse education programs for their schools. Treatment demonstrations would carry out planning, establishing, or administering evidence-based treatment programs that are designed to assist individuals to quit their use of methamphetamine or other emerging drugs and remain drug-free.

The Committee recognizes the importance of the residential treatment program for pregnant and postpartum women, which was authorized as part of the Children's Health Act of 2000 (Public Law 106–310). This program has helped significantly increase the percentage of children born free of illicit substances. Continued funding of this program will contribute to the health and well being of pregnant women with addictions and their children.

The Committee is aware of the following projects and programs, and encourages SAMHSA to give each full and fair consideration for awards available in new grant competitions.

The Cook Inlet Council on Alcohol and Drug Abuse is providing coordinated treatment services to meet the needs of an underserved group of women and their children who are in the custody of the State of Alaska and women affected by domestic violence in the Kenai Peninsula area of Alaska.

Center Point, Inc. will demonstrate and evaluate the effectiveness of its Adolescent Residential and Aftercare Treatment Program, which is widely recognized throughout Northern California as an effective option for troubled youth because it provides a continuum of care, involves the family and provides critical aftercare support.

The City of New Orleans Seamless Accountability System for Substance Involved Offenders is a pre-sentencing program that focuses on anti-violence behaviors and treatment therapies. The program targets offenders 17 to 24 years of age.

The City of San Francisco's Treatment on Demand program provides services that advance individuals' recovery through abstinence and harm reduction, including the reduction of delays in gaining access to substance abuse.

Haymarket West in Schaumburg, Illinois will expand its comprehensive substance abuse treatment and related services in the northwest suburbs.

The city of Baltimore is employing innovative techniques to enhance drug treatment services for area residents, particularly for those in need of intermediate residential treatment.

Spectrum Youth and Family Services proposes to expand services provided through its Youth Health Clinic located in Burlington, Vermont.

Recovery House, Inc., in Wallingford, Vermont is developing a day treatment program for women with dependent children and pregnant women.

The Vermont Division of Alcohol and Drug Abuse Program and the Vermont Department of Social and Rehabilitative Services will improve access to residential treatment for adolescents in custody in Rutland County.

The Navajo-Farmington Alcohol Crisis Response Program is addressing the substance abuse problems in the City of Farmington, San Juan County, and also working with affiliated partners by establishing and operating an alcohol crisis response network of services to address serious alcohol problems.

The United Community Center/*Centro de la Comunidad Unida's* demonstration project to address domestic violence in Milwaukee's Hispanic community represents an innovative integration of domestic violence intervention with the Center's *Latinas Unidas* treatment program for substance-abusing women and their families.

Lutheran Social Services of Wisconsin and Upper Michigan, Inc. is developing a unique alcohol and other drug abuse treatment program to address the specific needs of the older adult population by locating certified alcohol treatment in the community-based settings of three senior centers in northeast Wisconsin.

The Corporation for Supportive Housing will help combat chronic homelessness in communities by supporting the provision of health-related assistance to this vulnerable population.

The National Center on Addiction and Substance Abuse at Columbia University is partnering with the New Jersey Department of HHS and the Department of Health and Senior Services to evaluate strategies to assist women who have substance abuse problems and are approaching Federal welfare time limits.

The Southcentral Foundation in Anchorage has developed an innovative program designed to provide substance abuse treatment for Alaska Native adolescents.

The inpatient treatment program for adult Alaska Native substance abusers at the Ernie Turner Center operated by the Cook Inlet Tribal Council continues to provide inpatient and outpatient services.

The Allegheny County Department of Human Services continues to provide for both inpatient and outpatient drug and alcohol services for its citizens as it faces increasing costs for inpatient services that severely strain its ability to meet the demand for treatment.

*Substance abuse prevention and treatment block grant*

The Committee recommends $1,725,000,000 for the substance abuse prevention and treatment block grant, $60,000,000 more than the fiscal year 2001 level and the same as the administration's request.

The block grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated to the States according to formula. State plans must be submitted and approved annually.

The Children's Health Act of 2000 made several changes to the authority for the substance abuse prevention and treatment block grant, including the development of a performance partnership framework in which States are granted program flexibility for achieving a common set of performance measures; extending the period of time States have to obligate block grant funds; and prohibiting discrimination against religious organizations in receiving Federal assistance for providing substance abuse services. The Committee expects SAMHSA to be prepared to provide detailed information about implementation of these and other modified and new program authorities during the fiscal year 2003 budget process.

The Committee supports efforts currently underway in SAMHSA to create a strategic plan around homelessness. The Committee commends SAMSHA on this initiative, and encourages the Agency to tie this plan in with planning requirements in the recent SAMSHA reauthorization bill. Specifically, the Committee encourages SAMSHA to build housing status into the common set of performance measures required from States reporting on block grant programs. The Committee is concerned about the lack of data from the mental health and substance abuse block grant programs on the housing status of persons entering and exiting programs. A set of consistent performance measures is needed across programs serving homeless and precariously housed people in SAMHSA and other Operating Divisions, including HRSA, ACF and CMS, to understand the impact HHS programs are having. Further, the Committee requests reports on the status of plans for performance partnerships, including the outcomes to be measured, from the Substance Abuse Prevention and Treatment Block Grants and Mental Health Block Grants within 6 months of the enactment of this Act.

CENTER FOR SUBSTANCE ABUSE PREVENTION

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|---|---|
| Appropriations, 2001 | $175,013,000 |
| Budget estimate, 2002 | 175,013,000 |
| Committee recommendation | 189,013,000 |

The Committee recommends $189,013,000 for programs to prevent substance abuse, an increase of $14,000,000 above last year's level and $14,000,000 more than the budget request. This amount funds substance abuse prevention programs of regional and national significance.

*Programs of regional and national significance*

The Committee has provided $189,013,000 for programs of regional and national significance [PRNS], $14,000,000 more than the fiscal year 2001 amount and $14,000,000 more than the administration's request. The Center for Substance Abuse Prevention is the sole Federal organization with responsibility for improving accessability and quality of substance abuse prevention services. Through the programs of regional and national significance activity, CSAP supports: development of new practice knowledge on sub-

stance abuse prevention; identification of proven effective models; dissemination of science-based intervention information; State and community capacity-building for implementation of proven effective substance abuse prevention programs; and programs addressing new needs in the prevention system.

The Committee notes the alarming increase in use and availability of ecstasy and other club drugs among our Nation's youth. For 2 consecutive years, ecstasy use reported by 10th and 12th grade students has increased. According to SAMHSA's Drug Abuse Warning Network, ecstasy-related emergency room admissions in the United States increased significantly from 253 in 1994 to 4,511 in 2000. The Committee urges SAMHSA to pay close attention to this and other emerging drug use issues.

The Committee is aware of the need to strengthen fetal alcohol syndrome (FAS) prevention efforts and improve service delivery by ensuring that professionals in key fields are knowledgeable about FAS and related birth defects, particularly in high-prevalence regions. The Committee has therefore included sufficient funding to allow the Four-State FAS Consortium in Minnesota, Montana, North Dakota, and South Dakota to develop programs to provide training on FAS and related birth defects for professionals and students in health care, education, social work, foster care, criminal justice, and other relevant fields.

The Committee notes the insufficient number of effective fetal alcohol syndrome and fetal alcohol effects (FAS/FAE) programs in communities affected by this problem. The Committee has provided an additional $1,300,000 to expand efforts to identify, disseminate and implement effective FAS/FAE prevention and treatment programs.

The Committee is aware of the following projects and programs, and encourages SAMHSA to give each full and fair consideration for awards available in new grant competitions.

The Fairbanks Native Association's LifeGivers residential treatment program continues to achieve successes in helping pregnant women with substance abuse problems and their children.

The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs proposes a pilot project of support for community-based programs in Rutland, Burlington, and Barre to explore best practices for combating the growing drug abuse problem.

The Ai Ki Ruti Center is developing outreach initiatives to underserved Native American populations in Northeast Nebraska to increase their access to needed prevention and treatment services.

The Start SMART Foundation in Bethlehem, Pennsylvania is developing a pilot project to reduce underage drinking utilizing QED, a new saliva alcohol test which returns an accurate measurement of blood alcohol levels in 2 to 5 minutes.

The National Center on Addiction and Substance Abuse at Columbia University has developed CASEWORKS for Families, an innovative program to help women at risk of substance abuse.

The Institute for Research, Education, and Training in Addictions in Pittsburgh will facilitate the coordination of approaches to research, treatment and health policy development.

The Municipality of Anchorage, home to almost 50 percent of Alaska's population, plans to initiate a prevention program based

on research into best practices and culturally relevant programs to reduce the incidence of drug and alcohol abuse among Anchorage residents.

The City of Providence's Southeast Asian Youth and Family Development (SEAYFD) project has helped address the increase in drug and alcohol abuse, and the alarming gang activity among the Southeast Asian community.

The Bridgebuilders program in Ohio will create and evaluate the effectiveness of a multi-tiered blueprint for reducing youth alcohol and drug use that uses a systematic, statewide approach to bridge the divide between youth, parents, community systems, and related State systems.

The Alaska Department of Health and Social Services will assess and screen Alaska youth for alcohol abuse and dependency and develop a statewide plan to address youth alcohol abuse and dependency in Alaska. The plan is a response to concerns that 50.8 percent of Alaska high school youth report current alcohol use and 33.4 percent report binge drinking at least once a month.

### PROGRAM MANAGEMENT

The Committee recommends $96,173,000 for program management activities of the agency, $10,500,000 more than the fiscal year 2001 level and $29,000,000 more than the President's request.

The additional $29,000,000 provided by the Committee support national data collection activities, including the Household Survey on Drug Abuse. The increase will be used to add to the survey two new components: The Longitudial Survey of Youth and Survey of the Elderly, as well as augment the Drug Abuse Warning System. The budget requested the $29,000,000 for these activities under the Department's evaluation authority.

The program management activity includes resources for coordinating, directing, and managing the agency's programs. Program management funds support salaries, benefits, space, supplies, equipment, travel, and departmental overhead required to plan, supervise, and administer SAMHSA's programs.

The Committee commends SAMHSA for its prompt, effective response to the terrorist attacks that occurred on September 11, 2001. The Committee is aware that the agency promptly mobilized personnel, resources and other supportive services to help address the needs of individuals in affected areas. Mental health experts were provided promptly to help address immediate needs as well as to assist with longer-term planning for future mental health and substance abuse services in affected States and communities. The Committee is supportive of additional resources being made available to SAMHSA to ensure that individuals affected by the events of that day have access to appropriate mental health and substance abuse prevention and treatment services.

## AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

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|---|---|
| Appropriations, 2001 | $269,796,000 |
| Budget estimate, 2002 | 306,245,000 |
| Committee recommendation | 291,245,000 |

The Committee recommends $291,245,000 for the Agency for Healthcare Research and Quality [AHRQ]. This is $15,000,000 less than the administration request and $21,449,000 more than the fiscal year 2001 level. The administration proposed to fund AHRQ through transfers available under section 241 of the Public Health Service Act. The Committee did not approve this request.

The Agency for Healthcare Research and Quality was established in 1990 to promote improvements in clinical practice and patient outcomes, promote improvements in the financing, organization, and delivery of health care services, and increase access to quality care. AHRQ is the Federal agency charged to produce and disseminate scientific and policy-relevant information about the cost, quality, access, and medical effectiveness of health care. AHRQ provides policymakers, health care professionals, and the public with the information necessary to improve cost effectiveness and appropriateness of health care and to reduce the costs of health care.

HEALTH COSTS, QUALITY, AND OUTCOMES

The Committee provides $240,145,000 for research on health costs, quality and outcomes [HCQO], which is $15,000,000 less than the administration request and $13,699,000 above the fiscal year 2001 level. HCQO research activity is focused upon improving clinical practice, improving the health care system's capacity to deliver quality care, and tracking progress toward health goals through monitoring and evaluation.

MEDICAL ERRORS

The Committee continues to be very concerned about the enormous personal and economic cost of medical errors. According to the Institute of Medicine (IOM), an estimated 44,000 to 98,000 people each year die from medical errors. Even using the lower estimate, this would make medical errors the eighth leading cause of death in this country—higher than car accidents, breast cancer or AIDS. The IOM also suggests that medical errors may cost up to $29,000,000,000 in excess health care expenditures and lost productivity each year.

Last year the Committee provided $50,000,000 for initiating research into the causes of medical errors in the hope of dramatically improving the safety of health care services in this country. The Committee commends the Agency for planning and instituting an impressive patient safety initiative, which includes demonstrations to test best practices for reducing errors, development and testing the use of appropriate technologies to reduce medical errors, such as hand-held electronic medication systems, and research in geographically diverse locations to determine the causes of medical errors.

Of the total amount provided for HCQO, the Committee directs AHRQ to devote $60,000,000 to determining ways to reduce medical errors, an increase of $10,000,000 over the amount provided in fiscal year 2001. The Committee expects that AHRQ will use these funds to share lessons learned and best practices among hospitals and healthcare providers. The Committee directs AHRQ to work with the Center for Medicare and Medicaid Services (CMS) to pro-

vide this information to participating hospitals and healthcare facilities so that they can begin implementing successful strategies.

The Committee further directs AHRQ to provide a report detailing the results of its efforts to reduce medical errors. The report should include how hospitals and other healthcare facilities are reducing medical errors; how these strategies are being shared among healthcare professionals; how many hospitals and other healthcare facilities record and track medical errors; how medical error information is used to improve patient safety; what types of incentives and/or disincentives have helped healthcare professionals reduce medical errors and; a list of the most common root causes of medical errors. The report should provide data showing the effectiveness of State requirements in reducing medical errors. The report should also describe how AHRQ is responding to some of the findings in the IOM's report "To Err is Human: Building a Safer Health System."

The Committee reiterates its position that there should be zero tolerance for preventable medical mistakes and that the Congress, the Administration, State licensing boards, and private healthcare institutions and providers should work together to prevent further unnecessary deaths and injuries.

The Committee encourages the Agency to fund research on health costs, quality, and outcomes, especially in the chronic illness and disability population.

The Committee notes that the University of Louisville, in conjunction with experts in computers, medical informatics, nosology, and related fields, is developing and implementing a new system of electronic medical record transfer that would facilitate the selected transfer of medical information. The University is also working with health care facilities to capture data from all available electronic sources and provide access to the data from multiple perspectives and groupings, which will enable uses from the research, community health and consumer health communities. The University would be eligible to receive funding under AHRQ's patient safety initiative for both these efforts.

The Committee supports the Vermont Oxford Network in Burlington, Vermont and its efforts to improve the quality of health care available to children born prematurely through the reduction of medical errors.

The Committee is aware of the Medical Error Reduction project at Valley Hospital in Ridgewood, New Jersey. Valley Hospital has found that the complete standardization of processes and use of hand-held technology help guarantee the correct dispensation of medications and collection of specimens.

The Committee is aware that Cedars-Sinai Hospital will design and implement a computer-based integrated health information system to track patient care resulting in a reduction of preventable medical errors.

*Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy (CADASIL).*—The Committee encourages AHRQ to consider an evidence-based review for the care of CADASIL carriers, including Native Hawaiians. AHRQ is encouraged to work closely with the Native Hawaiian Health Care

System to translate the evidence on the care of CADISIL into clinical practice strategies.

*Chronic fatigue syndrome*.—The Committee understands that AHRQ is nearing completion of its evidence report on chronic fatigue syndrome and encourages the Agency to make databases used in the writing of this report readily available to researchers and the public on the Internet.

*End of life care*.—In order to address the lack of adequate information to tailor programs and match needs in end of life care, the Committee encourages the Agency to develop methods of measurement, translation of findings into usual practice and guidelines to improve the reliability of care of the seriously, chronically ill individual.

*Geographical distribution*.—In order to broaden the geographic distribution of health services research funding by enhancing the competitiveness for research funding among institutions, the Committee encourages the Agency for Healthcare Research and Quality to continue the peer reviewed and merit-based program, "Building Research Infrastructure and Capacity (BRIC)."

*Pharmaceutical pricing*.—The Committee recognizes the high prevalence of chronic disease in rural areas. The management and control of these chronic diseases through medication and lifestyle alteration is essential to controlling overall health expenditures. However, the lack of documented outcome measures of health improvement and cost savings has hindered the progression of Disease State Management programs in both treatment and reimbursement. The Mississippi Medicaid model produces significant outcome improvements and cost savings in theory, and in the limited practice settings allowed in small demonstration projects. The Committee also recognizes the expertise in Marketing and Management of the University of Mississippi. The Committee believes that AHRQ could undertake a research project to examine the cost savings and improved clinical outcomes associated with the Mississippi Medicaid Disease State Management Program that would result from the application of this disease management program to a demonstration project in the Medicare population of the Mississippi Delta region.

*Practice guidelines*.—The Committee is concerned that a study published in the Journal of the American Medical Association found that three-quarters of the practice guidelines developed by AHRQ for treating illnesses were outdated. While AHRQ has removed these out-of-date guidelines from its web site and no longer produces guidelines, the Committee encourages AHRQ to devote more resources to ensuring that the National Guideline Clearinghouse contains updated and timely information.

MEDICAL EXPENDITURES PANEL SURVEYS

The Committee provides $48,500,000 for health insurance and medical expenditures panel surveys [MEPS], which is the same as the administration request and $7,650,000 above the fiscal year 2001 level. MEPS is intended to obtain timely national estimates of health care use and expenditures, private and public health insurance coverage, and the availability, costs and scope of private health insurance benefits. It also develops cost and savings esti-

mates of proposed changes in policy and identifies impact of policy changes on payers, providers, and patients.

*Program support*

The Committee recommends $2,600,000 for program support. This amount is the same as the administration request and is $100,000 more than the fiscal year 2001 level. This activity supports the overall management of the Agency.

## CENTERS FOR MEDICARE AND MEDICAID SERVICES

### GRANTS TO STATES FOR MEDICAID

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| Appropriations, 2001 | $99,613,130,000 |
| Budget estimate, 2002 | 106,821,882,000 |
| Committee recommendation | 106,821,882,000 |

The Committee recommends $106,821,882,000 for Grants to States for Medicaid. This amount is $7,208,752,000 more than the fiscal year 2001 appropriation and the same as the administration's request. This amount excludes $36,207,551,000 in fiscal year 2001 advance appropriations for fiscal year 2002. In addition, $46,601,937,000 is provided for the first quarter of fiscal year 2003, as requested by the administration.

The Medicaid program provides medical care for eligible low-income individuals and families. It is administered by each of the 50 States, the District of Columbia, Puerto Rico, and the territories. Federal funds for medical assistance are made available to the States according to a formula which determines the appropriate Federal matching rate for State program costs. This matching rate, which may range from 50 to 90 percent, is based upon the State's average per capita income relative to the national average.

The Committee understands that a General Accounting Office report estimated that two-thirds of children on Medicaid have never been screened for lead, despite Federal laws requiring such screening. The Committee urges CMS to more closely monitor screening rates and take every appropriate step to ensure that screening rates among children enrolled in Medicaid are substantially increased, reporting the national results to Congress within 18 months, including lead screening rates for children age 2 and under.

### PAYMENTS TO HEALTH CARE TRUST FUNDS

| | |
|---|---|
| Appropriations, 2001 | $70,381,600,000 |
| Budget estimate, 2002 | 81,924,200,000 |
| Committee recommendation | 81,994,200,000 |

The Committee recommends $81,994,200,000 for Federal payments to health care trust funds. This amount is $70,000,000 more than the administration's request and is an increase of $11,612,600,000 from the fiscal year 2001 appropriation. The committee recommendation includes $70,000,000 to reimburse the Hospital Insurance Trust Fund for funds advanced on behalf of the general fund for Real Choice Systems Change Grants to States and Medicaid community-based attendant care demonstrations in the research and demonstration activity of program management.

This entitlement account includes the general fund subsidy to the Supplementary Medical Insurance Trust Fund (Medicare Part B), plus other reimbursements to the Hospital Insurance Trust Fund (Medicare Part A), for benefits and related administrative costs which have not been financed by payroll taxes or premium contributions.

A shortfall of $832,000,000 is anticipated in fiscal year 2001 for the Federal contribution of the Supplementary Medical Insurance Trust Fund. This shortfall is a result of the current estimate being slightly higher than when Congress enacted the appropriation. The fiscal year 2002 request includes an estimated payback of $844,000,000 including the fiscal year 2001 shortfall plus interest. The Committee has provided $81,332,000,000 for Federal payment to the Supplementary Medical Insurance Trust Fund. This payment provides matching funds for premiums paid by Medicare Part B enrollees. This amount is the same as the administration's request, and is $11,555,000,000 more than the fiscal year 2001 amount.

The recommendation also includes $292,000,000 for hospital insurance for the uninsured. This amount is the same as the administration's request and is $29,000,000 less than the 2001 amount. The Committee also recommends $150,000,000 for Federal uninsured benefit payment. This payment reimburses the Hospital Insurance Trust Fund for the cost of benefits provided to Federal annuitants who are eligible for Medicare. This amount is the same as the administration's request and is $18,000,000 more than the fiscal year 2001 appropriation. The Committee recommendation includes $220,200,000 to be transferred to the Hospital Insurance Trust Fund as the general fund share of CMS's program management administrative expenses. This amount is $70,000,000 more than the administration's request and is $68,600,000 more than the fiscal year 2001 level.

PROGRAM MANAGEMENT

| | |
|---|---|
| Appropriations, 2001 | $2,242,162,000 |
| Budget estimate, 2002 | 2,351,158,000 |
| Committee recommendation | 2,464,658,000 |

The Committee recommends $2,464,658,000 for CMS program management. This is $113,500,000 more than the administration request and $222,496,000 more than the fiscal year 2001 enacted level.

*Research, demonstrations, and evaluations*

The Committee recommends $125,311,000 for research, demonstration, and evaluation activities. This amount is $70,000,000 more than the budget request and $13,000,000 less than the amount provided in fiscal year 2001.

CMS research and demonstration activities facilitate informed, rational Medicare and Medicaid policy choices and decisionmaking. These studies and evaluations include projects to measure the impact of Medicare and Medicaid policy analysis and decisionmaking, to measure the impact of Medicare and Medicaid on health care costs, to measure patient outcomes in a variety of treatment set-

tings, and to develop alternative strategies for reimbursement, coverage, and program management.

The recommended funding level for the research and demonstration program will provide for continuation of current activities. Priority areas for CMS research include access to high-quality health care, health service delivery systems, and provider payment systems.

The Committee has included funds to continue at $20,000,000 the Nursing Home Transition Initiative, to help States carry out demonstration projects of developing community-based attendant care services that ensure maximum control by consumers to select and control their attendant care services, including the provision of support and technical assistance from CMS to assure effective implementation of these demonstrations.

The Committee has included $50,000,000 for Real Choice Systems Change Grants to States to fund initiatives that establish specific actions steps and timetables to achieve enduring system improvements and to provide long term services and supports, including community-based attendant care, to eligible individuals in the most integrated setting appropriate. Grant applications should be developed jointly by the State and Consumer Task Force. The Task Force should be composed of individuals with disabilities, consumers of long-term care services and supports, and those who advocate on behalf of such individuals. Grant funded activities should focus on areas of need as determined by the States and the Task Force such as needs assessment and data gathering, strategies to modify policies that unnecessarily bias the provision of long-term care to institutional settings or health care professionals, strategies to ensure the availability of a sufficient number of qualified personal attendants and training and technical assistance.

The Committee encourages CMS to consider creating a statewide network of community-based early learning and professional development hubs located in high needs neighborhoods to improve access to early childhood physical and mental health services and professional development opportunities for childcare professionals.

The Committee is supportive of the continuation of CMS's demonstration program to develop a comprehensive and reliable paramedic services program.

The Committee reiterates its continued support for a lifestyle modification demonstration, begun in fiscal year 2000, at the Mind-Body Institute of Boston, Massachusetts. The Committee encourages CMS to expand the eligibility criteria by increasing the number of enrollees and including in the demonstration ischemia-free patients with recent acute myocardial infarctions, coronary artery bypass graft surgery, angioplasty and stents.

The Committee is pleased with the progress of the Western Governors' Association Health Passport project and commends HHS in the awarding of discretionary funding in 2001 allowing continuation of this pilot project that demonstrates an important new public-private, multi-agency, integrated model of health care and benefit delivery using smart cards, magnetic stripe, and public key infrastructure secure certificate technologies. The Committee reiterates its support for this demonstration project which serves as a

model for complying with the Health Insurance Portability and Accountability Act.

The Committee recognizes that persons with uncontrolled diabetes account for about 50 percent of all leg amputations, 25 percent of all kidney failure, and are the leading source of preventable blindness and a major cost to the Medicare program. Diabetes mullitus is clearly a major health problem in the country and is particularly acute among Hispanics and Native Americans. Funds for this project would be used to establish six rural regional programs to improve the access to care for some of our elderly citizens. The programs would provide monitoring and diet assistance for rural elderly with diabetes, as well as assessment and referral related to depression of rural elderly. This demonstration will provide much needed nutrition and social services to our most vulnerable elderly populations and potentially decrease the effects of diabetes and depression. Funding would be targeted to low-income elderly in geographic regions with high incidence of diabetes mullitus.

The Committee is aware of the need for a mobile asthma care program at Valley Children's Hospital in California. The poor air quality in California makes those children who suffer from asthma particularly vulnerable to asthma attacks. These mobile asthma care teams would work with patients and families throughout the Central Valley to reduce the cost of asthma care.

The Committee is aware of the California State University Hayward's Health and Wellness Program. This program produces graduates that are well prepared to be health care professionals in the region. With additional funding, the Institute would create a model program for students to enter a mental health career.

The Committee is aware of the University of Kentucky's Cooperative Extension Service and School of Public Health's partnership to identify and target the most frequent and expensive medication use issues in the State. This center would improve medication use in Kentucky's highest need counties with additional Federal funds.

The Committee is concerned about the confidentiality of patient medical records. The University of Louisville is currently constructing an electronic medical record that could serve as a prototype for proper transmission of medical records. Additional Federal funding would further this effort significantly.

Providing health care professionals access to patient data both in the community and the university setting is a complex task but necessary to provide uniform quality. A demonstration project between the University of Louisville and the surrounding community hospitals would be important to further this goal.

With additional Federal funding, the Center for Healthcare Systems Standards in South Carolina would conduct a demonstration project to examine reducing medical errors through standards-based Quality Management Systems.

The Committee encourages CMS to consider a 2-year demonstration project conducted by the Regional Nursing Center Consortium to determine the potential of nurse-managed health clinics as a safety net model in underserved communities.

As a follow-up to the Committee's recommendation in fiscal year 2001, and in order to determine the effectiveness of the nurse-managed clinic model, the Committee encourages CMS to conduct a 5-

year demonstration project that provides financial support for existing nurse-managed clinics and their utilization of advance practice registered nurses as primary care providers, minimally in Hawaii, Pennsylvania, Delaware, and New Jersey. These clinics operate with limited and short term funding, limited Medicaid and Medicare reimbursement, and yet provide up to 60 percent uncompensated care. Despite limited funding, preliminary data from the Regional Nursing Center Consortium indicates that nurse-managed health clinics have better patient outcomes than conventional primary health care models. To determine the potential of nurse managed health clinics as a safety net model in underserved communities, the Committee encourages CMS to consider both operating support and funding for clinical and information management systems to existing nurse-managed clinics to determine client outcomes and the effectiveness of the model.

The Committee encourages CMS to consider the concept of nurse-run clinics and the utilization of advanced practice nurses as primary care providers in its research and demonstration activities. As Medicare and Medicaid move into the managed care arena, it is important that the most effective health care delivery systems be identified and utilized. Health promotion and prevention initiatives which are integral functions of nursing will play a significant role in the future of health care of our aging population.

The Committee is aware of the proposed modification by CMS in determining the eligibility status for Medicaid of individuals who migrate to Hawaii under the provisions of the Compact of Free Association. The State of Hawaii has no control over its borders. Thus, there remains a clear Federal responsibility for the health of these individuals. Accordingly, CMS should continue its negotiations with the appropriate State authorities and inform the Committee of its deliberations, prior to making any modifications.

The Committee remains concerned about the extraordinary adverse health status of Native Hawaiians and encourages CMS to continue its demonstration project at the Waimanalo health center exploring the use of preventive and indigenous health care expertise. The Committee further recommends that Papa Ola Lokahi, the Native Hawaiian health care organization recognized in the Native Hawaiian Health Care Act, participate in this demonstration project.

The Committee encourages the Department to consider a demonstration project on the island of Molokai that would integrate health education and prevention with the delivery of primary health care services. The Committee recommends that the Native Hawaiian Health Care Systems, recognized in the Native Hawaiian Health Care Act, be considered to participate in this demonstration project, along with community health centers whose clientele is primarily Native Hawaiian.

The Committee is aware that Daniel Freeman Hospital is seeking a Federal partnership to pursue necessary program expansion directed to improving the health status of multi-cultural and medically disenfranchised populations, and insuring their access to insurance enrollment, primary care, and education.

The Committee is supportive of efforts by the University of Pittsburgh Medical Center Health System (UPMC–HS) to implement a

state-of-the-art Health System-wide project to electronically store and provide all clinical and administrative information in a secure and automated manner. The UPMC–HS automation project will serve as a national model for reducing medical errors; improving medical efficiency; reducing health care costs; and improving access to high quality, cost-effective care for the elderly and the medically underserved.

The Committee understands that the State University System of Florida is creating a statewide network of community-based professional development hubs in high needs neighborhoods to improve access to healthcare services for children.

The Committee is aware that the Kettering Medical Center has a Healthy Hearts 2000 demonstration project that, with additional Federal funding, will focus on the effectiveness of three levels of prevention: primary (education), secondary (screening, detection and education) and tertiary (treatment, health maintenance and education).

The Committee is aware of an innovative program begun by the non-profit organization We Are Family/The Family Van in Boston, MA, to maintain a periodic presence in low-income urban neighborhoods and provide education on how uninsured low-income families may access medical insurance and medical care.

The Committee is aware that Children's Hospital of Boston seeks to construct a state-of-the-art research facility that will enable it to continue its exemplary record of advancing scientific knowledge through biomedical research and improving outcomes for children stricken with serious illness or injury. Existing research space is used to maximum density and productivity. Additional facilities are needed to translate new biomedical insights learned daily through basic research into new treatments for cancer, neurological diseases, spinal cord injuries, and organ failure in the youngest patients, as well as for adults.

The Committee is supportive of a study to estimate the total unreimbursed costs that hospitals, localities, and States incur to treat undocumented aliens for medical emergencies. Hospitals, States, and localities are increasingly financially burdened by the costs associated with providing undocumented aliens emergency medical care.

The Committee also understands that Carondolet Health Network plans to initiate a project which targets the need for health access and continuity of care for the uninsured in urban and rural communities.

The Committee is aware of research being conducted by the Appalachian Center for Low Vision Rehabilitation which is aimed at testing interventions and improving the quality of life for individuals with low vision, with a particular focus on the elderly and children.

The Committee is aware that the Kansas University Human Imaging Institute is planning to utilize innovative technology to detect abnormal electrical activity in deep brain regions invisible to electroencephalography.

The Committee remains strongly supportive of CMS's telemedicine demonstration projects. The Committee has provided funds for the administrative and evaluation costs at these sites in order to

ensure that they would be able to continue operating through the full period associated with the pilot waiver program.

With additional Federal funding, the Children's Hospital Los Angeles would purchase and develop programming for a Magnetic Resonance Microscope.

The Committee is supportive of the continuation of CMS's demonstration program to develop a comprehensive and reliable paramedic services program.

The Committee is pleased with the progress of the Mississippi Medicaid Disease State Management plan approved in 1998 that allows reimbursement of pharmacists working under protocol of physicians to manage patients with certain chronic diseases. The Committee urges CMS to consider extension of a demonstration project for the Mississippi Medicare population. The Committee expects CMS to continue to provide demonstration grants to States for the extension of Disease State Management Programs to Medicare demonstration projects, giving priority to States with established Medicaid models.

The Committee is aware of efforts by the Center for Pharmaceutical Marketing and Management to conduct analysis and provide research on the effective and efficient pricing and marketing of pharmaceutical products through a Medicare drug benefit, and encourages CMS to utilize the expertise of the center in policy making.

The Committee understands that terminally ill patients desire to receive outpatient end-of-life care in their homes. Hospice care is an effort to meet these needs. Currently, no reimbursement is allowed for inpatient hospice, but there are individuals in rural areas in every State who are denied hospice care because they lack homes or have no able care giver. The Committee recognizes the need for freestanding inpatient hospice residence homes in rural areas. The Committee is aware that the Sanctuary Hospice House, located in Tupelo, Mississippi, has developed a demonstration model to care for the short-term needs of terminally ill patients requiring pain management and palliative care.

The Committee is supportive of Health Link of Idaho, to establish private-public partnerships with employers, State governments, and health insurance providers, to provide health coverage for very small businesses (employing fewer than 10 people) with low-wage employees. The project will test the efficacy of the model in both urban and rural areas for its ability to increase access, foster appropriate use of health care services and reduce public expenditures.

The Committee is aware of a proposal that would enable a multilingual, mulitmedia screening tool for citizens to better determine their potential eligibility for Medicare Medicaid, and QMB, and urges CMS to fully assess the concept.

The Committee encourages CMS to consider a proposal to provide a pilot project for Arizona to provide reimbursement to Arizona hospitals and localities for cost associated with providing federally-defined emergency medical care to undocumented immigrants.

The Committee encourages CMS to consider expansion of the California State University expansion of the Health and Wellness

program. The program is designed to meet increasing demand for well prepared health care professionals in the region.

The Committee encourages CMS to consider a 2-year demonstration model for establishing private-public partnerships with employers, State governments, and health insurance providers, to provide health coverage for very small businesses (employing fewer than 10 people) with low-wage employees (average of less than $10 per hour). The project would test the efficacy of the model in both urban and rural areas for its ability to increase access, foster appropriate use of health care services and reduce public expenditures. Results would be evaluated and disseminated nationally.

The Committee is pleased with CMS's proposal to provide demonstration grants to States to test innovative asthma disease management techniques for children enrolled in Medicaid. The Committee encourages CMS to provide this program with the necessary funding to carry out this initiative.

The Committee encourages CMS to consider a demonstration project in Cook County, Illinois to reduce morbidity and mortality from asthma in the community areas in Cook County with the highest prevalence and inadequate service.

The Committee encourages CMS to consider a project for the Illinois Primary Health Care Association to implement the Shared Integrated Management Information System and provide centralized case management, reimbursement, and administrative support services to a number of Consolidated Health Centers in Illinois.

The Committee encourages CMS to continue an outreach program designed to provide Chicago public school students with vision care.

The Committee encourages CMS to consider a proposal from the Madonna Rehabilitation Center Institute for Rehabilitation Science and Engineering in Lincoln, Nebraska.

The Committee encourages CMS to conduct a Medicare Medical Nutrition Therapy Education Campaign, to inform both Medicare beneficiaries and physicians about the new Medicare benefit of Medicare Nutrition Therapy for patients with diabetes and renal disease, available January 2002.

The Balanced Budget Refinement Act of 1999 required the Medicare Payment Advisory Commission (MEDPAC) study to determine whether skilled nursing facilities in Alaska and Hawaii should receive additional payment to accommodate their unique circumstances. The Committee recommends CMS conduct a detailed study to determine if there are enough differences in these States non-labor costs to justify a payment adjustment for the skilled nursing facilities in Alaska and Hawaii, the Committee further suggests consideration of a temporary adjustment to the non-labor share of the per diem payment for skilled nursing facilities in Alaska and Hawaii at this time.

The Committee understands that the Montana Comprehensive Health Care Association in Helena, Montana has expressed a need for a demonstration project to subsidize coverage to individuals under 150 percent of the Federal poverty level who have significant health conditions and are therefore uninsurable.

*Medicare contractors*

The Committee recommends $1,547,000,000 for Medicare contractors, which is $25,000,000 more than the budget request and $190,000,000 more than the comparable fiscal year 2001 appropriation. In addition, $700,000,000 is available for the Medicare Integrity Program within the mandatory budget as part of the health insurance reform legislation.

Medicare contractors, which are usually insurance companies, are responsible for reimbursing Medicare beneficiaries and providers in a timely fashion and a fiscally responsible manner. These contractors also provide information, guidance, and technical support to both providers and beneficiaries.

The Committee recommendation includes $15,000,000 to support grants for State Health Insurance Counseling and Assistance programs (SHIPs), an increase of $5,000,000 over last year and $15,000,000 more than the budget request. SHIPs provide information, counseling and decision support to people with Medicare. The 53 State and territorial programs are administered either by the State unit on aging or the State department of insurance. The Committee is aware that these programs provide a valuable service to people with Medicare and require a stable source of funding. The Centers for Medicare and Medicaid Services (CMS) shall use these resources to provide grants to States for SHIPs to enable them to increase their capacity, to operate a resource center and to administer special projects that will help SHIPs continuously improve the quality of service they provide. The Committee expects CMS to include, within its fiscal year 2003 congressional justification, a specific dollar request for SHIPs, or to indicate that no resources are being requested for this activity.

*State survey and certification*

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

The Committee recommends $260,647,000 for Medicare State survey and certification activities, which is an increase of $18,500,000 over the fiscal year 2001 level.

*Federal administration*

The Committee recommends $531,700,000 for Federal administration costs. This recommendation is $26,996,000 more than the fiscal year 2001 level, and the same as the budget request. This will support 4,632 full-time equivalent positions, an increase of 22 over fiscal year 2001. Most of the increase is for fixed expenses of personnel compensation and benefits.

The Committee understands that HIV drug resistance testing is a critical component of the Nation's fight against AIDS. HIV drug resistance testing lengthens life expectancy, enhances life functions and retards emergence of a more resistant virus. Because of the life-saving aspect of these tests and because their reliability has historically been so variable, the FDA has determined that HIV drug resistance tests should be subject to FDA approval to insure

a high degree of reliability. One such test has already been approved and others are in progress. The Committee understands that the differential in cost between FDA approved and non-approved tests may be significant, therefore urges CMS to review its reimbursement policies to assure that Medicare beneficiaries have access to the highest quality most medically beneficial HIV drug resistance tests.

Medicaid and the SCHIP program are the sole source of most 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 that it is important that CMS maintain a distinct focus on oral health by retaining a position of Chief Dental Officer.

The Committee remains extremely concerned over CMS's continuing failure to articulate clear guidelines and to set expeditious timetables for consideration of new technologies, procedures and products for Medicare coverage. A particularly troubling example is CMS's lengthy delays and failure to articulate clear standards regarding Medicare coverage of positron emission tomography (PET). The effect of these delays in instituting Medicare coverage is to continue to deny the benefits to these technologies and procedures to Medicare patients. The Committee also remains concerned that CMS appears to be requiring some new technologies to repeat clinical trials and testing already successfully completed by the new technologies in the process of gaining FDA approval or in NIH clinical trials and which serve as signals to private insurers to cover new technologies. The Committee is also concerned that CMS appears to be requiring substantially different levels of evidence to approve various new products for Medicare coverage, requiring, for example, very little documentation for approval of MRA (magnetic resonance angiography), while at the same time continuing to demand voluminous amounts of data to make a coverage decision on PET. The Committee remains concerned that the recently created 120-person technical advisory committee to review new technologies may be further delaying coverage decisions and creating unnecessary costs for the Medicare program. Because of the possible duplication of efforts among HHS agencies and related unnecessary costs to the Medicare program and the Department, the Committee again asks that the Secretary take a leadership role in resolving this matter expeditiously. The Committee also urges the Secretary to investigate the recent proposal by CMS to reduce hospital outpatient payment for PET scans from $2,200 to $841 in light of the fact that each PET scan uses a unit of the radioisotope FDG which generally costs from $500 to $600 per dose.

In the Balanced Budget Act of 1997, Congress urged the Secretary to provide GME reimbursement for clinical psychological programs. To date CMMS has not issued the necessary rule. The Committee expects the agency to release the rule immediately.

A provision was included in the Health Insurance Portability and Accountability Act (HIPAA) to redesign the specialty provider code system to an alphanumeric system; however, implementation of this new system seems to be in doubt. In the interim, to ensure

that pregnant women receive risk-appropriate care, the Committee urges CMS to create an interim two-digit specialty code under the current system, recognizing maternal-fetal medicine.

The Committee is concerned that many severely disabled Medicare recipients are being denied access to specialized equipment that can improve their health and quality of life. Through administrative ruling 96–1 Medicare changed its coverage policy and classified certain highly specialized sets of braces individually fit for the patient as non-covered wheelchairs. Congress has since mandated that the GAO review this change in policy. While the Congress awaits GAO's report, the Committee calls on CMS to withhold enforcement of 96–1 and to develop a proper "L" code and carrier instructions that would provide permanent and clear parameters for this type of reimbursement while safeguarding program integrity.

The Omnibus Consolidated & Emergency Supplemental Appropriations Act for Fiscal Year 2001, which included "the Medicare, Medicaid & S–CHIP Benefits Improvement & Protection Act of 2000," incorporated provisions relating to States' Medicaid upper payment limit programs. These provisions, which included reasonable transition periods for States to adopt a revised standard for treatment of their programs, were adopted after intense bipartisan negotiations among the House, Senate, and administration.

The Committee is pleased that the administration, in January and September 2001, supported this Medicaid upper payment limit agreement in the promulgation of Medicaid upper payment limit regulations. Further, the Committee reiterates its commitment to both the letter and spirit of this agreement, and directs the administration to maintain its course in complying with congressional intent. Any subsequent modifications should be done only after the administration has had an opportunity to assess the implementation of the new regulations and only in consultation with the States and their Medicaid programs, as well as the other stakeholders. The Committee is extremely concerned that eliminating the higher payment limit category compromise struck last year would be disastrous for all safety net hospitals, both public and private, that participate in the Medicaid program.

The Committee is aware of the progress made in translating selected CMS material into Chinese and disseminating to selected communities, and encourages the agency expand these efforts by broadening dissemination to a national basis and including additional Asian and Pacific languages. The Committee further encourages the agency to continue its collaboration with national aging organizations with proven experience in serving minority elders.

The Committee is aware of efforts by the Center for Healthcare Systems Standards to help hospitals implement the "Guidelines for Process Improvements in Healthcare Organizations," developed as international standards under ISO 9001:2000 and ISO 9004:2000. These new standards focus attention on reducing medical errors through process improvement including identifying systemic root causes of medical errors, improving the documentation process, and changing organizations towards a culture of systemic review, continuous error reduction, and overall quality improvement. The Committee encourages CMS to pursue efforts like this to help hospitals reduce errors.

The Committee is pleased with improvements in the rate of mispayments by the Medicare program. Additional resources and efforts have begun to make a difference. However, the Committee remains very concerned with the amount of money that continues to be lost to fraud, waste and abuse in the Medicare program. The Committee has held many hearings and taken other corrective actions over a 10-year period to expose and reduce these losses. The Balanced Budget Act contains a number of important reforms derived from Committee hearings.

The Committee continues to urge CMS to utilize new authorities for competitive bidding and improved beneficiary information so that savings to Medicare will accrue as quickly as possible.

There is strong evidence, through reports by the General Accounting Office, the Department and others that Medicare is significantly overpaying for many medical supplies. Therefore, the Committee continues to strongly urge use of the Secretary's enhanced inherent reasonableness authority on a national basis.

The Committee is aware that CMS completed tests of commercial off-the-shelf computer software designed to reduce Medicare mispayments and found that significant savings could be achieved by employing edits from the tested software. The Committee urges CMS to undertake testing of other similar commercial software and to incorporate edits found to achieve savings within current Medicare regulations and without harming quality of care.

The Committee is pleased that CMS has moved ahead to establish program integrity contracts. These contractors have significant potential to reduce losses to the Medicare program. The Committee encourages CMS to fully utilize these contractors and to explore the use of companies to recover mispayments that have significant experience providing this service to major commercial insurers and major employers.

The Committee believes that compliance with Medicare reimbursement policies would be enhanced by an expansion of provider education. Such an expansion would also aid health professionals who often feel overwhelmed by the volume and complexity of Medicare requirements. Therefore, the Committee urges that a portion of the increase in MIP funds be used to expand provider education and assistance.

The Committee is pleased with the progress that the CMS has made in meeting the Congressional mandates for a Medicare prospective payment system for long-term care hospitals. It remains important that this payment system be based on data from long-term care hospital patients and be designed expressly for patients treated in long-term care hospitals. It is also important that this improved payment system be based on patient medical diagnoses, reflect the level of acuity for long-term care hospital patients, recognize that these patients often have multiple medical problems, and include appropriate adjustments for outlier patients and other typical payment factors. CMS should maintain these efforts and continue to coordinate with Congress and all affected parties.

The Committee has held hearings documenting the need to reform Medicare's payments for ambulance services. It is this Committee's understanding that CMS will implement this year a comprehensive regulation establishing a new fee schedule for ambu-

lance payments as required by the Balanced Budget Act of 1997. The Committee is concerned that CMS is considering implementing the new fee schedule without fully implementing the required condition codes and believes such a decision would be adverse to beneficiaries, quality health care and program integrity. Therefore, the Committee directs CMS to implement the full set of condition codes simultaneously with the implementation of the fee schedule.

## ADMINISTRATION FOR CHILDREN AND FAMILIES

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

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|---|---|
| Appropriations, 2001 | $2,441,800,000 |
| Budget estimate, 2002 | 2,447,800,000 |
| Committee recommendation | 2,447,800,000 |

The Committee recommends that $2,447,800,000 be made available in fiscal year 2002 for payments to States for child support enforcement and family support programs, the same as the administration request. These payments support the States' efforts to promote the self-sufficiency and economic security of low-income families. The appropriation, when combined with the $1,000,000,000 in advance funding provided in last year's bill and an estimated $460,000,000 from offsetting collections, makes $3,907,800,000 available for this program.

The Committee also has provided $1,100,000,000 in advance funding for the first quarter of fiscal year 2003 for the child support enforcement program, the same as the budget request. These funds support efforts to locate noncustodial parents, determine paternity when necessary, and establish and enforce orders of support.

### LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

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|---|---|
| Appropriations, 2001 | $2,000,000,000 |
| Budget estimate, 2002 | 1,700,000,000 |
| Committee recommendation | 2,000,000,000 |

The Committee recommendation for LIHEAP is $2,000,000,000. This amount, when combined with the $300,000,000 available from the Supplemental Appropriations Act, 2001, provides a total of $2,300,000,000 for the LIHEAP program. This level of funding is $300,000,000 more than last year and $600,000,000 more than the budget request.

LIHEAP grants are awarded to States, territories, Indian tribes and tribal organizations to assist low-income households in meeting the costs of home energy. States receive great flexibility in how they provide assistance, including direct payments to individuals and vendors and direct provision of fuel.

The Committee recommendation includes $1,700,000,000 for the State grant program, $300,000,000 more than last year's funding level and the amount requested by the administration. These resources are distributed by formula to States, territories, Indian tribes and tribal organizations defined by statute, based in part on each State's share of home energy expenditures by low-income households nationwide.

The Committee recommendation includes $300,000,000 for the contingency fund, the same as the amount requested by the Administration and $300,000,000 less than the fiscal year 2001 appropriation. These resources are available until expended and can be released only upon submission of a formal request designating the need for the funds as an emergency, as defined by the Balanced Budget and Emergency Deficit Control Act. The Administration did not request resources for the contingency fund subject to this emergency requirement. The contingency fund may be used to provide assistance to one or more States adversely affected by extreme heat or cold, significant price increases or other causes of energy-related emergencies.

The Committee intends that up to $27,500,000 of the amounts appropriated for LIHEAP for fiscal year 2002 be used for the leveraging incentive fund. The fund will provide a percentage match to States for private or non-Federal public resources allocated to low-income home energy benefits.

REFUGEE AND ENTRANT ASSISTANCE

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|---|---|
| Appropriations, 2001 | $433,103,000 |
| Budget estimate, 2002 | 445,224,000 |
| Committee recommendation | 445,224,000 |

The Committee recommends $445,224,000 for refugee and entrant assistance, $12,121,000 more than the fiscal year 2001 level and the same amount as the budget request.

Based on an estimated refugee admission ceiling of 121,000, this appropriation, together with prior-year funds available for fiscal year 2002 expenses, will enable States to continue to provide at least 8 months of cash and medical assistance to eligible refugees and entrants, a variety of social and educational services, as well as foster care for refugee and entrant unaccompanied minors.

The Refugee and Entrant Assistance Program is designed to assist States in their efforts to assimilate refugees, asylees, Cuban and Haitian entrants, and adults and minors who are trafficking victims, into American society as quickly and effectively as possible. The program funds State-administered transitional and medical assistance, the voluntary agency matching grant program, programs for victims of trafficking and torture, employment and social services, targeted assistance, and preventive health.

In order to carry out the refugee and entrant assistance program, the Committee recommends $227,291,000 for transitional and medical assistance, including State administration and the voluntary agency program; $10,000,000 for victims of trafficking; $143,621,000 for social services; $4,835,000 for preventive health; and $49,477,000 for targeted assistance.

Section 412(a)(7) of title IV of the Immigration and Nationality Act authorizes the use of funds appropriated under this account to be used to carry out monitoring, evaluation, and data collection activities to determine the effectiveness of funded programs and to monitor the performance of States and other grantees.

The Committee recommends $10,000,000 to treat and assist victims of torture. These funds may also be used to provide training to healthcare providers to enable them to treat the physical and psychological effects of torture. The Committee acknowledges that

well-established treatment centers, such as the Center for Victims of Torture, have developed the knowledge base that has fostered growth of treatment facilities around the country and strengthened treatment services generally. This positive trend may continue if leading centers are able to expand their staffs to create more trainers and improve evaluation and research needed to guide and develop new programs.

CHILD CARE AND DEVELOPMENT BLOCK GRANT

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| Appropriations, 2001 | $1,999,987,000 |
| Budget estimate, 2002 | 2,199,987,000 |
| Committee recommendation | 2,000,000,000 |

The Committee recommendation provides $2,000,000,000 for the child care and development block grant, $199,987,000 less than the budget request and $13,000 more than fiscal year 2001.

The child care and development block grant supports grants to States to provide low-income families with financial assistance for child care; for improving the quality and availability of child care; and for establishing or expanding child development programs. The funds are used to both expand the services provided to individuals who need child care in order to work or attend job training or education and allow States to continue funding the activities previously provided under the consolidated programs.

The Committee rejects the administration proposal to set aside $400,000,000 within the block grant for States to provide certificates for low-income parents to help defray the costs of after-school programs with an education focus. The Committee notes that the 21st century community learning centers program administered by the Department of Education currently operates an education-based extended learning program for school-aged students. Fiscal year funding for this program was sufficient to fund just one in five high quality applications and approximately $800,000,000 was needed to provide grants to all applicants considered worthy of funding. Any fundamental change in the way the program operates is an issue that should be considered during the reauthorization of the child care and development block grant program.

The Committee recommendation provides $19,120,000 for the purposes of supporting resource and referral programs and before and afterschool services. This represents the Federal commitment to the activities previously funded under the dependent care block grant. The Committee further expects that these funds will not supplant current funding dedicated to resource and referral and school age activities provided by the child care and development block grant. The Committee strongly encourages States to address the matters of before and afterschool care and the establishment of resource and referral programs with the funds provided in this program.

The Committee recommendation includes $272,672,000 for child care quality activities, and sets aside $100,000,000 specifically for an infant care quality initiative. The Committee recommendation also provides $10,000,000 for child care research, demonstration and evaluation activities.

The Committee understands that the National Association of Child Care Resource and Referral Agencies is currently operating

Child Care Aware, the national toll-free information hotline, which links families to local child care services and programs. The Committee recognizes that funding from the resource and referral programs would allow the Association to continue to provide this critical assistance to parents returning to the workforce.

SOCIAL SERVICES BLOCK GRANT

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| Appropriations, 2001 | $1,725,000,000 |
| Budget estimate, 2002 | 1,700,000,000 |
| Committee recommendation | 1,700,000,000 |

The Committee recommends an appropriation of $1,700,000,000 for the social services block grant. The recommendation is the same amount as the budget request and $25,000,000 below the 2001 enacted level.

The Committee has included bill language that will allow States to transfer up to 5.9 percent from their fiscal year 2002 allocations under the Temporary Assistance for Needy Families program to the Social Services Block Grant program. Under the budget request, States would be limited to transfers of up to 4.25 percent for fiscal year 2002. The Committee recognizes that the block grant is a vital source of support for many vulnerable children and families, the elderly and single adults.

CHILDREN AND FAMILIES SERVICES PROGRAMS

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| Appropriations, 2001 | $7,965,739,000 |
| Budget estimate, 2002 | 8,191,398,000 |
| Committee recommendation | 8,592,496,000 |

The Committee recommends an appropriation of $8,592,496,000 for children and families services programs. This is $626,757,000 more than the fiscal year 2001 appropriation and $401,098,000 more than the budget request.

This appropriation provides funding for programs for children, youth, and families, the developmentally disabled, and Native Americans, as well as Federal administrative costs.

*Head Start*

Head Start provides comprehensive development services for low-income children and families, emphasizing cognitive and language development, socioemotional development, physical and mental health, and parent involvement to enable each child to develop and function at his or her highest potential. At least 10 percent of enrollment opportunities in each State are made available to children with disabilities.

The Committee recommends $6,600,000,000 for the Head Start Program, an increase of $400,188,000 above the 2001 level and $275,188,000 more than the budget request. The Committee recommendations includes $1,400,000,000 in advance funding that will become available on October 1, 2002.

The Committee is aware of the unique circumstances rural areas face in designing Early Head Start programs to meet the needs of families. Rural areas experience higher costs per child, either due to the higher cost of transporting infants and children to Early Head Start Centers, or because of higher rents due to the lack of adequate and licensable facilities in rural areas. In selecting new

grantees under this program, the Committee believes the Department should give consideration to applicants serving rural areas that meet or exceed all performance criteria but propose a higher cost per child due to these factors.

The Committee is aware that, in fiscal year 2001, approximately $180,000,000 was included in Head Start funding to improve staff salaries and professional development. This has increased both teacher compensation and retention rates among Head Start staff. The Committee expects the Department to continue to focus quality improvement efforts on improving Head Start teacher compensation such that teacher salaries more equitably reflect educational level and experience.

The Committee is aware of the need to strengthen the qualifications of Head Start teachers. At least 50 percent of teachers in center-based Head Start programs must have an associate, baccalaureate, or advanced degree in early childhood education or a degree in a related field, with experience in teaching preschool children, by September 30, 2003. The Committee expects the Department to focus staff development efforts on increasing the educational level of Head Start teachers in order to meet this goal.

The Head Start Act contemplates services to low-income children and their families. The law does not, however, prescribe age requirements for Head Start participation, short of limiting enrollment to children "who have not yet reached the age of compulsory school attendance." Despite this fact, Head Start has traditionally served children in their years immediately prior to their entering into kindergarten. With States and localities increasing their investments in preschool services, local Head Start programs have been presented with not only an opportunity, but a need to serve infants and toddlers—in their years proven to be the most formative in recently publicized brain research developmental studies.

Accordingly, the Committee encourages the Department of Health and Human Services to support efforts by local Head Start programs to use grant funds to deliver quality services to the infant and toddler population where a community assessment evidences a need for such services and the local program has the capacity to meet that need. The Committee supports this expansion in response to changing local community needs, separate and apart from the new grant process under the Early Head Start program created as part of the 1994 Head Start reauthorization. When combined with the new grant authority for Early Head Start which flows from increased appropriations annually, expansion of existing preschool programs to serve infants and toddlers is particularly responsive to research emphasizing the developmental needs of our youngest children—needs which can be ably addressed through the Head Start model of comprehensive services.

During the 107th Congress, the House and Senate will consider reauthorization of the Personal Responsibility and Work Opportunities Act, in order to assist individuals to secure gainful employment and help families to gain self-sufficiency in the new economy. As a result of the 1996 enactment of welfare reform, families previously eligible for Head Start services based on their low-income status have found themselves marginally exceeding those income

limitations and, therefore, losing access to Head Start services for their children.

The Committee recognizes that Head Start does not serve all income-eligible children and their families in the country. Nonetheless, while eligibility for other programs is sensitive to regional disparities in income, Head Start eligibility is not. It is clear that an inner-city family's expenses with respect to food, housing and medical needs are different from those of a rural family, while a rural family's transportation needs, for one, may well outpace similar needs for their urban neighbors. Eligibility requirements should reflect this difference. Current law gives the Secretary of Health and Human Services authority to permit the enrollment of a "reasonable number" of over-income families in Head Start. In a welfare-reformed era, families may find their income marginally exceeding national poverty guidelines, while their need for quality early childhood programming is even more pronounced. The Committee encourages the Secretary to permit local programs to best address local community needs in these changing times, but encourages flexibility which does not deny services to the neediest of the needy.

Accordingly, the Committee encourages the Secretary to exercise his authority to permit the enrollment of over-income children and their families in up to 25 percent of program placements, so long as services are not denied to income-eligible children and families as a result of this flexibility.

The Committee is aware that the goal of the Head Start program is to ensure the school readiness of children upon completion of the program. The Committee expects the Department of Health and Human Services to continue to promote learning and brain development to accelerate and improve the cognitive development of Head Start children. The Committee expects the Department to monitor Head Start programs to ensure that a majority of children participating in Head Start programs meet the minimum educational performance measures and standards upon completion of the program as outlined in the Head Start Act, as amended in 1998.

The Committee believes that Head Start funds should be spent to maximize the number of children served. Therefore, Head Start should limit its own operation of vehicles for the transportation of Head Start children, working to increase coordination with publicly-funded transit agencies or other public entities when such agencies can provide for the safe transportation of Head Start children at a reasonable cost. The Committee is aware of cases where Head Start has purchased buses when local transit authorities have been able to provide that service at a lower cost. In some cases, buses have been sold after being significantly underutilized. The Committee directs Head Start programs to purchase their own vehicles to transport children only when it can be demonstrated that such an approach is safer, more cost effective and more responsive to family needs than alternative approaches, including vehicle leasing and contracting with local transportation providers. The Committee expects the Department to provide adequate direction and decisional support to regional offices responsible for assessing the need for bus purchases and requests that the Department provide the Committee with a report of steps taken to ensure

that vehicles are purchased only when the local program demonstrates that this approach is safest and most cost effective. The Committee believes that the level of bus purchases in fiscal year 2002 should not exceed the fiscal year 2001 level. Further, the Committee directs the Head Start Bureau to provide the Committee with a list of all bus purchases made by local programs, the number of vehicle lease agreements entered into and the number of contracts for services with local transportation providers for fiscal year 2002.

The Committee understands that there are serious concerns that the bus safety rule promulgated at the beginning of 2001 contains elements that make it difficult to use the same buses for children and adults throughout the day in ways that have little or no effective safety benefits to Head Start participants, significantly increasing the program's transportation costs. The Department is urged to carefully examine that issue.

The Committee understands the serious need for additional and expanded Head Start facilities among native American populations and in rural areas. The Committee believes that the Department could help serve these needy communities by providing minor construction funding for facilities in the Alaskan communities served by the Tanana Chiefs Conference and the Central Council of Tlingit-Haida of Alaska.

The Committee encourages the agency to continue and expand its support of the Alaska SEED initiative to expand early childhood services for at risk children in Alaska ages 0–6 and to train Early Head Start teachers with AAS degrees through distance delivery for positions in rural Alaskan communities.

*Consolidated runaway and homeless youth program*

The Committee recommends $105,133,000 for this program, an increase of $36,000,000 above the fiscal year 2001 level and $3,000,000 more than the Administration request.

This program addresses the crisis needs of runaway and homeless youth and their families through support to local and State governments and private agencies. The Runaway and Homeless Youth Act requires that not less than 90 percent of the funds be allocated to States for the purpose of establishing and operating community-based runaway and homeless youth centers, as authorized under Parts A and B of the Act. Funds are distributed on the basis of the State youth population under 18 years of age in proportion to the national total. The remaining 10 percent funds networking and research and demonstration activities including the National Toll-Free Communications Center.

Grants are used to develop or strengthen community-based programs which assist homeless youth in making a smooth transition to productive adulthood and social self-sufficiency; and to provide technical assistance to transitional living programs for the acquisition and maintenance of resources and services.

The basic centers program, authorized under Part A of the Act, supports grants to community-based public and private agencies for the provision of outreach, crisis intervention, temporary shelter, counseling, family unification and aftercare services to runaway and homeless youth and their families.

The transitional living grant program provides grants to local public and private organizations to address shelter and service needs of homeless youth, ages 16–21. The program's goals are to have youth safe at home or in appropriate alternative settings and to help them develop into independent, contributing members of society.

A homeless youth accepted into the program is eligible to receive shelter and services continuously for up to 540 days. The services include counseling; life skills training, such as money management and housekeeping; interpersonal skill building, such as decision-making and priority setting; educational advancement; job preparation attainment; and mental and physical health care.

*Maternity group homes*.—Within the Committee recommendation for the consolidated runaway and homeless youth program, $33,000,000 is available for the maternity group home program, the same as the budget request. This is a new program proposed by the administration as part of its Faith Based Initiative. Under this program, the ACF will provide targeted funding for community-based, adult-supervised group homes for young mothers and their children. These homes will provide safe, stable, nurturing environments for mothers who cannot live safely with their own families and assist them in moving forward with their lives by providing support so they can finish school, acquire job skills, and learn to be good parents.

*Child abuse prevention programs*

The Committee has included $54,743,000 for child abuse and neglect prevention and treatment activities, including $21,026,000 for State grants and $33,717,000 for discretionary activities. This is the same as the fiscal year 2001 level and $15,739,000 more than the administration request. These programs seek to improve and increase activities at all levels of government which identify, prevent, and treat child abuse and neglect through State grants, technical assistance, research, demonstration, and service improvement. The Committee believes that the agency should fund activities aimed at developing and disseminating research-based models for child abuse prevention.

The Committee is aware of the following projects and programs, and encourages ACF to give each full and fair consideration for awards available in new grant competitions.

Parents Anonymous, Inc. will establish and maintain a national network of mutual support and parent leadership programs as a means of strengthening families in partnership with their communities.

A significant number of abused or neglected children in foster care programs have serious emotional, psychological and developmental problems which cannot be adequately addressed in regular foster care. Ohel Family Services in Brooklyn, New York plans to provide specialized services to aid these children, including intensive psychiatric and psychological treatment and crisis intervention, in-home support for foster parents, and rehabilitation activities for biological families.

Babyland Family Services, Inc. will integrate its family violence and child abuse prevention and crisis intervention services in order to develop a comprehensive program for children and families.

The University of Notre Dame has proposed a collaborative intervention and research project to prevent child neglect and delinquency among teenage mothers and their children.

Casa Myrna Vazquez is the largest provider of comprehensive services to battered women and children in New England.

Klamath Tribes Children's Protective Services and Family Preservation program will provide child abuse and prevention services.

The Alaska Native Health Board and Alaska Department of Health and Social Services will support the development and implementation of a statewide child abuse prevention and treatment plan to identify, prevent, and treat child abuse and neglect through technical assistance, research, demonstration and service improvement.

The innovative Connecticut Healthy Families Initiative will expand to additional sites and help prevent child abuse and neglect in families at risk for such behavior.

"STOP IT NOW!", a national non-profit organization dedicated to preventing the sexual abuse of children, will continue to increase public awareness about child sexual abuse, educate adults about the ways to stop it, and call on abusers and potential abusers to stop and seek help.

Healthy Families Home Visiting program in Alaska continues to achieve success especially in the area of preventing child abuse, in part due to the one-on-one interaction represented by this program. The State of Alaska will work with Alaska Native regional nonprofit corporations to continue and expand the Healthy Families Home Visiting Program in Alaska.

The Alaska Department of Health and Social Services proposes to develop a training program for social service and health providers in Alaska designed to help these providers identify cases of child abuse and document them appropriately.

*Abandoned infants assistance*

The Committee concurs with the budget request in recommending an appropriation of $12,205,000 for abandoned infants assistance, the same as the 2001 level and the administration request. This program provides financial support to public and private entities to develop, implement, and operate demonstration projects that will prevent the abandonment of infants and young children. Grants provide additional services such as identifying and addressing the needs of abandoned infants, especially those who are drug exposed or HIV positive; providing respite care for families and care givers; and assisting abandoned infants and children to reside with their natural families or in foster care.

*Child welfare services*

The Committee recommends an appropriation of $291,986,000 for child welfare services, the same as the fiscal year 2001 level and the administration request. This program helps State public welfare agencies improve their child welfare services with the goal of keeping families together. State services include: preventive inter-

vention, so that, if possible, children will not have to be removed from their homes; reunification so that children can return home and development of alternative placements like foster care or adoption if children cannot remain at home.

*Child welfare training*

The Committee recommends $7,998,000, an increase of $1,000,000 over the fiscal year 2001 level and the administration request. Under section 426, title IV–B discretionary grants are awarded to public and private nonprofit institutions of higher learning to develop and improve education/training programs and resources for child welfare service providers. These grants upgrade the skills and qualifications of child welfare workers.

*Adoption opportunities*

The Committee recommends $27,405,000 for adoption opportunities, the same as the fiscal year 2001 level and the administration request. This program eliminates barriers to adoption and helps find permanent homes for children who would benefit by adoption, particularly children with special needs. Since the Committee recommendation exceeds $5,000,000, grants for placement of minority children and postlegal adoption services, as well as grants for improving State efforts to increase placement of foster children legally free for adoption, should be made, as required by law.

*Adoption incentives*

The Committee recommends $43,000,000 for adoption incentives, the same amount as the fiscal year 2001 appropriation and the budget request. The purpose of this program is to provide incentive funds to States to encourage an increase in the number of adoptions of children from the public foster care system. These funds are used to pay States bonuses for increasing their number of adoptions. The appropriation allows incentive payments to be made for adoptions completed in fiscal years 2000 and 2001.

*Adoption awareness*

The Committee recommendation includes $12,906,000 for the adoption awareness program, an increase of $3,006,000 over the fiscal year 2001 level and $3,000,000 more than the administration request. This program was authorized in the Children's Health Act of 2000. The program consists of two activities: the Infant Adoption Awareness Training Program and the Special Needs Awareness Campaign. The Committee has provided resources above the request to implement the Special Needs Awareness Campaign in fiscal year 2002.

*Compassion capital fund*

The Committee recommendation includes $89,000,000 for the compassion capital fund, the same as the budget request. This new program is part of the Administration's Faith Based Initiative. Funds available for this program will be used for grants to public/private partnerships that help small faith-and community-based organizations replicate or expand model social services programs. Partnerships will provide technical assistance to these entities to

increase their capacity to deliver high quality social services and provide financial assistance to support start up and operational costs of their social service programs.

The Committee expects funds made available through this program to supplement and not supplant private resources and encourages the Secretary to require private resources to match grant funding provided to public/private partnerships.

*Responsible fatherhood initiative*

The Committee recommendation does not include resources for this proposed program. As part of its Faith Based Initiative, the administration proposed creating a new program to make responsible fatherhood a national priority and requested $64,000,000 for this new effort. The Committee has deferred action on this program pending the enactment of authorizing language. The proposed program would support competitive grants to faith- and community-based organizations to support initiatives that promote responsible fatherhood.

*Social services research*

The Committee recommends $27,426,000 for social services and income maintenance research, $10,175,000 less than the fiscal year 2001 level and $21,000,000 above the administration request. These funds support cutting-edge research and evaluation projects in areas of critical national interest. Research includes determining services that are more cost-effective and alternative ways to increase the economic independence of American families.

The Committee is concerned about the current status and future prospects for hard-to-employ welfare recipients who are close to meeting the 60-month time limit on benefits established by the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). A March, 2001 report by the General Accounting Office entitled "Moving Hard-to-Employ Recipients Into the Workforce", found that many current welfare recipients have two or more characteristics that make it difficult for them to find and hold a job. The report also observed that some States are unclear about the kinds of activities they are allowed to provide to welfare recipients, and as a result, are hesitant to allow recipients to participate in the full range of activities that might help them find and keep jobs. The Committee strongly urges the Department to undertake research to identify the types of barriers hard-to-employ welfare recipients face, the pervasiveness of these barriers among the current population of recipients and to estimate the number of such recipients who will reach their 60-month limit on benefits. The Committee also encourages the Department to expand its efforts to help States better understand how to use the flexibility they have under the PRWORA to provide appropriate services to hard-to-employ welfare recipients.

At the Committee's request, ACF 3 years ago launched a concerted effort to assist States in meeting the complex information and systems reporting requirements of TANF. ACF turned to 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. In order

to further streamline service delivery and reduce overall costs, an effort is now underway to apply web-based technology to help each State integrate their loosely connected stand-alone systems under a single information technology network. The Committee supports this common-sense approach to systems coordination and encourages ACF to continue this effort at the current level of support.

The Committee continues to be supportive of the National Center for Appropriate Technology's information technology clearinghouse in Butte, Montana.

The Committee is aware of the following projects and programs, and encourages the Department to give each full and fair consideration when making awards in new grant competitions.

The Toni Jennings Exceptional Education Institute located within the University of Central Florida's Academy for Teaching, Learning and Leadership has developed programs to enhance parenting skills; develop new approaches for interaction between fathers and their special needs children; and facilitate the development of knowledge and skills necessary to provide educational and clinical services for children and adults.

The Montana Child Care Financing Demonstration Project proposes to establish an ongoing child care financing fund to create meaningful support for the many low income working families who earn just above the eligibility guidelines for child care financial assistance.

The City of Newark will develop and evaluate a coordinated approach for the delivery of a full spectrum of social services to underinsured and uninsured women and youth ages 0–5 to improve the health status of this target population.

CONTACT project provides health and human services information and referrals, as well as Elder Reassurance and volunteer referrals in support of the needs of community residents.

The family resiliency initiative of the University of Hawaii Center on the Family will include the development of a comprehensive data system for a wide range of end users.

*Community-based resource centers*

The Committee recommends $32,834,000 for community-based resource centers, the same level as provided in fiscal year 2001. This amount, the same as the administration request, funds a consolidation of the community-based family resource program and the temporary child care and crisis nurseries program. This program is intended to assist States in implementing and enhancing a statewide system of community-based, family-centered, family resource programs, and child abuse and neglect prevention through innovative funding mechanisms and broad collaboration with educational, vocational, rehabilitation, health, mental health, employment and training, child welfare, and other social services within the State. The temporary child care and crisis nurseries serve thousands of families with children who have a disability or serious illness, and families that are under stress, including families affected by HIV/AIDS, homelessness, violence, family crisis, and drugs and alcohol.

*Developmental disabilities*

The Committee recommends $140,534,000 for developmental disabilities programs, an increase of $7,000,000 over last year and $7,200,000 more than the request. The Administration on Developmental Disabilities supports community-based delivery of services which promote the rights of persons of all ages with developmental disabilities. Developmental disability is defined as severe, chronic disability attributed to mental or physical impairments manifested before age 22, which causes substantial limitations in major life activities.

*State councils*

For State councils, the Committee recommends $69,800,000. In 1987, the Developmental Disabilities Act changed the focus of State councils from services provision and demonstration to planning and services coordination directed to effecting systems change. Since that time, the States have been shifting away from their original role of services provision to their current mission to effect system change on behalf of persons with developmental disabilities.

*Protection and advocacy grants*

For protection and advocacy grants, the Committee recommends $35,000,000. This formula grant program provides funds to States to establish protection and advocacy systems to protect the legal and human rights of persons with developmental disabilities who are receiving treatment, services, or rehabilitation within the State.

The Committee supports the continuation of an interagency approach to providing training and technical assistance to the Protection and Advocacy System. This collaboration has worked well in coordinating the provision of critical information to the system. The Committee intends that training and technical assistance should be delivered through a multiyear cooperative agreement with an agency that has demonstrated the capacity to provide this service and is supported by the P&A agencies in the States. The Committee recommends that ADD involve other agencies which administer P&A programs such as Social Security Administration and HRSA in determining the entity to receive the interagency grant.

*Projects of national significance*

The Committee recommends $11,734,000 for projects of national significance to assist persons with developmental disabilities. This program funds grants and contracts providing nationwide impact by developing new technologies and applying and demonstrating innovative methods to support the independence, productivity, and integration into the community of persons with developmental disabilities.

The Committee recognizes the work of the Family Friends program in training senior volunteers to provide respite to families whose members have disabilities. The Committee believes that additional funds from the Department will assist in the development of a Family Friends pilot project to provide technical assistance and training in the application of the successful Family Friends volun-

teer respite care model to the needs of aging parents of adult individuals with developmental disabilities.

*University-affiliated programs*

For university-affiliated programs, the Committee recommends $24,000,000. This program provides operational and administrative support for a national network of university-affiliated programs and satellite centers. Grants are made annually to university-affiliated programs and satellite centers for interdisciplinary training, exemplary services, technical assistance, and information dissemination activities.

*Native American programs*

The Committee recommends $45,996,000 for Native American programs, the same amount as the 2001 level and $1,600,000 more than the budget request. The Administration for Native Americans [ANA] assists Indian tribes and native American organizations in planning and implementing long-term strategies for social and economic development through the funding of direct grants for individual projects, training and technical assistance, and research and demonstration programs.

The Committee continues to be concerned that Native American children may be placed in homes without foster care maintenance payments to support the cost of food, shelter, clothing, daily supervision, school supplies, or liability insurance for the child. For children adopted through tribal placements, there may be no administrative payments for expenses associated with adoption and training of professional staff or parents involved in the adoption. In the past, the Committee has supported a demonstration project to provide funding to two Alaska Native regional non-profit organizations, Cook Inlet Tribal Council, Inc. in Anchorage, and Kawerak, Inc. in Nome. Also, the Tanana Chiefs Conference in Interior Alaska is developing a State/Alaska Native information system so that Alaska Native children have the same support as other American children.

The Committee is aware that in Alaska Native villages, disparate programs exist to deal with problems of infants, children, the disabled, the elderly and others, as well as for alcohol and drug use, physical and sexual abuse, and mental health, and that the Alaska Federation of Natives has initiated a program to bring together the resources of all such programs to help Native communities in Alaska heal themselves and their members on a holistic basis, without social stigma attached to any individual or family.

The Committee is aware that the Tate Ota (Many Winds) Corporation on the Rosebud Indian Reservation in Mission, South Dakota, will research historical efforts to educate Native American youth and apply what is learned to improve the educational process in tribal schools.

The Committee is concerned about the allocation of resources for Native Hawaiian groups, and urges equal consideration for future government-funded programs that affect Native Hawaiians. The Committee recommends equitable funding from the Administration for Native Americans for the provision of assistance to support educational activities associated with the exercise of self-determination

by Native Hawaiian people and the identification of self-government.

*Community services*

The Committee recommends an appropriation of $765,304,000 for the community services programs. This is $82,654,000 more than the fiscal year 2001 level and $110,289,000 higher than the administration request.

Within the funds provided, the Committee recommends $675,000,000 for the community services block grant [CSBG]. These funds are used to make formula grants to States and Indian tribes to provide a wide range of services and activities to alleviate causes of poverty in communities and to assist low-income individuals in becoming self-sufficient. The Committee recommendation recognizes the increased demand by the low-income population for services provided by CSBG-funded community action agencies.

The Committee continues to recognize the importance of the Community Services Block Grant and the Community Action Agencies it funds. An appropriation of $675,000,000 has been provided for CSBG for fiscal year 2002, a sizable increase of $75,009,000 over the fiscal year 2001 level.

It is the intent of the Committee that all eligible entities in good standing receive a proportionate share of the increase provided for fiscal year 2002. Congress has provided significant investment in the Community Services Block Grant in recent years, and expects all eligible entities, particularly Community Action Agencies, to benefit. The Committee is aware that report language in the statement of the managers accompanying the fiscal year 2001 conference report to this effect (H. Rept. 106–1033) was not universally implemented in all States; therefore the Committee has adopted legislative language to make its intentions unambiguously clear. The Committee expects that the Office of Community Services will enforce this bill language.

The Committee expects the Office of Community Services to release funding to the States in the most timely manner. The Committee also expects the States to makes funds available promptly. The Committee is aware that the Office of Community Services and some States have been extraordinarily delinquent in providing funds to local eligible entities.

The Committee is aware that Community Action Agencies have well-established partnerships with the private sector, the public sector, other community-based organizations, and faith-based organizations. The Committee expects fiscal year 2002 funding to help provide stronger partnerships of eligible entities of the Community Services Block Grant, which are predominantly Community Action Agencies.

The Committee is also aware that Community Action Agencies are developing model programs in the areas of fatherhood initiatives, mentoring, literacy, and family development. For example, CAP of Lancaster County, of Lancaster, Pennsylvania, and Metropolitan Development Council of Tacoma, Washington, have excellent fatherhood programs. CHANGE, Inc. of Weirton, West Virginia and the Rural Alaska Community Action Program, Inc., which serves the entire State of Alaska, have developed exemplary men-

toring programs. CAP Services, Inc. of Stevens Point, Wisconsin and the Community Action Council of Lexington, Kentucky, have implemented nationally recognized literacy programs. Community Action Agencies across Iowa and Wisconsin have developed exemplary family development programs. The Committee expects that the money going to Community Action Agencies through the Community Services Block Grant will continue to provide services that innovate and create model programs such as these.

In addition, the Committee again expects the Office of Community Services to inform the State CSBG grantees of any policy changes affecting carryover CSBG funds within a reasonable time after the beginning of the Federal fiscal year.

Several discretionary programs are funded from this account. Funding for these programs is recommended at the following levels for fiscal year 2002: community economic development, $35,000,000; individual development accounts, $24,990,000; rural community facilities, $7,000,000; national youth sports, $16,000,000; and community food and nutrition, $7,314,000.

Community economic development grants are made to private, nonprofit community development corporations, which in turn provide technical and financial assistance to business and economic development projects that target job and business opportunities for low income citizens. The Committee has included bill language clarifying that Federal funds made available through this program may be used for financing for construction and rehabilitation and loans or investments in private business enterprises owned by Community Development Corporations. Of the total provided, the Committee has included $5,000,000 for the Job Creation Demonstration authorized under the Family Support Act to target community development activities to create jobs for people on public assistance. As in the past, the Committee expects that a priority for grants under this program go to experienced community development corporations. The Committee reiterates its expectation that national youth sports funds be awarded competitively.

The Committee has provided funding for Rural Community Facilities Technical Assistance. Most of the drinking water and waste water systems in the country that are not in compliance with Federal standards are in communities of 3,000 or fewer. Rural Community Assistance Programs [RCAPs] use these funds to assist a number of communities in gaining access to adequate community facilities, gaining financing for new or improved water and waste water systems and in complying with Federal standards.

The Committee continues to support the Job Creation Demonstration program, authorized by the Family Support Act. Approximately 46 nonprofit organizations have been funded under this program since 1990, providing welfare recipients and low income individuals an estimated 4,000 new jobs and allowing them to start 2,000 new micro-businesses. The Committee recognizes that continued and additional funding of the Job Creation Demonstration program would provide opportunities for more low-income individuals.

The Committee is aware that Yellowstone County, Montana is home to a growing number of low income, high-risk, preschool children and families with escalating needs. The County is developing

innovative solutions that coordinate employment training, health services and school readiness programs for these disadvantaged families. The Committee encourages ACF to give consideration to such a proposal.

*Family violence prevention and services*

The Committee recommends $139,156,000 for family violence prevention and services programs, an increase of $5,082,000 over the fiscal year 2001 appropriation and the budget request.

For the runaway youth prevention program, the Committee recommends $14,999,000, which is the same as the fiscal year 2001 appropriation and the administration request. This is a discretionary grant program open to private nonprofit agencies for the provision of services to runaway, homeless, and street youth. Funds may be used for street-based outreach and education, including treatment, counseling, provision of information, and referrals for these youths, many of whom have been subjected to or are at risk of being subjected to sexual abuse.

For the national domestic violence hotline, the Committee recommends $2,157,000, which is the same amount as the fiscal year 2001 appropriation and the administration request. This is a cooperative agreement which funds the operation of a national, toll-free, 24-hours-a-day telephone hotline to provide information and assistance to victims of domestic violence.

The Committee recommends $122,000,000 for the grants for battered women's shelters program, $5,082,000 above the fiscal year 2001 program level and the administration request. This is a formula grant program to support community-based projects which operate shelters for victims of domestic violence. Emphasis is given to projects which provide counseling, advocacy, and self-help services to victims and their children.

*Early learning opportunities program*

The Committee recommendation includes $25,000,000 for the early learning opportunities program, $5,002,000 more than the fiscal year 2001 funding level. The administration proposed eliminating this program. This program supports grants to local community councils comprised of representatives from agencies involved in early learning programs, parent organizations and key community leaders. Funds are used to increase the capacity of local organizations to facilitate development of cognitive skills, language comprehension and learning readiness; enhance childhood literacy; improve the quality of early learning programs through professional development and training; and remove barriers to early learning programs.

*Faith-based center*

The Committee recommendation does not include $3,000,000 requested for staff to support operation of a Center for Faith-Based and Community Initiatives. The staff resources required for the Center can be absorbed within the general departmental management account.

*Program administration*

The Committee recommends $171,870,000 for program administration, $8,000,000 above the fiscal year 2001 appropriation and the same as the administration request.

The Committee appreciates the contributions made by ACF in responding to the tragedy that occurred on September 11, 2001. The Committee notes that ACF promptly released resources to support the social service needs of individuals in affected communities and provide for child care and related services required to sustain the heroic efforts of relief workers. These resources, as well as the additional support provided to ACF's programs that serve children in affected communities, will help individuals and families access the services and information they need to cope with and heal from the tragic events of that day.

The Committee is aware of the Department's new rule regarding outcome-based reviews. These reviews are an effective method for monitoring the progress States are making in assuring the safety, health and permanency for children in child welfare and foster care as required in the Adoption and Safe Families Act. The Committee encourages the Department to make available sufficient resources to ensure full implementation of the new collaborative monitoring system.

PROMOTING SAFE AND STABLE FAMILIES

| | |
|---|---|
| Appropriations, 2001 | $305,000,000 |
| Budget estimate, 2002 | 572,000,000 |
| Committee recommendation | 305,000,000 |

The Committee recommends $305,000,000 for fiscal year 2002, $267,000,000 less than the amount requested by the administration and the same amount as the fiscal year 2001 level. These funds will support: (1) community-based family support services to assist families before a crisis arises; and (2) innovative child welfare services such as family preservation, family reunification, and other services for families in crisis. These funds include resources to help with the operation of shelters for abused and neglected children, giving them a safe haven, and providing a centralized location for counseling.

The promoting safe and stable families program is under consideration for reauthorization this year. The administration proposed increasing the authorization level of this appropriated entitlement program by $200,000,000 and also requested $67,000,000 for a new mentoring children of prisoners program. The Committee defers action on these requests pending enactment of authorizing legislation.

MENTORING CHILDREN OF PRISONERS

The Committee defers action on this request pending enactment of authorizing legislation. As part of its Faith Based Initiative, the administration proposed a new program designed to mentor children of prisoners and requested $67,000,000 for this purpose. Funds would be used to award competitive grants to local governments for the establishment or operation of programs providing mentoring for children of prisoners and probationers through net-

works of community organizations, including faith based organizations.

PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION ASSISTANCE

| | |
|---|---|
| Appropriations, 2001 | $4,863,100,000 |
| Budget estimate, 2002 | 4,945,200,000 |
| Committee recommendation | 4,885,200,000 |

The Committee recommends $4,885,200,000 for this account, which is $22,100,000 more than the 2001 comparable level and $60,000,000 less than the budget request. In addition, the Committee recommendation concurs with the administration's request of $1,754,000,000 for an advance appropriation for the first quarter of fiscal year 2003. The Foster Care Program provides Federal reimbursement to States for: maintenance payments to families and institutions caring for eligible foster children, matched at the Federal medical assistance percentage [FMAP] rate for each State; and administration and training costs to pay for the efficient administration of the Foster Care Program, and for training of foster care workers and parents.

The Adoption Assistance Program provides funds to States for maintenance costs and the nonrecurring costs of adoption for children with special needs. The goal of this program is to facilitate the placement of hard-to-place children in permanent adoptive homes, and thus prevent long, inappropriate stays in foster care. As in the Foster Care Program, State administrative and training costs are reimbursed under this program.

The Independent Living Program provides services to foster children under 18 and foster youth ages 18–21 to help them make the transition to independent living by engaging in a variety of services including educational assistance, life skills training, health services and room and board. States are awarded grants from the annual appropriation proportionate to their share of the number of children in foster care, subject to a matching requirement.

The administration proposed amending the Independent Living program by increasing the cap on entitlement spending to $200,000,000. The additional $60,000,000 made available through this proposal would support vouchers for children who age out of the foster care system so they can pursue vocational training or college and be better prepared to live independently and contribute productively to society. The Committee defers action on this proposal pending enactment of authorizing legislation.

ADMINISTRATION ON AGING

| | |
|---|---|
| Appropriations, 2001 | $1,103,093,000 |
| Budget estimate, 2002 | 1,097,718,000 |
| Committee recommendation | 1,209,756,000 |

The Committee recommends an appropriation of $1,209,756,000 for aging programs, $106,663,000 above the 2001 appropriation and $112,038,000 more than the budget request.

*Supportive services and senior centers*

The Committee recommends an appropriation of $366,000,000 for supportive services and senior centers, $41,425,000 more than the

amount appropriated in fiscal year 2001 and $39,425,000 more than the administration request. The increased funding will provide additional transportation, in-house services, chore services, case management and other support for frail older individuals. This State formula grant program funds a wide range of social services for the elderly, including multipurpose senior centers, adult day care and ombudsman activities. State agencies on aging award funds to designated area agencies on aging who in turn make awards to local services providers. All individuals age 60 and over are eligible for services, although, by law, priority is given to serving those who are in the greatest economic and social need, with particular attention to low-income minority older individuals and those residing in rural areas. Under the basic law, States have the option to transfer up to 30 percent of funds appropriated between the senior centers program and the nutrition programs which allows the State to determine where the resources are most needed.

*Preventive health services*

The Committee recommends $22,000,000 for preventive health services, an increase of $877,000 more than the amount appropriated in fiscal year 2001 and the budget request. Funds appropriated for this activity are part of the comprehensive and coordinated service systems targeted to those elderly most in need. Preventive health services include nutritional counseling and education, exercise programs, health screening and assessments, and prevention of depression. Within the appropriation for this program, $5,000,000 is provided to continue medication management, screening and education activities to prevent incorrect medication and adverse drug reactions. These activities will help older adults learn more about managing medications safely and help reduce unnecessary hospitalizations and illnesses.

*Protection of vulnerable older Americans*

The Committee recommends $18,181,000 for grants to States for protection of vulnerable older Americans. Within the Committee recommendation, $12,949,000 is for the ombudsman services program and $5,232,000 is for the prevention of elder abuse program. The amount recommended for the ombudsman services program is $3,500,000 more than the fiscal year 2001 level and the administration request. The amount recommended for the elder abuse prevention program is $500,000 more than the fiscal year 2001 level and budget request. Both programs provide formula grants to States to prevent the abuse, neglect, and exploitation of older individuals. The ombudsman program focuses on the needs of residents of nursing homes and board and care facilities, while elder abuse prevention targets its message to the elderly community at large.

The Committee recognizes the importance of the Long-Term Care Ombudsman Program in assisting residents of nursing homes and board and care facilities resolve abuse and neglect complaints. The Committee is aware of the Institute of Medicine's 1995 study which recommended a ratio of 1 Ombudsman for every 2,000 nursing home beds to meet the needs of long-term care residents, as well as DHHS Office of Inspector General's 1999 report recommending additional funding for the program. Therefore, the Committee has

provided an increase of $3,500,000 for the Long-Term Ombudsman Program, which will allow the program to hire additional Ombudsman staff, expand public information and education campaigns, and upgrade technology.

The Committee supports continued and additional funding for the long-term care ombudsman resource center and its training and clearinghouse functions, which provide information, technical assistance, programmatic, and other support for State and regional long-term care ombudsmen.

*National family caregiver support program*

The Committee recommends $140,000,000 for the national family caregiver support program, an increase of $20,000,000 over the amount appropriated in fiscal year 2001 and $18,000,000 more than the budget request. Funds appropriated for this activity established a multifaceted support system in each State for family caregivers. All States are expected to implement the following five components into their program: individualized referral information services; assistance to caregivers in locating services from a variety of private and voluntary agencies; caregiver counseling, training and peer support; respite care provided in the home, an adult day care center or other residential setting located in an assisted living facility; and limited supplemental services that fill remaining service gaps.

*Native American Caregiver Support Program*

The Committee recommendation includes $6,000,000 to carry out the Native American Caregiver Support Program, an increase of $1,000,000 over last year. The program will assist Tribes in providing multifaceted systems of support services for family caregivers and for grandparents or older individuals who are relative caregivers. In fiscal year 2001, funds were used to provide both discretionary and formula grants to support the purpose of this program.

*Congregate and home-delivered nutrition services*

For congregate nutrition services, the Committee recommends an appropriation of $384,000,000, an increase of $5,588,000 over the amount appropriated in fiscal year 2001 and the budget request. For home-delivered meals, the Committee recommends $177,000,000, an increase of $25,000,000 over the amount appropriated in fiscal year 2001 and $19,000,000 more than the administration request. These programs address the nutritional need of older individuals. Projects funded must make home-delivered and congregate meals available at least once a day, 5 days a week, and each meal must meet one-third of the minimum daily dietary requirements. While States receive separate allotments of funds for congregate and home-delivered nutrition services and support services, they are permitted to transfer up to 40 percent of funds between these programs.

*Aging grants to Indian tribes and native Hawaiian organizations*

The Committee recommends $26,000,000 for grants to native Americans, $2,543,000 more than the amount appropriated in fiscal

year 2001 and $543,000 more than the administration request. Under this program awards are made to tribal and Alaskan Native organizations and to public or nonprofit private organizations serving native Hawaiians which represent at least 50 percent Indians or Alaskan Natives 60 years of age or older to provide a broad range of supportive services and assure that nutrition services and information and assistance are available.

*Training, research and discretionary projects*

The Committee recommends $36,574,000 for training, research, and discretionary projects, $722,000 more than the fiscal year 2001 enacted level and $19,000,000 more than the budget request. These funds support activities designed to expand public understanding of aging and the aging process, apply social research and analysis to improve access to and delivery of services for older individuals, test innovative ideas and programs to serve older individuals, and provide technical assistance to agencies who administer the Older Americans Act.

The Committee has provided support at last year's level to continue the pilot project to test the best ways of using the skills of retired nurses, doctors, accountants and other professionals to train other seniors and to serve as expert resources to detect and stop Medicare fraud, waste and abuse. The Committee expects that these funds will be used to make grants and that administrative costs will be minimized. In addition, the Committee expects that an improved system will be developed and implemented in coordination with CMS and the OIG to track cases referred by this initiative.

The following programs and projects have been brought to the Committee's attention. The Committee expects the Administration on Aging to give each full and fair consideration for awards available under new grant competitions.

The National Indian Council on Aging continues to initiate programs designed to improve access to social services at the Federal, State, and tribal levels for elders in Indian Country through the nation's 235 Title VI programs.

Recent studies have forecasted significant changes in the size and economic well being of the elderly population in Missoula, Montana. The Missoula Aging Services will continue to develop new and innovative programs such as a resource center and other support systems to serve the needs of community residents.

The SPRY Foundation will continue its efforts to improve the quality of life for seniors throughout the United States by developing web-based resources and related training programs to help seniors and their families access high-quality information and caregiver support services.

The West Virginia University National Rural Aging Project proposes to support State efforts to implement and evaluate best practices in improving service delivery to the elderly in rural areas.

The National Council on the Aging proposes to establish the National Center on Senior Benefit Outreach to provide seniors and caregivers with timely information and assistance about State and Federal programs that address important health, financial and social needs.

The Motion Picture and Television Fund, in partnership with the University of Southern California's Andrus School of Gerontology has developed the Eden Alternative demonstration project, which seeks to improve quality of care and life for seniors residing in nursing homes and assisted living facilities.

Sonoma State University has developed the Lifelong Learning Institute which encompasses a university-community partnership designed to promote a wide range of intellectually stimulating learning opportunities in support of the creative growth of retired individuals.

Naturally Occurring Retirement Communities (NORCs) provide seniors with the supportive services that they need to continue living independently and avoid early and unnecessary institutionalization. A multi-state demonstration project targeting NORC communities in Baltimore, Cleveland, Detroit, St. Louis, and Pittsburgh could promote the testing and development of improved integrated systems providing supportive services to large concentration of seniors, the results of which could be used to formulate national models.

Access Community Health Network in Chicago has developed a Senior Outreach Program to provide direct links to primary health care for the isolated elderly.

The Florida State University System has developed a major research initiative consisting of an integrated set of research, policy analysis and development projects designed to address long-term care in Florida and the nation, in particular focusing on community-based long-term care services with the integration of housing, assistive technology, transportation, caregiver, mental health and acute-care services.

The Gerontological Studies Center at Northern Michigan University will combine research and educational programming with community services to benefit the elderly population of Michigan's upper peninsula.

Oregon Health Sciences University will expand its Healthy Aging project by helping the elderly and their family maintain self-determination, dignity and optimal quality of life as they deal with inevitable declines in physical independence.

Texas Tech University's Center for Healthy Aging, a state-of-the art geriatric care, training, and research center, will serve as a national model for the treatment and understanding of long-term health care for older Americans.

The Coalition of Wisconsin Aging Groups proposes to expand the Elder Law Center to provide legal backup to benefit specialists and to educate members of the legal community and the public on growing concerns about financial elder abuse and possible remedies to that problem.

The La Crosse Hmong Mutual Assistance Association is developing programs to provide employment, social, economic and educational assistance to elderly Hmong refugees.

Champlain Senior Center in Burlington, Vermont proposes to utilize technology in its efforts to help more low income senior remain independent and active for as long as possible.

The University of Indianapolis, through its new Center for Aging and Community Health, is developing an integrated complement of

clinical, educational, and research programs in order to improve services to the community.

The Center to Enhance Quality of Life in Chronic Illness at Indiana University proposes to undertake research on preventing falls among the elderly, home support of patients with congestive heart failure and interventions to family care givers of Alzheimer patients.

The National Asian Pacific Center for Aging's efforts have helped increase access for American Asian and Pacific Islander seniors to social services and other support programs.

The Franciscan Health System's program "Improving Care through the End of Life" has demonstrated cost savings achieved by programs that integrate palliative care into a comprehensive, interdisciplinary service geared toward patients with terminal illnesses.

The Hana Community Health Center provides traditional nutrition services to the area's elderly population, and also provides additional wellness programs, home health care and transportation assistance, enabling the elderly to remain in the Hana Community.

The Allegheny County Homestead Apartments LIFE Center will provide quality primary health care, physical and occupational therapy, and limited social services to the senior citizens at the Homestead Apartments and in the surrounding area, allowing seniors to remain at home.

The International Longevity Center proposes to establish a Visiting Scholars Program, expand research focused on the daily life experiences of older persons and disseminate research findings widely.

The Family Friends Project continues to pursue new replication approaches and support technical assistance and training for local sites through the Family Friends national office.

*Aging network support activities*

The Committee recommends $2,379,000 for aging network support activities, $567,000 more than the fiscal year 2001 level and the budget request. The Committee recommendation includes $1,198,607 for Eldercare Locator, $337,557 more than the fiscal year 2001 appropriation. The Committee recommendation provides $1,180,393 for the pension information and counseling projects, $229,000 more than last year. These program were funded as demonstration activities through the fiscal year 2001 appropriation. Last year's reauthorization of the Older Americans Act authorized both of these activities under section 201 of the Act.

The Eldercare Locator, a toll-free, nationwide directory assistance service for older Americans and their caregivers, is operated by the National Association of Area Agencies on Aging. Since 1991, the service has linked nearly 500,000 callers to an extensive network of resources for aging Americans and their caregivers. Pension counseling projects provide information, advice, and assistance to workers and retirees about pension plans, benefits, and pursuing claims when pension problems arise.

*Alzheimer's Disease Demonstration Grants to States*

As a result of the aging of the Baby Boom generation, the number of individuals affected by Alzheimer's Disease will double in the next twenty years. The Committee recommends a funding level of $13,000,000, an increase of $4,038,000 over the fiscal year 2001 level and the Administration's request.

Currently, an estimated 70 percent of individuals with Alzheimer's disease live at home, where families provide the preponderance of care. For these families, care giving comes at enormous physical, emotional and financial sacrifice. The Alzheimer's disease demonstration grant program currently provides matching grants to 24 States to stimulate and better coordinate services for families coping with Alzheimer's. With a relatively small amount of Federal support to provide the stimulus, States have found innovative ways to adapt existing health, long-term care, and community services to reach previously underserved populations, particularly minorities and those living in rural communities. Given the programs proven record of success, the Committee recommends an increase of $4,038,000 over the comparable 2001 appropriation to expand the program to additional States.

*Program administration*

The Committee recommends $18,122,000 to support Federal staff that administer the programs in the Administration on Aging, $903,000 above the 2001 level and the same amount as the budget request. These funds provide administrative and management support for programs administered by the agency.

The Committee applauds the efforts of the AoA and the national aging network in helping address the needs of the elderly and their caregivers arising from the tragedy that occurred on September 11, 2001. The Committee recognizes that AoA and many State and local organizations serving the elderly and caregivers focused resources and increased attention on helping support the local aging network in responding to the needs of elderly individuals residing in communities affected by that day's tragedy. These events underscore both the vulnerability of the elderly, and especially homebound elderly, in times of both natural and man-made disasters. However, these events also underscore the fact that the national aging network, comprising 56 State units on aging, 655 area agencies on aging, 235 Tribes and Tribal organizations, and 29,000 local services providers, represents a tremendous resource for assisting the community at large during emergency situations. The Committee commends and supports the continued efforts of AOA and the aging network in providing for the needs of the elderly and their caregivers, including mental health needs, in affected communities. The Committee also urges the Secretary to continue efforts to plan for emergencies, to ensure that the elderly and their caregivers receive the help they need and to facilitate making the resources of the national aging network available to the community at large in emergency situations.

## OFFICE OF THE SECRETARY

### GENERAL DEPARTMENTAL MANAGEMENT

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| Appropriations, 2001 | $378,019,000 |
| Budget estimate, 2002 | 442,751,000 |
| Committee recommendation | 422,212,000 |

The Committee recommends $422,212,000 for general departmental management [GDM]. This is $20,539,000 less than the administration request and $44,193,000 above the fiscal year 2001 level. Within this amount, the Committee includes the transfer of $5,851,000 from Medicare trust funds, which is the same as the administration request and the fiscal year 2001 level. Included in these funds is $5,000,000 to be transferred to the Global Fund to Fight HIV/AIDS, Malaria, and Tuberculosis.

This appropriation supports those activities that are associated with the Secretary's role as policy officer and general manager of the Department. It supports certain health activities performed by the Office of Public Health and Science, including the Office of the Surgeon General. GDM funds also support the Department's centralized services carried out by several Office of the Secretary staff divisions, including personnel management, administrative and management services, information resources management, intergovernmental relations, legal services, planning and evaluation, finance and accounting, and external affairs.

The Office of the Surgeon General, in addition to its other responsibilities, provides leadership and management oversight for the PHS Commissioned Corps, including the involvement of the Corps in departmental emergency preparedness and response activities.

The Committee is aware that, in response to the September 11th terrorist attacks, the Department activated the National Disaster Medical System (NDMS) to provide emergency medical assistance to local officials in New York City and at the Pentagon. The Office of Emergency Preparedness deployed 328 medical personnel as part of Disaster Medical Assistance Teams (DMATS), which consisted of physicians, nurses and emergency medical technicians trained to deal with traumatic injuries. In addition, four Disaster Mortuary Operation Response Teams (DMORTS) were dispatched to New York City, and three to the Washington area. The Committee commends the Department for its quick response and for providing needed resources to local emergency personnel.

The Committee has provided $4,000,000 to support the activities of the United States-Mexico Border Health Commission as authorized by Public Law 103–400. The Commission is authorized to assess and resolve current and potential health problems that affect the general population of the United States-Mexico border area.

The Committee directs that specific information requests from the Chairman and Ranking Members of the Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies, on scientific research or any other matter, shall be transmitted to the Committee on Appropriations in a prompt professional manner and within the time frame specified in the request. The Committee further directs that scientific information requested by the Committees on Appropriations and prepared by government

researchers and scientists be transmitted to the Committee on Appropriations, uncensored and without delay.

The Committee is aware that the Department is undertaking an overhaul of its internal computer systems, specifically a Unified Financial Management System. The Committee is further aware that there are concerns about the process by which the Department has solicited bids for fulfilling its software needs. Therefore, the Committee urges the Department to ensure that the procurement process for any and all service and software purchases is conducted in the most open, fair, and appropriate manner in compliance with current Federal guidelines.

The Committee has included funding for the Human Services Transportation Technical Assistance Program. These funds shall be used to provide assistance to human service transportation providers on management, coordination and meeting the requirements of the Americans with Disabilities Act. Funding is also included for a Medicare Transportation Demonstration Program in Iowa. Under this demonstration, residents of an urban and rural community shall receive non-emergency transportation assistance for visits to hospitals, clinics, and physicians and for related services. The purpose of this demonstration is to ascertain the obstacles, including costs, that senior citizens encounter in securing non-emergency transportation to health care providers. The Committee notes that the technical assistance provided by the Community Transportation Association of America is vital to the success of these demonstrations.

The Committee understands that Mercy Housing, Inc., a national non-profit faith-based organization focused on improving the health care and housing opportunities available to low-income families, elderly households and individuals, would benefit from technical assistance to develop linkages between health care services and affordable housing developments.

*Children's eye exams*.—As 80 percent of what children learn is acquired through vision processing information, the Committee recognizes that ensuring that all children start school ready to learn is essential to their academic achievement and our Nation's economic success and urges that all children have access to comprehensive eye examinations prior to school matriculation. The Committee believes that comprehensive eye exams in children prior to entering school are an important step to assure they start their academic careers ready to learn and that the full range of visual impairments are identified and diagnosed. The Committee therefore urges the Secretary to explore and develop ways in which to assure that more children receive comprehensive eye examinations.

*Chronic fatigue*.—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 DHHS CFS 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 is disappointed that, despite 2 years of report language, the Department

has not yet undertaken a prominent educational campaign to inform health care professionals and the general public about CFS. The Committee urges the Secretary and the Surgeon General to take a leadership role in this effort and to report back to the Committee within 90 days on plans to inform the public that CFS is a serious, prevalent, and disabling illness.

*Coordination of child support enforcement activities*.—The flow of information between Federal and State agencies and the court system continues to be a critical factor in the success of the Child Support Enforcement program. While some States have succeeded in implementing seamless, cost-effective processes for information-sharing among their human service agencies and the courts, others have not. The Committee has been impressed with the results of ACF's efforts using the State information technology consortium to improve the information and systems reporting requirements of TANF. That success underscores the notion that States are in the best position to solve their own problems. The Committee therefore encourages the Secretary to utilize this consortium of States to identify and widely disseminate methods for improving the flow of information between agencies and the court system.

*Dietary supplements*.—The Committee recognizes the substantial role that dietary supplements can play in improving the health status of Americans. Indeed, improved nutrition and healthful diets may mitigate the need for expensive medical procedures and reduce health care expenditures. In 1994, the Congress passed the Dietary Supplement Health and Education Act (DSHEA), which provides the regulatory framework necessary to ensure that consumers have access to safe, accurately labeled dietary supplements and information about those products. However, while the Food and Drug Administration (FDA) has spent resources to take action against a number of important healthful products, the Committee believes it has failed to take action against a number of clearly violative claims and inaccurate ingredient labels. The Committee is aware that funding for the Food and Drug Administration is in the Department of Agriculture appropriations bill. However, the Committee directs the Secretary to work with the FDA to undertake appropriate enforcement of DSHEA in areas relating to the accuracy of claims about dietary supplement ingredients, and prohibiting any dietary supplement claim that is false or misleading.

*Embryo adoption awareness*.—During hearings devoted to Stem Cell research, the Committee became aware of approximately 100,000 spare frozen embryos stored in in vitro fertilization (IVF) clinics throughout the United States. The Committee is also aware of many infertile couples who, if educated about the possibility, may choose to implant such embryos into the woman and, potentially, bear children. The Committee therefore directs the Department to launch a public awareness campaign to educate Americans about the existence of these spare embryos and adoption options. The Committee has provided $1,000,000 for this purpose.

*Homelessness*.—The Committee supports the ongoing efforts of the Department in its initiative to end chronic homelessness. The Committee encourages the collaboration between HHS and the Department of Housing and Urban Development (HUD) and supports the goal of ending homelessness for the estimated 150,000 chron-

ically homeless. The Department should continue to identify funds for supportive services to supplement permanent supportive housing projects being funded by HUD.

*Long-term care*.—The Committee notes that long-term care settings (nursing homes, assisted living, home health care, etc.) nationwide are facing a shortage of frontline caregivers including registered and licensed practical nurses, certified nurse aids (CNAs) and other direct care workers. The Committee notes that the General Accounting Office estimates that the U.S. health care system will need an additional 800,000 nurse aides by the year 2008. The Committee expects the Secretary to coordinate a study with the Administrators of HRSA and CMS to identify the causes of the shortage of frontline caregivers in long-term care settings and make comprehensive recommendations to the Committee to address the increasing demand of an aging baby-boomer generation, and report findings and recommendations to the Committee by June 1, 2002.

*Medical devices*.—The Secretary is urged to submit a report to the Committee on medical devices developed or improved by the Federal Government or in conjunction with Federal funds. The report should specifically address medical devices used in the treatment of chronic illness, including diabetes. To the extent possible, the report should address how medical devices developed or used by the Federal Government are introduced into the mainstream health care delivery system; how the use of a medical device by a chronically ill person is evaluated for efficacy; how the Federal Government can improve efforts to introduce medical device technology developed by its agencies and programs into the mainstream health care delivery system; and how the Department can improve its consideration of the needs of chronically ill patients when evaluating the efficacy of medical devices. The Secretary is urged to report to the Committee no later than May 30, 2002.

*Nurse anesthetists*.—The Committee understands that concerns have been raised about the administration's proposed rules to address the issue of physician supervision of certified registered nurse anesthetists. The Committee urges the Secretary to take the differing views of the interested parties, including the nurse anesthetists and anesthesiologists, into consideration before issuing a final rule.

*Report on osteoporosis and related bone diseases*.—More than 30 million Americans suffer from some form of bone disease, including osteoporosis, Paget's disease and osteogenesis imperfecta. The Committee therefore recommends that the Department commission a Surgeon General's report on osteoporosis and related bone diseases, detailing the burden bone diseases places on society, and highlighting preventive measures to improve and maintain bone health throughout life. The report should also identify best practices for collecting data about the prevalence, morbidity and disability associated with bone diseases among minority populations.

*Runaway youth*.—The Committee is concerned with reports that runaway, throwaway, homeless, and street experiences among youth are increasing. The Committee is also troubled that the exact nature of these problems is not well defined because national statistics on the number, characteristics, and circumstances of this

population are not tabulated. The Committee instructs the Secretary, acting through the Assistant Secretary of Planning and Evaluation, to prepare and submit by September 30, 2002 a plan for developing estimates of the incidences of runaway, throwaway, homeless, and street experiences among youth, as well as a plan for regularly monitoring incidence trends.

*Underage drinking prevention.*—The Committee recommendation includes $1,000,000 for the National Academy of Sciences Institute of Medicine to conduct a comprehensive review of all existing Federal, State and non-governmental programs designed specifically to reduce the illegal purchase and consumption of alcohol, as well as media-based programs with the purpose of changing the attitudes and behaviors of youth. The Committee directs the NAS to review, evaluate and report on the effectiveness of all such programs, the results of which shall identify those programs which have been the most successful at accomplishing the goals of reducing underage drinking or successfully altering the attitudes and behaviors of youth. The NAS shall, based on its review, make recommendations on a comprehensive strategy for reducing and preventing underage drinking in the United States. The review and recommendations of the NAS shall be reported to the United States Senate Committee on Appropriations, the United States Secretary of Health and Human Services, the United States Secretary of Education and the United States Attorney General no later than 12 months after the date of enactment of this Act.

*Adolescent family life*

The Committee has provided $30,000,000 for the Adolescent Family Life Program [AFL]. This is $5,673,000 more than the fiscal year 2001 appropriation and $2,138,000 over the administration request.

AFL is the only Federal program focused directly on the issue of adolescent sexuality, pregnancy, and parenting. Through demonstration grants and contracts, AFL focuses on a comprehensive range of health, educational, and social services needed to improve the health of adolescents, including the complex issues of early adolescent sexuality, pregnancy, and parenting.

Within the total provided, the Committee continues the prevention projects begun in fiscal year 1998, as well as new prevention projects. The Committee again expects the Department to fund new prevention projects which enable smaller communities to begin the organization and implementation of coalitions to implement abstinence-based education programs. The Committee again expects the Department, when announcing grant competitions, to provide a reasonable length of time for applicants to complete application packages, provide extensive technical assistance to applicants, with special assistance given to new applicants, and revise the terminology and instructions in grant applications to assure that the information being requested is as clear as possible.

*Physical fitness and sports*

The Committee recommends $1,139,000 for the Federal staff which supports the President's Council on Physical Fitness and

Sports. This is the same as the budget request and $48,000 more than the fiscal year 2001 appropriation.

The President's Council on Physical Fitness and Sports serves as a catalyst for promoting increased physical activity/fitness and sports participation for Americans of all ages and abilities, in accordance with Executive Order 12345, as amended. The programs sponsored by PCPFS are supported largely through private sector partnerships.

*Minority health*

The Committee recommends $43,084,000 for the Office of Minority Health. This is the same as the budget request and $5,935,000 less than the fiscal year 2001 appropriation.

The Office of Minority Health [OMH] focuses on strategies designed to decrease the disparities and to improve the health status of racial and ethnic minority populations in the United States. OMH establishes goals, and coordinates all departmental activity related to improving health outcomes for disadvantaged and minority individuals. OMH supports several demonstration projects, including the Minority Community Health Coalition, the Bilingual/Bicultural Service, the Center for Linguistic and Cultural Competency in Health Care, and the Family and Community Violence Prevention Program.

The Committee has provided $1,000,000, the same as the budget request, to support a national program to assess and reduce health disparities affecting minority males. The Committee urges the Department, when launching the new National Minority Male Health Project, to do so through a consortium of historically black colleges and universities with a demonstrated relationship that will contribute to educating minority males about their health. The Committee further urges the Department to directly involve historically black colleges and universities in the community-based health strategies affecting minority males.

The Committee encourages the Office of Minority Health to provide support to historically black serving institutions and other minority-serving institutions to enhance their efforts in HIV/AIDS and other disease prevention.

The Committee recommends continuation of the following fiscal year 2001 projects and activities referenced in the fiscal year 2001 conference agreement:

—Trinity Health in Detroit, Michigan for its primary care clinic that serves underserved, low-income and minority individuals

—the Community Lead Education and Reduction Corps (CLEARCorps) at the University of Maryland Baltimore County to prevent lead poisoning among low-income and minority children.

The Committee is aware of the following projects and urges the Department to give them full and fair consideration:

—the American Association of Physicians of Indian Origin (AAPI) efforts to study bone mineral density (BMD) in the Indian American community

—the AIDS Foundation of Chicago's efforts to expand current prevention programs

—the Center for Hispanic Community and Family Health at the University of North Carolina at Greensboro
—Padres Contra El Cancer, a non-profit organization that serves Latino children with cancer in Los Angeles, CA
—the Institute for the Elimination of Health Disparities at the University of Medicine and Dentistry of New Jersey (UMDNJ) for focusing on minority health issues
—the California Teratogen Information Service in San Diego, CA for its outreach and education program directed at Hispanic women of reproductive age
—the Chronic Disease Prevention for Hispanic Children Project being sponsored through the Texas Agricultural Extension Service, Baylor Children's Hospital and the Texas A&M Health Sciences Center
—the Baltimore City Health Department for HIV/AIDS testing for high-risk individuals.
—the Thomas Jefferson University Hospital for providing linguistically competent and culturally sensitive health care services to the Chinese community.

*Office on Women's Health*

The Committee recommends $27,396,000 for the Office on Women's Health. This is the same as the administration request and $10,126,000 more than the fiscal year 2001 appropriation.

The PHS Office on Women's Health [OWH] develops, stimulates, and coordinates women's health research, health care services, and public and health professional education and training across HHS agencies. It advances important crosscutting initiatives and develops public-private partnerships, providing leadership and policy direction, and initiating and synthesizing program activities to redress the disparities in women's health.

The Committee remains strongly supportive of the various women's health-related offices in NIH, CDC, HRSA, FDA, SAMHSA, AHRQ, and HCFA. These offices are essential to the mission of the Department and must be adequately supported to accomplish their goals in line with the expanded role planned for OWH. The Secretary should notify the Committee in advance of any significant changes in the status of any of these offices.

The Committee is supportive of the efforts of Wishard Health Services in Indianapolis, Indiana to establish a National Center of Excellence in Women's Health. The Center of Excellence would offer a comprehensive array of programs designed to help women take important steps toward leading positive, productive lives.

*National Bone Health Campaign*.—The Committee commends the Office on Women's Health for their commitment to the National Bone Health Campaign aimed at girls aged 9 to 18. The Committee encourages the Office on Women's Health to increase their support of the Campaign.

*Office of Emergency Preparedness*

The Committee has provided $14,200,000, which is the same as the budget request and $2,532,000 more than last year, for activities to counter the adverse health and medical consequences from major terrorist events. Within this amount, sufficient funds are

provided for the Office of Emergency Preparedness to staff and administer this program, as well as the other OEP activities specified in the administration's request. The amount provided by the Committee is intended to continue the formation of new metropolitan medical strike teams in key uncovered urban areas of the country.

The Department has lead responsibility for health, medical, and health-related support under the Federal response plan to catastrophic disasters. On behalf of the Department, the Office of Emergency Preparedness assesses the potential health and medical consequences of a terrorist incident and to formulate necessary responses. The funds provided would support activities to build local, State, and Federal capacity to respond to terrorist acts with public health implications. Such activities would include assisting local emergency managers through the MMST system to build an enhanced capability to detect and identify biologic and chemical agents.

*Bioterrorism*

The Committee recommendation includes $68,700,000 for bioterrorism activities, which is the same as the administration request and $8,670,000 above the fiscal year 2001 level. In fiscal year 2001 funds for bioterrorism were appropriated in the Public Health and Social Services Emergency Fund. The fiscal year 2002 budget request funds bioterrorism programs in the OEP and the Office of the Secretary. Additional funds for bioterrorism have been provided by the Committee within the CDC and NIH.

The Committee expects that, within the amount provided to the Secretary for biosecurity, the rebuilding of the nation's public health infrastructure be given the highest priority. Communications, information technology, laboratories and associated technologies, hospital capacity, and trained professionals are essential elements of a national public health infrastructure which protects the civilian population against both bioterrorist threats and the rapid onset of naturally occurring diseases.

The Committee is aware that the administration is submitting a supplemental budget request for additional fiscal year 2002 bioterrorism funding. The Committee looks forward to working with the administration on this request to insure that substantially increased investments are made in our public health infrastructure, and that our first-responders at the State and local level are sufficiently prepared in the event of a bioterrorist attack.

The Committee recommends continuation of the following fiscal year 2001 projects and activities in the fiscal year 2001 conference agreement:

—the West Virginia University Virtual Medical Campus to address medical community needs for weapons of mass destruction readiness and preparedness.

—University of Findlay's National Center for Terrorism Preparedness for an ALERT (Actual Learning Environment Response Training) Center.

—the Center for the Study of Bioterrorism and Emerging Infections at the St. Louis University School of Public Health.

The Committee is aware of the following projects that it encourages the Department to consider supporting:

—The Center for BioDefense at the University of Medicine and Dentistry in New Brunswick, New Jersey
—The Detroit Medical Center for an urban disaster and emergency medical response initiative
—The Center for Civilian Biodefense Studies at Johns Hopkins University
—St. Michael's Medical Center in Newark, New Jersey, for its work on bioterrorism as part of the practice and study of high risk infectious disease
—The Centers for Biopreparedness and Infectious Disease at the University of North Carolina.

*HIV/AIDS in minority communities*

To address high-priority HIV prevention and treatment needs of minority communities heavily impacted by HIV/AIDS, the Committee recommends $50,000,000. These funds are available to key operating divisions of the department with capability and expertise in HIV/AIDS services to assist minority communities with education, community linkages, and technical assistance.

OFFICE OF INSPECTOR GENERAL

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|---|---|
| Appropriations, 2001 | $33,786,000 |
| Budget estimate, 2002 | 35,786,000 |
| Committee recommendation | 35,786,000 |

The Committee recommends an appropriation of $35,786,000 for the Office of Inspector General. This is the same as the administration request and $2,000,000 higher than the fiscal year 2001 level. In addition to discretionary funds, the Health Insurance Portability and Accountability Act of 1996 provides $150,000,000 in mandatory funds for the Office of the Inspector General in fiscal year 2002; the total funds provided to the Office by this bill and the authorizing bill would be $185,786,000 in fiscal year 2002.

The Office of Inspector General conducts audits, investigations, inspections, and evaluations of the operating divisions within the Department of Health and Human Services. The OIG functions with the goal of reducing the incidence of waste, abuse, and fraud. It also pursues examples of mismanagement toward the goal of promoting economy and efficiency throughout the Department.

The Committee commends the Office of Inspector General for their continued good work to reduce waste, fraud and abuse in Department programs. The Committee expects efforts to reduce Medicare mispayments will be continued and expanded. The Committee also wants to assure that seniors calling into the toll-free telephone line to report Medicare mispayments get a prompt and complete response.

OFFICE FOR CIVIL RIGHTS

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| Appropriations, 2001 | $28,005,000 |
| Budget estimate, 2002 | 32,005,000 |
| Committee recommendation | 32,005,000 |

The Committee recommends $32,005,000 for the Office for Civil Rights. This is the same as the administration request and $4,000,000 more than the fiscal year 2001 level.

This recommendation includes the transfer of $3,314,000 from the Medicare trust funds, which is the same as the administration request and the fiscal year 2001 level.

The Office for Civil Rights is responsible for enforcing civil rights-related statutes in health care and human services programs. To enforce these statutes, OCR investigates complaints of discrimination, conducts program reviews to correct discriminatory practices, and implements programs to generate voluntary compliance among providers and constituency groups of health and human services.

The Committee supports the efforts of OCR to properly enforce the final medical privacy regulation that went into effect earlier this year. The Committee urges OCR to ensure that the necessary resources are not taken away from the Office's other enforcement areas of responsibilities.

POLICY RESEARCH

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|---|---|
| Appropriations, 2001 | $16,715,000 |
| Budget estimate, 2002 | 20,500,000 |
| Committee recommendation | 20,500,000 |

The Committee recommends $20,500,000 for policy research, which is the same as the administration request and $3,785,000 more than the fiscal year 2001 amount.

Funds appropriated under this title provide resources for research programs that examine broad issues which cut across agency and subject lines, as well as new policy approaches outside the context of existing programs. This research can be categorized into three major areas: health policy, human services policy, and disability, aging and long-term care policy.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

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|---|---|
| Appropriations, 2001 | $219,772,000 |
| Budget estimate, 2002 | 242,577,000 |
| Committee recommendation | 242,577,000 |

The Committee provides an estimated $242,577,000 for retirement pay and medical benefits for commissioned officers of the U.S. Public Health Service. This is the same as the administration request and is $22,805,000 over the estimated payments for fiscal year 2001.

This account provides for: retirement payments to U.S. Public Health Service officers who are retired for age, disability, or length of service; payments to survivors of deceased officers; medical care to active duty and retired members and dependents and beneficiaries; and for payments to the Social Security Administration for military service credits.

GENERAL PROVISIONS, DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Committee recommendation includes language placing a $37,000 ceiling on official representation expenses (sec. 201), the same as existing law.

The Committee recommendation includes language included in fiscal year 2001 which limits assignment of certain public health personnel (sec. 202).

The Committee recommendation retains language carried in fiscal year 2001 regarding set-asides in the authorizing statute of the National Institutes of Health (sec. 203).

The Committee recommendation retains a provision carried in fiscal year 2001 to limit use of grant funds to pay individuals more than an annual rate of Executive level I (sec. 204).

The Committee recommendation retains language from fiscal year 2001 restricting the use of taps (sec. 205) for program evaluation activities by the Secretary prior to submitting a report on the proposed use of the funds to the Appropriations Committee.

The Committee recommendation (sec. 206) authorized transfer of up to 2 percent of Public Health Service funds for evaluation activities.

The Committee recommendation retains language included in fiscal year 2001 restricting transfers of appropriated funds among accounts and requiring a 15-day notification of both Appropriations Committees prior to any transfer (sec. 207).

The Committee recommendation includes language included in fiscal year 2001 permitting the transfer of up to 3 percent of AIDS funds among Institutes and Centers (sec. 208) by the Director of NIH and the Director of the Office of AIDS Research of NIH.

The recommendation also includes language included in fiscal year 2001 which directs that the funding for AIDS research as determined by the Directors of the National Institutes of Health and the Office of AIDS Research be allocated directly to the OAR for distribution to the Institutes and Centers consistent with the AIDS research plan (sec. 209).

The Committee recommendation includes a provision (sec. 210) regarding family planning applicants to certify to the Secretary to encourage family participation in the decision of a minor who seeks family planning services.

The Committee recommendation includes a provision included in fiscal year 2001 which restricts the use of funds to carry out the MedicareChoice Program if the Secretary denies participation to an otherwise eligible entity (sec. 211).

The Committee includes a provision (sec. 212) which states that no provider of services under Title X of the PHS Act except from State laws regarding child abuse.

The Committee includes a provision (sec. 213) extending the refugee status for persecuted religious groups.

The Committee continues to include a provision prohibiting the Secretary from withholding substance abuse treatment funds (sec. 214).

The Committee recommendation includes a provision (sec. 215) that facilities expenditure of funds for international AIDS activities.

The Committee recommendation includes a provision allowing the Acting Director of NIH to remain in that position until a new Director is confirmed (sec. 216).

The Committee has included a provision (sec. 217) transferring $100,000,000 to International Assistance Programs for the Global Fund to Fight HIV/AIDS, Malaria and Tuberculosis.

## TITLE III—DEPARTMENT OF EDUCATION

The Committee understands that programs authorized by the Elementary and Secondary Education Act (ESEA) of 1965, as amended, currently are under consideration for reauthorization. Therefore, the Committee has allocated funds for these programs in accordance with H.R. 1, the ESEA reauthorization bill, as passed by the Senate on June 14, 2001.

### EDUCATION FOR THE DISADVANTAGED

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|---|---|
| Appropriations, 2001 | $10,014,621,000 |
| Budget estimate, 2002 | 11,045,621,000 |
| Committee recommendation | 11,879,900,000 |

The Committee recommends an appropriation of $11,879,900,000 for education for the disadvantaged. This is $1,865,279,000 more than the fiscal year 2001 appropriation and $834,279,000 more than the budget request. In fiscal year 2001, $6,953,300,000 was made available for this account in fiscal year 2002 funds. The Committee recommends the same amount in fiscal year 2003 funds for fiscal year 2002.

Programs financed under this account are authorized under Title I of the ESEA as amended by H.R. 1 as passed by the Senate and section 418A of the Higher Education Act. ESEA Title I programs provide financial assistance to State and local educational agencies (LEAs) to meet the special educational needs of educationally disadvantaged children, migrant children, neglected and delinquent children in State institutions, homeless children, and juveniles in adult correctional institutions. In addition, the Even Start Program supports projects that integrate early childhood education with parenting and adult literacy training. Funds for most of these programs are allocated through formulas that include the number of eligible children and each State's average per-pupil expenditure. Even Start funds are allocated according to each State's proportion of Title I grants to LEAs.

*Grants to local educational agencies*

Title I grants to local educational agencies provide supplemental education funding to LEAs and schools, especially in high-poverty areas, to help low-income, low-achieving students learn to the same high standards as other children. The formula for basic grants is based on the number of children from low-income families in each LEA, weighted by per-pupil expenditures for education in the State. The Department makes Federal allocations to the LEA level. States have the option to reallocate funds to LEAs serving areas with fewer than 20,000 residents using the best data available on the number of poor children. States are also required to reserve funds generated by counts of children in correctional institutions to make awards to LEAs for dropout-prevention and high-quality edu-

cational programs involving youth from correctional facilities and other at-risk children. By law, 1 percent of the total LEA grant appropriation is set aside for the Bureau of Indian Affairs and the outlying areas.

The Committee is aware that the distribution formula for Title I grants to LEAs is the subject of ongoing negotiations by House and Senate conferees on the ESEA reauthorization bill. Given the uncertain outcome of that process, the Committee recommends distributing the funds under the formula used in fiscal year 2001 and will revisit this issue at conference for this bill.

For Title I basic grants, including the amount transferred to the Census Bureau for poverty updates, the Committee recommends an appropriation of $8,568,000,000, which is $1,169,279,000 more than appropriated in fiscal year 2001 and $1,330,279,000 more than the budget request.

The Committee recommends $1,632,000,000 for concentration grants. This amount is $268,000,000 more than the amount appropriated in fiscal year 2001 and the budget request. Funds under this program are distributed according to the basic grants formula, except that they go only to LEAs where the number of poor children equals at least 6,500, or 15 percent, of the total school-aged population.

The Committee recommends that each State and LEA should receive the greater of either the amount it would receive at specified levels under a 100 percent hold-harmless provision or what it would receive using the statutory formulas. This applies for both basic and concentration grants. Also, the Department should make 100 percent hold-harmless awards to LEAs that were eligible for concentration grants in fiscal year 2001, but are not eligible to receive grants in fiscal year 2002.

*William F. Goodling Even Start Family Literacy Program*

For the Even Start program, the Committee recommends $200,000,000, which is $50,000,000 less than the budget request and the fiscal year 2001 appropriation.

The Even Start program provides grants for family literacy programs that serve disadvantaged families with children under 8 years of age and adults eligible for services under the Adult Education and Family Literacy Act. Programs combine early childhood education, adult literacy, and parenting education.

States receive funds on the basis of their proportion of Title I LEA grant allocations and make competitive 4-year grants to partnerships of local educational agencies and community-based organizations. Grant funds must be equitably distributed among urban and rural areas. The local share of program costs must increase from 10 percent in the first year to 40 percent in the 4th year, 50 percent in years 5 through 8, and 65 percent after 8 years.

The Committee is aware that the National Even Start Association, in conjunction with the National Center for Family Literacy, the National Institute for Child Health and Human Development, the National Institute for Literacy and the William F. Goodling Institute for Research in Family Literacy, will provide training and technical assistance to local Even Start programs in need of such support (as identified by the States). Activities shall include, but

are not limited to, assistance to personnel to help them meet the qualifications for instructional personnel set forth in the Even Start law, and training and materials to ensure instructional programs are based on scientifically based reading research.

*Reading First State Grants*

The Committee recommends $900,000,000, the same as the budget request, for the Reading First State Grants program. This program will build on and replace the Reading and Literacy Grants program, which was authorized under the Reading Excellence Act program and funded at $286,000,000 in fiscal year 2001.

Reading First is a comprehensive effort, authorized by the Senate-passed version of H.R. 1, to provide States and LEAs with funds to implement comprehensive reading instruction for children in grades K–3. The purpose of the program is to help ensure that every child can read by third grade. LEAs and schools that receive funds under this program should use the money to provide professional development in reading instruction for teachers and administrators, adopt and use reading diagnostics for students in grades K–3 to determine where they need help, implement reading curricula that are based on scientific research, and provide reading interventions for children who are not reading at grade level.

*Early Reading First*

The Committee recommends $75,000,000, the same as the budget request, for Early Reading First, a new program authorized by the Senate-passed version of H.R. 1. Early Reading First will complement Reading First State Grants by providing competitive grants to school districts and nonprofit groups to support activities in existing preschool programs that are designed to enhance the verbal skills, phonological awareness, letter knowledge, pre-reading skills, and early language development of children ages 3 through 5. Funds will be targeted to communities with high numbers of low-income families.

*Migrant*

For the State agency migrant program, the Committee recommends $380,000,000, the same as the budget request and the fiscal year 2001 appropriation.

The Title I migrant program authorizes grants to State educational agencies for programs to meet the special educational needs of the children of migrant agricultural workers and fishermen. Funds are allocated to the States through a statutory formula based on each State's average per-pupil expenditure for education and counts of migratory children ages 3 through 21 residing within the States. Only migratory children who have moved within the last 3 years are generally eligible to be counted and served by the program.

This appropriation also supports activities to improve interstate and intrastate coordination of migrant education programs.

*Neglected and delinquent*

The Committee recommends $50,000,000 for the Title I neglected and delinquent program. This amount is $4,000,000 more than the budget request and the fiscal year 2001 appropriation.

This program provides financial assistance to State educational agencies for education services to neglected and delinquent children and youth in State-run institutions and for juveniles in adult correctional institutions.

Funds are allocated to individual States through a formula based on the number of children in State-operated institutions and per-pupil education expenditures for the State.

States are authorized to set aside up to 10 percent of their neglected and delinquent funds to help students in State-operated institutions make the transition into locally operated programs. Transition activities are designed to address the high failure and dropout rate of institutionalized students and may include alternative classes, counseling and supervisory services, or educational activities in State-supported group homes.

*Evaluation*

The Committee bill includes $8,900,000, the same as the budget request and the fiscal year 2001 appropriation, for Title I evaluation activities. Evaluation funds are used to support large-scale national surveys that examine how the Title I program is contributing to student performance.

*High school equivalency program*

The Committee bill includes $20,000,000 for the high school equivalency program (HEP). This amount is the same as the budget request and the fiscal year 2001 appropriation.

This program provides 5-year grants to institutions of higher education and other nonprofit organizations to recruit migrant students ages 16 and over and provide the academic and support services needed to help them obtain a high school equivalency certificate and subsequently gain employment, win admission to a postsecondary institution or a job-training program, or join the military. Projects provide counseling, health services, stipends, and placement assistance. HEP serves about 6,000 migrants.

*College Assistance Migrant Program*

For the College Assistance Migrant Program (CAMP), the Committee recommends $10,000,000, the same as the budget request and the fiscal year 2001 appropriation.

Funds provide 5-year grants to institutions of higher education and nonprofit organizations for projects that provide tutoring, counseling, and financial assistance to migrant students during their first year of postsecondary education. Projects also may use up to 10 percent of their grants for follow-up services after students have completed their first year of college, including assistance in obtaining student financial aid.

*Education for homeless children and youth*

For carrying out education activities authorized by part B, subtitle B of the Stewart B. McKinney Homeless Assistance Act, the

Committee recommends $36,000,000, which is $1,000,000 more than the budget request and the fiscal year 2001 appropriation.

This program provides assistance to each State to support an office of the coordinator of education for homeless children and youth, to develop and implement State plans for educating homeless children, and to carry out other activities to ensure that all homeless children and youth in the State have access to the same free, appropriate public education, including a public preschool education, as provided to other children and youth. Grants are made to States based on the total that each State receives under the Title I program.

IMPACT AID

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|---|---|
| Appropriations, 2001 | $993,302,000 |
| Budget estimate, 2002 | 1,130,500,000 |
| Committee recommendation | 1,130,500,000 |

The Committee recommends an appropriation of $1,130,500,000 for impact aid for the Department of Education. This amount is the same as the budget request and $137,198,000 more than the fiscal year 2001 appropriation.

Impact aid provides financial assistance to school districts for the costs of educating children when enrollments and the availability of revenues from local sources have been adversely affected by the presence of Federal activities. Children who reside on Federal or Indian lands generally constitute a financial burden on local school systems because these lands do not generate property taxes—a major revenue source for elementary and secondary education in most communities. In addition, realignments of U.S. military forces at bases across the country often lead to influxes of children into school districts without producing the new revenues required to maintain an appropriate level of education.

*Basic support payments*.—The Committee recommends $954,000,000 for basic support payments, $72,000,000 more than the budget request and the fiscal year 2001 appropriation. Under statutory formula, payments are made on behalf of all categories of federally connected children.

The Committee is aware that the Frazer School District in Montana must repay over $350,000 in impact aid funding because of errors made by former school district administrators, and that the district does not qualify for the forgiveness criteria as currently encoded. The Committee urges the Department to work with the district to identify possible solutions to this problem.

*Payments for children with disabilities*.—Under this program additional payments are made for certain federally connected children eligible for services under the Individuals with Disabilities Education Act. The Committee bill includes $50,000,000 for this purpose, the same as the fiscal year 2001 level and the budget request.

*Facilities maintenance*.—This activity provides funding for maintaining certain school facilities owned by the Department of Education. The Committee recommends $8,000,000 for this purpose, the same as the budget request and the fiscal year 2001 level.

*Construction*.—Payments are made to eligible LEAs to be used for construction and renovation of school facilities, or for debt service related to the construction of school facilities. The Committee

recommends $68,000,000 for this program. This amount is $82,000,000 less than the budget request and $55,198,000 more than the fiscal year 2001 appropriation.

The Committee is aware that Blair Elementary School, which operates on Fairfield Air Force Base in Washington State, has inadequate electrical, heating, ventilation, and air conditioning systems. The Committee urges the Department to work with the Medical Lake School District to identify possible solutions to this situation.

The Committee is aware that the Ronan School District in Montana was forced to close its middle school because of sewer contamination and poor indoor air quality, and that the students are now attending the already crowded elementary and high schools. The Committee encourages the Department to work with the school district to remedy this situation.

The Committee understands that Harlem Elementary School, at the edge of the Fort Belknap Indian Reservation in Montana, requires major reconstruction because of damage caused by an underground stream. The Committee urges the Department to work with the Harlem School District to rectify this situation.

The Committee understands that San Juan School District in Utah serves children in extremely rural areas, including many residing on Indian reservations. The Committee is aware of the need for a new elementary school in Monument Valley, and it urges the Department to work with the District to rectify this situation.

The Committee is aware of the critical construction needs for a new regional vocational school in the Yukon-Kuskokwim delta area of Alaska, the poorest region in the State. The Committee requests that the Department work with the Lower Kuskokwim School District in Alaska and its partners to address this issue and ensure that all possible solutions are explored.

The Committee is aware that Brockton School in Montana is experiencing significant problems with the K–8 facility, including a leaky roof, faulty boilers, deteriorating pipes and plumbing, and asbestos removal. The Committee urges the Department to provide assistance to the Brockton School in identifying appropriate measures to improve the learning environment.

The Committee recognizes the need for further construction monies for Hays/Lodgepole Elementary School in Montana and encourages the Department of Education to give every consideration to its construction needs.

*Payments for Federal property*.—These payments compensate local educational agencies in part for revenue lost due to the removal of Federal property from local tax rolls. Payments are made to LEAs that have a loss of tax base of at least 10 percent of assessed value due to the acquisition since 1938 of real property by the U.S. Government. The Committee recommends $50,500,000 for this activity, $10,000,000 more than the budget request and the fiscal year 2001 appropriation.

SCHOOL IMPROVEMENT PROGRAMS

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|---|---|
| Appropriations, 2001 | $7,053,575,000 |
| Budget estimate, 2002 | 6,353,794,000 |
| Committee recommendation | 8,717,014,000 |

The Committee recommends an appropriation of $8,717,014,000 for school improvement programs. This is $2,363,220,000 more than the budget request and $1,663,439,000 more than comparable programs in the fiscal year 2001 appropriation. Unless otherwise noted, programs under this account are authorized by the Senate-passed version of H.R. 1.

*State grants for improving teacher quality*

The Committee recommends an appropriation of $3,039,834,000 for State grants for improving teacher quality, a new program. This amount is $439,834,000 more than the budget request and $931,834,000 more than comparable programs in the fiscal year 2001 appropriation.

This program replaces the Eisenhower professional development State grants program, Eisenhower professional development Federal activities, Eisenhower regional math and science education consortia, and the class size reduction program. Reducing class sizes will remain an allowable use of teacher quality State grants.

States and LEAs that receive grants for improving teacher quality will be required to ensure that program funds are used for professional development that is based on the best available research on training and learning, tied to State or local standards, of sufficient intensity and duration to affect teaching performance, and designed to improve teachers' knowledge concerning the subjects they teach. In addition, States will be held accountable for ensuring that all children are taught by highly qualified teachers and for improving student achievement.

States and LEAs may use funds for a range of activities related to the certification, recruitment, professional development and support of teachers. Activities may include reforming teacher certification and licensure requirements, addressing alternative routes to State certification of teachers, recruiting teachers and principals, and implementing teacher mentoring systems, teacher testing, merit pay and merit-based performance systems.

The Committee recognizes that smaller classes in the early grades can have a positive impact on students for years to come by improving classroom discipline, providing students with more individualized attention, and allowing parents and teachers to work more closely together. Some research has shown that reducing class sizes in kindergarten through third grade to no more than 18 students improves student achievement, especially among our most disadvantaged students. Congress has appropriated funds specifically for reducing class sizes for the past 3 years, with the goal of enabling schools to hire an additional 100,000 fully qualified teachers. Although the fiscal year 2002 bill does not include a guaranteed funding stream for class-size reduction, funds within the teacher quality State grants program may be used to continue this commitment to our Nation's students, parents and teachers, without taking away from other efforts to invest in professional development.

The first year of Federal class-size-reduction funds enabled schools to hire 29,000 teachers who are already teaching in smaller classes across the country. As a result, approximately 1.7 million students are learning in smaller classrooms. Another 8,000 teach-

ers will be hired with the funds provided by the fiscal year 2001 appropriations bill, creating smaller learning environments for hundreds of thousands of additional students. The Committee encourages districts to continue that progress.

The Committee directs the Department to submit a report as soon as possible at the end of the program year on how much money was spent to reduce class sizes and how many new teachers were hired through the program.

*Mathematics and science partnerships*

In January 2001, the U.S. Commission on National Security/21st Century issued a report titled "Road Map for National Security: Imperative for Change." This Commission, co-chaired by former Senators Warren Rudman and Gary Hart, concluded that "America faces distinctly new dangers, particularly to the homeland and to our scientific and educational base." One of the many recommendations outlined in the report was the need to produce more science and engineering professionals as well as qualified teachers in science and math.

In responding to this need, the Committee recommends $25,000,000 for mathematics and science partnerships, a new program authorized by the Senate-passed version of the ESEA reauthorization bill. The administration requested no funds for this purpose. These funds will be used to improve the performance of students in the areas of math and science by bringing math and science teachers in elementary and secondary schools together with scientists, mathematicians, and engineers to increase the teachers' subject-matter knowledge and improve their teaching skills. The Secretary is authorized to award grants, on a competitive basis, to eligible partnerships to enable the entities to pay the Federal share of the costs of developing or redesigning more rigorous mathematics and science curricula that are aligned with State and local standards; creating opportunities for enhanced professional development that improves the subject-matter knowledge of math and science teachers; recruiting math and science majors; and improving and expanding training of math and science teachers, including the effective integration of technology into curricula and instruction.

*National activities/Transition to Teaching*

The Committee recommends $95,000,000 for professional development national activities. This amount is $54,000,000 more than the fiscal year 2001 appropriation and $65,000,000 more than the budget request. Within those funds, $15,000,000 is included for professional development activities for early childhood educators and caregivers in high-poverty communities. This amount is $5,000,000 more than the fiscal year 2001 appropriation and $15,000,000 more than the budget request. In addition, $5,000,000 is included for the Eisenhower National Clearinghouse for Mathematics and Science Education, and $10,000,000 for the National Board for Professional Teaching Standards.

Funds are also included for the Transition to Teaching program requested by the administration. The purpose of Transition to Teaching is to support the Defense Department's Troops to Teach-

ers program, which helps prepare retiring military personnel to teach in high-poverty school districts, as well as other recruitment efforts involving non-military teacher candidates. The budget request for Transition to Teaching is $30,000,000. The remaining funds may be used for other efforts to recruit teachers and principals, subject to ongoing conference negotiations over the Elementary and Secondary Education Act.

*Innovative education program strategies State grants*

The Committee recommends $410,000,000 for innovative education program strategies State grants. This amount is $25,000,000 more than the fiscal year 2001 appropriation and $61,500,000 less than the amount requested by the administration for the proposed Choice and Innovation State Grants program, which has a similar purpose.

The innovative education program provides support to States and LEAs in developing education reform initiatives that will improve the performance of students, schools and teachers.

*School renovation*

The Committee recommends $925,000,000 for grants to local educational agencies for emergency school renovation and repair activities, as authorized in section 321 of this Act. This amount is $250,000,000 less than the fiscal year 2001 appropriation. The administration requested no funds for this program.

The funds should be distributed to State educational agencies based on the Title I, part A allocations under the Elementary and Secondary Education Act. The State educational agency or other entity with jurisdiction over school facilities financing, as the case may be, would distribute the State funds to local educational agencies through competitive grants for emergency school repair and renovation activities.

These funds may be used by local educational agencies to meet the requirements of Federal mandates such as the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, asbestos-abatement requirements and security upgrades. Funds may also be used for emergency health and safety of students and staff (repairing, replacing, or installing roofs, electrical wiring, plumbing systems, or sewage systems; repairing, replacing, or installing heating, ventilation, or air conditioning systems, including insulation; and bringing schools into compliance with fire and safety codes.)

If a State holds a grant competition among LEAs that attracts school renovation applications that are of insufficient quality and quantity, it must use 100 percent of its excess allocation to provide all LEAs in the State an award under section 5312 of H.R. 1 as passed by the Senate on June 14, 2001. This reallocation can take place only after the State has held a period of public notice and comment about the availability of funds for emergency repairs and the insufficient response, consistent with State and local laws governing how the comments may be received and reviewed by the public. Funds received by LEAs under this reallocation may be used for any purpose under section 5331 of H.R. 1, including professional development, acquisition of instructional materials, and school improvement activities.

*Educational technology state grants*

The Committee recommends $712,146,000 for educational technology State grants, as authorized under the Senate-passed version of H.R. 1. This is $40,000,000 less than the budget request.

This program consolidates four current educational technology programs, five fewer than the budget request. Funds will flow by formula to States and may be used for the purchase of hardware and software, and teacher training on integrating technology into the curriculum.

*Community technology centers*

The Committee recommends $64,950,000, the same amount as the fiscal year 2001 appropriation, for community technology centers. The administration proposed eliminating this program by consolidating it into the educational technology State grants program. This community technology centers program supports grants, contracts, or cooperative agreements to local and State educational agencies, institutions of higher education, libraries, museums, foundations, or other public, private, non-profit and for-profit entities or consortia of such organizations to create or expand community technology centers. Although the number of Americans connected to the Internet is soaring, there remains a digital divide between those who have access to technology and use it effectively, and those who don't. In many cases, the divide is actually widening. Minorities, low-income persons, the less-educated, and children of single-parent households, particularly when they reside in rural areas or central cities, are among the groups that lack access to information resources. Community technology centers provide disadvantaged residents of economically distressed urban and rural communities with access to information technology and related training. They can provide, among other things, preschool and after-school programs, adult education and literacy, and workforce development and training.

*Preparing Tomorrow's Teachers to Use Technology*

The Committee recommends $125,000,000, the same amount as the fiscal year 2001 appropriation, for the Preparing Tomorrow's Teachers to Use Technology program. The administration proposed consolidating this program into the educational technology States grants program. Funds will be used to assist consortia of private and public entities to prepare prospective teachers to use advanced technology in the classroom.

*Ready to Learn Television*

The Committee recommends an appropriation of $24,000,000 for the Ready to Learn Television program. This is $8,000,000 more than the fiscal year 2001 level. The administration proposed consolidating this program into the educational technology State grants program.

Ready to Learn Television supports the development and distribution of educational television programming designed to improve the readiness of preschool children to enter kindergarten and elementary school, consistent with the first national education goal that all children should start school ready to learn. The program

supports the development, production, and dissemination of educational materials designed to help parents, children, and caregivers obtain the maximum advantage from educational programming. Funding will support the growth in demand for related local educational activities, improve training for professional caregivers, provide new foreign language translations of children's programs, enhance the online components of the program, reach additional underserved populations, and demonstrate the use of digital broadcasting to provide programming and training to underserved populations.

*Ready to Teach/Teacherline*

The Committee recommends $15,000,000 for the continuation of the Public Broadcasting Service initiative called Teacherline, formerly known as Mathline. This amount is $6,500,000 more than the fiscal year 2001 appropriation. The administration proposed consolidating this program into the educational technology State grants program.

Within this amount, the Committee provides $6,000,000 for digital educational content (DEC) development grants, a demonstration project authorized by the Senate-passed version of the ESEA reauthorization bill. DEC grants will allow community partnerships among local public television stations, State and local educational agencies, institutions of higher education, and businesses to develop, produce, and distribute innovative educational instructional video programming that is designed for use by K–12 schools based on State and local standards and capable of distribution through digital broadcasting and school digital networks. The Committee strongly encourages the Secretary to award DEC grants that assure the delivery of integrated data to schools serving high concentrations of disadvantaged children.

The remaining funds should be used to provide high-quality, accessible and continuous professional development to school teachers. The increase from the fiscal year 2001 level will allow the Teacherline Program to link the digitized public broadcasting infrastructure beyond its current partnership with 29 local public television stations and LEAs to provide training services to institutions of higher education for pre-service teacher training as well as in-service professional development for K–12 teachers.

*Safe and drug-free schools and communities*

The Committee remains extremely concerned about the frequent and horrific occurrence of violence in our Nation's schools. The Committee recommends a total of $644,250,000 for activities to promote safe and drug-free schools and communities. This amount is the same as the budget request and the fiscal year 2001 appropriation.

*State grant program*.—The Committee bill provides $444,250,000 for the safe and drug-free schools and communities State grant program. This amount is $5,000,000 more than the fiscal year 2001 appropriation and $103,362,000 less than the budget request.

*National programs*.—The Committee has included $150,000,000 for the national programs portion of the safe and drug-free schools program. This amount is $5,000,000 less than the fiscal year 2001

appropriation and $53,362,000 more than the budget request. The Committee intends that $117,000,000 of these funds, the same amount as last year, be used for the Safe Schools/Healthy Students program, which the Department funds in conjunction with the Departments of Justice and Health and Human Services. Safe Schools/Healthy Students supports LEAs and communities in developing and implementing comprehensive programs that create safe, disciplined, and drug-free learning environments and promote healthy childhood development. Funds for national programs are also used for a variety of other activities designed to improve the field of drug and violence prevention.

The Committee is aware of the increasing problem of alcohol and drug abuse on college campuses. Therefore, it has included $850,000 to continue the National Recognition Awards program under the same guidelines outlined by Section 120(f) of Public Law 105–244. This amount is the same as the fiscal year 2001 level. This program identifies and provides models of alcohol and drug abuse prevention and education programs in higher education. The Committee encourages the Secretary to make fiscal year 2002 awards to institutions of higher education that did not receive an award in the fiscal year 2001 competition.

*Coordinator initiative*

The Committee has included $50,000,000 for the coordinator initiative, the same amount as the fiscal year 2001 appropriation. The administration requested no funds for this program. The Committee has provided resources for this program as part of its youth violence prevention initiative. The Committee recommendation will enable the Department to provide assistance to LEAs to recruit, hire, and train drug prevention and school safety program coordinators in middle schools with significant drug and school safety problems. These coordinators will be responsible for developing, conducting and analyzing assessments of their school's drug and crime problems, and identifying promising research-based drug and violence prevention strategies and programs to address these problems.

*21st Century Community Learning Centers*

The Committee recommends an appropriation of $1,000,000,000 for the 21st Century Community Learning Centers program. This amount is $154,386,000 more than the budget request and the fiscal year 2001 appropriation.

The purpose of the program is to support public elementary and secondary schools, especially low-performing schools, or consortia of such schools, to implement or expand projects that benefit the educational, health, social service, cultural, and recreational needs of the community.

The Committee has been alerted to the increasing demands made by parents and school administrators for after-school programming and encourages local innovation to remedy the multitude of social problems that arise after school hours. The Committee encourages the States to target funds to areas of high need that have low-achieving students and lack resources to establish after-school centers. The Committee notes that successful after-school programs

often combine academic enrichment, through the use of supplementary educational materials and instruction, with other extracurricular activities.

The Committee has listed relevant projects of interest under the Local Innovations for Education program in this year's Committee report.

*State assessments*

A key accountability measure in the Senate-passed version of the ESEA reauthorization calls for annual State assessments in reading and mathematics for all students in grades 3–8. States will be permitted to select and design their own new assessments, as long as they are aligned with State standards and student achievement results are comparable from year to year. Funds under this new program would pay the Federal share of developing and implementing these new assessments. The Committee recommends $320,000,000 for this purpose, the same amount as the budget request.

*Inexpensive book distribution*

For the inexpensive book distribution program, the Committee provides $25,000,000, which is $2,000,000 more than the fiscal year 2001 appropriation. The administration proposed consolidating this program into the Choice and Innovation State Grants program.

The inexpensive book distribution program is operated by Reading Is Fundamental (RIF), a private nonprofit organization associated with the Smithsonian Institution. This program has been successful in motivating children to read, increasing the use of libraries, increasing parental involvement in schools, and contributing to improved reading achievement.

*Enhanced assessment instruments*

The Committee recommends $32,000,000 for enhanced assessment instruments, a new program authorized by the Senate-passed version of the ESEA reauthorization bill. The administration did not request funds for this program.

Grants under this program will be awarded to States and LEAs to help them collaborate with institutions of higher education, other research institutions, and other organizations on ways to improve the quality and fairness of State assessment systems required under Title I of the ESEA. Grant recipients should strive to design enhanced assessments that better measure higher-order thinking skills, analytical abilities, and learning over time.

*Magnet schools assistance*

For the magnet schools assistance program, the Committee bill provides $110,000,000, the same as the budget request and the fiscal year 2001 appropriation.

This program supports grants to local educational agencies to establish and operate magnet schools that are part of an approved desegregation plan and are designed to attract substantial numbers of students of different social, economic, ethnic, and racial backgrounds. Grantees may use funds for teacher salaries, purchase of computers, and other educational materials and equipment.

Within the amount provided, the Committee has included $5,000,000 for innovative programs, the same as the fiscal year 2001 appropriation.

*Training and advisory services*

For training and advisory services authorized by Title IV of the Civil Rights Act, the Committee recommends $7,334,000, the same as the budget request and the fiscal year 2001 appropriation.

The funds provided will continue the 10 regional equity assistance centers (EACs) formerly known as regional desegregation assistance centers. Each EAC provides services to school districts upon request. Activities include disseminating information on successful practices and legal requirements related to nondiscrimination on the basis of race, color, sex, or national origin in education programs. No funds are included for civil rights units in State education agencies.

*Ellender fellowships*

For Ellender fellowships, the Committee bill includes $1,500,000, the same as the fiscal year 2001 appropriation. The administration proposed consolidating this program into the Choice and Innovation State Grants program. The Ellender fellowship program makes an award to the Close Up Foundation of Washington, D.C., to provide fellowships to students from low-income families and their teachers to enable them to participate with other students and teachers for 1 week of seminars on Government and meetings with representatives of the three branches of the Federal Government.

*Education for Native Hawaiians*

For programs for the education of Native Hawaiians, the Committee bill includes $33,000,000, which is $5,000,000 more than the budget request and the fiscal year 2001 appropriation. When allocating these funds, the Committee urges the Department to provide $7,500,000 for curricula development, teacher training, and recruitment programs, including native language revitalization. Priority should be given to the University of Hawaii at Hilo Native Language College, aquaculture, prisoner education initiatives, waste management, computer literacy, big island astronomy, and indigenous health programs. The Committee also recommends $2,600,000 for the community-based learning centers; $3,700,000 for the Hawaii higher education program; $1,500,000 for the gifted and talented programs; $2,200,000 for construction of schools with high enrollments of Native Hawaiian children, pursuant to ESEA reauthorization language; $3,100,000 for the special education programs; $500,000 for the Native Hawaiian education councils; and $11,900,000 for family-based education centers, including early childhood education for Native Hawaiian children.

*Child literacy initiative*.—The Committee is concerned that Hawaiian students are significantly behind in quantitative literacy, and it encourages teachers to promote teacher training in this area. The Committee is aware that the Hawaii State Department of Education, the American Statistical Association, and the Kamehameha school district have collaborated to design and implement workshops for teachers in quantitative literacy.

*Education for Native Hawaiians in agriculture and business.*—The Committee supports the expansion of the partnerships between community-based agricultural businesses and cooperating Hawaii high schools where agricultural and business practices are integrated into the curriculum, resulting in hands-on agribusiness training, exposure to entrepreneurship, and marketable products. The Committee recommends full funding be made available by grant or otherwise to the Hawaii Farm Bureau to carry out this program.

*Education for Native Hawaiians in community education.*—The Committee is aware of the Malama Hawaii initiative and the effort to provide for community education programs that address issues of education, health, justice, environment, culture, and the economy through experiential and outdoor education programs that involve children, youth, and families. These community-led outreach projects foster community stewardship of geographic areas and natural resources employing cultural practices and protocols in programs that train formal and informal teachers to educate others about critical issues facing the Hawaii community, and through interpretive programs that educate the public and increase appreciation and support for significant cultural and natural heritage sites. The Committee recommends that full funding be made available in fiscal year 2002 under the authority of the Native Hawaiian Education Act for the Malama Hawaii Community Education Initiative.

*Native Hawaiian Agriculture Partnership.*—The Committee is aware of the dismal economic and social conditions in the rural areas of Hawaii resulting from the closure of several sugar cane plantations that formerly provided infrastructure for these communities. The Committee favors and continues to support the expansion of the partnerships between community-based agricultural businesses and cooperating high schools, where agricultural and business practices are integrated into the curriculum and products that are ultimately purchased by the cooperating businesses.

*Computer literacy and access for Hawaiian and part-Hawaiian children.*—The importance of literacy for success in school has been clearly demonstrated. Disadvantaged Native Hawaiian and part-Hawaiian children struggle for opportunities. The Committee urges that students interested in becoming elementary and high school teachers be strongly encouraged to pursue these fields of study.

*Indigenous health and traditional medicine education.*—The Native Hawaiian Health Care Improvement Act provides authority for inclusion of Native Hawaiian traditional healers in the comprehensive health care delivery system. There is similar recognition of traditional healing within the Indian Health Service health care delivery system. Because of a lack of available instruction in traditional medicine, this knowledge is being lost for younger generations of Native Americans and Native Hawaiians. The Committee is aware of the benefits of educating health care practitioners in traditional medicines and techniques in Native Indian and Native Hawaiian communities.

*Hawaii marine resource management.*—The Committee notes that the Hui Malama o Mo'omomi has been working to document the traditional fishery management techniques used in the Hawaiian culture. These techniques have both scientific and cultural rel-

evance to the efficient management of Hawaii's marine resources. The Committee understands the value of a community-based outreach program to teach Hawaiian children these traditional marine management practices and recognizes the expertise that Hui Malama o Mo'omomi and their consortium partners have in this area.

*Hawaiian development of culturally appropriate curricula.*—Because Hawaiian and part-Hawaiian children have fallen behind in this area during the past decade, the Committee strongly recommends that the Department fund an initiative to develop culturally appropriate curricula and programs that would meet the National Council of Teachers of Mathematics' 2000 standards. Such a curricula must successfully equip students with tools to present, organize and interpret numerical information while reflecting the traditional culture's reliance on observation and practical use of statistical processes. The Committee urges the Department to develop these materials with nonprofit, community organizations such as the Pacific American Foundation and/or the foundation Partners in Development.

*Curricula workshops for teachers in Hawaii.*—Hawaiian and part-Hawaiian families suffer from elevated levels of health problems, alcoholism, drug use, and domestic violence. These form significant barriers to the successful education of Hawaiian and part-Hawaiian children. Public and private schools and their staffs are not sufficiently prepared to identify, treat, or refer students and their families to appropriate public or private agencies providing help in these areas of need. The Committee urges the Department to fund the development and implementation of curricula and workshops for teachers and staff in culturally appropriate ways to identify and refer students and their families in need of counseling and assistance and to provide teachers and staff with information and resources on the most current and effective referral agencies available. The Committee urges the Department to use nonprofit, community development agencies and organizations such as the Pacific American Foundation and/or Partners in Development to develop and implement such needed programs.

*Curricula teaching environmental stewardship.*—A strong understanding of environmental stewardship and the responsible use of the environment are anchor values in the traditional Hawaiian culture. Environmental stewardship needs to be taught to all students, particularly Hawaiian and part-Hawaiian students. The Committee urges the Department to fund the development and implementation of curricula teaching environmental stewardship based on the traditional ecological knowledge (TEK) of the Hawaiian culture. Given the oral tradition of the Hawaiian culture, this development program should include the identification, translation, and analysis of appropriate traditional chants and stories related to the management and responsible use of Hawaii's resources and the integration of these perspectives into an effective curriculum that addresses Hawaii State Educational Standards in social and natural sciences. The Committee recommends that nonprofit organizations with experience in these areas, such as the Pacific American Foundation and/or Partners in Development, be used to develop these curricula units.

*Native Hawaiian Mid-level Practitioners Training Program.*—The Committee urges the Department of Education to develop a focused program to recruit, train, and place nurse practitioners, physician assistants, clinical psychologists, and clinical pharmacists to work in Hawaiian communities. The Committee also recommends that nongovernmental agencies, such as health care providers, insurers, and nonprofit foundations like Partners in Development, be integrated into the effort.

*Adjudicated and High-Risk Native Hawaiian Youth Education Program.*—The Committee is concerned about the high proportion of Native Hawaiian Youth on legal status with Family Court statewide and in Hawaii youth correctional facilities. Therefore, the Committee recommends that the Adjudicated and High-Risk Native Hawaiian Youth Education Program, which is intended to prevent recidivism and strengthen Hawaiian families, should be considered a priority to receive funding.

*Postsecondary computer and technology training for Native Hawaiians.*—The Committee recognizes the lack of computer and technology skills possessed by the Native Hawaiian community and its resultant impact on their employability. The Committee requests culturally sensitive educational centers be established to provide training in career skills, technology readiness, technology management, and advanced technology certification. The Committee recommends this program should be considered a priority to receive funding.

*Native Hawaiian Financial Literacy Program.*—The Committee is concerned of the inability of many Native Hawaiians to understand money management and financial planning. The Committee recommends the development of culturally sensitive training on money management, financial literacy, family budgeting, and debt avoidance. The Committee recommends this program should be considered a priority to receive funding.

*Alaska Native educational equity*

The Committee recommends $33,000,000 for the Alaska Native educational equity assistance program. This amount is $18,000,000 more than the budget request and the fiscal year 2001 appropriation. The Committee recommends expanding this program to include cultural education programs operated by the Alaska Native Heritage Center and continuing operation of the Rose program operated by the Alaska Humanities Forum to expose urban students to Native culture in rural Alaska.

Funds from this program address the severe educational handicaps of Alaska Native schoolchildren. It has been brought to the Committee's attention that in urban areas, 60 percent of Alaska Natives entering high school do not graduate, and that Alaska Natives' test scores are on average 40 percent lower than those of other students. In some districts, none of the Alaska Native elementary students and 40 percent of Native high school students are performing at their grade level. The funds provided under the Alaska Native education equity assistance program will help to address some of the barriers faced by Native Alaskan schoolchildren and develop programs tailored to the unique needs of these children to improve performance levels.

*Charter Schools Homestead Fund*

The Committee recommends $50,000,000 for the Charter Schools Homestead Fund, a new program authorized in the Senate-passed version of H.R. 1. This amount is $125,000,000 less than the budget request.

A major obstacle to the creation of charter schools in many communities is the limited availability of suitable academic facilities. The Charter Schools Homestead Fund would build on and replace the Charter School Facility Demonstration Grants program by providing grants to public and nonpublic entities to leverage funds to help charter schools purchase, construct, renovate, or lease academic buildings or obtain donated buildings. The demonstration grants program, currently funded through the school renovation program, received $25,000,000 in fiscal year 2001.

*Charter schools*

The Committee recommends $200,000,000 for the support of charter schools. This amount is the same as the budget request and $10,000,000 more than the fiscal year 2001 appropriation.

This program provides funds to the Secretary to make awards to State educational agencies, which, in turn, make subgrants to partnerships of developers and local education agencies or other public entities that can authorize or approve a charter school. Grants are limited to 3 years in duration, of which not more than 18 months may be used for planning and program design, not more than 2 years for the initial implementation of a charter school, and not more than 2 years to carry out dissemination activities.

*Comprehensive regional assistance centers*

The Committee has included bill language to provide $28,000,000 to continue the operation of the current comprehensive regional technical assistance centers. This recommendation is the same as the budget request and the fiscal year 2001 level. This program supports 15 regional centers that provide support, training, and technical assistance to Department of Education grantees.

*Advanced Placement test fees*

The Committee recommends $22,000,000 for the Advanced Placement test fees program. This amount is the same as the budget request and the fiscal year 2001 appropriation. This program awards grants to States to enable them to cover part or all of the cost of Advanced Placement test fees of low-income individuals who are enrolled in an Advanced Placement class and plan to take an Advanced Placement test. The Committee is aware of the benefits of Internet-based AP pilot programs in rural parts of the country or other underserved districts where students would otherwise not have access to AP instruction, and it encourages the Department to consider proposals that meet the needs of students in these areas of the country.

*Parental assistance*

The Committee recommends $45,000,000 for parental assistance services. This amount is $7,000,000 more than the fiscal year 2001 appropriation. The administration proposed eliminating this pro-

gram by consolidating it into the teacher quality State grants program. This title authorizes a variety of activities designed to improve parenting skills and strengthen the partnership between parents and professionals in meeting the education needs of their children ages 5 and under.

Sociological and scientific studies show that the first 3 years of a child's cognitive development set the foundation for life-long learning and can determine an individual's emotional capabilities. Parents, having the primary and strongest influence on their child, play a pivotal role at this stage of development. Scientists have found that parental relationships affect their child's brain in many ways. Research further indicates that a secure connection with the parent will better equip a child to handle stressful events throughout life.

The Committee strongly urges the Department of Education to stipulate that at least 50 percent of each grant award shall be used for Parents as Teachers Programs.

*Small, Safe and Successful High Schools*

The Committee recommends an appropriation of $100,000,000 for the Small, Safe and Successful High Schools program. This amount is $25,000,000 less than the fiscal year 2001 appropriation. The administration recommended eliminating this program by consolidating it into its proposed Choice and Innovation State Grants program.

These funds shall be used for activities related to the redesign of large high schools enrolling 1,000 or more students.

*Local Innovations for Education*

The Committee recommends an appropriation of $300,000,000 for the Local Innovations for Education (LIFE) program, a new program authorized by the Senate-passed version of H.R. 1 that consolidates eight existing activities or programs, including five in the Fund for the Improvement of Education. This amount is $124,099,000 less than comparable activities and programs in the fiscal year 2001 appropriation. The administration proposed eliminating most of these programs through consolidations.

LIFE provides the Secretary with broad authority to support nationally significant programs and projects to improve the quality of education, help all students meet high academic standards, and contribute to the achievement of the national education goals.

Within the amount recommended, the Committee includes $35,000,000 for the Elementary School Counseling Demonstration Program to establish or expand counseling programs in elementary schools, and $10,000,000 to make awards under part H of Title I of the Senate-passed version of H.R. 1 for a dropout prevention demonstration project. These levels are each $5,000,000 higher than the fiscal year 2001 appropriations.

The Committee also includes $100,000,000 for a demonstration program focusing on the instruction of American history in elementary and secondary education. This amount is $50,000,000 more than the fiscal year 2001 level. Under this program, the Secretary of Education will award grants to local educational agencies, and, in turn, the LEAs will make awards to schools that are teaching

American history as a separate subject within a school curriculum, not as a part of a social studies course. Grant awards are designed to augment the quality of American history instruction and to provide professional development activities and teacher education in the area of American history.

The LIFE appropriation also includes $59,318,000 for the Star Schools program. This amount is the same as the fiscal year 2001 appropriation. The Star Schools program is designed to improve instruction in math, science, foreign languages, and other subjects such as vocational education, to underserved populations by means of telecommunications technologies. The program supports eligible telecommunications partnerships to develop and acquire telecommunications facilities and equipment, instructional programming, teacher training programs and technical assistance. The Committee recognizes the efforts of the Star Schools program to provide educational resources for traditionally underserved populations, including disadvantaged, illiterate, and limited-English-proficient persons, and individuals with disabilities through the use of distance learning technologies.

The Committee recommends $10,000,000 for a new program to provide educational, cultural, apprenticeship, and exchange programs for Alaska Natives, Native Hawaiians and their historical whaling and trading partners in Massachusetts. This is a new program authorized by the Senate-passed version of the ESEA reauthorization bill; it was not requested by the administration.

Funds will be used to develop and implement innovative culturally-based educational programs and cultural exchanges to assist Alaska Natives, Native Hawaiians and children and families of Massachusetts linked by history and tradition to Alaska and Hawaii to learn about shared culture and traditions, and to develop internship and apprenticeship programs to assist these groups prepare for professional careers in cultural institutions and related fields. The Committee expects that funds will be equally divided by the Department among the Alaska Native Heritage Center, the Inupiat Heritage Center in Barrow, AK, the Bishop Museum in Hawaii, the Peabody-Essex Museum in Salem, MA, and the New Bedford Whaling Museum/New Bedford Historical Site in MA.

The Committee also includes $30,000,000 for the arts in education program. This amount is the same as the fiscal year 2001 appropriation. It includes $6,650,000 for a grant to VSA arts, which supports the development of programs to integrate the arts into the lives of children and adults with disabilities, and $5,600,000 for a grant to the John F. Kennedy Center for the Performing Arts, which supports a variety of activities throughout the Nation. Funds provided in this account also support youth violence prevention activities and model professional development activities to support the increasing demand for arts and music teachers.

The Committee is supportive of the upcoming Very Special Arts International Festival. Held every 5 years in locations throughout the world, the June 2004 festival will take place in Washington, D.C. Approximately 2,000 children and adults with disabilities will participate in this 5-day exploration and celebration of the role of the arts in learning at home, in the workplace and in the community. The Committee recommends $1,650,000 for this purpose.

The Committee is aware that recent data and empirical evidence indicate that specific instruction in music, art, and dance improves the success of K–12 students. The Committee supports grants, authorized under this program, to eligible recipients for: the development and implementation of curriculum frameworks for arts education; the development of model pre-service and in-service professional development programs for arts educators and other instructional staff; specific instruction in music, art, theater, and dance; the development of model arts education assessments based on high standards; and supporting model projects and programs to integrate arts education into the regular elementary and secondary school curriculum.

The LIFE appropriation also includes $3,000,000 for the women's educational equity program. This amount is the same as the fiscal year 2001 appropriation. The program supports projects that assist in the local implementation of gender equity policies and practices.

The Committee also recommends $25,000,000 for character education grants to States and LEAs. The administration requested the same amount as part of its proposed Reform and Innovation Fund. The money may be used for developing character education curricula, implementing model character education programs that involve parents and community members, and training teachers to incorporate character-building lessons and activities into the classroom.

The LIFE appropriation includes sufficient funds for the Reach Out and Read program, which promotes literacy by providing children's books to pediatricians and arranging for trained volunteers to read to children while they wait for their appointments in doctors' waiting rooms.

The appropriation also includes sufficient funds for Project GRAD, a school-community program designed to improve the instructional quality and school environment of at-risk children. The core program focuses on improving student achievement in math, reading and language arts. Another component of the program addresses student behavior and discipline problems. Students participating in Project GRAD have a 24 percent increase in graduation rates, an 18 percent increase in their reading skills, a 34 percent increase in their math scores and a 25 percent increase in college enrollment. Project GRAD is currently operating in Houston; Los Angeles; Atlanta; Columbus, Ohio; Nashville; Newark, N.J.; Cincinnati; Knoxville, Tenn.; and Laredo and Brownsville, Texas. Projects will soon be operating in Philadelphia and three other Ohio communities.

The Committee notes that there is considerable evidence that lack of appropriate nutrition, and in particular deficiencies in basic vitamins and minerals, can reduce students' academic performance. The Committee is aware of a pilot project by the Healthy Foundation to distribute a daily multi-vitamin to impoverished school children. The Committee commends this program and urges the Department to fund an expansion of this promising initiative and to rigorously evaluate its impact on school performance.

The Committee is aware of the following projects and encourages the Department to give them full and fair consideration:

The University of Montana, working with law enforcement, education, and community organizations, will develop a statewide community-based curriculum that promotes responsible behavior and prevents violence in schools and communities.

Montana State University-Bozeman will coordinate an Educational Technology Leadership Institute that will train school administrators in rural areas how to encourage their teachers and students to use technology effectively.

The Montana TREK Center at Flathead Valley Community College will provide rural educators with professional and educational growth opportunities through access to technology and training.

The Indiana Academy for Science, Mathematics and Humanities develops distance education programs to bring enhanced science education into classrooms across the Nation.

The ProEquity Advancement Placement teacher training project will increase the availability of AP coursework, expand the number of schools participating in the AP program, and train teachers at urban and rural schools serving disadvantaged students in five States.

The Riverside School for the Arts in California trains students for performing and technical careers in the entertainment industry while providing a strong liberal arts and sciences education.

Columbia Teachers College plans to expand its successful teacher training pilot program to Mississippi, Pennsylvania, New York, and Dallas, Texas. This program has been proven effective at increasing teacher retention.

The Wheeling Jesuit University NASA Center for Educational Technologies will provide technology training to all elementary and secondary West Virginia mathematics and science teachers.

Steps to Success, an ongoing initiative which plans on attracting significant non-Federal funding, plans to expand its efforts to provide parents of children from birth to 3 years of age with the information and support necessary for their development.

The Missoula Family YMCA in Missoula, Montana is developing the "Give Me Five" after school program.

The After School Recreation Program works in cooperation with Pasadena Unified School District in California to provide a recreation program for elementary-school-age children.

The San Francisco Unified School District Child Development/Pre-School Program provides early childcare and educational services for young children. It promotes cognitive development and ensures that children are ready and eager to learn.

The Fresno Unified School District in California will expand the Keep Kids in School program, which the district runs in collaboration with the Fresno County District Attorney's Office, the Fresno County Superior Court and the Fresno County Interagency.

California State University, San Bernardino will create a Math/Science Demonstration Center that will house a wide variety of university and collaborative school district programs revolving around an advanced math/science lab school.

The County of San Bernardino, Calif., will expand a program that provides family-centered case management and special school-based, grade-appropriate education for the children of homeless families.

Fresno Pacific University in California will expand its math and science program to more effectively deliver quality math and science education to teachers, and to encourage more underrepresented students to teach those subjects.

California State University San Marcos runs the Barahona Center for the Study of Books in Spanish for Children and Adolescents, which collects, catalogues and reviews the world's only complete collection of Spanish-language books published since 1989 for children and adolescents.

The Los Angeles Center Theatre Group will develop a national model K–12 curriculum for the integration of the dramatic arts into general reading and language arts skills.

The American Film Institute will establish a Screen Education Center within the Los Angeles Unified School District that will develop curricular modules for teachers and students.

THINK Together provides after-school tutoring and homework assistance for low-income and low-achieving students in Orange County, Calif.

The city of Twentynine Palms in California will expand its education and after-school care program, which serves many low-income families and helps ensure that students are academically ready to enter kindergarten.

The California Department of Education's Technology Information Center for Administrative Leadership (TICAL) Project, administered through the Santa Cruz County Office of Education, is a Web site where school administrators can access resources on using technology to improve teaching, learning, and school management.

Audubon After School plans to expand its two existing after-school programs, and add a third program, for at-risk students in kindergarten through 8th grade in New Orleans.

The University of New Orleans' Millennium School Project will establish a charter school district and redesign teacher education to support school restructuring.

Nicholls State University's Center for the Study of Dyslexia will train faculty, reading specialists and families to identify the reading disabilities of children and adults in the Southern Gulf Coast region of Louisiana.

Southeastern Louisiana University's Alternate Teacher Certification Program offers all its professional education courses via the Internet.

Prevent Child Abuse Louisiana and the Task Force on Child Sexual Abuse plan to train 10,500 teachers in the greater New Orleans area on how to recognize and report child abuse cases among their students.

Southern University plans to study the use and effectiveness of an interactive Web-based learning program.

Prime Time Family Reading Time, a family literacy program, plans to expand into 20 States.

The city of Shreveport's Sci-Port Discovery Center plans to develop space science educational programs.

Louisiana Tech University's CATALYST program will be a regional center for math and science education serving rural populations in Louisiana, Arkansas, Texas, and Mississippi.

Southern University will conduct research on the influence of nutrition and access to health care on elementary school student performance.

Virtual school classroom demonstration programs have been proposed for the Washington State Office of Public Instruction, New Mexico, the Iowa Department of Education, and the U.S. Secretary of Education.

The Olympic National Institute Hands-on Environmental Education Access Project in Washington State seeks to improve student competencies in science and math through hands-on educational training.

The Pacific Science Center in Seattle is developing a hands-on genetic exhibit to explain basic concepts of genetics and the Human Genome Project to children.

The Washington Department of Public Instruction is designing a project to use the Web to link together schools, districts, and the Office of Public Instruction to provide an accessible central database for student information.

The Pacific Northwest Aquarium in Seattle will develop exhibits designed to educate students about marine ecosystems.

The NASA Educator Resource Center at Southeast Missouri State University will make available to K–12 schools, teachers, and students throughout Missouri a wide array of educational materials related to science and math.

Finance CIRCLE is a new demonstration initiative that will set up financial-aid systems to help families send their children to early learning and after-school programs in five sites: greater Kansas City, Mo.; Seattle/King County; greater Minneapolis; the lakes region of New Hampshire; and Fairfax County, Va.

The Georgia Project, a nonprofit consortium of business and community leaders in Dalton, continues to support the academic and social needs of Hispanic children and their families in northern Georgia.

The Great Cities' Universities coalition plans to expand its Urban Educator Corps Partnership Initiative, which seeks to meet the urgent demand for classroom teachers in the Nation's urban schools.

The Ellijay Wildlife Rehabilitation Sanctuary seeks to expand its ecological science education programs to make them available to more students in Georgia.

The city of Macon, Ga., plans to develop and implement a character-building education program.

Spelman College's Teacher as Leader Educational Initiative seeks to provide early intervention and academic support for at-risk, disadvantaged children and their families.

The Challenger Learning Center at SciTrek in Atlanta will use a simulated mission control station and space laboratory to create a dynamic learning environment for students in the areas of science and technology.

The Institute for Student Achievement in New York plans to expand its programs, which are designed to support school districts' strategies for helping students overcome academic and social challenges adversely affecting performance.

The Long Island Works Coalition is consolidating and building upon school-to-career partnerships educating students in Long Island.

Life and Industry for Education (LIFE) provides vocational and computer training, family workshops, after-school and weekend initiatives for at-risk youth, and English language instruction in New York. LIFE's proposed Recreational, Educational, and Counseling Center would centralize the group's efforts in Hewlett, N.Y.

The ExplorNet Technology Learning Project provides technology education and workforce development programs to K–12 students and helps schools and communities implement their technology plans.

The Center for Math, Science, and Teaching Excellence at New Jersey Institute of Technology will develop and deploy technology to provide interactive learning experiences for teachers who want to improve their math, science, and technology skills.

RUNet 2000 at Rutgers University will continue to expand its innovative voice-video-data communications system to bring the resources of the university to more K–12 teachers and students throughout the State.

Babyland Family Services, Inc. will launch the Newark Project, a technology initiative that will provide minority inner-city children and families with access to educational institutions and other community resources.

The New York University Child Study Center will expand the ParentCorps project into urban New Jersey areas and evaluate its impact. ParentCorps trains parents to improve parenting skills and promote the academic, social, and emotional readiness of their children.

Project REACH will provide before-school, after-school, and summer programming for K–12 students at six schools in Mitchell, S.D.

Marty Indian School in South Dakota will provide students with after-school and summer educational opportunities.

The East Dakota Educational Cooperative in Sioux Falls, S.D., will provide before-and after-school programs, as well as summer activities, in eleven communities.

The HOPE Consortium, which consists of seven schools in South Dakota, will address educational, health, social services, cultural, and recreational needs of students and their communities through school-based learning centers.

Crazy Horse School in Wanblee, S.D., plans to provide after-school and summer programs on the Pine Ridge Indian Reservation.

The Brookings School District in South Dakota will provide students with after-school and summer educational opportunities in a wide variety of subjects and interest areas.

The Huron School District in South Dakota, in conjunction with the local YWCA and Career Learning Center, will expand its after-school programming.

The Howard and Carthage School Districts in Miner County, S.D., will expand an after-school program to make it available to more students and begin a summer program.

The Consortium Community Education Project will provide out-of-school activities to students in the Redfield, Lower Brule, and Beresford School Districts in South Dakota.

The Foundation for School Safety runs a Safe and Disaster-Resistant Schools Initiative to help school facilities address disaster risks through the help of disaster-mitigation professionals.

The Digital Dakota Network wires South Dakota classrooms to the Internet, trains teachers and administrators on how to use technology in schools, and facilitates distance education.

The Dial Corporation will develop, implement, and evaluate three K–12 courses in biology, health sciences, and earth sciences, to be delivered over South Dakota's distance learning network.

Kids Voting USA is a nonprofit, nonpartisan, grassroots organization that works with schools and communities to enhance civics education and encourage voter participation.

The Bushnell Center for the Performing Arts in Hartford, Conn., will expand its Partners in Arts and Education Revitalizing Schools Program, which strengthens language arts instruction and multicultural understanding for students.

Amistad America, Inc., a foundation that built and operates a full-size, working replica of the slave ship Amistad, will coordinate with local schools to provide students free admission, tours, and history lessons on the schooner when it visits various ports in the United States.

Minot State University in North Dakota is developing an Institute for Rural Human Services to study and develop systems designed to meet the unique needs of persons with disabilities living in rural communities, with a special emphasis on working with hearing-impaired children.

Millikin University in Decatur, Ill., runs an initiative to assist inner-city and rural high school students in preparing for college.

The Chicago Public Schools plan to expand tutoring and mentoring programs.

Columbia College—Chicago will establish a mentoring program designed to improve minority student educational success and retention.

The Virginia Frank Child Development Center in Chicago will provide youth scholarships to support inner-city children.

Southern Illinois University will undertake a teacher preparation and placement initiative.

The Northwest Community Center in Rockford, Ill., will develop technology-based educational outreach programs.

The Illinois Institute of Technology's Digital Media Center will use digital technology to help elementary and high school students and their teachers improve learning in math and science.

Chicago State University's Urban Campus/Community Technology Initiative is designed to support teacher training and expand teachers' technology skills.

College Summit is a national program that assists low-income students prepare for and enroll in college. College Summit Chicago is the hub of the program.

The Teen Reach Community Youth Program in Illinois is a comprehensive initiative to teach Temporary Assistance for Needy

Families populations and at-risk youth practical skills while encouraging tutoring and mentoring.

The North Carolina Electronics and Information Technologies Association will help bridge the digital divide in the State's rural and under-served school districts through a school technology demonstration program.

Fresno At-Risk Youth Services in California will attack the problem of at-risk youths by coordinating the city's efforts through an education program coordinator, working with targeted groups, and making peer counselors available to students.

The Foundation for the Improvement of Mathematics and Education seeks to improve math and science testing scores through the advancement of curriculum and improvement in teacher/administrator education.

Yosemite National Institutes will develop more outreach programs targeted on Native American and minority communities, support training programs for educators from disadvantaged areas, and purchase advanced technology.

The Los Angeles Unified School District will provide a pilot prekindergarten program to 1,000 students.

The California Institute for the Arts teaches college-level arts programs for high school-age students with the goal of providing young people with job skills needed for the arts and entertainment industry.

The Florida Department of Education is continuing its Comprehensive Plan for Teacher Recruitment and Retention (formerly known as "SchoolNet").

The YMCAs of Sarasota, St. Petersburg, and Clearwater, Fla., will launch additional YMCA Character Development Schools, also known as "Second Chance Schools." The schools, conducted in cooperation with local school districts, are designed to address behavior problems.

The Technology Research and Development Authority of Florida will continue implementation of a program for math, science and technology teacher education for grades 9 through 12.

One-to-one "e-learning" pilot programs are planned at one school in each of these four States: South Carolina, Montana, Massachusetts, and Washington. The programs will provide students with their own wireless laptop computer, teacher and administrator training, and progress reports on student achievement.

The South Carolina Association of School Administrators continues to develop a clearinghouse to facilitate the distribution and implementation of the methodology and pedagogy used by Blue Ribbon Schools.

Clemson University has developed the Call Me Mister collaborative effort with Morris College, Benedict College, and Claflin College to recruit, train, certify, and secure employment for 200 minority male teachers in public schools.

The University of South Carolina continues to develop the Partners for Literacy model to promote the literacy growth of children from birth through age 8.

Everybody Wins! is a mentoring program that promotes children's literacy and love of learning through shared reading experiences with caring adults.

YMCA centers in Texas will continue and expand their youth assistance and teen intervention programs, in conjunction with the YMCA of the USA.

The Houston Independent School District will expand and improve the computer and telecommunications technology of its schools through its Technology Infrastructure Plan.

The Early Childhood Development Center at Texas A&M, Corpus Christi, serves as a childhood development center for at-risk children, a professional development center for area public school teachers, and a clinical research facility in the study of childhood development.

The Novice and Student Teacher Support Project of West Texas A&M University and Texas A&M University, College Station, will continue its efforts to recruit and retain more qualified teachers to America's public schools.

The National Association of Partners in Education establishes mentoring programs for students across the country and encourages business-education partnerships.

Building Trust in Representative Democracy, a joint effort of the National Conference of State Legislatures, the Center for Civic Education, and the Center on Congress at Indiana University, will work to improve public understanding and trust in our Nation's democratic institutions through multimedia classroom materials.

The Reading Evaluation and Assessment Demonstration (READ) project, supported by the Today Foundation of Dallas, Texas, uses educational software to help students learn to read.

Help One Student to Succeed (HOSTS) programs encourage volunteers to provide effective one-on-one academic mentoring to students in districts across the Nation, including Texas.

The Institute for Engineering at Southern Methodist University brings together engineering and science professors with high school educators, in conjunction with private industry, to increase the interest and quality of math and science programs in Dallas-area high schools.

The National Center for School Improvement, formed by a consortium of universities and led by Southwest Texas State University, sends teams of educators into struggling schools to help turn them around.

Sam Houston State University will continue its efforts to establish a technical assistance learning center to facilitate the development of after-school programs for at-risk youth.

The California School of Professional Psychology, in cooperation with school districts in the San Diego, Los Angeles, San Francisco and Fresno metropolitan areas, plans to develop and implement model teacher training programs regarding using technology in the classroom, violence prevention, and brain functioning.

The Pacific Islands Center for Educational Development develops and implements training and educational programs aimed at assisting Samoan and other Pacific Islander students who aspire college education.

The Vermont Higher Education Consortium will support universal, early learning programs through the development, coordination and delivery of academic and experiential training programs for early childhood educators.

Watertown Public Schools in South Dakota will integrate technology in the classroom by expanding Macintosh iBook Wireless Labs and computers to five elementary schools.

Jobs for Youth uses technology to provide basic literacy and job-skill training to youths and adults.

WGBH, the Nation's largest producer of public television programming, will develop the earth sciences portion of a Web site called TeachersDomain.org, an Internet portal that will benefit teachers and children nationwide.

The Milwaukee Teacher Education Center will expand programs to recruit, prepare and retain a diverse, effective, innovative teaching force for the Milwaukee Public Schools.

The University of Wisconsin—Extension's School Readiness Project will provide training and technical assistance to its partners in preparing children for learning in school.

St. Norbert College in DePere, Wis., runs a field-based teacher training program that partners with K–12 area schools to better prepare teachers to address obstacles in the classroom.

The Green Bay Area Public Schools will establish a project-oriented model for technology integration by introducing teachers and students to effective and appropriate use of untethered (wireless, battery-powered) network-connected computers.

The YMCA of Metropolitan Milwaukee is expanding its Teen Agenda to serve at-risk teenage youth.

The Grand Valley State University Teacher Academy in Michigan will train a cadre of master teachers who will develop a curriculum and mentor pre-service and novice science and math teachers.

The University of Arkansas Little Rock will offer high school students a Web-based math course with the goal of reducing the number of entering freshmen who need math remediation.

The Early Childhood Compact between Arkansas, Louisiana, Mississippi, and Alabama is a plan to develop and implement a high-quality, early childhood educational pilot program for at-risk 4-year-olds that will form the basis of a comprehensive, cohesive, universally accessible preschool education program.

The Yell County schools in Arkansas will expand their bilingual programs to address the needs of a growing Hispanic population.

The Maryland Institute for Minority Achievement and Urban Education, which is run by the University of Maryland's College of Education in partnership with the Maryland Department of Education, will serve State school districts by enhancing urban education and closing the minority achievement gap.

The Boys & Girls Clubs of Greater Washington is one of the region's largest service organizations helping at-risk youths develop the skills necessary for their growth into adulthood.

The Northeast and Islands Regional Educational Laboratory at Brown University has created a Web site called Knowledge Loom that provides enrichment resources for educators.

The Professional Partnership Laboratory School at Roger Williams University in Bristol, R.I., will provide an innovative learning environment for approximately 500 K–12 students in the Bristol Warren Regional School District.

The Institute for International Sport, a nonprofit group located on the campus of the University of Rhode Island, plans to expand the reach of its Center for Sports Parenting. The center addresses the difficult questions related to sportsmanship between young athletes and their parents, coaches, and teachers.

The Charter School Development Foundation will operate a charter school that is intended to improve the dropout rate in Las Vegas schools by offering academic programs designed to enhance students' character, self-esteem, and career possibilities.

The Humboldt County School District in Winnemuca, Nev., will operate an English as a Second Language program for each of its schools.

Project STARS will provide literacy interventions for Nevada students in grades 3 to 5.

Pahranagat Valley Elementary School, Hawthorne Elementary and Junior High School, and Schurz Elementary School in Nevada will provide each of their students with a laptop computer.

The Baltimore City Public School system is continuing its efforts to provide each of its classrooms with the technology needed to bridge the digital divide.

The Kennedy Krieger Institute's Career and Technology High School in Baltimore provides a school-to-work transition for youths with serious learning, emotional, neurological, and development disabilities and adolescents who have suffered traumatic brain injury.

The University of Maryland College Park and Morgan State University will create a Center for Minority Achievement and Urban Education Research.

The Baltimore Symphony Orchestra's Distance Learning at Home and Abroad initiative will extend the reach of BSO's programming to students in Maryland public schools and to students across the Nation via the Internet.

New York City's Museum of Modern Art will use a distance learning program to maintain education-outreach opportunities while the museum embarks on a major expansion and renovation project.

The 24 Challenge/Jumping Levels Math Program supplements basic math curriculum in grades 1–8.

Bloomsburg University in Pennsylvania is providing computers, computer wiring, and training for teachers in 25 surrounding school districts.

The Boys and Girls Clubs of Philadelphia are developing a school-based mentoring program.

Cabrini College in Pennsylvania is developing a new Center for Science, Education, and Technology that will provide a model elementary education classroom to facilitate and enhance the educational experience of Cabrini undergraduate students majoring in education.

CAPE/PETE Net is continuing to develop its national demonstration program for distance learning with 105 Pennsylvania universities and colleges.

Cheyney University in Pennsylvania is creating a pilot Collaborative Center for Teacher Preparation program by partnering with area school districts.

The city of Philadelphia is continuing to modernize its community recreational centers with new computer terminals and other technological improvements. The City is also developing an anti-truancy initiative and establishing after-school programs for its students.

The College of Physicians of Philadelphia is expanding its educational outreach to all students in the Philadelphia School District through a medical science museum-based experimental learning program.

Communities in Schools of Lehigh Valley is developing in-school and after-school programs for at-risk middle school and high school students.

Drug-Free Pennsylvania is implementing a demonstration project in which it would partner with local school districts and media outlets in an effort to provide at-risk students with an opportunity to develop and produce public service announcements targeting drug use prevention.

The Eisenhower Foundation is replicating a full community school program that emphasizes the school as the central point of the community.

Freedom Theatre, the Nation's largest African-American theater and performing arts training program, trains over 900 youth annually by promoting artistic and personal development. It plans to provide greater access to its training programs for talented youth.

HUBS is providing tools for teacher training tools and classroom management, including school-to-home communication.

Indiana University of Pennsylvania is establishing a K–12 computer services center for area school districts.

Jazz in the Schools is continuing to expand its program to engage inner city high school students in a hands-on program that uses jazz as a means to maintain student interest in academic subjects in the core curriculum.

MICROSOCIETY has developed and will continue to disseminate a comprehensive school reform model.

The National Foundation for Teaching Entrepreneurship plans to expand to Philadelphia. The program partners with high schools and community-based organizations to teach topics such as sales, marketing, venture capital, and business ethics classes.

The Opera Company of Philadelphia is developing the Sounds of Learning, which uses opera as the base for integrating all aspects of a child's formal education. The program targets low-income households living in urban school districts.

The Pennsylvania Ballet is developing the Accent on Dance program for elementary and secondary school students for in-school and after-school programs.

The Philadelphia Orchestra is expanding its five educational programs to reach a broader and more diverse audience.

The Philadelphia Zoo is seeking to develop and create programs and interpretive media for the Avian Conservation Center.

Pittsburgh Technology Council is providing computer training to teachers in school districts in a 13-county area.

Project 2000 is planning to expand its existing academic support and mentoring programs for inner-city African-American youth to an adjoining housing project.

SEPCHE is developing a "global curriculum" to challenge students to develop their knowledge of foreign languages and cultures, and recognize relationships between history and current issues.

Tesoro High School in California is developing a Knowledge Center which will be a customized facility consisting of a technology lab, seminar lab, communications center, and library.

Washington and Jefferson College is conducting quality education initiatives and professional development in the southwest region of Pennsylvania. A key focus of the program is to integrate technology into teacher preparation and performance.

Walnut Street Theatre's Educational Outreach Program for K–12 schools in the Philadelphia area includes an apprenticeship program, an adopt-a-school program, and a summer camp.

Widener University in Pennsylvania is seeking to provide computer networking management services to 12 area school districts and other educational entities.

The Pittsburgh YWCA is continuing to expand its after-school activities.

Big Brothers/Big Sisters is hoping to double the number of children served in school-based mentoring.

The Detroit Science Center will develop and implement an educational series of new Urban Intervention Science Programs that will correlate with Michigan Educational Assessment Program measures. Students will be introduced to careers in science, technology, and engineering.

The Detroit Public Schools will provide professional development for its site-based management teams.

The Principals Academy in Detroit will serve as the primary entity for ensuring that the school system's principals are trained to run high-quality schools.

The Detroit Public Schools will create an alternative teacher certification program to attract working professionals who want to teach but are not currently certified.

The Michigan Association of School Administrators (Region I) will expand its telecommunications infrastructure in the upper peninsula to allow schools to communicate with individuals more effectively.

The Eastern Upper Peninsula Intermediate School District in Michigan will offer services and activities for youths and adults during after-school hours and, during the summer, all day.

The Eastern Upper Peninsula Intermediate School District in Michigan will provide cost-effective curriculum and student enrichment programs to 12 communities through distance learning.

The Flint Area Chamber of Commerce in Michigan will establish an "e-mentoring" program designed to create a partnership between employers and students, with the goal of improving academic performance and workforce readiness.

The YWCA of Anchorage offers after-school and enrichment programs to at-risk schoolchildren and their mothers that stress building self-esteem and strong value systems.

The United Way of Anchorage supports a number of high-quality after-school programs designed to help students stay out of trouble and do well in school.

Alaska's Right Start program provides extended-day programs for kindergarten-age schoolchildren who are behind expected developmental levels and makes use of academic program coordinators.

The Alaska Initiative for Community Engagement (Alaska ICE) program uses community resources to help schoolchildren increase academic performance and involve them in their own communities.

Alyeska Central School in Alaska plans to use online distance education to help students in small, rural schools prepare for the State's high school graduation qualifying examination.

The Qualified Teachers for Alaska program recruits and prepares teachers to work in the State.

The Alaska Department of Education runs an intense remedial summer reading program for high school students that is designed to help them graduate on time and with their classmates.

Big Brothers Big Sisters agencies in Alaska plan to extend their after-school mentoring programs across the State to include rural and remote villages and communities.

The Anchorage School District will develop a Summer Reading Lab to increase reading comprehension skills for Anchorage area high school students.

The Sheldon Jackson College Center for Life Long Learning trains teachers, especially Alaska Natives, to teach in remote Alaskan villages.

Alaska Geographic Alliance plans to work with Library of Congress to incorporate its Meeting of the Frontiers project into the Alaska school history and geography curriculum.

The Galena School District and several partners are assisting Alaska Native students who attend boarding schools and colleges make the transition from rural village life to educational residence facilities.

The University of Alaska Anchorage's LitSite project will help bridge the rural/urban literacy gap in Alaska, especially for schoolchildren in grades K–12.

The Anchorage Community Theater School is initiating an after-school performing arts program for Anchorage-area schoolchildren in grades K–12.

The Rowan Center for the Advancement of Learning at Rowan University in New Jersey has developed a process called Let Me Learn that enables students to understand what types of learners they are so they can learn more effectively. The center plans to implement its programs in eight sites throughout the State.

Schools Plus is a safe, neighborhood-based, after-school program designed to provide academic assistance and one-on-one mentoring for students.

The Northwest Regional Education Laboratory in Portland, Ore., is training senior citizens to serve as reading tutors in K–12 school settings in Oregon, Alaska and Washington.

Oregon State University's Lifelong Learning Alliance will use distance learning to create a new statewide system for providing a variety of education-related services, including professional development for teachers and school counselors.

The Schools Uniting Neighborhoods (SUN) program in Portland, Ore., is creating and supporting school/neighborhood partnerships

in an effort to increase student achievement and family involvement with children.

Portland State University in Oregon is establishing the Portland Metropolitan Partnership for School Leadership, a program that will recruit, prepare, and offer professional development for school leaders in the region's secondary schools.

Self-Enhancement, Inc. in Portland, Ore., provides after-school services for at-risk students.

The Native American Performing Arts Project will add a 3-day performing arts workshop to the Konaway Nika Tillicum, Southern Oregon University's summer youth academic camp for middle school students. It will also create a Native American Theater production that would travel the State.

The Multnomah Outdoor School project in Oregon is a residential program that allows students to experience hands-on science learning over an extended weekend.

Friends of the Children, a national nonprofit group based in Portland, Ore., provides adult mentors to children who are most in danger of school failure, abuse, gang and drug involvement, and other serious problems.

The Integrated Performance Benchmarking System, tested by Oregon and Nebraska the past 2 years, is a proposed initiative to eliminate cumbersome paperwork currently required by the Department by allowing States to electronically store, share, and even compare State education data.

Several school districts in Utah plan to conduct a demonstration project in which they would administer their annual assessments using computers.

Under the Utah Reading Excellence Act, school districts in the State are working to improve literacy among their students, especially those in grades K–3.

The University of Montana's Safe Schools Project is facilitating a statewide community-based curriculum development initiative that promotes responsible youth behavior.

Fisher's Peak YMCA in Trinidad, Colo., has established a teen center and is sustaining a conflict resolution center.

The YMCA of Metropolitan Denver is developing a teen initiative program targeting at-risk African-American and Hispanic teens at the East Denver Family YMCA.

The Pikes Peak YMCA is expanding the Youth Connection Program in Colorado Springs, which connects at-risk teens with business leaders to learn job skills and model other healthy behavior.

The Pueblo YMCA in Colorado is developing teen programs and a new teen center that will focus on leadership development, outdoor adventure skills and intramural sports programs.

Longmont YMCA is trying to double the number of teens served in Longmont and the St. Vrain Valley in Colorado. Additional funds will allow the programs to mentor youths, provide employment and training skills, and offer community service activities, reading skills, fitness activities, and summer camping.

The Boulder Valley YMCA in LaFayette, Colo., is expanding its After School and Active Peer (ASAP) program, which works in conjunction with local universities to provide mentoring and tutoring to high school students.

The Pathway Partners rural education program, developed in the mountains of Maine, plans to expand to more rural communities.

The Lewiston-Auburn College/University of Southern Maine TEAMS Program is preparing future and current teachers to meet the demands of Maine's 21st century elementary and middle schools.

The University of Maine Foreign Language Education Initiative aims to increase the competitiveness of the U.S. workforce in the global economy by enhancing foreign language education.

I–SAFE America, an Internet-safety education foundation, plans to expand a current pilot project in Utah to encompass school districts and police departments nationwide.

The University of Nebraska at Omaha's P–12 Urban Education Program plans to implement an innovative program to improve mathematics and science education in urban public schools. This project will be a collaborative effort between the College of Education at UNO, Omaha Public Schools, and other partners.

The University of Nebraska at Kearney is working with pre-service and in-service teachers to assist them in dealing with an increasingly diverse student population.

Stillman College, in conjunction with Zelpha Wells Cultural Education Center, is providing music education and music instruction to minority and disadvantaged youth.

The Pendleton, Pilot Rock, and Athena-Weston school districts in Oregon have partnered with the Confederated Tribes of the Umatilla Indian Reservation (CTUIR) to establish a formal cooperative dropout-prevention program.

Fayette County High School in Tennessee is continuing its efforts to support technology enhancements and improve after-school programs.

Classika Theatre of Arlington, Va., plans to expand its successful ARTsmarts and SS VETA (Social Studies: Virginia Education Through Arts) programs, which are intended to improve students' overall academic performance, enhance reading and comprehension skills, and strengthen concentration and memorization ability.

Junior Achievement of Delaware Valley educates students about free enterprise, business, and economics through its Exchange City program.

The Regional Performing Arts Center in Philadelphia will include a state-of-the-art concert hall, a recital theater, and an arts education center that will offer distance learning programs, with instant access for schools in the region.

The Tupelo Public School District plans to expand its C*R*E*A*T*E* for Mississippi project, which joins teachers in several districts into a network to model successful, replicable technology application and use in classrooms.

The Electronic Learning Marketplace uses technology in support of educators' efforts to improve the learning of all Maine students toward the rigorous standards defined by the Maine Learning Results.

The Maine Center for Educational Services' Discover ME Web site will create an on-line resource center that will allow students and teachers to access curriculum materials, participate in panel

discussions with experts, share resources, and build an online community.

The Schools and Technology for Assessment and Reflection (STAR) project in Maine uses telecommunications technology with the goal of significantly increasing the number of students who demonstrate proficiency on State mathematics, science, reading and writing educational standards.

The University of Alabama plans to upgrade its science lecture halls to incorporate state-of-the-art, multimedia rooms, instant response devices, and distance learning technology to provide instruction to K–12 classes.

Spring Hill College in Mobile, Ala., is developing technology enhancements and technology training of their teachers for distance learning.

Three Rivers Connect of Allegheny County, Pennsylvania, plans to acquire and upgrade nearly 3,000 Federal surplus computers to be used by Pittsburgh Public Schools to provide an Internet-based learning curriculum.

Educational Service District 117 in Wenatchee, Wash., will equip a community technology center to expand technology-based training.

KCTS, a PBS affiliate in Seattle, will develop a database of primary-source research materials.

The Washington Association of Career and Technical Education will update its training technology to ensure that it meets industry standards.

The Community Education and Lifelong Learning Center at Satsop Development Park in Washington State will equip its classrooms and conference facilities.

The Temple University Center for Research in Human Development and Education is developing innovative models to address teacher recruitment, training, and mentoring that will enhance student achievement and raise the capabilities of low-performing schools.

Lock Haven University and the Keystone Central School District in Pennsylvania will collaborate to form a model alternative school that will provide educational opportunities for students who are not able to succeed in the conventional classroom.

The First Freedom Center in Richmond, Va., will prepare and design educational exhibits to show the history of religious freedom and its role in U.S. democracy.

Great Films Project Co., Inc. of New York produces documentary films to provide objective assessments of the impact of Federal education programs on the education of our Nation's youth.

The Pennsylvania Department of Education's Division of Migrant Education, in a consortium with the Migrant Education Division of Arkansas, Colorado, Texas, Florida, Illinois, Montana and Kansas, will create an educational technology system geared toward improving K–8 migrant student achievement in reading, language proficiency and mathematics.

The New Mexico Department of Education will continue to expand use of the Individual Services Model to help reduce the dropout rate for high school students in the State.

The New Mexico Department of Education is developing a "virtual school" technology plan that would ensure that all students, regardless of circumstance or geographic location, have equal opportunity to develop a strong academic foundation, by creating dynamic, student-centered learning environment delivered via the World Wide Web, two-way interactive video conferencing, and satellite downlink technologies in collaboration with the State's major education partners.

The Children and Family Development Education Center in Albuquerque, N.M., will expand access to comprehensive, community-based continuum of services to preschoolers and their families, including comprehensive child and family development services.

The Mid-Rio Grande Collaborative for Educational in Albuquerque is developing innovative strategies for working with at-risk students, aligning curriculum and standards, and improving literacy, math and science studies.

Albuquerque Public Schools will continue to develop an innovative schoolwide program at one of its high schools. The program will focus on the teaching and learning of mathematics, science and technologies, and serve as a resource for all of New Mexico's school districts through research, teacher training, and distance learning.

The Integrated TechCenter program in Roswell, N.M., is an innovative program designed to provide secondary students with technology skills that will prepare them for employment.

St. Joseph's Indian School in South Dakota plans to expand and improve education outcomes of at-risk Native American youth by providing services that help reduce the high school drop-out rate, improve academic standing, and provide rehabilitative counseling.

The Alameda County Social Services Agency in California will support an education and training program for high school students.

The California School of Professional Psychology runs an initiative to help ensure that elementary and secondary school students have adequate access to counseling and mental health services in their schools.

The Enterprise Center, in West Philadelphia, will expand its revitalization program in distressed urban neighborhoods to educate its residents with entrepreneurial skills, resources, and opportunities.

The Louisiana State University Health Science Center will establish the National Center for Special Education Accountability and Monitoring, which will be devoted to improving education for children with disabilities.

School boards in Orleans Parish and Jefferson Parish, La., will implement a universal literacy system at competitively selected schools.

The District Attorney's Office in Orleans Parish, La., will run a school-based, drug-awareness education and prevention program.

The North Carolina Electronics and Information Technologies Association will improve workforce development in underserved areas to increase technology tools, including teacher training, hardware, software, connectivity.

The Holy Redeemer Health System in Philadelphia will expand and enhance afterschool programs for at-risk youth.

The Department of Education of the Commonwealth of Pennsylvania will provide assistance to low-performing school districts that are deemed distressed and slated for potential takeover by the Commonwealth as prescribed by Pennsylvania law. The initiative is intended to improve the management and operations of the school districts; assist with curriculum development; provide after-school, summer and weekend programs; offer teacher and principal professional development; and promote the acquisition and effective use of instructional technology and equipment.

Do Something America instills self-confidence and leadership skills in K–12 students by encouraging them to participate in community projects.

American Theater Arts for Youth, Inc. is developing an Arts in Education Program.

The Children's Literacy Initiative is planning to supplement Head Start's distance learning programs and provide a teacher education program.

Friends of the Children is providing full-time, paid adult mentors to at-risk children in Chester, Pennsylvania.

Music Education and Technology Advancement (MENC) is planning to establish a standard music education and creativity instructional technology and professional development program for approximately 4,000 K–12 public schools.

Lincoln University plans to purchase laboratory and computer equipment to provide a 6-week summer workshop for Philadelphia teachers, and also to conduct a 1-day annual workshop for approximately 200 high school students to expose them to scientific disciplines.

Champions of Caring programs encourage young people to take an active role in their communities.

A consortium of nine school districts in Washington State will establish interconnectivity in rural schools to expand learning opportunities.

The YMCA of Greater Seattle will expand teen activities offering academic support and leadership development.

First Book will expand to serve an additional 80 communities nationwide.

The Odyssey Maritime Discovery Center in Seattle will develop educational programs.

The I Can Learn program assists teachers in algebra instruction.

The Correction Education Association, in partnership with the Pennsylvania Department of Education, Juvenile Corrections Education, and Lock Haven University, will design and develop curricula and student assessments.

Delta State University will run an initiative to address to address teacher recruitment and retention, technology development, and administrator training in the Mississippi Delta.

The Madison County, Mississippi, school district will conduct an impact study of the sudden influx of new students in the district.

Protecting You, Protecting Me is an educational curriculum for grades 1–5 developed by Mother's Against Drunk Driving.

Futures for Children of Albuquerque will expands its educational services to American Indian children to prepare them for high school.

New Mexico public broadcasters are implementing a digital translator project to deliver educational programming to two demonstration sites in rural New Mexico.

The Spring Arbor University-based consortium of higher education institutions is using high voluntary standards in technology integration to improve teacher preparation and classroom practice.

Reading Together USA is a demonstration program working to improve reading comprehension and fluency among second grade children.

The Clark County (Nevada) School-to-Work Program provides students who do not plan to attend college with instruction in nursing and home health aid.

The Lynn Meadows Discovery Center for Arts Education in Gulfport, Mississippi will continue and enhance its Shooting Stars program for students ages 12–17.

The University of Southern Mississippi Frances Karnes Gifted Center will continue its summer programs and make participation available to an increased number of students.

The Mississippi Humanities Council will provide programs in local libraries to support Prime Time Family Reading Time.

The Fort Lewis College Child Development Center is designed to serve young children, their families, students, faculty and community members in Southwest Colorado and the Four Corners Region.

A Rural Distance Learning Coalition comprising three States—Montana, Alaska, and Hawaii—will address the issues and challenges surrounding distance learning opportunities for rural and remote populations.

The Committee is aware of the need for an up-to-date comprehensive management information system for the Alaska Department of Education and Early Development's early childhood activities, including all of the programs it administers and central eligibility and payment components to reduce duplication and provide better access to needed services.

The Committee is concerned that Alaska Native students in high schools and middle schools in Anchorage have achievement scores well below those of their non-Native counterparts and that the dropout rate for Alaska Native students is more than twice that of non-Native students. The Committee encourages the Department to consider the "Partners for Success" program of the Cook Inlet Tribal Council, Inc. and the Anchorage School District to provide additional resources to increase graduation rates and achievement scores of Alaska Native schoolchildren in the Anchorage area.

The Committee encourages the Department to continue its support of the Galena School District's innovative distance education program, which benefits thousands of children across Alaska, especially in remote areas, by allowing students access to more courses and subject-qualified teachers.

The Committee encourages the Department to continue its support of the Partnerships 2000 project of the National Association of Partners in Education, and to consider a study by the organization of the effectiveness of business/community/school partnerships on student performance and to explore additional strategies to expand these partnerships at the State and local levels.

The Committee encourages the Department to consider a proposal from Alaska Digital Video to document important segments of Alaska's history from 18,000 B.C. to the present to help Alaskan schoolchildren learn the history of an important part of their State.

The Committee is concerned that students and teachers in rural, remote communities of Alaska do not have access to coursework, teaching materials and teacher training in science and mathematics, and it encourages the Department to consider a proposal from the Imaginarium in Anchorage to develop new courses in math and science for students and teachers in rural communities in Alaska using distance delivery.

The Committee is concerned that in the first round of Alaska's High School Qualifying Exam, more than two-thirds of students failed the math portion and over half of students failed the writing portion. The Committee urges the Department to work with the University of Alaska and the Alaska Department of Education and Early Development to establish the Alaska Center for Excellence in Schools at the University of Alaska to assist Alaska's low-performing schools meet requirements of new State educational standards.

The Committee is aware of the Tanana School District's need for technology to help its students bridge the digital divide in this remote rural Alaskan community.

*Mentoring*

The Committee recommends $5,000,000 for mentoring programs. This is a new program authorized by the Senate-passed version of the ESEA reauthorization bill; it was not requested by the administration.

Funds will be used to promote mentoring programs for children who lack strong, positive adult role models or who are at risk of educational failure or involvement in criminal or delinquent activities. Such programs must seek to help these children receive support and guidance from a caring adult, improve their academic performance, and avoid involvement with gangs. The Department may award grants through this program to LEAs; nonprofit, community-based groups; or partnerships between the two.

*Community service for expelled or suspended students*

The Committee recommends $50,000,000 for a new program to encourage community service by students who have been expelled or suspended from school. This program was authorized by the Senate-passed version of H.R. 1; it was not requested by the administration.

The program will provide grants to States to help make it possible for students who have been expelled or suspended from school to participate in a community service activity during the period of expulsion or suspension. While the Committee recognizes that most LEAs require expelled or suspended students to attend an alternative school during the period of expulsion or suspension, the hours for such schools often differ from those of regular schools. The Committee also recognizes that primary caretakers in many households work outside of their homes, giving students the opportunity to engage in inappropriate behavior during non-school hours.

This program is intended to demonstrate to students who are apathetic about their expulsion or suspension that there are repercussions to their bad behavior, as well as give them the opportunity to give back to their community in a positive way.

*Public school choice*

The Committee recommends $50,000,000 for public school choice, a new program authorized by the Senate-passed version of the ESEA reauthorization bill. This program was not requested by the administration.

Funds will be used to assist school districts implement public school choice programs that permit disadvantaged students to transfer from a failing public school to a high-performing public school. School districts may use funds for a variety of purposes associated with implementing a public school choice program including: informing parents and students about the choice program, covering the costs of transportation, and capacity-enhancing activities that enable high-demand schools to accommodate transfer requests. Grants will be made on a competitive basis to local educational agencies to plan and implement programs of intradistrict-wide or interdistrict-wide public school choice. In awarding the grants, the Secretary is directed to give the highest priority to school districts with low-performing schools.

*Youth Alcohol Abuse Prevention Initiative*

The Committee recommends $25,000,000 for the Youth Alcohol Abuse Prevention Initiative, a new program authorized by the Senate-passed version of H.R. 1; it was not requested by the administration.

This program authorizes competitive grants to LEAs to implement proven strategies for reducing underage drinking in secondary schools. The Committee directs the Department and the Substance Abuse and Mental Health Services Administration (SAMHSA) to work together on this effort. According to SAMHSA, by the time students are high school seniors, more than 80 percent have used alcohol and 64 percent have gotten drunk. When adolescents move on to college, they bring their drinking habits with them. Members of the Committee are deeply concerned about the prevalence of underage drinking, and this program addresses the need for this issue to be an educational priority.

The Committee directs that $20,000,000 should be used to provide the grants and $5,000,000 should be used by SAMHSA to provide alcohol abuse resources to assist in implementing the anti-alcohol programs.

*Rural education*

The Committee recommends $125,000,000 for rural education programs. The funding should be equally divided between the Small Rural Schools Achievement Program and the Low-Income and Rural Schools Program. The administration did not request funding for these new programs, which were authorized by the Senate-passed version of H.R. 1.

The Small Rural School Achievement Program permits rural school districts to combine certain Federal education funds and

apply them toward local initiatives, such as professional development to improve student achievement. The Low-Income and Rural Schools Program is designed to meet the needs of school districts serving large numbers of economically disadvantaged students. Participating local education agencies are eligible to receive supplemental grant funds that will enable the rural schools to offer activities of sufficient size, scope, and quality to have a significant impact on student achievement.

*Physical Education for Progress*

The Committee recommends $50,000,000 for the Physical Education for Progress program, which received $5,000,000 in fiscal year 2001 as part of the Fund for the Improvement of Education. The administration did not request any funding for this program.

Under this program, the Secretary is authorized to award grants to, and enter into contracts with, LEAs to pay the Federal share of the costs of initiating, expanding and improving physical education programs in grades K–12 by: (1) providing equipment and support to enable students to actively participate in physical education activities; and (2) providing funds for staff and teacher training and education. Each LEA desiring a grant or contract shall submit to the Secretary an application outlining its plan to initiate, expand or improve its physical education program. The Secretary shall ensure that grants and contracts that are awarded shall be equitably distributed between LEAs serving urban and rural areas, and areas with both large and small student enrollments. Not more than 5 percent of any grant or contract may be used for administrative costs.

*Improving Literacy Through School Libraries*

Recognizing the strong, research-based connection between well-equipped and well-staffed school libraries and the literacy skills of students, the Committee recommends $25,000,000 for the Improving Literacy Through School Libraries program, which was authorized in the Senate-passed version of H.R. 1. This is a new program that was not requested by the administration.

Improving Literacy Through School Libraries will provide funds for urgently needed, up-to-date school library books and training for school library media specialists in order to support the scientifically based reading programs authorized by the new Reading First initiative. States and local educational agencies will receive funds on the basis of their proportion of Title I allocations. Funds should be targeted by LEAs to high-poverty schools and schools with the greatest need for school library improvement. Funds may be used to acquire up-to-date school library media resources, including books and advanced technology; facilitate resource-sharing networks among schools and school libraries; provide professional development for school library media specialists; and provide students with access to school libraries during non-school hours.

INDIAN EDUCATION

| | |
|---|---|
| Appropriations, 2001 | $115,500,000 |
| Budget estimate, 2002 | 116,000,000 |
| Committee recommendation | 117,000,000 |

The Committee recommends $117,000,000 for Indian education programs. This amount is $1,500,000 more than the fiscal year 2001 appropriation and $1,000,000 more than the budget request.

*Grants to local education agencies*

For grants to local education agencies, the Committee recommends $94,265,000, which is $1,500,000 more than the budget request and the fiscal year 2001 appropriation. These funds provide financial support to reform elementary and secondary school programs that serve Indian students, including preschool children. Funds are awarded on a formula basis to local educational agencies and schools supported and operated by the Bureau of Indian Affairs.

*Special programs for Indian children*

The Committee recommends $20,000,000 for special programs for Indian children, the same as the budget request and the fiscal year 2001 appropriation. Funds will be used for demonstration grants to improve Indian student achievement through early childhood and preschool education programs, and professional development grants for training Indians who are preparing to begin careers in teaching and school administration.

*National activities*

The Committee recommends $2,735,000 for national activities, the same as the fiscal year 2001 appropriation and $500,000 less than the budget request. Funds are used for research, evaluation, and data collection to provide information on the educational status for the Indian population and on the effectiveness of Indian education programs.

BILINGUAL AND IMMIGRANT EDUCATION

| | |
|---|---|
| Appropriations, 2001 | $460,000,000 |
| Budget estimate, 2002 | 460,000,000 |
| Committee recommendation | 516,000,000 |

The Committee recommends an appropriation of $516,000,000 for bilingual and immigrant education, $56,000,000 more than the budget request and the fiscal year 2001 appropriation. The bilingual programs authorized by the Senate-passed version of H.R. 1 are designed to increase the capacity of States and school districts to provide special instruction to limited-English-proficient students.

*Bilingual and immigrant education State grants*

The Committee recommends $500,000,000 for bilingual and immigrant education State grants, a new program that consolidates the three bilingual activities with the immigrant education program. This amount is $40,000,000 more than the budget request. The program is intended to help States address the needs of limited-English-proficient and immigrant students statewide, instead of dealing with these problems on a piecemeal basis.

*Foreign language assistance*

The Committee recommends $16,000,000, which is $2,000,000 more than the fiscal year 2001 appropriation, for competitive for-

eign language assistance grants. The administration proposed consolidating this program into the State block grant program.

The Committee notes the lack of Federal incentives to provide adequate instruction in second language acquisition to elementary and secondary students. Recent research shows that the optimum human learning time for all languages is between birth and age 10. The Committee is especially concerned that the nation's educational system is not meeting a critical need for speakers of foreign languages to fill sensitive Federal agency jobs, and is not preparing enough students to face an internationally competitive business environment. Further, the Committee is distressed that the only Federal program designed to help schools meet this need is unavailable to the poorest schools. The Committee encourages the Secretary to use his ability to waive the matching requirement for qualifying schools and to increase awareness of this accommodation among the affected school population.

SPECIAL EDUCATION

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|---|---|
| Appropriations, 2001 | $7,439,948,000 |
| Budget estimate, 2002 | 8,425,595,000 |
| Committee recommendation | 8,439,643,000 |

The Committee is aware that the Senate-passed version of the ESEA reauthorization bill would fully fund the Federal Government's share of special education costs within 7 years. If Senate and House conferees agree to that measure, special education grants to States will become a mandatory spending program.

In the meantime, the Committee recommends a program level of $8,439,643,000 for special education. This amount is $999,695,000 more than the fiscal year 2001 appropriation and $14,048,000 more than the budget request. It includes $5,072,000,000 in fiscal year 2003 advanced funding.

These programs, which are authorized by the Individuals with Disabilities Education Act (IDEA), provide assistance to ensure that all children with disabilities have access to a free, appropriate public education, and that all infants and toddlers with disabilities have access to early intervention services. This assistance is provided through State grants that offset a portion of the costs incurred by States and local educational agencies in educating children with disabilities and in developing and implementing statewide systems of early intervention services, and through six programs that provide a streamlined structure to help States improve educational and early intervention results for children with disabilities.

The Committee is aware of the greater difficulties faced by special needs students and their parents in remote rural communities in Alaska, and it urges the Department to continue and expand its work with Alaska's PARENTS, Inc., which trains teachers, specialists and parents in the use of technology to assist students with disabilities. PARENTS, Inc. also plans to create a matching, mentoring and home-visit system to support rural Alaskan parents of children with disabilities, and to partner with community faith-based organizations to develop a mentoring program for youth with disabilities at risk for entering the juvenile justice system in Alaska.

The Committee recognizes the unique and progressive work of the University of Southern Mississippi's Center for Literacy and Assessment. For over 30 years, this center has served as the South's only comprehensive resource for reading disabled students. Reading difficulty is the most prevalent disability and recent research by the National Institute of Health suggests that it is treatable, and most important, preventable in a large portion of the population. The Committee is impressed with the Center's progress and responsiveness in meeting the expectations set out in fiscal year 2000 and fiscal year 2001. It is especially encouraged that the Center is using the recommendations of the National Reading Panel in its research dissemination, teacher and parent training, development of replicable models for reading assessment and intervention.

The Committee also urges the Department to provide funds required to support operations for the 2002 Paralympic Games in Salt Lake City.

*Grants to States*

The Committee bill provides $7,339,685,000, including $5,072,000,000 in fiscal year 2003 advanced funding, for special education grants to States. The amount recommended is $1,000,000,000 more than the fiscal year 2001 appropriation and the same as the budget request. This program supports formula grants to States to finance a portion of the cost of providing special education and related services for children with disabilities.

The Committee's recommended funding level represents approximately 17 percent of the estimated average per-pupil expenditure and 14 percent of excess costs, and would provide an estimated Federal share of $1,133 per child for the 6.5 million children expected to receive special education services.

*Preschool grants*

The Committee recommends $390,000,000 for preschool grants, the same as the fiscal year 2001 appropriation and the budget request. The preschool grants program provides formula grants to States based on the amount of funding received in fiscal year 1997, the number of preschool children aged 3 through 5, and the number of preschool children aged 3 through 5 living in poverty.

The amount provided by the Committee is approximately $637 per child for the 612,700 preschoolers expected to receive special education and related services in the next school year.

States may retain an amount equal to 25 percent of their 1997 allocation, cumulatively adjusted upward by the lesser of inflation or the percentage increase in the State's allocation, of which 20 percent may be used for administration. These funds may be used for direct and support services for 3- through 5-year-olds; at a State's discretion, to serve 2-year-olds with disabilities who will turn age 3 during the school year; and for other purposes. The remaining funds must be distributed to local educational agencies.

*Grants for infants and families*

The Committee bill provides $383,567,000 for grants for the infants and families program under part C of the IDEA. This is the

same amount as the fiscal year 2001 appropriation and the budget request. This program provides formula grants to States to implement statewide systems of coordinated, comprehensive, multidisciplinary interagency programs to make available early intervention services to all children with disabilities, ages 2 and under, and their families.

*State improvement*

For State improvement grants, the bill provides $49,200,000, the same as the fiscal year 2001 appropriation and the budget request. This program provides competitive grants to State educational agencies to assist them, in partnership with parents, teachers, institutions of higher education, interest groups, and others, to improve results for children with disabilities by reforming and improving their educational systems.

*Research and innovation*

The Committee has included $70,000,000, the same as the budget request, for research and innovation. This amount is $7,353,000 less than the fiscal year 2001 appropriation. This program supports competitive awards to produce and advance the use of knowledge to improve services and results for children with disabilities.

The Committee urges the Secretary to emphasize research that contributes to the development and evaluation of empirically based practices designed to address the needs of children in special education, and enhance our knowledge of best practices, as well as research on programs that provide early intervention for children and youth with behavioral disorders at risk of requiring more intensive special education services.

The Committee is aware of the following project and encourages the Department to give it full and fair consideration:

Oregon State University will research and pilot a program to expand the scope of special education training to include cultural influences on special needs, and to address the shortage of special education teachers with a bilingual background.

*Technical assistance and dissemination*

The Committee bill provides $53,481,000, the same as the fiscal year 2001 level and the budget request. These funds provide 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.

*Personnel preparation*

The Committee recommends $90,000,000 for the personnel preparation program. This amount is $8,048,000 more than the fiscal year 2001 appropriation and the budget request. Funds support competitive awards to help address State-identified needs for qualified personnel to work with children with disabilities, and to ensure that these personnel have the skills and knowledge they need to serve these children.

The appropriation includes funds to provide preparation for personnel to serve children with high-incidence disabilities, including

grants for graduate support, to ensure a proper balance among all authorized grant categories.

The Committee has increased funds for personnel preparation in response to the alarming shortage of special education personnel, including special education teachers and faculty. The increase should help institutions of higher learning address this shortage so that students with disabilities will be appropriately served.

*Parent information centers*

The Committee bill provides $26,000,000 for parent information centers, the same as the fiscal year 2001 appropriation and the budget request. This program makes awards to parent organizations to support parent training and information centers, including community parent resource centers. These centers provide training and information to meet the needs of parents of children with disabilities living in the areas served by the centers, particularly underserved parents, and parents of children who may be inappropriately identified.

*Technology and media services*

The Committee recommends $36,210,000 for technology and media services, $1,000,000 less than the fiscal year 2001 appropriation and $4,500,000 more than the budget request. This program makes competitive awards to support the development, demonstration, and use of technology, and educational media activities of value to children with disabilities.

The Committee recommendation includes $9,500,000 for Recording for the Blind and Dyslexic, Inc. This is the same amount as the fiscal year 2001 level and $3,500,000 more than the budget request. These funds support the continued production and circulation of recorded textbooks, increased outreach activities to print-disabled students and their teachers, and accelerated use of digital technology.

The Committee notes that video description is important for the full inclusion of blind and visually impaired children in the education process, and it directs the Department to fund this service at a level of $2,500,000, an increase of $1,000,000 over the budget request and the fiscal year 2001 appropriation.

*Readline*

The Committee recommends $1,500,000 for the Readline Program. The amount recommended is the same as the fiscal year 2001 appropriation for this activity. The administration proposed eliminating this program.

This activity is authorized by section 687(b)(2)(G) of the Individuals with Disabilities Education Act, as amended. The Committee recognizes the progress of the Readline Program, which is developing a wide range of media resources to disseminate research conducted by the National Institutes of Health, as well as other research concerning effective teaching strategies, early diagnosis of, and intervention for, young children with reading disabilities. These resources include an extensive Web site, videos, and programming for television and radio broadcast. The Committee includes funding for the continued development and distribution of

media resources to reach the parents and teachers of children with reading disabilities.

REHABILITATION SERVICES AND DISABILITY RESEARCH

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|---|---|
| Appropriations, 2001 | $2,805,339,000 |
| Budget estimate, 2002 | 2,930,117,000 |
| Committee recommendation | 2,932,617,000 |

The Committee recommends $2,932,617,000 for rehabilitation services and disability research, $127,278,000 more than the 2001 appropriation and $2,500,000 more than the administration request.

*Vocational rehabilitation State grants*

The Committee provides $2,481,383,000 for vocational rehabilitation grants to States, which is $81,593,000 more than the fiscal year 2001 appropriation and the same as the budget request.

Basic State grant funds assist States in providing a range of services to help persons with physical and mental disabilities prepare for and engage in meaningful employment. Authorizing legislation requires States to give priority to persons with significant disabilities. Funds are allotted to States based on a formula that takes into account population and per capita income. States must provide a 21.3 percent match of Federal funds, except the State's share is 50 percent for the cost of construction of a facility for community rehabilitation program purposes.

The Rehabilitation Act requires that no less than 1 percent and not more than 1.5 percent of the appropriation in fiscal year 2002 for vocational rehabilitation State grants be set aside for grants for Indians. Service grants are awarded to Indian tribes on a competitive basis to help tribes develop the capacity to provide vocational rehabilitation services to American Indians with disabilities living on or near reservations.

The Committee strongly supports individual States' efforts to provide vocational services to the disabled and recognizes that the Vocational Rehabilitation program has helped put millions of people back to work. The Committee is aware that the cost of critical care and counseling services is rising, while per capita income and population in most States is increasing at a slower rate. The Committee notes that the authorizing statute determines the annual increase in this mandatory appropriation, and also specifies the allotment for each State. The Committee recognizes that if formula allocations for each State increased by the annual cost of living, States would be better prepared to ensure that services continue to be successfully rendered.

*Client assistance*

The Committee bill recommends $12,147,000 for the client assistance program, $500,000 more than the fiscal year 2001 appropriation and the administration request.

The client assistance program funds State formula grants to assist vocational rehabilitation clients or client applicants in understanding the benefits available to them and in their relationships with service providers. Funds are distributed to States according to a population-based formula, except that minimum grants of

$100,000 are guaranteed to each of the 50 States, the District of Columbia, and Puerto Rico, and $45,000 is guaranteed to each of the outlying areas, if the appropriation exceeds $7,500,000. States must operate client assistance programs in order to receive vocational rehabilitation State grant funds.

*Training*

The Committee provides $39,629,000 for training rehabilitation personnel, the same as the 2001 appropriation and the administration request.

The purpose of this program is to ensure that skilled personnel are available to serve the rehabilitation needs of individuals with disabilities. It supports training, traineeships, and related activities designed to increase the numbers of qualified personnel providing rehabilitation services. The program awards grants and contracts to States and public or nonprofit agencies and organizations, including institutions of higher education, to pay all or part of the cost of conducting training programs. Long-term, in-service, short-term, experimental and innovative, and continuing education programs are funded, as well as special training programs and programs to train interpreters for persons who are deaf, hard of hearing and deaf-blind.

*Demonstration and training programs*

The Committee bill includes $16,492,000 for demonstration and training programs for persons with disabilities, $4,600,000 less than the fiscal year 2001 appropriation and the same as the administration request. This program awards grants to States and nonprofit agencies and organizations to develop innovative methods and comprehensive services to help individuals with disabilities achieve satisfactory vocational outcomes. Demonstration programs support projects for individuals with a wide array of disabilities.

The Committee is aware of the following projects and encourages the Department to give them full and fair consideration:

The University of New Orleans will provide support services to meet the needs of entrepreneurs with disabilities through its Training Research and Assistive Technology Center.

Minot State University has initiated a program designed to meet the unique needs of persons with disabilities living in remote rural communities through the use of telecommunications technology and ongoing training for families and professionals.

The Virtual Reality-Based Education and Training for Deaf and Hearing Impaired Children and Adults Project at Orange County (FL) Public Schools allows hearing-impaired children and adults to gain life experience skills through the use of virtual reality and military simulation technology. The project will also provide a medium for adults to acquire job skills and support teacher training and professional development.

The member institutions of the Consortium for Orthotic and Prosthetic Education and Research will develop programs designed to improve the quality of applied orthotic and prosthetic research and help meet the increasing demand for provider services.

The National Literacy Center for the Visually Impaired in Atlanta, Georgia is well suited to address the growing need to up-

grade and keep current the skills of the cadre of teachers across the country that teach blind or visually impaired children and adults.

The Hot Springs Rehabilitation Center continues to help individuals with disabilities gain the vocational skills they need to lead productive and independent lives.

The Seattle Lighthouse for the Blind will offer support-service providers to deaf-blind citizens, improve outreach and enhance support programs for eligible individuals.

*Migrant and seasonal farmworkers*

The Committee recommends $2,350,000 for migrant and seasonal farmworkers, the same as the fiscal year 2001 appropriation and the budget request.

This program provide grants limited to 90 percent of the costs of the projects providing comprehensive rehabilitation services to migrant and seasonal farm workers with disabilities and their families. Projects also develop innovative methods for reaching and serving this population. The program emphasizes outreach, specialized bilingual rehabilitation counseling, and coordination of vocational rehabilitation services with services from other sources.

*Recreational programs*

The Committee provides $2,596,000 for recreational programs, the same amount as the fiscal year 2001 appropriation and the administration request.

Recreational programs help finance activities such as sports, music, dancing, handicrafts, and art to aid in the employment, mobility, and socialization of individuals with disabilities. Grants are awarded to States, public agencies, and nonprofit private organizations, including institutions of higher education. Grants are awarded for a 3-year period with the Federal share at 100 percent for the first year, 75 percent for the second year, and 50 percent for the third year. Programs must maintain the same level of services over the 3-year period.

*Protection and advocacy of individual rights*

The Committee recommends $14,000,000 for protection and advocacy of individual rights, the same as the 2001 appropriation and the budget request.

This program provides grants to agencies to protect and advocate for the legal and human rights of persons with disabilities.

The Committee understands that the issue of program income is treated differently among protection and advocacy systems established under various Federal laws. The Committee recommends that RSA review its policies on program income and develop a policy that is consistent with the other Federal agencies that administer P&A programs.

*Projects with industry*

The Committee bill includes $22,071,000 for projects with industry, the same as the 2001 appropriation and the administration request.

The projects with industry [PWI] program promotes greater participation of business and industry in the rehabilitation process. PWI provides training and experience in realistic work settings to prepare individuals with disabilities for employment in the competitive job market. Postemployment support services are also provided. The program makes grants to a variety of agencies and organizations, including corporations, community rehabilitation programs, labor and trade associations, and foundations.

*Supported employment State grants*

The Committee's bill includes $38,152,000 for the supported employment State grant program, the same as the 2001 appropriation and the budget request.

This program assists persons who may have been considered too severely disabled to benefit from vocational rehabilitation services by providing the ongoing support needed to obtain competitive employment. Short-term vocational rehabilitation services are augmented with extended services provided by State and local organizations. Federal funds are distributed on the basis of population.

*Independent living State grants*

The Committee recommends $22,296,000 for independent living State grants, which is the same as the amount appropriated in 2001 and the budget request.

The independent living State formula grants program provides funding to improve independent living services, support the operation of centers for independent living, conduct studies and analysis, and provide training and outreach.

*Independent living centers*

For independent living centers, the Committee bill includes $60,000,000, an increase of $2,000,000 over the 2001 appropriation and the budget request.

These funds support consumer-controlled, cross-disability, nonresidential, community-based centers that are designed and operated within local communities by individuals with disabilities. These centers provide an array of independent living services.

*Independent living services for older blind individuals*

The Committee provides $20,000,000 for independent living services to older blind individuals, the same as the 2001 appropriation and the administration request.

States participating in the program must match every $9 of Federal funds with not less than $1 in non-Federal resources. Assistance is provided to persons aged 55 or older to adjust to their blindness, continue living independently and avoid societal costs associated with dependent care. Services may include the provision of eyeglasses and other visual aids, mobility training, braille instruction and other communication services, community integration, and information and referral. These services help older individuals age with dignity, continue to live independently and avoid significant societal costs associated with dependent care. The services most commonly provided by this program are daily living skills training, counseling, the provision of low-vision devices community

integration, information and referral, communication devices, and low-vision screening. The Committee notes that there are 5 million Americans in this country age 55 and older who are experiencing vision loss and that the number of Americans in this category is expected to double in the next 30 years. The Committee recognizes the very important and cost-effective work carried out through this program. By allowing older individuals to remain in their homes and communities, substantial savings are achieved. The Committee is informed that the yearly savings to society for just 10 percent of the clients now receiving independent living services is $56,000,000. The Committee believes this program is deserving of future increases.

*Program improvement activities*

For program improvement activities, the Committee provides $900,000, a decrease of $1,000,000 from the 2001 appropriation and the same as the budget request. In fiscal year 2002, funds for these activities will continue to support technical assistance efforts to improve the efficiency and effectiveness of the vocational rehabilitation program and improve accountability efforts. The funds provided are sufficient to support ongoing program improvement activities and to support ongoing dissemination and performance measurement activities.

*Evaluation*

The Committee recommends $1,000,000 for evaluation activities, $587,000 less than the 2001 appropriation and the same amount as the administration request.

These funds support evaluations of the impact and effectiveness of programs authorized by the Rehabilitation Act. The Department awards competitive contracts for studies to be conducted by persons not directly involved with the administration of Rehabilitation Act programs.

*Helen Keller National Center*

The Committee bill includes $8,717,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults, the same as the 2001 appropriation and the budget request.

The Helen Keller National Center consists of a national headquarters in Sands Point, NY, with a residential training and rehabilitation facility where deaf-blind persons receive intensive specialized services; a network of 10 regional field offices which provide referral and counseling assistance to deaf-blind persons; and an affiliate network of 47 agencies. At the recommended level, the center would serve approximately 102 persons with deaf-blindness at its headquarters facility and provide field services to approximately 1,950 individuals and families.

*National Institute on Disability and Rehabilitation Research*

The Committee recommends $110,000,000 for the National Institute on Disability and Rehabilitation Research [NIDRR], $9,600,000 more than the amount appropriated in 2001 and the same as the budget request.

NIDRR develops and implements a comprehensive and coordinated approach to the conduct of research, demonstration projects, and related activities that enable persons with disabilities to better function at work and in the community, including the training of persons who provide rehabilitation services or who conduct rehabilitation research. The Institute awards competitive grants to support research in federally designated priority areas, including rehabilitation research and training centers, rehabilitation engineering research centers, research and demonstration projects, and dissemination and utilization projects. NIDRR also supports field-initiated research projects, research training, and fellowships.

The Committee urges the NIDRR to focus on activities to enhance access to assistive technology for people with disabilities, including technology-based activities, such as technology transfer.

The Committee strongly encourages NIDDR to give priority in awarding grants for the establishment of new rehabilitation and research engineering centers which will aid in the implementation of the Executive Order to implement the Supreme Court Decision in *L.C.* vs. *Olmstead*.

The Committee recommendation supports increased funding for the Interagency Committee on Disability Research (ICDR) and notes that the primary purpose of the ICDR is to promote cooperation across various government agencies in the development and execution of disability and rehabilitation and research activities. The Committee strongly encourages the ICDR to enter into cooperative agreements with other ICDR members to identify federally funded technological and scientific research that could be applied to promote the independence of people with disabilities and the elderly. The same Federal agencies shall work in partnership with the private sector to develop a plan to bring the applied technologies to the private marketplace. The Committee also encourages ICDR to expand its website/database for the coordination of research by various agencies.

The Committee strongly urges NIDRR to use resource appropriated for the Assistive Technology Development Fund to develop new assistive technology, bring technology that has already been developed to market and expand the availability of existing assistive technology to people with disabilities. The Committee believes that priority for grants should be given to the development of technology that has a limited number of users, or orphan technology. In addition, a portion of these funds should be used to further the development of assistive technology for children and students and reach the goals of projects that were previously funded through the small business innovation research activity of OSER's technology and media services program.

*Assistive technology*

The Committee bill provides $60,884,000 for assistive technology, an increase of $19,772,000 over the fiscal year 2001 appropriation and the same as the budget request.

The Assistive Technology Program is designed to improve occupational and educational opportunities and the quality of life for people of all ages with disabilities through increased access to assistive technology services and devices. It provides grants to States to de-

velop comprehensive, consumer-responsive statewide programs that increase access to, and the availability of, assistive technology devices and services. The National Institute on Disability and Rehabilitation Research administers the program.

The Committee recommendation includes $34,000,000 for activities authorized under title I of the Assistive Technology Act (AT Act). The Committee has included bill language which allows all State projects funded currently under title I of the AT Act to receive minimum grants of $500,000. The bill language also provides outlying areas minimum grants of $150,000 and State protection and advocacy systems minimum grants of $100,000. In fiscal year 2002, the AT Act would require 9 States to lose Federal financial support provided by title I, at a time when States are operating in a new policy landscape that includes the Olmstead decision, final section 508 guidelines and the Ticket to Work and Work Incentives Improvement Act. The Committee notes that all of the grants awarded in fiscal year 2000 for the alternative financing program were provided to State entities receiving Federal support under title I of the AT Act.

The Committee recommendation includes $26,884,000 to support grants to States and technical assistance activities, authorized under title III of the AT Act, to establish or maintain alternative loan financing programs, an increase of $11,884,000 over the fiscal year 2001 level. Currently, major service programs such as Medicaid, Medicare, special education, and vocational rehabilitation cannot meet the growing demand for assistive technology. Loan programs offer individuals with disabilities attractive options that significantly enhance their ability to purchase assistive technology devices and services.

The Committee recommendation concurs with the administration request to make technical changes to the alternative financing program authorized under title III of the AT Act. The changes will eliminate the minimum grant amount and formula allocation requirements, allow States to receive more than 1 year of funding and enable States to be awarded more than one grant. These changes will ensure that States are able to take full advantage of the opportunities presented by this program and are the same as enacted in the Department of Education Appropriations Act, 2001. The Committee believes that States should be allowed to utilize non-Federal resources from any source in order to meet the match required to receive an award to operate alternative loan programs.

*Access to telework fund*

The Committee bill provides $20,000,000 for the access to telework fund, the same as the budget request. This fund is a new program requested by the administration.

The access to telework fund is designed to increase employment opportunities for individuals with disabilities by providing greater access to computers and other equipment individuals need if they decide to work from home. The fund would provide matching funds to States to enable them to provide loans for individuals with disabilities to purchase computers and other equipment so that they can telework from home. Funds appropriated are available until September 30, 2003.

The Committee encourages the Department of Education to design the access to telework loan program in a manner which creates the maximum incentives for people with disabilities to participate. The Committee recognizes that the decision to attempt to work involves a high level of risk for a person with a disability, including the potential loss of health care coverage and income subsidies, and that the design of the program should take this fact into account (including the possibility of loan forgiveness should the person's attempt to work fail). Finally, the Committee encourages the Department to allow States flexibility in implementation of the program to encourage participation, including the use of any non-Federal resources to meet the match requirement.

## SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

### AMERICAN PRINTING HOUSE FOR THE BLIND

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|---|---|
| Appropriations, 2001 | $12,000,000 |
| Budget estimate, 2002 | 12,000,000 |
| Committee recommendation | 14,000,000 |

The Committee recommends $14,000,000 for the American Printing House for the Blind [APH], $2,000,000 above the 2001 appropriation and the budget request.

This appropriation helps support the American Printing House for the Blind, which provides educational materials to students who are legally blind and enrolled in programs below the college level. The Federal subsidy provides about 49 percent of APH's total sales income. Materials are distributed free of charge to schools and States through per capita allotments based on the total number of students who are blind. Materials provided include textbooks and other educational aids in braille, large type, and recorded form and microcomputer applications. The Committee recommendation includes sufficient funds to continue the Accessible Textbook Initiative and Collaborative Project.

### NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

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|---|---|
| Appropriations, 2001 | $53,376,000 |
| Budget estimate, 2002 | 52,570,000 |
| Committee recommendation | 54,976,000 |

The Committee recommends an appropriation of $54,976,000 for the National Technical Institute for the Deaf [NTID], an increase of $1,600,000 over the 2001 appropriation and $2,406,000 above the budget request.

The Institute, located on the campus of the Rochester Institute of Technology, was created by Congress in 1965 to provide a residential facility for postsecondary technical training and education for persons who are deaf. NTID also provides support services for students who are deaf, trains professionals in the field of deafness, and conducts applied research. Within the amount provided, $5,376,000 is for construction.

It has come to the Committee's attention that the administration request for the third installment towards NTID's $14,900,000 dormitory renovations project has been reduced by a total of $806,000 to $4,570,000. This reduction reflects the Department's expectation that NTID raise 15 percent of the funds required to complete the

project from private sources. It is NTID's professional judgment, based on extensive discussions with potential donors, that they are far better served using their very limited fundraising resources on raising funds for scholarships, classroom technology and new academic programs. The Committee notes that NTID has been very successful in raising funds for these purposes over the past 5 years.

Given NTID's efforts in reducing its appropriation needs in these other areas through fundraising, the fact that it has already contributed $1,000,000 from its operating funds to supplement the dormitory project and the hardship placed upon the institution to raise private funds for this purpose, the Committee directs the Department of Education not to impose a matching requirement on this construction project.

GALLAUDET UNIVERSITY

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|---|---|
| Appropriations, 2001 | $89,400,000 |
| Budget estimate, 2002 | 89,400,000 |
| Committee recommendation | 97,000,000 |

The Committee recommends $97,000,000 for Gallaudet University, an increase of $7,600,000 above the amount appropriated in 2001 and the budget request.

Gallaudet University is a private, nonprofit institution offering undergraduate, and continuing education programs for students who are deaf, as well as graduate programs in fields related to deafness for students who are hearing-impaired. The university conducts basic and applied research related to hearing impairments and provides public service programs for the deaf community.

The Model Secondary School for the Deaf serves as a laboratory for educational experimentation and development, disseminates models of instruction for students who are deaf, and prepares adolescents who are deaf for postsecondary academic or vocational education. The Kendall Demonstration Elementary School develops and provides instruction for children from infancy through age 15.

The Committee recommendation includes funding to enable Gallaudet University to maintain and enhance its technological base, continue investments in faculty and staff, and support improvements in physical facilities, including campus security.

VOCATIONAL AND ADULT EDUCATION

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|---|---|
| Appropriations, 2001 | $1,825,600,000 |
| Budget estimate, 2002 | 1,801,660,000 |
| Committee recommendation | 1,818,060,000 |

The Committee recommendation includes a total of $1,818,060,000 for vocational and adult education, consisting of $1,240,000,000 for vocational education and $556,060,000 for adult education, and $22,000,000 for State grants for incarcerated youth offenders. Of the total, $791,000,000 is advanced funded for fiscal year 2003.

VOCATIONAL EDUCATION

The Committee recommendation of $1,240,000,000 for vocational education is $3,100,000 less than the fiscal year 2001 amount and $16,400,000 more than the administration's request.

*Basic grants*.—The Committee has included $1,100,000,000 for basic grants, the same as the fiscal year 2001 appropriation and the administration request. Of the recommended amount, $791,000,000 will become available on October 1, 2002.

Funds provided under the State grant program assist States, localities, and outlying areas to expand and improve their programs of vocational education and provide equal access to vocational education for populations with special needs. Persons assisted range from secondary students in prevocational courses through adults who need retraining to adapt to changing technological and labor market conditions. Funds are distributed according to a formula based on State population and State per capita income.

Under the Indian and Hawaiian natives programs, competitive grants are awarded to federally recognized Indian tribes or tribal organizations and to organizations primarily serving and representing Hawaiian natives for services that are in addition to services such groups are eligible to receive under other provisions of the Perkins Act.

The Committee has included bill language allowing the Secretary to establish the set aside available for incentive grants. Incentive grants are provided to States that exceed their adjusted level of performance required in title I of WIA, the Adult Education and Family Literacy Act and the Perkins Act. The Committee requests that the Department provide a report detailing how the incentive grant set aside is determined for fiscal year 2002 incentive grant awards.

*Tech-prep education*.—The Committee recommends $106,000,000 for tech-prep programs. This is the same as the 2001 appropriation and the administration request. This program is designed to link academic and vocational learning and to provide a structured link between secondary schools and postsecondary education institutions. Funds are distributed to the States through the same formula as the basic State grant program. States then make planning and demonstration grants to consortia of local educational agencies and postsecondary institutions to develop and operate model 4-year programs that begin in high school and provide students with the mathematical, science, communication, and technological skills needed to earn a 2-year associate degree or 2-year certificate in a given occupational field.

*Tribally controlled postsecondary vocational institutions*.—The Committee has provided $7,000,000 on a current-funded basis for tribally controlled postsecondary vocational institutions, an increase of $1,400,000 over the fiscal year 2001 level and the budget request. This program provides grants for the operation and improvement of two tribally controlled postsecondary vocational institutions to ensure continued and expanded opportunities for Indian students: United Tribes Technical College in Bismarck, North Dakota, and Crownpoint Institute of Technology in Crownpoint, New Mexico. Grantee institutions may use the funds for costs connected

with training teachers, providing instructional services, purchasing equipment, administering programs, and operating and maintaining the institution.

*National programs, research*.—The Committee recommends $12,000,000 for national research programs and other national activities, $5,500,000 less than the 2001 appropriation and the same amount as the administration request. The National Research Center for Career and Technical Education and the National Dissemination Center for Career and Technical Education are the only federally funded centers charged with the responsibility to conduct research and provide technical assistance to vocational educators. The results of the applied research done by the Center inform technical assistance to reform and improve vocational education instruction in schools and colleges. Resources made available through this program also are used to support a variety of activities to identify and promote effective research-based programs and practice in vocational education.

*Tech-prep education demonstration program*.—The Committee recommendation includes $5,000,000 for this program, the same amount as provided in fiscal year 2001. The administration did not request funding for this program. Under this demonstration authority, the Secretary awards grants competitively to consortia that involve a business as a member, locate a secondary school on the site of a community college, and seek voluntary participation of secondary school students enrolled such a high school. The purpose of the demonstration program is to support development of the "middle college" model of high school, which promotes higher student achievement and postsecondary enrollment. Funds may be used for curriculum, professional development, equipment, and other start-up and operational costs.

*Occupational and employment information program*.—The amount of $10,000,000 has been provided to continue activities authorized by Section 118 of the Carl Perkins Act, $1,000,000 more than last year. The administration proposed to eliminate this program. The Act requires that at least 85 percent of the amount be provided directly to State entities to develop and deliver occupational and career information to students, job seekers, employers, education, employment and training programs; make available and improve access to career information and planning resources; equip teachers, administrators and counselors with the skills and knowledge to assist students and parents; and improve coordination and communication among workforce development administrators and planners. The remaining funds may be used for national activities to support the efforts of the State entities, including technical assistance, dissemination of information promoting replication of high-quality practices, and the development and distribution of products and related services.

ADULT EDUCATION

The Committee has included $556,060,000 for adult education, $4,440,000 less than the 2001 appropriation and the same as the administration request.

*Adult education State programs*.—For adult education State programs, the Committee recommends $540,000,000, the same amount

as the fiscal year 2001 appropriation and the administration request. These funds are used by States for programs to enable economically disadvantaged adults to acquire basic literacy skills, to enable those who so desire to complete a secondary education, and to make available to adults the means to become more employable, productive, and responsible citizens.

The Committee recommendation continues the English literacy and civics education State grants set aside within the Adult Education State grant appropriation. Within the total, $70,000,000 is available to help States or localities affected significantly by immigration and large limited-English populations to implement programs that help immigrants acquire English literacy skills, gain knowledge about the rights and responsibilities of citizenship and develop skills that will enable them to navigate key institutions of American life. The amount recommended is the same as the fiscal year 2001 level and the budget request.

The Committee has included bill language allowing the Secretary to establish the set aside available for incentive grants. Incentive grants are provided to States that exceed their adjusted level of performance required in title I of WIA, the Adult Education and Family Literacy Act and the Perkins Act. The Committee requests that the Department provide a report detailing how the incentive grant set aside is determined for fiscal year 2002 incentive grant awards.

*National activities*.—The Committee has included $9,500,000, a decrease of $4,500,000 from the 2001 appropriation and the same as the administration request.

*National Institute for Literacy*.—The Committee recommends $6,560,000 for the National Institute for Literacy, authorized under section 242 of the Adult Education and Family Literacy Act, $60,000 more than the amount appropriated in 2001 and the same as the budget request. The Institute provides leadership and coordination for national literacy efforts by conducting research and demonstrations on literacy, providing technical assistance through a State capacity building grant program, establishing and maintaining a national center for adult literacy and learning disabilities, and awarding fellowships to outstanding individuals in the field to conduct research activities under the auspices of the Institute.

STATE GRANTS FOR INCARCERATED YOUTH OFFENDERS

The Committee has included $22,000,000 for a program authorized by part D of title VIII of the Higher Education Act, the same as the amount appropriated in fiscal year 2001 and the administration request. This program provides grants to State correctional education agencies to assist and encourage incarcerated youth to acquire functional literacy, life and job skills, through the pursuit of a postsecondary education certificate or an associate of arts or bachelor's degree. Grants also assist correction agencies in providing employment counseling and other related services that start during incarceration and continue through prerelease and while on parole. Each student is eligible for a grant of not more than $1,500 annually for tuition, books, and essential materials, and not more than $300 annually for related services such as career develop-

ment, substance abuse counseling, parenting skills training, and health education. In order to participate in a program, a student must be no more than 25 years of age and be eligible to be released from prison within 5 years. Youth offender grants are for a period not to exceed 5 years, 1 year of which may be devoted to study in remedial or graduate education.

Within the appropriation for State grants for incarcerated youth offenders, the Committee includes $5,000,000 to continue the prisoner literacy initiative. The Committee notes that the extremely high rates of illiteracy or marginal reading skills among inmates is a national problem and therefore encourages the development of a uniform model to evaluate literacy programs across the country.

STUDENT FINANCIAL ASSISTANCE

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|---|---|
| Appropriations, 2001 | $10,674,000,000 |
| Budget estimate, 2002 | 11,674,000,000 |
| Committee recommendation | 12,284,100,000 |

The Committee recommends an appropriation of $12,284,100,000 for student financial assistance, an increase of $1,610,100,000 over the fiscal year 2001 appropriation and $610,100,000 over the administration request.

*Federal Pell Grant Program*

For Pell grant awards in the 2002–2003 academic year, the Committee recommends $10,314,000,000.

Pell grants provide need-based financial assistance that helps low- and middle-income undergraduate students and their families pay the costs of postsecondary education and vocational training. Awards are determined according to a statutory need analysis formula that takes into account a student's family income and assets, household size, and the number of family members, excluding parents, attending postsecondary institutions. Pell grants are considered the foundation of Federal postsecondary student aid.

The amount recommended is sufficient to raise the maximum Pell grant to $4,000, the highest level in the program's history and an increase of $250 over the maximum grant for the 2001–2002 academic year.

*Federal supplemental educational opportunity grants*

The Committee recommends $713,100,000 for Federal supplemental educational opportunity grants [SEOG], an increase of $22,100,000 above the 2001 appropriation level and the budget request.

This program provides funds to postsecondary institutions for need-based grants to undergraduate students. Institutions must contribute 25 percent of SEOG awards, which are subject to a maximum grant level of $4,000. School financial aid officers have flexibility to determine student awards, though they must give priority to Pell grant recipients.

*Federal work-study programs*

The Committee bill provides $1,011,000,000 for the Federal Work-Study Program, the same as the 2001 level and the administration request. This program provides grants to more than 3,300

institutions to help an estimated 1 million undergraduate, graduate, and professional students meet the costs of postsecondary education through part-time employment. Work-study jobs must pay at least the Federal minimum wage and institutions must provide at least 25 percent of student earnings. Institutions also must use at least 7 percent of their grants for community-service jobs.

The Committee strongly supports continued funding for the work colleges program authorized in section 448 of the Higher Education Act of 1965. These funds help support comprehensive work-service learning programs at seven work colleges, and cooperative efforts among the work colleges to expose other institutions of higher education to the work college concept.

*Federal Perkins loans*

The Committee bill includes $100,000,000 for Federal Perkins loans capital contributions, which is the same as the 2001 appropriation and the budget request. The amount recommended, when combined with institutional revolving funds, would maintain the 2002 loan volume at the current estimated level of $1,112,692,000. At this funding level nearly 700,000 loans would be made.

The Federal Perkins Loan Program supports student loan revolving funds built up with capital contributions to about 2,000 participating institutions. Institutions use these revolving funds, which also include Federal capital contributions (FCC), institutional contributions equal to one-third of the FCC, and student repayments, to provide low-interest (5 percent) loans that help financially needy students pay the costs of postsecondary education. The Committee has included the amount necessary to maintain the current loan volume level.

The Committee bill also includes $70,000,000 for loan cancellations, an increase of $15,000,000 over the 2001 level and amount requested by the administration. These funds reimburse institutional revolving funds on behalf of borrowers whose loans are cancelled in exchange for statutorily specified types of public or military service, such as teaching in a qualified low-income school, working in a Head Start Program, serving in the Peace Corps or VISTA, or nurses and medical technicians providing health care services.

*Leveraging educational assistance partnership program*

For the Leveraging educational assistance partnership [LEAP] program, the Committee includes $70,000,000, an increase of $15,000,000 over the 2001 appropriation and the administration request. This program provides a Federal match 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.

*Loan forgiveness for child care providers*

The Committee recommends $1,000,000 for this demonstration program, the same as the fiscal year 2001 appropriation and the budget request. Under this demonstration program, Stafford and Unsubsidized Stafford Loan borrowers under the Federal Family

Education Loan Program and the William D. Ford Direct Loan program who have earned a degree in early childhood education and work for 2 full years as a child care provider in a low-income community may have a portion of their loan obligation forgiven.

FEDERAL FAMILY EDUCATION LOAN PROGRAM

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|---|---|
| Appropriations, 2001 | $48,000,000 |
| Budget estimate, 2002 | 49,636,000 |
| Committee recommendation | 49,636,000 |

The Committee recommends $49,636,000 for discretionary Federal administrative expenses related to the Federal Family Education Loan [FFEL] Program, formerly known as the Guaranteed Student Loan Program. The amount recommended is $1,636,000 more than the amount appropriated in fiscal year 2001 and the same as the budget request.

Funds appropriated for Federal administrative expenses will partially cover the fiscal year 2002 salaries and benefits, travel, printing, contracts, and other expenses associated with the program, including payment and claims processing, reducing loan default costs, and program monitoring. This discretionary administrative funding is included in the "Federal family education loans" appropriation account rather than under the Department's "Salaries and expenses" account pursuant to a requirement of the Federal Credit Reform Act of 1990.

The FFEL Program is administered through State and private nonprofit guaranty agencies that insure loans directly, collect defaulted loans, and provide various services to lenders. The Federal Government supports the guaranty agencies by providing loan advances and reinsurance payments for borrower default, death, disability, and bankruptcy. The Federal Government also pays guaranty agencies loan processing and issuance fees out of the FFEL subsidy and account maintenance fees in the administrative funds under section 458 of the Higher Education Act.

The Federal Government also pays an interest subsidy to lenders, based on the borrower's interest rate, on behalf of Stafford loan student borrowers while they are in school and during certain grace and deferment periods. To be eligible for this subsidy, students must demonstrate financial need, be enrolled at least half time, and not be incarcerated. Federal Stafford loans may be borrowed by eligible students, regardless of their school year or dependency status. Borrowing limits are tied to the extent of need, for the cost of attendance minus an expected family contribution, and other aid as determined by a statutory need analysis system.

An unsubsidized Stafford Loan Program for middle-income borrowers provides federally reinsured loans to borrowers who do not qualify for Federal interest subsidy payments under the need-based Stafford Loan Program. Except for the interest benefit and certain loan limits, all other terms and conditions of the Federal Stafford Loan Program apply to the unsubsidized Stafford loans.

Federal PLUS loans are made to parents of dependent undergraduate students. Interest rates for PLUS loans are usually higher than those for Federal Stafford loans, and the Federal Government does not pay the interest during in-school, grace, and

deferment periods. No need analysis is required, but borrowing cannot exceed cost of attendance minus other aid.

HIGHER EDUCATION

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|---|---|
| Appropriations, 2001 | $1,911,710,000 |
| Budget estimate, 2002 | 1,723,223,000 |
| Committee recommendation | 1,764,223,000 |

The Committee recommends an appropriation of $1,764,223,000 for higher education programs, $147,487,000 less than the fiscal year 2001 amount and $41,000,000 more than the budget request.

*Aid for institutional development*

The Committee recommends $418,000,000 for aid for institutional development authorized by titles III and V of the Higher Education Act, $25,500,000 above the 2001 appropriation and $6,500,000 more than the budget request.

The Committee encourages the Department to provide technical assistance and conduct research on issues germane to predominately and Historically Black Colleges and Universities (HBCUs) and other institutions of higher education that have large minority student populations, including disseminating best practices information on the most efficient and cost-effective uses of title III funding, reducing student loan default rates, increasing graduation rates, and grant writing training.

*Strengthening institutions*.—The Committee bill includes $74,250,000 for the part A strengthening institutions program, an increase of $1,250,000 over the fiscal year 2001 level and the budget request. The part A program supports competitive, 1-year planning and 5-year development grants for institutions with a significant percentage of financially needy students and low educational and general expenditures per student in comparison with similar institutions. Applicants may use part A funds to develop faculty, strengthen academic programs, improve institutional management, and expand student services. Institutions awarded funding under this program are not eligible to receive grants under other sections of part A or part B.

*Hispanic-serving institutions [HSI]*.—The Committee recommends $73,750,000 for institutions at which Hispanic students make up at least 25 percent of enrollment, $5,250,000 more than the fiscal year 2001 level and $1,250,000 more than the administration request. Institutions applying for title V funds must meet the regular part A requirements and show that at least one-half of their Hispanic students are low-income college students. Funds may be used for acquisition, rental or lease of scientific or laboratory equipment, renovation of instructional facilities, development of faculty, support for academic programs, institutional management, and purchase of educational materials. Title V recipients are not eligible for other awards provided under title III, parts A and B.

*Strengthening historically black colleges and universities*.—The Committee provides $197,000,000 for part B grants, $12,000,000 more than the fiscal year 2001 level and the same as the administration request. The part B strengthening historically black colleges and universities [HBCU] program makes formula grants to

HBCUs that may be used to purchase equipment, construct and renovate facilities, develop faculty, support academic programs, strengthen institutional management, enhance fundraising activities, provide tutoring and counseling services to students, and conduct outreach to elementary and secondary school students. The minimum allotment is $500,000 for each eligible institution. Part B recipients are not eligible for awards under part A.

The Committee encourages Historically Black Colleges and Universities to use funds, as suggested by the Hart-Rudman Report of 2001, to train students in the fields of math, science, and engineering as well as to be teachers in those fields.

*Strengthening historically black graduate institutions*.—The Committee bill includes $48,000,000 for the part B, section 326 program, $3,000,000 more than the fiscal year 2001 level and the same amount as the administration request. The section 326 program provides 5-year grants to strengthen historically black graduate institutions [HBGIs]. The Higher Education Amendments of 1998 increased the number of recipients to 18 named institutions, but reserved the first $26,600,000 appropriated each year to the 16 institutions included in the previous authorization. Grants may be used for any part B purpose and to establish an endowment.

*Strengthening Alaska Native and Native Hawaiian-serving institutions*

The Committee recommends $7,000,000 for this program, an increase of $1,000,000 over the fiscal year 2001 appropriation and the budget request. The purpose of this program is to improve and expand the capacity of institutions serving Alaska Native and Native Hawaiian students. Funds may be used to plan, develop, and implement activities that encourage: faculty and curriculum development, better fund and administrative management, renovation and improvement of instructional facilities, student services, and the purchase of library books and other educational materials.

*Strengthening tribally controlled colleges and universities*

The Committee recommends $18,000,000 to support the Title III program for strengthening the Nation's tribal colleges and universities (TCUs), an increase of $3,000,000 over the fiscal year 2001 level and the budget request. While sufficient funds are not available to adequately address all of the needs of these important institutions, the Committee believes that the funds provided represent an important step in that direction. The recommendation includes $6,000,000 for grants for renovation and construction of facilities. The additional funds provided for facilities grants, a program launched by the Committee last year, will enable TCUs to begin remedying serious structural and safety issues at these institutions. Over the past three decades, tribally controlled colleges and universities (TCCUs) have emerged to play a pivotal role in meeting the educational needs of American Indian students. Driven by the premise that education is the key to social renewal, TCCUs have demonstrated their ability to educate students who might not otherwise be served by mainstream postsecondary institutions. However, TCCUs are among the most poorly funded institutions in

America. Unlike non-Indian institutions, TCCUs cannot rely on endowments, State appropriations or wealthy alumni to defray costs.

*Fund for the improvement of postsecondary education*

The Committee recommends $51,200,000 for the fund for the improvement of postsecondary education [FIPSE], which is $95,487,000 less than the 2001 appropriation and the same amount as the administration request. FIPSE stimulates improvements in education beyond high school by supporting exemplary, locally developed projects that have potential for addressing problems and recommending improvements in postsecondary education. The fund is administered by an independent board that provides small, competitive grants and contracts to a variety of postsecondary institutions and agencies, including 2- and 4-year colleges and universities, State education agencies, community-based organizations, and other non-profit institutions and organizations concerned with education beyond high school.

The Committee recommendation includes sufficient funding for the Shriver Peace Worker Program, Inc. to support the establishment of the Sargent Shriver Peace Center and graduate research fellowships, professorships, and grants and scholarships for students related to peace studies and social change.

The Committee recommendation for FIPSE is consistent with the Administration request to consolidate the Learning Anytime Anywhere program (LAAP) within the FIPSE program. The Committee recommendation includes $22,680,000 to continue support for 63 current LAAP grantees. The Committee notes that the administration's rationale for this action is that new projects focused on the development and improvement of distance learning technologies can be funded under FIPSE.

The Committee is aware of the following projects and encourages the Department to give them full and fair consideration:

The National Center for Health Care Informatics at Montana Tech University will link the disciplines of information technology and health care administration through internships and specialized degree programs to support the job skill needs of workers in the health care industry.

The University of Great Falls will utilize state-of-the-art computer, video and audio equipment to provide distance students the opportunity to access and fully participate in university courses.

The University of New Mexico, through its nonprofit Science and Technology Corporation, is developing an innovative core cluster of courses at their Anderson Business School for a High Technology Executive Training Program.

A 3-year service learning program at Eastern New Mexico University will be designed to integrate volunteer community service and pre-professional experiential learning with active guided reflection into the curriculum to enhance and enrich student learning of course material.

The California School of Professional Psychology has developed an initiative to train doctorate level counseling personnel and masters level school psychologists to help participating school districts in California meet the recommended 250 to 1 student to counselor ratio.

The Ruby Gerontology Center at California State University, Fullerton proposes to utilize technology in delivering high-quality training and education programs.

CADERA connects rural Americans to the new distance education and on-line career training mainstream by incorporating best educational methods and technologies in a model program.

Occidental College will improve access to higher education for non-native English speakers through the Northeast Los Angeles College Resource Center.

California State University-Northridge will develop specialized applications for a new entertainment engineering curriculum.

California State University-Chico continues to develop its polymer engineering program.

The Lifelong Learning and Technology Complex at Grambling State University will improve academic programs offered at the University.

Dillard University's Center for Technology, Learning and Culture will improve preparation of minority students entering graduate business programs.

Louisiana State University and Southern University will establish the Center for Analytical Chemistry to focus on developing solutions to environmental and medical research problems.

City University plans to expand its distance learning program in Slovakia by enhancing its technology infrastructure and course offerings, which will enable the University to increase student exchange programs in Eastern Europe.

The University of Washington-Tacoma is developing the Washington Institute for Technology to address the gap between the number of technology jobs being created within the region and the number of college graduates with sufficient education and training to meet this increasing employment.

Westminster College will support programs to improve leadership among high school and college students and faculty through innovative services provided by its Center for Leadership Service and Churchill Summer Leadership Academy.

Logan College of Chiropractic will alter significantly the college's instructional framework, through the use of technology, to make college education more accessible.

Southeast Missouri State University will utilize advanced communication and computer technology to improve curricula and programs offered by its integrated School of Visual and Performing Arts.

The Advanced Distributed Learning project at Middle Georgia College has been developed to provide technology-based training and access to educational programs to America's servicemen and women throughout the world.

Albany Technical College in Georgia has developed an Interactive Distance Learning Project to provide high-quality educational opportunities in rural communities.

The Coles College of Business at Kennesaw State University in Georgia will utilize technology to link universities across the country to facilitate the sharing of programs, information and materials to enhance the ongoing educational training and development opportunities for family businesses.

The C.W. Post Campus of Long Island University has proposed to augment its efforts in education in the arts and sciences programs, and improve outreach to students.

The North Dakota State University will continue to address the need for technically trained personnel through its Tech Based Industry Traineeship program by expanding and enhancing a program which provides post-secondary students with carefully constructed and monitored traineeship operations in companies in North Dakota, South Dakota and Minnesota.

Minnesota State Colleges and Universities' Emerging Curriculum project supports the development and design of emerging curriculum, professional development, development of an e-monitoring environment to support e-learning needs and formulating and implementing pilot policies for the new era of e-learning.

Fairfield University will develop instructional technology to improve access to and enhance the quality of its graduate and undergraduate programs.

Darton College will establish and operate an information and technology network that will provide underserved and disadvantaged populations access to education opportunities and career services in the health care and information technology fields.

The Federation of Independent Illinois Colleges and Universities will utilize a high bandwidth network, distance learning technologies and innovative training programs to link Illinois institutions and improve access to and quality of postsecondary education.

California State University at Dominquez Hill plans to improve academic support services for students by utilizing digital media and advanced technologies.

The University of San Francisco has launched programs to train adult learners for positions in the new economy and will incorporate advanced technologies and related training in expanded programs throughout northern California.

St. Mary's College of Maryland has developed an initiative to enhance the technology skills of K–16 students and adult learners through its proposed Center for Teaching and Learning Systems.

The University of Maryland Baltimore County and Georgetown University have proposed the shared development of advanced degree programs to accelerated the training period of students entering the field of biotechnology.

The Grand Valley State University Teacher Academy will provide training and support for math and science teachers.

Lake Superior State University will develop and implement a new degree program and utilize distance learning to increase the number of skilled trade workers trained in new technologies.

The Gerald R. Ford School of Public Policy at the University of Michigan will continue to increase understanding of public policy problems and contribute to the development of solutions.

Finlandia University plans to improve educational programs for nursing and teaching and other specialties that meet the needs of rural areas.

Michigan Technological University will increase student exposure to high-tech instructional practices and advanced learning technologies through its Center for Microsystems Technology.

The Lifelong Learning Center at Northwestern Michigan College will support innovative educational partnerships between the public and private sectors.

The Center for Teacher Preparation and Learning Technologies at Montclair State University will provide teachers with the most recent skills, techniques and training for use of technology in the classroom.

Brookdale Community College has developed an innovative approach for establishing higher education and business training solutions in Central New Jersey.

The Plangere Center for Communication and Instructional Technology at Monmouth University will utilize state-of-the-art instructional technology to improve the technical skills of communication students.

The Oregon Graduate Institute at Oregon Health Sciences University seeks to increase student participation and retention, particularly for those from diverse and disadvantage backgrounds, in certificate and degree programs in Environmental Information Technology.

New Mexico State University Cooperative Extension Service in Las Cruces is developing a training program utilizing a national E–commerce model to assist experienced business and community leaders with making strategic electronic business and community planning decisions, and establishing a network of youth with advanced computer training to provide rural community and rural business leaders with fundamental computer and Internet access skills.

Salve Regina University will expand and update its distance education efforts to serve a larger potential student market via web links and interactive communication to courses, services, and information.

The African Technology for Education and Workforce Development Initiative will employ new information technologies to deliver education and training from American universities to Africa.

The University of Alaska and the State of Alaska propose to establish the Alaska Digital Archives and Digital Library to help students and others in rural and remote parts of Alaska access historical materials and research tools relating to Alaska's history.

The partnership of the Galena School District and the University of Alaska-Southeast continues to develop and implement occupation-based curriculum for students in Alaska.

The Alaska Distance Education Corsortium will serve students throughout the entire State, regardless of how remote the area.

The collaborative technology transfer program of the College of Rural Alaska-Interior Aleutians and the Galena School District continues to improve access and quality of education.

The Barahona Center for the Study of Books in Spanish at California State University, San Marcos' will continue its effort to improve access to Spanish-language literature.

California State University, Northridge will implement a new entertainment engineering curriculum.

The Oregon Institute of Technology has established a Technology Training Program designed to integrate technology into the lives of disadvantaged students and improve student success.

The Early Childhood Leadership initiative of Oregon State University will pioneer new strategies to develop collaboration, administration and evaluation skills among early childhood personnel.

Oregon State University will design and implement a model program for placement of graduate students and interns within positions of government and nonprofit agencies.

The Center for Distance Learning and Accessibility Research at Oregon State University will develop programs that support an integrated strategy of linking accessibility research and distance learning technologies.

The Tides Foundation plans to support an existing charitable program of the McKelvey Foundation which provide entrepreneurial college scholarships to rural, low-income Pennsylvania high school graduates who demonstrate spirit and excellence.

Western Governors University, an online university created by the governors of 19 western States, continues the development of innovative distance learning programs.

The University of Idaho continues to test, evaluate, and develop Internet-based interactive learning environments for physically handicapped, at-risk, isolated, rural, and other populations.

The Burns Telecommunications Center (BTC) at Montana State University-Bozeman plans to launch a Coalition for Establishing a National Teacher Enhancement Network, which will improve professional development opportunities for science teachers.

The University of Idaho will continue to develop its Advanced Computing and Modelling Laboratory in Boise, to educate students in using new tools for research and practical applications.

The Maine Technical College System "Careers for ME" project will develop a multimedia, Internet-based career information site for careers in Maine related to programs of the Technical Colleges.

Southern New Hampshire University in Manchester plans to expand its high tech infrastructure and professional development, as part of its distance learning program.

Colorado State University proposes to use an existing network of universities to assess the software and the technical health of solutions to common technical problems and a research laboratory based on collaborative projects in response to business needs disseminate the concept throughout Colorado.

The University of Nebraska Medical Center is developing distance education programs in Medical Technology, Radiation Science Technology, Physical Therapy and Nursing.

Utah State University (USU) will advance science education for all USU students through innovative applications of distance learning.

The University of Colorado, Boulder Alliance for Technology, Learning, and Society (ATLAS) program is developing new curricula and teaching methods that employ leading technologies in classrooms and through distance learning.

Montana State University in Billings is developing a pilot project to initiate a 2-year computer science program within the College of Technology.

University of Southern Colorado, the only comprehensive regional university in Southern Colorado, has developed a plan to

make significant improvements to its information technology infrastructure.

Oklahoma State University (OSU), through its School of International Studies, is organizing OSU's intellectual capital around international regional bureaus, a world-region focused structure similar to that utilized by the U.S. State Department.

"Peirce Online", an Internet Mediated Delivered Learning (IMDL) degree program at Peirce College in Philadelphia, helps students reach their educational goals and earn a degree via the flexibility of online learning.

The University of Maine offers associate and baccalaureate programs at its three campus locations in Augusta, Bangor, and Lewiston, Maine. UMA has developed plans for a technological extension of existing academic courses and programs from one or more UMA campus locations to its other locations, focusing specifically on UMA, Lewiston-Auburn.

Lehigh University, through its Integrated Product, Project and Process (IP3) Program involve students in all phases of the industrial design discipline.

The Coalition for Ultrasound Education and Training is developing a comprehensive multi-institution model distance training network for the training of ultrasound technologists and medical sonographers.

The Mark Hatfield School of Government at Portland State University will enhance academic programs that support professional development of elected officials and other individuals associated with public and nonprofit management.

The Native American Tribal Government Center at Portland State University will improve recruitment and retention of Native American students and provide professional development opportunities for Tribal governments.

The collaborative efforts of the University of Charleston and the Clay Center for Arts and Sciences will promote access to and effective use of technology for arts and science education and outreach.

The Concord College Technology Center will better equip new teachers with the technical skills essential for the utilization of informational technologies in the classroom.

Maryland Community College Information Technology Initiative will support collaborative efforts designed to improve the quality and quantity of programs that train information technology workers.

The Consortium on the Advancement of Women, Minorities and Persons with Disabilities in Science, Engineering and Technology will develop programs to encourage and support women, minorities and persons with disabilities to enter and complete programs in science, engineering and technology.

The Single Parents Support System Program at Texas College in Tyler, Texas will provide assistance that addresses the support needs of single parent students.

College Summit will expand programs designed to help promising, low-income students access, persist in and complete postsecondary education.

The University of Hawaii's efforts continue to support development of a Globalization Research Consortium.

The Flandrau Santee Sioux Tribe will improve postsecondary education opportunities through expansion of the higher education assistance program.

The Standing Rock Sioux Tribe will help improve access to opportunities in higher education for tribal members.

Lake Area Technical College proposes to integrate interactive learning in its technical education programs.

South Dakota State University, Brookings will enhance the programs offered by the Polytechnic Center of Excellence in the College of Engineering.

Waukesha County Technical College and Marquette University are developing joint curricula to train minority students in the fields of engineering and nursing.

The Community-Based Services Training Partnership for Adults proposes to develop curriculum to support professional development opportunities for those social workers whose client populations are primarily rural, impoverished, and vulnerable adults.

Norwalk Community College will develop new information technology courses and service learning opportunities through its new center for excellence in information technology.

California State University at Stanislaus has developed a proposal to address the acute regional and statewide nursing shortage.

The University of South Dakota and Good Samaritan Society Nursing Education/Service Partnership will support remote learning for those interested in entering the nursing profession.

The Connecticut State University System continues to develop innovative initiatives for its nursing program.

The University of San Diego Institute for Advancement of Health Policy is expanding its programs to develop more professionally trained nurses.

Wayne State University and the University of Detroit-Mercy Nurse will expand programs designed to prepare nurse anesthetists.

The Nursing Center of Excellence at the University of Vermont proposes programs designed to address rural nursing workforce issues.

The Washington Health Foundation initiative will improve nurse retention in the State of Washington.

The Creighton University Accelerated Nursing Program will increase the number of well-qualified nurses in Nebraska and Iowa.

The Ryan-Matura Library and Jandrisevits Learning Center at Sacred Heart University will utilize new technology to improve access to University resources for students and faculty.

Project Access, an initiative of the University of Indianapolis, will employ advanced technologies to enable Indiana's first generation higher education students to pursue a degree.

The Indiana Higher Education Commission, in collaboration with Intelenet, Indiana's telecommunication commission, will support small Indiana colleges and universities as they develop applications for higher-performance computer networks.

Ivy Tech State College of Indiana, through its campuses in East Chicago and South Bend, is developing an education and training program in machine tool technology.

The East Chicago campus of Ivy Tech State College is developing a mortuary science degree program.

Indiana University proposes to expand the successful Project TEAM initiative to additional campuses in the Indiana University system.

Indiana State University, in collaboration with Bowling Green State University, East Carolina University, University of Wisconsin-Stout, North Carolina A&T State University and Central Missouri State University, will create a shared doctoral program for technology management.

The Columbia River Estuary Research Program will establish certificate and degree programs.

The Native American Law Center at the University of Washington School of Law provides a tremendous opportunity for students interested in Native American issues to gain academic and practical experience in the field.

Green River Community College is developing a program in Communications Access Realtime Translation Services Training.

The Center for Families at Edmonds Community College is developing curriculum for training and certificate programs in early childhood education.

The Technology Training Center at Seminole State College will provide a high-quality environment for dynamic and interactive training.

Emmanuel College will continue to improve access to higher education programs for all students.

The University of Massachusetts School of Marine Science and Technology proposes to enhance research programs in fisheries management, aquaculture and ocean communications and control.

Emerson College will develop educational programs through its Performance and Production Center.

The Assumption College Lt. Joseph P. Kennedy Jr. Science and Technology Center will improve research and instructional opportunities for students and faculty.

The University of Arkansas Little Rock will utilize advanced and simulation technology to improve teaching and learning in medical, engineering and other sciences.

The University of Arkansas Mountain Home will utilize distance learning technology to develop and offer a new degree program for hearing healthcare practitioners.

The Environmental Biotechnology Initiative at the University of Rhode Island will enhance teaching, research and outreach through programs in genomics, transgenics, imaging and bioinformatics.

Cabrini College is developing a new Center for Science, Education, and Technology which will provide a model elementary education classroom to facilitate and enhance the educational experience of Cabrini undergraduate students majoring in education.

The Army War College is developing a major educational center to provide research and educational programs in military and social history.

East Stroudsburg University is planning to purchase laboratory equipment for its degree programs in biotechnology and chemical biotechnology at its Science and Technology Center.

Eastern College plans to hire additional faculty and purchase computers, printers, telecommunications equipment, and laboratory equipment for the Center for Information, Science and Learning Resources.

Keystone Virtual University is establishing an "online" Pennsylvania University.

Lehigh University is developing a Center for Promoting Healthy Development for Individuals with Disabilities.

Temple University's Center for Research in Human Development and Education is developing innovative models to address teacher recruitment, training, and mentoring which will enhance student achievement.

The George Mitchell Scholarships program is providing scholarships to allow Americans to pursue a year of post-graduate study at universities in Ireland.

The Benjamin L. Hooks Institute for Social Change at the University of Memphis will pursue a broad agenda that emphasizes the continued importance of the civil rights movement and encourage academic research and community outreach.

The Clinical Skills Training and Assessment Center at Thomas Jefferson University will supplement the clinical learning and evaluation skills of healthcare professionals.

"Project Promotion" for Paraprofessional Educators, a cooperative project of the Southern Penobscot Regional Program for Children with Exceptionalities and Eastern Maine Technical College, aims to improve the education and support for currently employed educational technicians.

The University of Hartford-Hartt Performing Arts Education Center will enhance educational opportunities for its students, and improve theater and music instruction and educational programs for area teachers and students.

The Center for Science and Technology at Dominican University of California will improve access to and delivery of nurse and teacher development programs, as well as other educational opportunities at the university.

The United Negro College Fund will conduct a project for curriculum development at historically black colleges and universities and other institutions to develop the capacity of these entities to prepare minority students for careers in international affairs and business and the global employment market.

Urban College will continue its efforts to provide affordable continuing education for nontraditional students through tutoring and other supportive services.

The University of Detroit Mercy will improve its information technology infrastructure to provide students and faculty with an enhanced learning environment.

The Center for International Education and Entrepreneurship at Ramapo College would expand the offerings of international, intercultural and global courses and related services.

The Technology Center at Mountain State University will improve its information technology infrastructure and establish interactive classrooms for students to improve training and education programs for students to create their own electronic business opportunities.

Pittsburgh Digital Greenhouse is continuing to develop a state-of-the-art, high-tech curriculum in a collaborative effort with three member universities—Penn State, University of Pittsburgh and Carnegie Mellon Contact—to train university students. This initiative will further enhance the high tech talent pool (which is in short supply) in the Allegheny County area.

Shippensburg University is wiring its computers for the Performing Arts Center.

Wilson College is expanding and developing the "Women with Children Program," which assists single women with children in earning a degree, becoming financially independent, and raising the children's aspirations for educational accomplishment.

Westchester University plans to develop curriculum for the University's Business and Information Technology Center.

The partnership of Jackson State University, located in Jackson, Mississippi, with three other Historically Black Universities, Alabama A&M, Prairie View A&M University in Texas and Southern University and A&M College in Louisiana, will establish four Minority Centers of Excellence for Math & Science Teacher Preparation. This concerted effort to prepare minority teachers of math and science will help reduce the disproportionate representation of minorities in the math and science teaching field, where less than 6 percent of teachers are minorities.

Jackson State University will establish electronics-based program to advance the Central Mississippi Communications and Information Technology Cluster at the Mississippi e-Center.

East Central Community College, Ellisville, Mississippi will establish a Wireless Computer Lab to enhance learning on that campus and in that community.

The La Roche College plans to develop its Integrated Transcultural Technology Center with information technology features critical to 21st Century educational institutions, including state-of-the-art "smart" classrooms.

*Minority science and engineering improvement*

The Committee recommends $8,500,000 for the minority science and engineering improvement program [MSEIP], the same as the fiscal year 2001 level and the administration request. This program provides discretionary grants to institutions with minority enrollments greater than 50 percent to purchase equipment, develop curricula, and support advanced faculty training. Grants are intended to improve science and engineering education programs and increase the number of minority students in the fields of science, mathematics, and engineering.

*International education and foreign language studies*

The bill includes a total of $78,022,000 for international education programs, the same as the fiscal year 2001 level and the budget request.

*Domestic programs*.—The Committee recommends $67,000,000 for domestic program activities related to international education and foreign language studies, including international business education, under title VI of the HEA, the same as the fiscal year 2001 appropriation and the administration request. Domestic programs

include national resource centers, undergraduate international studies and foreign language programs, international research and studies projects, international business education projects and centers, American overseas research centers, language resource centers, foreign language and area studies fellowships, and technological innovation and cooperation for foreign information access.

*Overseas programs*.—The bill includes $10,000,000 for overseas programs authorized under the Mutual Educational and Cultural Exchange Act of 1961, popularly known as the Fulbright-Hays Act. The recommendation is the same amount as the fiscal year 2001 level and the budget request. Under these overseas programs, grants are provided for group and faculty research projects abroad, doctoral dissertation research abroad, and special bilateral projects. Unlike other programs authorized by the Fulbright-Hays Act and administered by the Department of State, these Department of Education programs focus on training American instructors and students in order to improve foreign language and area studies education in the United States.

*Institute for International Public Policy*.—The Committee bill recommends $1,022,000 for the Institute for International Public Policy. This is the same amount as the fiscal year 2001 level and the budget request. This program is designed to increase the number of minority individuals in foreign service and related careers by providing a grant to a consortium of institutions for undergraduate and graduate level foreign language and international studies. An institutional match of 50 percent is required.

*Interest subsidy grants*

The Committee recommends $5,000,000 for interest subsidy grants, $5,000,000 less than the fiscal year 2001 level and the same as the administration request. This appropriation is required to meet the Federal commitment to pay interest subsidies on 124 loans made in past years for constructing, renovating, and equipping postsecondary academic facilities. No new interest subsidy commitments have been entered into since 1973 but subsidy payments on existing loans are expected to continue until the year 2013.

*Federal TRIO programs*

The Committee bill includes $805,000,000 for Federal TRIO programs, an increase of $75,000,000 above the fiscal year 2001 appropriation and $25,000,000 more than the administration request.

TRIO programs provide a variety of services to improve postsecondary education opportunities for low-income individuals and first-generation college students: Upward Bound offers disadvantaged high school students academic services to develop the skills and motivation needed to continue their education; Student Support Services provides remedial instruction, counseling, summer programs and grant aid to disadvantaged college students to help them complete their postsecondary education; Talent Search identifies and counsels individuals between ages 11 and 27 regarding opportunities for completing high school and enrolling in postsecondary education; Educational Opportunity Centers provide information and counseling on available financial and academic assist-

ance to low-income adults who are first-generation college students; and the Ronald E. McNair Postbaccalaureate Achievement Program supports research internships, seminars, tutoring, and other activities to encourage disadvantaged college students to enroll in graduate programs.

The Committee notes that, at the budget request level, $3,070,000 has not been allocated to any particular TRIO program. To the extent that the Department receives highly rated applications for funding under the Talent Search and Educational Opportunity Centers grant competitions, the Committee encourages the Secretary to allocate these undistributed funds, as well as the increase provided by the Committee, to additional or increased grants for these programs.

*Gaining early awareness and readiness for undergraduate programs [GEAR UP]*

The Committee recommends $227,000,000, a decrease of $68,000,000 from the amount provided in fiscal year 2001 and the same as the budget request. Under this program funds are used by States and partnerships of colleges, middle and high schools, and community organizations to assist middle and high schools serving a high percentage of low-income students. Services provided help students prepare for and pursue a postsecondary education. The Committee notes that at the funding level requested by the administration, all continuing GEAR UP cohorts of low-income middle and high school students would be fully funded.

The Committee is very concerned that the Department decided to alter significantly its plans for awarding new grants under the GEAR UP program. The Committee notes that the number of new partnership grants the Department planned to award according to the fiscal year 2001 congressional justification was 127, for total new award funding of $58,457. The actual number of new partnership awards made with the fiscal year 2001 appropriation for this program was six, for total new award funding of $42,502. The Committee's ability to respond to and act on the budget request for a given fiscal year depends on credible and reliable information about the rationale supporting the request, as well as the plan for implementing the program. The Committee strongly urges the Department to notify the Committee not less than 3 business days prior to any grant opportunities or notices inviting applications that include funding priorities, competitive preferences or stated funding availability different from what is contained in the congressional justification.

*Byrd honors scholarships*

The Committee recommends $41,001,000 for the Byrd Honors Scholarship program, the same amount as the fiscal year 2001 appropriation and the budget request.

The Byrd honors scholarship program is designed to promote student excellence and achievement and to recognize exceptionally able students who show promise of continued excellence. Funds are allocated to State education agencies based on each State's school-aged population. The State education agencies select the recipients of the scholarships in consultation with school administrators,

teachers, counselors, and parents. The funds provided will support a new cohort of first-year students in 2002, and continue support for the 1999, 2000, and 2001 cohorts of students in their fourth, third and second years of study, respectively. The amount recommended will provide scholarships of $1,500 to 27,334 students.

*Javits fellowships*

The Committee recommends $10,000,000 for the Javits Fellowships program, the same as the fiscal year 2001 amount and the budget request.

The Javits Fellowships program provides fellowships of up to 4 years to students of superior ability who are pursuing doctoral degrees in the arts, humanities, and social sciences at any institution of their choice. Each fellowship consists of a student stipend to cover living costs, and an institutional payment to cover each fellow's tuition and other expenses. Funds provided in the fiscal year 2002 appropriation support fellowships for the 2003–2004 academic year.

*Graduate assistance in areas of national need [GAANN]*

The Committee recommends $31,000,000 for graduate assistance in areas of national need, the same as the fiscal year 2001 level and the budget request. This program awards competitive grants to graduate academic departments and programs for fellowship support in areas of national need as determined by the Secretary. In fiscal year 2001, the Secretary designated the following areas of national need: biology, chemistry, computer and information sciences, engineering, geological and related sciences, mathematics and physics. Recipients must demonstrate financial need and academic excellence, and seek the highest degree in their fields.

*Learning anytime anywhere partnerships*

The Committee does not recommend an appropriation for the learning anytime anywhere partnerships program (LAAP) in fiscal year 2002. Consistent with the administration's request, the Committee has included sufficient resources under the fund for the improvement of postsecondary education to continue all grants funded under this program. In fiscal year 2001, $30,000,000 was made available for the LAAP program. Funds support projects using technology and other innovations to enhance the delivery of postsecondary education and lifelong learning opportunities, especially for underserved populations in underserved geographic areas.

The Committee notes that the administration's rationale for not requesting funds for the LAAP program is that all of the activities carried out under its authority can be supported under FIPSE. The Committee expects the Department to provide the Committee with a report documenting FIPSE grant support in fiscal years 2001 and 2002 of projects that support the use of technology and other innovations to enhance the delivery of postsecondary education and lifelong learning, especially for underserved populations in underserved geographic areas.

*Teacher quality enhancement grants*

The Committee recommends $54,000,000 for the teacher quality enhancement grants program, $44,000,000 less than the fiscal year 2001 level and the same as the budget request. The program was established to support statewide initiatives that best meet their specific teacher preparation and recruitment needs. Further, the Act provides and designates funding for the program in three focus areas: 45 percent of resources support a State grant program, 45 percent of funds are used for a partnership program, and 10 percent are designated for a recruitment grant program.

The administration has requested resources sufficient to fund only current State and partnership grantees and has not included funding for recruitment grants nor for new awards under this program. Further, the administration has proposed to set aside 1.4 percent of the appropriation for two national evaluations of the program.

The Committee recommendation is made consistent with the budget request to fund only current State and partnership grantees, and has therefore, included bill language overriding the distribution requirements of section 210 of the HEA.

The Committee recommendation does not include the bill language requested to establish a set-aside for the two national evaluations. Instead, the Committee will provide sufficient resources within the GPRA/HEA evaluation program for this purpose.

Under the State grant program, funds may be used for a variety of State-level reforms, including more rigorous teacher certification and licensure requirements; provision of high-quality alternative routes to certification; development of systems to reward high-performing teachers and principals; and development of efforts to reduce the shortage of qualified teachers in high-poverty areas.

Teacher training partnership grants, which are awarded to local partnerships comprised of at least one school of arts and science, one school or program of education, a local education agency, and a K–12 school, may be used for a variety of activities designed to improve teacher preparation and performance, including efforts to provide increased academic study in a proposed teaching specialty area; to prepare teachers to use technology effectively in the classroom; to provide preservice clinical experiences; and to integrate reliable research-based teaching methods into the curriculum. Partnerships may work with other entities, with those involving businesses receiving priority consideration. Partnerships are eligible to receive a one-time-only grant to encourage reform and improvement at the local level.

The recruitment grant program supports efforts to reduce shortages of qualified teachers in high-need school districts as well as provide assistance for high-quality teacher preparation and induction programs to meet the specific educational needs of the local area.

*Child care means parents in schools*

The Committee recommends an appropriation of $25,000,000 for the Child Care Access Means Parents in School (CAMPUS) program, the same amount as the 2001 appropriation and the budget request. This program was established in the Higher Education

Amendments of 1998 to support the efforts of a growing number of non-traditional students who are struggling to complete their college degrees at the same time that they take care of their children. Discretionary grants of up to 4 years are made to institutions of higher education to support or establish a campus-based childcare program primarily serving the needs of low-income students enrolled at the institution.

*Demonstration projects to ensure quality higher education for students with disabilities*

The Committee recommends $7,000,000 for this program, an increase of $1,000,000 over the fiscal year 2001 appropriation and $7,000,000 over the budget request. This program's purpose is to ensure that students with disabilities receive a high-quality postsecondary education. Grants are made to support model demonstration projects that provide technical assistance and professional development activities for faculty and administrators in institutions of higher education.

*Underground railroad program*

The Committee recommendation includes $2,000,000 for the Underground Railroad program, an increase of $250,000 over the fiscal year 2001 amount. The administration did not request any resources for this program. The program was newly authorized by the Higher Education Amendments of 1998 and was funded for the first time in fiscal year 1999. Grants are provided to research, display, interpret, and collect artifacts relating to the history of the underground railroad. Educational organizations receiving funds must demonstrate substantial private support through a public-private partnership, create an endowment fund that provides for ongoing operation of the facility, and establish a network of satellite centers throughout the United States to share information and teach people about the significance of the underground railroad in American history.

*Web-based Education Commission*

The Committee recommendation does not include funding for this program, the same as the budget request. The fiscal year 2001 appropriation for the Commission was $250,000. The Web-based Education Commission was established by Congress to conduct a thorough study to assess the educational software available in retail markets for secondary and postsecondary education students who choose to use such software. In December 2000, the Commission completed its work when it released its report, "The Power of the Internet for Learning: Moving from Promise to Practice."

*GPRA/Higher Education Act Program Evaluation*

The Committee recommends $1,500,000 for the Government Performance and Results Act data collection and for the Higher Education Act Program Evaluation program, $1,500,000 less than the fiscal year 2001 appropriation and $500,000 more than the budget request. The administration requested these funds to comply with the Government Performance and Results Act, which requires the collection of data and evaluation of Higher Education programs and

the performance of recipients of Higher Education funds. Additional resources have been provided to continue support for evaluations of the teacher quality enhancements grants program.

*Thurgood Marshall legal educational opportunity program*

The Committee recommendation does not include funding for this program, the same as the budget request. The $4,000,000 appropriated for fiscal year 2001 will be used to provide minority, low-income or disadvantaged college students with the information, preparation, and financial assistance needed to gain access to and complete law school study.

*B.J. Stupak Olympic scholarships*

The Committee recommendation does not include funding for this program, the same as the budget request. The $1,000,000 appropriated for fiscal year 2001 will be used to provide financial assistance to athletes who are training at the United States Olympic Education Center or one of the United States Olympic Training Centers and who are pursuing a postsecondary education at an institution of higher education.

HOWARD UNIVERSITY

| | |
|---|---|
| Appropriations, 2001 | $232,474,000 |
| Budget estimate, 2002 | 232,474,000 |
| Committee recommendation | 232,474,000 |

The Committee recommends an appropriation of $232,474,000 for Howard University, which is the same as the fiscal year 2001 appropriation and the budget request. Howard University is located in the District of Columbia and offers undergraduate, graduate, and professional degrees through 12 schools and colleges. The university also administers the Howard University Hospital, which provides both inpatient and outpatient care, as well as training in the health professions. Federal funds from this account support about 53 percent of the university's projected educational and general expenditures, excluding the hospital. The Committee agrees with the administration and recommends, within the funds provided, $3,600,000 for the endowment program.

*Howard University Hospital*.—Within the funds provided, the Committee recommends $30,374,000 for the Howard University Hospital, the same as the fiscal year 2001 level and the budget request. The hospital serves as a major acute and ambulatory care center for the District of Columbia and functions as a major teaching facility attached to the university that trains physicians in 25 specialty areas. The Federal appropriation provides partial funding for the hospital's operations.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS

| | |
|---|---|
| Appropriations, 2001 | $762,000 |
| Budget estimate, 2002 | 762,000 |
| Committee recommendation | 762,000 |

*Federal administration*.—The Committee bill includes $762,000 for Federal administration of the CHAFL program, the same as the 2001 level and the same as the administration request.

These funds will be used to reimburse the Department for expenses incurred in managing the existing CHAFL loan portfolio during fiscal year 2002. These expenses include salaries and benefits, travel, printing, contracts (including contracted loan servicing activities), and other expenses directly related to the administration of the CHAFL Program.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING PROGRAM

| | |
|---|---|
| Appropriations, 2001 | $208,000 |
| Budget estimate, 2002 | 208,000 |
| Committee recommendation | 208,000 |

*Federal administration*.—The Committee recommends $208,000 for Federal administration of the Historically Black College and University [HBCU] Capital Financing Program, the same as the fiscal year 2001 level and the administration request.

The HBCU Capital Financing Program makes capital available to HBCUs for construction, renovation, and repair of academic facilities by providing a Federal guarantee for private sector construction bonds. Construction loans will be made from the proceeds of the sale of the bonds.

EDUCATION RESEARCH, STATISTICS, AND ASSESSMENT

| | |
|---|---|
| Appropriations, 2001 | $383,367,000 |
| Budget estimate, 2002 | 382,120,000 |
| Committee recommendation | 431,567,000 |

The bill includes $431,567,000 for educational research, statistics, assessment, and improvement programs. This amount is $48,200,000 more than the fiscal year 2001 appropriation and $49,447,000 more than the budget request. This account supports education research, statistics, and assessment activities, as well as a variety of other discretionary programs for educational improvement.

*Research, development, and dissemination*

The Committee recommends $120,567,000 for educational research and national dissemination activities. This amount is the same as the fiscal year 2001 appropriation and $2,500,000 less than the budget request. The Committee has also included $65,000,000 for regional educational laboratories, the same as the fiscal year 2001 appropriation and the budget request. These activities are administered by the Office of Educational Research and Improvement (OERI).

These funds support research, development, dissemination, and technical assistance activities that are aimed at expanding fundamental knowledge of education and promoting the use of research and development findings in the design of efforts to improve education.

*Statistics*

The Committee recommends $80,000,000 for data-gathering and statistical-analysis activities of the National Center for Education Statistics (NCES), the same as the fiscal year 2001 appropriation and $5,000,000 less than the budget request.

NCES collects, analyzes, and reports statistics on education in the United States. Activities are carried out directly and through grants and contracts. The Center collects data on educational institutions at all levels, longitudinal data on student progress, and data relevant to public policy. Technical assistance to State and local education agencies and postsecondary institutions is also provided by the Center.

*Assessment*

The Committee recommends $109,000,000 for assessment. This amount is $53,000 less than the budget request and $69,000,000 more than the fiscal year 2001 appropriation.

The National Center for Education Statistics uses these funds to administer the National Assessment of Educational Progress (NAEP), a congressionally mandated assessment created to measure the educational achievement of American students. The primary goal of NAEP is to determine and report the status and trends over time in educational achievement, subject by subject. NAEP has been expanded in recent years to include State representative assessments as well.

The Committee encourages the Department to consider conducting a feasibility study for a trial urban assessment of the National Assessment of Educational Progress. This study would involve up to five voluntarily participating large urban school districts.

Within these funds, the Committee recommends $4,000,000 for the National Assessment Governing Board (NAGB), the same as the fiscal year 2001 appropriation and $53,000 less than the budget request. The NAGB is responsible for formulating policy for NAEP.

*International education exchange*

The Committee provides $12,000,000 to the Center for Civic Education and the National Council on Economic Education for the International Education Exchange program, which was authorized by the Senate-passed version of H.R. 1. This amount is $2,000,000 more than the fiscal year 2001 appropriation. The administration requested no funds for this program. These funds are intended, in part, to sustain current activities in Bosnia-Herzegovina and the civic education program in Ireland and Northern Ireland. The Committee further intends that $2,000,000 of the funds be reserved to expand and strengthen the civic education and the economics education programs currently underway in Russia.

*Civic education*

The Committee recommends $15,000,000 for the Center for Civic Education. This amount is $3,000,000 more than the fiscal year 2001 appropriation. The administration recommended eliminating this program by consolidating it into its proposed Choice and Innovation State Grants program. The civic education program provides a course of instruction at the elementary and secondary level on the basic principles of our constitutional democracy and the history of the Constitution and the Bill of Rights. Funds also may be used to provide advanced training for teachers concerning the Constitution and the Bill of Rights.

The Committee intends that $1,500,000 of the amount provided be used to continue the violence prevention demonstration program and $500,000 be used to conduct a Native American civic education initiative.

*Javits gifted and talented students education*

The Committee has included $15,000,000 for the Javits Gifted and Talented Students Education Program. This amount is $7,500,000 more than the fiscal year 2001 appropriation. The administration recommended eliminating this program by consolidating it into its proposed Choice and Innovation State Grants program.

The Javits program authorizes awards to State and local education agencies, institutions of higher education, and public and private agencies for research, demonstration, and training activities designed to enhance the capability of elementary and secondary schools to meet the special educational needs of gifted and talented students. Priority is given to projects that identify and serve gifted and talented students who may not be identified and served through traditional assessment methods, including those who are economically disadvantaged or limited-English-proficient, or have disabilities. Some funds are set aside for a national center for research and development in the education of gifted and talented children and youth, which conducts research on methods and techniques for identifying and teaching gifted and talented students. The Committee intends that the additional funding provided be used to award grants to State educational agencies, regional educational service centers and local educational agencies to expand programs for gifted and talented students.

*National Writing Project*

The Committee bill provides $15,000,000 for the National Writing Project. This amount is $5,000,000 more than the fiscal year 2001 appropriation. The administration recommended eliminating this program by consolidating it into its proposed Choice and Innovation State Grants program.

These funds are awarded to the National Writing Project in Berkeley, Calif., which in turn funds projects in 47 States, Washington, D.C., and Puerto Rico, to train teachers of all subjects how to teach effective writing.

The writing project is the only federally funded program for the teaching of writing skills at all grade levels.

## DEPARTMENTAL MANAGEMENT

### PROGRAM ADMINISTRATION

| | |
|---|---|
| Appropriations, 2001 | $412,196,000 |
| Budget estimate, 2002 | 424,212,000 |
| Committee recommendation | 424,212,000 |

The Committee recommends $424,212,000 for program administration, $12,016,000 more than the fiscal year 2001 appropriation and the same as the budget request.

Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, auto-

mated data processing, and other services required to award, administer, and monitor approximately 170 Federal education programs. Support for program evaluation and studies and advisory councils is also provided under this activity.

OFFICE FOR CIVIL RIGHTS

| | |
|---|---|
| Appropriations, 2001 | $75,822,000 |
| Budget estimate, 2002 | 79,934,000 |
| Committee recommendation | 79,934,000 |

The Committee bill includes $79,934,000 for the Office for Civil Rights [OCR], $4,112,000 more than the fiscal year 2001 appropriation and the same as the budget request.

The Office for Civil Rights is responsible for the enforcement of laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, and age in all programs and institutions funded by the Department of Education. To carry out this responsibility, OCR investigates and resolves discrimination complaints, monitors desegregation and equal educational opportunity plans, reviews possible discriminatory practices by recipients of Federal education funds, and provides technical assistance to recipients of funds to help them meet civil rights requirements.

OFFICE OF THE INSPECTOR GENERAL

| | |
|---|---|
| Appropriations, 2001 | $36,411,000 |
| Budget estimate, 2002 | 38,720,000 |
| Committee recommendation | 38,720,000 |

The Committee recommends $38,720,000 for the Office of the Inspector General, $2,309,000 more than the fiscal year 2001 appropriation and the same as the budget request.

The Office of the Inspector General has the authority to investigate all departmental programs and administrative activities, including those under contract or grant, to prevent and detect fraud and abuse, and to ensure the quality and integrity of those programs. The Office investigates alleged misuse of Federal funds, and conducts audits to determine compliance with laws and regulations, efficiency of operations, and effectiveness in achieving program goals.

GENERAL PROVISIONS

The Committee bill contains language which has been included in the bill since 1974, prohibiting the use of funds for the transportation of students or teachers in order to overcome racial imbalance (sec. 301).

The Committee bill contains language included in the bill since 1977, prohibiting the transportation of students other than to the school nearest to the student's home (sec. 302).

The Committee bill contains language which has been included in the bill since 1980, prohibiting the use of funds to prevent the implementation of programs of voluntary prayer and meditation in public schools (sec. 303).

The Committee bill includes a provision giving the Secretary of Education authority to transfer up to 1 percent of any discretionary funds between appropriations (sec. 304).

## TITLE IV—RELATED AGENCIES

### ARMED FORCES RETIREMENT HOME BOARD

| | |
|---|---|
| Appropriations, 2001 | $69,832,000 |
| Budget estimate, 2002 | 71,440,000 |
| Committee recommendation | 71,440,000 |

The Committee recommends authority to expend $71,440,000 from the Armed Forces Home Trust Fund to operate and maintain the United States Soldiers' and Airmen's Home and the United States Naval Home. This amount is equal to the budget request.

### CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

#### DOMESTIC VOLUNTEER SERVICE PROGRAMS

| | |
|---|---|
| Appropriations, 2001 | $303,850,000 |
| Budget estimate, 2002 | 316,850,000 |
| Committee recommendation | 321,276,000 |

The Committee recommends an appropriation of $321,276,000 for the domestic volunteer service programs of the Corporation for National and Community Service. The Committee recommendation is $17,426,000 above the fiscal year 2001 comparable level, and $4,426,000 more than the budget request.

The Committee applauds the Corporation and its programs—AmeriCorps, VISTA, and the National Senior Volunteer Corps—for their exemplary work in support of the relief efforts following the terrorist attacks on New York City and the Pentagon. AmeriCorps members, VISTA volunteers and National Senior Service Corps volunteers helped coordinate blood drives, collected food and clothing for victims' families, and provided valuable support to the American Red Cross in this time of need.

The Committee recognizes that coordination of National Senior Volunteer Corps activities with other senior initiatives is critical to avoid duplication and maximize the potential of scarce Federal, State, local, and private resources to serve our Nation's elderly population. The Committee directs the Assistant Secretary of the Administration on Aging and the Chief Executive Officer of the Corporation for National Service to coordinate activities under the National Family Caregiver Support program of the Older Americans Act in a way that maximizes the ability of local communities to meet the burgeoning need for home and community-based care for seniors and respite care for caregivers. The Senior Companion Program authorized under the Domestic Volunteer Service Act, specifically, has been providing in-home services to homebound seniors, respite services to their families, and more for three decades. And volunteers under the Retired and Senior Volunteer Program provide hundreds of thousands of hours annually to homebound seniors and their families. The Committee notes that coordination be-

tween area agencies on aging and these grantees, particularly those sponsored by groups other than senior organizations, can serve to strengthen the infrastructure of support available in communities throughout the country and in doing so, provide seniors and their families greater access to much-needed services.

The Corporation for National Service has a network of State offices that provide accountability, oversight, and technical assistance for National Senior Volunteer Corps and the VISTA programs. The Committee commends the work of the State offices for providing the support structure for thousands of volunteers nationwide. The Corporation also supports governor-appointed State commissions on national and community service that administer the AmeriCorps program. These state commissions provide direction that allows AmeriCorps to respond efficiently to local needs and priorities. The Committee requests a report by March 31, 2002 on the division of responsibilities between the CNS State offices and the State commissions and how these two entities are functioning in the States. The report should include an examination of the unique ways both the State offices and State commissions can best serve communities in the future.

*VISTA*

The Committee bill provides $86,500,000 for the Volunteers in Service to America (VISTA) Program, $3,426,000 above the fiscal year 2001 level and $4,426,000 above the budget request.

VISTA is a 36-year-old program which provides capacity building for small community-based organizations. VISTA volunteers raise resources for local projects, recruit and organize volunteers, and establish and expand local community-based programs in housing, employment, health, and economic development activities.

*National Senior Volunteer Corps*

The Committee bill provides $202,547,000 for the National Senior Volunteer Corps programs, $14,000,000 above the fiscal year 2001 level and equal to the budget request.

The Committee has included $400,000 for senior demonstration programs. The Committee has provided these resources solely for the purpose of continuing grants for existing demonstration activities and its recommendation does not include resources for any new grants or activities.

The Committee recognizes the valuable contributions of seniors participating in the Foster Grandparent (FGP), Retired and Senior Volunteer (RSVP) and Senior Companion Programs (SCP). In accordance with the Domestic Volunteer Service Act (DVSA), the Committee intends that at least one-third of each program's increase over the fiscal year 2001 level shall be used to fund Program of National Significance (PNS) expansion grants to allow existing FGP, RSVP and SCP programs to expand the number of volunteers serving in areas of critical need as identified by Congress in the DVSA. Within the appropriation, sufficient funding has been included to provide adequate resources for administrative cost increases realized by all current grantees in each DVSA program. Remaining funds should be used to begin new FGP, RSVP and SCP programs in geographic areas currently underserved. The Com-

mittee expects these projects to be awarded via a nationwide competition among potential community-based sponsors.

*Foster Grandparent Program*

The Committee recommends $102,868,000 for the Foster Grandparent Program, $4,000,000 above the fiscal year 2001 appropriations level and equal to the budget request.

This program provides volunteer opportunities to seniors age 60 and over who serve at-risk youth. This program involves seniors in their communities and provides a host of services to children.

*Senior Companion Program*

For the Senior Companion Program, the Committee bill includes $44,395,000, an increase of $4,000,000 over the fiscal year 2001 appropriations level and equal to the budget request.

This program enables senior citizens to provide personal assistance and companionship to adults with physical, mental, or emotional difficulties. Senior companions provide vital in-home services to elderly Americans who would otherwise have to enter nursing homes. The volunteers also provide respite care to relieve care givers.

The Committee recognizes the work of the Civic Venture's Experience Corps in developing a model program that mobilizes the time, talent, and experience of older adults in service to the younger generation. The Committee encourages the Corporation to give full and fair consideration to this project, in particular its activities in Indianapolis, Indiana.

*Retired and Senior Volunteer Program*

The Committee bill provides $54,884,000 for the Retired and Senior Volunteer Program (RSVP), $6,000,000 above the fiscal year 2001 level and equal to the budget request.

This program involves persons age 55 and over in volunteer opportunities in their communities.

The Committee recognizes the work of the Nevada Rural Counties RSVP Home Companion Program in assisting seniors in rural areas remain in their homes.

*Program support*

The Committee bill includes $32,229,000 for program support, equal to the fiscal year 2001 appropriation and the budget request.

## CORPORATION FOR PUBLIC BROADCASTING

| | |
|---|---|
| Appropriations, 2000 | $350,000,000 |
| Appropriations, 2001 | 365,000,000 |
| Budget estimate, 2002 | ..... |
| Committee recommendation | 395,000,000 |

The Committee recommends an appropriation of $395,000,000 for the Corporation for Public Broadcasting (CPB), an advance appropriation for fiscal year 2004. This amount is $30,000,000 more than the fiscal year 2003 appropriation and $395,000,000 more than the budget request.

In addition, the Committee recommends $25,000,000 for the conversion to digital broadcasting. The recommendation is $5,000,000 above the administration request for fiscal year 2002 and 2001.

The Committee encourages CPB to explore new methodologies for distribution of Federal matching dollars which take into account measures such as per capita support and other factors that would serve to level the playing field between urban and rural stations in the distribution of matching funds.

## FEDERAL MEDIATION AND CONCILIATION SERVICE

| | |
|---|---|
| Appropriations, 2001 | $38,200,000 |
| Budget estimate, 2002 | 39,482,000 |
| Committee recommendation | 40,482,000 |

The Committee recommends an appropriation of $40,482,000 for the Federal Mediation and Conciliation Service (FMCS), $2,282,000 above the fiscal year 2001 appropriation and $1,000,000 more than the budget request.

The Committee commends FMCS for their work to prevent youth violence by teaching students mediation and conflict resolution techniques. Additional funds have been included to continue and expand this important work.

The FMCS was established by Congress in 1947 to provide mediation, conciliation, and arbitration services to labor and management. FMCS is authorized to provide dispute resolution consultation and training to all Federal agencies.

## FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

| | |
|---|---|
| Appropriations, 2001 | $6,320,000 |
| Budget estimate, 2002 | 6,939,000 |
| Committee recommendation | 6,939,000 |

The Committee recommends an appropriation of $6,939,000 for the Federal Mine Safety and Health Review Commission, an increase of $619,000 over the fiscal year 2001 appropriation and the same as the budget request.

The Federal Mine Safety and Health Review Commission provides administrative trial and appellate review of legal disputes under the Federal Mine Safety and Health Act of 1977. The five-member Commission provides administrative appellate review of the Commission's administrative law judge decisions.

## NATIONAL FOUNDATION ON THE ARTS AND THE HUMANITIES

### INSTITUTE OF MUSEUM AND LIBRARY SERVICE

### OFFICE OF LIBRARY SERVICES: GRANTS AND ADMINISTRATION

| | |
|---|---|
| Appropriations, 2001 | $207,469,000 |
| Budget estimate, 2002 | 168,078,000 |
| Committee recommendation | 168,078,000 |

The Committee recommends an appropriation of $168,078,000 for the Office of Library Services: Grants and Administration. This is $39,391,000 less than the 2001 level and equal to the administration request.

*Office of Library Services State Grants*

The Committee recommends $151,955,000 for State grants. Funds are provided to States by formula to carry out 5-year State plans. These plans must set goals and priorities for the State consistent with the purpose of the act, describe activities to meet the goals and priorities and describe the methods by which progress toward the goals and priorities and the success of activities will be evaluated. States may apportion their funds between two activities, technology and targeted services. For technology, States may use funds for electronic linkages among libraries, linkages to educational, social and information services, accessing information through electronic networks, or link different types of libraries or share resources among libraries. For targeted services, States may direct library and information services to persons having difficulty using a library, underserved urban and rural communities, and children from low income families. Within the total recommended, $2,941,000 has been provided for library services to Native Americans and Native Hawaiians.

*National leadership projects*

The Committee recommends $11,081,000 for national leadership projects. These funds support activities of national significance to enhance the quality of library services nationwide and to provide coordination between libraries and museums. Activities are carried out through grants and contracts awarded on a competitive basis to libraries, agencies, institutions of higher education and museums. Priority is given to projects that focus on education and training of library personnel, research and development for the improvement of libraries, preservation, digitization of library materials, partnerships between libraries and museums and other activities that enhance the quality of library services nationwide.

The following programs under this account have been brought to the Committee's attention. The Committee believes that each will support improvements to the quality of services provided to communities, consistent with the priorities of the Institute. The Committee encourages the Department to give each of the following projects full and fair consideration:

—A.E. Seaman Mineral Museum in Houghton, Michigan;
—Academy of Natural Sciences in Philadelphia to preserve natural science specimens and provide natural science educational programs;
—Alaska Humanities Forum for the "Alaska 20/20" project to develop a long range vision and goals for Alaska's future;
—Alaska Moving Image Preservation Association to inventory, assess, and preserve historic Alaska audio visual collections;
—Adler Center for Space Science Education and CyberSpace Learning Center in Chicago for the development of educational programs;
—American Helicopter Museum Education Center located in Westchester, Pennsylvania;
—Audubon Aquarium of the Americas traveling wetlands exhibit;
—Bishop Museum and the Alaska Native Heritage Center for the "New Trade Winds" project to establish an educational and cul-

tural demonstration project to help youth strengthen their appreciation and knowledge of regional heritage;
—Boston Museum of Science for the new National Center for Informational Technology Education;
—Children's Museum in Brownsville, Texas, for renovations of exhibits and facilities;
—City of Los Angeles Gene Autry Museum's Multicultural Heritage Camp Immersion Program and Feria de California to offer courses to high school seniors;
—City of Twentynine Palms in California to complete murals and provide public outreach;
—Dallas Children's Theater to provide additional services to at-risk children in the Dallas area;
—Delaware Valley Historic Aircraft Association to develop educational programs related to the historic military aircraft presently on display at the Naval Air Station at Willow Grove;
—Discovery Square in Pennsylvania to develop science and technology exhibits in its new cultural complex;
—Exploris in Raleigh, North Carolina to develop and evaluate on-site learning environments, on-line programming, curriculum and instruction materials, and faculty training and development programs;
—Fine Arts Museums of San Francisco for educational programming and technology improvements at the de Young Memorial Museum;
—Franklin Pierce College in Rindge, New Hampshire for the Life Center library project;
—Herreshoff Marine Museum/America's Cup Museum in Bristol, Rhode Island to enhance educational staff, facilities and resources;
—Heritage Harbor Museum in Providence, Rhode Island for operations support to facilitate exhibit space preparation;
—Houston Public Library for the "Cybraries" program to improve public access to online information and computer training;
—Independence Seaport Museum to develop educational materials for K–12 students to learn about the OLYMPIA ship, which is being preserved for Penn's Landing in Philadelphia;
—Koahnic Broadcasting Corporation and the Alaska Humanities Forum to record histories of Native elders and pioneers in communities throughout Alaska, so that these resources are not lost to future generations of Alaskans and scholars;
—Lake Champlain Science Center in Burlington, Vermont for the establishment of displays and collections;
—Long Island Children's Museum for the development of exhibits to be placed in their newly renovated airplane hangar;
—Mandan-on-a-Slant Museum in North Dakota to replace exhibits and interpretive research;
—Monmouth University's Guggenheim Library in New Jersey to provide computer equipment, updated wiring for computer labs throughout the buildings and library-specific software;
—Montshire Museum in Norwich, Vermont to help meet its added responsibilities as the education center for the Silvio Conte National Wildlife Refuge;

—Mystic Seaport Museum Onboard and Online program to provide distance learners with improved orientation and content pathways;
—National Accounting Library of the University of Mississippi at Oxford to digitize the library of the American Institute of Certified Public Accountants;
—National Aviary in Pittsburgh to develop the "Conservation Education Technology Integration Project," which will provide increased internet access to environmental education programs;
—National Liberty Museum of Philadelphia to expand its pilot program of after-school workshops to reinforce themes of responsible citizenship, reducing violence in schools, and promoting racial and religious harmony;
—National Museum of Women in the Arts in Washington, D.C. for exhibit, education and project expansions;
—North Carolina Museum of Art for cultural and educational programming;
—North Dakota State Historical Society and the Confluence Visitor Center in Williston, North Dakota for Lewis and Clark exhibits;
—Oregon Museum of Science and Industry to upgrade and expand its network and video conferencing to develop interactive demonstrations;
—Paso del Norte Immigration Museum at the University of Texas, El Paso to highlight the history and importance of immigration, particularly in the American Southwest;
—Pittsburgh Children's Museum to develop educational exhibits and programs for area K–12 schools;
—Please Touch Museum in Philadelphia to develop hands-on learning exhibits to engage children in problem solving activities that promote the development of cognitive, communication and social skills;
—Princeton Public Library for technology enhancements;
—Rosa and Raymond Parks Institute for Self Development to continue and expand its Pathways to Freedom program;
—Salem Daycare Center to enhance their Literacy & Bookmobile project;
—ScienceSouth to develop a math, science and technology center for South Carolina's Pee Dee region;
—Shakespeare Theatre in Massachusetts;
—Shasta County Library for technology enhancements;
—Towamencin Township's Kooker Mill Reserve Discover and Learn Center to restore a reserve which provided shelter to George Washington after the battle of Germantown;
—University of Oregon Museum of Natural History Conservation Project to survey environmental conditions in exhibition and storage spaces as well as determine conservation problems specific to particular artifacts;
—University of Idaho to continue to develop an archival library and research program in the fine arts including cataloguing, displaying, and digitally accessing materials;
—Vermont Historical Society in Montpelier, Vermont to expand displays, exhibits and programming;

—Wayne Arts Center to develop programs in partnership with three area K–12 public schools to provide a community resource for teachers and specialized workshops for students;
—Webster University in St. Louis, Missouri to create a centralized and technologically advanced Global Access Library;
—Weis Earth Science Museum on the campus of the University of Wisconsin-Fox Valley in Menasha, Wisconsin.

*Administration*

The Committee recommends $5,042,000 for program administration, the same as the budget request. Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services.

## MEDICARE PAYMENT ADVISORY COMMISSION

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|---|---|
| Appropriations, 2001 | $8,000,000 |
| Budget estimate, 2002 | 8,000,000 |
| Committee recommendation | 8,500,000 |

The Committee recommends an appropriation of $8,500,000 for the Medicare Payment Advisory Commission, $500,000 more than the fiscal year 2001 appropriation and the budget request.

The Medicare Payment Advisory Commission (MedPAC) was established by Congress as part of the Balanced Budget Act of 1997 (Public Law 105–33). Congress merged the Physician Payment Review Commission with the Prospective Payment Assessment Commission to create MedPAC.

The Committee is concerned by the great disparity in Medicare per beneficiary reimbursement rates among States. States receiving lower per beneficiary rates suffer a myriad of problems, including rural providers that are unable to meet operating margins, increased workforce shortages, and seniors receiving less services and benefits.

For these reasons, the Committee has included additional funding for MedPAC to prepare a report identifying programatic changes that would, when taken together, ensure that on an annual basis no State receives over 105 percent of the national average of per beneficiary reimbursement, no State receives under 95 percent of the national average of per beneficiary reimbursement and the range for Geographical Payment Classification Indices (GPCI) is restricted so that no GPCI is greater than 1.05 or less than .95 of the standard index of 1.00. The report should include specific details on both the necessary reimbursement rate and policy changes and the minimum timeline for such changes to be implemented. The changes should assure that beneficiaries are held harmless and that overall reimbursement changes would be budget neutral. The Committee expects to receive this report no later than June 30, 2002.

## NATIONAL COMMISSION ON LIBRARIES AND INFORMATION SCIENCE

| | |
|---|---|
| Appropriations, 2001 | $1,495,000 |
| Budget estimate, 2002 | ..... |
| Committee recommendation | 1,495,000 |

The Committee recommends an appropriation of $1,495,000 for the National Commission on Libraries and Information Science, the same as the fiscal year 2001 appropriation and $1,495,000 more than the budget request.

The Commission determines the need for, and makes recommendations on, library and information services, and advises the President and Congress on the development and implementation of national policy in library and information sciences. The Committee is considerably disturbed over the administration request to terminate this Commission at a time when information science and management continue to spur the economic growth of the Nation. The Committee, therefore, has recommended an appropriation that will allow the Commission to continue to play its important role in the library and information science field.

## NATIONAL COUNCIL ON DISABILITY

| | |
|---|---|
| Appropriations, 2001 | $2,615,000 |
| Budget estimate, 2002 | 2,830,000 |
| Committee recommendation | 2,830,000 |

The Committee recommends an appropriation of $2,830,000 for the National Council on Disability, $215,000 above the fiscal year 2001 appropriation and the same as the budget request.

The Council is mandated to make recommendations to the President, the Congress, the Rehabilitation Services Administration, and the National Institute on Disability and Rehabilitation Research, on the public issues of concern to individuals with disabilities. The Council gathers information on the implementation, effectiveness, and impact of the Americans With Disabilities Act and looks at emerging policy issues as they affect persons with disabilities and their ability to enter or reenter the Nation's work force and to live independently.

## NATIONAL EDUCATION GOALS PANEL

| | |
|---|---|
| Appropriations, 2001 | $1,500,000 |
| Budget estimate, 2002 | 2,000,000 |
| Committee recommendation | 2,000,000 |

The Committee recommends $2,000,000 for the national education goals panel, $500,000 above the 2001 appropriation and the same as the budget request.

Following the 1989 education summit in Charlottesville, the Governors and President Bush agreed on education goals for the Nation and created the National Education Goals Panel as an accountability mechanism to monitor and report on the Nation's progress toward reaching the goals.

## NATIONAL LABOR RELATIONS BOARD

| | |
|---|---|
| Appropriations, 2001 | $216,438,000 |
| Budget estimate, 2002 | 221,438,000 |
| Committee recommendation | 226,438,000 |

The Committee recommends an appropriation of $226,438,000 for the National Labor Relations Board (NLRB), $10,000,000 more than the fiscal year 2001 comparable level and $5,000,000 more than the budget request.

The Committee is pleased to note that the NLRB has made significant progress, reducing the unfair labor practice case backlog by approximately 800 cases in fiscal year 2000. While the bulk of the increased appropriation is intended to cover built in costs, such as the mandatory cost of living adjustments, the Committee has included funds to continue the effort to reduce backlogged cases.

The NLRB is a law enforcement agency which adjudicates disputes under the National Labor Relations Act.

## NATIONAL MEDIATION BOARD

| | |
|---|---|
| Appropriations, 2001 | $10,400,000 |
| Budget estimate, 2002 | 10,635,000 |
| Committee recommendation | 10,635,000 |

The Committee recommends an appropriation of $10,635,000 for the National Mediation Board, $235,000 more than the fiscal year 2001 appropriation and the same as the budget request.

The National Mediation Board protects interstate commerce as it mediates labor-management relations in the railroad and airline industries under the Railway Labor Act. The Board mediates collective bargaining disputes, determines the choice of employee bargaining representatives through elections, and administers arbitration of employee grievances.

## OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

| | |
|---|---|
| Appropriations, 2001 | $8,720,000 |
| Budget estimate, 2002 | 8,964,000 |
| Committee recommendation | 8,964,000 |

The Committee recommends an appropriation of $8,964,000 for the Occupational Safety and Health Review Commission, $244,000 above the fiscal year 2001 appropriation and the same as the budget request.

The Commission serves as a court to justly and expeditiously resolve disputes between the Occupational Safety and Health Administration (OSHA) and employers charged with violations of health and safety standards enforced by OSHA.

## RAILROAD RETIREMENT BOARD

### DUAL BENEFITS PAYMENTS ACCOUNT

| | |
|---|---|
| Appropriations, 2001 | $150,000,000 |
| Budget estimate, 2002 | 146,000,000 |
| Committee recommendation | 146,000,000 |

The Committee has provided a total of $146,000,000 for dual benefits, including $9,000,000 in income tax receipts on dual benefits as authorized by law. The Committee recommendation is $4,000,000 less than the fiscal year 2001 level and the same as the budget request.

This appropriation provides for vested dual benefit payments authorized by the Railroad Retirement Act of 1974, as amended by the Omnibus Reconciliation Act of 1981. This separate account, established for the payment of dual benefits, is funded by general fund appropriations and income tax receipts of vested dual benefits.

FEDERAL PAYMENTS TO THE RAILROAD RETIREMENT ACCOUNT

| | |
|---|---|
| Appropriations, 2001 | $150,000 |
| Budget estimate, 2002 | 150,000 |
| Committee recommendation | 150,000 |

The Committee recommends $150,000 for interest earned on unnegotiated checks. This is the same as the fiscal year 2001 appropriation and budget request.

LIMITATION ON ADMINISTRATION

| | |
|---|---|
| Appropriations, 2001 | $95,000,000 |
| Budget estimate, 2002 | 97,700,000 |
| Committee recommendation | 97,700,000 |

The Committee recommends an appropriation of $97,700,000 for the administration of railroad retirement/survivor benefit programs. This amount is $2,700,000 more than the fiscal year 2001 comparable level, and the same as the budget request.

The Board administers comprehensive retirement-survivor and unemployment-sickness insurance benefit programs for the Nation's railroad workers and their families. This account limits the amount of funds in the railroad retirement and railroad unemployment insurance trust funds which may be used by the Board for administrative expenses.

LIMITATION ON THE OFFICE OF THE INSPECTOR GENERAL

| | |
|---|---|
| Appropriations, 2001 | $5,700,000 |
| Budget estimate, 2002 | 6,480,000 |
| Committee recommendation | 6,480,000 |

The Committee recommends $6,480,000 for the Office of the Inspector General, $780,000 above the 2001 appropriation and the same as the budget request.

The Committee has included bill language to allow the Office of the Inspector General to use funds to conduct audits, investigations, and reviews of the Medicare program. The Committee finds that as long as the RRB has the authority to negotiate and administer the separate Medicare contract, the RRB Inspector General should not be prohibited from using funds to review, audit, or investigate the RRB's separate Medicare contract.

## SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

| | |
|---|---|
| Appropriations, 2001 | $20,400,000 |
| Budget estimate, 2002 | 434,400,000 |
| Committee recommendation | 434,400,000 |

The Committee recommends an appropriation of $434,400,000 for payments to Social Security trust funds, the same as the administration request. This amount reimburses the old age and survivors and disability insurance trust funds for special payments to certain uninsured persons, costs incurred administering pension reform activities, and the value of the interest for benefit checks issued but not negotiated. This appropriation restores the trust funds to the same financial position they would have been in had they not borne these costs, properly charged to the general funds.

The increase includes $414,000,000 for the quinquennial adjustment to reimburse the OASI trust funds for the costs of granting noncontributory wage credits for military service.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

| | |
|---|---|
| Appropriations, 2001 | $365,748,000 |
| Budget estimate, 2002 | 332,840,000 |
| Committee recommendation | 332,840,000 |

The Committee recommends an appropriation of $332,840,000 for special benefits for disabled coal miners. This is in addition to the $114,000,000 appropriated last year as an advance for the first quarter of fiscal year 2002. The recommendation is the same as the administration request. These funds are used to provide monthly benefits to coal miners disabled by black lung disease and to their widows and certain other dependents, as well as to pay related administrative costs.

The Social Security Administration holds primary responsibility for claims filed before July 1973, with the Department of Labor responsible for claims filed after that. By law, increases in black lung benefit payments are tied directly to Federal pay increases. The year-to-year decrease in this account reflects a declining beneficiary population.

The Committee recommends an advance appropriation of $108,000,000 for the first quarter of fiscal year 2003, the same as the administration request. These funds will ensure uninterrupted benefit payments to coal miners, their widows, and dependents.

SUPPLEMENTAL SECURITY INCOME

| | |
|---|---|
| Appropriations, 2001 | $23,344,000,000 |
| Budget estimate, 2002 | 21,576,412,000 |
| Committee recommendation | 21,577,412,000 |

The Committee recommends an appropriation of $21,577,412,000 for supplemental security income. This is in addition to the $10,470,000,000 appropriated last year as an advance for the first quarter of fiscal year 2002 and includes funds for continuing disability reviews. The recommendation is $1,000,000 more than the administration's request and $1,766,588,000 less than the fiscal year 2001 level. The Committee also recommends an advance appropriation of $10,790,000,000 for the first quarter of fiscal year 2003 to ensure uninterrupted benefits payments.

These funds are used to pay benefits under the SSI Program, which was established to ensure a Federal minimum monthly benefit for aged, blind, and disabled individuals, enabling them to meet basic needs. It is estimated that approximately 6.4 million persons will receive SSI benefits each month during fiscal year 2002. In many cases, SSI benefits supplement income from other sources, including Social Security benefits. The funds are also used to reimburse the Social Security trust funds for the administrative costs for the program with a final settlement by the end of the subsequent fiscal year as required by law, to reimburse vocational rehabilitation agencies for costs incurred in successfully rehabilitating SSI recipients and for research and demonstration projects.

*Beneficiary services*

The Committee recommendation includes $37,412,000 for beneficiary services, which is the same as the administration request and $33,588,000 less than the fiscal year 2001 level. This appropriation added to carryover funding of approximately $38,000,000 will bring the fiscal year 2002 program funding level to approximately $75,000,000. This amount is available for reimbursement of State vocational rehabilitation agencies and alternate public or private providers. In 1994 SSA published a regulation permitting direct reimbursement of alternate public and private providers to provide vocational rehabilitation services. Vocational rehabilitation services are now more readily available to a larger number of people with disabilities, since the regulation allows SSA to use an alternate public or private sector provider, if a State vocational rehabilitation agency has not accepted an SSA-referred person for services or extended evaluation.

*Research and demonstration projects*

The Committee recommendation includes $37,000,000 for research and demonstration projects conducted under sections 1110 and 1115 of the Social Security Act. This is $7,000,000 more than the fiscal year 2001 level and the administration request.

This amount will support SSA's efforts to strengthen its policy evaluation capability and focus on research of: program solvency issues, the impact of demographic changes on future workloads and effective return-to-work strategies for disabled beneficiaries.

The Committee has added $7,000,000 to the Administration's request in order to enable SSA to implement Section 1144 of the Social Security Act. This section requires the Commissioner of Social Security to conduct outreach efforts to identify individuals who may be eligible for payment of the cost of medicare cost-sharing under the medicaid program. This outreach, including notices to individuals and States of an individual's potential eligibility, will be evaluated by the General Accounting Office. The Committee looks forward to the GAO report regarding SSA's efforts in this area as well as the report's recommendations for further action.

The Committee understands that some patients with Lyme disease and other tick-borne disorders have encountered some difficulty when applying for assistance through SSA offices, due to SSA employees' unfamiliarity with these illnesses. SSA is encouraged to work on developing educational materials for SSA employees to facilitate a better understanding of the potential debilitating effects of these disorders. The Committee suggests that SSA collaborate with clinicians who have expertise on the multi-system chronic effects of Lyme, as well as patient and voluntary communities, to accomplish this goal.

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, to ensure SSA employees are properly informed about CFS and the functional limitations it imposes. Finally, the Committee encourages SSA to continue its investigation of obstacles to benefits for persons with CFIDS, to assess the impact of the new ruling on CFS patients' access to bene-

fits, and to keep medical information updated throughout all levels of the application and review process.

*Administration*

The Committee recommendation includes $2,627,000,000 for payment to the Social Security trust funds for the SSI Program's share of SSA's base administrative expenses. This is $278,000,000 above the fiscal year 2001 level and equal to the administration request.

*Continuing Disability Reviews*

The recommendation includes $200,000,000 for payments to the Social Security trust fund to process continuing reviews and redeterminations of the disability and nondisability eligibility factors of entitlement for individuals receiving supplemental security income on the basis of their disability.

LIMITATION ON ADMINISTRATIVE EXPENSES

| | |
|---|---|
| Appropriations, 2001 | $7,124,000,000 |
| Budget estimate, 2002 | 7,574,000,000 |
| Committee recommendation | 7,568,000,000 |

The Committee recommends a program funding level of $7,568,000,000 for the limitation on administrative expenses, which is equal to the administration request and $444,000,000 higher than the fiscal year 2001 level.

This account provides resources from the Social Security trust funds to administer the Social Security retirement and survivors and disability insurance programs, and certain Social Security health insurance functions. As authorized by law, it also provides resources from the trust funds for certain nontrust fund administrative costs, which are reimbursed from the general funds. These include administration of the supplemental security income program for the aged, blind and disabled; work associated with the Pension Reform Act of 1984; and the portion of the annual wage reporting work done by the Social Security Administration for the benefit of the Internal Revenue Service. The dollars provided also support automated data processing activities and fund the State disability determination services which make initial and continuing disability determinations on behalf of the Social Security Administration. Additionally, the limitation provides funding for computer support, and other administrative costs.

The limitation includes $7,035,000,000 for routine operating expenses of the agency, which is equal to the amount requested by the President and $452,000,000 over the 2001 comparable amount. These funds, as well as those derived from an increase in the user fees which are discussed below, cover the mandatory costs of maintaining equipment and facilities, as well as staffing.

The Committee has provided $433,000,000 to process continuing reviews and redeterminations of the disability and nondisability eligibility factors of entitlement for individuals receiving benefits on the basis of their disability.

The Committee commends the efforts of the Social Security Administration in establishing and publicizing special emergency handling procedures for claims resulting from the terrorist attacks at the World Trade Center, the Pentagon, and Pennsylvania, particu-

larly in light of the obstacles faced in the New York region. The Committee thanks the employees of the Social Security Administration for their extraordinary efforts in response to this crisis.

Given the limited resources, the Committee encourages the Agency to consider the service delivery preferences of its customers when making resource allocation decisions regarding customer points of contact (field offices, teleservice centers, internet-based services). The agency, as part of the congressional justification for its fiscal year 2003 budget request, should include information about the service delivery preferences of current and future customers and a plan for allocating resources to best meet their needs.

The Committee is concerned that barriers exist preventing eligible homeless persons from applying for and receiving SSDI and SSI benefits. The Agency is to be commended for their past participation in the Interagency Council on the Homeless (ICH). The mission of the Council is vital to ending homelessness by coordinating Federal resources, reducing duplications of service and recommending improvements in Federal programs. The Committee strongly encourages the Agency to continue and expand its participation in the Council, preparing an Agency-wide plan for providing services to the homeless. This plan should include an overview of ways for the Agency to work with non-profit and community based organizations to assist homeless persons in applying for and receiving much needed benefits. The Agency should comment in its fiscal year 2003 budget request on the status of this plan and on any efforts undertaken to assist homeless people.

The Committee is monitoring the implementation of the Return to Work Program created by the TWWIIA Act. The Committee encourages the Social Security Administration to fund the components of the program at the authorized level in fiscal year 2002. These components include the Protection and Advocacy System for Beneficiaries of Social Security (PABSS) and the Benefits Planning, Assistance and Outreach Program (BPAO).

*Social Security Advisory Board*

The Committee has included $1,800,000 within the limitation on administrative expenses account for the Social Security Advisory Board for fiscal year 2002, the same level as the administration request and the same as the fiscal year 2001 level.

*User fees*

In addition to other amounts provided, the Committee recommends $100,000,000 for administrative activities funded from user fees that were authorized in fiscal year 1998. This is $6,000,000 less than the administration's request and an increase of $9,000,000 over the fiscal year 2001 level.

OFFICE OF THE INSPECTOR GENERAL

| | |
|---|---|
| Appropriations, 2001 | $69,444,000 |
| Budget estimate, 2002 | 75,000,000 |
| Committee recommendation | 75,000,000 |

The Committee recommends $75,000,000 for activities for the Office of the Inspector General, $5,556,000 more than fiscal year 2001 and equal to the administration request. This includes a general

fund appropriation of $19,000,000 together with an obligation limitation of $56,000,000 from the Federal old-age and survivors insurance trust fund and the Federal disability insurance trust fund.

The Committee continues to be very concerned with the many challenges to protecting the privacy of individuals' Social Security Numbers (SSNs). The number of complaints of identity theft and other abuses due to the inappropriate sale or misuse use of SSNs has risen dramatically. The Committee commends the Office of Inspector General for their work on the inappropriate sale and misuse of SSNs and has included additional funds above the fiscal year 2001 appropriation to allow an expansion of these important consumer protection efforts and to appropriately respond to the rapidly rising number of complaints.

## U.S. Institute of Peace

| | |
|---|---|
| Appropriations, 2001 | $15,000,000 |
| Budget estimate, 2002 | 15,207,000 |
| Committee recommendation | 15,207,000 |

The Committee recommends an appropriation of $15,207,000 for the U.S. Institute of Peace, $207,000 more than the fiscal year 2001 appropriation and equal to the budget request.

The Institute was established by the U.S. Institute of Peace Act (Public Law 98–525) in 1984. The Institute is an independent, nonprofit, national organization whose primary mission is to promote, through scholarship and education, international peace, and the resolution of conflicts without recourse to violence.

The setting of Federal budget priorities is an issue of critical relevance to the international community, U.S. foreign policy and the field of international conflict resolution. Inadequate Federal funds have historically undermined efforts to strengthen the Nation's capacity to promote the peaceful resolution of international conflict. The Committee directs the Institute to support research, through the Jennings Randolph Program for International Peace on setting and implementing Federal budget priorities.

## TITLE V—GENERAL PROVISIONS

The Committee recommendation retains provisions which: authorize transfers of unexpended balances (sec. 501); limit funding to 1 year availability unless otherwise specified (sec. 502); limit lobbying and related activities (sec. 503); limit official representation expenses (sec. 504); prohibit funding of any program to carry out distribution of sterile needles for the hypodermic injection of any illegal drug unless the Secretary of HHS determines such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs (sec. 505); state the sense of Congress about purchase of American-made equipment and products (sec. 506); clarify Federal funding as a component of State and local grant funds (sec. 507); and limit use of funds for abortion (sec. 508 and sec. 509).

The Committee recommendation includes language on human embryo research (sec. 510).

The Committee recommendation retains the limitation on use of funds for promotion of legalization of controlled substances included last year (sec. 511).

The Committee recommendation retains the bill language limitation on use of funds to enter into or review contracts with entities subject to the requirement in section 4212(d) of title 38, United States Code, if the report required by that section has not been submitted (sec. 512).

The Committee bill includes language regarding the individual health identifier (sec. 513).

The Committee recommendation includes a provision relating to grant notification procedures (sec. 514).

## TITLE VI—MARK-TO-MARKET EXTENSION ACT OF 2001

This title includes the text to H.R. 2589, the "Mark-to-Market Extension Act of 2001" which has been passed by the House and reflects the agreement of the Senate Committee on Banking, Housing, and Urban Affairs. This legislation, among other things, would extend HUD's authority to restructure the oversubsidized mortgages of multifamily housing with expiring section 8 contracts to ensure that the assisted rents are consistent with the rents of comparable private units in a marketplace.

BUDGETARY IMPACT OF BILL

PREPARED IN CONSULTATION WITH THE CONGRESSIONAL BUDGET OFFICE PURSUANT TO SEC. 308(a), PUBLIC LAW 93–344, AS AMENDED

[In millions of dollars]

| | Budget authority | | Outlays | |
|---|---|---|---|---|
| | Committee allocation | Amount of bill | Committee allocation | Amount of bill |
| Comparison of amounts in the bill with Committee allocations to its subcommittees of amounts in the First Concurrent Resolution for 2002: Subcommittee on Labor, Health and Human Services, Education, and Related Agencies: | | | | |
| General purpose, non-defense | 123,071 | 123,071 | NA | NA |
| General purpose | NA | NA | 107,716 | [1] 107,716 |
| Mandatory | 272,937 | 272,937 | 272,968 | 272,968 |
| Projections of outlays associated with the recommendation: | | | | |
| 2002 | | | | [2] 258,082 |
| 2003 | | | | 86,032 |
| 2004 | | | | 18,269 |
| 2005 | | | | 5,057 |
| 2006 and future years | | | | 1,017 |
| Financial assistance to State and local governments for 2002 | NA | 164,180 | NA | 132,426 |

[1] Includes outlays from prior-year budget authority.
[2] Excludes outlays from prior-year budget authority.

NA: Not applicable.

Note.—Consistent with the funding recommended in the bill for continuing disability reviews and adoption assistance, and in accordance with section 314 of the Congressional Budget Act of 1974, the Committee anticipates that the Budget Committee will file a revised section 302(a) allocation for the Committee on Appropriations reflecting an upward adjustment of $453,000,000 in budget authority and $384,000,000 in outlays.

## COMPLIANCE WITH PARAGRAPH 7, RULE XVI, OF THE STANDING RULES OF THE SENATE

Paragraph 7 of rule XVI requires that Committee report on general appropriations bills identify each Committee amendment to the House bill "which proposes an item of appropriation which is not made to carry out the provisions of an existing law, a treaty stipulation, or an act or resolution previously passed by the Senate during that session."

The following items are identified pursuant to this requirement:

Trade adjustment assistance, $349,500,000;
National Skills Standards Board, $3,500,000;
Work Opportunity Tax Credits, $22,000,000;
Family Planning, $260,000,000;

Preventive Health and Health Services Block Grant, $139,030,000;
Sexually transmitted diseases, $166,200,000;
Community health centers, $1,343,723,000;
National Health Service Corps, $154,427,000;
Denali Commission, $20,000,000;
Health care facilities, $10,000,000;
Rural health and telehealth programs, $103,527,000;
School renovation grants, $925,000,000;
Adolescent Family Life, $30,000,000;
Nursing Loan Payment, $15,000,000;
Organ Transplantation, $19,992,000;
Abandoned infants assistance, $12,205,000;
Adoptions opportunities, $27,405,000;
Child Abuse Prevention and Treatment Act programs, $88,577,000;
Promoting safe and stable families, $305,000,000;
National Education Goals Panel, $2,000,000;
National Commission on Libraries and Information Science, $1,495,000.

## COMPLIANCE WITH PARAGRAPH 7(C), RULE XXVI OF THE STANDING RULES OF THE SENATE

Pursuant to paragraph 7(c) of rule XXVI, the Committee ordered reported, S. 1536, an original Departments of Labor, Health and Human Services, and Education, and related agencies appropriations bill, 2002, subject to amendment and subject to its budget allocations, by a recorded vote of 29–0, a quorum being present. The vote was as follows:

| Yeas | Nays |
|---|---|
| Chairman Byrd | |
| Mr. Inouye | |
| Mr. Hollings | |
| Mr. Leahy | |
| Mr. Harkin | |
| Ms. Mikulski | |
| Mr. Reid | |
| Mr. Kohl | |
| Mrs. Murray | |
| Mr. Dorgan | |
| Mrs. Feinstein | |
| Mr. Durbin | |
| Mr. Johnson | |
| Ms. Landrieu | |
| Mr. Reed | |
| Mr. Stevens | |
| Mr. Cochran | |
| Mr. Specter | |
| Mr. Domenici | |
| Mr. Bond | |
| Mr. McConnell | |
| Mr. Burns | |
| Mr. Shelby | |

Mr. Gregg
Mr. Bennett
Mr. Campbell
Mr. Craig
Mrs. Hutchison
Mr. DeWine

## COMPLIANCE WITH PARAGRAPH 12, RULE XXVI OF THE STANDING RULES OF THE SENATE

Paragraph 12 of rule XXVI requires that Committee reports on a bill or a joint resolution repealing or amending any statute include "(a) the text of the statute or part thereof which is proposed to be repealed; and (b) a comparative print of that part of the bill or joint resolution making the amendment and of the statute or part thereof proposed to be amended, showing by stricken through type and italics, parallel columns, or other appropriate typographical devices the omissions and insertions which would be made by the bill or joint resolution if enacted in the form recommended by the committee."

In compliance with this rule, the following changes in existing law proposed to be made by the bill are shown as follows: existing law to be omitted is enclosed in black brackets; new matter is printed in italic; and existing law in which no change is proposed is shown in roman.

## TITLE 8—ALIENS AND NATIONALITY

* * * * * * *

## CHAPTER 12—IMMIGRATION AND NATIONALITY

* * * * * * *

### SUBCHAPTER II—IMMIGRATION

### PART I—SELECTION SYSTEM

* * * * * * *

### § 1157. Annual admission of refugees and admission of emergency situation refugees

* * * * * * *

ESTABLISHING CATEGORIES OF ALIENS FOR PURPOSES OF REFUGEE DETERMINATIONS

* * * * * * *

"(a) * * *

* * * * * * *

"(b) ESTABLISHMENT OF CATEGORIES.—

"(1) * * *

"(3) Within the number of admissions of refugees allocated for for [sic] each of fiscal years [1997, 1998, 1999, 2000, and 2001] *1997, 1998, 1999, 2000, 2001, and 2002* for refugees who are nationals of the Soviet Union under section 207(a)(3) of the Immigration and Nationality Act [8 U.S.C. 1157(a)(3)] and

within the number of such admissions allocated for each of fiscal years 1993, 1994, 1995, and 1996 for refugees who are nationals of the independent states of the former Soviet Union, Estonia, Latvia, and Lithuania under such section, notwithstanding any other provision of law, the President shall allocate one thousand of such admissions for such fiscal year to refugees who are within the category of aliens described in paragraph (2)(B).

* * * * * * *

"(e) PERIOD OF APPLICATION.—

"(1) Subsections (a) and (b) shall take effect on the date of the enactment of this Act [Nov. 21, 1989] and shall only apply to applications for refugee status submitted before [October 1, 2001] *October 1, 2002*.

"(2) Subsection (c) shall apply to decisions made after the date of the enactment of this Act and before [October 1, 2001] *October 1, 2002*.

"(3) Subsection (d) shall take effect on the date of the enactment of this Act and shall only apply to reapplications for refugee status submitted before [October 1, 2001] *October 1, 2002*."

* * * * * * *

PART V—ADJUSTMENT AND CHANGE OF STATUS

* * * * * * *

**§ 1255. Adjustment of status of nonimmigrant to that of person admitted for permanent residence**

* * * * * * *

ADJUSTMENT OF STATUS FOR CERTAIN SOVIET AND INDOCHINESE PAROLEES

Pub. L. 101–167, title V, Sec. 599E, Nov. 21, 1989, 103 Stat. 1263, as amended by Pub. L. 101–513, title V, Sec. 598(b), Nov. 5, 1990, 104 Stat. 2063; Pub. L. 101–649, title VI, Sec. 603(a)(22), Nov. 29, 1990, 104 Stat. 5084; Pub. L. 102–232, title III, Sec. 307(l)(9), Dec. 12, 1991, 105 Stat. 1757; Pub. L. 102–391, title V, Sec. 582(a)(2), (b)(2), Oct. 6, 1992, 106 Stat. 1686; Pub. L. 102–511, title IX, Sec. 905(b)(2), Oct. 24, 1992, 106 Stat. 3356; Pub. L. 103–236, title V, Sec. 512(2), Apr. 30, 1994, 108 Stat. 466; Pub. L. 103–416, title II, Sec. 219(bb), Oct. 25, 1994, 108 Stat. 4319; Pub. L. 104–208, div. A, title I, § 101(c) [title V, Sec. 575(2)], Sept. 30, 1996, 110 Stat. 3009–121, 3009–168; Pub. L. 104–319, title I, Sec. 101(2), Oct. 19, 1996, 110 Stat. 3865; Pub. L. 105–118, title V, Sec. 574(2), Nov. 26, 1997, 111 Stat. 2432; Pub. L. 105–277, div. A, Sec. 101(f) [title VII, § 705(2)], Oct. 21, 1998, 112 Stat. 2681–337, 2681–389; Pub. L. 106–113, div. B, Sec. 1000(a)(4) [title II, Sec. 214(2)], Nov. 29, 1999, 113 Stat. 1535, 1501A–240, provided that:

"(a) IN GENERAL.—The Attorney General shall adjust the status of an alien described in subsection (b) to that of an alien lawfully admitted for permanent residence if the alien—

* * * * * * *

"(b) *Aliens Eligible for Adjustment of Status*.—The benefits provided in subsection (a) shall only apply to an alien who—

"(1) was a national of an independent state of the former Soviet Union, Estonia, Latvia, Lithuania, Vietnam, Laos, or Cambodia, and

"(2) was inspected and granted parole into the United States during the period beginning on August 15, 1988, and ending on [September 30, 2001] *September 30, 2002*, after being denied refugee status.

* * * * * * *

## TITLE 42—THE PUBLIC HEALTH AND WELFARE

* * * * * * *

## CHAPTER 69—COMMUNITY DEVELOPMENT

* * * * * * *

### § 5305. Activities eligible for assistance

#### (a) Enumeration of eligible activities

Activities assisted under this chapter 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 chapter, 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 than 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 chapter 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 chapter 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 chapter (including program income) in each of fiscal years 1993 [through 2001] *through 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 chapter (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;

* * * * * * *

## UNITED STATES HOUSING ACT OF 1937

* * * * * * *

# TITLE I—GENERAL PROGRAM OF ASSISTED HOUSING

* * * * * * *

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, 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.

* * * * * * *

## NATIONAL HOUSING ACT

* * * * * * *

MISCELLANEOUS HOUSING INSURANCE

SEC. 223. (a) * * *

(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)] *except that (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 payment 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*

* * * * * * *

## HOUSING AND COMMUNITY DEVELOPMENT ACT OF 1974

* * * * * * *

### TITLE I—COMMUNITY DEVELOPMENT

FINDINGS AND PURPOSE

* * * * * * *

(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 1999 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;

* * * * * * *

## MULTIFAMILY ASSISTED HOUSING REFORM AND ACCOUNTABILITY ACT OF 1997

* * * * * * *

### TITLE V—HUD MULTIFAMILY HOUSING REFORM

* * * * * * *

SUBTITLE A—FHA-INSURED MULTIFAMILY HOUSING MORTGAGE AND HOUSING ASSISTANCE RESTRUCTURING

* * * * * * *

**SEC. 511. FINDINGS AND PURPOSES.**

(a) * * *

(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] *this 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) * * *

(A) * * *

* * * * * * *

(C) financed by a mortgage insured or held by the Secretary under the National Housing Act.

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.*

* * * * * * *

(18) * * *

(A) * * *

* * * * * * *

(C) is not in default under any Government National Mortgage Association obligation.

*"(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) * * *

(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] *this title*.

(b) * * *

(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] *this title*.

* * * * * * *

**SEC. 514. MORTGAGE RESTRUCTURING AND RENTAL ASSISTANCE SUFFICIENCY PLAN.**

(a) * * *

* * * * * * *

(f) * * *

* * * * * * *

(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—

* * * * * * *

(h) * * *

(1) * * *

(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) the project is located in an area in which the participating administrative entity determines, based on housing market indicators, such as low vacancy rates or high absorption rates, that there is not adequate available and affordable housing or that the tenants of the project would

not be able to locate suitable units or use the tenant-based assistance successfully;

(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) * * *

(A) * * *

(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 community-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 ac-

counts 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.—**[**m**]***M*aking 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.—**[**r**]***R*efinancing 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.—**[**p**]***P*roviding 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.—**[**p**]***P*roviding 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.—**[**c**]***C*onsistent 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.—**[**a**]***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.—

* * * * * * *

(B) * * *

*"(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 nonproject 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) ANNUAL REVIEW.—In order to ensure compliance with this subtitle, the Secretary shall conduct an annual review and report to the Congress on actions taken under this subtitle and the status of eligible multifamily housing projects.

(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) * * *

(1) * * *

* * * * * * *

(4) * * *

(A) * * *

* * * * * * *

(B) * * *

(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) are not less than the existing rents under the terminated or expiring contract, as adjusted by an operating cost adjustment factor established by the Secretary (which shall not result in a negative adjustment), if such adjusted rents do not exceed comparable market rents for the market area; and

(ii) do not exceed comparable market rents for the market area.

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) * * *

* * * * * * *

(2) DEMONSTRATION PROJECTS.—

(A) * * *

* * * * * * *

(i) * * *

* * * * * * *

(iii) * * *

*(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*

*reflect 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 the Multifamily Assisted Housing Reform and Affordability Act of 1997 (42 U.S.C. 1437f note).*

*(3) CONTRACT RENEWAL.—The comparable market rents for the market area, for purposes of section 524(a)(4) of the Multifamily Assisted Housing Reform and Affordability Act of 1997 (42 U.S.C. 1437f note).*

* * * * * * *

**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.]

*(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 in the manner in which the original appointment was made under subsection (a).]

*(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 semi-annually 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 period] *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] *October 1, 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.*

## McKINNEY-VENTO HOMELESS ASSISTANCE ACT, H.R. 5417

AN ACT

To rename the Stewart B. McKinney Homeless Assistance Act as the 'McKinney-Vento Homeless Assistance Act'.

* * * * * * *

**SECTION 1. DESIGNATION.**

[Section 1] *Section 101* of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11301 note; Public Law 100-77) is amended by striking subsection (a) and inserting the following new subsection:

* * * * * * *

## DEPARTMENTS OF VETERANS AFFAIRS AND HOUSING AND URBAN DEVELOPMENT, AND INDEPENDENT AGENCIES APPROPRIATIONS ACT, 2000, PUBLIC LAW 106–74

* * * * * * *

TITLE V—PRESERVATION OF AFFORDABLE HOUSING

* * * * * * *

# Subtitle C—Renewal of Expiring Rental Assistance Contracts and Protection of Residents

**SEC. 531. RENEWAL OF EXPIRING CONTRACTS AND ENHANCED VOUCHERS FOR PROJECT RESIDENTS.**

(a) * * *

* * * * * * *

(c) PROJECTS EXEMPTED FROM RESTRUCTURING AGREEMENTS.—[Section 514(h)] *Section 514(h)(1)* of the Multifamily Assisted Housing Reform and Affordability Act of 1997 (42 U.S.C. 1437f note) is amended by inserting before the semicolon at the end the following: "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".

* * * * * * *

## AMERICAN HOMEOWNERSHIP AND ECONOMIC OPPORTUNITY ACT OF 2000

**SEC. 811. PROGRAM REQUIREMENTS.**

(a) * * *

* * * * * * *

[(e) MANAGEMENT AND MAINTENANCE.—As a condition to receiving grant amounts under this title, the Director shall develop policies governing the management and maintenance of housing assisted with grant amounts under this title.]

* * * * * * *

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2001 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2002

[In thousands of dollars]

| Item | 2001 appropriation | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2001 appropriation | Budget estimate |
| 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 |
| Advance from prior year | (712,000) | (712,000) | (712,000) | ..... | ..... |
| Fiscal year 2003 | 712,000 | ..... | 712,000 | ..... | +712,000 |
| Adult Training, program level | 950,000 | 900,000 | 950,000 | ..... | +50,000 |
| Youth Training | 1,127,965 | 1,000,965 | 1,127,965 | ..... | +127,000 |
| Dislocated Worker Assistance, current year | 352,540 | 1,383,040 | 489,000 | +136,460 | −894,040 |
| Advance from prior year | (1,060,000) | (1,060,000) | (1,060,000) | ..... | ..... |
| Fiscal year 2003 | 1,060,000 | ..... | 1,060,000 | ..... | +1,060,000 |
| Dislocated Worker Assistance, program level | 1,412,540 | 1,383,040 | 1,549,000 | +136,460 | +165,960 |
| Federally administered programs: | | | | | |
| Native Americans | 55,000 | 55,000 | 57,800 | +2,800 | +2,800 |
| Migrant and Seasonal Farmworkers | 76,770 | 76,770 | 80,770 | +4,000 | +4,000 |
| Job Corps: | | | | | |
| Operations | 687,773 | 1,278,773 | 687,773 | ..... | −591,000 |
| Advance from prior year | (591,000) | (591,000) | (591,000) | ..... | ..... |
| Fiscal year 2003 | 591,000 | ..... | 591,000 | ..... | +591,000 |
| Construction and Renovation | 20,375 | 120,375 | 20,375 | ..... | −100,000 |
| Advance from prior year | (100,000) | (100,000) | (100,000) | ..... | ..... |

| | | | | | |
|---|---|---|---|---|---|
| Fiscal year 2003 | 100,000 | ..... | 100,000 | ..... | +100,000 |
| Subtotal, Job Corps, program level | 1,399,148 | 1,399,148 | 1,399,148 | ..... | ..... |
| National activities: | | | | | |
| Pilots, Demonstrations and Research | 97,432 | 35,000 | 35,000 | −62,432 | ..... |
| Responsible Reintegration of Youthful Off | 55,000 | ..... | 55,000 | ..... | +55,000 |
| Evaluation | 9,098 | 9,098 | 9,098 | ..... | ..... |
| Youth Opportunity Grants | 250,000 | 250,000 | 250,000 | ..... | ..... |
| Technical Assistance/Incentive grants | 15,000 | 15,000 | 15,000 | ..... | ..... |
| Subtotal, National activities | 426,530 | 309,098 | 364,098 | −62,432 | +55,000 |
| Subtotal, Federal activities | 1,957,448 | 1,840,016 | 1,901,816 | −55,632 | +61,800 |
| Total, Workforce Investment Act | 5,447,953 | 5,124,021 | 5,528,781 | +80,828 | +404,760 |
| Women in Apprenticeship | 1,000 | 1,000 | 1,000 | ..... | ..... |
| Skill Standards | 3,500 | 3,500 | 3,500 | ..... | ..... |
| Subtotal, National activities, TES | 431,030 | 313,598 | 368,598 | −62,432 | +55,000 |
| Total, Training and Employment Services | 5,452,453 | 5,128,521 | 5,533,281 | +80,828 | +404,760 |
| Current Year | (2,989,453) | (5,128,521) | (3,070,281) | (+80,828) | (−2,058,240) |
| Advance year | (2,463,000) | ..... | (2,463,000) | ..... | (+2,463,000) |
| COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS | 440,200 | 440,200 | 450,000 | +9,800 | +9,800 |
| FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES | | | | | |
| Trade Adjustment | 342,400 | ..... | 349,500 | +7,100 | +349,500 |
| NAFTA Activities | 64,150 | 11,000 | 66,150 | +2,000 | +55,150 |
| Legislative Proposal (NAFTA/TAA) | ..... | 404,650 | ..... | ..... | −404,650 |
| Total | 406,550 | 415,650 | 415,650 | +9,100 | ..... |
| STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS | | | | | |
| Unemployment Compensation: | | | | | |
| State Operations | 2,353,795 | 2,403,923 | 2,403,923 | +50,128 | ..... |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2001 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2002—Continued

[In thousands of dollars]

| Item | 2001 appropriation | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2001 appropriation | Budget estimate |
| National Activities | 10,000 | 10,000 | 10,000 | | |
| Subtotal, Unemployment Comp (trust funds) | 2,363,795 | 2,413,923 | 2,413,923 | +50,128 | |
| Employment Service: | | | | | |
| Allotments to States: | | | | | |
| Federal Funds | 23,452 | 23,452 | 23,452 | | |
| Trust Funds | 773,283 | 773,283 | 773,283 | | |
| Subtotal | 796,735 | 796,735 | 796,735 | | |
| ES National Activities | 49,680 | 49,680 | 51,680 | +2,000 | +2,000 |
| Subtotal, Employment Service | 846,415 | 846,415 | 848,415 | +2,000 | +2,000 |
| Federal Funds | 23,452 | 23,452 | 23,452 | | |
| Trust Funds | 822,963 | 822,963 | 824,963 | +2,000 | +2,000 |
| One Stop Career Centers/Labor Market Information | 150,000 | 134,000 | 148,000 | −2,000 | +14,000 |
| Work Incentives Grants | 20,000 | 20,000 | 20,000 | | |
| Total, State Unemployment | 3,380,210 | 3,414,338 | 3,430,338 | +50,128 | +16,000 |
| Federal Funds | 193,452 | 177,452 | 191,452 | −2,000 | +14,000 |
| Trust Funds | 3,186,758 | 3,236,886 | 3,238,886 | +52,128 | +2,000 |
| ADVANCES TO THE UI AND OTHER TRUST FUNDS [1] | 435,000 | 464,000 | 464,000 | +29,000 | |
| PROGRAM ADMINISTRATION | | | | | |
| Adult Employment and Training | 32,911 | 34,010 | 34,010 | +1,099 | |
| Trust Funds | 2,797 | 2,887 | 2,887 | +90 | |
| Youth Employment and Training | 37,011 | 37,557 | 37,557 | +546 | |

| | | | | | |
|---|---|---|---|---|---|
| Employment Security | 4,974 | 5,789 | 5,789 | +815 | ..... |
| Trust Funds | 44,351 | 44,216 | 44,216 | −135 | ..... |
| Apprenticeship Services | 21,069 | 21,367 | 21,367 | +298 | ..... |
| Executive Direction | 7,960 | 7,945 | 7,945 | −15 | ..... |
| Trust Funds | 1,359 | 1,404 | 1,404 | +45 | ..... |
| Welfare to Work | 6,431 | 5,903 | 5,903 | −528 | ..... |
| Total, Program Administration | 158,863 | 161,078 | 161,078 | +2,215 | ..... |
| Federal Funds | 110,356 | 112,571 | 112,571 | +2,215 | ..... |
| Trust Funds | 48,507 | 48,507 | 48,507 | ..... | ..... |
| Total, Employment and Training Administration | 10,273,276 | 10,023,787 | 10,454,347 | +181,071 | +430,560 |
| Federal Funds | 7,038,011 | 6,738,394 | 7,166,954 | +128,943 | +428,560 |
| Current Year | (4,575,011) | (6,738,394) | (4,703,954) | (+128,943) | (−2,034,440) |
| Advance year | (2,463,000) | ..... | (2,463,000) | ..... | (+2,463,000) |
| Trust Funds | 3,235,265 | 3,285,393 | 3,287,393 | +52,128 | +2,000 |
| PENSION AND WELFARE BENEFITS ADMINISTRATION | | | | | |
| SALARIES AND EXPENSES | | | | | |
| Enforcement and Compliance | 83,453 | 84,640 | 87,542 | +4,089 | +2,902 |
| Policy, Regulation and Public Service | 20,205 | 19,234 | 20,762 | +557 | +1,528 |
| Program Oversight | 3,975 | 4,114 | 4,114 | +139 | ..... |
| Total, PWBA | 107,633 | 107,988 | 112,418 | +4,785 | +4,430 |
| PENSION BENEFIT GUARANTY CORPORATION | | | | | |
| Program Administration subject to limitation (TF) | 11,652 | 11,652 | 11,690 | +38 | +38 |
| Termination services not subject to limitation (NA) | (178,924) | (178,924) | (178,924) | ..... | ..... |
| 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 | 158,322 | +5,953 | +5,753 |
| Office of Labor-Management Standards | 30,492 | 30,632 | 32,869 | +2,377 | +2,237 |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2001 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2002—Continued

[In thousands of dollars]

| Item | 2001 appropriation | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2001 appropriation | Budget estimate |
| Federal Contractor EEO Standards Enforcement | 76,148 | 76,308 | 78,849 | +2,701 | +2,541 |
| Federal Programs for Workers' Compensation | 88,687 | 90,098 | 91,866 | +3,179 | +1,768 |
| FECA Fees | ..... | −80,281 | ..... | ..... | +80,281 |
| Trust Funds | 1,981 | 1,981 | 1,981 | ..... | ..... |
| Program Direction and Support | 13,039 | 13,127 | 13,258 | +219 | +131 |
| Total, ESA salaries and expenses | 362,716 | 284,434 | 377,145 | +14,429 | +92,711 |
| Federal Funds | 360,735 | 282,453 | 375,164 | +14,429 | +92,711 |
| Trust Funds | 1,981 | 1,981 | 1,981 | ..... | ..... |
| SPECIAL BENEFITS | | | | | |
| Federal employees compensation benefits | 53,000 | 118,000 | 118,000 | +65,000 | ..... |
| Longshore and harbor workers' benefits | 3,000 | 3,000 | 3,000 | ..... | ..... |
| Total, Special Benefits | 56,000 | 121,000 | 121,000 | +65,000 | ..... |
| ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND | | | | | |
| Program Benefits (NA) | (358,000) | (597,000) | (597,000) | (+239,000) | ..... |
| Administrative Expenses [2] | 60,328 | 136,000 | 136,000 | +75,672 | ..... |
| Total, Energy Emp Occupational Illness Comp Fund | 60,328 | 136,000 | 136,000 | +75,672 | ..... |
| BLACK LUNG DISABILITY TRUST FUND | | | | | |
| Benefit payments and interest on advances | 975,343 | 981,283 | 981,283 | +5,940 | ..... |
| Employment Standards Adm. S&E | 30,293 | 31,443 | 31,558 | +1,265 | +115 |
| Departmental Management S&E | 21,590 | 22,590 | 22,590 | +1,000 | ..... |

| | | | | | |
|---|---|---|---|---|---|
| Departmental Management, Inspector General | 318 | 328 | 328 | +10 | ..... |
| Subtotal, Black Lung Disability | 1,027,544 | 1,035,644 | 1,035,759 | +8,215 | +115 |
| Treasury Administrative Costs | 356 | 356 | 356 | ..... | ..... |
| 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 | 1,670,260 | +163,316 | +92,826 |
| Federal Funds | 1,504,963 | 1,575,453 | 1,668,279 | +163,316 | +92,826 |
| Trust Funds | 1,981 | 1,981 | 1,981 | ..... | ..... |
| OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION | | | | | |
| SALARIES AND EXPENSES | | | | | |
| Safety and Health Standards | 15,069 | 13,875 | 16,321 | +1,252 | +2,446 |
| Federal Enforcement | 151,836 | 154,816 | 162,768 | +10,932 | +7,952 |
| State Programs | 88,369 | 88,119 | 92,119 | +3,750 | +4,000 |
| Technical Support | 20,189 | 19,562 | 20,251 | +62 | +689 |
| Compliance Assistance: | | | | | |
| Federal Assistance | 56,255 | 57,180 | 60,173 | +3,918 | +2,993 |
| State Consultation Grants | 48,834 | 48,834 | 51,843 | +3,009 | +3,009 |
| Training Grants | 11,175 | 8,175 | 11,175 | ..... | +3,000 |
| Subtotal | 116,264 | 114,189 | 123,191 | +6,927 | +9,002 |
| Safety and Health Statistics | 25,597 | 26,257 | 26,595 | +998 | +338 |
| Executive Direction and Administration | 8,562 | 9,017 | 9,017 | +455 | ..... |
| Total, OSHA | 425,886 | 425,835 | 450,262 | +24,376 | +24,427 |
| MINE SAFETY AND HEALTH ADMINISTRATION | | | | | |
| SALARIES AND EXPENSES | | | | | |
| Coal Enforcement | 114,505 | 110,915 | 119,885 | +5,380 | +8,970 |
| Metal/Non-Metal Enforcement | 55,117 | 60,424 | 60,424 | +5,307 | ..... |
| Standards Development | 1,760 | 2,304 | 2,357 | +597 | +53 |
| Assessments | 4,265 | 4,701 | 4,807 | +542 | +106 |
| Educational Policy and Development | 31,455 | 27,984 | 27,984 | −3,471 | ..... |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2001 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2002—Continued

[In thousands of dollars]

| Item | 2001 appropriation | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2001 appropriation | Budget estimate |
| Technical Support | 27,053 | 27,427 | 28,085 | +1,032 | +658 |
| Program Administration | 12,151 | 12,551 | 12,551 | +400 | ..... |
| Total, Mine Safety and Health Administration | 246,306 | 246,306 | 256,093 | +9,787 | +9,787 |
| BUREAU OF LABOR STATISTICS | | | | | |
| SALARIES AND EXPENSES | | | | | |
| Employment and Unemployment Statistics | 142,313 | 146,796 | 146,796 | +4,483 | ..... |
| Labor Market Information (Trust Funds) | 67,257 | 69,132 | 69,132 | +1,875 | ..... |
| Prices and Cost of Living | 135,136 | 149,264 | 149,264 | +14,128 | ..... |
| Compensation and Working Conditions | 71,076 | 74,126 | 74,126 | +3,050 | ..... |
| Productivity and Technology | 9,164 | 9,599 | 9,599 | +435 | ..... |
| Executive Direction and Staff Services | 25,941 | 27,083 | 27,083 | +1,142 | ..... |
| Total, Bureau of Labor Statistics | 450,887 | 476,000 | 476,000 | +25,113 | ..... |
| Federal Funds | 383,630 | 406,868 | 406,868 | +23,238 | ..... |
| Trust Funds | 67,257 | 69,132 | 69,132 | +1,875 | ..... |
| DEPARTMENTAL MANAGEMENT | | | | | |
| SALARIES AND EXPENSES | | | | | |
| Executive Direction | 26,303 | 26,502 | 25,177 | −1,126 | −1,325 |
| Departmental IT Crosscut | 37,000 | 80,000 | 37,000 | ..... | −43,000 |
| Legal Services | 74,384 | 74,657 | 74,657 | +273 | ..... |
| Trust Funds | 310 | 310 | 310 | ..... | ..... |
| International Labor Affairs | 147,982 | 71,588 | 147,982 | ..... | +76,394 |

| | | | | | |
|---|---|---|---|---|---|
| Administration and Management | 24,732 | 29,732 | 29,732 | +5,000 | ..... |
| Adjudication | 24,688 | 24,688 | 24,688 | ..... | ..... |
| Women's Bureau | 10,186 | 10,186 | 10,186 | ..... | ..... |
| Civil Rights Activities | 5,839 | 5,839 | 5,839 | ..... | ..... |
| Chief Financial Officer | 5,963 | 6,263 | 6,263 | +300 | ..... |
| Total, Salaries and expenses | 357,387 | 329,765 | 361,834 | +4,447 | +32,069 |
| Federal Funds | 357,077 | 329,455 | 361,524 | +4,447 | +32,069 |
| Trust Funds | 310 | 310 | 310 | ..... | ..... |
| OFFICE OF DISABILITY EMPLOYMENT POLICY | | | | | |
| Office of Disability Employment Policy | 20,413 | 40,623 | 40,623 | +20,210 | ..... |
| Task Force on Employment of Adults with Disabilities | 2,556 | 2,640 | 2,640 | +84 | ..... |
| Total, Office of Disability Employment Policy | 22,969 | 43,263 | 43,263 | +20,294 | ..... |
| VETERANS EMPLOYMENT AND TRAINING | | | | | |
| State Administration: | | | | | |
| Disabled Veterans Outreach Program | 81,615 | 81,615 | 81,615 | ..... | ..... |
| Local Veterans Employment Program | 77,253 | 77,253 | 77,253 | ..... | ..... |
| Subtotal, State Administration | 158,868 | 158,868 | 158,868 | ..... | ..... |
| Federal Administration | 27,988 | 28,035 | 28,035 | +47 | ..... |
| Homeless Veterans Program | 17,500 | 17,500 | 19,000 | +1,500 | +1,500 |
| Veterans Workforce Investment Programs | 7,300 | 7,300 | 7,800 | +500 | +500 |
| Total, Veterans Employment and Training | 211,656 | 211,703 | 213,703 | +2,047 | +2,000 |
| Federal Funds | 24,800 | 24,800 | 26,800 | +2,000 | +2,000 |
| Trust Funds | 186,856 | 186,903 | 186,903 | +47 | ..... |
| OFFICE OF THE INSPECTOR GENERAL | | | | | |
| Program Activities | 43,111 | 45,114 | 45,114 | +2,003 | ..... |
| Trust Funds | 4,770 | 4,951 | 4,951 | +181 | ..... |
| Executive Direction and Management | 6,802 | 7,068 | 7,068 | +266 | ..... |
| Total, Office of the Inspector General | 54,683 | 57,133 | 57,133 | +2,450 | ..... |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2001 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2002—Continued

[In thousands of dollars]

| Item | 2001 appropriation | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2001 appropriation | Budget estimate |
| 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 | 675,933 | +29,238 | +34,069 |
| Federal Funds | 454,759 | 449,700 | 483,769 | +29,010 | +34,069 |
| Trust Funds | 191,936 | 192,164 | 192,164 | +228 | ..... |
| Total, Labor Department | 13,669,279 | 13,510,866 | 14,107,003 | +437,724 | +596,137 |
| Federal Funds | 10,161,188 | 9,950,544 | 10,544,643 | +383,455 | +594,099 |
| Current Year | (7,698,188) | (9,950,544) | (8,081,643) | (+383,455) | (−1,868,901) |
| Advance year | (2,463,000) | ..... | (2,463,000) | ..... | (+2,463,000) |
| Trust Funds | 3,508,091 | 3,560,322 | 3,562,360 | +54,269 | +2,038 |
| TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES | | | | | |
| HEALTH RESOURCES AND SERVICES ADMINISTRATION | | | | | |
| HEALTH RESOURCES AND SERVICES | | | | | |
| Community health centers | 1,168,612 | 1,292,723 | 1,343,723 | +175,111 | +51,000 |
| National Health Service Corps: | | | | | |
| Field placements | 41,464 | 42,511 | 49,511 | +8,047 | +7,000 |
| Recruitment | 87,916 | 87,916 | 104,916 | +17,000 | +17,000 |
| Subtotal | 129,380 | 130,427 | 154,427 | +25,047 | +24,000 |

| Health Professions | | | | | |
|---|---|---|---|---|---|
| Training for Diversity: | | | | | |
| Centers of excellence | 30,639 | 12,847 | ..... | −30,639 | −12,847 |
| Health careers opportunity program | 32,797 | 13,752 | ..... | −32,797 | −13,752 |
| Faculty loan repayment | 1,330 | 557 | ..... | −1,330 | −557 |
| Scholarships for disadvantaged students | 44,475 | 18,651 | ..... | −44,475 | −18,651 |
| Subtotal | 109,241 | 45,807 | ..... | −109,241 | −45,807 |
| Training in Primary Care Medicine and Dentistry | 91,053 | ..... | ..... | −91,053 | ..... |
| Interdisciplinary Community-Based Linkages: | | | | | |
| Area health education centers | 33,364 | 7,556 | ..... | −33,364 | −7,556 |
| Health education and training centers | 4,403 | ..... | ..... | −4,403 | ..... |
| Allied health and other disciplines | 8,422 | 1,907 | ..... | −8,422 | −1,907 |
| Geriatric programs | 12,411 | ..... | ..... | −12,411 | ..... |
| Quentin N. Burdick pgm for rural training | 5,988 | ..... | ..... | −5,988 | ..... |
| Subtotal | 64,588 | 9,463 | ..... | −64,588 | −9,463 |
| Health Professions Workforce Info and Analysis | 824 | 824 | ..... | −824 | −824 |
| Public Health Workforce Development: | | | | | |
| Public health, preventive med. and dental pgms | 9,478 | 2,147 | ..... | −9,478 | −2,147 |
| Health administration programs | 1,231 | ..... | ..... | −1,231 | ..... |
| Subtotal | 10,709 | 2,147 | ..... | −10,709 | −2,147 |
| Children's Hospitals Graduate Medical Educ | 234,992 | 200,094 | 243,442 | +8,450 | +43,348 |
| Advanced Education Nursing | 59,048 | 59,048 | ..... | −59,048 | −59,048 |
| Basic nurse education and practice | 12,791 | 16,291 | ..... | −12,791 | −16,291 |
| Nursing workforce diversity | 4,673 | 6,173 | ..... | −4,673 | −6,173 |
| Consolidated Health professions | ..... | ..... | 352,927 | +352,927 | +352,927 |
| Subtotal, Health professions | 587,919 | 339,847 | 596,369 | +8,450 | +256,522 |
| Other HRSA Programs: | | | | | |
| Hansen's Disease Services | 17,890 | 18,391 | 18,391 | +501 | ..... |
| Maternal and Child Health Block Grant | 709,187 | 704,087 | 719,087 | +9,900 | +15,000 |
| Abstinence Education: | | | | | |
| Advance from prior year | (20,000) | (30,000) | (30,000) | (+10,000) | ..... |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2001 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2002—Continued

[In thousands of dollars]

| Item | 2001 appropriation | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2001 appropriation | Budget estimate |
| Fiscal year 2002 | 30,000 | | | −30,000 | |
| Fiscal year 2003 | | | 30,000 | +30,000 | +30,000 |
| Current Year | | 15 | 15 | +15 | |
| Healthy Start | 89,996 | 89,996 | 89,996 | | |
| Universal Newborn Hearing | 7,999 | 6,581 | 10,000 | +2,001 | +3,419 |
| Organ Transplantation | 14,992 | 19,992 | 19,992 | +5,000 | |
| Bone Marrow Program | 21,958 | 22,000 | 22,000 | +42 | |
| Rural outreach grants | 58,214 | 37,863 | 57,921 | −293 | +20,058 |
| Rural Health Research | 13,437 | 6,099 | 15,000 | +1,563 | +8,901 |
| Telehealth | 35,978 | 5,609 | 5,609 | −30,369 | |
| Denali Commission | 10,000 | | 20,000 | +10,000 | +20,000 |
| Critical care programs: | | | | | |
| Emergency medical services for children | 18,986 | 15,574 | 18,986 | | +3,412 |
| Poison control | 19,996 | 16,421 | 24,000 | +4,004 | +7,579 |
| Traumatic Brain injury | 5,000 | 5,000 | 10,000 | +5,000 | +5,000 |
| Subtotal, Critical care programs | 43,982 | 36,995 | 52,986 | +9,004 | +15,991 |
| Black lung clinics | 6,000 | 6,000 | 7,000 | +1,000 | +1,000 |
| Trauma Care | 3,000 | 2,467 | 4,000 | +1,000 | +1,533 |
| Nursing loan repayment for shortage area service | 2,279 | 2,279 | 15,000 | +12,721 | +12,721 |
| Payment to Hawaii, treatment of Hansen's | 2,045 | 2,045 | 2,045 | | |
| Subtotal, Other HRSA programs:. | | | | | |
| Current year | 1,036,957 | 960,419 | 1,059,042 | +22,085 | +98,623 |
| Other HRSA programs—Advance Years | 30,000 | | 30,000 | | +30,000 |

| | | | | | |
|---|---|---|---|---|---|
| Ryan White AIDS Programs: | | | | | |
| Emergency Assistance | 604,169 | 604,169 | 620,000 | +15,831 | +15,831 |
| Comprehensive Care Programs | 910,969 | 910,969 | 950,000 | +39,031 | +39,031 |
| AIDS Drug Assistance Program (ADAP) (NA) | (589,000) | (589,000) | (610,000) | (+21,000) | (+21,000) |
| Early Intervention Program | 185,879 | 186,034 | 195,000 | +9,121 | +8,966 |
| Pediatric HIV/AIDS | 64,995 | 64,995 | 72,000 | +7,005 | +7,005 |
| AIDS Dental Services | 9,999 | 9,999 | 12,000 | +2,001 | +2,001 |
| Education and Training Centers | 31,598 | 31,598 | 34,000 | +2,402 | +2,402 |
| Subtotal, Ryan White AIDS programs | 1,807,609 | 1,807,764 | 1,883,000 | +75,391 | +75,236 |
| Family Planning | 253,910 | 254,170 | 266,000 | +12,090 | +11,830 |
| Health Care and Other Facilities | 251,561 | ..... | 10,000 | −241,561 | +10,000 |
| Buildings and Facilities | 250 | 250 | 250 | ..... | ..... |
| Rural Hospital Flexibility Grants | 24,997 | 24,997 | 25,000 | +3 | +3 |
| National Practitioner Data Bank | 17,200 | 17,200 | 17,200 | ..... | ..... |
| User Fees | −17,200 | −17,200 | −17,200 | ..... | ..... |
| Health Care Integrity and Protection Data Bank | 4,317 | 8,000 | 8,000 | +3,683 | ..... |
| User Fees | −4,317 | −8,000 | −8,000 | −3,683 | ..... |
| Community Access Program | 139,991 | 15,041 | 15,041 | −124,950 | ..... |
| Program Management | 138,991 | 147,049 | 135,991 | −3,000 | −11,058 |
| Total, Health resources and services | 5,570,177 | 4,972,687 | 5,518,843 | −51,334 | +546,156 |
| Current year | (5,540,177) | (4,972,687) | (5,488,843) | (−51,334) | (+516,156) |
| Advance year | (30,000) | ..... | (30,000) | ..... | (+30,000) |
| HEALTH EDUCATION ASSISTANCE LOANS PROGRAM: | | | | | |
| Liquidating account | (10,000) | (10,000) | (10,000) | ..... | ..... |
| Program account | (9,000) | ..... | ..... | (−9,000) | ..... |
| Program management | 3,672 | 3,792 | 3,792 | +120 | ..... |
| VACCINE INJURY COMPENSATION PROGRAM TRUST FUND: | | | | | |
| Post-fiscal year 1988 claims | 114,355 | 114,855 | 114,855 | +500 | ..... |
| HRSA administration | 2,992 | 2,992 | 2,992 | ..... | ..... |
| Total, Vaccine injury | 117,347 | 117,847 | 117,847 | +500 | ..... |
| Total, Health Resources and Services Admin | 5,691,196 | 5,094,326 | 5,640,482 | −50,714 | +546,156 |
| Current year | (5,661,196) | (5,094,326) | (5,610,482) | (−50,714) | (+516,156) |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2001 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2002—Continued

[In thousands of dollars]

| Item | 2001 appropriation | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2001 appropriation | Budget estimate |
| Fiscal year 2003 | (30,000) | | (30,000) | | (+30,000) |
| CENTERS FOR DISEASE CONTROL | | | | | |
| DISEASE CONTROL, RESEARCH AND TRAINING | | | | | |
| Birth Defects/Developmental Disabilities/Disability and Health | 70,733 | 76,280 | 88,748 | +18,015 | +12,468 |
| Chronic Disease Prevention and Health Promotion | 749,773 | 574,560 | 701,654 | −48,119 | +127,094 |
| Environmental Health | 137,279 | 136,683 | 171,863 | +34,584 | +35,180 |
| Epidemic Services and Response | 77,797 | 80,303 | 85,303 | +7,506 | +5,000 |
| Health Statistics | 50,276 | | 126,978 | +76,702 | +126,978 |
| Evaluation Tap funding (NA) | (71,690) | (126,978) | | (−71,690) | (−126,978) |
| HIV/AIDS, STD and TB Prevention | 1,044,149 | 1,068,452 | 1,121,612 | +77,463 | +53,160 |
| Immunization | 552,605 | 574,645 | 637,145 | +84,540 | +62,500 |
| Infectious Disease Control | 317,674 | 331,518 | 331,518 | +13,844 | |
| Injury Prevention and Control | 142,850 | 143,655 | 146,655 | +3,805 | +3,000 |
| Occupational Safety and Health [3] | 260,134 | 266,135 | 276,135 | +16,001 | +10,000 |
| Preventive Health and Health Services Block Grant | 135,030 | 135,030 | 135,030 | | |
| Public Health Improvement | 110,889 | 109,910 | 114,910 | +4,021 | +5,000 |
| Buildings and Facilities | 175,000 | 150,000 | 250,000 | +75,000 | +100,000 |
| Office of the Director | 41,521 | 49,440 | 49,440 | +7,919 | |
| Bioterrorism | 180,919 | 181,919 | 181,919 | +1,000 | |
| ATSDR [4] | (74,835) | (78,235) | (78,235) | (+3,400) | |
| Total, Disease Control | 4,046,629 | 3,878,530 | 4,418,910 | +372,281 | +540,380 |
| Evaluation Tap funding (NA) | (71,690) | (126,978) | | (−71,690) | (−126,978) |
| Total, Disease Control program level | (4,118,319) | (4,005,508) | (4,418,910) | (+300,591) | (+413,402) |

| | | | | | |
|---|---|---|---|---|---|
| NATIONAL INSTITUTES OF HEALTH | | | | | |
| National Cancer Institute | 3,716,064 | 4,153,398 | 4,258,516 | +542,452 | +105,118 |
| National Heart, Lung, and Blood Institute | 2,287,015 | 2,554,319 | 2,618,966 | +331,951 | +64,647 |
| National Institute of Dental and Craniofacial Research | 304,606 | 340,158 | 348,767 | +44,161 | +8,609 |
| National Institute of Diabetes and Digestive and Kidney Diseases | 1,302,798 | 1,456,996 | 1,501,476 | +198,678 | +44,480 |
| National Institute of Neurological Disorders and Stroke | 1,172,132 | 1,311,179 | 1,352,055 | +179,923 | +40,876 |
| National Institute of Allergy and Infectious Diseases | 2,062,089 | 2,329,643 | 2,375,836 | +313,747 | +46,193 |
| National Institute of General Medical Sciences | 1,530,988 | 1,710,182 | 1,753,465 | +222,477 | +43,283 |
| National Institute of Child Health and Human Development | 978,136 | 1,095,954 | 1,123,692 | +145,556 | +27,738 |
| National Eye Institute | 507,842 | 568,103 | 614,000 | +106,158 | +45,897 |
| National Institute of Environmental Health Sciences | 502,987 | 561,729 | 585,946 | +82,959 | +24,217 |
| NIEHS/Superfund (NA) [5] | (62,861) | (70,228) | (70,228) | (+7,367) | ..... |
| National Institute on Aging | 786,056 | 879,651 | 909,174 | +123,118 | +29,523 |
| National Institute of Arthritis and Musculoskeletal and Skin Diseases | 394,968 | 441,803 | 460,202 | +65,234 | +18,399 |
| National Institute on Deafness and Other Communication Disorders | 301,069 | 336,744 | 349,983 | +48,914 | +13,239 |
| National Institute of Nursing Research | 105,158 | 117,681 | 125,659 | +20,501 | +7,978 |
| National Institute on Alcohol Abuse and Alcoholism | 340,537 | 381,951 | 390,761 | +50,224 | +8,810 |
| National Institute on Drug Abuse | 779,510 | 905,810 | 902,000 | +122,490 | −3,810 |
| National Institute of Mental Health | 1,103,062 | 1,234,389 | 1,279,383 | +176,321 | +44,994 |
| National Human Genome Research Institute | 381,101 | 425,674 | 440,448 | +59,347 | +14,774 |
| National Institute of Biomedical Imaging and Bioengineering | 68,823 | 115,425 | 140,000 | +71,177 | +24,575 |
| National Center for Research Resources | 811,237 | 967,025 | 1,014,044 | +202,807 | +47,019 |
| National Center for Complementary and Alternative Medicine | 89,121 | 100,059 | 110,000 | +20,879 | +9,941 |
| National Center on Minority Health and Health Disparities | 132,044 | 158,421 | 158,421 | +26,377 | ..... |
| John E. Fogarty International Center | 50,472 | 56,446 | 57,874 | +7,402 | +1,428 |
| National Library of Medicine | 245,338 | 274,633 | 281,584 | +36,246 | +6,951 |
| Office of the Director | 188,346 | 232,929 | 236,408 | +48,062 | +3,479 |
| Buildings and Facilities | 153,761 | 236,600 | 306,600 | +152,839 | +70,000 |
| Total, N.I.H | 20,295,260 | 22,946,902 | 23,695,260 | +3,400,000 | +748,358 |
| SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION | | | | | |
| Mental Health: | | | | | |
| Programs of Regional and National Significance | 203,499 | 187,599 | 203,599 | +100 | +16,000 |
| Mental Health Performance Partnership | 420,000 | 420,000 | 420,000 | ..... | ..... |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2001 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2002—Continued

[In thousands of dollars]

| Item | 2001 appropriation | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2001 appropriation | Budget estimate |
| Children's Mental Health Services | 91,694 | 91,694 | 91,694 | ..... | ..... |
| Grants to States for the Homeless (PATH) | 36,855 | 36,855 | 39,855 | +3,000 | +3,000 |
| Protection and Advocacy | 30,000 | 30,000 | 32,000 | +2,000 | +2,000 |
| Subtotal, Mental Health | 782,048 | 766,148 | 787,148 | +5,100 | +21,000 |
| Substance Abuse Treatment: | | | | | |
| Programs of Regional and National Significance | 256,122 | 296,122 | 276,122 | +20,000 | −20,000 |
| Substance Abuse Performance Partnership | 1,665,000 | 1,725,000 | 1,725,000 | +60,000 | ..... |
| Subtotal, Substance Abuse Treatment | 1,921,122 | 2,021,122 | 2,001,122 | +80,000 | −20,000 |
| Substance Abuse Prevention: Programs of Regional and National Significance | 175,013 | 175,013 | 189,013 | +14,000 | +14,000 |
| Program Management and Buildings and Facilities | 85,673 | 67,173 | 96,173 | +10,500 | +29,000 |
| Evaluation funds (NA) | ..... | (29,000) | ..... | ..... | (−29,000) |
| Total, Substance Abuse and Mental Health | 2,963,856 | 3,029,456 | 3,073,456 | +109,600 | +44,000 |
| AGENCY FOR HEALTHCARE RESEARCH AND QUALITY | | | | | |
| Research on Health Costs, Quality, and Outcomes: | | | | | |
| Federal Funds | 102,316 | ..... | 240,145 | +137,829 | +240,145 |
| Evaluation funds (NA) | (124,130) | (255,145) | ..... | (−124,130) | (−255,145) |
| Portion for reducing medical errors (non-add) | (50,000) | (50,000) | (60,000) | (+10,000) | (+10,000) |
| Subtotal | (226,446) | (255,145) | (240,145) | (+13,699) | (−15,000) |
| Health insurance and expenditure surveys: | | | | | |
| Federal Funds | ..... | ..... | 48,500 | +48,500 | +48,500 |

| | | | | | |
|---|---|---|---|---|---|
| Evaluation funds (NA) | (40,850) | (48,500) | ..... | (−40,850) | (−48,500) |
| Program Support | 2,500 | ..... | 2,600 | +100 | +2,600 |
| Evaluation funds (NA) | ..... | (2,600) | ..... | ..... | (−2,600) |
| Total, AHRQ | (269,796) | (306,245) | (291,245) | (+21,449) | (−15,000) |
| Federal Funds | 104,816 | ..... | 291,245 | +186,429 | +291,245 |
| Evaluation funds (NA) | (164,980) | (306,245) | ..... | (−164,980) | (−306,245) |
| Total, Public Health Service | 33,101,757 | 34,949,214 | 37,119,353 | +4,017,596 | +2,170,139 |
| 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 | ..... |
| State and local administration | 6,998,100 | 7,995,800 | 7,995,800 | +997,700 | ..... |
| Vaccines for Children | 775,233 | 795,533 | 795,533 | +20,300 | ..... |
| Subtotal, Medicaid program level, current year | 130,262,133 | 143,099,433 | 143,099,433 | +12,837,300 | ..... |
| Less Medicare Transfer (Public Law 105–33) | −60,000 | −70,000 | −70,000 | −10,000 | ..... |
| Less funds advanced in prior year | −30,589,003 | −36,207,551 | −36,207,551 | −5,618,548 | ..... |
| 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 | ..... |
| PAYMENTS TO HEALTH CARE TRUST FUNDS | | | | | |
| Supplemental medical insurance | 69,777,000 | 81,332,000 | 81,332,000 | +11,555,000 | ..... |
| Hospital insurance for the uninsured | 321,000 | 292,000 | 292,000 | −29,000 | ..... |
| Federal uninsured payment | 132,000 | 150,000 | 150,000 | +18,000 | ..... |
| Program management | 151,600 | 150,200 | 220,200 | +68,600 | +70,000 |
| Total, Payments to Trust Funds, current law | 70,381,600 | 81,924,200 | 81,994,200 | +11,612,600 | +70,000 |
| PROGRAM MANAGEMENT | | | | | |
| Research, demonstration, and evaluation: | | | | | |
| Regular Program | 138,311 | 55,311 | 125,311 | −13,000 | +70,000 |
| Medicare Contractors | 1,305,000 | 1,470,000 | 1,495,000 | +190,000 | +25,000 |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2001 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2002—Continued

[In thousands of dollars]

| Item | 2001 appropriation | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2001 appropriation | Budget estimate |
| User fee legislative proposal | ..... | (115,000) | ..... | ..... | (−115,000) |
| H.R. 3103 funding (NA) | (682,552) | (700,000) | (700,000) | (+17,448) | ..... |
| Medicare Plus Choice | 52,000 | 52,000 | 52,000 | ..... | ..... |
| Subtotal, Contractors program level | (2,039,552) | (2,222,000) | (2,247,000) | (+207,448) | (+25,000) |
| State Survey and Certification | 242,147 | 242,147 | 260,647 | +18,500 | +18,500 |
| Federal Administration: | | | | | |
| Federal Administration | 506,778 | 533,818 | 533,818 | +27,040 | ..... |
| User Fees | −2,074 | −2,118 | −2,118 | −44 | ..... |
| Subtotal, Federal Administration | 504,704 | 531,700 | 531,700 | +26,996 | ..... |
| Total, Program management | 2,242,162 | 2,351,158 | 2,464,658 | +222,496 | +113,500 |
| Total, Program management, program level | (2,924,714) | (3,051,158) | (3,164,658) | (+239,944) | (+113,500) |
| Total, Center for Medicare and Medicaid Services | 208,444,443 | 237,699,177 | 237,882,677 | +29,438,234 | +183,500 |
| Federal funds | 206,202,281 | 235,348,019 | 235,418,019 | +29,215,738 | +70,000 |
| Current year | (169,994,730) | (188,746,082) | (188,816,082) | (+18,821,352) | (+70,000) |
| New advance, 1st quarter, fiscal year 2003 | (36,207,551) | (46,601,937) | (46,601,937) | (+10,394,386) | ..... |
| Trust Funds | 2,242,162 | 2,351,158 | 2,464,658 | +222,496 | +113,500 |
| ADMINISTRATION FOR CHILDREN AND FAMILIES | | | | | |
| FAMILY SUPPORT PAYMENTS TO STATES | | | | | |
| AFDC/JOBS Child Care (State Claims) | 2,000 | ..... | ..... | −2,000 | ..... |

| | | | | | |
|---|---|---|---|---|---|
| Payments to territories | 23,000 | 23,000 | 23,000 | ..... | ..... |
| Emergency assistance | 37,000 | ..... | ..... | −37,000 | ..... |
| State and Local Administrative Training | 1,000 | ..... | ..... | −1,000 | ..... |
| Repatriation | 1,000 | 1,000 | 1,000 | ..... | ..... |
| 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 | ..... |
| Federal incentive payments | 416,000 | 450,000 | 450,000 | +34,000 | ..... |
| Hold Harmless payments | 10,000 | 10,000 | 10,000 | ..... | ..... |
| Access and visitation | 10,000 | 10,000 | 10,000 | ..... | ..... |
| 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 | ..... |
| Total, payments, current request | 3,097,800 | 2,907,800 | 2,907,800 | −190,000 | ..... |
| New advance, 1st quarter, fiscal year 2003 | 1,000,000 | 1,100,000 | 1,100,000 | +100,000 | ..... |
| LOW INCOME HOME ENERGY ASSISTANCE PROGRAM | | | | | |
| Advance from prior year (NA) | (1,100,000) | ..... | ..... | (−1,100,000) | ..... |
| Current Year | 300,000 | 1,400,000 | 1,700,000 | +1,400,000 | +300,000 |
| 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 |
| Contingent emergency funding | 300,000 | ..... | 300,000 | ..... | +300,000 |
| Subtotal | 600,000 | 300,000 | 300,000 | −300,000 | ..... |
| REFUGEE AND ENTRANT ASSISTANCE | | | | | |
| Transitional and Medical Services | 220,170 | 227,291 | 227,291 | +7,121 | ..... |
| Victims of Trafficking | 5,000 | 10,000 | 10,000 | +5,000 | ..... |
| Social Services | 143,621 | 143,621 | 143,621 | ..... | ..... |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2001 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2002—Continued

[In thousands of dollars]

| Item | 2001 appropriation | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2001 appropriation | Budget estimate |
| Preventive Health | 4,835 | 4,835 | 4,835 | ..... | ..... |
| Targeted Assistance | 49,477 | 49,477 | 49,477 | ..... | ..... |
| Victims of Torture | 10,000 | 10,000 | 10,000 | ..... | ..... |
| Total, Refugee and entrant assistance | 433,103 | 445,224 | 445,224 | +12,121 | ..... |
| CHILD CARE AND DEVELOPMENT GRANT | | | | | |
| Advance funding from prior year (NA) | (1,182,672) | ..... | ..... | (−1,182,672) | ..... |
| Current year request | 817,315 | 1,799,987 | 2,000,000 | +1,182,685 | +200,013 |
| After school voucher program | ..... | 400,000 | ..... | ..... | −400,000 |
| Current year program level | 1,999,987 | 2,199,987 | 2,000,000 | +13 | −199,987 |
| SOCIAL SERVICES BLOCK GRANT (TITLE XX) | 1,725,000 | 1,700,000 | 1,700,000 | −25,000 | ..... |
| CHILDREN AND FAMILIES SERVICES PROGRAMS | | | | | |
| Programs for Children, Youth, and Families: | | | | | |
| Head Start, current funded | 4,799,812 | 6,324,812 | 5,200,000 | +400,188 | −1,124,812 |
| Advance from prior year | (1,400,000) | (1,400,000) | (1,400,000) | ..... | ..... |
| Fiscal year 2003 | 1,400,000 | ..... | 1,400,000 | ..... | +1,400,000 |
| Subtotal, Head Start program level | 6,199,812 | 6,324,812 | 6,600,000 | +400,188 | +275,188 |
| Consolidated Runaway, Homeless Youth Prog | 69,133 | 102,133 | 105,133 | +36,000 | +3,000 |
| Maternity Group Homes (NA) | ..... | (33,000) | (33,000) | (+33,000) | ..... |
| Child Abuse State Grants | 21,026 | 21,026 | 21,026 | ..... | ..... |
| Child Abuse Discretionary Activities | 33,717 | 17,978 | 33,717 | ..... | +15,739 |
| Abandoned Infants Assistance | 12,205 | 12,205 | 12,205 | ..... | ..... |

| | | | | | |
|---|---|---|---|---|---|
| Child Welfare Services | 291,986 | 291,986 | 291,986 | ..... | ..... |
| Child Welfare Training | 6,998 | 6,998 | 7,998 | +1,000 | +1,000 |
| Adoption Opportunities | 27,405 | 27,405 | 27,405 | ..... | ..... |
| Adoption Incentive | 20,000 | 20,000 | 20,000 | ..... | ..... |
| Adoption Incentive (no cap adjustment) | 23,000 | 23,000 | 23,000 | ..... | ..... |
| Adoption Awareness | 9,900 | 9,906 | 12,906 | +3,006 | +3,000 |
| Compassion Capital Fund | ..... | 89,000 | 89,000 | +89,000 | ..... |
| Responsible Fatherhood Initiative | ..... | 64,000 | ..... | ..... | −64,000 |
| Social Services and Income Maintenance Research | 37,601 | 6,426 | 27,426 | −10,175 | +21,000 |
| Community Based Resource Centers | 32,834 | 32,834 | 32,834 | ..... | ..... |
| Developmental disabilities program: | | | | | |
| State Councils | 67,800 | 67,800 | 69,800 | +2,000 | +2,000 |
| Protection and Advocacy | 33,000 | 33,000 | 35,000 | +2,000 | +2,000 |
| Developmental Disabilities Special Projects | 10,934 | 10,734 | 11,734 | +800 | +1,000 |
| Developmental Disabilities University Affiliated | 21,800 | 21,800 | 24,000 | +2,200 | +2,200 |
| Subtotal, Developmental disabilities | 133,534 | 133,334 | 140,534 | +7,000 | +7,200 |
| Native American Programs | 45,996 | 44,396 | 45,996 | ..... | +1,600 |
| Community services: | | | | | |
| Grants to States for Community Services | 599,991 | 599,991 | 675,000 | +75,009 | +75,009 |
| Community initiative program: | | | | | |
| Economic Development | 30,034 | 30,034 | 35,000 | +4,966 | +4,966 |
| Individual Development Account Initiative | 24,990 | 24,990 | 24,990 | ..... | ..... |
| Rural Community Facilities | 5,321 | ..... | 7,000 | +1,679 | +7,000 |
| Subtotal, discretionary funds | 60,345 | 55,024 | 66,990 | +6,645 | +11,966 |
| National Youth Sports | 16,000 | ..... | 16,000 | ..... | +16,000 |
| Community Food and Nutrition | 6,314 | ..... | 7,314 | +1,000 | +7,314 |
| Subtotal, Community services | 682,650 | 655,015 | 765,304 | +82,654 | +110,289 |
| Runaway Youth Prevention | 14,999 | 14,999 | 14,999 | ..... | ..... |
| Domestic Violence Hotline | 2,157 | 2,157 | 2,157 | ..... | ..... |
| Battered Women's Shelters | 116,918 | 116,918 | 122,000 | +5,082 | +5,082 |
| Early Learning Fund | 19,998 | ..... | 25,000 | +5,002 | +25,000 |
| Faith-Based Center | ..... | 3,000 | ..... | ..... | −3,000 |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2001 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2002—Continued

[In thousands of dollars]

| Item | 2001 appropriation | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2001 appropriation | Budget estimate |
| Program Direction | 163,870 | 171,870 | 171,870 | +8,000 | |
| Total, Children and Families Services Programs | 7,965,739 | 8,191,398 | 8,592,496 | +626,757 | +401,098 |
| Current Year | (6,565,739) | (8,191,398) | (7,192,496) | (+626,757) | (−998,902) |
| Fiscal year 2003 | (1,400,000) | | (1,400,000) | | (+1,400,000) |
| Rescission of permanent appropriations | −21,000 | | −21,000 | | −21,000 |
| PROMOTING SAFE AND STABLE FAMILIES | 305,000 | 305,000 | 305,000 | | |
| Legislative Proposal | | 200,000 | | | −200,000 |
| MENTORING CHILDREN OF PRISONERS | | 67,000 | | | −67,000 |
| PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION | | | | | |
| Foster Care | 5,063,500 | 5,055,100 | 5,055,100 | −8,400 | |
| Adoption Assistance | 1,197,600 | 1,426,000 | 1,426,000 | +228,400 | |
| Independent living | 140,000 | 140,000 | 140,000 | | |
| Independent living (legislative proposal) | | 60,000 | | | −60,000 |
| Total, Payments, current year program level | 6,401,100 | 6,681,100 | 6,621,100 | +220,000 | −60,000 |
| Less Advances from Prior Year | −1,538,000 | −1,735,900 | −1,735,900 | −197,900 | |
| Total, payments, current request | 4,863,100 | 4,945,200 | 4,885,200 | +22,100 | −60,000 |
| New Advance, 1st quarter | 1,735,900 | 1,754,000 | 1,754,000 | +18,100 | |
| Total, Administration for Children and Families | 22,821,957 | 25,515,609 | 25,668,720 | +2,846,763 | +153,111 |
| Current year | (18,686,057) | (22,661,609) | (21,414,720) | (+2,728,663) | (−1,246,889) |
| Fiscal year 2003 | (4,135,900) | (2,854,000) | (4,254,000) | (+118,100) | (+1,400,000) |

| | | | | | |
|---|---|---|---|---|---|
| ADMINISTRATION ON AGING | | | | | |
| Grants to States: | | | | | |
| Supportive Services and Centers | 325,075 | 327,075 | 366,500 | +41,425 | +39,425 |
| Preventive Health | 21,123 | 21,123 | 22,000 | +877 | +877 |
| Protection of vulnerable older Americans | 14,181 | 14,181 | 18,181 | +4,000 | +4,000 |
| Family Caregivers Support | 120,000 | 122,000 | 140,000 | +20,000 | +18,000 |
| Native American Caregivers support | 5,000 | 5,000 | 6,000 | +1,000 | +1,000 |
| Nutrition: | | | | | |
| Congregate Meals | 378,412 | 378,412 | 384,000 | +5,588 | +5,588 |
| Home Delivered Meals | 152,000 | 158,000 | 177,000 | +25,000 | +19,000 |
| Grants to Native Americans | 23,457 | 25,457 | 26,000 | +2,543 | +543 |
| Aging Research, Training and Special Projects | 35,852 | 17,574 | 36,574 | +722 | +19,000 |
| Aging Network Support Activities | 1,812 | 1,812 | 2,379 | +567 | +567 |
| Alzheimer's Initiative | 8,962 | 8,962 | 13,000 | +4,038 | +4,038 |
| Program Administration | 17,219 | 18,122 | 18,122 | +903 | ..... |
| Total, Administration on Aging | 1,103,093 | 1,097,718 | 1,209,756 | +106,663 | +112,038 |
| OFFICE OF THE SECRETARY | | | | | |
| GENERAL DEPARTMENTAL MANAGEMENT: | | | | | |
| Federal Funds | 130,511 | 145,532 | 157,807 | +27,296 | +12,275 |
| NAS study | 500 | ..... | 1,000 | +500 | +1,000 |
| Trust Funds | 5,851 | 5,851 | 5,851 | ..... | ..... |
| Evaluation funds (ASPE) (NA) | (21,552) | (21,552) | ..... | (−21,552) | (−21,552) |
| Subtotal | (158,414) | (172,935) | (164,658) | (+6,244) | (−8,277) |
| Adolescent Family Life (Title XX) | 24,327 | 27,862 | 30,000 | +5,673 | +2,138 |
| Physical Fitness and Sports | 1,091 | 1,139 | 1,139 | +48 | ..... |
| Minority health | 49,019 | 43,084 | 43,084 | −5,935 | ..... |
| Office of Women's Health | 17,270 | 27,396 | 27,396 | +10,126 | ..... |
| U.S. Surgeon General | 400 | 400 | 1,000 | +600 | +600 |
| Office of Emergency Preparedness | 11,668 | 14,200 | 14,200 | +2,532 | ..... |
| Office of Human Research Protection | 5,800 | 7,035 | 7,035 | +1,235 | ..... |
| Bioterrorism (PHSSEF) | 60,030 | 68,700 | 68,700 | +8,670 | ..... |
| Minority HIV/AIDS | 50,000 | 50,000 | 50,000 | ..... | ..... |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2001 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2002—Continued

[In thousands of dollars]

| Item | 2001 appropriation | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2001 appropriation | Budget estimate |
| IT Security and Innovation Fund | ..... | 30,000 | 15,000 | +15,000 | −15,000 |
| Total, General Departmental Management | 356,467 | 421,199 | 422,212 | +65,745 | +1,013 |
| Federal Funds | 350,616 | 415,348 | 416,361 | +65,745 | +1,013 |
| Trust Funds | 5,851 | 5,851 | 5,851 | ..... | ..... |
| Total, program level | (378,019) | (442,751) | (422,212) | (+44,193) | (−20,539) |
| OFFICE OF THE INSPECTOR GENERAL: | | | | | |
| Federal Funds | 33,786 | 35,786 | 35,786 | +2,000 | ..... |
| HIPAA funding (NA) | (130,000) | (150,000) | (150,000) | (+20,000) | ..... |
| Total, Inspector General program level | (163,786) | (185,786) | (185,786) | (+22,000) | ..... |
| OFFICE FOR CIVIL RIGHTS: | | | | | |
| Federal Funds | 24,691 | 28,691 | 28,691 | +4,000 | ..... |
| Trust Funds | 3,314 | 3,314 | 3,314 | ..... | ..... |
| Total, Office for Civil Rights | 28,005 | 32,005 | 32,005 | +4,000 | ..... |
| POLICY RESEARCH | 16,715 | 2,500 | 20,500 | +3,785 | +18,000 |
| Evaluation Funds (NA) | ..... | (18,000) | ..... | ..... | (−18,000) |
| RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS: | | | | | |
| Retirement payments | 175,405 | 196,261 | 196,261 | +20,856 | ..... |
| Survivors benefits | 12,204 | 12,856 | 12,856 | +652 | ..... |
| Dependents' medical care | 30,811 | 32,167 | 32,167 | +1,356 | ..... |
| Military services credits | 1,352 | 1,293 | 1,293 | −59 | ..... |
| Total, Retirement pay and medical benefits | 219,772 | 242,577 | 242,577 | +22,805 | ..... |

| | | | | | |
|---|---|---|---|---|---|
| Total, Office of the Secretary | 654,745 | 734,067 | 753,080 | +98,335 | +19,013 |
| Federal Funds | 645,580 | 724,902 | 743,915 | +98,335 | +19,013 |
| Trust Funds | 9,165 | 9,165 | 9,165 | ..... | ..... |
| Total, Department of Health and Human Services | 266,125,995 | 299,995,785 | 302,633,586 | +36,507,591 | +2,637,801 |
| Federal Funds | 263,874,668 | 297,635,462 | 300,159,763 | +36,285,095 | +2,524,301 |
| Current year | (223,501,217 | (248,179,525) | (249,273,826) | (+25,772,609) | (+1,094,301) |
| Fiscal year 2003 | (40,373,451) | (49,455,937) | (50,885,937) | (+10,512,486) | (+1,430,000) |
| Trust Funds | 2,251,327 | 2,360,323 | 2,473,823 | +222,496 | +113,500 |
| TITLE III—DEPARTMENT OF EDUCATION | | | | | |
| 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) | ..... |
| Forward funded | 2,000,921 | 7,237,721 | 3,438,200 | +1,437,279 | −3,799,521 |
| Current funded | 3,500 | ..... | 3,500 | ..... | +3,500 |
| Subtotal, Basic grants current year funding | 2,004,421 | 7,237,721 | 3,441,700 | +1,437,279 | −3,796,021 |
| Basic Grants Fiscal Year 2003 Advance | 5,394,300 | ..... | 5,126,300 | −268,000 | +5,126,300 |
| Subtotal, Basic grants, program level | 7,398,721 | 7,237,721 | 8,568,000 | +1,169,279 | +1,330,279 |
| Concentration Grants: | | | | | |
| Advance from prior year | (1,158,397) | (1,364,000) | (1,364,000) | (+205,603) | ..... |
| Forward funded | ..... | 1,364,000 | ..... | ..... | −1,364,000 |
| Fiscal year 2003 | 1,364,000 | ..... | 1,632,000 | +268,000 | +1,632,000 |
| Targeted Grants | ..... | 459,000 | ..... | ..... | −459,000 |
| Subtotal, Grants to LEAs | 8,762,721 | 9,060,721 | 10,200,000 | +1,437,279 | +1,139,279 |
| Capital Expenses for Private School Children | 6,000 | ..... | ..... | −6,000 | ..... |
| Even Start | 250,000 | 250,000 | 200,000 | −50,000 | −50,000 |
| Reading First: | | | | | |
| State Grants | 91,000 | 900,000 | 705,000 | +614,000 | −195,000 |
| Early Reading First | ..... | 75,000 | 75,000 | +75,000 | ..... |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2001 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2002—Continued

[In thousands of dollars]

| Item | 2001 appropriation | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2001 appropriation | Budget estimate |
| Fiscal year 2003 | 195,000 | ..... | 195,000 | ..... | +195,000 |
| Subtotal, Reading First | 286,000 | 975,000 | 975,000 | +689,000 | ..... |
| State agency programs: | | | | | |
| Migrant | 380,000 | 380,000 | 380,000 | ..... | ..... |
| Neglected and Delinquent/High Risk Youth | 46,000 | 46,000 | 50,000 | +4,000 | +4,000 |
| Evaluation | 8,900 | 8,900 | 8,900 | ..... | ..... |
| Comprehensive School Reform Demonstration | 210,000 | 260,000 | ..... | −210,000 | −260,000 |
| Migrant education: | | | | | |
| High School Equivalency Program | 20,000 | 20,000 | 20,000 | ..... | ..... |
| College Assistance Migrant Program | 10,000 | 10,000 | 10,000 | ..... | ..... |
| Subtotal, migrant education | 30,000 | 30,000 | 30,000 | ..... | ..... |
| Education for Homeless Children and Youth | 35,000 | 35,000 | 36,000 | +1,000 | +1,000 |
| Total, Education for the disadvantaged | 10,014,621 | 11,045,621 | 11,879,900 | +1,865,279 | +834,279 |
| Current Year | (3,061,321) | (11,045,621) | (4,926,600) | (+1,865,279) | (−6,119,021) |
| Advance year | (6,953,300) | ..... | (6,953,300) | ..... | (+6,953,300) |
| Subtotal, forward funded | (2,927,921) | (10,031,721) | (4,104,200) | (+1,176,279) | (−5,927,521) |
| IMPACT AID | | | | | |
| Basic Support Payments | 882,000 | 882,000 | 954,000 | +72,000 | +72,000 |
| Payments for Children with Disabilities | 50,000 | 50,000 | 50,000 | ..... | ..... |
| Subtotal | 932,000 | 932,000 | 1,004,000 | +72,000 | +72,000 |

| | | | | | |
|---|---|---|---|---|---|
| Facilities Maintenance (Sec. 8008) | 8,000 | 8,000 | 8,000 | ..... | ..... |
| Construction (Sec. 8007) | 12,802 | 150,000 | 68,000 | +55,198 | −82,000 |
| Payments for Federal Property (Sec. 8002) | 40,500 | 40,500 | 50,500 | +10,000 | +10,000 |
| Total, Impact aid | 993,302 | 1,130,500 | 1,130,500 | +137,198 | ..... |
| SCHOOL IMPROVEMENT PROGRAMS | | | | | |
| State Grants for Improving Teacher Quality[6] | 958,000 | 2,600,000 | 1,889,834 | +931,834 | −710,166 |
| Fiscal year 2003 | 1,150,000 | ..... | 1,150,000 | ..... | +1,150,000 |
| Advance from prior year | (900,000) | (1,150,000) | (1,150,000) | (+250,000) | ..... |
| Subtotal, States Grants | 2,108,000 | 2,600,000 | 3,039,834 | +931,834 | +439,834 |
| Mathematics and Science Partnerships | ..... | ..... | 25,000 | +25,000 | +25,000 |
| Eisenhower National Programs/Transition to Teachers | 41,000 | 30,000 | 95,000 | +54,000 | +65,000 |
| Innovative Education/Choice and Innovation | 100,000 | 471,500 | 125,000 | +25,000 | −346,500 |
| Advance from prior year | (285,000) | (285,000) | (285,000) | ..... | ..... |
| Fiscal year 2003 | 285,000 | ..... | 285,000 | ..... | +285,000 |
| Program level | 385,000 | 471,500 | 410,000 | +25,000 | −61,500 |
| School Renovation Grants | 1,175,000 | ..... | 925,000 | −250,000 | +925,000 |
| Educational Technology: | | | | | |
| Educational Technology State Grants | ..... | 817,096 | 712,146 | +712,146 | −104,950 |
| Technology Literacy Challenge Fund | 450,000 | ..... | ..... | −450,000 | ..... |
| Technology Innovation Challenge Fund | 136,328 | ..... | ..... | −136,328 | ..... |
| Regional Technology in Education Consortia | 10,000 | ..... | ..... | −10,000 | ..... |
| Subtotal | 596,328 | 817,096 | 712,146 | +115,818 | −104,950 |
| National Activities: | | | | | |
| Technology Leadership Activities | 2,000 | ..... | ..... | −2,000 | ..... |
| Teacher Training in Technology | 125,000 | ..... | 125,000 | ..... | +125,000 |
| Community-Based Technology Centers | 64,950 | ..... | 64,950 | ..... | +64,950 |
| Subtotal | 191,950 | ..... | 189,950 | −2,000 | +189,950 |
| Ready to Learn Television | 16,000 | ..... | 24,000 | +8,000 | +24,000 |
| Ready to Teach | 8,500 | ..... | 15,000 | +6,500 | +15,000 |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2001 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2002—Continued

[In thousands of dollars]

| Item | 2001 appropriation | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2001 appropriation | Budget estimate |
| Subtotal, Educational technology | 812,778 | 817,096 | 941,096 | +128,318 | +124,000 |
| Safe and Drug Free Schools: | | | | | |
| State Grants, current funded | 109,250 | 547,612 | 114,250 | +5,000 | −433,362 |
| Advance from prior year | (330,000) | (330,000) | (330,000) | | |
| Fiscal year 2003 | 330,000 | | 330,000 | | +330,000 |
| State Grants, program level | 439,250 | 547,612 | 444,250 | +5,000 | −103,362 |
| National Programs | 155,000 | 96,638 | 150,000 | −5,000 | +53,362 |
| Coordinator Initiative | 50,000 | | 50,000 | | +50,000 |
| Subtotal, Safe and drug free schools | 644,250 | 644,250 | 644,250 | | |
| 21st Century Community Learning Centers | 845,614 | 845,614 | 1,000,000 | +154,386 | +154,386 |
| Improvement of Education Achievement: | | | | | |
| State Assessments | | 320,000 | 320,000 | +320,000 | |
| Reform and Innovation Fund | | 40,000 | | | −40,000 |
| Subtotal, Improvement of Education Achievement | | 360,000 | 320,000 | +320,000 | −40,000 |
| Inexpensive Book Distribution (RIF) | 23,000 | | 25,000 | +2,000 | +25,000 |
| Enhanced Assessment Instruments | | | 32,000 | +32,000 | +32,000 |
| Magnet Schools Assistance | 110,000 | 110,000 | 110,000 | | |
| Training and Advisory Services (Civil Rights) | 7,334 | 7,334 | 7,334 | | |
| Ellender Fellowships/Close Up | 1,500 | | 1,500 | | +1,500 |
| Education for Native Hawaiians | 28,000 | 28,000 | 33,000 | +5,000 | +5,000 |
| Alaska Native Education Equity | 15,000 | 15,000 | 33,000 | +18,000 | +18,000 |
| Charter Schools Homestead Fund | 25,000 | 175,000 | 50,000 | +25,000 | −125,000 |
| Charter Schools | 190,000 | 200,000 | 200,000 | +10,000 | |

| | | | | | |
|---|---|---|---|---|---|
| Comprehensive Regional Assistance Centers | 28,000 | 28,000 | 28,000 | ..... | ..... |
| Advanced Placement Fees | 22,000 | 22,000 | 22,000 | ..... | ..... |
| Local Innovations for Education (LIFE) | 424,099 | ..... | 300,000 | −124,099 | +300,000 |
| Parental Assistance | 38,000 | ..... | 45,000 | +7,000 | +45,000 |
| Small, Safe, and Successful High Schools | 125,000 | ..... | 100,000 | −25,000 | +100,000 |
| Mentoring | ..... | ..... | 5,000 | +5,000 | +5,000 |
| Community Service for Expelled or Suspended Students | ..... | ..... | 50,000 | +50,000 | +50,000 |
| Public School Choice | ..... | ..... | 50,000 | +50,000 | +50,000 |
| Alcohol Abuse Reduction | ..... | ..... | 25,000 | +25,000 | +25,000 |
| Small Rural Schools Achievement | ..... | ..... | 62,500 | +62,500 | +62,500 |
| Low-Income and Rural Schools | ..... | ..... | 62,500 | +62,500 | +62,500 |
| Physical Education for Progress | 5,000 | ..... | 50,000 | +45,000 | +50,000 |
| Literacy through School Libraries | ..... | ..... | 25,000 | +25,000 | +25,000 |
| Total, School improvement programs | 7,053,575 | 6,353,794 | 8,717,014 | +1,663,439 | +2,363,220 |
| Current Year | (5,288,575) | (6,353,794) | (6,952,014) | (+1,663,439) | (+598,220) |
| Advance year | (1,765,000) | ..... | (1,765,000) | ..... | (+1,765,000) |
| Subtotal, forward funded | (1,385,750) | (1,019,112) | (1,165,750) | (−220,000) | (+146,638) |
| INDIAN EDUCATION | | | | | |
| Grants to Local Educational Agencies | 92,765 | 92,765 | 94,265 | +1,500 | +1,500 |
| Federal Programs: | | | | | |
| Special Programs for Indian Children | 20,000 | 20,000 | 20,000 | ..... | ..... |
| National Activities | 2,735 | 3,235 | 2,735 | ..... | −500 |
| Subtotal | 22,735 | 23,235 | 22,735 | ..... | −500 |
| Total, Indian Education | 115,500 | 116,000 | 117,000 | +1,500 | +1,000 |
| BILINGUAL AND IMMIGRANT EDUCATION | | | | | |
| Bilingual and Immigrant Education State Grants | ..... | 460,000 | 500,000 | +500,000 | +40,000 |
| Bilingual education: | | | | | |
| Instructional Services | 180,000 | ..... | ..... | −180,000 | ..... |
| Support Services | 16,000 | ..... | ..... | −16,000 | ..... |
| Professional Development | 100,000 | ..... | ..... | −100,000 | ..... |
| Immigrant Education | 150,000 | ..... | ..... | −150,000 | ..... |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2001 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2002—Continued

[In thousands of dollars]

| Item | 2001 appropriation | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2001 appropriation | Budget estimate |
| Foreign Language Assistance | 14,000 | | 16,000 | +2,000 | +16,000 |
| Total, Bilingual and Immigrant Education | 460,000 | 460,000 | 516,000 | +56,000 | +56,000 |
| SPECIAL EDUCATION | | | | | |
| State grants: | | | | | |
| Grants to States Part B advance funded | 5,072,000 | | 5,072,000 | | +5,072,000 |
| Part B advance from prior year | (3,742,000) | (5,072,000) | (5,072,000) | (+1,330,000) | |
| Grants to States Part B current year | 1,267,685 | 7,339,685 | 2,267,685 | +1,000,000 | −5,072,000 |
| Grants to States, program level | 6,339,685 | 7,339,685 | 7,339,685 | +1,000,000 | |
| Preschool Grants | 390,000 | 390,000 | 390,000 | | |
| Grants for Infants and Families | 383,567 | 383,567 | 383,567 | | |
| Subtotal, State grants program level | 7,113,252 | 8,113,252 | 8,113,252 | +1,000,000 | |
| IDEA National Activities (current funded): | | | | | |
| State Program Improvement Grants | 49,200 | 49,200 | 49,200 | | |
| Research and Innovation | 77,353 | 70,000 | 70,000 | −7,353 | |
| Technical Assistance and Dissemination | 53,481 | 53,481 | 53,481 | | |
| Personnel Preparation | 81,952 | 81,952 | 90,000 | +8,048 | +8,048 |
| Parent Information Centers | 26,000 | 26,000 | 26,000 | | |
| Technology and Media Services | 37,210 | 31,710 | 36,210 | −1,000 | +4,500 |
| Public Telecom Info/Training Dissemination | 1,500 | | 1,500 | | +1,500 |
| Subtotal, IDEA special programs | 326,696 | 312,343 | 326,391 | −305 | +14,048 |

| | | | | | |
|---|---|---|---|---|---|
| Total, Special education | 7,439,948 | 8,425,595 | 8,439,643 | +999,695 | +14,048 |
| Current Year | (2,367,948) | (8,425,595) | (3,367,643) | (+999,695) | (−5,057,952) |
| Advance year | (5,072,000) | ..... | (5,072,000) | ..... | (+5,072,000) |
| Subtotal, Forward funded | (2,090,452) | (8,162,452) | (3,090,452) | (+1,000,000) | (−5,072,000) |
| REHABILITATION SERVICES AND DISABILITY RESEARCH | | | | | |
| Vocational Rehabilitation State Grants | 2,399,790 | 2,481,383 | 2,481,383 | +81,593 | ..... |
| Client Assistance State grants | 11,647 | 11,647 | 12,147 | +500 | +500 |
| Training | 39,629 | 39,629 | 39,629 | ..... | ..... |
| Demonstration and training programs | 21,092 | 16,492 | 16,492 | −4,600 | ..... |
| Migrant and seasonal farmworkers | 2,350 | 2,350 | 2,350 | ..... | ..... |
| Recreational programs | 2,596 | 2,596 | 2,596 | ..... | ..... |
| Protection and advocacy of individual rights (PAIR) | 14,000 | 14,000 | 14,000 | ..... | ..... |
| Projects with industry | 22,071 | 22,071 | 22,071 | ..... | ..... |
| Supported employment State grants | 38,152 | 38,152 | 38,152 | ..... | ..... |
| Independent living: | | | | | |
| State grants | 22,296 | 22,296 | 22,296 | ..... | ..... |
| Centers | 58,000 | 58,000 | 60,000 | +2,000 | +2,000 |
| Services for older blind individuals | 20,000 | 20,000 | 20,000 | ..... | ..... |
| Subtotal, Independent living | 100,296 | 100,296 | 102,296 | +2,000 | +2,000 |
| Program Improvement | 1,900 | 900 | 900 | −1,000 | ..... |
| Evaluation | 1,587 | 1,000 | 1,000 | −587 | ..... |
| Helen Keller National Center for Deaf/Blind | 8,717 | 8,717 | 8,717 | ..... | ..... |
| National Institute for Disability and Rehabilitation Research (NIDRR) | 100,400 | 110,000 | 110,000 | +9,600 | ..... |
| Assistive Technology | 41,112 | 60,884 | 60,884 | +19,772 | ..... |
| Access to Telework Fund | ..... | 20,000 | 20,000 | +20,000 | ..... |
| Subtotal, discretionary programs | 405,549 | 448,734 | 451,234 | +45,685 | +2,500 |
| Total, Rehabilitation services | 2,805,339 | 2,930,117 | 2,932,617 | +127,278 | +2,500 |
| SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES | | | | | |
| AMERICAN PRINTING HOUSE FOR THE BLIND | 12,000 | 12,000 | 14,000 | +2,000 | +2,000 |
| NATIONAL TECHNICAL INSTITUTE FOR THE DEAF: | | | | | |
| Operations | 48,000 | 48,000 | 49,600 | +1,600 | +1,600 |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2001 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2002—Continued

[In thousands of dollars]

| Item | 2001 appropriation | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2001 appropriation | Budget estimate |
| Construction | 5,376 | 4,570 | 5,376 | | +806 |
| Total | 53,376 | 52,570 | 54,976 | +1,600 | +2,406 |
| GALLAUDET UNIVERSITY: Operations | 89,400 | 89,400 | 97,000 | +7,600 | +7,600 |
| Total, Special institutions | 154,776 | 153,970 | 165,976 | +11,200 | +12,006 |
| VOCATIONAL AND ADULT EDUCATION | | | | | |
| Vocational education: | | | | | |
| Basic State Grants, current funded | 309,000 | 1,100,000 | 309,000 | | −791,000 |
| Advance from prior year | (791,000) | (791,000) | (791,000) | | |
| Fiscal year 2003 | 791,000 | | 791,000 | | +791,000 |
| Basic State Grants, program level | 1,100,000 | 1,100,000 | 1,100,000 | | |
| Tech-Prep Education | 106,000 | 106,000 | 106,000 | | |
| Tribally Controlled Postsecondary Vocational Institutions | 5,600 | 5,600 | 7,000 | +1,400 | +1,400 |
| National Programs | 17,500 | 12,000 | 12,000 | −5,500 | |
| Tech-Prep Education Demonstration | 5,000 | | 5,000 | | +5,000 |
| Occupational and Employment Information Program | 9,000 | | 10,000 | +1,000 | +10,000 |
| Subtotal, Vocational education | 1,243,100 | 1,223,600 | 1,240,000 | −3,100 | +16,400 |
| Adult education: | | | | | |
| State Grants, current funded | 540,000 | 540,000 | 540,000 | | |
| National programs: | | | | | |
| National Leadership Activities | 14,000 | 9,500 | 9,500 | −4,500 | |

| | | | | | |
|---|---|---|---|---|---|
| National Institute for Literacy | 6,500 | 6,560 | 6,560 | +60 | ..... |
| Subtotal, National programs | 20,500 | 16,060 | 16,060 | −4,440 | ..... |
| Subtotal, Adult education | 560,500 | 556,060 | 556,060 | −4,440 | ..... |
| State Grants for Incarcerated Youth Offenders | 22,000 | 22,000 | 22,000 | ..... | ..... |
| Total, Vocational and adult education | 1,825,600 | 1,801,660 | 1,818,060 | −7,540 | +16,400 |
| Current Year | (1,034,600) | (1,801,660) | (1,027,060) | (−7,540) | (−774,600) |
| Fiscal year 2003 | (791,000) | ..... | (791,000) | ..... | (+791,000) |
| Subtotal, forward funded | (1,029,000) | (1,796,060) | (1,020,060) | (−8,940) | (−776,000) |
| STUDENT FINANCIAL ASSISTANCE | | | | | |
| Pell Grants—maximum grant (NA) | (3,750) | (3,850) | (4,000) | (+250) | (+150) |
| Pell Grants—Regular Program | 8,756,000 | 9,756,000 | 10,314,000 | +1,558,000 | +558,000 |
| Federal Supplemental Educational Opportunity Grants | 691,000 | 691,000 | 713,100 | +22,100 | +22,100 |
| Federal Work Study | 1,011,000 | 1,011,000 | 1,011,000 | ..... | ..... |
| Federal Perkins loans: | | | | | |
| Capital Contributions | 100,000 | 100,000 | 100,000 | ..... | ..... |
| Loan Cancellations | 60,000 | 60,000 | 75,000 | +15,000 | +15,000 |
| Subtotal, Federal Perkins loans | 160,000 | 160,000 | 175,000 | +15,000 | +15,000 |
| LEAP program | 55,000 | 55,000 | 70,000 | +15,000 | +15,000 |
| Loan Forgiveness for Child Care | 1,000 | 1,000 | 1,000 | ..... | ..... |
| Total, Student financial assistance | 10,674,000 | 11,674,000 | 12,284,100 | +1,610,100 | +610,100 |
| FEDERAL FAMILY EDUCATION LOAN PROGRAM | | | | | |
| Federal Administration | 48,000 | 49,636 | 49,636 | +1,636 | ..... |
| HIGHER EDUCATION | | | | | |
| Aid for institutional development: | | | | | |
| Strengthening Institutions | 73,000 | 73,000 | 74,250 | +1,250 | +1,250 |
| Hispanic Serving Institutions | 68,500 | 72,500 | 73,750 | +5,250 | +1,250 |
| Strengthening Historically Black Colleges (HBCUs) | 185,000 | 197,000 | 197,000 | +12,000 | ..... |
| Strengthening historically black graduate insts | 45,000 | 48,000 | 48,000 | +3,000 | ..... |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2001 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2002—Continued

[In thousands of dollars]

| Item | 2001 appropriation | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2001 appropriation | Budget estimate |
| Strengthening Alaska/Native Hawaiian Instit | 6,000 | 6,000 | 7,000 | +1,000 | +1,000 |
| Strengthening Tribal Colleges | 15,000 | 15,000 | 18,000 | +3,000 | +3,000 |
| Subtotal, Institutional development | 392,500 | 411,500 | 418,000 | +25,500 | +6,500 |
| Program development: | | | | | |
| Fund for the Improvement of Postsec. Ed. (FIPSE) | 146,687 | 51,200 | 51,200 | −95,487 | |
| Minority Science and Engineering Improvement | 8,500 | 8,500 | 8,500 | | |
| International education and foreign language: | | | | | |
| Domestic Programs | 67,000 | 67,000 | 67,000 | | |
| Overseas Programs | 10,000 | 10,000 | 10,000 | | |
| Institute for International Public Policy | 1,022 | 1,022 | 1,022 | | |
| Subtotal, International education | 78,022 | 78,022 | 78,022 | | |
| Interest Subsidy Grants | 10,000 | 5,000 | 5,000 | −5,000 | |
| Federal TRIO Programs | 730,000 | 780,000 | 805,000 | +75,000 | +25,000 |
| GEAR UP | 295,000 | 227,000 | 227,000 | −68,000 | |
| Byrd Honors Scholarships | 41,001 | 41,001 | 41,001 | | |
| Javits Fellowships | 10,000 | 10,000 | 10,000 | | |
| Graduate Assistance in Areas of National Need | 31,000 | 31,000 | 31,000 | | |
| Learning Anytime Anywhere Partnerships | 30,000 | | | −30,000 | |
| Teacher Quality Enhancement Grants | 98,000 | 54,000 | 54,000 | −44,000 | |
| Child Care Access Means Parents in School | 25,000 | 25,000 | 25,000 | | |
| Demonstration in Disabilities/Higher Education | 6,000 | | 7,000 | +1,000 | +7,000 |
| Underground Railroad Program | 1,750 | | 2,000 | +250 | +2,000 |
| WEB Based Education Commission | 250 | | | −250 | |
| GPRA data/HEA program evaluation | 3,000 | 1,000 | 1,500 | −1,500 | +500 |

| | | | | | |
|---|---|---|---|---|---|
| Thurgood Marshall Scholarships | 4,000 | ..... | ..... | −4,000 | ..... |
| Olympic Scholarships | 1,000 | ..... | ..... | −1,000 | ..... |
| Total, Higher education | 1,911,710 | 1,723,223 | 1,764,223 | −147,487 | +41,000 |
| HOWARD UNIVERSITY | | | | | |
| Academic Program | 198,500 | 198,500 | 198,500 | ..... | ..... |
| Endowment Program | 3,600 | 3,600 | 3,600 | ..... | ..... |
| Howard University Hospital | 30,374 | 30,374 | 30,374 | ..... | ..... |
| Total, Howard University | 232,474 | 232,474 | 232,474 | ..... | ..... |
| COLLEGE HOUSING and ACADEMIC FACILITIES LOANS PROGRAM: Federal Administration | 762 | 762 | 762 | ..... | ..... |
| HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING, PROGRAM ACCOUNT | | | | | |
| Federal Administration | 208 | 208 | 208 | ..... | ..... |
| EDUCATION RESEARCH, STATISTICS, AND ASSESSMENT | | | | | |
| Research and statistics: | | | | | |
| Research | 120,567 | 123,067 | 120,567 | ..... | −2,500 |
| Regional Educational Laboratories | 65,000 | 65,000 | 65,000 | ..... | ..... |
| Statistics | 80,000 | 85,000 | 80,000 | ..... | −5,000 |
| Assessment: | | | | | |
| National Assessment | 36,000 | 105,000 | 105,000 | +69,000 | ..... |
| National Assessment Governing Board | 4,000 | 4,053 | 4,000 | ..... | −53 |
| Subtotal, Assessment | 40,000 | 109,053 | 109,000 | +69,000 | −53 |
| Subtotal, Research and statistics | 305,567 | 382,120 | 374,567 | +69,000 | −7,553 |
| International Education Exchange | 10,000 | ..... | 12,000 | +2,000 | +12,000 |
| Civic Education | 12,000 | ..... | 15,000 | +3,000 | +15,000 |
| Eisenhower Professional Dvp. Federal Activities | 23,300 | ..... | ..... | −23,300 | ..... |
| Eisenhower Regional Math and Science Ed. Consortia | 15,000 | ..... | ..... | −15,000 | ..... |
| Javits Gifted and Talented Education | 7,500 | ..... | 15,000 | +7,500 | +15,000 |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2001 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2002—Continued

[In thousands of dollars]

| Item | 2001 appropriation | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2001 appropriation | Budget estimate |
| National Writing Project | 10,000 | | 15,000 | +5,000 | +15,000 |
| Total, ERSI | 383,367 | 382,120 | 431,567 | +48,200 | +49,447 |
| DEPARTMENTAL MANAGEMENT | | | | | |
| PROGRAM ADMINISTRATION | 412,196 | 424,212 | 424,212 | +12,016 | |
| OFFICE FOR CIVIL RIGHTS | 75,822 | 79,934 | 79,934 | +4,112 | |
| OFFICE OF THE INSPECTOR GENERAL | 36,411 | 38,720 | 38,720 | +2,309 | |
| Total, Departmental management | 524,429 | 542,866 | 542,866 | +18,437 | |
| Total, Department of Education | 44,637,611 | 47,022,546 | 51,022,546 | +6,384,935 | +4,000,000 |
| Current Year | (30,056,311) | (47,022,546) | (36,441,246) | (+6,384,935) | (−10,581,300) |
| Advance year | (14,581,300) | | (14,581,300) | | (+14,581,300) |
| TITLE IV—RELATED AGENCIES | | | | | |
| ARMED FORCES RETIREMENT HOME | | | | | |
| Operations and Maintenance | 60,000 | 61,628 | 61,628 | +1,628 | |
| Capital Program | 9,832 | 9,812 | 9,812 | −20 | |
| Total, AFRH | 69,832 | 71,440 | 71,440 | +1,608 | |
| CORPORATION FOR NATIONAL AND COMMUNITY SERVICE [7] | | | | | |
| Domestic Volunteer Service Programs: | | | | | |
| Volunteers in Service to America (VISTA) | 83,074 | 82,074 | 86,500 | +3,426 | +4,426 |

| | | | | | |
|---|---|---|---|---|---|
| National Senior Volunteer Corps: | | | | | |
| Foster Grandparents Program | 98,868 | 102,868 | 102,868 | +4,000 | ..... |
| Senior Companion Program | 40,395 | 44,395 | 44,395 | +4,000 | ..... |
| Retired Senior Volunteer Program | 48,884 | 54,884 | 54,884 | +6,000 | ..... |
| Senior Demonstration Program | 400 | 400 | 400 | ..... | ..... |
| Subtotal, Senior Volunteers | 188,547 | 202,547 | 202,547 | +14,000 | ..... |
| Program Administration | 32,229 | 32,229 | 32,229 | ..... | ..... |
| Total, Domestic Volunteer Service Programs | 303,850 | 316,850 | 321,276 | +17,426 | +4,426 |
| CORPORATION FOR PUBLIC BROADCASTING: | | | | | |
| Fiscal year 2004 (current request) with fiscal year 2003 comparable | 365,000 | ..... | 395,000 | +30,000 | +395,000 |
| Fiscal year 2003 advance with fiscal year 2002 comparable (NA) | (350,000) | (365,000) | (365,000) | (+15,000) | ..... |
| Fiscal year 2002 advance with fiscal year 2001 comparable (NA) | (340,000) | (350,000) | (350,000) | (+10,000) | ..... |
| Digitalization program [8] | 20,000 | 20,000 | 25,000 | +5,000 | +5,000 |
| Subtotal, fiscal year 2002 appropriation | (360,000) | (370,000) | (375,000) | (+15,000) | (+5,000) |
| FEDERAL MEDIATION AND CONCILIATION SERVICE | 38,200 | 39,482 | 40,482 | +2,282 | +1,000 |
| FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION | 6,320 | 6,939 | 6,939 | +619 | ..... |
| INSTITUTE OF MUSEUM AND LIBRARY SERVICES | 207,469 | 168,078 | 168,078 | −39,391 | ..... |
| MEDICARE PAYMENT ADVISORY COMMISSION | 8,000 | 8,000 | 8,500 | +500 | +500 |
| NATIONAL COMMISSION ON LIBRARIES AND INFO SCIENCE | 1,495 | ..... | 1,495 | ..... | +1,495 |
| NATIONAL COUNCIL ON DISABILITY | 2,615 | 2,830 | 2,830 | +215 | ..... |
| NATIONAL EDUCATION GOALS PANEL | 1,500 | 2,000 | 2,000 | +500 | ..... |
| NATIONAL LABOR RELATIONS BOARD | 216,438 | 221,438 | 226,438 | +10,000 | +5,000 |
| NATIONAL MEDIATION BOARD | 10,400 | 10,635 | 10,635 | +235 | ..... |
| OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION | 8,720 | 8,964 | 8,964 | +244 | ..... |
| RAILROAD RETIREMENT BOARD | | | | | |
| Dual Benefits Payments Account | 160,000 | 146,000 | 146,000 | −14,000 | ..... |
| Less Income Tax Receipts on Dual Benefits | −10,000 | −9,000 | −9,000 | +1,000 | ..... |
| Subtotal, Dual Benefits | 150,000 | 137,000 | 137,000 | −13,000 | ..... |
| Federal Payment to the RR Retirement Account | 150 | 150 | 150 | ..... | ..... |
| Limitation on administration | 95,000 | 97,700 | 97,700 | +2,700 | ..... |
| Inspector General | 5,700 | 6,480 | 6,480 | +780 | ..... |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2001 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2002—Continued

[In thousands of dollars]

| Item | 2001 appropriation | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2001 appropriation | Budget estimate |
| SOCIAL SECURITY ADMINISTRATION | | | | | |
| Payments to Social Security Trust Funds | 20,400 | 434,400 | 434,400 | +414,000 | ..... |
| SPECIAL BENEFITS FOR DISABLED COAL MINERS | | | | | |
| Benefit payments | 484,078 | 440,931 | 440,931 | −43,147 | ..... |
| Administration | 5,670 | 5,909 | 5,909 | +239 | ..... |
| 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 | ..... |
| Total, Black Lung, current request | 365,748 | 332,840 | 332,840 | −32,908 | ..... |
| New advances, 1st quarter fiscal year 2003 | 114,000 | 108,000 | 108,000 | −6,000 | ..... |
| SUPPLEMENTAL SECURITY INCOME | | | | | |
| Federal benefit payments | 30,483,000 | 29,046,000 | 29,046,000 | −1,437,000 | ..... |
| Beneficiary services | 71,000 | 37,412 | 37,412 | −33,588 | ..... |
| Research and demonstration | 30,000 | 30,000 | 37,000 | +7,000 | +7,000 |
| Administration | 2,349,000 | 2,627,000 | 2,627,000 | +278,000 | ..... |
| Subtotal, SSI current year program level | 32,933,000 | 31,740,412 | 31,747,412 | −1,185,588 | +7,000 |
| Less funds advanced in prior year | −9,890,000 | −10,470,000 | −10,470,000 | −580,000 | ..... |
| Subtotal, regular SSI current year (2001/2002) | 23,043,000 | 21,270,412 | 21,277,412 | −1,765,588 | +7,000 |
| Additional CDR funding [1] | 210,000 | 200,000 | 200,000 | −10,000 | ..... |

| | | | | | |
|---|---|---|---|---|---|
| User Fee Activities | 91,000 | 106,000 | 100,000 | +9,000 | −6,000 |
| Total, SSI, current request | 23,344,000 | 21,576,412 | 21,577,412 | −1,766,588 | +1,000 |
| New advance, 1st quarter, fiscal year 2003 | 10,470,000 | 10,790,000 | 10,790,000 | +320,000 | ..... |
| LIMITATION ON ADMINISTRATIVE EXPENSES | | | | | |
| OASDI Trust Funds | 3,138,200 | 3,212,200 | 3,212,200 | +74,000 | ..... |
| HI/SMI Trust Funds | 1,094,000 | 1,194,000 | 1,194,000 | +100,000 | ..... |
| Social Security Advisory Board | 1,800 | 1,800 | 1,800 | ..... | ..... |
| SSI | 2,349,000 | 2,627,000 | 2,627,000 | +278,000 | ..... |
| Subtotal, regular LAE | 6,583,000 | 7,035,000 | 7,035,000 | +452,000 | ..... |
| User Fee Activities (SSI) | 91,000 | 106,000 | 100,000 | +9,000 | −6,000 |
| TOTAL, REGULAR LAE | 6,674,000 | 7,141,000 | 7,135,000 | +461,000 | −6,000 |
| Additional CDR funding: [1] | | | | | |
| OASDI | 240,000 | 233,000 | 233,000 | −7,000 | ..... |
| SSI | 210,000 | 200,000 | 200,000 | −10,000 | ..... |
| Subtotal, CDR funding | 450,000 | 433,000 | 433,000 | −17,000 | ..... |
| TOTAL, LAE | 7,124,000 | 7,574,000 | 7,568,000 | +444,000 | −6,000 |
| OFFICE OF INSPECTOR GENERAL | | | | | |
| Federal Funds | 16,944 | 19,000 | 19,000 | +2,056 | ..... |
| Trust Funds | 52,500 | 56,000 | 56,000 | +3,500 | ..... |
| 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 | ..... |
| Total, Social Security Administration | 38,857,592 | 37,963,652 | 37,958,652 | −898,940 | −5,000 |
| Federal funds | 34,331,092 | 33,260,652 | 33,261,652 | −1,069,440 | +1,000 |
| Current year | (23,747,092) | (22,362,652) | (22,363,652) | (−1,383,440) | (+1,000) |
| New advances, 1st quarter | (10,584,000) | (10,898,000) | (10,898,000) | (+314,000) | ..... |
| Trust funds | 4,526,500 | 4,703,000 | 4,697,000 | +170,500 | −6,000 |

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2001 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2002—Continued

[In thousands of dollars]

| Item | 2001 appropriation | Budget estimate | Committee recommendation | Senate Committee recommendation compared with (+ or −) | |
|---|---|---|---|---|---|
| | | | | 2001 appropriation | Budget estimate |
| UNITED STATES INSTITUTE OF PEACE | 15,000 | 15,207 | 15,207 | +207 | ..... |
| Total, Title IV, Related Agencies | 40,383,281 | 39,096,845 | 39,504,266 | −879,015 | +407,421 |
| Federal Funds | 35,748,081 | 34,281,665 | 34,694,586 | −1,053,495 | +412,921 |
| Current Year | (24,799,081) | (23,383,665) | (23,401,586) | (−1,397,495) | (+17,921) |
| Advance Year, Fiscal Year 2003 | (10,584,000) | (10,898,000) | (10,898,000) | (+314,000) | ..... |
| Advance Year, Fiscal Year 2004 | (365,000) | ..... | (395,000) | (+30,000) | (+395,000) |
| Trust Funds | 4,635,200 | 4,815,180 | 4,809,680 | +174,480 | −5,500 |
| SUMMARY | | | | | |
| Grand bill total | 364,816,166 | 399,626,042 | 407,267,401 | +42,451,235 | +7,641,359 |
| Federal Funds | 354,421,548 | 388,890,217 | 396,421,538 | +41,999,990 | +7,531,321 |
| Current year | (286,354,797) | (328,536,280) | (317,498,301) | (+31,143,504) | (−11,037,979) |
| Advance Year, Fiscal Year 2003 | (68,001,751) | (60,353,937) | (78,828,237) | (+10,826,486) | (+18,474,300) |
| Advance Year, Fiscal Year 2004 | (365,000) | ..... | (395,000) | (+30,000) | (+395,000) |
| Trust Funds | 10,394,618 | 10,735,825 | 10,845,863 | +451,245 | +110,038 |

[1] Two year availability. [2] $10,000,000 transferred from ESA to CDC, OSHA. [3] Includes Mine Safety and Health. [4] Funded in VA/HUD appropriations bill. [5] Superfund $ are appropriated in the VA/HUD Bill. [6] Fiscal year 2001 comparable includes funding for Eisenhower professional development and class size reduction. [7] Appropriations for Americorps are provided in the VA-HUD bill. [8] Current funded.

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